

Lessons Learned from Plan Year 2020 Open Enrollment & A Look Ahead to 2021 Alternate Enrollments

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**Qualified Health Plan (QHP)
Issuer Conference**

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Agenda

- 2020 Batch Auto-Renewals (BAR)
 - Review of Activities
 - Lessons Learned & Observations
 - Potential Ideas for Open Enrollment (OE) for Plan Year (PY) 2021
- 2021 Alternate Enrollments
- Your Input: Issuer Thoughts, Questions, Suggestions, Observations

Purpose of Batch Auto-Renewal

- Enrollees are always encouraged to actively reenroll to ensure that their future year plan meets their needs and budget and reflects the most accurate financial assistance possible. This is also called “**active reenrollments.**”
 - Active reenrollment rates in the Exchange are consistently at 70% or above.
- **Batch Auto-renewal (BAR)** is the process outlined in regulation that ensures continuous coverage for enrollees who do not make an active selection by the end of OE. This is called “**passive reenrollment.**”
- Issuers offering coverage through Federally Facilitated Exchanges (FFE) and State-Based Exchanges on the Federal Platform (SBE-FPs) receive most auto-renewals in October, followed by subsequent updates based on application updates and plan selections made by the enrollee through the Exchange during OE and beyond.

What was New for OE 2020

- The FFE re-determined eligibility for those who did not actively reenroll using the FFE Stand-alone Eligibility Service (SES) for the first time.
 - 0.05% failure rate, which is roughly the same as OE2019
 - There is a single root cause for 1/3 of the failures, which we plan to address for OE 2021
- Prevented BAR for deceased enrollees by coordinating with new periodic data matching process for death
- Change In Circumstances (CIC) Carryforward used Additional Maintenance Reason Code (AMRC) of CANCELCIC to be consistent with M834 operational guidance (instead of CANCEL - CARRYFORWARD)
- Special Enrollment Period (SEP) with 60 day windows already expired as of the date of BAR were not carried over to the future year reenrollment

BAR Accomplishments in OE 2020

- Automated Medicare Periodic Data Matching/Dual Enrollment Voluntary Terminations reduced the number of QHP non-renewals for Medicare anti-duplication by more than half
- Increased automation of the process used to automatically verify loss of MEC SEPs for enrollees who were cross-walked into a new product
- Applied 100% of auto-redetermined max Advanced Premium Tax Credit (APTC) to 2020 enrollment (unless 2019 election was 0)
- Continued decline in duplicate enrollments
- Made late-identified changes to ensure BAR invisibility with enhanced direct enrollment (EDE) partners

Overview of Key BAR Dates - OE 2020

2019 Dates:

- **10/8-9 - BAR Pilot** (a small volume of auto-renewals sent by FFE & closely reviewed by CMS and pilot issuers)
- **10/16-11/16 - October BAR** (completed later than OE 2019 due to deferred populations)
- **12/2 & 12/16 - (CIC) & Cancel Carry Forward**
- **12/3-4 - Incremental BAR**
- **12/9-11 - Failure to Reconcile (FTR) Reprocess** (restoring financial assistance for enrollments previously stripped of APTC/CSR in October BAR; typically sent M834 via I834, but enrollments w/ post-BAR CIC sent via I834AR)
- **12/19-24 - December BAR** (completed later than in OE 2019)

OE 2020 Issues Resolved in Partnership

- Early testing discovered small issues that would have resulted in inaccurate BAR; this required deferring BAR for about 15% of eligible applications until after the November 1 start of OE. While it's always desirable to finish BAR before OE, there were no reported adverse impacts
- BAR sometimes misidentified the custodial parent (a similar error occurs less frequently in active reenrollment)
- 2019 tobacco-rated enrollments needed to be held from BAR until 11/14 for a code fix

OE 2020 Issues Resolved in Partnership (continued)

- OE ended for 12 hours before being extended to 12/18 3am
 - Some SEP eligible enrollees during the 12 closed hours received 2/1 dates that were eligible for 1/1
 - EDE/DE partners expected a different SEP type

Potential Enhancements for Next OE

- **Incremental Enhancements Being Considered:**
 - **Develop a unique EFT code for the BAR Progress Report** (currently sent MISCx)
 - **Update the SWTFL logic:** exclude from the Switch File enrollees who actively enroll with the current year issuer and then change issuers before being auto-reenrolled.

