

Filename: CCIIO Wide War Room Notes 10.1.13
PM.docx

CCIIO-Wide War Room Notes 10.1.13 PM

Overview:

- On-going issues include: Experian's identify verification services, consumer notice generation, the absence of the paper application from the website, agent-brokers struggling to get into the portal, and regional account officers and caseworkers being unavailable.
- All four landscapes are now available online.

CIRT Report-Out

APTC issue- APTC issue is resolved- consumers are seeing the correct value consistently.

IRS Connection- Trusted data sources are being pinged correctly.

Experian and Identity-Proofing- On-going issue being supported by QSSI.

PM (standing item)

HIOS notice re data changes – HIOS message about post-10/1 changes went out.

QHP Landscape- All 4 files (individual and SHOP) will be posted at 4pm.

Eligibility and Enrollment

Residency Fix – Residency and Medicaid issue is resolved. The problem is corrected for on-going applications and about 1500 had incorrect determinations that are being worked on.

Notices Issue- The notices for consumers not persisting after they are sent, and CGI is working to regenerate them. This problem is on-going.

Paper Application- Someone found PRA and printed that paper application with the placeholder address → speaks to the need to get the paper application up.

Serco update: Serco log-on issue has been fixed, and they are now all able to log-in.

(Serco is the eligibility contractor- they handle the paper contracts. They are serving as the mailroom for paperwork and logging it in to their casework tool (because CM\$ casework tool isn't ready). Assuming they can get through this log-in process, they get to a URL where they can type the paper applications into the system.)

Statistics coming in- First 834 fired off an hour ago. 957 applications have been finished.

Issuer concerns/ Inquiry trends/ JIRA update (standing item) –

Report out from Collin and Abigail at XOC- Agent-brokers on EIDM side having issues getting into portal and routed into EIDM side and an issue for LMI helpdesk about a companion guide issue- if that changes, will be routed to CMS.

QSSI folks have seen about 10,000 requests in an hour to the trusted data sources, but this is not a one-to-one measurement. The requests are getting sent from the FFM to the partner agencies, so we are able to ping our other federal partners. The traffic is picking up this afternoon. In some cases, we ping against an OPM file that is not working; waiting for an update on that.

SEG update (standing item)

Experian- QSSI is still working to fix that.

CSG update (standing item)

There are two states where Navigators cannot operate at this point- Ohio and Wisconsin. In both states, the issue is related to the state DOI.

OIS update

Carlos has been working on the schedule for the data change window. The OPM dates need to be finalized. Beth has spoken with them about technical issues, and Beth and Carlos will speak with them about it on Thursday.

Staffing Update

No regional account officers or case managers. People are asking for them, so we are working on an alternative to propose to Jim at the end of day, and it will be communicated after it is approved.

Next Steps

Wednesday HIOS call- For this Wednesday, the agenda is a few announcements at the beginning and then open questions from issuers. Brian will be representing CSG this week on that call.

A question was raised regarding whether or not issuer calls for this week will continue, and these calls will be confirmed at 5:30.

Please send Natalie any agenda items for tomorrow morning's meeting.

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Action Items

- Information about the incorrect APTCs in the eligibility notifications needs to go to Navigators so that they know what the standard language around this issue is and what the recommended fix is.
- The delay in publishing the QHP landscape on Plan Compare should be noted for the next CIRT meeting.
- Developing a calendar of issuer calls and their topics would be helpful.
- Jeff and Beth to speak about SBM data migration at the 11:30 QHP War Room.

Overview

- CIRT, the Critical Incident Response Team, will report out at this meeting on issues they discuss at their 8am and 2:30pm meetings, in order to integrate this meeting with their CMS-wide response team.
- Current issues with the system include EIDM capacity limitations, glitches with eligibility questions, consumers initially receiving the wrong APTC, identity proofing limitations, and an issue with residency around Medicaid eligibility.
- The landscape and the paper application are both currently unavailable on the website.
- Issuers will be able to request changes to their applications through October 3rd and the changes will be made in the system tentatively on October 9th-11th. More information about this period will be disseminated in a HIOS blast today.
- At least several thousand, and possibly as many as 4000-6000, applications have pinged the system so far.

Welcome, introduction and purpose

Logistics- This group will meet twice daily, once in the morning in Federal Center and once in the afternoon in Huntington. Group leaders will meet for 15 minutes after the morning meeting to handle other issues.

Issue types- Devon will review CIRT issues, all groups will have a standing item to share updates. This group will be led by EPOG for the first two weeks. Natalie will manage the agenda for the first week, and Colin will manage the agenda for the second week.

CIRT

CIRT is a Tiger Team; it stands for Critical Incident Response Team and has representatives from each of the Centers involved in the Marketplaces. Their job is to compile cross-cutting issues to raise to Michelle and Marilyn. They also help to bring attention to problems that need to be fixed quickly. Meetings are at 8am and 2:30pm, so if members of this group can send critical issues to Sarah and Devon before those meetings, it would be helpful.

Issue 1: EIDM capacity- OIS is looking for the root cause, and OC is adding consumer-friendly messages for those who get caught in a consumer account creation delay. EIDM is adding servers to increase capacity.

Issue 2: Eligibility Questions- Glitches in some of the eligibility questions.

Issues 3: APTC issue- Consumers are getting wrong APTCs in their eligibility notification in some cases, but it is correct on Plan Compare if they push on through. The bar at the top of Plan Compare is correct.

How will consumers know which number is right? They see the incorrect number at first, and if they continue, they will see the correct number on Plan Compare.

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Issue 4: IRS Connection- At 8:30am, CIRT said IRS had not been pinged. Others say IRS has been pinged about 4000-6000 times (from OIS).

Issue 5: Experian and Identity-Proofing- Folks are having issues getting through the ID section, and if they can't, they are referred to a helpdesk. It is the FARS helpdesk that is triaging the Experian issues- it is an Experian helpdesk that currently has a 4-5 hour wait.

Issue 6: 12 states up and running- Some have volume issues. Regarding volume, Washington opened at 7:30 and had 3500; DC had 1000 already.

Issue 7: Select Health in Washington- The issuer is talking about their enrollment testing issue creating a competitive disadvantage. Mike says this has to do with enrollment testing specifically, and Select Health is behind other issues in that testing. It appears that Select Health has made a mistake that has led them to be behind; CGI is trying to get them caught up.

PM (standing item)

HIOS notice re data changes – Notice to issuers regarding changes for outstanding issues is ready to go out today. Issuers will submit requests to make changes, along with a PDF form where officer of the company agrees to only make approved changes. They will submit tickets, CMS adjudicates them, and we will have all submissions back in by Friday of next week. Jim has reviewed the notice, and we will run it by him again for final approval.

What kinds of changes will folks be making and how will it affect downstream functions? Can't change rates or service area. Enrollment and FM folks will be in the Tiger Team reviewing requests to identify downstream effects.

Suppression list- We are preparing to give some FAQs and the suppression list to the OC call center and share with CSG as well. There will be a ten-line display showing some gaps in dental coverage- not because we do not have coverage, but because they are not displaying correctly.

There is a dental carrier that is being suppressed and is the only dental coverage in SC; it also leaves Coventry out of compliance because they won't have dental. We suppressed that issuer, and in retrospect, they should not be suppressed. If we could work with OIS to do a refresh of who is suppressed and who is not sooner than later, that would be best.

QHP Landscape- We have prepared and submitted to OC landscapes that show rates, but if you go to Plan Compare, it will say that information is private. There was a decision not to share the landscapes at this point. The landscapes are a list of all the plans, reference areas, and other information. **Action Item:** Note this delay for the next CIRT meeting.

SHOP (standing item)

The landscape said private data today, and we could not look at SHOP because the volume was too high to log in.

Eligibility and Enrollment

Residency Fix -- There was a fix regarding residency for Medicaid and CHIP that was not fixed correctly and is denying for 90% of people based on residency. They are trying to see who the identified population is and how to fix it.

Notices Issue- The notices for consumers not persisting after they are sent, and CGI is working to regenerate them right now.

Capacity Update- 5800 applications in the world right now- unsure if they are completed at this point.

We heard that the capacity was 100,000 people and there are 150,000 people on it- is it an EIDM issue or a system capacity issue? It is confirmed as an EIDM issue.

Paper Application- There was no intention to post the paper application from OC. There is confusion about whether or not people have to call to get the paper application, or if they can post it online and people can download it immediately.

Overlap: There were trainings for Assisters yesterday and Monday, and OC said that the paper applications will be online and the landscape will be online.

Incarceration Question: Vicki and the people working with the Navigators are aware with the incarceration question- the problem with the incarceration question is that most people would mistakenly answer in it in a way that represents that they are incarcerated when they are not.

Serco Update: One in four Serco workers are now getting through the log-in page. Serco is the eligibility contractor- they handle the paper contracts. They are serving as the mailroom for

paperwork and logging it in to their casework tool (because CMS casework tool isn't ready). Assuming they can get through this log-in process, they get to a URL where they can type the paper applications into the system.

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Question about the Chart that came out yesterday with information about CSR calculations- It was the Readiness bullets from OA. Circle back with Lauren to find out more offline.

Issuer concerns/ Inquiry trends/ JIRA update (standing item) –

Report out from Collin and Abigail at XOC- 600 inquiries from consumers, 500+ agent/broker inquiries. Moving to have the Booz Allen email box be for agent/broker inquiries and the clear out old agent/broker queries from old locations and provide them to Booz Allen, so they can start to resolve.

2 Issues they are seeing- Capacity issues on the website, and EIDM issues. When people go to create an account, they see either a page saying that they are being redirect and the other is less consumer-friendly. If they make it to the account creation page, we have seen it work and be broken (with code appearing on front-end). They reset EIDM system at 9am, but they also realized capacity issues could be hurting.

Issuer call tomorrow- The two folks running the call are furloughed. The call should go on; coordinate with Beth and Jackie to set it up.

Action Item: Developing a calendar of issuer calls and their topics would be helpful.

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Do we have state versions of the change process notice that Jim is approving for SPMs and FFMs? We gave them a heads up last week, and it will go out today.

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The first case of Navigator fraud (not a Navigator, just fraud) came today out of OH.

FM update (standing item)

SBMs need to be migrated, so trying to integrate it into data correction so they can be migrated with that push.

Action Item: Jeff and Beth to speak about it at 11:30 QHP War Room.

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Please send Natalie any agenda items for this afternoon's meeting.

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Action Items

- **Abigail** to let **Joy** know about the agent-broker temporary lock-out, and that she should let them know they will be able to get back in shortly.
- **Carlos** will look into if there is bandwidth to investigate the Dean Health Plan issue and **Beth** will reach back to Dean Health Plan to let them know that we are investigating their issues.
- **Donna** to send **Carlos** a few lines on the OPM timeline for the data change window. **Carlos** to confirm that OPM transferring to fix overwrite issue in HIOS on Friday morning.
- **Elijah** to send around a list of IDs for suppression over the weekend (OIS just needs changes). **Carlos** needs a suppression list by Friday morning.
- **Beth** will take the last line out of the email about the data change window to remove the information about Plan Preview being up, because it no longer will be, during the data change window.
- **Jeff and Milan** to work with **Abigail** to coordinate what they need to tell SBMs to get information in time to move SBM data over to E&E server when SPM and FFMs move over after data change window.
- **Carlos** to make sure **Sandeep** reaches out to **Meg** at CGI to coordinate SBM move to E&E environment.
- Share information about landscape being posted during the issuer call tomorrow.

Overview

- **Agent-brokers** are being kicked out of the system in order to fix their log-in issue, and Joy needs to let them know they will be able to get back in shortly.
- Proposed **SERFF deadline** for data change window is 5pm on Friday; **OPM push** would be that Friday morning.
- **BEST dental** and other suppression changes to be made during planned maintenance this weekend.
- There will be **no Plan Preview capability** during the data change window.
- The **SBM transfer** from PM prod to E&E prod will be aligned with end of data change window so it can get into the system prior to 11/1.
- The **landscape will be posted** after OC completes changes to language, and its presence should be called out during the HIOS issuer call tomorrow, so that issuers are aware of it while they are working on data changes up until the 3rd.

OIS

Agent-Broker issue- They are going to close the website for 30 minutes to fix the program and kick agent-brokers out for 30 minutes, and then the system will reset and hopefully work. Most of the issues with agent-brokers have been log-in issues.

If I'm an agent-broker and I get kicked out, do I know to come back in? Abigail will need Joy to send them an email.

Action Item: Abigail to let Joy know about the agent-broker temporary lock-out, and that she should let them know they will be able to get back in shortly.

Dean Health Plan update- Dean Health Plan identifying issues today. They often escalate issues quickly within CCIIO.

Will OIS be able to reach out to issuers to troubleshoot their problems today?

Action Item: Carlos will look into if there is bandwidth to investigate the Dean Health Plan issue and Beth will reach back to Dean Health Plan to let them know that we are investigating their issues.

Data change window- We have identified a need to create a different timeline for FFM and SPM issuers because of the delay in transferring SERFF for SPMs. We are trying to put greater onus on SPMs to get SERFF transfer in. 5pm Friday was the last date for SPMs we have talked about. Carlos says that this will work.

Relationship Identified: OPM and HIOS- OPM has to come in after HIOS is closed because they have to fix anything that had an overwrite. OPM could do their overwrite transfer on Friday morning, which would not go later than Friday night. If this is approved by Carlos, we will move forward with a 5pm Friday due date for SPM issuers.

Action Item: Donna to send Carlos a few lines on the OPM timeline for the data change window. Carlos to confirm that OPM transferring to fix overwrite issue in HIOS on Friday morning.

NC with dental issues- If OIS could push to un-suppress BEST dental as soon as possible, that would be very helpful because there isn't NC dental coverage right now.

Would un-suppressing a single plan have the consequence of bringing down the consumer portal? That possibility exists. That makes it totally a leadership call.

Carlos was thinking about putting it in during the normal maintenance window this coming weekend. Known maintenance is going on, so no need for special permission.

Action Item: Elijah to send around a list of IDs for suppression over the weekend (OIS just needs changes). Carlos needs a suppression list by Friday morning in order to bring back BEST dental and others over the weekend.

Onboarding update- *Does OIS need PM help with any issues?* Not that Carlos is aware of, but needs to reach out to Amber and Dan. PM is poised to be helpful, but would need notice.

Carlos update on Plan Preview Capability- Carlos is getting push-back on reopening Plan Preview from leadership and CGI. Because the data isn't the same in some instances, it could create more questions than answers, and that was the rationale for closing it to begin with.

What is the implication of that- that issuers won't preview their data once they submit fixes?
Yes.

Action Item: Beth will take the last line out of the email about the data change window to remove the information about Plan Preview being up, because it no longer will be, during the data change window.

Others

SBM data transfer (Special guests Jeff and Milan)- There are a few issues with SBM plan transfer- SERFF didn't send them all of the data. Another issue is that some of the data transferred over have issues in the templates themselves; so, we have to ask states to ask issuers to change templates and send them back, and then we re-accept them. All states were supposed to certify yesterday, but have only heard from 5 of them. Another issue might be if states allow issuers to change data post 10/1- not sure what the windows are, but NY is likely to be one of them. Need to think of what we need this data for to see how impactful these issues are.

We are working to get certified data in our system.

Rate calculations were run for CSR by CMS. Because of problems with rate review data, we chose a new data element. We always had ability to update rates based on back and forth with issuers, so all rates were changed by us.

To update rates, plans had to be in system; missing plans couldn't have rates updated and do not exist in the system for processing the SBM 834s. We were able to run the rates and sent them to issuers and SBMs, so everything has been communicated that needed to be by October 1st, but the data is not right in our system, and that will matter when we start to process 834s.

November is the earliest date when publishing a landscape with this data could occur.

Issues summary: There are issuers and plans missing, changes that need to be made to templates, and transfer issues.

The mechanism of transfer for SBMs is through SERFF. SERFF builds an XML file with a subset of QHP application data and our system picks it up and does data validation. Hoping that if we do a transfer from SERFF, we can do a refresh. Have to run CSR updates to get them in tables and then run manual updates- in order to update the system, have to pretend to run CSR updates.

