Unmatched "I" Record (UIR)

Technical Reference Guide

Version 9.0

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Revision History

Version	Date	Revision Owner	Description of Changes
9.0	02/20/2020	Cognosante	► Exhibit 4: Added new FFM_Updates_Processing category ► Section 5.4.3: Created section with FFM_Updates_Processing category information ► Updated Section 7.1: UIR Process Flow ► Updated Appendix B: Common Causes of UIRs with new examples for coverage year 2020 ► Other minor changes for clarity throughout
8.0	11/22/2019	Cognosante	► Section 3.1: UIR Report Format updates ► Section 6.1: Changed section to past tense ► Section 6.2: Changed section to past tense ► Changed references to ER&R Disputes to Enrollment Disputes throughout ► Other minor changes for clarity throughout
7.0	08/15/2019	Cognosante	► Section 3.0: Updated information regarding UIR Report function code ► Appendix A: Updated function code information in Reporting FAQ
6.0	05/17/2019	Cognosante	► Section 3.1: Updated column references to exactly match UIR Report columns ► Section 4.1: Updated UIR Categories and Guidance Buckets exhibit to include new terminated UIE categories ► Section 5.1.17: Inserted Terminated_Prior_Year section ► Section 5.1.18: Inserted Terminated_Prior_Year_BAR_Failure section ► Section 5.1.19: Inserted Terminated_Persistent_UIE section ► Section 6.0: Renamed section to remove year reference and created year-specific subsections, Sections 6.1 and 6.2 ► Section 7.1: Inserted new UIR Process Flow graphic ► Section 8.1: Inserted details regarding 2019 UIE Issuer Letter ► Appendix A: Updated manual payment guidance in Issuer Guidance FAQ ► Appendix B: Updated examples for 2019 ► Inserted Revision History section

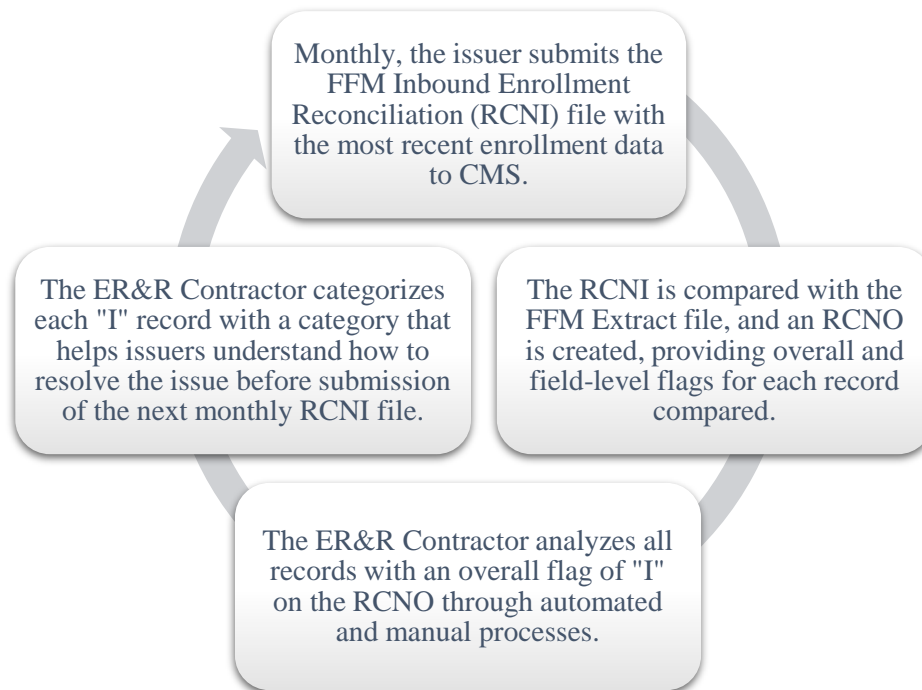# Table of Contents

List of Exhibits

1.0   Purpose

CMS implemented the Unmatched "I" Record (UIR) reporting process in April 2017. A UIR is a record for which the Reconciliation process is unable to match the issuer-reported record to a Federally-Facilitated Marketplace (FFM) record. This document provides issuers information and guidance regarding how to correct enrollment records that contain an overall record flag of "I" on the FFM Outbound Enrollment Reconciliation (RCNO) file.

This guidance specifically pertains to CMS requirements for processing records containing an overall record flag of "I." For assistance with questions regarding other overall record flags on the RCNO, please contact the Recon team at Recon_Issuer_Support@bah.com.

2.0   High-Level Overview

Exhibit 1 shows the path insurance policy records follow in the Reconciliation process.

Exhibit 1: "I" Record Overview

Monthly, the issuer submits the FFM Inbound Enrollment Reconciliation (RCNI) file with the most recent enrollment data to CMS.

The RCNI is compared with the FFM Extract file, and an RCNO is created, providing overall and field-level flags for each record compared.

The ER&R Contractor analyzes all records with an overall flag of "I" on the RCNO through automated and manual processes.

The ER&R Contractor categorizes each "I" record with a category that helps issuers understand how to resolve the issue before submission of the next monthly RCNI file.

The issuer submits a monthly RCNI file in accordance with the schedule established by CMS to share enrollment data with the FFM. The data provided in the RCNI is reconciled against the FFM Extract file to produce the RCNO file. The RCNO file provides overall (record-level) flags that indicate if a matching FFM record was identified for each record the issuer submitted in the RCNI. Where no match has been made, the RCNO file returns an overall flag of "I" for the issuer-reported record, denoting that it is an unmatched issuer record.

The ER&R Contractor processes these UIRs through automated and manual analysis to identify a possible match between the issuer record and an FFM record. Depending on the analysis outcome, the UIR is assigned a category that correlates to specific guidance for resolving the UIR. The issuer can identify "I" records and their corresponding categories using the UIR Report. Prior to submitting the next RCNI file, the issuer should resolve UIRs whenever possible.

3.0 UIR Reporting

Issuers receive notice of UIRs in the monthly UIR Report. This report provides UIR details associated to the current month's RCNO in an Excel format. Issuers do not receive a UIR Report in months where they have no "I" records in the RCNO.

The ER&R Contractor delivers the UIR Reports to issuers via EFT using the file naming convention TPID.[Function Code].D190208.T120000101.P.OUT*. The UIR Report function code is "UIR" followed by a one-digit identifier indicating the year with which the report is associated. The function code for coverage year 2020 UIR Reports is UIR0. ER&R will use this format to create a new function code for each future year, ensuring that issuers can easily differentiate between reports during the periods when Reconciliation is occurring simultaneously for two coverage years.

