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**From:** Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services

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**Subject:** Bulletin #14: Guidance for Issuers on 2015 Reenrollment in the Federally-facilitated Marketplace (FFM)

The following guidance outlines the process that the Federally-facilitated Marketplace (FFM) and issuers will follow to send and receive reenrollments for current 2014 enrollees.

Reenrollment can be either “active” or “passive.” An “active” reenrollment is initiated by an enrollee returning to the Marketplace between November 15 and December 15, 2014, to submit a 2015 application and plan selection for January 1, 2015, coverage. A “passive” reenrollment, also called auto-reenrollment, is the process that the FFM uses to renew or reenroll current enrollees who do not return to the Marketplace to make a January 1, 2015, QHP selection by December 15, 2014.

Reenrollment is the general term used to describe 2014 coverage being continued into 2015, whether the 2015 coverage is in a plan offered under the same product or a different product. Renewal specifically refers to reenrollments into the same product.

This bulletin also describes the Enrollee Switched List and its role in Reenrollment, describing the process by which issuers will 1) non-renew 2014 coverage for existing enrollees who have actively selected another issuer for 2015; and 2) reenroll remaining enrollees in advance of receiving the passive reenrollment 834 transaction from the FFM. This guidance works in conjunction with final rules related to annual eligibility redeterminations and notice requirements for renewals and reenrollments issued on September 5, 2014.

### **Guidance for Issuers on 2015 Reenrollment in the Federally-facilitated Marketplace (FFM)**

CMS issued final rules related to annual eligibility redeterminations and notice requirements for renewals and reenrollments on September 5, 2014. This Bulletin describes the process that the Federally-facilitated Marketplace (FFM) and issuers will follow to send and receive reenrollments for current 2014 enrollees. This bulletin also provides guidance on how the FFM will communicate to issuers when a current 2014 enrollee actively selects a different issuer for January 1, 2015, coverage.

Reenrollment can be either “active” or “passive.” An “active” reenrollment is initiated by an enrollee returning to the Marketplace between November 15 and December 15, 2014, to submit a 2015 application and plan selection for January 1, 2015, coverage. Active selections can also be

initiated by an enrollee between December 16 and the end of 2015 Open Enrollment, February 15, 2015, but the active plan selection will not be effective for January 1, 2015, coverage and the enrollee may be passively reenrolled prior to this active reenrollment.

A “passive” reenrollment, also called auto-reenrollment, is the process that the FFM uses to renew or reenroll current enrollees who do not return to the Marketplace by December 15, 2014, to make a January 1, 2015, QHP selection. Reenrollment is the general term used to describe 2014 coverage being continued into 2015, whether the 2015 coverage is in a QHP offered under the same product or a different product. Renewal specifically refers to reenrollments into the same product. In both cases, the FFM will passively enroll the consumer in the reenrollment plan submitted by the issuer via the Plan ID Crosswalk Template in accordance with the hierarchy described at 45 CFR 155.335(j).

## **I. Eligibility for reenrollment**

### **A. Active Reenrollment**

Any applicant determined by the FFM to be a qualified individual for 2015 coverage is able to actively enroll through the FFM during the Open Enrollment Period. This includes 2014 enrollees whose Marketplace coverage ended prior to December 2014, including for nonpayment of premium, who may actively select 2015 coverage during the 2015 Open Enrollment Period under guaranteed availability (45 CFR 147.104).

### **B. Passive Reenrollment**

Enrollees whose policies are in current (not cancelled or terminated) status as of December 2014 and who have not made a 2015 QHP selection on or before December 15, 2014, are generally eligible for passive reenrollment. An additional criterion for passive reenrollment is that the enrollee’s issuer has indicated a 2015 renewal or reenrollment plan via the Plan ID Crosswalk Template submitted to FFM. The large majority of current 2014 enrollees are eligible for passive reenrollment since their issuers have indicated a 2015 renewal or reenrollment plan.

Enrollees whose issuer will no longer offer coverage through the FFM in 2015 are not eligible for passive reenrollment. See I. C. below for more information on enrollees whose coverage will be discontinued or non-renewed. Note that some enrollees may be passively reenrolled but not with their 2014 advance premium tax credit because, for example, they did not check the box on their 2014 application allowing the FFM to check tax data for 2015.

### **C. Circumstances Preventing Passive Reenrollment**

Certain circumstances will prevent a small portion of enrollees from being passively reenrolled. Examples of these circumstances include enrollees with discontinued/non-renewed coverage, out-of-area enrollments, and enrollees with 2014 applications that are missing key data. When processing passive enrollments after December 15, 2015, the FFM will contact this group to advise them to return to the FFM (see Section II: Notices).

Most enrollees in these circumstances will have been told by their issuer prior to November 15, 2014, that they will not be passively reenrolled. In addition, all enrollees who will not be passively reenrolled will learn, after December 15, 2014, through the Marketplace Enrollment Confirmation Message (see Section II) that they aren't being reenrolled. However, since this notification will occur after the plan selection cutoff for coverage effective January 1, 2015, the consumer could have a gap in coverage unless they qualify for a special enrollment period (SEP). The confirmation message directs consumers to contact the Marketplace Call Center to see if they are eligible for an SEP for a January 1, 2015, effective date.

Enrollees who encounter circumstances preventing their passive reenrollment related to data issues may qualify for an SEP under 45 CFR 155.420(d)(4). Pursuant to 45 CFR 155.420(b)(2)(iii), the coverage effective dates under this SEP may be prospective, accelerated, or retroactive, which the FFM will determine depending on when the enrollee returns to the Marketplace to select a plan. For eligible qualified individuals, the Marketplace will send a HICS case to inform issuers of an accelerated or retroactive effective date.

Examples of circumstances preventing the FFM from sending a passive reenrollment:

1. An enrollee, Caitlin, is enrolled in coverage offered by an issuer who will no longer be offering coverage through the FFM in 2015. She received notice from her issuer by November 15, 2014, advising her that her coverage was not being renewed and that she needs to return to the Marketplace by December 15, 2014, to submit a 2015 application and plan selection in order to maintain continuous Marketplace coverage. Because her issuer will no longer be offering coverage through the FFM in 2015, the FFM will not send a passive reenrollment. The FFM will send Caitlin a notification after December 15, 2014, advising her that she was not passively reenrolled, and that she may return to the FFM during Open Enrollment to submit a 2015 application and plan selection to enroll in Marketplace coverage for 2015.
2. Betty was inadvertently enrolled in 2014 in a QHP in her state that has a service area that does not include her residence. The issuer honored her enrollment until the end of the benefit year in accordance with *CMS Bulletin 12*. Since being located outside a plan's service area is an exception to guaranteed renewability (45 CFR 147.106), Betty's issuer sent her a non-renewal notice before November 15, 2014. The FFM will not be able to process her passive reenrollment and will send her a notification after December 15, 2014, advising her to return to the FFM to submit a 2015 application and plan selection. The message also informs Betty that she can contact the FFM Call Center to see if she is eligible for an SEP to make her coverage effective January 1, 2015.
3. Deon enrolled in 2014 based on an application with no county code. Since applications with this type of missing data aren't candidates for passive reenrollment, the FFM will not be able to process his passive reenrollment. The FFM will send Deon a notification after December 15, 2014, to return to the FFM to complete a 2015 application and plan selection. The message also informs Deon that he can contact the FFM Call Center to see if he is eligible for an SEP to make him eligible for coverage effective January 1, 2015.

