

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 **note must be entered** 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



- 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.
 - 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 **should** reinstate the consumer in its internal records and maintain any out-of-pocket accumulators, as applicable.
- Once corrected in issuer records, the issuer **should** 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** terminated 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:
 - 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 **should not** be submitted when Issuers have UPS guidance that allows them to process the reinstatement as directed, for example:
 - Scenarios involving within HIOS plan switches.
 - 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.