*NOTE: Depending on each issuer's specific EFT setup, filenames may not include the .OUT file extension.

When the UIR Report is sent, the issuer point of contact receives a notification by email from the ER&R Contractor including the specific filename of the report. To update the issuer point of contact, issuers must contact the ER&R Support Center at **(855) 591-7113** or email ERRSupportCenter@cognosante.com.

3.1 UIR Report Format

The UIR Report is an Excel file that consists of 28 columns. Of the 28 columns, 19 are populated with values from the corresponding fields in the RCNO file. The nine remaining columns are populated with values from ER&R.

The following fields are in the UIR Report:

- ▶ Column A contains the UIR Case ID, a unique ER&R-assigned identifier that issuers can use to identify the record in communications with ER&R.
- ▶ Columns B through D and F through U provide information from the RCNO "I" record.
- ▶ Columns E and V through AB contain the UIR Report-specific data. The UIR_Case_ID, Coverage_Year, and Enrollment_Category fields should always contain a value; however, other UIR Report-specific fields may be inapplicable and intentionally left blank.
  - ■ Coverage_Year – This reports the coverage year value assigned to the record by ER&R. **NOTE**: This value is not determined using RCNO data.
  - ■ Enrollment_Category – This is the enrollment category associated to the UIR. See Exhibit 4 for the complete list of UIR Report data categories.
  - ■ Matched_FFM_Internal_Inventory_Record – When applicable, this reports the FFM Internal Inventory Number for the FFM record associated with the same consumer.
  - ■ Application_ID – When applicable, this reports the application ID associated to the consumer.
  - ■ HICS_Case_ID – When applicable, this reports the HICS Case ID associated to the UIR.
  - ■ Number_of_Months_Reported – This reports the number of runs in which the issuer reported the UIR.
  - ■ Matched_FFM_BENE_SBS_EXCHG_ASG_ID – When applicable, this reports the Exchange-Assigned Subscriber ID for the FFM record associated with the same consumer.
  - ■ Matched_FFM_BENE_EXCHG_ASGNED_ID – When applicable, this reports the Exchange-Assigned Member ID for the FFM record associated with the same consumer.

Exhibit 2 and Exhibit 3 show the UIR Report headers. The columns with blue headers provide information applied by ER&R. The columns with green headers replicate RCNO data.

Exhibit 2: UIR Report Headers

UIR_CASE_ID	FIL_TP_ID	HIOS_ID	QHPID_LKP_KEY	COVERAGE_YEAR	FTI_INTERNAL_BATCH_ID	FFM INTERNAL INVENTORY NUMBER	ISSUER_PRSN_1ST_NAME	ISSUER_PRSN_LAST_NAME	ISSUER_PRSN_BIRTH_DT	ISSUER_BENE_SSN_KEY	ISSUER_BENE_SBS_EXCHG_ASG_ID	ISSUER_BENE_EXCHG_ASGNED_ID	ISS_PLAN_EXCHG_ASG_PLCY_NUM

Exhibit 3: UIR Report Headers (Continued)

ISSUER_PLAN_ISSR_ASG_PLCY_NUM	ISSUER_PLAN_PLCY_ID	ISSUER_PLAN_BNFT_STRT_DT	ISSUER_PLAN_BNFT_END_DT	ISSUER_PLCY_APTC_AMT	ISSUER_PLCY_TOT_PRM_AMT	ISSUER_PRM_PD_IND	ENROLLMENT_CATEGORY	MATCHED_FFM_INTERNAL_INVENTORY_RECORD	APPLICATION_ID	HICS_CASE_ID	NUMBER_OF_MONTHS_REPORTED	MATCHED_FFM_BENE_SBS_EXCHG_ASG_ID	MATCHED_FFM_BENE_EXCHG_ASGNED_ID

3.2   Identifying Categories

The issuer identifies the category assigned to the UIR by referring to column V of the UIR Report. Columns V through AB of the report provide the issuer with additional information to resolve the UIR.

3.3   Report Timing

The UIR Report is generated and sent to issuers via EFT on the third Friday following delivery of the RCNO file. RCNO delivery dates are available on the Data Reconciliation Calendar on CMS zONE at https://zone.cms.gov/document/pre-audit-and-recon-calendar-and-file-specification.

4.0   Types of UIRs

CMS divides UIR records into two specific types:

1. **Unaffiliated Issuer Enrollment (UIE):** An issuer record that is not matched with an FFM record and the UIR analysis process is unable to identify an FFM record for the consumer
2. **Misaligned Issuer Enrollment (MIE):** An issuer record that is not directly matched with an FFM record through the monthly Reconciliation process, but, after additional analysis, the ER&R Contractor was able to match it to a record in the FFM; issuer action is needed to bring the record into alignment

4.1   UIR Categories and Guidance Buckets

CMS categorizes both UIE and MIE records to help issuers resolve Marketplace and issuer enrollment record inconsistencies. In 2017, CMS began using the term "category" instead of "brand" to label UIR records. CMS further delineates UIRs into four primary groups, called guidance buckets, to inform the issuer of the action needed to resolve the inconsistency.

The four primary guidance buckets are:

► **Issuer Action Required – Reconciliation:** The issuer may resolve the UIR by updating values in RCNI or discontinuing the reporting of an invalid record.
► **Issuer Action Required – Consumer Outreach:** The member does not have an active current year enrollment. The issuer needs to complete outreach to ask the member to contact the Marketplace to complete an enrollment. In certain scenarios, the consumer's Marketplace account will be tagged with a Special Enrollment Period (SEP).
► **Issuer Action – Enrollment Dispute to Be Submitted:** These UIRs require the issuer to submit an Enrollment Dispute to ER&R.
► **No Issuer Action Needed:** These include UIRs that are in process for further research, UIRs that are allowed to persist, and UIRs resulting from a timing issue between the Pre-Audit and RCNI.

The table in Exhibit 4 shows each UIR category and the corresponding guidance bucket.