Why does this have to line up with data change window? SBM information needs to move from PM environment to E&E environment by 11/1.

Action Item: Jeff and Milan to work with Abigail to coordinate what they need to tell SBMs to get information in time to move SBM data over to E&E server when SPM and FFM's move over after data change window.

Jeff and Milan interact with Meg from CGI.

Action Item: Carlos to make sure Sandeep reaches out to Meg at CGI to coordinate SBM move to E&E environment.

Landscape update- It was a leadership decision to hold off because they wanted to include language about suppressing plans and language about MSPs (though they are included and it might be a misunderstanding).

Addy is tracking this down. It is held until the disclaimers are finished; not until suppressed plans are fixed.

John has the files and is ready to push when it is approved; no data issues right now.

Plan in place for resolving data issues if they are found once the file is public → those problems may also be in Plan Compare, so coordinating those concepts. The landscape is not posted, but the data change window is happening, so issuers are not seeing it while they are making their changes today. The trades are already speaking about this issue.

Mention tomorrow on the call with issuers that the landscape is posted (pending its posting).

The page where it will live online is up, but it is marked as private.

Action Item: Share information about landscape being posted during the issuer call tomorrow.

Account management- Because of the work Devon is doing with the CIRT team, Natalie is working as Alissa's special assistant through a detail. Longer discussion to occur this afternoon from Mike.

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Action Items

- **Devon** to participate in Guardian SADP call today with Carlos at 11:30 am today.
- **Carlos** to verify that he can participate in the 2pm issuer call today. Carlos to verify his E&E counterpart (Kirk?) can participate in this call and/or future issuer calls.
- **Beth** to ask LMI about weekend helpdesk support for this week.
- **Abigail** to work with **Diane** to develop a response to data change tickets that do not have the signed worksheet attached. That response will go to the issuers with the worksheet attached, and they will resubmit.

HIOS Announcement List:

- **Plan Preview** will not be available during this change process.
- **The Landscape** is available to view so all issuers are aware that they can access it.
- **The account management plan** needs to be shared (pending its approval).
- Data change tickets have to come in with **the full documentation**, so the issuers need to resubmit their questions with the worksheet signed, if they didn't include it originally (they will be receiving responses to their tickets saying this and including the worksheet).

Overview

- Issuer calls *can* continue during shutdown.
- HIOS issuer call today, including the above announcements.

OIS

**Day 1 updates-* hold for CCIIO-Wide War Room.

**Guardian call today? Guardian-* Carlos taking a call with folks from CGI with Guardian and would like either Mike/Lourdes or Gina on the phone. Guardian is looking for an option for adult-only SADP, and that option does not exist.

Adult only is not allowed because it is a pediatric benefit- so you can have an adult in your child's plan, but not an adult by themselves. The system should allow an adult to buy a family dental plan by themselves, but there cannot be an adult-only SADP.

Action Item: Devon to participate in Guardian SADP call today with Carlos.

**Clarification of issuer calls during shut-down-* Group directors at CCIIO double-checked with Gary, and they were all approved to have issuer calls. There is one today and to the extent that OIS can participate, they should. Technical issues will come up. The call today is at 2pm. Carlos to verify that OIS can participate.

Action Item: Carlos to verify that he can participate in the 2pm issuer call today. Carlos to verify his E&E counterpart (Kirk?) can participate in this call and/or future issuer calls.

**SERFF MSP overwrite issue-* It is going to be talked through with OPM on 10/3.

**Issuer request for changes to begin-* These will begin coming in.

** Weekend help desk support?* Will weekend helpdesk support be needed from LMI?

Action Item: Beth to ask LMI about weekend helpdesk support for this week.

QTECH will be open from 7am-1am every day. OIS triage helpdesk (CGI support) will be open from 7am-1am as well.

**Absence of Plan Preview-* Can we share with issuers that Plan Preview will not be available during this change period? If so, how to communicate? It is a fact and we can tell everyone. Announce it on the call today.

Action Item: Gina to announce on the HIOS call today that Plan Preview will not be available during this change process.

Other

**Landscape update-* Downloadable Excel files now available.

Action Item: Announce on the HIOS call today that the Landscape is available to view so that all issuers are aware.

**Account management update-* Nancy concurs with what we are proposing to Jim. Have an interim account management solution where LMI sets up a dedicated phone line and have someone take issuer calls.

Process: Triage the calls so that the IT calls go to the XOC as they should. The program/policy calls will either be sent to the regions if we already have an answer or if we don't have an answer, we will put it in JIRA and get an answer.

Action Item: Announce the account management plan on the HIOS call today (pending its approval).

**Many issuers submitted data changes without the worksheet-* They need to submit that, so need to get it in.

Should we respond to JIRA tickets missing the worksheet with a request to resubmit the ticket with the worksheet? Yes, Abigail will work with Diane to do this- include the worksheet in the response, so that they have it right there.

Action Item: Announce on the HIOS call today that they have to come in with the full documentation, so that issuers need to resubmit their questions with the worksheet signed.

Action Item: Abigail to work with Diane to develop a response to data change tickets that do not have the signed worksheet attached. That response will go to the issuers with the worksheet attached, and they will resubmit.

LMI 0000396

Filename: CCIIO Wide War Room Notes 10.2.13
AM.docx

CCIIO-Wide War Room Notes 10.2.13 AM

Action Items

- Share QSSI dashboard with Alissa and Mike.
- Share group contacts for the cross-functional teams with all who are on this meeting invite.

Overview

- On-going issues: High capacity on the website, direct enrollment not working, VA system not connecting, Experian creating confusion with credit check information, residency issue has a script being developed for the 900 issues that occurred, and many agent-brokers have not signed up on EIDM.
- Resolved issues: Residency issue is fixed going forward, new account management process developed to handle workload created by furloughs, OH Navigators are now available, and privacy/security process for state reporting has been validated through its first use by RI.
- Cross-functional teams have been organized to address different buckets of issues, such as Premium Discrepancies, and this meeting will be one way that current issues are directed to those teams. The teams will also be expected to report back to the War Room about the resolution of issues they have been provided.
- Agent-broker helpdesk, lists of agent-brokers for states, and registration of agent-brokers in EIDM are discussed.
- 6 enrollments have occurred so far with 5 different issuers.

CIRT

Capacity- Still high capacity on the website and having EIDM issues. They added more servers overnight. OIS is working on it.

Direct enrollment- (signing up directly on an issuer website) is not working for any issuers, so OIS is diagnosing the problem and looking at short and long-term solutions.

VA- VA system is down, but looking to connect it back up. Important for APTC verifications- when the FFM can't get an electronic verification, it asks for a self-attestation. The data sent over right now is always correct, but it is not always sent over (no incorrect data is being submitted).

Experian- It is still being worked on- RI was cross-validating credit checks. Experian has a slow helpdesk we are helping them with.

PM (standing item)

HIOS notice re data changes – Went out yesterday.

HIOS call today- It is on for today. 3 announcements for issuers, and Carlos will be joining.

Account management- Account managers largely furloughed, so LMI is setting up a dedicated line to take calls and triage information.

Process: Data/IT questions will go to XOC, and policy questions will go to ROs if they have answers to take on a collection of issuers, and if it is an issue that does not have a JIRA ticket/ has not been answered, it will go to a CCHIO SME to answer it.

Eligibility and Enrollment

Residency Fix – Residency issue will be fixed going forward. Problem ID: There were 6 servers, and 4 of them didn't have the right production data.

Notices Issue- The notice you would get wouldn't save, so it would be different later on in your sign-up process. Still being fixed.

CHIP- Need more data to determine if CHIP determinations are happening correctly. Will keep reviewing the data today.

MIDAS- Should be getting report-outs from MIDAS soon. Talking to OIS to learn more about them. The data transfer went fine; it didn't go fine when matching up with Cognos. The data surprised Cognos (null fields where they didn't expect it), so dashboards didn't populate. CACI is working on fixing it. SMEs being pulled in to look at the data and help advise CACI on fixes. As of midnight last night, they did pull HUB data in.

Statistics coming in- QSSI has a daily dashboard created every night. First one last night.

6 enrollments/834s spread across 5 issuers. No failures. TAIs (functional group acknowledgement) and positive 999s back on all 6 enrollments. Issuers include BCBS NC, BCBS Kansas City, and CareSource. Healthcare Service Corporation had the 2 enrollments.

HUB activity doesn't get into the substance of the enrollment, so we don't know if any of them would be getting subsidies.

Submitted applications increasing (about 300) and CHIP applications are occurring. A bunch of QHP eligible people as well.

It would be worth tracking the first SADP successful enrollment as well. The dashboard can be shared; they do have not only the name of the issuer but also the Issuer ID on the spreadsheet. If someone can review dashboard for specifics, that would be helpful.

Action Item: Share QSSI dashboard with Alissa and Mike.

Agent-Brokers- The agent-broker helpdesk, list of agent-brokers for states, and registration of agent-brokers in EIDM are discussed.

Remedy Access- Working on Remedy access for Agent-broker helpdesk- may be up by end of day. Booz Allen Hamilton is helping us to expand this helpdesk because we did not plan on having a large one.

Self-records notice- Can't share with states yet. In order to compile and complete registry, need a list from EIDM of which agent-brokers have completed EIDM so that we can create a true registry. These are two dependencies that sharing the registry with states will depend on.

It needs to be shared in a secure environment when it is shared.

Who is through EIDM? Only 20,000 are through EIDM. The delta is closing though. Yesterday, only 148 finished because of EIDM issues.

Do agent-brokers go through the CMS Enterprise portal? Unsure, similarities and differences.

Legal Information: It is not only publishing it that needs to happen, but it also needs to be out for 30 days. OGC will not let us share individual names with state DOIs until the amended Self-records notices is amended and effective. The message to NAIC is that we don't have the legal authority to share it yet, but we will share it when we do have the legal authority.

Issuer concerns/ Inquiry trends/ JIRA update (standing item)

Report out from Collin and Abigail at XOC- Light flow of inquires because of EIDM issues and slower data triage in Herndon. Expect issues to pick up as more people can get into the system.

Related to the EIDM and Residency issues, about 900 applications had inaccuracies related to the Residency issue and EIDM is working on a script related to those issues. Bridget, Collin, and Abigail will be with the XOC team for the rest of the day and will reassess if they need to be there tomorrow.

A few issues have made it into the LMI Marketplace queue, so start looking out for those.

The direct enrollment functionality is down, so looking into that issue as how it affects the helpdesk.

OG update (standing item)

None.

SEG update (standing item)

Experian issues are being worked on. Experian is the identity-proofing service and the cross-validation that is confusing consumers is that they also sell credit reports, so when you call in and are on hold, you hear about credit reports and, when you speak to reps, they could mention that service as well.

CSG update (standing item)

Issue with Ohio Navigators was resolved due to press pressure.

Casework team was furloughed yesterday, but called back in today, so they should be up soon. For the HIC system, they couldn't upload because they were furloughed, is that coming back on? Talking about it offline.

Privacy and Security- RI responded with an incident report per the guidelines- not a privacy/security violation, just a capacity issue, but the system worked. There is a system for states to report to us, but no system for what we do with those reports. SEG is working with Tom on that.

Some of the states that received authority to hook to the HUB, Hawaii is one that can't yet because they don't have satisfactory processes.

Request for someone from OESS to be deemed essential; the person who analyzes issues based on the privacy impact assessments, and it is affecting follow-ups with the states.

FM update (standing item)

None.

Next Steps

Cross-functional teams- Emails were sent out Monday to the folks for the cross-functional teams. Teams were set up to deal with a number of issues. The groups are getting together and have nominated coordinating persons and management people to help them work through issues.

Regarding the Premium Discrepancy group, could it be a sub-set of the Rate and Premiums group? Opinions: Keep the group together because it is working well. May merge with Rate and Premiums in the future.

Do the teams have issues yet? Just the Privacy and Security team. All teams should think about having report-outs during this meeting. Issues come up through War Room and then the resolution is passed back through War Room.

How does the routing of issues to teams work? The XOC has issues and Colin/Abigail will direct issues that come in through XOC. If issues come in from states or other sources that have broad implications, they will be assigned as well. Additionally, issues may come through this War Room or the CIRT.

If a business-line owns an issue, then maybe it doesn't go to a team, maybe it just stays in that business line.

Groups are currently in organizational mode, figuring out how teams will function.

Action Item: Group contacts will be shared as an attachment to this appointment.

We are still utilizing the JIRA system, so folks continue to need access to it; Rochel and Josh can help Brian with this.

Please send Natalie any agenda items for this afternoon's meeting.

Filename: CCIIO Wide War Room 10.2.13 PM.docx

CCIIO Wide War Room 10.2.13 PM

Action Items

- **Natalie** to put the issue of whether or not state approval is needed for URL and other changes (including OG proposal of calling states to ask for approval) on the QHP War Room agenda for tomorrow.

Overview

- Discussion is on-going regarding whether or not **URL and other similar changes need to be approved by the states** for the data change window; OG proposes calling some states to ask for approval in the case that they are not responding quickly to issuer emails.
- **Notice generation and incarceration inconsistencies** are on-going problems.
- The **Experian identification issue** is occurring for 5-6 state-based exchanges; it may affect FFMs once there is a higher capacity.
- **Consumer access** issues are occurring; some estimates show 40,000 people in the waiting room.
- **Direct enrollment** is still not working.
- The **paper application** is available on marketplace.gov, the partner website, but not healthcare.gov, the consumer website.
- Approximately **100 enrollments** have happened as of this meeting.

PM Update

State approval in data correction window- There is a requirement that the issuer provide evidence that the state approved a change. AZ and FL issuers have concerns that they won't be able to get state approval by tomorrow midnight.

We have this requirement for two reasons: 1) to prevent states from saying that changes were made that states didn't approve and 2) because we don't have time to call each state individually.

We have received pushback on this requirement from issuers on today's issuer call, especially regarding payment URL. We told them to make their best effort to document state approval. We will need to make decisions about what to do when state does not provide any approval/disapproval. OG comments?

OG Response: We could reach out to some of the states. For FL, Doug P willing to call FL about URLs and get a yes/no on whether or not it is a problem.

PM Response: Timing is an issue because adjudication will happen for a large portion of them over the weekend. Reaching states during Plan Preview was a several day process that doesn't fit this timeline.

We need an auditable trail of decision-making process. Do everything we can to get it from the state in writing that they approve the change. We can have documentation of a phone conversation, but we can't have a check that says state approved and no documentation.

But do URLs need state approval? Often these requests are grouped with other items that do need state approval.

Proposal: OG can call up states to ask for approval. If OG completes a call to the state, they will send an email to PM documenting the conversation. If possible, group them so that we only call each state once.

Action Item: Put this on the QHP War Room agenda for tomorrow.

IMPIA- Lots of questions about it on the issuer call. Because it is often down, it is causing issuer concern.

E&E Update

Specific Notice Generation Problem- Medicaid and CHIP- For Medicaid and CHIP, it did not specify which they were eligible for in notices. Trying to fix going backward tonight, but will definitely fix going forward.

Incarceration Inconsistencies- Not fixed by CGI yet. 6% incarceration rate. The paper applications lead to mistakes in answering the incarceration problem, but that might not be the same issue when it is happening in the online application. This doesn't appear to be impacting eligibility. Those who have this problem are receiving incarceration inconsistencies.

Experian- 5-6 state-based marketplaces seeing it. If anyone sees it on FFM side, let others know. May be happening because of high-volume and may not be seeing it on FFM because haven't reached that volume yet.

Consumer access issues- 40,000 people in the waiting room. When you go to start an account, sometimes you are jumped to a waiting room after capacity is reached. Some people are waiting for 15-20 minutes; unsure if EIDM or website process (OC's website contractor). This throttle issue was also happening in the testing environment. When you see that screen, you are standing in line.

Direct enrollment- It is not working yet, and OIS thinks they have a solution; waiting to confirm it.

Paper application- It is on Marketplace.gov the Partner website, but it is not on the consumer website.

Statistics- 6 enrollments last night to over 100 today.

Changing timelines- 11/22 for mid-year changes instead of 10/15.

Next Steps

Please provide any agenda items for tomorrow morning's meeting to Natalie.

