

# Enrollment Blocker Refresher



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

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

*The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This material summarizes current policy and operations as of the date it was uploaded to REGTAP. Links to certain source documents may have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.*

# Agenda

- Enrollment Blockers in the FFE
- Understanding Enrollment Blockers
- Enrollment Blocker Scenarios Requiring Issuer Intervention
- Enrollment Blocker Scenarios Requiring CMS Intervention
- Common Enrollment Blocker Scenarios Quick Guide
- How to Reconcile an Enrollment Blocker HICS Case with the FFE
- Enrollment Blocker FAQs
- Enrollment Blocker References on CMSzONE



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# Enrollment Blockers in the FFE

- CMS listened to issuer feedback and devoted a considerable number of resources to eliminate most application and Enrollment Blockers. As a result of CMS's efforts, Enrollment Blocker cases decreased significantly over the past 16 months.
- In January and February 2023, CMS noted a 72% decrease in total Enrollment Blocker cases when compared to the same months in previous years.
- CMS continues to monitor Enrollment Blocker cases each month to ensure that issuers have access to the current resources necessary to resolve these complex cases.
- On March 31, 2023, ER&R posted an updated version of the Enrollment Blocker Cheat Sheet and Enrollment Blocker Job Aid to the ER&R Landing Page on CMSzONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.



# Understanding Enrollment Blockers

- An Enrollment Blocker occurs when enrollees update their current application through the FFE but encounter a technical issue preventing a policy update.
- The error prevents the policy from updating with the new eligibility information. The error also prevents issuers from receiving the update since an 834 transaction cannot be sent.
- Blocked policy updates may result in:
  - An enrollee paying an incorrect premium amount or receiving incorrect cost-sharing reductions.
  - A delay in adding a new spouse or child.
  - A delay in removal of an enrollee.
  - An inaccurate enrollee record, specifically related to demographic information (SSN, DOB, residential address, name).



# Understanding Enrollment Blockers (Cont.)

- When an Enrollment Blocker occurs, enrollees are instructed to contact the FFE Call Center to initiate an escalation (HICS case).
- The HICS cases, with key eligibility updates, are sorted for action by CMS or assigned to the respective issuer(s).
- Once an issuer receives a case, the issuer is directed to manually apply the changes to their internal records and report key aspects of the policy to the FFE through Inbound Enrollment Reconciliation (RCNI) and submit a dispute through a HICS Direct Dispute or the Enrollment Dispute Form.  
**NOTE:** Regardless of the dispute method used, the issuer's RCNI file must always reflect the change required by the HICS case.
- The most common Enrollment Blocker scenarios include:
  - Financial Changes
  - Removal of a Member
  - Demographic Changes
  - Addition of a Member
  - Eligibility Review



# Enrollment Blocker Scenarios Requiring Issuer Intervention

## Financial Changes

- **Summary:** An error occurs when an enrollee reports a change in circumstance (CIC) on an active application but is unable to proceed to Plan Compare to confirm that the new financial changes are applied. The enrollment does not reflect financial change and no 834 is transmitted.
- **Standard HICS Narrative:** *“Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make updates in your system and submit changes to the FFE through the ER&R process.”* or *“Consumer was unable to submit application due to error 302031, 500.300588. Please make the updates in your system and submit changes to the FFE through the ER&R process...”*
- **Issuer Action:**
  - Adjust internal records to reflect the appropriate financial information as listed in the HICS case.  
**NOTE:** If the HICS case does not include the start date, ER&R will utilize the corresponding Eligibility Determination Notice to provide the issuer with the appropriate start date via HICS Direct Dispute.
  - Report the correct information in Reconciliation (RCNI).
  - Submit all changes to the FFE through HICS Direct Dispute process.



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# Enrollment Blocker Scenarios Requiring Issuer Intervention (Cont.)

## Removal of Member(s)

- **Summary:** An error occurs when an enrollee or MP Call Center representative attempts to terminate FFE coverage for 1 or more members on a policy. This scenario may be tied to various error codes, i.e., 500.280., 302100, 500.300588, and 302031.
- **Commonly Used HICS Narratives:**
  - *Consumer requested to terminate coverage. The FFE is unable to process this request due to system error 500.280...” or*
  - *“Issuer Action: 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 Marketplace through the ERR process” or*
  - *“Issuer Action: Consumer was unable to submit application due to error 302100, 500.300588...Reason for change in circumstance: XXXXX is enrolled in Medicare and was being removed from the policy.” or*
  - *“Issuer Action: Consumer was unable to submit application due to error 302031... The consumer also reported the following changes: XXXX is needing to removed off the policy as of 11/30/2020 because...”*



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# Enrollment Blocker Scenarios Requiring Issuer Intervention (Cont.)