Exhibit 4: UIR Categories and Guidance Buckets

UIR Type	UIR Report Data Categories	UIR Guidance Bucket
UIE	Ineligible_Newborns	No Issuer Action Needed
UIE	FFM_Timing_Issue	No Issuer Action Needed
UIE	FFM_Updates_Processing	No Issuer Action Needed
UIE	FFM_Enrollment_Blocker	Issuer Action Needed – Enrollment Dispute to Be Submitted
UIE	Prior_Year	Issuer Action Needed – Consumer Outreach
UIE	Prior_Year_BAR_Failure	Issuer Action Needed – Consumer Outreach
UIE	Persistent_UIE	Issuer Action Needed – Consumer Outreach
UIE	No_Records_Found	Issuer Action Needed – Reconciliation and/or Consumer Outreach
UIE	Dental_Prior_Year	Issuer Action Needed – Reconciliation
UIE	Terminated_Prior_Year	Issuer Action Needed – Reconciliation
UIE	Terminated_Prior_Year_BAR_Failure	Issuer Action Needed – Reconciliation
UIE	Terminated_Persistent_UIE	Issuer Action Needed – Reconciliation
MIE	One_Day_Policy	Issuer Action Needed – Reconciliation
MIE	Cross_HIOS	Issuer Action Needed – Reconciliation
MIE	Dependent_Removed (Previously Prior_Year_Dependent_Removed)	Issuer Action Needed – Reconciliation
MIE	Consumer_Initiated_Cancellation	Issuer Action Needed – Reconciliation
MIE	Reinstatement_Needed	Issuer Action Needed – Enrollment Dispute to Be Submitted
MIE	Ineligible_PPI_PD, Zero_PRM_AMT	Issuer Action Needed – Reconciliation
MIE	Matched_SBR_Null, Matched_SBR_Mismatch, Matched_BENE_Null, Matched_BENE_Mismatch, Matched_SBR_BENE_Mismatch, Matched_SBR_BENE_Null, Matched_SBR_Ind_Change, Invalid_Demographics	Issuer Action Needed – Reconciliation
MIE	Enrollment_Not_Valid	Issuer Action Needed – Reconciliation
In Process	In_Process	No Issuer Action Needed

Legend

UIR Type		**UIR Guidance Type**	
☐	UIE	☐	Issuer Action Needed
☐	MIE	☐	No Issuer Action Needed
☐	In Process		

5.0   UIR Resolution

This section defines the categories that fall under each primary guidance bucket and provides specific direction to help issuers resolve UIRs. Each UIR category name is listed in the reporting name format. This is the format issuers will see in the UIR Report.

5.1   Issuer Action Required – Reconciliation

Issuers should perform Reconciliation by updating the RCNI file for UIRs flagged with the following reporting categories.

5.1.1   Cross_HIOS

This category appears when the consumer associated to the issuer record in the RCNO has active coverage with a different HIOS for the same or overlapping coverage period.

Resolution Guidance: The issuer should not continue to submit this record on the RCNI.

5.1.2   Dependent_Removed

This category appears when the dependent was removed from the application.

NOTE: This category was previously referred to as Prior_Year_Dependent_Removed. In December 2017, the category was updated to apply to current and prior year scenarios; thus, the category was renamed.

Resolution Guidance:

The issuer should complete the following steps:

1. Reconcile the issuer system to align with the FFM enrollment.
2. Update the issuer records in the RCNI to no longer report the dependent.
3. If there is a HICS case supporting the continued enrollment for the dependent, contact the ER&R Support Center at ERRSupportCenter@cognosante.com.

5.1.3   Ineligible_PPI_PD

This MIE has an Issuer Premium Paid Indicator (PPI) not equal to "Y," so there is no effectuation action to take in the FFM.

Resolution Guidance: The ineligible Premium Paid Indicator did not cause the "I" record, but CMS requires that the issuer effectuate the record within the RCNI before the "I" record is categorized.

The issuer should complete the following steps:

1. In situations where the ISSUER_PRM_PD_IND should be a "Y," update value in the RCNI.
2. If the policy is not effectuated, update the PPI to "C."

5.1.4   Zero_PRM_AMT

This MIE has a $0 Total Premium Amount on the subscriber record for the issuer.

Resolution Guidance: The zero Total Premium Amount did not cause the "I" record, but CMS requires that the issuer validate the record within the RCNI before the "I" record is categorized.

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR to identify the appropriate record in the RCNO.
2. Confirm the record is valid.

3. Update the Total Premium Amount in the subscriber record on the next RCNI.
4. If the policy is not valid, remove it from the RCNI file.

5.1.5 Matched_SBR_BENE_NULL

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending null/zero or blank values for the FFM Exchange-Assigned Subscriber ID and Member ID.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_SBS_EXCHG_ASG_ID, identify the FFM value and update column ISSUER_BENE_SBS_EXCHG_ASG_ID to match the FFM value.
3. From column FFM_BENE_EXCHG_ASGNED_ID, identify the FFM value and update column ISSUER_BENE_EXCHG_ASGNED_ID to match the FFM value.

5.1.6 Matched_SBR_BENE_Mismatch

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending different values for the FFM Exchange-Assigned Subscriber ID and Member ID than the FFM.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_SBS_EXCHG_ASG_ID, identify the FFM value and update column ISSUER_BENE_SBS_EXCHG_ASG_ID to match the FFM value.
3. From column FFM_BENE_EXCHG_ASGNED_ID, identify the FFM value and update column ISSUER_BENE_EXCHG_ASGNED_ID to match the FFM value.

5.1.7 Matched_SBR_NULL

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending null/zero or blank values for the FFM Exchange-Assigned Subscriber ID.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_SBS_EXCHG_ASG_ID, identify the FFM value and update column ISSUER_BENE_SBS_EXCHG_ASG_ID to match the FFM value.

5.1.8 Matched_SBR_Mismatch

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending different values for the FFM Exchange-Assigned Subscriber ID than the FFM.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_SBS_EXCHG_ASG_ID, identify the FFM value and update column ISSUER_BENE_SBS_EXCHG_ASG_ID to match the FFM value.

5.1.9   Matched_BENE_NULL

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending null/zero or blank values for the FFM Exchange-Assigned Member ID.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_EXCHG_ASGNED_ID, identify the FFM value and update column ISSUER_BENE_EXCHG_ASGNED_ID to match the FFM value.

5.1.10   Matched_BENE_Mismatch

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the issuer is sending different values for the FFM Exchange-Assigned Member ID than the FFM.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. From column FFM_BENE_EXCHG_ASGNED_ID, identify the FFM value and update column ISSUER_BENE_EXCHG_ASGNED_ID to match the FFM value.

5.1.11   Invalid_Demographics

This category appears when the issuer record can be associated to a record in the RCNO file; however, the issuer is submitting invalid demographic information.

Resolution Guidance: The UIR Report does not contain an Inventory Number for the category Invalid_Demographics.