4. Olga is a current enrollee, but on December 14, 2014, schedules a voluntary termination effective December 28, 2014. The FFM will not send her passive reenrollment to the issuer because when the FFM commences processing auto-enrollment transactions on December 16, 2014, Olga will have a future termination pending.
5. Enrollees in Nevada and Oregon who will be using the FFM eligibility and enrollment platform will not be passively reenrolled into a QHP because the FFM does not have sufficient data to process the enrollment for the 2015 benefit year. 2014 QHP enrollees in these states will receive notice from their issuers and their SBMs about the 2015 Open Enrollment period, and the need to apply and select a plan through the FFM platform.

## **II. FFM Open Enrollment Notifications**

Everyone who submitted an eligibility application to the FFM and was determined eligible for enrollment in a QHP in 2014 was sent a notice by November 15, 2014, from the FFM about the 2015 Open Enrollment Period regardless of their current enrollment status. However, only current enrollees will receive renewal or discontinuance notices from their issuers, and are eligible for passive reenrollment. Current enrollees will also receive an enrollment confirmation message describing the status of their 2015 coverage. More information on communication to qualified individuals is below.

### **A. Marketplace Annual Eligibility Redetermination and Open Enrollment Notice (sent by November 15, 2014)**

The FFM sent the annual eligibility redetermination and open enrollment notice, described in guidance issued June 26, 2014,<sup>1</sup> to all FFM applicants determined to be qualified individuals in 2014 whether enrolled or not. The notice is sent via paper or electronic notification, in English or Spanish, depending on consumers' recorded preferences. This notice and other Marketplace notices also include taglines in fifteen languages other than English and Spanish; and a statement that, upon request, the notice will be provided in alternate formats at no cost for persons with disabilities.

#### ***Standard content:***

All qualified individuals received the following content in their annual eligibility redetermination notice.

- Open enrollment begins November 15, 2014, and ends February 15, 2015.
- A description of the annual redetermination and renewal process.
- Reminder of the requirement to report changes in eligibility information to the FFM.
- The key dates for choosing coverage for 2015, including the December 15 deadline for ensuring coverage effective January 1, 2015.

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<sup>1</sup> *Guidance on Annual Redeterminations for Coverage for 2015*, available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014-0626-Guidance-on-annual-redet-option-2015-FINAL.pdf>

- Group-specific information on next steps:
  - For enrollees receiving APTC, information about the reconciliation process for APTC.
  - For enrollees receiving APTC or CSR who will not be sent the Special Notice described below, an explanation that if the enrollee does not contact the FFM to obtain an updated eligibility determination by December 15, the FFM will establish 2015 eligibility that is identical to the enrollee's most recent eligibility determination for 2014, including the exact dollar amount of APTC and category of CSR, and an explanation that in order to obtain the most accurate eligibility determination from the FFM, including APTC that may increase or decrease, an enrollee should contact the FFM.
  - For enrollees receiving APTC or CSR who did not authorize the Marketplace to request updated tax data for use in redetermination, an explanation that unless they contact the FFM to obtain an updated eligibility determination, APTC and CSRs will end on December 31, 2014.

***Tailored content:***

Two subsets of qualified individuals received tailored content on their Marketplace Open Enrollment Notice.

- **Income-based Outreach Group:** Enrollees who may be at risk of being required to repay APTCs received in 2015 because 2013 tax data is very different from their 2014 Marketplace application, or because they have household income above 350% of the federal poverty level (FPL) will be encouraged to update their application information for 2015. This group, if eligible for passive reenrollment, will be automatically enrolled for 2015 coverage with the same APTC and CSRs as they received for 2014, unless they go back to the FFM, update their application, and select a 2015 QHP. The consumer is alerted of their potential tax liability upon tax reconciliation if 2015 eligibility for APTC is lower than in 2014.
- **Special Notice Group:** Enrollees whose updated tax return information shows they have a 2013 household income above 500% FPL will receive information that they will not receive APTC and CSRs beginning January 1, 2015, if they do not contact the FFM by 12/15/2014 to obtain an updated eligibility determination, but still may qualify for auto-reenrollment.

**B. Marketplace Enrollment Confirmation Message** (sent after December 15, 2014)

As auto-reenrollment transactions are sent, the FFM sends an enrollment confirmation message to 2014 enrollees about the status of their 2015 passive reenrollment. The message will note whether the family was successfully reenrolled. If the family was reenrolled, the confirmation message indicates the plan names and Plan ID(s), and whether any financial assistance was applied. If not reenrolled (because the coverage was discontinued by the issuer, or the family is not eligible for passive reenrollment), the consumer is encouraged to complete a 2015

application and plan selection through the FFM, and encouraged to contact the FFM to see if an SEP may be available for a coverage effective date of January 1, 2015.

### **III. Transaction Summary**

For detailed transaction requirements, issuers should continue to consult the Standard Companion Guide (the “Companion Guide”) Transaction Information instructions related to the ASC X12 Benefit Enrollment and Maintenance 834 Transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda for the Federally-facilitated Exchange (FFE).

Active and passive reenrollments are sent as 834 initial enrollment transactions. No termination transactions will be sent for 2014 policies, as issuers should assume that, if they do not receive 834 initial enrollment transactions (active or passive reenrollments) or special guidance from the FFM for current enrollees, the enrollees have elected not to renew their 2014 coverage for 2015.

#### **A. Active versus Passive Reenrollment**

Active reenrollments for 2015 coverage are sent in daily batches as 834 initial enrollments to issuers according to current FFM procedures. Active enrollments also include plan selection changes made within a benefit year, such as when an enrollee replaces 2015 Plan A with 2015 Plan B during Open Enrollment. Plan selection changes are sent as a cancel/term transaction to the first plan, and an initial enrollment transaction to the gaining plan (plan selection changes are not sent as a Change in Circumstance). For more detailed examples, see Scenarios 12, 13, 14, and 15 in *Table B* found in *Section III*.

Regular Change in Circumstance transactions where enrollees report a change to their application information for either 2014 or 2015 coverage during Open Enrollment, such as updating income, reporting a new phone number, or adding a new family member, are sent according to existing procedures (Change in Circumstance/Life Changes are discussed in *Section III-F* of this bulletin). For more detailed examples, see Scenarios 17, 18, 19, 20 and 21 found in *Table B* of *Section III*.

