DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

To: CMS Federally-facilitated Exchange (FFE) Qualified Health Plan (QHP) Issuers
From: CMS Center for Program Integrity (CPI) and Center for Consumer Information and
           Insurance Oversight (CCIIO)
Date: November 20, 2017

FFE Issuers:

The FFE asks you to review a list of potentially unauthorized enrollments ("Unauthorized
Enrollment Finder File/UEFF") sent via EFT to you for cancellation[1] if they meet the
criteria provided below. The UEFF has been placed in your SPOE folder if you pull files
from CMS, or in the server folder you use for EFT if CMS pushes files to you. The file
has a date and time stamp of **"TPID.CMPLFL.D171108.T125016638.P"** where "TPID"
is your organization's trading partner identification number. Since the file requires manual
review, you may need to move it out of the EFT folder into some other folder.

CMS Criteria for Cancellation of Unauthorized Enrollments

CMS has developed criteria that could reasonably demonstrate if the enrollment identified
by the consumer was unauthorized. CMS is sending each issuer an Unauthorized
Enrollment Finder File (UEFF) identifying policies consumers called about between May
1, 2017 and July 31, 2017. If all five criteria, described in the specification document that
is included in Appendix 1, are true for each enrollment, CMS will consider this a
demonstration that a cancellation is appropriate under the requirements at 45 CFR
155.430(b)(1)(iv)(C), and will work with the issuer to effectuate the cancellation of the
policy and coordinate the return of APTCs.

Returning the file to CMS
Issuers should return the completed text file in pipe delimited format to MIDAS by sending
the file to the CMS/CPI EFT Folder:
TPID.MID.RESOFL.DYYMMDD.THHMMSSmmm.P.IN
CMS requests that completed files be returned by **December 22, 2017**.

CCIIO and CPI appreciate your cooperation to protect the Exchange and Exchange
consumers from misconduct and fraud. If you have any questions about the file or
instructions, please email MarketplaceIntegrity@CMS.HHS.GOV.

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[1] In this document the more accurate terms "cancel" and "cancellation" are used in place of "rescind" and
"rescission," although the UEFF column headers may still contain "rescind" and "rescission" until the form
can be recoded.

APPENDIX 1

Unauthorized Enrollment Finder File

Issuer to MIDAS Inbound Specification

Date: November 20, 2017

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Unauthorized Enrollment Finder File

The Federally-facilitated Exchange (FFE) asks issuers to review a list of potentially unauthorized enrollments ("Unauthorized Enrollment Finder File/UEFF") sent to them via EFT for rescission if they meet the criteria provided below. The UEFF has been placed in each issuer's SPOE folder if they pull files from CMS, or in the server folder used for EFT if CMS pushes files to them. The file has a date and time stamp of **"TPID.CMPLFL.D171108.T125016638.P"** where "TPID" is the issuer organization's trading partner identification number.

The purpose of this document is to provide the details on the UEFF file and the responses to be sent back by the Issuers to CMS.

Background

The FFE Call Center has received calls from consumers reporting that they are enrolled in Exchange plans they did not authorize for plan years 2015, 2016, and 2017. In many cases, the consumers stated that they did not know they were enrolled in a QHP through the FFE until they received a communication from the Exchange, issuer, or were notified by the IRS that they must reconcile their advance premium tax credit (APTC) before their refund would be processed. In some cases, the consumers indicated that they already had other health insurance and did not want the Exchange enrollment.

FFE data shows that most these enrollments were performed by an agent or broker. Many of the consumers had APTCs that covered 100% of their premium payments so consumers did not have to make recurring payment arrangements, and some of these policies have already been terminated for non-payment of the portion not covered by APTC. However, Form 1095-As are issued if a policy is in effect for any month of the year, and must be corrected to relieve consumers of tax liabilities for unauthorized enrollments.