The issuer should complete the following steps:

1. Review the following demographic data on the RCNI and correct any discrepancies:
    a. SSN
    b. Address
    c. First Name
    d. Last Name
    e. Date of Birth
2. Review the Pre-Audit file to identify any consumer records that may be the same person.
    a. If the issuer can confirm with a level of confidence that the consumer in an FFM record is the same person, the issuer should update the appropriate data elements in their records and submit on the next RCNI.
    b. In situations where the issuer cannot establish with a level of confidence that a consumer in an FFM record is the same person, the issuer should perform consumer outreach.

5.1.12 Matched_SBR_Ind_Change

This category appears when the issuer record can be associated to an FFM record for the consumer in the RCNO file; however, the Subscriber Indicator for the consumer is not the same as the FFM.

Resolution Guidance:

The issuer should complete the following steps:

1. Use the Inventory Number from the UIR Report to identify the appropriate record in the RCNO.
2. Compare the issuer Subscriber Indicator in column ISSUER_BENE_SBSCBR_IND to the Marketplace Subscriber Indicator in column FFM_BENE_SBSCBR_IND. If the values do not match, update the issuer value to match the FFM.

NOTE: If the Subscriber Indicator mismatch is due to a defect where the minor becomes the subscriber and the parent is the dependent, the issuer does not need to update to match the FFM. The issue will be resolved through CMS data cleanup.

5.1.13 One_Day_Policy

This MIE has coverage for one day. This record is likely a cancelled dependent record or an extra record for the same consumer that is being reported erroneously.

Resolution Guidance:

The issuer should complete the following steps:

1. Discontinue submitting this record on the RCNI file.
2. If this policy should be effectuated for one day of coverage, contact the ER&R Support Center at ERRSupportCenter@cognosante.com.

5.1.14 Consumer_Initiated_Cancellation

This MIE category is applied when there is evidence that the consumer initiated a cancellation or termination within the UIR HIOS in the previous year. At the same time, the consumer switched to a different HIOS. As a result of the consumer's action, the "I" record is invalid.

Resolution Guidance:

The issuer should complete the following steps:

1. Discontinue submitting this record on the RCNI.
2. To dispute this category, contact the ER&R Support Center at ERRSupportCenter@cognosante.com.

5.1.15 Enrollment_Not_Valid

This category is applied when analysis of the issuer enrollment record concludes that the enrollment for the consumer is not valid.

Resolution Guidance:

The issuer should complete the following steps:

1. Discontinue submitting this record on the RCNI file.
2. If the issuer considers the "I" record to be valid, please contact the ER&R Support Center at ERRSupportCenter@cognosante.com.

5.1.16 Dental_Prior_Year

This UIE category is applied to current year "I" records when the FFM indicates that there is no valid Stand Alone Dental Plan (SADP) enrollment for the current year, but there is an SADP enrollment for a prior year.

NOTE: With the addition of this category, dental records will no longer be granted SEPs through the UIR process.

Resolution Guidance:

The issuer should complete the following steps:

1. Discontinue submitting this record on the RCNI file.
2. If the member(s) is active within the issuer system, offer the enrollee(s) an off-Marketplace plan.

5.1.17 Terminated_Prior_Year

This category is applied when the FFM indicates that there is no enrollment for the current year, but the issuer is reporting a current year enrollment. The "I" record is reporting a current year enrollment that is set to be terminated prior to 12/31 when the most recent enrollment within the FFM is for a prior year.

Resolution Guidance: The issuer will need to continue submitting this record on the RCNI file to receive manual payment in accordance with the manual payment guidance published by CMS. These UIEs are not eligible for an SEP.

Please refer to **Section 6.0, Manual Payments**, for information regarding manual payments.

5.1.18 Terminated_Prior_Year_BAR_Failure

This category is applied when the issuer's record is related to a prior year enrollment that is part of the CMS BAR Failure Report. Subsequently, the member was not rolled over during BAR. The issuer is reporting a current year enrollment that is terminated prior to 12/31 within the RCNO file.

Resolution Guidance: The issuer will need to continue submitting this record on the RCNI file to receive manual payment in accordance with the manual payment guidance published by CMS. These UIEs are not eligible for an SEP.

Please refer to **Section 6.0, Manual Payments**, for information regarding manual payments.

5.1.19 Terminated_Persistent_UIE

This category is applied to current year "I" records that were reported as Prior_Year "I" records in the previous coverage year. The "I" record was terminated prior to 12/31 within the current year.

Resolution Guidance: The issuer will need to discontinue submitting this record on the RCNI file. These UIEs are not eligible for an SEP or manual payment.

5.2 Issuer Action Required – Consumer Outreach

When consumer outreach is required for resolution of a UIR, the issuer should notify the consumer of the issue(s) with the current Marketplace plan enrollment and request that the consumer contact the Marketplace Call Center at **(800) 318-2596** to correct the issue. Certain policies have been flagged for a Marketplace Error SEP and eligible consumers are allowed to enroll through the Marketplace Call Center.

The issuer should provide the consumer with the important guidance below:

► Ensure that everyone in the household is included on the application.

► Add or update any information that has changed, such as income, address, or number of people in the household.

► If selecting new coverage, ensure that each eligible person on the application is enrolled in a plan for the current coverage year.

The Marketplace Call Center approves the SEP for eligible UIR cases and establishes a prospective enrollment, sending an Initial 834 (I834) to the issuer. The call center also creates a Category 2 HICS case that instructs the issuer to retroactively process the new enrollment start date. The issuer should look for the narrative "SEP – consumer is eligible for a retroactive start date" to identify these cases.

After receiving the I834, the issuer must update internal records, if necessary, and submit the corrected start date from the HICS case through automated Reconciliation. The issuer should document the Reconciliation updates on the HICS case and close the case. When the RCNO data confirms that the changes have processed correctly, the issuer may notate the confirmation on the closed HICS case.

Issuers should perform consumer outreach to resolve UIRs flagged with the following reporting categories.

5.2.1   Prior_Year

This category appears when the FFM indicates there is no valid enrollment for the current year. The most recent enrollment within the FFM was for a prior year.

Resolution Guidance: In these situations, no application nor active enrollment exists for this consumer for the current year; however, the FFM indicates that the consumer has coverage in the prior year. Perform consumer outreach and ask the consumer to enroll in the Marketplace for the current year. The Marketplace account will be tagged with an SEP. The issuer does not need to perform consumer outreach if the coverage is already terminated.

Please refer to **Section 6.0, Manual Payments**, for information regarding manual payments.

5.2.2   Prior_Year_BAR_Failure

This category is applied when the issuer's record is related to a prior year enrollment that is part of the CMS BAR Failure Report. Subsequently, the member did not BAR in 2018. The issuer is reporting a current year enrollment within the RCNO file; however, the FFM indicates there is only valid enrollment for a prior year.