Passive reenrollment transactions will be sent after December 15, 2014, for current enrollees who have not actively selected a 2015 plan through the FFM by 11:59pm ET, December 15, 2014. Passive reenrollments are initial enrollment transactions with a Maintenance Type Code (INS03) of 021 “Addition,” and a Maintenance Reason Code (INS04) of 41 “Re-enrollment.” All passive reenrollments have an effective date of January 1, 2015, and will be placed at the Hub in a manner that distinguishes them from active plan selections and Change in Circumstance transactions made by the consumer through the FFM. For more detailed examples of passive reenrollments, see Scenarios 1, 2, 3, 4, 5, 6, 7, and 8 in *Table B* of *Section III*.

## B. Identifiers

- FFM-assigned Subscriber ID and Member ID remain the same for enrollees choosing the same issuer for 2015 as they had in 2014.
- FFM policy numbers are new for all 2015 plans, under both active and passive reenrollments.
- Issuer-assigned identifiers will not be sent by the FFM on reenrollments.
- National Producer Number (NPN), if recorded from 2014 enrollment, will be sent on 2015 passive reenrollments. For an active reenrollment, the NPN from 2014 will be pre-populated on the 2015 application, but may be removed or edited by the consumer. For the first time, NPN can be recorded on Plan Compare, not just the application. *Table A: NPN Rules*, below, illustrates the rules governing the sending of NPNs.
- Assister information other than NPN will not be sent on passive reenrollments.
- Assister information for all types will be sent on active reenrollments according to existing procedures.

**Table A: NPN Rules**

<b>Scenarios involving National Producer Number (NPN)</b>	<b>NPN on 2014 enrollment</b>	<b>NPN sent on 1000c loop on 2015 834 Enrollment transaction</b>
Auto-reenrolled consumer (“passive”)	123	123
Active reenrollment by returning consumer who updates the 2015 application (app), is able to view and edit the 2014 agent/broker (A/B), but the consumer doesn’t remove the A/B associated with her account	456	456 (The A/B info from the 2014 application will be pre-populated on the 2015 application)
Active reenrollment by returning consumer who removes the A/B association on their 2015 app	789	None. A consumer can remove the A/B info on the 2015 application.
New applicant, helped by NPN 123 for 2015 app, and NPN 789 for Plan Compare (CR FFMNOV-989)	N/A	789. The most recent NPN recorded is sent on the 834 transaction.
New applicant, helped by NPN 123 for app, no change at Plan Compare	N/A	123

*\*Note that the absence of the NPN does not preclude an issuer from compensating an agent or broker*

### **C. Plan changing in the 2015 Open Enrollment Period**

Through the end of the 2015 Open Enrollment Period, an enrollee may change plans after enrolling passively or actively in an original plan selection, even if the original selection's coverage has started. Effective dates for enrollee changes to plan selection post-effectuation will align with normal effective dates as established in 45 CFR 155.410(f) (although in some cases an SEP with accelerated or retroactive effective dates may apply). An enrollee can change plans by contacting the FFM Call Center or by logging into their FFM Account, accessing "My Plans and Programs," and selecting "Change Plan." In other words, enrollees can change plans during Open Enrollment without reporting a life change on their application. All plan selections that replace another selection are considered active reenrollments. Examples of plan changes are found in the *Table B: Reenrollment Transactions Summary* below.

Enrollees can also report changes to the FFM to update or change their 2014 or 2015 coverage using existing Report a Life Change features, with the FFM sending the changes via transactions to the corresponding issuers. Effective dates for Special Enrollment Period (SEP) Change in Circumstance (CiC) and non-SEP CiC follow the same rules that applied in 2014. More information on this topic is found in this bulletin in *Section III – F: Life Changes During Open Enrollment*.

### **D. Payment and Effectuation**

#### **i. Payment**

For any enrollment requiring payment of the first month's premium, issuers should strive to adhere to the operational policy contained in the *CMS Enrollment Operational Policy & Guidance (October 2013 draft)*. However, we realize due-date flexibility may be necessary for plan selections made on or just before December 15, 2014. Therefore, issuers may allow binder payments to be made up to mid-January 2015. For renewals, (reenrollment into a plan under the same product offered by the same issuer of the 2014 plan), issuers may continue to bill the enrollee via their existing billing cycle and a binder payment of the first month's premium is not required. For 2015 renewals, non-payment of the January premium by the due date set by the issuer will trigger the applicable grace period.

If an issuer has not received an active reenrollment by December 15, unless prevented by state law, the issuer is encouraged to delay auto-draft payments for January 2015 coverage until the FFM has acknowledged sending all passive reenrollments to that issuer. Payments drawn or mistakenly provided by the enrollee for January 2015 coverage for enrollees who have selected a different issuer for January 2015 coverage must be promptly refunded. See *CMS Bulletin 10* ([https://www.regtap.info/uploads/library/REVISED\\_Bulletin10GracePeriods\\_5CR\\_091214.pdf](https://www.regtap.info/uploads/library/REVISED_Bulletin10GracePeriods_5CR_091214.pdf)) for policy regarding when payment for 2015 coverage may be applied to outstanding 2014 premium balances.

CMS expects that issuers will send a 2015 enrollment information package to new 2015 enrollees pursuant to 45 CFR §156.265(e).

**ii. Effectuation.**

For any subscriber renewing coverage (into the same product with the same issuer), who will have the same FFM-assigned Subscriber ID in January 2015 as in December 2014, the issuer will not need to send the FFM an effectuation transaction. This is because the FFM will treat all January 1, 2015, renewals with the same FFM-assigned Subscriber ID as effectuated. This is true both for active and passive renewals. Note that issuers must continue to send effectuation transactions for reenrollments into a different product, even though the FFM-assigned ID may be the same. Effectuation transactions are also required for enrollments with a new subscriber, such as a young adult child being reenrolled as a new subscriber in a passive reenrollment age-off scenario. Issuers must also send effectuation transactions for active enrollments for new enrollees and for returning enrollees who did not have continuous coverage with the issuer between December 2014 and January 2015. For example, an enrollee with Issuer A had coverage in December 2014, and enrolls with Issuer B for January 2015, and then returns to Issuer A for February 2015. Issuer A must send the FFM an effectuation transaction for the February 2015 enrollment since the time during which the qualified individual was enrolled with Issuer B in January means the enrollment with Issuer A in February is a new enrollment, rather than a renewal.