For these policies, if there is reasonable evidence that the enrollee did not consent to the enrollment, and an agent, broker or an individual acting under the agent or broker's direction or control, appears to have performed an act, practice or omission that constitutes fraud, the issuer may cancel the enrollment. Regulations at 45 CFR 155.430(b)(1)(iv)(C) specifies that a Exchange issuer may cancel a policy if "[t]he enrollee demonstrates to the Exchange that he or she was enrolled in a QHP without his or her knowledge or consent by any third party, including third parties who have no connection with the Exchange, and requests cancellation within 60 days of discovering of the enrollment."

CMS is satisfied that any enrollment on the Unauthorized Enrollment Finder File that meets the criteria below may be cancelled.

CMS Criteria for Cancellation of Unauthorized Enrollments

CMS has developed criteria that could reasonably demonstrate if the enrollment identified by the consumer was unauthorized. CMS is sending each issuer an Unauthorized Enrollment Finder File (UEFF) identifying policies consumers called about between May 1, 2017 and July 31, 2017 and requesting a response to four of the criteria. If all five criteria described below are true for each enrollment, CMS will consider this a demonstration that a rescission is appropriate under the cancellation of the policy and coordinate the return of APTCs.

Table 1: UEFF File Criteria

Header	Criteria	Source	Instructions
None	1. The consumer affirmatively stated directly to the issuer or to CMS (e.g. through the FFE Call Center) that he/she did not enroll in the Exchange, did not give authorization or consent to enrollment, and did not want the coverage.	CMS	CMS stipulates that criterion #1 is **true in all cases** since all these consumers called the Call Center to complain about these policies.
NPN_Agree	2. The enrollment was completed by an agent or broker or an individual acting under the agent or broker's direction or control.	CMS	Mark "T" (True) if the NPN matches your records. Mark "F" (False) if your records indicate a different NPN or if your records do not include an agent.
Consumer_ Responsibility_ Payment_ Owed	3. The consumer's premium is covered 100% by APTC or, if not 100%, any portion of the premium that is the responsibility of the enrollee was not paid.	CMS	Mark "T" if the consumer's premium is covered 100% by APTC or if the consumer premium responsibility amount was not paid. Mark "F" if a payment was made for the consumer portion on the policy.
No_Claims_Filed	4. No claims have been filed for any of the enrollees on the policy.	Issuer	Mark "T" if no claims have been filed on the policy for any enrollee. Mark "F" if any claim has been filed on the policy.
Issuer_Consumer_Contact	5. The issuer has had no contact from the enrollee about their policy or benefits, including emails and calls to customer service, or the enrollee only contacted the issuer to report they did not know about or consent to the enrollment.	Issuer	Mark "T" if there has been no contact from the enrollee about their policy or benefits, including emails and calls to customer service, or the enrollee only contacted the issuer to report they did not know about or consent to the enrollment. Mark "F" if the enrollee has called your call center about member ID cards, policy benefits or other questions indicating they knew about and wanted the policy.

UEFF Inbound Specification

The UEFF responses will be received in the Multidimensional Insurance Data Analytics System (MIDAS).

Issuers should return the completed file to CMS at
TPID.MID.RESOFL.DYYMMDD.THHMMSSmmm.P.IN

UEFF File Submission

The issuer will need to submit files to MIDAS in **pipe delimited format**. The file format that will be used is ASCII text and will use a CRLF as the line terminator. The file submitted by the issuers should contain all the data that the issuers received in the inbound file. **Do not remove or add rows or columns.**

The filenames proposed for usage by issuers will consist of the following sections:

1. Trading Partner (TP) Identifier (ID)
2. Application ID
3. Function Code
4. Date
5. Time
6. Environment Code
7. Direction

Trading Partner (TP) Identifier (ID):
TPID is the identification number assigned to the Trading Partner. The length of the TPID can range between 5-10 characters.

Application ID:
The Application ID section of the filename is an ID for the application that processes the files. This section specifies the target application where the system routes the file. This is a static value and is MID for this process.

Function Code:
The Function Code section of the filename is an alphanumeric code indicating the functional purpose of the file within the application. This also helps identify specific processing once the system routes the file to the application. This is a static value and is RESOFL for all the data.