Filename: CCIIO Wide War Room Notes 10.3.13
PM.docx

CCIIO-Wide War Room 10.3.13 PM

Action Items

- Lourdes to add the landscape conversation with AHIP to her other conversation.

CIRT

OIS updates for this weekend- Fix for direct enrollment issue and outstanding application APTC. Also, trying to make sure that the call center can get access.

Experian- The problem has reached the FFM. We have some tips and possible solutions that will be shared by Experian and OIS on a webinar with states tomorrow at 3pm. And then we need a way to get that to folks in the FFM. The technical interface is spitting back error messages, and the call center is losing reference numbers as well. 80% of the ID proofing is going through (20% with problems), and 50% of the call center calls have issues. Anecdotal evidence supports a wider-spread problem.

Serco- CIRT asked if Serco had the access that they needed. Log-ins are not completely fixed-follow-up with Jackie. Serco received 3 paper applications.

E&E

No Updates.

PM

Landscapes- Why were ID and NM not included in the Landscape?

Action Item: Lourdes to add the landscape conversation with AHIP to her other conversation.

834s- Other than a Co-Op in Utah, all others were able to process the 834s they got.

Data correction window timeline change- Because the testing environment was down and issuers cannot get into Plan Compare, we are extending the data correction window. Due date of this Sunday for issuers to submit requests, following Monday (14th) is when issuers have to have data in, and Tuesday the 15th is when SERFF data has to be in. They have a week and a day from when they submit petitions and when they need corrections in.

Enrollment manual- It is going out today. It is our 30-40 page document reviewing enrollments. It is being shared in draft form. It is a document issuers are using.

FM

Just got off an environments call (all environments).

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CCIIO-Wide War Room 10.3.13 AM

Action Items

- **Abigail** to get verification from Carlos that a change in HIOS to the issuer phone number will be pushed by x date to the Exchange in order to announce approach on issuer call today- if they change it in HIOS Classic, when will it be pushed to Plan Compare?
- Raise whether or not assisters should use the paper application at the group directors' meeting.

Overview

- PM has identified that several issuers have service areas and rating tables that do not match, leaving some **service areas with no rates**. The consensus of this group is to allow these service areas to be removed in Year 1, and then to tighten the rules and language around this issue in Year 2.
- The **data correction window** change requests are due from issuers today with evidence from their states; however, some issuers may struggle to get evidence from their states on this time-frame, and those will be looked at on a case-by-case basis with OG.
- **Navigator issues**: they should not be told to use paper applications until there is approval from leadership, they should default to the most likely program based on income when deciding whether to start enrollment in Medicaid or Exchange, and CMS should. communicate with Navigators via one-off conversations, rather than email blasts, for now.
- **Issuer phone numbers** are not appearing correctly on the Pay Now page because it is pulling data from HIOS instead of the admin template. Waiting to ask OIS how long it would take for updated issuer data in HIOS to be pushed to the Exchange before advising issuers.
- As of yesterday, there were **248 enrollments**.

Ongoing issues

- Experian identify-proofing issue for consumers
- CMS Enterprise portal identity-proofing issue for agent-brokers
- SADPs do not have estimated or guaranteed markers on Plan Compare
- Fixes for the disappearing notices are being implemented
- Fixes in the works for: the income issue, SSN, incarceration inconsistencies, and notices for eligibility for Medicaid/CHIP
- EIDM servers may have software issue
- Eligibility results are breaking intermittently
- Issuers are not receiving 834s when they should be

CIRT

834 issue- Raised here as well- issuers not receiving 834s that they should be getting.

Identity-proofing- Affecting 5-6 states that are SBMs; haven't heard FFM issues, but think that it is because of lower capacity. It could be an FFM issue later as capacity grows. There will be a call with the Experian management team today.

States are asking about attestations or alternatives until Experian issue is fixed. There might be a push to implement changes soon or allow states to do something different for a period of time. There is pressure to get back to states as soon as possible. The CIRT is actively working this.

PM

Service area and rating table differences- We called issuers who had service areas and rating tables that didn't match. These only provided rating tables for a portion of large service areas.

FL Preferred- One issuer resisted finishing those rate tables because they did not want to offer in that portion of their service area. We didn't suppress based on this during the suppression window. We haven't been able to test to see if they appear as \$0 premium plans in Plan Compare, but they do show up as \$0 premium plans in the Landscape.

What should Lisa Ann tell these folks?

If we allow this to occur, we would need to clarify next year that this action is not permissible.

Losing all the issuers who have service area and rating tables discrepancies could remove plans where only a few plans exist- further analysis is needed. Coventry Health and Life is OK is one of these.

Proposal: Fix this situation in Year 1, and set stronger parameters in Year 2.

Why can't they eliminate the county from the service area? That would clean it up, but it would reduce service area, which we are trying not to allow during change window.

How does this service area with no rate show up in Plan Compare? Does it show up in a problematic way? If it does not find a rate, it does not return a rate, so you wouldn't see the plan; this is theoretically how it would work. We can find out, but either way, if we accept that they submitted the coverage area in error, including a county they didn't want to include, we should allow for a correction to avoid this problem, whether we are showing 0s or showing nothing.

This would take care of the second lowest cost silver issue as well? Yes.

Proposal: Tell them to submit a change request for a service area change to remove that county.

Data Correction Window- Today is the day for issuers to turn in petitions. They are required to have evidence of state approval, and issuers are concerned about getting it in time.

During the question on the issuer call yesterday, Lourdes told them to do their best; the plan is to look at it on a case by case basis. Some states want to be involved and would want us to have their approval, even for URL changes, while others are not involved.

PM will work with OG when these come in on which ones to accept.

SADP Estimated Rates- In testing, there is a marker for SADP saying that the rates are guaranteed or estimated. Sometime during the scramble, that indicator disappeared (no longer

says estimated) and it was identified yesterday. CGI says they are fixing it, but we don't have a time-frame on that fix.

E&E

Notice fixes- are being tested and seem effective. Not deployed yet.

Other fixes- are beginning to be tested: the income issue, SSN, incarceration inconsistencies (those who are not incarcerated are getting an inconsistency online- separate from paper issue), notices for eligibility for Medicaid/CHIP (doesn't say which you are eligible for).

EDI dashboard- Yesterday got through 248 enrollments.

XOC Report-Out

834 issues- We think we sent 834s over but issuers did not receive them- trouble-shooting that problem. This problem surfaced at an XOC call this morning.

EIDM- Added server capacity but there are software configuration issues- trouble-shooting that problem.

Agent-broker Identity-Proofing- They are also having issues, but their process goes through the CMS Enterprise portal, not Experian, so these are two separate issues.

Eligibility results- Showing break intermittently. It also came up in the CIRT list.

OG

None.

SEG

Just identity-proofing issue.

CSG

Navigators and Paper Application- Given the computer system issues, should we be saying that paper is better for now? Should assisters who are sitting with consumers use paper?

Proposal: Raise the paper application issue at the group director meeting.

They are not supposed to retain any PII- how should they handle that with paper? They rely on the consumer to send in the application.

Medicaid and the Marketplace- HRSA grantees are reporting issues with interactions between Medicaid and the Marketplace.

Is it better to start the process entering through Medicaid and the Marketplace? Start where you think you will land. If the household income is sufficiently low, start in Medicaid.

Communications with Navigators- Stick with one-off conversations for now, and move to email blasts/other large communications in a week or two with approval.

Privacy and Security Group

MA pre-launch issue- SEG is already on top of this and all steps that need to be taken have been taken.

Issuer Phone Number Issue- Jeanette said that the customer service number on the Pay Now page is pulling from the HIOS template not the Administrative template.

Can issuers go into HIOS and put the right number there? They can do that, but it will affect what appears for their non-QHPs as well. It feeds Plan Finder; on the admin template, some have phone number specifically for QHPs.

We will want to ask OIS to fix this and feed from the admin template instead of the HIOS template. In the meantime, if issuers want to adjust HIOS, they can and it should feed forward to the change.

Brian's group will feed it to the Exchange via the service. *But will OIS feed it real-time?* When would the next refresh be- a question for Carlos.

Decision: Brian is OK with this, but need an answer from OIS to clarify when it would actually be finished in the system.

Action Item: Abigail to get verification from Carlos that a change in HIOS to the issuer phone number will be pushed by x date to the Exchange in order to announce approach on issuer call today- if they change it in HIOS Classic, when will it be pushed to Plan Compare?

Next Steps

Please share any agenda items for this afternoon with Natalie.

Filename: QHP War Room 10.3.13.docx

QHP War Room 10.3.13

Action Items

- **Lourdes and Natalie** to populate chart with new data correction window time-frames. Beth to type up the draft note about the time-frame change. Send to Carlos to align.
- **Carlos** to report back on CGI support for ticket adjudication for War Room tomorrow.
- **Lourdes and Natalie** to populate chart with new data correction window time-frames. **Beth** to type up the draft note about the time-frame change. Send to **Carlos** to align
- Reach out to Select Health and Humana for ticket numbers to help them with their data visibility problem.
- **Lourdes** to call Jeanette about the issuer phone number issue (and talk about ID and NM in the Landscape too per the CCIIO-Wide War Room).
- Bring up the ID/NM in landscape issue in CCIIO-Wide War Room.
- **Doug P** to let **Teresa** or **Julia** know that we are raising the NH elective abortion for 2014 change request at the group directors meeting and think about whether or not it requires a rate change.
- **Alissa and Mike** to take NH elective abortion for 2014 change request to the group directors meeting today.

OIS

Timing of correction window and issuer access- Pressure on the timeline based on issuers not being able to see their data. Alissa is being asked to try to get petition window extended at least until tomorrow because issuers can't see data in IMP1A.

Will they be able to see their data tomorrow? IMP1A available during the day, but it can go down at any point- no schedule for it.

Proposal: Not to grant extension on this window but to propose future window.

Counter: They have already gone to OA, so want it now as well.

Proposal: Extend this window and offer another (maybe around when Anonymous shopper goes live).

Would this extension affect the schedule downstream on when changes are due? We might spend a lot of time tracking down the real answer from CGI untangling technical issues. We likely will have to extend the window as well, which gets messy with the holiday weekend.

Do we extend the requests to tomorrow or all the way through the weekend? Everything needs to roll back. We had a 7 day window including the weekend between the request deadline and the submission deadline. We can't cut this time-frame shorter.

This is an urgent request from Jim. Line in the sand: Requests due Sunday. SERFF transfer Tuesday the 15th. Issuer deadline for submitting is Monday the 14th.

Action Item: Lourdes and Natalie to populate chart with new data correction window time-frames. Beth to type up the draft note about the time-frame change. Send to Carlos to align.

CGI support for adjudicating tickets- Can Carlos take this ask back to OIS?

Action Item: Carlos to report back on CGI support for ticket adjudication for War Room tomorrow.

Utah issuers not showing on Plan Compare (Katherine)- Select Health and Humana said they were not displaying on the Exchange. They are saying all of their plans are not available. We don't know enough to know what to do because we don't know if it is an across-the-board problem or a scenario problem.

Assuming they have entered helpdesk tickets, but we don't have visibility into their technical helpdesk tickets at this point. We asked them to describe the scenarios where they have this problem, but they haven't got back to us.

Action Item: Reach out to Select Health and Humana for ticket numbers to help them with their data visibility problem.

Re-opening rate tables (Lisa Ann) –already addressed.

Preferred Medical Plan (FI.), Coventry Life and Health OK, Group Health Coop Southern WI, non-suppressed dental plans

Physicians Plus WI

*Customer Service phone numbers (AHIP concerns)-*Issuers did not understand the phone numbers would be pulled from HIOS rather than the admin template. Some want Exchange specific numbers, but that won't work if they are pulling from HIOS. Lesson learned for next year.

Is the present HIOS classic limitation 1 toll-free line?

Right now, we collect one because we were focused on the Plan Finder collection. We capture the line we want to use for the Exchange on the admin template, but we are populating Plan Compare with HIOS because you can't update admin template throughout the course of the year.

If you want to use different number for QHPs than for general business, you can't, and we are forcing them to use non-QHP number for QHPs. Tell them we are anticipating that the Exchanges will be heavily trafficked over next month. Use the HIOS number; change it to what you want the Exchange to be, and we will address it later on. Until we come up with a different fix, this is the outcome.

Can there be a HIOS announcement about issuers wanting to do new number or do we go back to AHIP with the information?

We announced it on the issuer call today. The question we couldn't answer was where on Plan Compare this phone number is visible, and we couldn't answer that. We owe the issuers to tell them which phone number we are talking about in the consumer experience.

Two items: Include Rusty on these emails, and Lourdes has screenshot from Patrick showing where it appears on Plan Compare.

Action Item: Lourdes to call Jeanette about the issuer phone number issue.

Suppressed plans showing?- Mike heard of a concern yesterday. Others don't have information about the specific concern. Lisa Ann says the issuers are seeing BEST plans in the IMP1A environment, and Lisa Ann said that the changes aren't made in IMP1A yet, and will likely be made tomorrow.

Other

ID/NM in landscape- Complaints that their plans aren't in the Landscape. It was a choice because they aren't SPMs or FFMs since they are somewhat SBMs. Alissa talked with a Jenn S, and she said that they should have been included in the Landscape. *Who told us not to include them?* Someone on the state side. Because we don't want to label them as Partnership.

Action Item: Bring up the ID/NM in landscape issue in CCIIO-Wide War Room.

NH--Adding elective abortion for 2014- NH wants to know how to do this. Amanda has not heard back from her reach-outs on this issue.

Assuming this is a low enough cost and frequency procedure that it would not change rates. Is that the case? We would like Dennis's thoughts because they have to account for abortion costs separately in everything that they submit.

If it was not there in the first place, and they don't have to change their rates, it is fine because it would not be EHB and there percent allocated to EHB wouldn't change.

In the regs, there might have been a need to allocate at least \$1 for the premium of abortions.

Consensus that it is outside of the scope of what we are changing right now.

What should Amanda do going forward? The rate impact may not influence the policy decision (the rate impact is estimated as small).

Either a yes or no decision would need to be run by leadership. Group directors have time with leadership at the end of the day today, can we get feedback then? Yes.

Does this require a re-submission of rates? If so, we aren't allowing it. If the position is, if they are not changing the rates, we have no problem with this, but if they are changing the rates, we cannot support it.

Action Item: Doug P to let Teresa or Julia know that we are raising the NH elective abortion for 2014 change request at the group directors meeting and think about whether or not it requires a rate change.

Action Item: Alissa and Mike to take NH elective abortion for 2014 change request to the group directors meeting today.

Filename: QHP War Room 10.4.13.docx

QHP War Room 10.4.13

Action Items:

- **Donna** to flag the WI rate change issuer to have **Mike** call them when their data change decision is made.
- Landscape discussion to continue between **Chris and Amanda** offline.
- **Amanda** to work with state officers to set up communications with states about landscape updates
- **Natalie** to help investigate whether or not there will be suppress/un-suppress functionality during the data refresh on Oct 20th-ish.
- **Gina** to share with Gary who the issuer is and get a decision. Could include them in temporary suppress this weekend. If the decision is to suppress, **Elijah** to email the information necessary for suppress to Ryan Glover from BAH (standing in for Carlos).
- Create an options paper for leadership regarding these post-10/1 withdrawals.
- **Donna** to respond to BCBS LA dental issuer to say that it is too late to certify an off-exchange plan. She will send proposed response to **Devon** for review.
- **Rochel** to send Aetna's item to **Donna** to connect with OIS to see if we can get help.
- **Donna** to ID the most important asks from Aetna to make sure those are prioritized.
- After the 4pm call, **Donna** will let **Lourdes and Kristy** know who has volunteered so they can get their comp time information.
- **Debbie** to email **Tom Birkmire** to talk about transfer button functionality for data change window.

OIS

Utah plan update?- 2 issuers missing completely from healthcare.gov from Utah. Looks like a business rules problem. Select Health has likely been figured out; Humana only has a few plans in Utah. Need specifics for Humana in order for Donna to be able to get CGI to look at it.

Others

NH abortion update- It is not happening. It is not doable to have a segregated account and track it.

WI rate change request next steps- We have a request for rate changes in WI that we have the ability to deny.