## Removal of Member(s) (Cont.)

- **Issuer Action:**

- Adjust internal records to remove individual(s) and update financial information, as applicable, as listed in the HICS case.
- Report the correct information in Reconciliation (RCNI).
- Submit all changes to the FFE through HICS Direct Dispute process.



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# Enrollment Blocker Scenarios Requiring CMS Intervention

## Demographic Changes

- **Summary:** An error occurs when an enrollee reports a change in circumstance (CIC) on an active application but is unable to proceed to Plan Compare to confirm the new demographic changes are applied.
- **Standard HICS Narrative:** *“Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make updates in your system and submit changes to the FFE through the ER&R process...”*
- **Issuer Action:**
  - Report the corrected information in Reconciliation (RCNI).
  - Be aware that CMS caseworkers are proactively working all Enrollment Blocker cases with a demographic change, including first/last name, DOB, SSN, and residential address, by generating an updated 834 enrollment transaction.
  - Once a new 834 transaction is generated, CMS caseworkers will reassign the case to issuers with detailed notes on the actions taken. Issuers should verify 834 file is received and processed accordingly and notify the consumer of outcome.



# Enrollment Blocker Scenarios Requiring CMS Intervention (Cont.)

## Addition of Member(s)

- **Summary:** An error occurs when an enrollee reports a change in circumstance to add a new member to the application but encounters error code 500.300588 or 302100 when confirming enrollment in Plan Compare.
- **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 FFE through the ER&R process...”*
- **Issuer Action:**
  - Report the correct information in Reconciliation (RCNI).
  - Be aware that CMS caseworkers are proactively working all Enrollment Blocker cases requesting to add a member.
  - Once a new 834 transaction is generated, CMS caseworkers will reassign the case to issuers with detailed notes on the actions taken. Issuers should verify 834 file is received and processed accordingly and notify the consumer of outcome.



# Enrollment Blocker Scenarios Requiring CMS Intervention (Cont.)

## Eligibility Review

- **Summary:** This error occurs when a consumer reports multiple CICs on an active Exchange application that may impact their eligibility to reenroll into coverage. The consumer is not able to proceed into Plan Compare to confirm the changes because of an error. CMS will review the consumer's application changes to determine if the individual(s) remains qualified for enrollment before transferring the case to the issuer for further action.
- **Standard HICS Narrative:** *“Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make updates in your system and submit changes to the FFE through the ER&R process...”*



# Enrollment Blocker Scenarios Requiring CMS Intervention (Cont.)

## Eligibility Review (continued)

- **Issuer Action:**
  - Report the correct information in Reconciliation (RCNI).
  - Be aware that CMS caseworkers are proactively working all Enrollment Blocker cases with a demographic change, including first/last name, DOB, SSN, and residential address, by generating an updated 834 enrollment transaction.
  - Once a new 834 transaction is generated, CMS caseworkers will reassign the case to issuers with detailed notes on the actions taken. Issuers should verify that the 834 file is received and processed accordingly and notify the consumer of outcome.



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# Common Enrollment Blocker Scenarios Quick Guide

Scenario	Case Narrative	Update RCNI?	Submit Dispute?
<b>Removing a Member</b>	Consumer requested to terminate coverage. The Exchange is unable to process this request due to system error 500.280...	<b>Yes</b> , issuers should remove the applicant from the policy by adjusting their internal records and report the corrected information (including financials) on their RCNI. For retroactive removal requests, issuers should first contact their CMS caseworker.	Yes, submit change through HICS Direct Dispute.
<b>Financial Changes</b>	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...	<b>Yes</b> , issuers should update all financial changes to their internal records and report the corrected information on their RCNI.	Yes, submit change through HICS Direct Dispute.



# Common Enrollment Blocker Scenarios Quick Guide (Cont.)

Scenario	Case Narrative	Update RCNI?	Submit Dispute?
<b>Demographic Changes</b>	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...	<b>Yes</b> , issuers should manually update their internal records; however, CMS caseworkers are also proactively generating new I834s for Enrollment Blocker cases with the requested a change to name, SSN, DOB, or residential address.	No dispute is necessary since CMS Caseworkers are proactively generating new I834s for Enrollment Blocker cases requesting a change to name, SSN, DOB, or residential address. Notify your Lead Caseworker if you have not received an updated enrollment file within 1-5 business days.
<b>Adding a Member</b>	Consumer was unable to submit application due to error 302100, 500.300588... Name of new enrollee: [NAME]...	<b>Yes, with approval from CMS</b> , issuers should manually update their internal records; however, CMS caseworkers are proactively generating new I834s for eligible Enrollment Blocker cases that request to add a member.	No dispute is necessary since CMS Caseworkers are proactively generating new I834s for Enrollment Blocker cases requesting to add a member, if eligible. Notify your Lead Caseworker if you have not received an updated enrollment file within 1-5 business days.
<b>Eligibility Review</b>	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...	<b>Yes, with approval from CMS</b> , issuers should manually update their internal records; however, CMS caseworkers are also proactively generating new I834s for Enrollment Blocker cases with the requested a change to name, SSN, DOB, or residential address.	No dispute is necessary since CMS Caseworkers are proactively generating new I834s for Enrollment Blocker cases requesting to reenroll into coverage. Notify your Lead Caseworker if you have not received an updated enrollment file within 1-5 business days.