Date:
The Date section of the filename specifies the date the issuer transferred the file in DYYMMDD format. The first D is static text.

Time:
The Time section of the filename specifies the time created (timestamp) for the file in THHMMSSmmm format where HH is hours, MM is minutes, SS is seconds, and mmm is milliseconds. The T is static text and exactly nine numerals must follow.

Environment Code:
The Environment Code section of the filename is a single character code indicating the environment to which the system transfers the file. Allowed values are as follows: P for Production Environment (PROD)

Direction:
The Direction section of the filename indicates the direction in which the data flows, towards the Centers for Medicare & Medicaid Services (CMS):

IN for to CMS

All the sections need to be separated by a period (.)

Example of a sample filename: **1234567.MID.RESOFL.D170217.T071025123.P.IN**

Lessons Learned: Avoid Rejected Files

To make sure your file submission is not rejected, please note the lessons learned from previous rounds of UEFFs and avoid the most common mistakes.

Common Mistakes	Solutions
Incorrect File Name	There must be 6 digits after the D in the date and 9 digits after the T in the timestamp.
File sent to wrong EFT	File should be sent to the MID eft code.
Compressing the file	File should be Unzipped
Incorrect File Format	UEFFs should be retuned as "pipe-delimited" text files only.
Resubmission has Same Date & Time Stamp	If resubmitting a file, change the date and timestamp in the filename. EFT will not deliver the file if it has the same name as the previous submission.
File Format has been Changed	Do not delete any rows or columns – including the header record. Do not move columns around – format must be intact and has to be in the same position.
Notes have added pipes	When typing notes in the 'Notes' column, do not include a "pipe delimiter" within the text. Commas, periods or semi-colons are okay, but do not insert "pipes" as they change the format.

UEFF Data File Overview

Data files are created by HIOS ID and these files **should never be zipped.**

Issuers will be required to keep the file in the original format and fill out every response field with a capital 'T' or 'F' without any leading or trailing spaces.

Table 2: Data Elements and Descriptions

Data Element Field Name	Data Element	I=Informational R=Required	Data Type	Data Element Description	Instructions
row_id	Row ID	I	Alphanumeric	System generated Unique identifier for each row sent to the issuer in the UEFF. This is a required field. Please do not alter.	
hics_case_id	HICS Case ID	I	Numeric	The Case ID is the casework ID number that is assigned by Health Insurance Casework System (HICS).	
hics_application_id	Application ID	I	Numeric	The Application ID is the number that keeps track of individual(s) seeking an eligibility who submit(s) an application (either individually or as part of a household) to the Exchange for enrollment in a QHP.	
hics_plan_id	Plan ID	I	Text	The 16-digit HIOS-generated qualified health plan (QHP) identification number.	
hics_coverage_year	Coverage Year	I	Numeric	The calendar plan year. This is the year the insurance policy covers.	
State	State	I	Text	The state associated with the policy.	
issr_hios_id	Issuer ID Number	I	Numeric	The five-digit Health Insurance Oversight System (HIOS)-generated Issuer ID number.	
FFE_policy_id	Policy ID	I	Numeric	The Policy ID Assigned by the Exchange for the policy for which an unauthorized enrollment case is being reported	
subscriber_id	Subscriber ID	I	Text	The insured member identifier indicated as the subscriber in MIDAS.	
NPN	National Producer Number	I	Numeric	The National Producer Number (NPN) is an Agent/Broker's unique NAIC identifier assigned through the licensing application process. An Agent/Broker is permitted to apply or help apply for health plans on behalf of a consumer if they receive training from CMS and are on CMS' Registration Completion List. An NPN is essential for the agent or broker to receive	