What are the next steps? Mike spoke with them a few days ago and told them no to a rate change, but he also shared that there is an error corrections process that they could participate in if there are changes they would like that fit within our parameters.

Mike hasn't reviewed their specific submission, but advises us to consider it through our regular process, document it, and inform them, and Mike will follow up our answer with a call to the issuer.

We don't have a ticket for them from the helpdesk, but they have until the 14th to submit the data-change. We can also split our response to approve some, but not all, of their changes.

Action Item: Donna to flag the WI rate change issuer to have Mike call them when their data change decision is made.

Landscape follow-up- Since the landscapes were shared, people have expressed interest in other issues that are not cost-sharing. We want to characterize the plans- more than the premium amounts in the current landscape. There are complexities: age banding, deductibles that apply to medical and pharmaceutical.

LMI is pulling this kind of information- starting with individual market deductible information. Timeline looking like end of the day Monday or Tuesday morning.

Plans have been clever and it is hard to tell if the co-pays are before or after deductible, if there is coinsurance after it. It is also complicated because some have huge deductibles, but many services are covered with co-pays. This information might be in the PDFs of the plan designs.

Action Item: Landscape discussion to continue between Chris and Amanda offline.

ID and NM- How to add to the landscape? Amanda is working with LMI to create a special landscape for ID and NM. After it is QA'd by CCHIO, the states will post them.

Do we have NM and ID state liaisons? Yes. It might be helpful to close the loop with Lindsay and Jenn; tell the state officers that.

Concern that if we provide these specific landscapes for their state websites, other states will want them. What to do? Gina may handle if this occurs.

Also, how do we update it in the future? Explain the landscape to state officers and how the update process will occur.

Action Item: Amanda to work with state officers to set up communications with states about landscape updates.

Two issuers in these states have contacted us telling us they are not listed on our website? Issuers have contacted Jeanette, Lourdes spoke with Jeanette yesterday, so the assumption is Jeanette is taking care of it.

Post 10/1 withdrawals- SADP in Florida- Today, they understood what change they need to make, but have decided to withdrawal their plan instead *and* its family plan. No one was enrolled in that plan as of last night.

In the PI reg or the Exchange reg, did we have language about if you drop you can't come back for two years? It was considered but not implemented.

Does this constitute decertification? It relates to problems that were a part of the suppress process before 10/1, so hard to determine.

With regard to guaranteed availability (one of them is suppressed (child only and family is two plans)), are there issues with withdrawing after 10/1? Create an options paper for leadership.

Options: Let them withdrawal with no implications, create an issuer-requested decertification, or make them stay.

Can we suppress/un-suppress during the data refresh Oct 20th-ish? We need to find out from OIS if part of that refresh is changing suppression status or not.

Action Item: Natalie to help investigate whether or not there will be suppress/un-suppress functionality during the data refresh on Oct 20th-ish.

What if we suppress the FL SADP now over the weekend?

Action Item: Gina to share with Gary who the issuer is and get a decision. Could include them in temporary suppress this weekend. If the decision is to suppress, Elijah to email the information necessary for suppress to Ryan Glover from BAH (standing in for Carlos).

Action Item: Create an options paper for leadership regarding this post-10/1 withdrawals.

Off-Exchange dental certification request- BCBS LA forgot to submit an SADP for off-exchange and want to ask to submit it. Donna says they cannot submit it for certification, but they can still offer it. They can have it certified next year.

Action Item: Donna to respond to BCBS LA dental issuer to say that it is too late to certify an off-exchange plan. She will send proposed response to Devon for review.

Aetna AM feedback and AM escalation processes for technical issues- Email from Aetna that lists technical issues that remain un-addressed (emailed to account managers, not helpdesk). They say they have helpdesk tickets already, but want account managers to coordinate resolution. One of their complaints was an inability to reach the helpdesk.

15 issues are principally or entirely IT. 3 conceptual issues like not being able to reach the helpdesk. They are seeing different eligibility determinations for the same person.

We will see these issues a lot; conceptually, how will we triage these when they are important issues? Right now, we forward the emails to the helpdesk. Abigail and Colin went to XOSC to help triage; if we are seeing some of these, do we need to inform Sheila and Kirk?

From a relationship management standpoint, these are problems CGI need to fix. As a business, do we push this to Kirk because of the issuer having a large number of plans? Yes.

The process for now is that account managers push these issues to Mike and Alissa to make a decision. Donna and Patrick perhaps could help.

Action Item: Rochel to send Aetna's item to Donna to connect with OIS to see if we can get help. Donna to ID the most important asks from Aetna to make sure those are prioritized.

Weekend HD support- Unsure if CGI is working this weekend. LMI is supporting this weekend.

Who does Donna need this weekend? She will cover this topic at 4pm as well. She needs a few PDF reviewers to make sure that the PDFs include all the changes requested and are signed; need SMEs to be on-call for emails- Doug. Donna will reach out when she needs SMEs. A few people need to send out emails each day.

Volunteers? Starr can- she has email access and could do PDFs. Rochel volunteers and has inbox access. Also Gina on Sunday, Debbie. Amanda volunteers and has inbox access.

Starr, Amanda, Debbie, Donna, and Rochel both days. Gina on Sunday for SME work; reach out to Doug.

Donna's comp time approver is furloughed.

Action Item: After the 4pm call, Donna will let Lourdes and Kristy know who has volunteered so they can get their comp time information.

Let Lourdes know if you have availability.

Do we have approval to have NAIC open the re-transfer button? Unsure, need OIS to turn the transfer functionality on.

Action Item: Debbie to email Tom Birkmire to talk about transfer button functionality for data change window.

Filename: CCIIO Wide War Room 10.4.13 AM.docx

CCIIO Wide War Room 10.4.13 AM

Action Items

- Include Milan and Michael Cohen in the change adjudication meetings to make sure changes won't affect CSR rates.

Overview

- Regarding the system, the throttle capacity is being improved, but many of the other errors (like identity proofing) are not fixed, so we should expect the number of those kinds of errors to increase as more people have access to the site.

CIRT

Experian- CIRT is working on this issue. They are looking for a temporary solution, while exploring a long-term solution as well. The state work-arounds (re-routing calls back through their call centers and helping consumers) can't be applied to the FFMs.

Casework System- Cases are starting to come in- about 180 cases, all of which were system issues, like "healthcare.gov isn't working." There is a HICs system for triaging calls that come in; some of the complaints that come in from Navigators are being routed back to Navigators, so that needs to be worked out.

E&E

Only 3 paper applications- but expecting more through the weekend.

Increasing processing capacity- so throttle capacity will be improved, but for the changes that are in the works and are not deployed yet, those problems will persist. So as more people enter the system, more people will see those errors.

PM

Data changes timeline- Deadline to request changes is this Sunday night, deadline for issuers to make changes is Monday Oct 14th, state push on SERFF due at Oct 15th. HIOS message will be going out. States will need to open SERFF binders, and best to do it over the holiday weekend. These changes will appear on Plan Compare on Oct 21-22.

Action Item: Include Milan and Michael Cohen in the change adjudication meetings to make sure changes won't affect CSR rates.

BEST un-suppression- The dental issuer that needs to be unsuppressed will be unsuppressed this weekend.

Issues with enrollment transfers- Are there talking points about this issue? Includes direct enrollment as well as other issues, like 834s (duplicate 834s). Significant problems with direct enrollment in the first two days- it wasn't working at all. Jack hasn't heard of 834 problems outside of direct enrollment. Yesterday's processing day had over 300, and there were no failures.

FM

Opera- Hoping that Opera access will happen for some of the enrollment data streams. They aren't missing anything yet since nothing is through MIDAS yet, but they need to be prepared to go in.

Helpdesk

EIDM- Enterprise identify management is what EIDM stands for and part of that service is RIDP, which stands for remote identity proofing. EIDM helps identify that people are who they say they are. RIDP had a bottleneck and added servers, but it is still not helping. Experian runs the RIDP process of the Identify Management piece. Last night, we heard that the initial problem diagnosis was a capacity issue for RIDP, but it may not have just been a capacity issue. Now they are looking at changing the software.

Filename: QHP War Room 10.7.13.docx

QHP War Room 10.7.13

Action Items

- **Ryan** from Booz Allen (standing in for Carlos) will work with CGI to find those time-frames.
- **Katherine** will update the state about the status of Select Health Utah.
- **Natalie or LMI** to find out if there is full state coverage without Select Health.
- **Alissa and Mike** to share Utah's request to shut down their exchange until Select Health is fixed with leadership.
- **Alex** to draft NAIC notice about technical challenges to send to Mike/Alissa. Debbie to respond quickly that we will be back in touch with NAIC soon.
- **Alissa and Mike** to send a note to Carol regarding data use agreement.
- **Doug P** will be reaching out to FL with a list of changes that issuers would like to make and give FL 24 hours to respond with a reason to decline or those changes will be approved.
- **Lourdes** to call issuers who did not send PDFs and ask them to send PDFs.
- **Natalie** to ask **Abigail** to work with **Carlos** to see if a back-end solution could be applied to some of the easier changes, like BEST Life.

Note: The decisions list from Donna's issuer change one-offs is at the bottom of these notes in the section that reviews those issues.

OIS

Additional suppression opportunities (?) – We think a few plans would need to be suppressed ideally this weekend or ASAP. Last weekend, CGI did it to correspond with other changes. Let PM know when they can be suppressed- PM will have a list of about 5 plans after a business decision is made in the next few days.

Action Item: Ryan from Booz Allen (standing in for Carlos) will work with CGI to find those time-frames.

Can OIS pull the names of people enrolled in a given plan? Ryan will check. The issuer should have an 834 for individuals who are enrolled.

Select Health Utah- The problem was identified as their business rules template, so they need to resubmit as they are the biggest individual issuer in Utah → may not display until Oct 23rd. They submitted a change request, but Katherine hasn't seen it yet.

Action Item: Katherine will update the state about the status of Select Health Utah.

Is this problem larger than Select Health in Utah? Thought Humana might be having a problem, but they do not. Likely just Select Health as they have had template issues before.

What did they do in the business rules template that led to this? Could LMI look to see if someone else responded in a similar way/expressed a similar problem? This addresses how much bigger the problem could be.

Is this across all their QHPs? Yes.

Update: State asked if their exchange can be shut down until it is fixed since this is 70% of their plans.

Do we have full-state coverage without Select Health? Unsure. Can we find it out via LMI or Natalie?

Action Item: Natalie or LMI to find out if there is full state coverage without Select Health.

Action Item: Alissa and Mike to share Utah's request to shut down their exchange until Select Health is fixed with leadership.

Timing of opening SERFF transfer- PM understands the timing of SERFF transfer is expected to be next Tuesday (states to be finished pushing plans over). Thought that we could let states push before that- is that possible? Tom Birkmire told Abigail that the push can't happen before the 15th. States are ready to push and frustrated that NAIC won't let them.

NAIC is saying that they have already re-opened the transfer button.

What can we tell states? It will require technical changes that we are in the process of making; we will tell states as soon as it is available.

Does NAIC understand the technical challenges yet? No, and we need to tell NAIC first, and then states.

Decision: Someone to write NAIC with what we believe to be the case and how it impacts the timeline and the need to have a technical discussion with NAIC and message to states.

Action Item: Alex to draft NAIC notice about technical challenges to send to Mike/Alissa. Debbie to respond quickly that we will be back in touch with NAIC soon.

State access to IMP1A- They want to access it. It is not something we considered. Does it make sense if we are going to have Anonymous Shopper in the future?

The way that the issuers got into IMP1A is that through a different part of the testing arm, some issuers were invited to test. They get scenarios, fake social security numbers, and other items to make application IDs. It is something that involves training.

If states have a specific data-point that they want to check, can we offer to find it out for them? Can't find it in the platform, but can look at the source data (which states could also do).

Issuers are coming to them complaining about our systems- states might want to know how much they should worry about the severity of the problem. Could we have a communications strategy with the states about what the issues are instead? Sensitivity around errors discussion.

How far off is Anonymous Shopper? Maybe on the 15th.

Data pull requests for P&B summary information- Check-in regarding sharing our data. We could share the file with these folks, keep the data and provide a summary, or take another approach. Check-in to see approach. ASPE will likely have more requests, so plan to create a policy moving forward.

We can provide it to other HHS groups with caveats.

What about data use agreements? There was a data use agreement negotiated at the Michelle Snyder level with very specific projects- ECP project was one, as well as the report from the Wednesday before open enrollment. Liam Nielson is managing this item and Carol is the one that is managing these issues going forward.

Action Item: Alissa and Mike to send a note to Carol regarding data use agreement.

Other

Donna's ticket review:

URL changes w/out State approval- MetLife has submitted a change for a provider directory URL for 12 states with no state evidence for FFM states. *Did they sign the PDF?* Yes.

Decision: Send an email to the 12 states saying we plan to approve and if they are concerned, contact us in x amount of time.

Decision: Talk with state liaison folks at the 4pm about sending emails to 12 MetLife URL change states.

BCBS FL- Copayment formatting error and business rules for max number of children used to quote from 3 to 1, and remove grandchildren. Seeing a pattern that FL issuers are not getting state evidence.

Can we make 1 call to FL with a list of everything we are inclined to approve and talk to them about it? Yes.

Decision: Call FL with a list of every item we are inclined to approve to run by them, and provide 24 hours for response. Doug P is the OG FL contact. Donna will develop list and reach out to Doug P.

What if we don't approve? They won't have correct rate quotes, and FL isn't responding to anyone.

Premara- MSP issuer. Unique changes to benefits information without state approval. *MSP issue, so how do we feel about state approval? Is OPM like the state in this case?* The requests are supposed to go to OPM before they go to us. It has to physically go to OPM before it goes to us, and we believe them to be approving before it comes to us.

But, they have questions about the way their data is displaying on Plan Compare, and Lisa Ann is looking into it. Need to look at it and see what is wrong, but there is no state evidence from Alaska.

What kind of changes are there? Need to see templates- sent screenshots but Lisa Ann needs to look in Plan Compare. They had issues at the end of September, and they resubmitted during this window. Some of the issues were fixed since the end of September.

Decision: We figure out if anything is wrong with their data, and if something is wrong and a technical problem, say they need approval from OPM to make changes.

Cigna in five states- Payment redirect URL- The problem is that they didn't sign the PDF. Say that we are not approving unless we see the PDF in 24 hours.

Decision: Someone to call Cigna and tell them to send us the PDF for their payment redirect URL request. Lourdes will make the call and Donna will send her the number.

Decision: Others that are just missing PDF will be sent to Lourdes to be called. No PDF list will be made and handed out at the 4pm meeting.

Health Options- No state approval but just a URL change. FL again.

Decision: Send to Doug P for his FL list. He will inform FL that we are making the change unless FL objects and specifically states why they object.

Preferred Medical Plan- FL- They didn't include Broward county in the service area. They also requested other changes- change prescription drug CUIs, formulary URL, and network ID template changes. No state evidence because it is FL.

Decision: Send to Doug P for his FL list. He will inform FL that we are making the change unless FL objects and specifically states why they object.

Stats- 4-5 no PDFs, 3-4 FLs, 199 change requests total with more coming.

Change analysis proposal (see attached)- Paper from Cara on how we will make sure issuers do what they say they will do. We have moved away from having a tight list of approvable corrections, but now that we are post 10/1, we want to revisit it. We have an LMI report that compares the last in version of the template and the newest form of the template on an issuer by issuer basis- they are helpful but difficult to navigate. 3 options: no action (signed PDF is evidence), conduct sample review using LMI reports (give LMI list of issuer IDs, align report with approved ticket and determine that the issuer made changes consistent with the approved ticket), or extend that activity to all requests.

Sample to include suppressed issuers and issuers with data issuers- the size of any additional sample would be based on time as the action is necessary close to when the window closes.

Decision: Need defensible sampling methodology (1 plan per issuer), try to find what the plan that might contain the most substantive change that the issuer is requesting.

It is not easier to check which template they changed vs. what element they changed? Cara needs to check with LMI.

Slower can be acceptable.

What if they changed something that was not approved? Inform the state and have them make change back during next change window, depending on what we find. *But, when is the next change window?* Unsure as of now.