**Table B: Reenrollment Transactions Summary (Passive, Active & Blended Scenarios)**

<b>Passive Reenrollment Scenarios</b>
<ul style="list-style-type: none"><li>• Maintenance Type Code is 021; Maintenance Reason Code is 41 Reenrollments with the same subscriber and same issuer have the same FFM-assigned Subscriber ID Age-offs will have their 2014 FFM-assigned Member ID used as their 2015 FFM-assigned Subscriber ID All 2015 enrollments will have new FFM Policy IDs Issuer-assigned identifiers are not sent on 2015 passive reenrollments FFM will treat as effectuated any 2015 renewal effective January 1, 2015, that has the same FFM-assigned subscriber ID as 2014; new enrollments and reenrollments into a different product require that the issuer send an effectuation transaction</li></ul>

**Reenrollment Transactions Summary (Passive, Active & Blended Scenarios)**

<b>Scenario Description</b>	<b>834 Maintenance Reason code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<b>Scenario 1:</b> A current 2014 enrollee who has not returned to the FFM to submit an application and plan selection by 12/15/14. His 2015 coverage is a renewal as indicated by the issuer via the Plan ID Crosswalk Template.	INS04: 41	Same as 2014	No
<b>Scenario 2:</b> Same as above, but a member is no longer eligible to be on the 2015 plan because they have either aged out or the plan's business rules for eligible dependents have changed. The reenrollment plan is QHP A, a renewal into the same product as 2014. The original subscriber is reenrolled in QHP A, and no effectuation transaction is required. The aged-off dependent from 2014 is also reenrolled into QHP A as a subscriber. The enrollment for the new subscriber requires an effectuation confirmation and binder payment (that is, the January premium can't be considered a debt owed to the issuer if the new subscriber never effectuates).	Two initials:  <b>Original subscriber</b> INS04: 41  <b>Aged-off Subscriber</b> INS04: 41	<b>Original Subscriber:</b> Same  <b>Aged-off Subscriber:</b> New (Subscriber ID will be the 2014 member ID promoted to subscriber)	<b>Original Subscriber:</b> No  <b>Aged-off Subscriber:</b> Yes

<b>Scenario Description</b>	<b>834 Maintenance Reason code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<b>Scenario 3:</b> Same as above, but the enrollment group was enrolled in a 2014 catastrophic plan and is no longer eligible for 2015 catastrophic coverage because at least one member of the enrollment group is thirty years old by 1/1/15. The issuer has indicated an age-off plan on the Plan ID Crosswalk Template, so the FFM sends a transaction enrolling the entire enrollment group in the age-off plan. An effectuation transaction is required if the age-off plan is of a different product than the catastrophic.	INS04: 41	Same	No
<b>Scenario 4:</b> A child-only 2014 enrollment with three siblings has the oldest sibling turning 21 years old by 1/1/15 (both the 2014 and 2015 plan allow dependent siblings and child-only policies). The original subscriber (youngest sibling) and middle sibling dependent are reenrolled in the 2015 child-only reenrollment plan. The oldest sibling is enrolled in the 2015 age-off plan. The enrollment for the oldest sibling requires an effectuation confirmation and binder payment (that is, the January premium can't be considered a debt owed to the issuer if the oldest sibling never effectuates).	<b>Original subscriber</b> (youngest sibling) INS04: 41  <b>Aged off Subscriber</b> (oldest sibling) INS04: 41	<b>Original subscriber</b> (youngest sibling) Same  <b>Aged off Subscriber</b> (oldest sibling) New (2014 Member ID promoted to 2015 Subscriber ID)	<b>Original subscriber</b> (youngest sibling) No  <b>Aged off Subscriber</b> (oldest sibling) Yes

Scenario Description	834 Maintenance Reason code (INS04) (for 2015 coverage unless noted)	FFM Subscriber ID	Effectuation/ Confirmation Required?
<p><b>Scenario 5:</b> A child-only 2014 enrollment of twins who will turn 21 by 1/1/15. The issuer has indicated an age-off plan in the Plan ID Crosswalk Template. The enrollment for each twin requires an effectuation confirmation and binder payment (that is, the January premium can't be considered a debt owed to the issuer if the twin never effectuates).</p>	<p><b>Aged off Subscriber</b> (twin 1) INS04: 41</p> <p><b>Aged off Subscriber</b> (twin 2) INS04: 41</p>	<p><b>Aged off Subscriber</b> (twin 1) New (2014 Member ID promoted to 2015 Subscriber ID</p> <p><b>Aged off Subscriber</b> (twin 2) New (2014 Member ID promoted to 2015 Subscriber ID</p>	<p><b>Aged off Subscriber</b> (twin 1) Yes</p> <p><b>Aged off Subscriber</b> (twin 2) Yes</p>
<p><b>Scenario 6:</b> The product under which QHP D is offered is being discontinued for 2015. Accordingly, a 2014 enrollee in QHP D will not be passively auto-reenrolled and will need to return to the FFM to select new coverage. She received a discontinuance notice from her issuer before 11/15/14 and a message from the FFM after 12/15/14 informing her that she was not auto-reenrolled. She does not return to the FFM.</p>	<p><b>N/A</b> (The Marketplace will not send a termination to QHP D because all coverage under QHP D will end when the product is discontinued).</p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>

<b>Scenario Description</b>	<b>834 Maintenance Reason code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<p><b>Scenario 7:</b> A 2014 enrollee in QHP A has turned 65 years old by 1/1/15. The issuer has indicated that QHP A is the 2015 renewal plan via the Plan ID Crosswalk Template. The issuer should send a renewal notice to the enrollee by 11/15/14 with the same 2014 APTC applied to premium since Medicare eligibility (or presumed Medicare eligibility) is not an exception to guaranteed renewal and Medicare eligibility should not be assumed for purposes of determining eligibility for APTC/CSR. The issuer may however separately advise the applicant that family members who are eligible for Medicare may be ineligible for APTC/CSR.</p>	INSO4: 41	Same	No

Scenario Description	834 Maintenance Reason code (INS04) (for 2015 coverage unless noted)	FFM Subscriber ID	Effectuation/ Confirmation Required?
<p><b>Scenario 8:</b> A 2014 enrollee in QHP B receives a renewal notice from her issuer by 11/15/14 indicating that her 2015 plan is QHP B (the issuer also has indicated this via the Plan ID Crosswalk Template). Because her 2014 application was missing critical data, the FFM is prevented from sending her passive reenrollment. The FFM informs her on 12/18/14 that she was not reenrolled. As instructed in the notification, she calls the FFM Call Center on 12/28/14, submits a 2015 application and makes a plan selection. Based on the date of plan selection the system assigns a 2/1/2015 effective date. The enrollee requests a 1/1 accelerated effective date. A HICS case is established to communicate the accelerated effective date to the issuer, pursuant to 45 CFR 155.420(d)(4)( and (b)(2)(iii).</p>	<p>QHP B effective 2/1 INSO4: EC (an active enrollment is required because the passive reenrollment wasn't sent)</p> <p>A HICS case is opened instructing the issuer to establish a 1/1 effective date. Subsequent Baselining updates the FFM effective date to 1/1 as well</p>	<p>Same</p>	<p>No, once the 1/1 effective date is established (because it's a renewal into the same product)</p>

<b>Active Reenrollment Scenarios</b>
<ul style="list-style-type: none"> <li>Maintenance Type Code is 021; Maintenance Reason Code is EC</li> </ul> <p>Reenrollments with the same subscriber and same issuer have the same FFM-assigned Subscriber ID</p> <p>All 2015 enrollments will have new FFM Policy IDs</p> <p>FFM will treat any 2015 renewal effective January 1, 2015, with the same FFM-assigned subscriber ID as December 2014 as effectuated; new enrollments and reenrollments into a different product require that the issuer send an effectuation transaction</p>

