

Enrollment Manual Highlights - 2020



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

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

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Enrollment Manual for the Federally-facilitated Exchange (FFE) and Federally-facilitated Small Business Health Options Program (FF-SHOP) is available here:

https://www.regtap.info/reg_librarye.php?i=1761

Section	Title	Change/Addition
2	Enrollment in the Individual FFEs	<ul style="list-style-type: none">• Added guidance on cancellation transactions (2.3.3)• Added language clarifying the rescission standard (2.3.4)• Subsections on Payment Redirect, Premium Payment Methods, and Payment of Premium by a Third Party (end of Section 2) moved to Section 7 (7.7 to 7.9)

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Section	Title	Change/Addition
4	Enrollment in the FF-SHOP	<ul style="list-style-type: none">• Updated list of states that offer vertical choice for PY2021 (4.1)
5	Direct Enrollment	<ul style="list-style-type: none">• Updated Qualified Health Plan (QHP) display guidance to reflect current regulatory authority (5.3)• Added section on requirement to display language for consumers that attest to a Health Reimbursement Arrangement (HRA) offer (5.4)

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Section	Title	Change/Addition
6	Special Enrollment Periods	<ul style="list-style-type: none">• Added language on HRA SEP (6.4)• Updated language on prior year and regular coverage effective dates (6.5)• Added section on exceptional circumstances SEPs (6.7)
7	Premiums	<ul style="list-style-type: none">• Added language regarding maintenance of records for under-billed premium payment plans (7.6.2)• Added under-billed premium example (7GG)• Added section on enforcement discretion regarding designated natural disasters (7.10)

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Section	Title	Change/Addition
8	Terminations	<ul style="list-style-type: none">Added guidance regarding requirement for issuers to send notices for all termination events
9	Reinstatements	<ul style="list-style-type: none">Added language regarding reinstatements via the enrollment dispute process (9.1)

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Section	Title	Change/Addition
10	Enrollment Data Alignment	<ul style="list-style-type: none">• New language on monthly date of birth cleanup process (10.2)
12	Eligibility Changes for the Dually Enrolled and Deceased	<ul style="list-style-type: none">• New chapter name• Added guidance specifying that Periodic Data Matching (PDM) must be done twice per year (12.1)• Added new subsection on deceased enrollee PDM (12.5)

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Section	Title	Change/Addition
15	Health Insurance Casework System (HICS)	<ul style="list-style-type: none">• Added language on gaining access to HICS (15.1)• Added language regarding timeliness requirements for case resolution (15.2)• Added additional links to resources for working HICS cases (15.4.1)
17	Health Reimbursement Arrangements	<ul style="list-style-type: none">• New chapter• Sections on individual coverage HRA (ICHRA) and QSEHRA employer notice requirements (17.1), the ICHRA and QSEHRA SEP (17.2), and ICHRA/QSEHRA affordability (17.3)