The automated CSR review tool could be used on all the data. It would take about half a day and would be enterprise-wide.

Back-end data changes- Jim requested that, given the size of the universe of people to upload templates, if we could work with OIS to make some of the changes on the backend with CGI. Maybe would be applicable to BEST Life? Work with Carlos to see how they feel about it?

Action Item: Natalie to ask Abigail to work with Carlos to see if a back-end solution could be applied to some of the easier changes, like BEST Life.

State issues

Humana Georgia next-steps- We haven't heard from them. *Are we calling the state?*

Action Item: Mike will call Humana GA at the end of the day to ask for evidence from the state.

Filename: CCIIO Wide War Room 10.7.13.docx

CCIIO Wide War Room Notes 10.7.13

Action Items

- Jeff following up with CNSI meeting; how can CCIIO follow-up on 834s?
- Call today at noon with issuers.
- Jeff to see if CRs would be pushed back out through CALT.
- Follow the developments around the 300+ paper applications we have received to see if we need to provide further training to Navigators on the incarceration issue.

Takeaways

- SSA has done analysis which shows that some **states are requesting information in unexpected ways**. We need to have on-going dialogue with SSA to find out which states have which specific problems, and then create a feedback loop to let states know if there are any changes in process that need to be made.
- **Humana has duplicative plans in Georgia** (one HMO with POS and one PPO), and they want to withdraw the PPO, which currently has about 11 enrollees. We are waiting for Humana to provide evidence from the state, and then we will pursue a path forward.
- There are **25 rejected 999s** in the most recent dashboard. The group discussed the need to develop a process for CCIIO to troubleshoot problems that come up via the dashboard, as the frequency is likely to increase as the throttle increases.
- Because OIS has limited some of their interactions with issuers, CCIIO should expect that **issuers will bring more issues to the table** during CCIIO interactions, as their outlets for these conversations become more limited.
- There was a discussion about how to **move forward with CRs for CGI** and what is the best change management process for this system, and this discussion will be on-going.

CIRT

There were many releases this weekend, and hopefully it will work out. People are checking to see how it is working now.

Experian- Our call center reps can't see their screens, so we need to train them to walk through issues appropriately with this issue.

Account transfer- It is ready to release to production soon, but may wait to make sure it is more perfect when it goes to production.

EIDM- An alternative solution is going in tonight- to significantly fix the throttle problem by removing a piece of the process that is where the bottleneck is.

Is it taking away any ID proofing functionality? Unsure, talk through with Jim. Servers were also added.

SSA- We heard from SSA at the end of last week. They have done analysis on state information that have come through the HUB. Maybe states are not requesting information based on the reasons they should be- there are very specific user agreements.

Example: States are requesting citizenship verification on 100% of applications; they should only do it if someone attests to citizenship.

Example: Really high match rates for things we wouldn't expect- like death and incarceration- mostly in FFM states.

SSA has good analysis of what states are doing. The list of issues has been shared with Jenny and Jim.

What we should assume is that SSA needs to talk with us about which states have which problems so we have a feedback loop to the specific states about specific patterns.

PM

Correction Window- Closed last night for requests at 11:59pm last night. We expect to find out how many issuers want corrections. We think that there will be an additional window at some point because of the lack of Anonymous Shopper and ability to view data.

What has our messaging to issuers been on a future window? We've hinted we may do it, but no specifics yet because there is not a specific proposal or definitive leadership answer.

We will find out by the end of the day how many issuers want changes and how substantial they are; then, we will need a sense of that vs. present enrollment.

Does the proposed change make the plan less desirable to the consumer? May need to have premium discrepancy group look at it.

Casework Opportunity- In Georgia, Humana is offering plans that from a benefit perspective are duplicative- HMO with POS option and the other is a PPO that are virtually the same. Humana wants to withdraw PPO and questions about if it was ever allowed by the state.

We have 11 people as of Friday enrolled in the PPO, so there is plenty of enrollment time left for them, but we will need to reach out to them. OIS would need to tell us who they are so that we can reach out.

How we will get them into a new plan? Reach out to them and have them cancel and re-enroll in a new plan.

Need to have a conversation with Humana because if it is a duplicative plan, Humana might have placed them in the right plan in their system and then we would avoid cancelations and re-enrollments. We may just need to do some adjustment on our end. If that is not the case, we would cancel them and have them re-enroll. If we move them from one product to another, we have to make sure they are actually identical. HMO vs. PPO does not seem identical on face-value.

Next Step: Humana needs to produce evidence from the state and then CCIIO needs to consider a path forward.

How did we find out about this? The issuer contacted us and wanted it suppressed/withdrawn.

There are enrollees in both plans thus far.

SHOP

PDF issue- People report having trouble opening the PDF on Safari using Macs. We need to check, but it is hard to check because we would have to start enrollment.

Is this an OC issue? We have informed OC, but have not received a reply.

E&E

Fixes- Some application fixes did go through; still some issues with notices persisting. A few fixes related to employer sponsored coverage fails.

Residency fix was successful according to the CIRT team.

Daily Dashboard- It was forwarded last night. Last night was the first night that rejected 999s were seen. 25 rejected 999s and the detail shows what transactions they were, but the reason code does not provide insight into the stated reason or the problem with the 999 was.

Jack reached out regarding questions about the dashboard- it is good information, but only a snapshot and not doing anything from a cumulative standpoint tracking through things like "did we get 999s from things that went through 2 days ago." We saw some rejects and we don't know why. Jack to send the dashboard to Raj. Jack gave CGI a distribution list to send the dashboard to going forward.

How are we going forward reviewing and resolving issues we find using the dashboard? No process yet. It might be an FM, PM, or E&E issue. Raj will help. If something happened a week ago and we see it fixed now, how do we relate those issues. There are follow-ups with CNSI a sub of QSSI.

As the throttle increases, these issues will increase.

BCBS sent in their list of 834 issues for us to review.

OIS/Issuer Interactions- OIS has canceled many issuer interactions. There are now fewer outlets for issuers to hear from OIS/CMS about known defects, action to correct them, and ask questions regarding issuers own issues/updates on tickets. Canceling these interactions eliminates a feedback loops, and this could affect CCHIO's issuer interactions moving forward this week.

Is CNSI just for EDI issues? Exclusively dealing with it; the firewall company that can see the real production data that QSSI cannot see due to being associated with United Health.

We are getting rejections and we need to figure out why and do communications. Developing that framework for problem-solving could apply elsewhere- a system for routing issues.

Serco- We learned that the throttling issue is not what was causing the Serco issue. 300 paper applications as of now. Need to follow the trending of the incarceration issue around the paper application to see if we need to train the Navigators about it.

Issuer Concerns/XOC Helpdesk

XOC- Jim told Alissa and Mike that once a fix goes in for direct enrollment that we might have to staff up the XOC tomorrow- heads up to the XOC triage folks. There was a spike in the XOC and need to figure out where to send them- could be related to our correction window.

Folks had to leave XOC last time for an OIS meeting, so CCHIO folks role needs to be clarified when they are sent over next time.

Thought about giving more folks Remedy access so that they can follow the progress of tickets better- you can get reports from the queue once you have access. Abigail will share the contact person with Colin.

OG

None.

SEG

None.

CSG

Working with the call center to figure out how to get Navigators and assisters to get calls directly to the call center to improve an issue where their calls were not getting through.

Other Issues

Data Analysis- APTC, user fees, CSR analysis to be done. SBMs transfer needs to be set up on the same time frame as the data transfer from the data correction window.

Metrics- Transaction is going well, but Cognos is struggling and there are access issues. It is similar to last week; getting good stuff from the HUB, but not much beyond that. There are problems with MIDAS data integrity issues and anomalies. Need to reach out to OIS to identify the problem. CACI is the MIDAS data contractor; they are missing data elements that limit their ability to run metrics. If it goes all the way back to mark logic, it is a bigger problem; if it is just getting the data over, it will not be as big of an issue.

EIDM and HIOS- Concerns about EIDM making connections through all the way to HIOS. Others are unaware of this problem.

IT Issues

PM Prod is now IMP1A.

There is a new CR process for OIS between now and December.

Discussion occurred around a new change management process for working with CGI. Regularizing the process is a positive. LOEs will get better over time.

Can we confirm the status of CRs that we haven't heard back about? The plan was to push out the CRs to everyone who was active in CALT. Jeff will follow up to make sure this happened.

If CGI is working in these pods and we prioritize, are we prioritizing our requests or are we prioritizing with pods? CGI can assign pods to the work we prioritize; we can ask if that is doable or if we should prioritize to pods.

Next Steps

Please send agenda items for this afternoon to Colin.

Filename: QHP War Room 10.8.13.docx

QHP War Room 10.8.13

Action Items

- **Lourdes** to own signing off on the weekly suppression list that will be vetted by CGI on Thursdays, and submitted to OIS on Fridays for weekend implementation.
- **Carlos** to reach out to Courtney at NAIC to share information about transfer plan for data change window.
- **Carlos and Lourdes** to come back with a proposed calendar for the data correction window.
- **Carlos** to work on the IMP1A data refresh and report out on it tomorrow. Carlos to share information about this refresh through the HIOS blasts.
- **Donna** will send the Horizon information to Starr, who will follow-up with them for more information.
- **Lourdes** to send **Donna** a description of the issue and Remedy ticket numbers from the folks she followed up with if she has them and forward the information she is getting from Highmark when she receives it.
- **Lourdes** to ask MetLife if they have seen their issue on healthcare.gov and inform **Donna** of their answer.
- **Donna** to have LMI enter the Wisconsin Co-Op information in JIRA.
- **Mike** will review the Select Health talkers today.

OIS

Additional suppression opportunities- PM wants to create a schedule to suppress/un-suppress. The business feels like this is needed once a week. Carlos already has a schedule for PM. Because it is a live environment, we don't want additional downtime- on weekends, downtime occurs, and we can run the suppression during that time. Provide OIS the file on Friday at a certain point, and some kind of management sign-off (cc Lourdes and Mike).

Decision: When we have sent suppressions before, Pam from CGI analyzes the suppressions to make sure it doesn't change things, such as EHB. The process is to have CGI vet it on Thursday and send the final file on Friday.

Action Item: Lourdes to own signing off on the weekly suppression list that will be vetted by CGI on Thursdays, and submitted to OIS on Fridays for weekend implementation.

Timing of opening SERFF transfer and NAIC follow-up- We coordinated with NAIC on when we could close Plan Transfer. We were looking to open Plan Transfer during the change submission correction window.

Proposal: Open it on October 14th and close on the 15th.

Concern: Transfers won't be completed in a day.

What if we give a few more days to transfer? How does that affect our timeline? It will keep pushing everything back a day for a day. The last adjustment had to do with not having CMS folks work on the weekend, so it might not affect it as much.

Can Carlos follow-up with NAIC on transfers? Yes, he will reach out to Courtney at NAIC.

Action Item: Carlos to reach out to Courtney at NAIC to share information about transfer plan for data change window.

How many changes are we approving? Hundreds.

We had a timeline with the dates that the issuers were going to be submitting their data. It started at the 9th-10th and pushed to 10th-11th, so if we are having that be the timeframe, wouldn't it have to be open on the 10th? Timeline does say just 1 day.

Can CGI and helpdesk contractors work over the weekend? Carlos's understanding was that it was technical activities.

Action Item: Carlos and Lourdes to come back with a proposed calendar for the data correction window.

Timing of opening HIOS?- When are we telling issuers that we are opening HIOS? Right now, it is pegged on the 14th. We could push for the 11th but there will be no technical support over the weekend.

Can we give issuers Monday and Tuesday for the HIOS stuff and Tuesday and Wednesday for SERFF?

Action Item: Lourdes and Carlos to think about this in their calendar discussion.

Plan Compare and IMP1A access- Carlos trying to get a data refresh on IMP1A today so it will have the most up-to-date data.

Action Item: Carlos to work on the IMP1A data refresh and report out on it tomorrow. Carlos to share information about this refresh through the HIOS blasts.

Other

Horizon- They sent in a ticket saying that they saw so many errors that they couldn't even put it all in a ticket. They didn't have issues in Plan Preview, so we are concerned that it is showing up so differently in Plan Compare. We need to see their specific issues so that we can work on it.

Doug S. talked with them about CSR items a while ago; he thinks that they might have had some issues accurately completing their templates.

Proposal: Communicate to the issuer that regardless how big the lift is, they have to specify what their concerns are, and depending on how much it is, we may not be able to get it done in this window.

Starr is the NJ ACA lead and she will take this one.

Action Item: Donna will send the Horizon information to Starr, who will follow-up with them for more information.

Tickets Missing- Many of the organizations that Lourdes spoke to said that they did have tickets, but that we haven't been able to find them.

PDF follow-up- Most of the folks Lourdes spoke to about the PDFs said they sent them. One was sent as a JPG and may not have come through CCHIO email. Another sent it immediately after the ticket but may not have got attached to the ticket. These are largely resolved.

MetLife- Lourdes spoke to them today. Ticket from August 28th or 29th they submitted a ticket and never heard back. They are requesting a change based on the fact that they don't know what is going on and they want to fix it. Needs trouble-shooting- we heard in OH it is filled in correctly, so maybe the logic has an issue. If it is really a technical issue and can't be fixed here, the only other change they have is URL, which will be much easier.

Highmark WV- Mark Hamilton is the contact. Provider URL issue- one is showing up but as the URL it has IMP1A in the address of the URL- Highmark obviously did not send his link that is showing up in healthcare.gov with IMP1A in it. Lisa Ann has heard this issue of IMP1A coming up in the provider URLs when she was in Herndon. There is a known bug in Provider URLs.

Action Item: Lourdes to send Donna a description of the issue and Remedy ticket numbers from the folks she followed up with if she has them and forward the information she is getting from Highmark when she receives it.

Messaging- What is the message for those that may have technical issues? Lourdes is most concerned with MetLife because it affects many templates/states.

Has this been an issue post-Plan Preview? Unsure.

It is really important to get information which environment the issue is showing up in when folks have technical issues.

CGI has to look at technical issues, which is taking time. The difficulty is that no one else can get in to check without starting an application and even then, it is hard to get in.

Next Steps on Data Change Issuer Follow-ups- We may be able to have a response from CGI from some of them.

Action Item: Lourdes to ask MetLife if they have seen their issue on healthcare.gov and inform Donna of their answer.

Wisconsin Co-Op- We never got their ticket. The helpdesk might have sent it to a technical team instead.

Can we treat their email like a petition? Yes, have LMI enter the information into JIRA.

Action Item: Donna to have LMI enter the Wisconsin Co-Op information in JIRA.

Select Health Utah- Talkers included in the invite for this meeting. We need to provide them to the OC call center and the front office.

Action Item: Mike will review the Select Health talkers today.

Humana GA- Mike requested talking points for Doug P. for GA. Doug P just sent an email saying that GA is going to review the form filings; their inclination is to suppress the PPO after the due diligence is done. Consensus to suppress once GA approval is obtained.

Filename: CCIIO Wide War Room Notes 10.8.13
AM.docx

CCIIO Wide War Room Notes 10.8.13 AM

Action Items

- **Doug P** to reach out to GA regarding Humana to discuss remedying the HMO/PPO situation.
- Have a discussion about metrics at 4pm with OIS, including the need for PM to have Remedy reports. CIRT might be another place to put this.
- **Sara** to send around the final list of metrics that states are sharing.

Takeaways

- The **EIDM fix is taking longer than expected** and the website is shut down to carry it out. It is a new take on how to fix the problem that is being implemented today.
- PM continues to work on the **change requests**, and the SERFF transfer to close out that process will likely occur on the 15th.
- **Humana of GA** has a PPO plan on the Marketplace that is really a part of their HMO plan- not a stand-alone plan. Doug P will work with GA to discuss removing the PPO, and a cross-functional group at CCIIO will discuss how to handle the enrollees in the PPO this afternoon.
- An **immigration fix is being tested** that would help $\frac{3}{4}$ of the applicants that need to ping DHS (currently, none are able to do so and move forward from that point). A second fix for the last $\frac{1}{4}$ of those applicants is in the works.
- **Serco** still cannot process online the 500+ applications they have.
- There were **700+ enrollments** last night.
- There are **300+ failed 999s** and half of them are from **Healthcare Services Corporation** across states.
- News websites are reporting issuers who say they are receiving **flawed 834s**; because we use a daily dashboard, it is hard to see the cumulative number of 834s sent out that we don't have a response back for. This issue will be investigated further.
- **State metrics** are beginning to come in.
- **Navigators** in Kansas and Montana report issues.