NOTE: These records will be a small subset of the Prior_Year category.

Resolution Guidance: Perform consumer outreach and ask the consumer to complete an enrollment with the Marketplace. The Marketplace account will be tagged with an SEP. The issuer does not need to perform consumer outreach if the coverage is already terminated.

Please refer to **Section 6.0, Manual Payments**, for information regarding manual payments.

5.2.3   Persistent_UIE

This category is applied to current year "I" records that were reported as Prior_Year "I" records within the previous coverage year. This category is unique to the current coverage year.

Resolution Guidance: Perform consumer outreach and ask the consumer to complete an enrollment with the Marketplace. The Marketplace account will be tagged with an SEP.

5.2.4   No_Records_Found

This category appears when the issuer record cannot be associated to an application or an FFM enrollment record.

Resolution Guidance:

The issuer should complete the following steps:

1. Identify if the record is valid by ensuring that the policy represents a valid consumer for Marketplace enrollment.
   a. If the record is for a valid enrollment:
      i. Perform consumer outreach to verify the demographics and update issuer values with correct demographics.
      ii. Email the inventory number to the ER&R Support Center to request additional research.
   b. If the record is not valid for a Marketplace consumer, the issuer should not submit the record on the next RCNI.

5.3   Issuer Action Required – Enrollment Dispute to Be Submitted

When necessary, issuers submit an Enrollment Dispute to the ER&R Support Center using the Enrollment Dispute Form to resolve a UIR. The first tab of the Enrollment Dispute Form provides submission guidelines. Issuers may access the most recent Enrollment Dispute Form on CMS zONE using the following link:

https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

Issuers should submit an Enrollment Dispute to resolve UIRs flagged with the FFM_Enrollment_Blocker and Reinstatement_Needed reporting categories as outlined in the following sections.

5.3.1   FFM_Enrollment_Blocker

This category appears when the issuer record has a corresponding HICS case in which an Enrollment Blocker was identified.

Resolution Guidance: The issuer should submit an Enrollment Dispute, using the Enrollment Dispute Form, or a HICS Direct Dispute to update the financial information associated to the Enrollment Blocker if financial discrepancies exist and continue to report the Enrollment Blocker UIE on RCNI, as these "I" records are allowed to persist.

5.3.2   Reinstatement_Needed

This category appears when the issuer record can be associated to a cancelled FFM policy. Since the cancelled policy is not on the RCNO, an inventory number is not provided on the issuer's report.

Resolution Guidance:

The issuer should complete the following steps:

1. Identify the associated cancelled record on the latest Pre-Audit file.
   NOTE: Issuers should not use the policy ID found in the RCNO for the "I" record. This policy ID is from a prior year, and ER&R will not be able to reinstate the policy.
2. Ensure that the policy represents the correct enrollment group needing reinstatement.
3. Reinstate the entire policy to 12/31 by submitting a Reinstatement End Date 12/31 dispute using the Enrollment Dispute Form. If 12/31 is not the intended end date, update the end date through the monthly Reconciliation process after the "I" record is matched in the RCNO.

5.4   No Issuer Action Needed

Ineligible_Newborns, FFM_Timing_Issue, and FFM_Updates_Processing UIEs do not require immediate issuer action to resolve; however, issuers should monitor FFM_Timing_Issue UIE records to confirm that the records do not persist beyond several months.

5.4.1   Ineligible_Newborns

This category appears when the issuer record is reporting a coverage period of 31 days or less for a newborn. These UIEs occur because the subscriber's policy covers the newborn for 31 days at no charge. The "I" record will persist if the subscriber does not add the newborn to the Marketplace.

5.4.2   FFM_Timing_Issue

This category appears when a policy is created after the Pre-Audit snapshot but before the issuer submits the RCNI.

5.4.3   FFM_Updates_Processing

This category appears when ER&R submits an update to the FFM based on a HICS case related to an Enrollment Blocker. Issuers should see the updates and any applicable payment adjustments within 1–2 monthly Reconciliation cycles.

6.0   Manual Payments

6.1   2019 Manual Payment Guidance

Issuers should resolve Prior_Year UIEs using the guidance in **Section 5.2.1, Prior_Year**, whenever possible. CMS will make Advance Premium Tax Credit (APTC) payments for these UIEs for coverage through July 31, 2019, and will also send manual Form 1095-As.

NOTE: CMS will also issue manual Form 1095-As for FFM_Enrollment_Blocker UIEs, as limitations in Marketplace systems cause these UIEs to persist; however, these records are not eligible for manual payment.

For active enrollees, issuers should have performed consumer outreach, as outlined in **Section 5.2, Issuer Action Required – Consumer Outreach**, and notified the consumer of the following by June 1, 2019:

► The consumer was entitled to a 60-day Marketplace Error SEP.
► If the consumer did not utilize the SEP, coverage would end as of July 31, 2019.
► The consumer could have obtained coverage through a non-Marketplace plan, if applicable.

If a consumer did not complete a 2019 enrollment to resolve the UIE, the issuer was expected to terminate coverage as of July 31, 2019, and submit the UIE record on the RCNI with an end date of July 31, 2019. If the consumer subsequently completed a 2019 enrollment, the issuer should have updated subsequent 2019 RCNI submissions with the applicable information from the matching FFM record. The issuer should not reenroll the consumer for 2020 coverage unless the consumer completes a 2019 enrollment, as APTC payments will not be made.

6.2   2018 Manual Payment Guidance

Issuers should use the guidance in **Section 5.2, Issuer Action Required – Consumer Outreach**, to resolve Prior_Year and Prior_Year_BAR_Failure UIEs whenever possible. In June 2019, CMS made APTC payments for these UIEs for coverage through October 31, 2018. CMS also sent manual Form 1095-As in these situations.