<b>Scenario Description</b>	<b>834 Maintenance Reason code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<b>Scenario 9:</b> A current 2014 enrollee who has returned to the FFM to submit a 2015 application and plan selection and selects the same product with the same issuer by 12/15/14 with a 1/1/15 effective date.	INS04: EC	Same as 2014	No
<b>Scenario 10:</b> Same as above, except the enrollee selects a new issuer.	INS04: EC	New	Yes
<b>Scenario 11:</b> A consumer who never enrolled through the FFM before submits an application and plan selection by 12/15/14 with a 1/1/15 effective date.	INS04: EC	New	Yes
<b>Scenario 12:</b> A consumer who never enrolled through the FFM before enrolls in QHP A effective 1/1/15, but replaces it with QHP B with the same issuer for 2/1/15. For 2015, a consumer can change plans until the end of the enrollment period, even if the original selection's coverage has started. This plan change requires no update to the 2015 application, but will be sent as a Change in Circumstance transaction.	<b>Initial QHP A</b> effective 1/1 INS04: EC  <b>Term QHP A</b> effective 1/31 <b>Initial QHP B</b> effective 2/1 INS04: EC	<b>Initial QHP A:</b> New  <b>Term QHP A:</b> N/A  <b>Initial QHP B:</b> Same (because QHP B is offered by same issuer as QHP A)	<b>Initial QHP A:</b> Yes  <b>Initial QHP B:</b> Yes (because it's 2/1 effective, not 1/1)

**Blended Passive Active Scenarios**

<b>Scenario Description</b>	<b>834 Maintenance Reason Code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<p><b>Scenario 13:</b> A family with both 2014 QHP and SADP enrollments does not make an active QHP selection by 12/15/14, so is auto-reenrolled in both 2015 QHP A and SADP P coverage (the respective issuers identified reenrollment plans via the Plan ID Crosswalk Template). On 1/2/15, the family wants to change SADPs, so it actively selects SADP R from a different SADP issuer with an effective date of 2/1/15. QHP A remains selected, but because the FFM requires that all plan selections for a family be confirmed at the same time, the FFM will also send a term/enroll in QHP A at the same time as the SADP transactions.</p>	<p><b>Passive QHP A reenrollment</b> effective 1/1 INS04: 41</p> <p><b>Passive SADP Q reenrollment</b> INS04: 41</p> <p><b>Active QHP A</b> Term QHP A 1/31, Initial QHP A effective 2/1 INS04: EC</p> <p><b>Active SADP R</b> Term SADP Q 1/31, Initial SADP effective 2/1 INS04: EC</p>	<p><b>Passive QHP A reenrollment</b> effective 1/1 Same</p> <p><b>Passive SADP Q reenrollment</b> Same</p> <p><b>Active QHP A</b> Term QHP A 1/31 Same Initial QHP A 2/1 Same</p> <p><b>Active SADP R</b> Term SADP Q 1/31 Same Initial SADP R effective 2/1 New</p>	<p><b>Passive QHP A reenrollment</b> effective 1/1 No</p> <p><b>Passive SADP Q reenrollment</b> No</p> <p><b>Active QHP A</b> Term QHP A 1/31 N/A Initial QHP A 2/1 Yes</p> <p><b>Active SADP R</b> Term SADP Q 1/31 N/A Initial SADP R effective 2/1 Yes</p>
<p><b>Scenario 14:</b> A 2014 enrollee in SADP A and QHP B is passively reenrolled in 2015 SADP A and QHP B effective 1/1/15 because he did not make a plan selection by 12/15. The issuers indicated that plans would continue on the Plan ID Crosswalk Template. On 1/3/15, the enrollee changes to QHP C with the same issuer, effective 2/1/15, and also voluntarily terminates SADP A, effective 1/31/15. The enrollee's coverage in SADP A and QHP B ends 1/31/15, and begins in QHP C effective 2/1/15.</p>	<p><b>Passive SADP A reenrollment</b> INSO4: 41</p> <p><b>Passive QHP B reenrollment</b> INS04: 41</p> <p><b>Active QHP C</b> effective 2/1 INSO4: EC</p> <p><b>Term SADP A</b> effective 1/31</p>	<p><b>Passive SADP A reenrollment</b> Same</p> <p><b>Passive QHP B reenrollment</b> Same</p> <p><b>Active QHP C</b> effective 2/1 Same (same issuer)</p> <p><b>Term SADP A</b> Effective 1/31 N/A</p>	<p><b>Passive SADP A reenrollment</b> No</p> <p><b>Passive QHP B reenrollment</b> No</p> <p><b>Active QHP C</b> effective 2/1 Yes (while same FFM subscriber ID, selection is after 1/1)</p> <p><b>Term SADP B</b> N/A</p>

Scenario Description	834 Maintenance Reason Code (INS04) (for 2015 coverage unless noted)	FFM Subscriber ID	Effectuation/ Confirmation Required?
<b>Scenario 15:</b> A 2014 enrollee does not make an active QHP selection by 12/15/14, so is auto-reenrolled into QHP A effective 1/1/14. On 12/28/14, the enrollee actively selects QHP B effective 2/1 with the same issuer, triggering a termination of enrollment in QHP A, effective 1/31. On 1/3/15, the consumer cancels QHP B, leaving him without coverage after 1/31/15.	<b>Passive QHP A reenrollment</b> effective 1/1 INS04: 41 <b>Active QHP B</b> Term QHP A 1/31 Initial QHP B 2/1 INS04: EC <b>Cancel QHP B</b> Cancel QHP B 2/1	<b>Passive QHP A reenrollment</b> Same <b>Active QHP B</b> Same <b>Cancel QHP B</b> Same	<b>Passive QHP A reenrollment</b> No <b>Active QHP B</b> Yes (because its 2/1 effective) <b>Cancel QHP B</b> N/A

**E. Expired grace period spanning two benefit years.**

*CMS Bulletin 10 (Revised September 12, 2014): Grace Periods Related to Terminations for Non-Payment of Premiums and Enrollment through the Federally-facilitated Marketplace across Benefit Years*, available at [https://www.regtap.info/uploads/library/REVISED\\_Bulletin10GracePeriods\\_5CR\\_091214.pdf](https://www.regtap.info/uploads/library/REVISED_Bulletin10GracePeriods_5CR_091214.pdf), describes the specific circumstance where an issuer is permitted to end a 2015 passive or active renewal when a 2014 grace period expires. Issuers must provide enrollees receiving APTC who have paid at least one month's premium during the benefit year a grace period lasting three months (45 CFR 156.270(d)). A grace period initiated in 2014 may persist into 2015. Because of this, an issuer may end both 2015 and 2014 coverage when an enrollee renewing coverage within a product has a grace period expire in 2015 that retroactively terminates coverage in 2014. In these scenarios, the FFM will require two 834 transactions from the issuer, one to terminate the 2014 plan, and one to cancel the 2015 plan. An issuer may not terminate or cancel 2015 coverage due to a 2014 plan termination resulting from an expired grace period if the 2015 plan is not a renewal (such as a reenrollment into a different product). The 2015 plan should not be cancelled if it is otherwise covered by guaranteed availability protections outlined in 45 CFR 147.104; see *CMS Enrollment Bulletin 10 (revised September 12, 2014)* for examples.