CIRT

EIDM- The EIDM fix is taking longer than expected. The website will be down until 10am according to the note on the website- Update: The 10am note is down, so they are not promising a time on the website anymore. The solution this morning is a new approach that is different from previous plans.

PM

Change requests- Over 200 came in and we are working through them. Following-up with those who did not send in the form correctly or don't have state evidence. We expect the SERFF transfer to happen next Tuesday.

Humana GA- Humana is working with the state (Teresa Weiner at GA DOI) to get the states concurrence on their proposal.

We agreed to suppress. Will that be a part of the correction window time-frame? It is usually scheduled separately as an action with OIS; we will need to agree with OIS for future suppression/un-suppression windows.

More complicated because there are enrollees- that is what we need to work on- what happens to enrollees in the PPO. This will be discussed at a cross-functional meeting this afternoon.

The PPO is not a unique plan; it is a wrap-around for the HMO. All of those consumers on PPO need to be moved to HMO or a different plan all-together.

Need to be clear with GA that the PPO represents all of the non-network doctors for the HMO- state law says that HMOs can't have non-network providers under an HMO, so they can embed a PPO in the HMO. This arrangement has been worked out with other states, but Humana in GA was not handled in advance.

We need evidence that the state concurs that the change should be made; but, the PPO shouldn't be sold because of its unavailability. Doug P willing to call GA and explain the HMO/PPO situation.

Action Item: Doug P to reach out to GA regarding Humana to discuss remedying the HMO/PPO situation.

SHOP

Paper application- Unsure if paper applications have come in for SHOP yet.

EIDM- People can't access the paper application unless they can go through that process, so hopefully it will be fixed.

SHOP timeline- Haven't heard anything about 11/1 or 11/15.

Technical meeting postponement- If anyone has information about testing before the 3pm issuer call, please share that with the group.

PDF on Macs- No response about the issue identified with PDF not being able to open on Macs.

Eligibility

Testing Update- There was a code freeze last night and a build for test 2 this morning. Build list was received a little while ago; working to get testers prepared for it.

Immigration Fix- The biggest item is ¾ of the immigration fix. Currently, every single person who needs to go to DHS is essentially failing → the fix being tested will put at least ¾ of them through. Working on the fix for the rest of the folks today.

When will the BLP fixes get pushed to production? We didn't find out that they were built until right before the code freeze; thoughts are that it will be test 2 today, and pushed tomorrow. The production build has slowed, so it is important to tee things up for the upcoming code freezes.

Call Center- Working with them to help them triage their issues. Notices were not being generated according to call center; ops team says they are, but they may not be staying. There are not any eligibility determination notices in the repository (Al Fresco) where they would be stored, leading us to believe they are still not being stored.

Bulletin Board is working; when you go into your account, it will say “you have a message in the Marketplace.” You should have your notice sitting there on your Bulletin Board, but it is not there. If you saved it, you have it, but if you didn’t, it is gone.

Serco- 500 applications but can’t process any because of the log-in and other issues.

Is this related to EIDM? We have been told that throttling has been and hasn’t been the source of the problem → unclear about the true source of the problem. They are working on standardized reporting. They may be doing the opening and mail-room part, but they haven’t been able to link to the application and get people an eligibility determination.

Enrollment

Daily Dashboard- 700+ enrollments last night.

999 issue- 300+ failed 999s up from yesterday. Healthcare Services Corporation (several different QHPs spread over that issuer) is responsible for about half of them; they are not including code or notation about why they are rejecting. Meeting with QSSI today and hoping to have more insight into the situation.

Natalie will break down the Healthcare Services Corporations failures by state.

If they are spread over multiple states but using the same server, it could be an issuer-specific challenge, not a state specific problem. On the other hand, if only one state had it, would be different. Note: They are having it across 5 different areas.

It might be good to see a failure in the system and take it upstream and downstream when we go over there and walk us through the analysis process- Raj. Jack will make sure this is a part of the plan- to go end-to-end.

Issuer call today- It is a 3pm that notified issuers via a HIOS blast, and it is for testers.

Task for Jack after the 3pm- If there is information we need for a follow-up call with Healthcare Services Corporation, connect us to it.

XOC/Helpdesk

Release of tickets- They released many agent/broker tickets over the weekend, and the same thing happened to LMI.

Who is tracking metrics coming out of the XOC? Spencer and Collin track the E&E items.

PM receives reports when requested, but not regular reports. They were working to program Remedy reports that would be automated; they were supposed to be ready on Oct. 1, and we haven’t heard anything about them.

PM has visibility to LMI queues and some have visibility another queue- no visibility into agent/broker queue.

If PM can see trends in data, we can help account managers have more insight.

Agent/broker tickets- Booz Allen is managing agent/broker and was hit with 2000 tickets from a backlog. About 1900 of them were actually Booz Allen tickets. Asked XOC if they should expect 2000 tickets each weekend, and we are waiting for a response.

Action Item: Have a discussion about metrics at 4pm with OIS, including the need for PM to have Remedy reports.

MIDAS- An issues log has been started so they can be resolved with CACI. Regarding the FFM, testing this weekend and hoping for the dashboard soon after. We are working with CACI on a flat file to pull some information straight out of the system→ they were supposed to get it today if it was going to work. Cognos is working (it is the software that MIDAS uses) but not relating with what CGI is sending. Progress is being made, and good stuff is coming up on the HUB side.

OG

News Interlude- The 999s are in response to 834s, right? Bloomberg news article says that many 834s are corrupted and HCSC (Blue Cross issuer in OK, IL, MT, TX, and others) is upset. They are quoting that 200,000 bad enrollments are happening. What we are seeing through the EDI might not be showing in the FFM- Raj.

There could be many XML files that never made it to the HUB translator. But that would not equate to a bad 834?

There is no cumulative insight on this topic because we only have daily reports- when you add together the dailies, we have many 834s that have went out that we haven't got a 999 or TA1 back for. Could that be because the issuers are having problems with them? Having no response from a week-old 834 could be a different kind of issue.

SEG

Metrics- Received first set of metrics from states yesterday. Missing a few west coast states. Not sure when we will have data to share, but will share when we have it. There are unofficial numbers from a number of states and some official numbers. Encouraging them to release them monthly like us, but some are doing weekly right now.

But, it is not counted in a standardized way until we have the 834s and we have the APTC and we count it.

Action Item: Sara to send around the final list of metrics that states are sharing.

CSG

Montana Navigators- Problems in MT for Navigators accessing the website.

Kansas Navigators- Kansas working with Navigators on fraud allegation; BCBS called an applicant back with all kinds of personal information to share and a changed password. Navigator reported this per their training.

Next Steps

The follow-up War Room this afternoon is likely to be canceled.

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CCIIO Wide War Room Notes 10.9.13

Takeaways

- About **60% of applicants are getting into healthcare.gov** without sitting in the waiting room, up from 5-10% earlier last week.
- **The agent/brokers sign up fix is being tested**, so they should be able to sign-up online soon.
- **Healthcare.gov will not let applicants go back in their applications** when completing their application.
 - o This causes problems for Navigators and assisters in the system who want to finish up an application later, are waiting on identity paperwork, or want to QA their work.
 - o It also is problematic for applicants who are affected by the new problem where certain events are skipped in the system (eligibility, immigration status, etc) because consumers cannot go back in the system to complete those, and they cannot move forward without them.
- A new problem in the system has been identified: **for about 30% of the 70,000 applicants, the system has skipped applicants through “events”** that are required to complete the application, such as eligibility, citizenship status, and income. Two fixes are needed: one to solve this “skipping” problem and one to deal with the ramifications of the problem for the applicants who have already encountered it.
 - o **More information about this challenge is available in a Q&A form** later in the notes.
- A **meeting with QSSI** yesterday provided several new insights.
 - o The number of outbound 834s coming from the CGI side are not being reconciled with the number of 834s coming into the HUB; this could leave us **blind to 834 discrepancies** between the two.
 - o CNSI is triaging the reasons behind the **999 rejects**, but CCIIO needs to have broader outreach to issuers to share how to avoid these problems once CNSI identifies them.
 - o CNSI is working on providing us with a **management report**; they do not have access to many tools, but they are providing creative solutions with the ones that they have.
- **Remedy training for 5-10 new CCIIO folks** getting access is forthcoming.

CIRT

System Fix- The system fix won't be implemented until the weekend, but the additional servers are making it easier to get in. About 60% of people are getting through at this point without having to be in the waiting room (up from about 5-10% last week).

MIDAS Data Transfer- from FFM to MIDAS has issues so the dashboard from that system is not available yet. They are working on fixing it to get correct information to MIDAS to run that dashboard.

Direct enrollment testing- BCBS of FL- They have been the tester of direct enrollment issues. Tested 45 scenarios- 33 passed and 12 failed- 7 were due to issuer mistakes and 5 were due to CMS.

Agent/Brokers- Can complete sign-up through the agent/broker page once testing is completed, which is going on right now.

E&E

Jackie's Update- 214 applications yesterday plus envelopes. There are certain pages when they go into the URL that they would like to have suppressed surrounding security questions- if you can't skip those pages, if you have entered part of the application and want to finish it, you can't get back in for corrections, finishing it, or QA.

Investigating how to put the change through; it is likely to be on the E&E fix list.

Priority fixes- Tester and developers are working on them.

New Application Problem- Working on the Residency fix, due to web issues, we have a fairly high percentage of submitted applications that are missing where the income process would be or where the immigration status process would be and those applicants could have got inaccurate responses.

As we get out of the EIDM woods, concern that folks on the outside will turn to this issue. Estimate that it impacts 30% of submitted applications. A next step is to look at the system to see if it has become more stable over time, and see if over time that number decreases.

What is an "event?" An application is comprised of a series of events. You have an event for citizenship, income, etc. and those events move you through the eligibility logic to your APTC calculation. There is an order that those event occur in through the logic.

What kinds of events are being skipped? We have seen applications with residency event skip, eligibility event skip, both, and other combinations. The fix will likely be resetting these applicants' applications and having OC ask them to sign-up again.

What is the problem? We are seeing applications that are missing events, like the citizenship application, and we haven't seen that in testing. On the other hand, some are having many instances of the same event (repeating eligibility event 10 times). Correlates to issues reported with clicking buttons more than once and being approved to move on before you have completed all events- consumer feedback from helpdesk.

What is the end result? If you are missing a series of events needed for an eligibility problem, you won't be able to move on and you can't go back and make changes. Because this is unpredictable, we are looking to identify the problems to think about the fix.

It is affecting 30% of N? What is N? 70,000, so it impacts about 22,000 people.

2 issues: problem ID and no recovery mechanism to get the person back in the system.

Can you force the workflow back to where it is supposed to be? Right now, you can't go back if it jumps forward past events, so you are stuck.

Meeting this afternoon- identify the problem further and put it on Todd's chart.

Meeting at QSSI- with Jeff, Raj, OIS reps and QSSI. Hub activities were the focus with a drill down into 999 rejections.

Walked through HUB process from when it receives an XML from the FFM to getting the 834 out the door and receiving responses back (TA1 and 999).

Takeaways from the meeting:

- Gap between reconciling the FFM and the HUB-
 - o The HUB is keeping track of how many XMLs it receives in from the FFM.
 - o Assuming that CGI on the FFM side, they are keeping track of the number of outbound XMLs, but if those aren't reconciled, we could have issues that we have not identified yet. That handshake is not being reconciled.
 - o There are some XMLs that the HUB has had to reject back to the FFM, and that number will be added to the daily dashboard.
- 999 rejects- several on dashboard yesterday.
 - o EDI support team (CNSI) is working on the 999 rejects and looking at the detail behind it. In the course of that analysis, they have been reaching out to issuers.
 - o For example, you should not have sent a 999 reject because what you sent in the 999 is not an issue and maybe they are not following the companion guide exactly.
 - o They are assigning them out to work groups among the CNSI staff for triage. Even though they are working these issues and doing issuer outreach on a one-off basis, there is probably a need for a broader communication of trends to issuers.
 - o Need a vehicle for issuer-wide outreach.
- QSSI is working on the daily snapshot dashboard.
 - o It is good information but a snapshot; we need an aging, cumulative report.
 - o CNSI is working on items to be able to provide to us management reports. It probably won't be a daily email update; it will likely be a portal log-in to view the information, which would be cumulative and provide trending analysis.
 - o It has some limited functionality to slice and dice the data. If you want to look at it from a certain viewpoint, there will be some sorting and categorizing that you can do in addition to the canned reports and graphs that are available.
- Agreed to continue the dialogue and have weekly meetings between QSSI and CCIIO (FM, E&E).

The upside is that given the tools QSSI and CNSI have to work with, they are doing what they can to give us information. However, the tools are a constraint.

The enrollment manager creates work list items out of the discrepancies it finds to manage the flow back of these 999s. However, it is brand new functionality so it has no aging report. It is

stored in a transaction management tool that is not meant to be a repository of data, so there won't be a scorecard about how we are doing with 999s.

Given the tools, we see a lot of creative solutions, but may take time. Meanwhile, there are many 999s out there with problems, and they are able to see issues, but not able to solve them.

- They are working with issuers to send new 999s when that is necessary, but they have to wait for issuers to send them back.
- The XML's – we can account for those that hit the HUB but we don't know about those that don't make it there. The other risk this week was they weren't even creating the XMLs. If something happens in the FFM that should create an action to send across, and the event never happens, it can't be easily measured.
- BCBS problem- we sent 3 enrollment transactions and all were sent as enroll (should have been canceled, canceled, enroll).

Summary- Reconciling XML's and HUB- it is not just a duplicate issue. If you click enroll 4 times, it should say enroll, cancel, enroll, cancel, enroll, cancel, enroll- but, in this case, it is creating a lot of duplicates. The enrollment counts from the HUB would be too high because of these duplicated. On the FFM side, are there cases where the XML wasn't generated so there is nothing to track.

The XMLs are harder to track because the payload is not captured by QSSI; just sent back to CGI as a bad XML.

Are some of the bad XMLs causing the defects? Enrollees and subscribers in the wrong order- correct for 999s to reject them. Duplicates need to be rejected.

The cancelation issue is not a HUB defect, but it is a defect.

Some issuers may have translators who are accepting items they should reject.

Decision: There is a need to bucket these challenges and work through them.

Need to have a communications conversation as well.

Defect meeting is this afternoon. Lauren is helping OIS prioritize defects.

Remedy insight- Talked with Kirk to learn about Remedy issues. Two items:

- Working on giving us better training on Remedy, possibly on Tuesday, for between 5-10 people from CCIIO.
- On Friday, by constituency groups, we need to see trends, so sending people to XOC. Joy is going to look at agent/broker call routing. E&E person to make sure scripts for enrollment bucket issues appropriately. Point here is to make sure they are categorizing issues correctly.

Abigail and one other have Remedy access to see items, but they cannot run reports. This is a hard system to manipulate, so additional training will be provided to the business side.

Need to look at Enrollment Issues group and see who is going to have Remedy access and how they share information with the broader group.

FM

None.

OG

None.

SEG

None.

CSG

Rural access issue- Hearing problems about access to the website in rural areas- Alaska and Montana. Wondering if it has to do with satellite connections or how you access the internet.

PM

Data correction window- On track to finish reviews of data requests a little early. Talking with Carlos about the timeline, we found out the window would only be open for the SERFF transfer on the 15th and HIOS on the 14th, so yesterday Lourdes spoke with Carlos to see if both systems can be opened on the 11th, especially because we are finishing the data requests early. The concern to have it open early: worried that since we are already in open enrollment, for data integrity issues, and weekend work for contractors and CMS staff and not overburdening the helpdesks over the weekends. Technical call with the NAIC today where Carlos will talk through their actions since the environments have changed and NAIC needs to program to re-connect to SERFF.