NOTE: CMS issued manual Form 1095-As for FFM_Enrollment_Blocker UIEs, as limitations in Marketplace systems cause these UIEs to persist; however, these records were not eligible for manual payment.
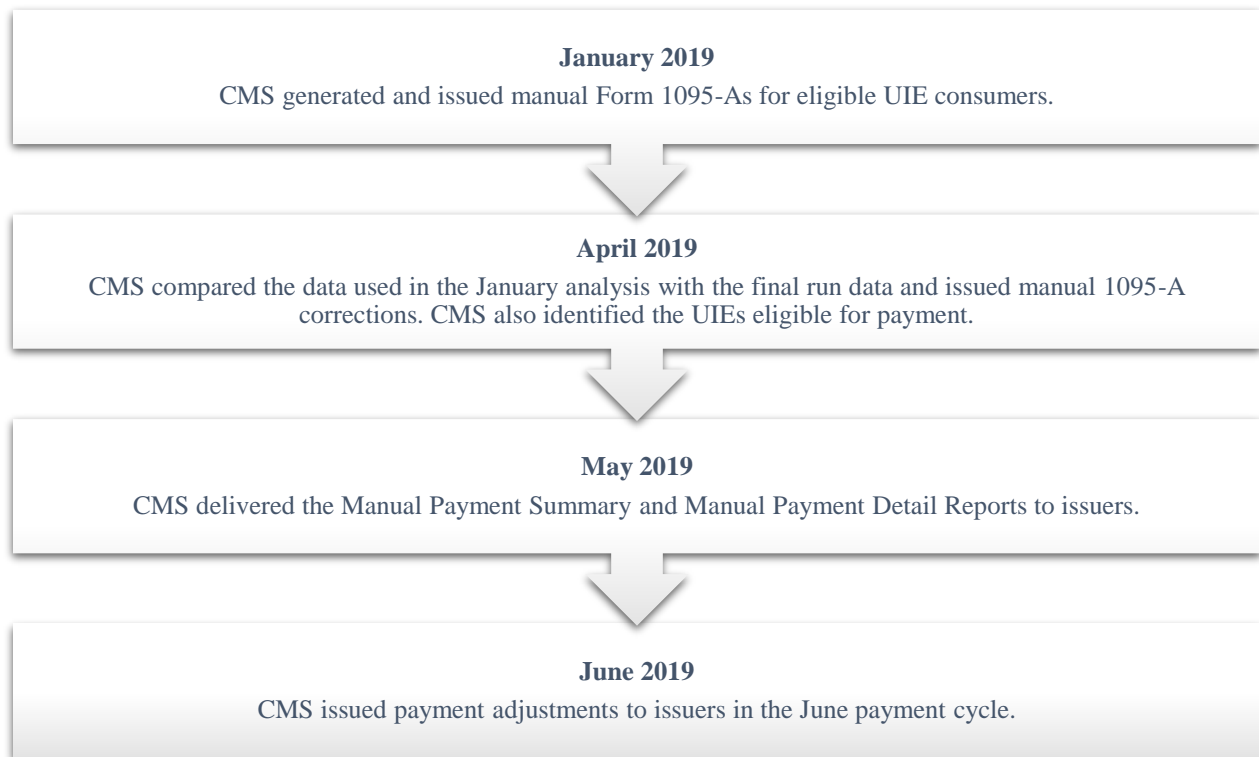
For consumers with active 2018 coverage, issuers were advised to perform consumer outreach and complete the following by September 1, 2018:

► Notify the consumer that the coverage would end as of October 31, 2018.
► Inform the consumer of the SEP that was available for 60 days from the notice of termination.
► Offer the consumer the option to obtain non-Marketplace coverage.

If the consumer did not complete a 2018 enrollment to resolve the UIE, the issuer should have terminated the FFM coverage as of October 31, 2018, and submitted the UIE record on the RCNI with an end date of October 31, 2018. These UIEs are not eligible for payment after October 31, 2018, unless the consumer completed a 2018 enrollment. If the consumer subsequently completed a 2018 enrollment, the issuer should have updated subsequent 2018 RCNI submissions with the applicable information from the matching FFM record.

Exhibit 5 identifies the timeline and activities CMS completes related to generating and issuing manual Form 1095-As and manual payments.

Exhibit 5: 2018 UIE Manual 1095-A and Payment Timeline

January 2019
CMS generated and issued manual Form 1095-As for eligible UIE consumers.

April 2019
CMS compared the data used in the January analysis with the final run data and issued manual 1095-A corrections. CMS also identified the UIEs eligible for payment.

May 2019
CMS delivered the Manual Payment Summary and Manual Payment Detail Reports to issuers.

June 2019
CMS issued payment adjustments to issuers in the June payment cycle.

7.0   UIR Process

7.1   UIR Process Flow

Exhibit 6: UIR Process Flow
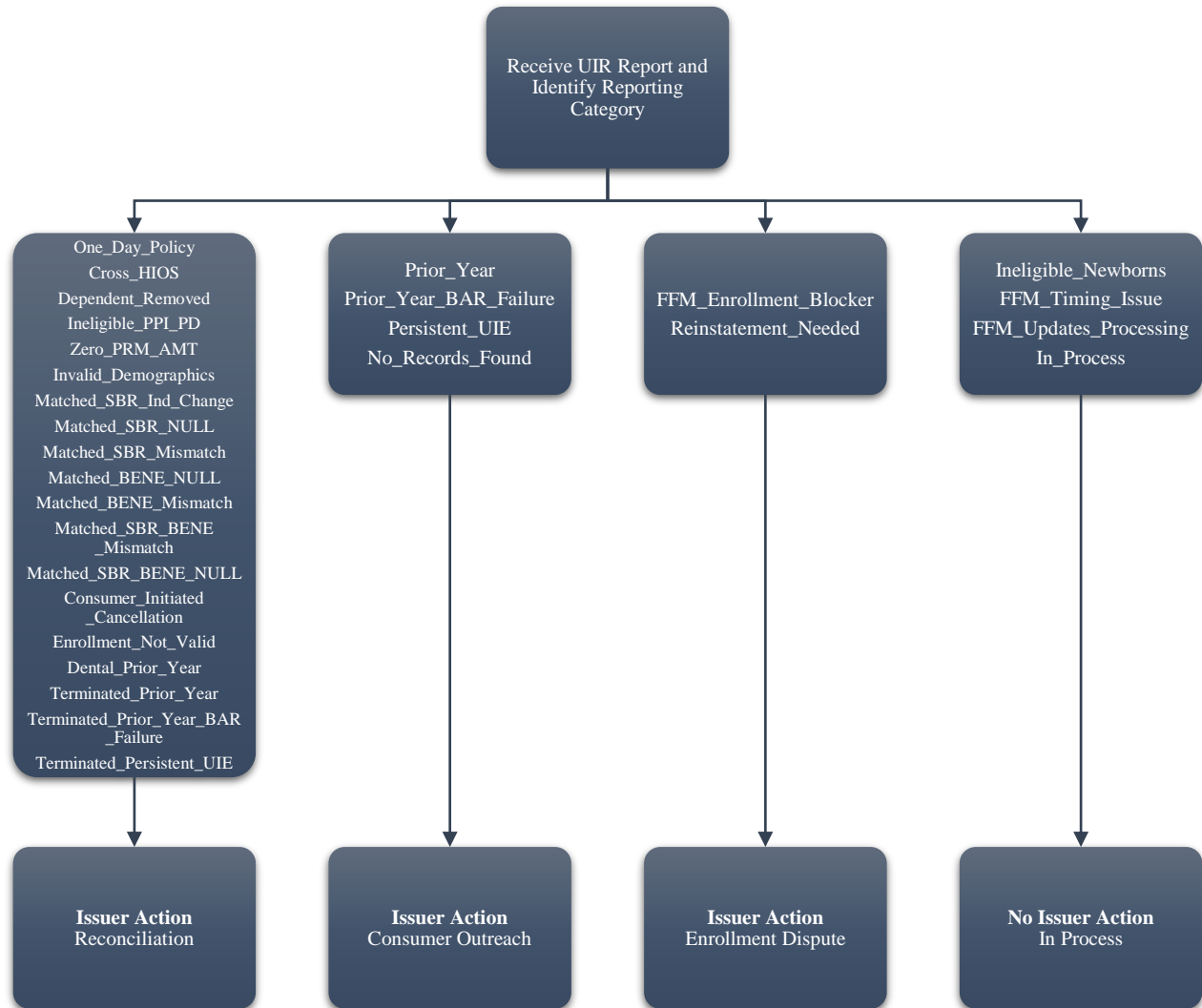
8.0   Issuer Support