# How to Reconcile an Enrollment Blocker Case with the FFE

- Depending on the attribute(s) being updated, issuers have 3 primary methods for reporting the change to the FFE:
    - **Reconciliation:** In some Enrollment Blocker cases, an issuer's submission on the RCNI file only is sufficient, including start/end date, gender, mailing address.
    - **HICS Direct Dispute:** In most Enrollment Blocker cases, an issuer should submit changes to the FFE using HICS Direct Dispute via the Plan Request tab in HICS, including APTC/CSR amount, Total Premium Amount, and removal of member(s).
    - **Enrollment Dispute Form:** If the HICS case is closed for more than 30 days and a dispute is required, issuers should utilize the Enrollment Blocker tab on the Enrollment Dispute Form.
- NOTE:** Regardless of the nature of the update, the issuer should report the enrollment updates on all the subsequent RCNI files.

# Enrollment Blocker FAQs

**Q:** An issuer received an FR22 disposition on the Semi-Monthly Report. What is it and what action should the issuer take next?

**A:** *The FR22 disposition is reserved for financial disputes that should be processed as Enrollment Blockers.*

- *If the HICS case is currently open or has been closed less than 30 days, issuers should request that the case be reopened by the CMS Lead Caseworker and resubmit the dispute using HICS Direct Dispute.*
- *If the HICS case has been closed more than 30 days, issuers should resubmit the dispute using the Enrollment Blocker tab of the Enrollment Dispute Form.*



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# Enrollment Blocker FAQs (Cont.)

**Q:** A dispute was submitted to ER&R using the HICS Direct Dispute process and is currently under review. Do issuers also need to submit the dispute on the Enrollment Dispute Form?

**A:** *No, generally issuers only need to file 1 dispute with ER&R using either HICS Direct Dispute or the Enrollment Dispute Form. On very rare occasions, issuers may be instructed by ER&R to resubmit a dispute using the alternative method.*

**Q:** What should an issuer do if an Enrollment Blocker case is received after RCNI has ended for the coverage year?

**A:** *The issuer should update internal records and submit the case to ER&R through HICS Direct Dispute. Issuers can view the current state of the FFE enrollment through SEED or the FFM Extract.*



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# Enrollment Blocker FAQs (Cont.)

**Q:** What should an issuer do if the requested date of termination or date to apply financial assistance (APTC/CSR) precedes the date of the HICS case?

**A:** *Issuers should contact their CMS Lead Caseworker, who will determine if a retroactive effective date can be applied.*

**Q:** What should an issuer do if the date to apply financial assistance (APTC/CSR) is not included in the HICS case?

**A:** *Issuers should submit the case to ER&R through HICS Direct Dispute. ER&R will verify the appropriate start date using the corresponding Eligibility Determination Notice and include this information in their response when returning the case to the issuer for closure.*



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# Enrollment Blocker FAQs (Cont.)

**Q:** An issuer received a HICS case referring to a “functionality limitation.” Is this considered an Enrollment Blocker case?

**A:** *Generally, no, the “functionality limitation,” referenced in the following HICS narrative, is not considered an Enrollment Blocker.*

*“Consumer was removed from Marketplace coverage [APP ID] and other members remain in coverage on the application. The consumer's intended termination date is XX/XX/XXXX, but functionality limitations provided a termination date of XX/XX/XXXX...”*

*This narrative is often used when a consumer is requesting an adjustment, either retroactive or prospective, to his/her termination date.*

*In mid-October, CMS began recategorizing these cases as Category 1 to provide proactive guidance to issuers on the appropriate end date. Issuers should contact their CMS Lead Caseworker if further clarification is needed on the correct termination date.*



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# Enrollment Blocker FAQs (Cont.)

**Q:** Can issuers request additional training on Enrollment Blockers?

**A:** *Yes! CMS and ER&R offer specialized Enrollment Blocker training for issuers. Training includes an overview of the issuer's Enrollment Blocker dashboard, a review of best practices and helpful hints, and a deep dive into blocker-specific cases. Interested issuers should contact their CMS Lead Caseworker.*



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# Enrollment Blocker References on CMSzONE

- The Enrollment Blocker Job Aid v11 and Cheat Sheet v8, HICS Direct Dispute Master Guidance, and the Enrollment Dispute Form v14 are all available on CMSzONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.



# Questions?

Contact the ER&R Support Center

Phone: **(855) 591-7113**

Email: [ERRSupportCenter@Cognosante.com](mailto:ERRSupportCenter@Cognosante.com)



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