Is it from the 11th through the weekend? Yes, it is the 11th through the 15th for HIOS to add a working day with support from the helpdesk. SERFF to close on 16th to give them a little more time. Does not affect the October 23rd date.

Other

Identity Proofing- Updates made on our side on Gateway 7. Some characters were causing transactional issues. Some of it was on our side and a fix was made, so monitoring it to make sure fixes are working.

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QHP War Room 10.9.13

Action Items:

- **Carlos** to update the group on the final decision about when to open SERFF and HIOS.
- **Cara** to draft 2 written communications to issuers who did not submit change tickets: those who have not changed rating area issues and those who are suppressed. Issuers have 24 hours to submit a ticket and have to make the change during the existing change window. Use letterhead, Mike/Alissa signature.
- **Lourdes + lawyers** to review Cara's draft about suppression for those who did not submit changes and needed them.
- **Cara** to send around the list of issuers and states that are Partnership states in the 11 that have not requested changes but need to make changes. Issuers have 24 hours to submit a ticket and have to make the change during the existing change window.
- **Donna** to speak with **Doug P and Lisa** to get the Community Care Inc. form filings to see if their requested service area change is due to a data entry issue or not.
- **Abigail and Donna** to figure out how to get the technical issues tickets to OIS/CGI.
- **Donna** to send contact information for the Wisconsin rate problem to **Doug P and Teresa Miller**.
- **Katherine** to work with **Donna** to set up a G drive folder for the data change window information.
- **Amanda** to work on sharing ID/NM landscapes via CALT.

Takeaways:

- Carlos is working on getting **approval to open SERFF and HIOS** either tomorrow or Friday and will update us when he has the approval.
- There is **no answer about when Anonymous shopper** will be updated yet.
- **11 issuers who had data issues or were suppressed have not put in tickets** to change their data.
 - o For those who are in Partnership states, we will reach out to the states before threatening suppression if they do not make changes.
 - o For FFMs, reach out to issuers directly.
 - o **Issuers will be given 24 hours to submit tickets**, and they will have to make the changes during the regular time-frame for completing them (no extensions).
- Regarding the **service area change request from Community Care**, PM will work with OG to see if the form filings show that it was a data error that would merit fixing, or if it is being requested for another reason, which would likely not be approved.
- **ID/NM landscapes** are ready to go out to the states; it needs to be figured out if they will be included in the estimator tool and posted on healthcare.gov or not.

OIS

Update on HIOS and SERFF opening timing- Carlos is waiting on approval to start HIOS and SERFF on October 11th. He may need CRs. He has a discussion with NAIC, and considering the wrap-up of tickets today, Carlos would like to open SERFF and HIOS tomorrow. PM supports this measure. If it doesn't happen tomorrow, he will push for Friday.

The NAIC technical fix (linking up the end-points) doesn't have to happen before the window for SERFF starts, so there is a plan to hold off on doing it because there is not a dependency between that fix and opening SERFF.

Action Item: Carlos to update the group on the final decision about when to open SERFF and HIOS.

Anonymous shopper update- No OIS answer yet.

Other

Suppressed issuers without tickets (Cara)- Issuers from suppressed plans and with data errors were checked against the people who submitted tickets: 11 of these folks did not submit a ticket to request changes in order to be in line with what CCIIO needs and be unsuppressed.

They have been called several times, but have not put in tickets.

The 11 consists of a mixture: suppressed plans and people with rating area issues.

For the situations where they have rating area issues (rates for certain counties but not others) concern about it being a way to intentionally cut service area.

Are the 11 QHPs or SADPs? Both, but mostly dental. They are also disproportionately from state marketplaces.

Decision: If it is a Partnership state, reach out to the state first. When working with the issuers, we are to the point of suppressing those that we haven't suppressed who have data errors/rating area issues. Additionally, those who are suppressed will not be unsuppressed without data changes.

Decision: We can accept their changes after our change request deadline if we reach out and they submit a ticket. They can have more time if needed to get them in. Issuers have 24 hours to submit a ticket and have to make the change during the existing change window.

Action Item: Cara to draft 2 written communications to issuers who did not submit change tickets: those who have not changed rating area issues and those who are suppressed. Issuers have 24 hours to submit a ticket and have to make the change during the existing change window. Use letterhead, Mike/Alissa signature.

Action Item: Lourdes + lawyers to review Cara's draft about suppression for those who did not submit changes and needed them.

Action Item: Cara to send around the list of issuers and states that are Partnership states in the 11 that have not requested changes but need to make changes. Issuers have 24 hours to submit a ticket and have to make the change during the existing change window.

Service Area change- Community Care Inc- wants to add two counties. They say they are a part of their service area and they left them off the template last time. We said no service area changes in our guidance (unless there are data entry errors).

Decision: Need information from Doug P and Lisa regarding their forms to identify if it is a data entry error (change allowed) or not (no change allowed).

Action Item: Donna to speak with Doug P and Lisa to get the Community Care Inc. form filings to see if their requested service area change is due to a data entry issue or not.

Other technical changes- Donna wants to put the very technical tickets together to send to OIS.

Abigail says we can route the ticket in Remedy to the technical queue. Donna wants to close some of the tickets- we will have responded to the issuer and LMI will have closed the ticket after that. This is because some tickets have technical issues *and* change requests, so when we meet the change requests, then LMI closes the ticket.

Action Item: Abigail and Donna to figure out how to get the technical issues tickets to OIS/CGI.

Wisconsin Rate decision- Teresa Miller is willing to tell them “no” based on the market rule, so let’s let OG go first. After OG makes the call, we will send them the partial approval that Donna drafted for the items that are able to be approved.

Action Item: Donna to send contact information for the Wisconsin rate problem to Doug P and Teresa Miller.

Documentation- Need a folder on the G drive for documentation about the data change window.

Action Item: Katherine to work with Donna to set up a G drive folder for the data change window information.

Report out to Leadership- Donna to report out to leadership about the data change window today. She will share the number of accepted and rejected requests- she needs to find the rejected requests to share. The rejections were not true denials- they were requests for more documentation. The Wisconsin rate issue is the only denial that would cause concern and worked with OG on it.

Guardian denial was because their message was unclear. Others denied because they didn’t need to make the change- off-exchange. Another wanted to update prescription drug list.

ID/NM landscapes (Amanda)- QA’d with no data issues. They are ready to go to the states, but need a plan for when to send. Amanda would like to send it through a private site, not email, such as CALT.

Action Item: Amanda to work on sharing ID/NM landscapes via CALT.

Should we be including these landscapes into the estimator tool and on healthcare.gov? Let SEG make the decision. Lourdes can follow up with Addie.

Did NM receive individual and small group data through Plan Transfer? Just individual, not SHOP.

Heads up on Aetna pop-up- Maricopa county is supposed to be the only area where a plan is allowed, and there is supposed to be a pop-up online if you try to enroll but are not from there. Some saying that the pop-up is not occurring.

When we say pop-up, the original solution was a pop-up on the Portal itself. OC offered a solution where the consumer, based on where they lived, would get cautionary text right before Plan Select. OC needs to figure out if that did in fact happen.

The discussion with OC in front of Jim happened a few weeks ago.

Filename: QHP War Room Notes 10.10.13.docx

QHP War Room Notes 10.10.13

Action Items

- **Carlos** to make sure proper CR approvals are ready for opening HIOS and SERFF.
- **Carlos** will find out if refreshing IMP1A earlier would allow issuers to see their changes before the issuer call at 1pm.
- Meeting with OK Community Health this afternoon, include **Dennis and Lourdes**.
- **Katherine** to work with **Donna and Beth** to inform issuers who haven't received responses from us to their tickets that they should email issuers communications with their ticket number and use a clear subject line (this group to define it).

OIS:

Timing of SERFF transfer and HIOS opening- We are approved for tomorrow. If it means midnight tonight or 6am, that is not clarified yet.

The HIOS modules means that the issuers who are approved can go into the module and make changes that were approved? Yes.

There is still a CR to make changes; the only thing we are waiting on is Mark Oh's permission. Carlos to reach out to make sure that is finalized.

Action Item: Carlos to make sure proper CR approvals are ready for opening HIOS and SERFF.

Is the 48 hour NAIC change timeframe done? No, but we are postponing it.

Who did Carlos speak to at NAIC? Carlos spoke with Courtney and Kim at NAIC.

Messaging for webinar today- Saying on webinar HIOS will be open tomorrow and they will get an email blast letting them know when it is up.

Will there be a subsequent window---messaging around this? In reality, we are in a 23 day data cycle and can anticipate next window. For now, message that there will be opportunities and information will be forthcoming.

Coventry templates-

The fix that Patrick F put in for the family deductible display, Coventry needs to know the answer because it affects what they will change on templates today--- when will that fix happen? Carlos has already put in a request to see where the fix is in the schedule to put it in to the system for Plan Compare. But, if Coventry is making changes to templates, those won't show up in Plan Compare prior to October 23rd.

Timing of changes appearing- On or about the 23rd. IMP1A won't be refreshed until it goes to the E&E environment, so won't be able to see changes immediately in IMP1A. Carlos doesn't know if a data refresh to IMP1A would fix this problem.

This is the question they will ask frequently: Why can't we see our changes on IMP1A/have to wait until the 23rd? What is the message to respond to this?

The call is at 1pm.

Action Item: Carlos will find out if refreshing IMP1A earlier would allow issuers to see their changes before the issuer call at 1pm.

Other:

Premium estimate tool (Amanda)- When you select if you an individual, it says the age is a range and that's not true- the landscape data is based on specific ages. We don't know if this is a fix OC can make; it has already been shared in our notes back to them. Lourdes recommends reiterating it because they can pull it down overnight and make changes.

Who shares this message? Amanda to try, Lourdes/Mike/Alissa will provide backup. Include Addie.

ID/NM are going to go on Healthcare.gov, not state websites. Waiting to hear back from SEG if they want to use ID/NM landscape in the premium estimate tool.

OK Community Care, dropping bariatric (Gina)- There is a meeting on this with Teresa Miller and her team this afternoon. OK Community Care said we held them to a different standard for reviews than others in their community (not just EHB reviewers- across the board). AV, out-of-pocket maximums, bariatric surgery.

The major issue to deal with right now is **bariatric surgery**. They understood the benchmark plan as covering it and so they covered it; they noticed the other plans in OK didn't cover it. The other plans use the same language as the benchmark: covered if medically necessary except for weight reduction. OK Community Care did not use that language and covered it. The form filing document for the benchmark plan indicates that it is not covered in any case; OK Community Care did not look at this. That being said, they would like to stop covering bariatric surgery.

OG's thoughts? Lisa was on-board with them changing the benefit or adding that explanatory language. We don't know how this will impact their rates; likely to have a premium impact, a reduction.

Rate review folks thoughts? Dennis says that bariatric surgery is a big-ticket item that eliminating it would decrease rates.

Do they have any enrollments yet? Yes, they have one.

If they already have an enrollment, what does that mean for guaranteed availability? Decide before the meeting?

Decision: Dennis is on the meeting invite for this afternoon.

Action Item: Meeting with them this afternoon, include Dennis and Lourdes on the OK Community Care meeting.

Consider this and another premium discrepancy issue as candidates for cross-functional teams.

Issuer call announcements-

Decision: Issuers who haven't received responses should send us their ticket number and let us know they haven't received a response by emailing issuer communications (OIS is using issuer coms for triage group so be aware). Include a clear term for the subject line.

With the caveat: if they sent it in late, we may not have gotten it yet.

If we have the ticket number, we can look for it in Remedy.

Action Item: Katherine to work with Donna and Beth to inform issuers who haven't received responses from us to their tickets that they should email issuer communications with their ticket number and use a clear subject line (this group to define it).

Filename: CCIIO Wide War Room Notes 10.10.13
AM.docx

CCIIO Wide War Room 10.10.13

Action Items

- **Mike** to follow up with **Kirk and Raj** about CCIIO SMEs supporting helpdesk scripts.
- **Teresa and Mike** are working on the OK issue about benchmark confusion.

Takeaways

- The **Landscape tool is now online**, but we are not actively promoting it yet. If asked about it on a call, it can be acknowledged as it is available to the public at: <https://www.healthcare.gov/find-premium-estimates/>
- The **PM data change request process** is moving forward: all tickets have been reviewed ahead of schedule, and Carlos is investigating opening HIOS and SERFF today or tomorrow, in order to give issuers and states more time to make changes to their data.
- **600 paper applications** are in and being processed by Serco. They are now able to log-in to the system, but they are having issues now with discrepancies between the paper application and the online system they need to populate.
- Veterans Affairs has found that about **75% of total traffic to VA has matched deceased individuals**; exploring if it is a system problem, a problem with submitting the same application many times, or a fraud issue.
- CCIIO is working with QSSI on the best ways to use the **Daily Dashboard**, and training may be forthcoming.

CIRT

Call Center Issue- There is an effort to work on communications for situations when the call center representatives cannot access the application; how to get that message out more efficiently internally so we know if other assisters get stuck, it is a part of the same problem

Landscape Tool- They did put in the functionality with the QHP landscape in more of a tool fashion, but they are not promoting it a lot yet. They see it more as a tool for assisters right now. It is like Anonymous Shopper Very Light.

Can we share this yet or can we wait? They haven't sent us the link yet; maybe a little waiting but hopefully more broadly disseminated sometime today. Don't mention it on calls yet for assisters and issuers.

Can we answer JIRA questions by referring to this? Link them to the landscape for now only.

If someone speaks about it on a call, how do we acknowledge it? It is on the website and people will find and share it, so we can acknowledge that it is on the website if asked.

EIDM- Heard from Jim yesterday that a fix was being worked on last night, up until 10am the throttling is high, and then they impose limits. There was nothing supposed to be happening since last night, so no changes. They are working toward the weekend for implementation.

PM

Data change requests- We have made it through our petitions for data changes, so we want to open up HIOS and SERFF earlier than we thought in order to allow them to make changes in the system.

Will HIOS and SERFF open today or tomorrow? Approval to open them up, but they would open them for tonight at midnight, and have it available for tomorrow. It is unclear if there is testing or another dependency, so maybe it can open earlier if there are no other dependencies.

E&E

Paper applications- 600 applications in process received in Kentucky and going through the Serco workflow. Serco login is working 100% of the time and navigating to the online URL correctly. They will be tracking to issues on the online application that would be similar to what the call center is hearing. Also, the on-going issue of discovering the problems with the discrepancies between the paper application and the online application Serco folks are populating online.

Serco has a monthly meeting coming up with Michelle Snyder.

Incarceration Question- It is fixed on the paper application.

Issuer Call- The 11/1 code drop is happening on Monday with testing for the next week.

Build update- Yesterday there was an EIDM issue in Test 2. Unsure if it will be on schedule to promote tonight, or if they will delay it a day. Working on the rhythm of when code freezes are; looking to put them on during the day in which the prod will go up that night.

The employer sponsored coverage day 2 is ready to go with testing. Hoping to put it into a build soon; probably not this weekend. If there is a freeze tomorrow, release next Wednesday, freeze next Wednesday, release the next weekend.

Is the release this weekend mostly fixes? Yes, none of it is post-day 1 development. It is all fixes.

From an eligibility perspective, think that the day 2 fixes will match expectations. Alissa has a chart of them.

Data trends- VA told us that about 75% of total traffic to VA has matched deceased individuals, which is not in line with expectations. XOC helpdesk ticket out for this issue with CGI. We don't know where these requests are originating from. This could be a system issue, generating multiple transactions for the same application. Otherwise, there are fraud concerns, but not enough information yet to make a judgment.

Daily Dashboard- Jack needs to spend some time with the contractor on it. Cross-referencing summary table with the detail tabs has some discrepancies. 834 tab some transactions don't have control numbers. Inbound table on the outbound tab. The inbound XML doesn't equal the outbound XML. The number of 999 failures is less than expected. The intent is to have a

conversation and then have contractor do an educational section on what they are putting out with us. FM is interested in the session; others want the upshot of it.

Jack just got an invite for an 834 trouble-shooting meeting today. OIS scheduled this meeting last night, and they just forwarded it around. Jack to forward it to Jeff.

Application Counts- MIDAS application counts are still having problems.