Data Element Field Name	Data Element	I=Informational R=Required	Data Type	Data Element Description	Instructions
				compensation from a QHP issuer.	
premium_amt	Premium Amount	I	Numeric	Monthly Premium amount on the policy	
applied_APTC	Applied APTC Amount	I	Numeric	Monthly APTC amount on the policy	
policy_status	Policy Status	I	Text	The Policy Status indicates the insurance policy status.	
Round_number	UEFF Round Number	I	Text	For internal use only – Round Number denoting which UEFF the file is related to.	
Issuer_response					
NPN_Agree	NPN Match	R	Text		This data field refers to NPN info provided by CMS. Mark "T" (True) if the NPN matches your records. Mark "F" (False) if your records indicate a different NPN or if your records do not include an agent
Consumer_Responsibility_Payment_Owed	Consumer Responsibility Payment Owed	R	Text		Mark "T" if the consumer's premium is covered 100% by APTC or if the consumer premium responsibility amount was not paid. Mark "F" if a payment was made for the consumer portion on the policy.
No_Claims_Filed	Claims Filed by Providers	R	Text		Mark "T" if no claims have been filed on the policy for any enrollee. Mark "F" if any claim has been filed on the policy.
Issuer_Consumer_Contact	Issuer Customer Contact	R	Text		Mark "T" if there has been no contact from the enrollee about their policy or benefits, including emails and calls to customer service, or the enrollee only contacted the issuer to report they did not know about or consent to the enrollment. Mark "F" if the enrollee has called your call center about member ID cards, policy benefits or other questions indicating they knew about and wanted the policy.

Data Element Field Name	Data Element	I=Informational R=Required	Data Type	Data Element Description	Instructions
Issuer_will_rescind	Issuer Cancel	R	Text		Mark "T" only if ALL of the criteria are marked "T." Issuers that are cancelling coverage should send an IC834 cancel transaction to the FFE with a reason code of fraud (use CANCEL, not TERM). NOTE: 2015 policies cannot be cancelled via IC834, so an issuer will need to submit an ER&R Dispute, setting "Prior Year – End Date" to equal the start date of the 2015 policy Mark "F" if one or more of the criteria is not true, or if the issuer has decided not to cancel the policy.
Notes	Additional Notes/Justification	R	Text		Use this text column to: 1) Provide an explanation if all columns are marked "T," but you do NOT plan to cancel. 2) Add data from your records if it differs from the data provided by CMS.

UEFF File Error Checks and Business Validations

The following error checks and validations will be performed on each UEFF Submission file.
Note: Error Checks and Business validations will include format validations.

Table 3: Error Checks and Business Validations

Error Code Identifier	Error Code Description	Detailed Error Code Description	CMS Action if Validation Fails
UEFFERR01	File cannot be opened (corrupt file)	This is a file format issue. CMS was unable to access the data within the Unauthorized Enrollment File. It may have been corrupted during file transfer.	CMS will reject the file
UEFFERR02	-File received is not a flat File -Columns have been added or deleted by the issuer -Columns have been rearranged or reordered by the issuer	This is a file format issue. The Unauthorized Enrollment File submitted did not conform to the required format.	CMS will reject the file
UEFFERR02a	File received is not in the required format as columns have been added/deleted by the issuer (header and/or data)	This is a file format issue. The Unauthorized Enrollment File submitted did not conform to the required format.	CMS will reject the file

Error Code Identifier	Error Code Description	Detailed Error Code Description	CMS Action if Validation Fails
UEFFERR03	All response fields are blank for all records in the submission	This is a file format issue. NONE of the responses were populated in the Unauthorized Enrollment File submitted. All rulings must contain either a 'T' or 'F'.	CMS will reject the file
UEFFERR04	The return file has more or fewer policies than the original file that was sent to the issuer.	This is a file format issue. One or more policies are missing or have been added in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR05	Invalid Issuer Response field(s): npn_agree consumer_responsibility_payment_owed no_claims_filed issuer_consumer_contact issuer_will_rescind	The data element(s) do not meet the format requirements. One or more response fields include Y/N or other text, instead of T/F, in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR06	Blank Issuer Response field(s): npn_agree consumer_responsibility_payment_owed no_claims_filed issuer_consumer_contact issuer_will_rescind	The data element(s) do not meet the format requirements. One or more response fields were not completed (left blank) in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR07	Blank Cells when "issuer_will_rescind " is marked "T"	One or more response fields are blank, but the issuer has marked this policy for cancellation in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR08	"issuer_will_rescind " is marked "T", Other response fields are marked 'F' or contain other text	One or more response fields are marked 'F' or populated with other text but the issuer has marked this policy for cancellation the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR09	Rulings on the same FFE Policy ID	Rulings on the same "FFE Policy ID" (MGPI) are different in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error
UEFFERR10	Inconsistent NPN information, but marked T for "issuer_will_rescind"	The "NPN" column provided by CMS was blank, but the "npn_agree" and "issuer_will_rescind" response fields are marked "T" by the issuer in the Unauthorized Enrollment File submitted.	CMS will accept and process the file, but will send an error