**Table C: Transactions for expired grace periods spanning two benefit years for a renewal in the issuer’s same product.**

Scenario Description	834 Termination
<p><b>Scenario 16:</b> An enrollee receiving APTC has been paying for 2014 coverage but fails to pay the November 2014 premium. The consumer is auto-reenrolled into the same product effective 1/1 because he is still in the grace period, but fails to pay all premium before the grace period expires 1/31. The issuer may terminate the 2014 coverage effective 11/30/14, and, because it is a renewal, cancel the 2015 coverage effective 1/1/15. Two 834 transactions are required.</p> <p>Because the Open Enrollment Period is ongoing, the consumer may actively select a QHP, including a QHP with the same issuer, with an effective date following regular rules.</p>	<p><b>2014 Enrollment</b> Term effective 11/30/14</p> <p><b>2015 Enrollment</b> Cancel effective 1/1/15</p>

**F. Life Changes During Open Enrollment**

An enrollee will be able to report life changes triggering Change in Circumstance transaction to issuers for both 2014 coverage and 2015 coverage during 2015 Open Enrollment. Changes to 2014 coverage, such as the addition of a baby or spouse, will be reflected on the 2015 passive reenrollment if reported to the FFM by December 15, 2014. After December 15, 2014, changes to 2014 coverage cannot be initiated by the consumer in self-service mode on HealthCare.gov, but must instead be made through the FFM Call Center, which can also assist enrollees in updating 2015 applications and coverage, if necessary.

Enrollees who have actively selected 2015 coverage by December 15, 2014, and subsequently update their 2014 coverage should take care to update their 2015 coverage as well. As stated earlier, passive reenrollments are only sent if no 2015 QHP active enrollment has been sent by December 15, 2014. This means that an enrollee who has made an active 2015 QHP selection on 11/15/14, and adds a spouse to 2014 coverage effective 12/1/14, will also need to add the spouse to the 2015 QHP coverage, which can be accomplished using existing Change in Circumstance procedures.

**Table D: Transaction Summary for Life Changes**

**Life Changes Scenarios During Open Enrollment**

<b>Scenario Description</b>	<b>834 Maintenance Reason Code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<p><b>Scenario 17:</b> On 12/5/14, a 2014 enrollee reports a CiC SEP for her 2014 coverage in QHP R, adding a baby born 12/5/14. The enrollee does not submit a 2015 application or plan selection so is passively reenrolled with her baby into the reenrollment plan effective 1/1/15 into QHP S, the reenrollment plan provided by the issuer via the Plan ID Crosswalk. (Passive reenrollment coverage for 2015 will reflect 2014 policy changes made before 12/16/14. Beginning 12/16/14 plan changes must be reported to the FFM Call Center, which can facilitate updating both 2014 and 2015 coverage)</p>	<p><b>CiC 2014 QHP R</b> Adding baby effective 12/5 <b>Passive QHP S reenrollment</b> for mom and baby INS04: 41</p>	<p><b>CiC 2014 QHP R</b> Same <b>Passive QHP S reenrollment</b> Same</p>	<p><b>CiC 2014 QHP R</b> No <b>Passive QHP S reenrollment</b> No</p>
<p><b>Scenario 18:</b> On 12/18/14, an enrollee attempts to report a CiC SEP to add a baby born 12/18/14 to 2014 QHP T via FFM account on HealthCare.gov, but receives an on-screen message advising that changes this late must be made at the FFM Call Center. She calls the FFM Call Center and is assisted in adding her baby to the 2014 and 2015 plans. Both 2014 and 2015 applications will need to be updated because passive reenrollments have been processed. 2015 QHP T is the reenrollment plan indicated by the issuer on the Plan ID Crosswalk Template.</p>	<p><b>Term CiC 2014 QHP T</b> Adding baby effective 12/18 <b>Passive 2015 QHP T</b> Reenrollment Effective 1/1 INS04: 41 <b>Cancel CiC 2015 QHP T</b> Adding baby, effective 1/1</p>	<p><b>Term CiC 2014 QHP T</b> Adding baby Same <b>Passive 2015 QHP T</b> Reenrollment Same <b>Cancel CiC 2015 QHP T</b> Adding baby Same</p>	<p><b>Term CiC 2014 QHP T</b> No <b>Passive 2015 QHP T</b> Reenrollment No <b>Cancel CiC 2015 QHP T</b> adding baby No</p>

<b>Scenario Description</b>	<b>834 Maintenance Reason Code (INS04)</b> (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/Confirmation Required?</b>
<b>Scenario 19:</b> On 11/18/14, an enrollee in 2014 QHP O reports a CiC SEP to add a spouse. The spouses use the SEP to enroll in 2014 QHP P offered by a different issuer effective 12/1/14. They make no 2015 plan selection, so are passively reenrolled into 2015 QHP P effective 1/1/15, since 2015 QHP P is the reenrollment plan for 2014 QHP P.	<b>CiC Term 2014 QHP O -- one spouse/Initial 2014 QHP P -- both spouses, effective 12/1</b> <b>Passive 2015 QHP P</b> both spouses INS04: 41	<b>CiC Term 2014 QHP O /Initial 2014 QHP P</b> New (changed issuer) <b>Passive 2015 QHP P</b> Same (same as 2014 QHP P)	<b>CiC Term 2014 QHP O /Initial 2014 QHP P</b> New Yes <b>Passive 2015 QHP P</b> No
<b>Scenario 20:</b> On 11/15/14, an enrollee in 2014 QHP A actively enrolls in 2015 QHP D offered by a different issuer. On 11/18/14, the enrollee reports a CiC SEP to add a spouse to 2014 QHP A effective 12/1/14, but does not also update 2015 QHP D. Because an active 2015 QHP selection has been made, no passive reenrollment will be sent, and without reporting a CiC SEP on the 2015 application, QHP D will continue to cover just the first spouse.	<b>Active 2015 QHP D</b> 1/1 effective date <b>CiC Term 2014 QHP A -- one spouse/Initial 2014 QHP A -- both spouses, effective 12/1.</b>	<b>Active 2015 QHP D</b> 1/1 effective date New (changed issuer) <b>CiC Term 2014 QHP A /Initial 2014 QHP A</b> Same	<b>Active 2015 QHP D</b> 1/1 effective date Yes (new issuer) <b>CiC Term 2014 QHP A /Initial 2014 QHP D</b> Yes

### **G. Tobacco Rating.**

For passive reenrollments, the FFM will update the enrollment with the same tobacco status as 2014. CMS intends to implement functionality that would allow a consumer to change their tobacco last date of use during enrollment periods such that an enrollee would be eligible to go from tobacco-rated to non-tobacco rated and vice versa.

