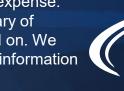
Unauthorized Plan Switches (UPS) Handling and Plan Requests

2023 Enrollment Issuer Policy Call Series

September 25, 2023





Agenda



- Health Insurance Casework System (HICS) Plan Request Overview
- Unauthorized Plan Switch Handling
- Unauthorized Plan Switch Plan Request

HICS Plan Request Feature



- Six (6) options to choose from.
 - Note: ER&R Review requested
 - Issuer may use as a part of the HICS direct dispute process.
 - ER&R will be sent a message alerting them of the request. They will review and respond accordingly.
 - The HICS category will not be automatically changed with this plan request type. ER&R contractors will need to evaluate the case and change the category if necessary.
- A <u>note must be entered</u> explaining why the plan request is being submitted by the Issuer.
 - The feature is not intended for submission of general policy questions. Those should continue to be sent to AM/LCWs.
- Case is no longer visible to the Issuer if the plan request is accepted.

UPS – Scenarios and Handling



- In conjunction with the new subcategory, CMS implemented a standardized resolution process to streamline the handling of UPS cases.
- The chart below demonstrates the four outcomes associated with plan switching and the new resolution processes being implemented by CMS.

	Same Application	Different Application
Policies with Same Issuer (Within-HIOS)	Issuer can resolve with existing processes	Issuer can resolve with existing processes
Policies with Different Issuers (Cross-HIOS)	HICS Direct Dispute	HICS Direct Dispute

UPS – Conducting Consumer Outreach (CN



- Issuer should conduct consumer outreach if:
 - Unclear of the policy which consumer wants due to multiple policies/coverage spans with the reinstating issuer that were not created by the Marketplace Call Center.
- No consumer outreach necessary if:
 - There is only one (1) policy with the reinstating issuer on any application, and the issuer has no additional questions that require confirmation from the consumer.

UPS Case Handling – Coverage with Different Issuers (Cross-HIOS)



- Upon receipt, issuers are expected to confirm the correct policy the consumer wants reinstated.
 - This is a requirement and confirmation must be documented in HICS to avoid inaccurate submissions, such as when a consumer may have previously had multiple policies with the reinstating issuer.
 - o If there is only one (1) policy on any application, this can be documented as confirmation of the correct policy. If multiple policies/coverage spans exist, the issuer must conduct outreach to the consumer to confirm the correct policy.
- Once the correct policy is confirmed, the issuer <u>should</u> reinstate the consumer in its internal records and maintain any out-of-pocket accumulators, as applicable.
- Once corrected in issuer records, the issuer <u>should</u> submit a plan request for ER&R review and include the reason for the submission, the confirmed correct policy ID, and the confirmed coverage start and end dates.

UPS Case Handling – Coverage with Different Issuers (Cross-HIOS)



- If a prospective enrollment exists, reinstate original policy through the end of the month prior to the prospective enrollment effective date.
 - Example: Original Policy A termed by UPS effective 06/30/23 and prospective enrollment by Marketplace
 Call Center in Policy B effective 10/01/23 to 12/31/23. Issuer should reinstate Policy A through 09/30/23.
- Issuers are to maintain accumulators when reinstating.
 - Refer to Enrollment Manual section 2.5.1 and section 8.2
- Note that plan requests to correct UPS scenarios must be submitted under the UPS subcategory.

UPS Case Handling – Coverage with Same Issuer (In-HIOS)



- If the plan switch occurred with the same issuer, issuers already have the ability to address this situation through existing EDA methods.
- The HICS Direct Dispute process **should not be** used if the plan switch occurred with the same issuer, such that the reinstating issuer has both policies.
- If a prospective enrollment exists, reinstate original policy through the end of the month prior to the prospective enrollment effective date.
 - Example: Original Policy A termed by UPS effective 07/31/23 and prospective enrollment by Marketplace Call
 Center in Policy B effective 10/01/23 to 12/31/23. Issuer should reinstate Policy A through 09/30/23.
- Issuers are to maintain accumulators when reinstating.
 - Refer to Enrollment Manual section 2.5.1 and section 8.2

UPS Request for CMS Review



- A plan request can be submitted by the Issuer when CMS approval/guidance is needed for:
 - o Reassignment to a different HIOS after confirming HICS directed to the wrong issuer.
 - Policy requiring reinstatement is not clear with multiple unsuccessful attempts to reach consumer to confirm.
 - Request CMS update subcategory to UPS to allow reinstatement due to cross-HIOS UPS.
 - Consumer is requesting something other than reinstatement due to an Unauthorized Plan Switch, and no additional instructions were provided in the notes by a CMS caseworker.
- A plan request <u>should not</u> be submitted when Issuers have UPS guidance that allows them to process the reinstatement as directed, for example:
 - o Scenarios involving within HIOS plan switches.
 - o If there is only one policy with issuer, the original policy should be reinstated No consumer outreach necessary. Issuer can document that only one (1) policy exists as confirmation of the correct policy.
 - CMS will not accept plan requests when issuers have UPS guidance that allows them to process the reinstatement.