8.1   CMS Guidance and Support

The CMS zONE website contains issuer guidance regarding the Affordable Care Act (ACA). For detailed guidance on how to access CMS zONE, issuers should refer to the CMS Enterprise Identity Management (EIDM) User Guide. Issuers should use the guidance to register in the CMS EIDM system and request access to CMS zONE. Within CMS zONE, issuers must join the Private Issuer Community to access issuer resources.

Issuers may review posted documents at https://zone.cms.gov.

Issuers should access https://zone.cms.gov/document/enrollment-resolution-and-reconciliation to find the latest version of this Technical Reference Guide (TRG) and the following documents related to the UIR process:

► UIR Master Guidance – This presentation provides information regarding the UIR Report and categories and offers issuer guidance for resolving UIRs.

► UIR 101 – This presentation provides basic guidance and example UIR scenarios.

► 2018 UIE Issuer Letter – This document provides 2018 payment policy guidance regarding manual APTC payments for remaining 2018 UIEs.

► 2019 UIE Issuer Letter – This document provides payment policy guidance regarding manual APTC payments for 2019 Prior_Year UIEs.

For additional guidance:

► Issuers who require technical assistance with updating the RCNI to ensure it is correct should send an email to the Financial Management Coordination Center (FMCC) help desk at fmcc@cms.hhs.gov.

► Issuers who have technical issues or questions related to EFT should send an email to the Federal Exchange Program Systems (FEPS) help desk at CMS_FEPS@cms.hhs.gov.

► CMS facilitates a series of Reconciliation webinars to share information and technical guidance. Issuers may register at https://www.regtap.info/ in order to receive notice of these webinars and to access updated materials.

8.2 ER&R Support Center

Issuers who have questions related to resolving UIRs or reading the UIR Report may contact the ER&R Support Center by:

► Emailing ERRSupportCenter@cognosante.com.

► Calling **(855) 591-7113**.

The ER&R Support Center hours of operation are Monday through Friday, 8 AM ET until 8 PM ET.

Appendix A.   Frequently Asked Questions (FAQs)

This appendix provides answers to common questions regarding the UIR process. For additional details, refer to the document section(s) listed with each FAQ answer.

General

a. What is a UIR?
   - A UIR, or Unmatched "I" Record, is a record for which the Reconciliation process is unable to match the issuer reported record to an FFM record.
   - See **Section 1.0, Purpose**, for the full UIR definition.
b. How does this process impact "R" records?
   - This process pertains to overall record flag "I." If issuers have questions regarding other overall record flags on the RCNO, contact the Recon team at Recon_Issuer_Support@bah.com.
   - See **Section 1.0, Purpose**, for additional information and background on the UIR process.

Reporting

a. What is the UIR Report?
   - The UIR Report is the monthly Unmatched "I" Record report distributed to issuers. The report provides UIR details associated to the current month's RCNO.
   - **Section 3.0, UIR Reporting**, and subsections **3.1, UIR Report**, through **3.3, Report Timing**, offer a thorough review of the UIR Report. If issuers require additional assistance with the report, see **Section 8.2, ER&R Support Center**, for the ER&R Support Center contact information.
b. What function code will be used to transmit the files?
   - ER&R uses a function code format that includes a one-digit identifier indicating the year with which the report is associated. The function code for coverage year 2020 UIR Reports is UIR0.
   - See **Section 3.0, UIR Reporting**, for more information on UIR reporting.
c. What will be the format of the UIR Report file?
   - The UIR Report will be an Excel file.
   - Refer to **Section 3.0, UIR Reporting**, for additional details.

Issuer Guidance

a. Where is the Master UIR Guidance document located?
   - The UIR Master Guidance slide deck is posted on CMS zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.
   - Refer to **Section 2.0, High-Level Overview**, for an overview of the UIR process.
b. How can I gain access to CMS zONE?
   - For detailed guidance on how to access CMS zONE, issuers should refer to the CMS Enterprise Identity Management (EIDM) User Guide. Issuers must join the Private Issuer Community within CMS zONE for access to issuer resources.
   - See **Section 8.1, CMS Guidance and Support**, for more information on accessing CMS zONE.
c. What action is needed for an issuer to resolve a UIR?

- ◆ Issuers should resolve UIRs through the three methods of resolution: Reconciliation, consumer outreach, and submitting a dispute to ER&R. Issuers should monitor records flagged as No Issuer Action Needed.
- ◆ See **Section 5.0, UIR Resolution**, and subsections **5.1, Issuer Action Required – Reconciliation**, through **5.4, No Issuer Action Needed**, for additional instructions on resolving UIRs in each reporting category.

d. What are the reporting categories?
- ◆ CMS sorts UIRs into specific categories. Each category is associated with a definition and guidance for issuers to resolve the inconsistency between the issuer and Marketplace.
- ◆ See **Section 5.0, UIR Resolution**, for the full list of UIR categories and definitions. **Section 4.1, UIR Categories and Guidance Buckets**, shows a chart that provides the UIR categories.

e. What information should be provided when performing consumer outreach?
- ◆ When consumer outreach is required, notify the consumer of the issue(s) with the current Marketplace plan enrollment and request that the consumer contact the Marketplace call center at **(800) 318-2596** to correct the issue.
- ◆ See **Section 5.2, Issuer Action Required – Consumer Outreach**, for additional information on performing consumer outreach.

f. Where can I find policy information regarding UIEs?
- ◆ The UIR Master Guidance includes details regarding 2018 and 2019 payment policy guidance. Also, CMS released the 2018 and 2019 UIE Issuer Letters, which include policy information regarding manual payments for the respective coverage years.
- ◆ See **Section 8.1, CMS Guidance and Support**, for further details and the web address where these materials can be accessed.

g. Who can provide support and additional information?
- ◆ The CMS zONE and REGTAP websites provide additional guidance and webinars for issuers. The FMCC, Recon team, FEPS, and ER&R Support Center are help desks that provide specific types of issuer support.
- ◆ See **Section 8.1, CMS Guidance and Support**, and **Section 8.2, ER&R Support Center**, for web addresses and contact information for issuer guidance and support.