### **IV. Direct Enrollment and Agents/Brokers.**

FFM enrollees enrolled through Direct Enrollment (DE) in 2014 who haven't made a 2015 plan selection by December 15, 2014, will be auto-reenrolled just as other enrollees, with the FFM sending passive reenrollments to issuers using the 2015 plan indicated by the issuer on the Plan ID Crosswalk Template. These passive reenrollments will follow the same rules for passive reenrollments described in *Section III* of this bulletin. If the 2014 enrollment had a National Producer Number (NPN) associated with it, the 2015 enrollment will include the NPN (if an

enrollee wanted to end their association with the NPN, he or she must actively enroll by completing a 2015 application, removing the NPN, and making a plan selection). If enrollees enrolled through DE have updated eligibility information to report, they may start at their DE Issuer and be redirected to the FFM to submit a 2015 application and complete plan selection on the DE issuer's site. Similarly, the enrollee could come to the FFM directly to complete a 2015 application and plan selection. Both of the latter scenarios would be considered active reenrollment.

Agents/Brokers who are completing an application on behalf of an applicant will have the option to search for a consumer's 2014 application and then create a new 2015 application that will be pre-populated with information from 2014 beginning November 15, 2014. Agents/Brokers who are completing an application on behalf of an applicant will also have the ability to search for existing applications, to view the consumers' My Account pages, or to pre-populate the 2015 application. If agents/brokers prefer, they will also be able to start a new 2015 application without pre-populating information from the 2014 application. As with last year, when a new transaction is sent via DE, the associated NPN is sent as part of that transaction; the NPN is not manually entered like it can be in the FFM pathway, or "side-by-side" model.

## **V. Enrollee Switched List**

### **A. Background**

When an enrollee whose policy is in current (not cancelled or terminated) status completes an active reenrollment in a plan offered by a different issuer from the one that offered the enrollee's 2014 coverage, the FFM will not send the 2014 issuer an 834 termination transaction. Furthermore, given the time it will take the FFM to finish delivering 2015 passive reenrollment 834 transactions to issuers, issuers may not receive explicit notification regarding whether to non-renew enrollees' 2014 coverage as they prepare for January 1 coverage.

To remedy this, the FFM will produce an electronic file for each issuer offering plans through the FFM that identifies the issuer's current 2014 enrollees who have actively reenrolled in ("switched" to) 2015 coverage offered by a different issuer. Enrollees who completed an active selection to change plans with the *same* issuer will not be included on the Enrollee Switched List because the issuer will be aware of the plan change via the active enrollment transaction. This file, the "Enrollee Switched List," will be generated every calendar day beginning on or about December 1, 2014, through, at a minimum, December 16, 2014. Each Enrollee Switched List will be cumulative, identifying current enrollees who have switched issuers as of their most recent plan selection on the day before the file is generated.

Since the Enrollee Switched List is cumulative, an enrollee would first appear on the Enrollee Switched List the day after completing an active enrollment in a plan offered by a different issuer. However, if an enrollee who has switched issuers subsequently selects a plan offered by his/her 2014 issuer, that enrollee will no longer be on the Enrollee Switched List. Note that in this scenario, when the enrollee selects a plan offered by his/her 2014 issuer, the FFM will send an 834 new enrollment transaction for 2015 coverage to the 2014 issuer, and an 834 cancellation or termination transaction to the issuer initially selected for 2015 coverage, depending on when the new plan selection is made.

For example, on December 5, 2014, an enrollee currently enrolled with Issuer A in 2014 actively enrolls with Issuer B for 2015 coverage. Therefore, the enrollee is placed on the December 6, 2014, Enrollee Switched List. On December 11, 2014, the enrollee changes his/her mind, and selects Issuer A for 2015 coverage. The enrollee will not be listed on the December 12, 2014, Enrollee Switched List, and if he/she maintains his/her selection of Issuer A, will not be listed on subsequent Enrollee Switched Lists.

Issuers will non-renew coverage for enrollees on the Enrollee Switched List, and will reenroll enrollees not on the Enrollee Switched List according to the Plan ID Crosswalk Template, even if the issuer has yet to receive an 834 passive reenrollment transaction for 2015. Then, when the issuer receives the passive re-enrollment transaction, it will sync that up with the existing 2015 enrollment.

## **B. Enrollee Switched List Parameters**

- The Enrollee Switched List will provide only those data elements necessary for issuers to identify the 2014 enrollees who have switched issuers. Data elements include 2014 FFM-assigned Subscriber ID, 2014 FFM-assigned Member ID, 2014 Application ID, 2014 HIOS ID (5 digit), 2014 QHP or SADP ID (14 character), and Line of Business (QHP or SADP).
  - The Enrollee Switched List File Layout will be posted on CMSzONE (<https://zone.cms.gov/>)
- The Enrollee Switched List will list 2014 subscribers whose policy is in current (not cancelled or terminated) status as of December 2014, who have completed an active reenrollment in 2015 coverage effective 1/1/15 with a different issuer, either as a subscriber or dependent. Thus, the first Enrollee Switched List will include 2014 subscribers who completed an active reenrollment with a different issuer between November 15 and the previous day.
- The Enrollee Switched List will be generated daily from on or about 12/1/2014 through, at a minimum, December 16, 2014.
- The Enrollee Switched List will only be distributed to 2014 issuers, and will not indicate the gaining 2015 issuer.

## **C. Delivery to Issuers**

- The report will be delivered as a separate EFT file, distributed by Trading Partner Identification Number (TPID) with EFT file function code “SWTFL.”
  - For issuers that pull files from CMS, the file will be placed in the issuer’s SPOE folder.
  - For issuers that receive push files from CMS, the file will be placed in the issuer’s server folder used for EFT.
- CMS will publish the file layout of the Enrollee Switched List in technical guidance.

## **D. Guidance to Issuers for Reenrollments Made in Advance of an Enrollment Transaction**

The guidance in this section (V.D) applies to 2014 enrollees for whom the issuer has not received an active or passive reenrollment transaction that indicates 2015 coverage status, during

the period between the beginning of Open Enrollment and the time the FFM has finished sending all passive reenrollment transactions for that issuer.

**i. Enrollment Status, Rates, and Dependent Business Rules**

- Issuers should non-renew coverage for enrollees who have switched issuers, as indicated on the Enrollee Switched List.
- For renewals and reenrollments, issuers should reenroll enrollees not listed on the Enrollee Switched List for whom no enrollment transaction (active or passive) has been received for 2015 coverage.
- Issuers must rate members using their age as of January 1, 2015, and the applicable rates for the 2015 reenrollment plan.
- Issuers should use the dependent relationships on file for enrollment grouping, applying the 2015 plan's business rules to determine whether the 2014 enrollment group needs to split, or needs to be enrolled in the age-off plan used for catastrophic and child-only enrollments.
  - The enrollment for a new subscriber that was previously a 2014 dependent requires an effectuation confirmation and binder payment (that is, the January premium can't be considered a debt owed to the issuer, but rather a cancellation for failure to make a binder payment).