2021 Alternate Enrollments: State Roles and Responsibilities

- Overview of alternate enrollment
- Default federal hierarchy
- Key milestones for PY2021
- FAQs

Alternate Enrollment: Overview

- The 2017 Notice of Benefits and Payment Parameters (2017 Payment Notice) established, beginning in Plan Year 2017, that if no QHP from the same issuer is available to an enrollee through the Exchange, then, to the extent permitted by applicable State law, the Exchange could direct alternate enrollments for such enrollees into a QHP from a different issuer.
 - Such alternate enrollments would be directed by the Exchange unless the applicable State regulatory authority elects to direct this activity.
- For PY2021 similar to PY2020
 - This process will be applied in the FFEs and SBE-FPs for enrollees in QHPs offered through the Exchange that will no longer be available to the enrollee with no enrollment option available from the same issuer.
 - This process will not apply to Stand alone Dental Plans (SADPs), Small Business Health Options Program (SHOP), or plans offered off-Exchange.
- If a State regulatory authority elects not to direct this activity, CMS will apply the same default hierarchy we applied for PY2020.

Alternate Enrollments: Default Federal Hierarchy

- If the enrollee's current QHP is not available through the Exchange and no QHPs from the original issuer that cover a service area that includes the enrollee's location are available for auto re-enrollment in the Exchange, and no direction is provided by the State's regulatory authority, CMS, if feasible, will direct alternate enrollment for affected enrollees in another QHP available through the Exchange with a service area that covers the enrollee's location, taking into account the issuer's ability to absorb new enrollment and the lowest premium plan, according to the following hierarchy:

Alternate Enrollments: Default Federal Hierarchy (continued)

1. The enrollee's coverage will be auto re-enrolled in a QHP at the same metal level under the same product network type.
2. If there is no QHP available at the same metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at the same metal level under a different, if possible similar, product network type.
3. If no QHP is available that is the same metal level under a different product network type in the same service area, the enrollee will be matched to a QHP that is one metal level lower than the enrollee's current QHP under the same product network type.
4. If no QHP is available that is one metal level lower than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one metal level lower under a different, if possible similar, product network type.

Alternate Enrollments: Default Federal Hierarchy (continued)

5. If no QHP is available that is one metal level lower under a different product network type in the same service area, the enrollee will be matched to a QHP that is one metal level higher than the enrollee's current QHP under the same product network type.
6. If no QHP is available that is one metal level higher than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one metal level higher under a different, if possible similar, product network type.
7. If no QHP is available that is one metal level higher under a different product network type in the same service area, the enrollee will be matched to a QHP at any metal level under the same product network type.
8. If no QHP is available for enrollment at any metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at any metal level under a different, if possible similar, product network type.

Alternate Enrollments: Key Milestones for PY2020 (Tentative Dates)

Task Name	Date
States receive notice regarding alternate enrollment process	7/23/2020
CCIIO sends “Potential New Consumers” file to states and issuers based on federal hierarchy	8/6/2020
Deadline for states to confirm whether they will direct or defer alternate enrollment crosswalk to CMS	8/19/2020
CCIIO conducts coordination with States on questions regarding their crosswalk and any suggestions	8/20/2020 – 9/1/2020

Alternate Enrollments: Key Milestones for PY2020 (Tentative Dates)

Task Name	Date
Submission deadline for states that elected to direct alternate enrollment process to submit to CMS	9/2/2020
CCIIO sends second crosswalk notice to states and issuers	9/11/2020
CCIIO coordinates with states regarding any outstanding alternate enrollment crosswalk issues	9/12/2020 – 9/25/2020
CCIIO sends final “Potential New Consumers” file to states and issuers	10/1/2020

Alternate Enrollments: FAQs

- If the State regulatory authority does not direct the alternate enrollment of an FFE and/or SBE-FP State, will CMS determine the alternate enrollment?
 - Yes, CMS will determine the alternate enrollment, unless otherwise directed by the state in all FFE, SPE, and SBE-FP states.
- If a State declines to direct the alternate enrollment in the FFEs or SBE-FPs, will CMS provide the State with information regarding the final alternate enrollment determination?
 - Yes, CMS intends to provide all states with final data for alternate enrollments

Alternate Enrollments: FAQs (continued)

- What happens if an issuer no longer offers coverage in a service area that covers the enrollee's location but still participates in the FFE or SBE-FP in the State?
 - If an issuer still participates in the FFE or SBE-FP in the state, but does not offer a QHP in a service area that covers the enrollee's location, the Exchange will identify an alternate enrollment for the enrollee into another QHP offered by a different issuer that covers the service area that covers the enrollee's location.

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
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