Appendix B.   Common Causes of UIRs

This section lists some common errors that may result in a mismatched record.

Prior_Year Scenario

Exhibit 7: Prior_Year Example

Application	FFM First Name	Issuer First Name	FFM Last Name	Issuer Last Name	FFM Relationship	Issuer Relationship	FFM Subscriber ID	Issuer Subscriber ID
123456789		Rey		Palpatine		18		3456

Exhibit 8: Prior_Year Example (Continued)

FFM Member ID	Issuer Member ID	FFM Start Date	Issuer Start Date	FFM End Date	Issuer End Date	FFM Prem Paid Ind.	Issuer Prem Paid Ind.	Overall Record Flag
	3456		1/1/2020		12/31/2020		Y	I

Analysis:

► The issuer is reporting an enrollment that was rolled over from 2019 into 2020.
  ▪ The "I" record subscriber coverage period is 01/01/2020 to 12/31/2020, and the PPI is Y, which indicates an active coverage span.
► The FFM is not reporting an enrollment for the member in 2020; however, the member was covered in 2019.

Enrollment Summary:

The issuer has rolled over a plan from the prior year. There is no enrollment in the current year for the member.

Issuer Guidance:

The issuer will need to perform consumer outreach and ask the member to complete an enrollment with the Marketplace. The Marketplace account will be tagged with an SEP.

Matched_SBR_Mismatch Scenario

Exhibit 9: Matched_SBR_Mismatch Example

Application	FFM First Name	Issuer First Name	FFM Last Name	Issuer Last Name	FFM Relationship	Issuer Relationship	FFM Subscriber ID	Issuer Subscriber ID
123456789		Fred		Flint		01		3456
123456789	Fred		Fred		01		9876	
123456789	Wilma	Wilma	Flint	Flint	18	18	9876	9876

Exhibit 10: Matched_SBR_Mismatch Example (Continued)

FFM Member ID	Issuer Member ID	FFM Start Date	Issuer Start Date	FFM End Date	Issuer End Date	FFM Prem Paid Ind.	Issuer Prem Paid Ind.	Overall Record Flag
	4321		1/1/2020		12/31/2020		Y	I
4321		1/1/2020		12/31/2020		Y		E
9876	9876	1/1/2020	1/1/2020	12/31/2020	12/31/2020	Y	Y	F

Analysis:

► The issuer is reporting an invalid subscriber ID on the dependent record.
  ■ The dependent record is reporting the subscriber ID 3456.
► The FFM is reporting the correct subscriber ID for both members.
  ■ The dependent record is reporting the subscriber ID 9876.

Enrollment Summary:

The FFM and issuer records contain an FFM Benefit Subscriber ID and Issuer Benefit Subscriber ID mismatch.

Issuer Guidance:

The issuer will need to update the dependent record on the RCNI to reflect the correct subscriber ID.

Dependent_Removed Scenario

Exhibit 11: Dependent_Removed Example

Application	FFM First Name	Issuer First Name	FFM Last Name	Issuer Last Name	FFM Relationship	Issuer Relationship	FFM Subscriber ID	Issuer Subscriber ID
123456789		Joe		Bond		19		9876
123456789	James	James	Bond	Bond	01	01	9876	9876
123456789	Jane	Jane	Bond	Bond	18	18	9876	9876

Exhibit 12: Dependent_Removed Example (Continued)

FFM Member ID	Issuer Member ID	FFM Start Date	Issuer Start Date	FFM End Date	Issuer End Date	FFM Prem Paid Ind.	Issuer Prem Paid Ind.	Overall Record Flag
	1234		1/1/2020		12/31/2020		Y	I
4321	4321	1/1/2020	1/1/2020	12/31/2020	12/31/2020	Y	Y	E
9876	9876	1/1/2020	1/1/2020	12/31/2020	12/31/2020	Y	Y	E

Analysis:

▶ The issuer is reporting an enrollment group of three members.
- The coverage period for the subscriber and spouse is 01/01/2020 to 12/31/2020.
- The "I" record dependent coverage period is 01/01/2020 to 12/31/2020, and the PPI is Y, which indicates an active coverage span.

▶ The FFM is reporting an enrollment group of two members.
- The "I" record dependent was removed from the policy in the previous version.

Enrollment Summary:

The plan's consumer record does not match the consumer's Marketplace application. The issuer is submitting the "I" record dependent; however, the FFM system does not include this dependent because the dependent was removed from the policy.

Issuer Guidance:

The issuer will need to update the RCNI to no longer report the dependent and reconcile their system to align with the FFM enrollment data.

Appendix C. Acronyms

The table below provides a list of acronyms used in this document.

Acronym	Definition
ACA	Affordable Care Act
APTC	Advance Premium Tax Credit
BAR	Batch Auto-Reenrollment
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare and Medicaid Services
CSR	Cost-Sharing Reduction
EFT	Electronic File Transfer
EIDM	Enterprise Identity Management
ER&R	Enrollment Resolution and Reconciliation
FAQ	Frequently Asked Question
FEPS	Federal Exchange Program System
FFM	Federally-Facilitated Marketplace
FMCC	Financial Management Coordination Center
HICS	Health Insurance Casework System
HIOS	Health Insurance Oversight System
I834	Initial 834
MIE	Misaligned Issuer Enrollment
PPI	Premium Paid Indicator
RCNI	FFM Inbound Enrollment Reconciliation (File)
RCNO	FFM Outbound Enrollment Reconciliation (File)
REGTAP	Registration for Technical Assistance Portal
SADP	Stand Alone Dental Plan
SEP	Special Enrollment Period
SSN	Social Security Number
TPID	Trading Partner ID
TRG	Technical Reference Guide
UIE	Unaffiliated Issuer Enrollment
UIR	Unmatched Issuer Record