**ii. APTC**

Issuers passively renewing enrollees must carry over the same applied APTC amount from 2014, except in limited cases:

- Issuers must adjust the 2015 APTC to no more than the portion of the 2015 premium applicable to Essential Health Benefits (EHB), such that APTC is never greater than that portion of the premium;
- Issuers must set applied APTC to zero if the FFM has notified the issuer that the enrollee is on the "Opt Out" or "Special Notice Group" file, and the issuer has not received a 2015 enrollment transaction for that enrollee.
  1. Issuers received the Special Notice Group and Opt Out files as MISC files in November 2014. If no active or passive enrollment transactions were received for these enrollees, their 2015 applied APTC is zero.
  2. See II.A of this Reenrollment Bulletin for a description of enrollees in the Opt Out and Special Notice Groups.
- For enrollment groups that split due to age-offs or changed dependent rules, issuers may reenroll the enrollment groups in advance of receipt of an enrollment transaction in one of two ways:

*Option 1.* The issuer may allocate APTC to each policy using existing per enrollee, age-weighted allocation rules described in 45 CFR 155.340(f). The CMS age rating curve used for age-weighted APTC allocation is at <http://www.cms.gov/CCIIO/Resources/Files/Downloads/market-reforms-guidance-2-25-2013.pdf>.

  - CMS intends to provide additional technical guidance for allocating APTC for 2014 policies that split into more than one policy for 2015.

*Option 2.* If permitted by applicable law, the issuer may initially reenroll the family in a single policy containing the aged-off or invalid dependent until receiving the enrollment transactions from the FFM for the separate enrollment groups. APTC is applied to the initial single policy as described in this section (V.D.ii).

### **iii. Identifiers**

- FFM-assigned Subscriber and Member IDs carry over to the 2015 policy for most enrollments.
- In scenarios where the 2014 member becomes a 2015 subscriber due to age-off or dependent rule changes, the issuer should “promote” the 2014 FFM-assigned Member ID to be the 2015 FFM-assigned Subscriber ID. Note that when the FFM sends the passive reenrollment transaction (or the family actively enrolls) the FFM will follow the same rule.
- The FFM-assigned Policy ID should be left blank.
- Issuers should adjust enrollment records as necessary when they receive the passive reenrollment from the FFM.
- Until the FFM has generated the passive reenrollment transaction for a given 2015 enrollee, the FFM’s call center will direct 2014 enrollees to contact their issuer for answers regarding 2015 coverage.
- When the FFM sends the passive reenrollment transaction, it will have the same FFM-assigned Subscriber and Member IDs, allowing the issuer and the FFM to sync the enrollment.

- **VI. Medicare and Reenrollment**

- A. Reenrollments for FFM enrollees who are Medicare beneficiaries**

Pursuant to 45 CFR § 147.106(g)(2), Medicare eligibility or entitlement is not a basis for non-renewal or termination of individual health insurance coverage. Consistent with the longstanding prohibitions on the sale and issuance of duplicate coverage to Medicare beneficiaries (section 1882(d) of the Social Security Act), it is illegal to knowingly sell or issue an Individual Marketplace Qualified Health Plan that duplicates Medicare coverage to a Medicare beneficiary. Because of the statutory requirement for guaranteed renewal, if an enrollee who is also a Medicare beneficiary has coverage that is being renewed in a manner that would not result in an issuance or sale of a policy, the health insurance issuer should accept a passive or active renewal transaction from the FFM. We encourage issuers to inform these enrollees about their Medicare eligibility. An issuer may cancel the enrollment for a passive or active renewal transaction received from the FFM where they would be in violation of the Medicare anti-duplication provision for selling the policy.

- B. New FFM Enrollments of Medicare beneficiaries**

Issuers are responsible for complying with the Medicare Anti-duplication Law, as applicable. If an issuer learns that a new enrollee is a Medicare beneficiary prior to the new enrollee's coverage effective date, the issuer may cancel an enrollment that would violate the Medicare Anti-duplication Law. Issuers may not terminate new enrollments or reenrollments that have been effectuated for enrollees whom the issuer subsequently determines are eligible for, or enrolled in, Medicare, based on their Medicare coverage. In the case of passive reenrollments, issuers may cancel the passive reenrollment prior to 1/1/2015 for known Medicare beneficiaries if the passive reenrollment would violate the Medicare Anti-duplication Law.

**Table E: Scenarios involving Medicare beneficiaries**

**Open Enrollment Scenarios involving Medicare beneficiaries**

<b>Scenario Description</b>	<b>834 Maintenance Reason Code</b>  <b>(INS04)</b>  (for 2015 coverage unless noted)	<b>FFM Subscriber ID</b>	<b>Effectuation/ Confirmation Required?</b>
<b>Scenario 21:</b> A Medicare beneficiary seeking to enroll through the Marketplace for the first time selects QHP A on 12/1/14 with a 1/1/15 effective date. The QHP A issuer discovers that the person is a Medicare beneficiary and sends the FFM a rejection transaction on 12/6/14 (prior to the effective date) to cancel the enrollment in accordance with the Medicare Anti-duplication Law.	INS04: EC	New	No (the enrollment is rejected by issuer)

Scenario Description	834 Maintenance Reason Code  (INS04)  (for 2015 coverage unless noted)	FFM Subscriber ID	Effectuation/ Confirmation Required?
<p><b>Scenario 22:</b> A Medicare beneficiary is also a 2014 enrollee in QHP A, which is being discontinued, but the issuer has indicated that 2015 QHP D, a different product, is the reenrollment plan via the Plan ID Crosswalk Template. Because the enrollee doesn't make an active 2015 plan selection by 12/15/14, the FFM sends a passive reenrollment transaction to QHP D. The issuer discovers that the passive reenrollment is for a Medicare beneficiary, and determines that enrollment of that beneficiary in QHP D would violate the Medicare Anti-duplication law, so it sends the FFM a cancellation transaction to cancel the enrollment in accordance with the Medicare Anti-duplication Law.</p>	INS04: 41	Same	No (the enrollment is rejected by the issuer)

Scenario Description	834 Maintenance Reason Code  (INS04)  (for 2015 coverage unless noted)	FFM Subscriber ID	Effectuation/ Confirmation Required?
<p><b>Scenario 23:</b> A 2014 enrollee in QHP A who is also a Medicare beneficiary has coverage that is being renewed into QHP B via the Plan ID Crosswalk Template. Because the enrollee doesn't make an active 2015 plan selection by 12/15/14, the FFM sends a passive re-enrollment transaction to QHP B. The issuer discovers that the passive renewal is for a Medicare beneficiary but determines that the reenrollment would not require a new issuance or sale that would violate the Medicare Anti-duplication Law, and therefore effectuates the enrollment.</p>		Same	No