UEFF File Error handling

If the data submitted fails any of the error checks or business validations (see tables above), an error report will be generated, the issuer will receive an email indicating that the file has been rejected or submitted with errors, and the UEFF Outreach Team will be notified.

- If the file contains no errors, the issuer will receive an email indicating that the file has been accepted and processed successfully. Please see table below for the format of the expected email message.
- If mandatory response elements are not populated or are input incorrectly, the file will be accepted but will be flagged as containing errors. The issuer will also receive an email indicating that the file has been processed with errors. Please see Table 4, below, for the format of the expected email message. A comprehensive error report will also be generated and will be sent to the issuer's outbound folder through the EFT.
- If the file does not conform to the required format or the data is inaccessible, the file will be rejected and the issuer will receive an email indicating that the file has been rejected and cannot be processed. Please see table below for the format of the expected email message. A comprehensive error report will also be generated and will be sent to the issuer's outbound folder through the EFT.

Refer to the Table 3: Error Checks and Business Validations, above, for CMS processing responses to files based on field validations.

Table 4: Email Messages to Issuers Regarding Status of Files

Scenario	Status	Email Message/Error Message
CMS has received and processed the issuer's data file submission successfully.	FILE ACCEPTED AND PROCESSED SUCCESSFULLY	CMS has processed your recent Unauthorized Enrollment File submission. Your submission passed all CMS validation checks. Your data submission will be marked as complete and processed successfully.
CMS has received and processed the issuer's data file submission, but the file has errors.	FILE ACCEPTED WITH ERRORS	CMS has processed your recent Unauthorized Enrollment File submission, but the file has errors. You will receive an error report in your EFT folder within the next 24 hours that summarizes the errors. Please review the error report to determine if you need to correct the data, in which case you should resubmit the entire file to CMS.

UEFF File Resubmission Process

- **Resubmissions by Issuers:**

  CMS will consider every resubmission as a new submission. The name of the file must be unique**. Every resubmission by issuers must have a new date and time.** CMS will not accept or process resubmissions with identical dates and times in the file name. **Each time an issuer resubmits, it must submit the entire file (i.e. the full pipe-delimited file).** CMS will not process partial resubmissions; therefore, issuers should plan accordingly by saving their flat, pipe-delimited file in a separate environment so that it can be modified and resubmitted as necessary.

- **UEFF Outreach Team:**

  The UEFF Outreach team from the Center for Program Integrity works closely with the CMS Account Managers to facilitate the accurate and timely submissions of files from the issuers to CMS. The outreach team will provide coordination between CMS and contract partners. The files submitted by issuers and the files' statuses are communicated across stakeholders to identify any issues/errors in file submission to be resolved by issuers. Tracking and reporting the success or failure of each issuer's file will occur on a daily b**asis. The outreach team can be reached for questions and assistance at :**[MarketplaceIntegrity@cms.hhs.gov.](mailto:MarketplaceIntegrity@cms.hhs.gov)

- **Enterprise File Transfer (EFT) Location:**

  CMS will only accept submissions through EFT. For direct SFTP (for automation) - **sftp://eft.feps.cms.gov**, please **send files using the "Inbound 30" folder.**