XOC Helpdesk Updates

Uptick in volume for E&E, but not huge.

OIS is asking CCIIO SMEs to help with helpdesk scripts this week. Mike to follow up with Kirk on that. Raj would like the details when possible.

OG

Oklahoma issue- Benchmark plan confusion about what it includes or doesn't include. Mike is working on this with Teresa.

SEG

White House daily chat about one state- today was Oregon. There is a request for the ticker over the weekend. Preparing staff to come in and deliver that piece.

IDP issues- There is a working group coming up around it; but, problems have been coming back up once they are solved.

CSG

APTC issue- Consumer was told they were not eligible for APTC when they should be.

Kudos to the group for being good at forwarding identity and other issues to SEG.

FM

None.

Filename: CCIIO Wide War Room Notes
10.11.13.docx

CCIIO Wide War Room Notes 10.11.13

Action Items

- **Raj** wants to take this as the first piece of business requirements for CNSI to work on building this report.
- **E&E and PM** chatting about who PM can have as a rep for clean-up team.

Takeaways

- **Weekend fixes** will be occurring, including defect fixes and the Spanish website. An EIDM alternative will be considered for implementation as well.
- **Red box errors** are being identified- once someone has a red box error, nothing inputted into the system is saved after that error. This errors impacts all applications, as even paper applications need to be inputted into this part of the system.
- Regarding **paper applications**, 1200 envelopes to the mailroom and 800+ paper applications and 50 SHOP applications (maybe 40+ in production). As we identify trends in the paper application issues, we can come up with training for Navigators to prevent those errors.
- The **Veterans Affairs data issue** (75% of their pings coming back as deceased) is still being investigated.
- **PM data changes** are being carried out in the system by issuers starting today, as **SERFF and HIOS are open**. About 250 changes requests were made and most were approved; a few one-off conversations are still occurring regarding complicated asks.
- A **data-cleaning team** is being put together to help solve data issues, both by solving the technical problem to prevent future challenges, and by anticipating and solving the impacts to issuers and consumers of the problems.

CIRT

Account transfer- CMCS says there are no account transfers yet. That service isn't supposed to have gone live yet. Outbound account transfer is planned for 11/1 and inbound for 11/15 and an interim direction where a slap file is used for statistical purposes for the Medicaid/CHIP agencies. It would just tell them which people to expect, not details.

Weekend Fixes- OIS talked about changes for the weekend: fixing defects tonight and then determine on Saturday if they are switching to the EIDM alternative- decision based on stability in the system and Spanish website go-live on Monday.

E&E

Spanish build- A few things in testing environment to be promoted on Sunday morning. We will be able to work on clean-ups after that.

Red-box errors- 8-10 other things in development for a subsequent build, but there is no timeline for a subsequent build. Now that many of the front-end log-in errors are cleared up, more attention is being paid to sign up errors or "red box errors." Once you get a red box error, nothing after that is saved. It is in diagnosis, and it is a technical issue.

Serco- E&E has been talking with the call center and Serco to get a heads up about what to do about “red box” situations. E&E can see back-end and Serco can see front-end, so joint feedback is beneficial.

APTC Errors- APTC eligible people getting benchmark plans of 0 and therefore, APTC’s of 0. It tries to call the benchmark plan and can’t, so provides a 0 to people who would have APTC.

Paper Application Statistics- 1200 envelopes to the mailroom and 800+ paper applications and 50 SHOP applications (maybe 40+ in production).

More than we expected on the SHOP side.

2 phenomena:

- 1) Consumers have paper applications with many supplemental documents (sending copies of documents rather than just pulling the information from them for their application) and;
- 2) There are envelopes that only contain supplemental documents.

Working to figure out what people are struggling with and how to improve the consumer experience. The call center is getting many fillable PDFs and the Serco workforce will be working on the fillable PDFs.

The call center has daily requests for paper applications upwards of 30,000. The same portal is used to determine eligibility no matter how the application is submitted (paper, online), so improving that experience for everyone matters and there is coordination to improve that experience.

Also, paper applications are coming in with the Navigators. If we see trends in errors, we can train on them to fix it.

Chris emailed Alissa about a Blue plan in the state of Michigan. Their coverage in the individual market terminates at year end. They want to learn about paper applications, and they have customer concerns about the website. Thoughts? The paper applications allow people to feel like they are moving forward in the process and provides another option; at the end of the day, we are all stuck in the same queue.

Verifications- Tickets open for the VA security issues mentioned yesterday (75% of pings showing deceased persons). Sorting through those right now and waiting to hear an update on it.

Information production data quality team- They were invited into process with OIS yesterday to look at enrollment data issues with CGI and QSSI. Folks are aware of a cancelations problem → they are not getting out of CGI and the HUB. The fix was supposed to be active on Oct. 6th, but now there is another problem that is preventing initial enrollments and cancelations through the HUB and to the issuer. About 1000 of the transactions did not make it; that’s about 15% of transactions early on. Trying to track this problem with the data quality team.

Daily Snapshot- About 800 were sent out last night. Failed 999s- 2 of them, but others are unaccounted for by the snapshot report. This captures traffic flow at a point in time. Also, new was 834 inbound traffic from Coventry yesterday. We might be getting confirmation transactions already from people already paying or having 100% APTC and not owing anything.

What does an inbound failed 999 mean? It could be a success or a failure. It is from the issuer back to us. It is the issuer reporting whether or not they could process the 834.

Action Item: Raj wants to take this as the first piece of business requirements for CNSI to work on building this report.

Agent/Brokers completing EIDM- Working on an outreach plan with a listserv, Booz Allen outbound calling and email desk. Next week we will attempting to stoke the furnace of agent brokers again and get more of them in; contingent on EIDM function. Trying to bring in 60,000 more.

PM

Data changes- Emails are out to issues letting them know SERFF and HIOS are open for resubmitting changes. We had 250 requests for data changes, small number not approved, but most were. Still working through a few one-off issues, like MetLife who put in all the coinsurance incorrectly and some plans in OK with EHB issues and rate issues. Working on the one-offs today as we receive changes.

SHOP

Testing- Begins next week on the soon to be implemented SHOP applications.

OG

PM and OG are working on the Oklahoma issues.

SEG

None.

CSG

None.

FM

None.

Others

Data clean-up needs for PM- Pulling together how to identify enrollees who are in plans that are not good→ need names, HIOS IDs, etc. Going to have CGI pull the data; MIDAS not ready to pull the data. Share with Monique and share it with the data clean-up team. PM needs a rep on the clean-up team.

Action Item: E&E and PM chatting about who PM can have as a rep for clean-up team.

Data issues are happening that will need to be cleaned up and make sure that the data that needs to be cleaned is pushed to our business partners. Need repeatable processes for fixing data. Rules of the road for issuer and CMS actions.

Need to be able to understand downstream impacts or impacts on other services. Looking at data problems that come out of software problems → fix the problem and push out the correct data to get system back in sync when it is out of sync. We are already out of sync with what our system has and what our partners' systems have.

This group might overlap with Premium Discrepancies- need to see how it coordinates. Tie the groups closely together. CNSI can have a process, but CMS oversight needs to exist, and this group would coordinate that oversight.

This would be a joint OIS-CCIIO group. OIS calls out the issues and CCIIO identifies the implications.

Many people involved in this group have a history of success in trouble-shooting technical issues during their Part D work.

Cognosante will be involved in this effort.

Purposes: Diagnose issues going forward and clean-up data issues both from the technical side and the issuers/consumer side.

Next Steps: Slides being prepared to show with leadership. Raj needs support in building business requirements.

Filename: QHP War Room Notes 10.11.13.docx

QHP War Room Notes 10.11.13

Action Items

- **Amanda** to tell WV to retry SERFF and she will let Carlos know if they continue to have challenges.
- **Donna** to provide **Carlos** with the tracker of all Issuer change requests.
- **Carlos** to see if the XOSC reports can be run over the weekend so PM can see what issues might be happening over the weekend.
- **Lourdes** to operationalize the plan to review changes over the weekend with Mike offering to place calls if there are issues.
- **Kristy** will put together thoughts for documentation of the change request window.

Takeaways

- The **SERFF transfer** is up and running.
- Carlos will be **confirming CGI support** for Monday and helpdesk support for this weekend.
- PM staff led by Lourdes will be **following the progress of specific issuers** through the change process over the weekend, likely using reports from XOSC.
- The **Oklahoma bariatric surgery** calls are on-going.
- We **brainstormed documentation measures** for the data correction window, and highlighted the need to place email conversations with states, especially around changes that did not have state evidence, on the G-Drive.
- The **ID/NM landscapes are up** on healthcare.gov and OA and OC have language to describe why they are listed separately if asked.

OIS

SERFF transfer operational?- They are up and running. NAIC said that they had started enabling the buttons for each state, and they didn't have them all enabled by 8am; however, all states should have functionality now.

Action Item: Amanda to tell WV to retry SERFF and she will let Carlos know if they continue to have challenges.

Weekend/Monday timing and support- The deadline for change submission is midnight Monday (link will be up until noon on Tuesday).

Will the helpdesk be operational this weekend? Yes, Saturday, Sunday, and Monday from 8am to 1am for Tier 1. Need to confirm Tier 2- we will likely not have support there.

In terms of adjudicating change requests, LMI has handled all tickets and any coming in over the weekend would be late. Any direct conversations with issuers can happen through personal CCIIO emails.

What if we get emails from issuers that have trouble with their submissions- CGI support? We likely won't have CGI support over the weekend; can we push it through on Tuesday morning and handle stragglers then.

Is CGI working on Monday? Carlos has to confirm.

West Virginia sent a table with what they were specifically requesting- something like that would be helpful to share with Tier 2 to help if there are problems.

Action Item: Donna to provide Carlos with the tracker of all Issuer change requests.

Reviewing Changes over the Weekend- Sheila used to have XOSC create regular reports over the weekends to let us know the status. By the time we get to Monday, if there are some serious problems, we will likely need to send something out. If we could reinstate that report for this weekend, that would be great.

Action Item: Carlos to see if the XOSC reports can be run over the weekend so PM can see what issues might be happening over the weekend.

We have a known universe of tickets. How are we closing them out as they come in? Matching the cross-v report (those who are not in cross-v and didn't have requests). But, we tried this when we had a much shorter list than this, and it will be a decent sized cross-walk.

Late Monday we need to ID who is still open from the cross-v report. Also, see the folks we expect to have changes and see if they are still open.

3 to watch specifically- Group Health Co-Op in WI, Community Care rate change, and Blue of SC

2 Steps: Follow the issues that might come up through the XOSC report, and follow the changes with an emphasis on the 3 plans above.

Anthony's report was really helpful for this purpose last time.

LMI intends to do sampling of the changes after the window closes, but can't happen before it closes.

Decision: No enterprise-wide review of changes while they are occurring, but we would check the 3 issuers with special requests and others who were denied.

Thoughts- The Ops Report is a point in time; need to follow those who are on our list of folks with rate change requests and denials.

The sample we plan to run after the changes were made would take a few weeks to consider a time-frame example.

Does just reviewing our special list of issuers create too much of a workload burden? No, it would be fine. Review them and warn if we see issues.

Action Item: Lourdes to operationalize the plan to review changes over the weekend with Mike offering to place calls if there are issues.

Other

Data change request open issues- Beth just sent Donna an email about Community Care.

Is anything exciting in the new 25 tickets? Community Care (OG and Gina speaking with them about bariatric right now). Rate request will be denied and Service Area request will be denied because not in compliance with ECP and no justification. Still have to talk about bariatric issue.

Most others are about Delta Dental.

Action Item: Donna to review Beth's email about Community Care and provide feedback.

Bariatric surgery calls- Underway. Calling issuers affected by EHB benchmark issue for bariatric surgery in OK. They are being told to request to make the change in a ticket by itself and to make the change.

Maine co-op URRT change request

Audit-proof documentation of change request windows- Most interested in the communications where states make decisions. Would like to back them up on the G-drive.

Actions we need to take:

- 1) Email correspondence with states about approving or disapproving a change that we didn't have state evidence for those emails need to be sent in the G-Drive.
- 2) The sent emails to states need to be moved to the Issuer Communications mailbox folder
Data Correction Notices.

The G-Drive will be backed up on disks. Password protect the G-Drive folder or limit access to a set of people.

KPMG will be providing advice about organizing a G drive for an audit.

Action Item: Kristy will put together thoughts for documentation of the change request window.

OG communications need to go in the G-Drive too. If PPM doesn't have those communications already, we will get them from OG.

ID/NM Landscapes Update- The ID/NM landscapes were posted on healthcare.gov. SEG was good with posting them, and the front office and OC have language about why there are separate landscapes.

Filename: CCIIO Wide War Room 10.15.13.docx

CCIIO Wide War Room 10.15.13

Action Items

- Joy to send names for the agent broker team to Natalie.
- Lourdes to share Kirk's call center segmented list with the group.
- Donna and Starr to take Meritas in AZ offline to solve.

Takeaways

- The **CIRT will not meet regularly** or develop reports anymore; they will continue to discuss urgent topics via an email thread.
- **CGI, OIS, and Red Hat split into two troubleshooting teams**: one for service operation errors and one for data clean-up.
- **3 issues with CHIP** registration have been identified and fixes are hoped to be in on Friday.
- **Navigators are using paper applications** in order to move applications forward; thus, we can expect an influx of paper aps this week.
- **Issuers who are frustrated** with their challenges in signing up enrollees are being encouraged to **three-way call the helpdesk** to register them, rather than referring them to the paper application.
- Decisions about **closing HIOS and SERFF** will be made between PM and OIS staff this morning in light of the data correction window.
- **All issuers (except one) are in cross-v** at the end of the data correction window; however, PM and OIS need to verify that all who needed to make changes made them.

CIRT

CIRT decided as of Friday that they did not need to meet anymore on the phone and they will not continue to send out their reports; however, they will continue to use email to discuss pertinent issues.

Ben's Update

Production deployment occurred over the weekend.

Upcoming Technical Fixes and the Process behind Them

OIS working with CGI bringing in folks from Red Hat and they split into two teams; one for service operation errors like 404s, and another for data clean-up.

Three Fixes Are Being Prepped for Friday

- 1) Kids weren't able to get CHIP; elements of the issue include a noticing issue, where kids are disappearing from the notice- that is handled and will be in production on Friday.
- 2) Not seeing the right questions in the application as they go through it in order to get CHIP- trying for a Friday fix.

- 3) When people answer questions about income discrepancies, they end up not getting the right answer (pushing into QHP when they should be in Medicaid/CHIP)- that is still being worked on and a data clean-up will go with it. Hoping for Friday as well.

Clean-up for those who got 0 max APTC's but shouldn't have- two groups of people: those who have picked plans already and those who have not picked plans yet.

E&E

Serco Update- FFPS needs to have data come out for Serco in order to continue simultaneous work streams.

At about 1,000 paper applications; volume up at the end of last week.

Working to share with leadership that Serco and call center are entering the same portal as consumers, so all are having problems. The number leadership is interested in is the number that have been entered and processed.

Navigators and Paper Applications- Navigators are seeing people very frustrated and walking away, so they are turning to paper applications to protect their reputations as people in the communities who can help, even though paper applications will not have a quicker result necessarily.

PM

Issuer Call Today- Dan Miller and OIS are leading an Issuer call today; direct enrollment 834 fixes for next week, housekeeping reminders, Q&A. The business and system integration meeting discussed these fixes last Friday.

Recommendation for Issuers Unable to Get Enrollees in the System- Mike and Alissa talked to the Blues on Friday about turning customers away; told them to three-way call the call center, rather than losing the customer on the phone and having them use paper. Alissa and Mike are working on a communications strategy. There is an issuer call on Thursday from 1-2:30pm; they are interested in 834 and enrollment topics. Mike and Alissa will work to make sure there is appropriate staffing at that call.

1200 enrollments last night.

Agent broker related working sessions?- Monique wants to put together a team to trouble-shoot issues. Doing so makes sense; Alissa to work on next steps.

Action Item: Joy to send names for the agent broker team to Natalie.

Deadline for HIOS Issuers to Complete Submissions was last night- everyone is in cross-v this morning, but we're not sure that everyone actually made the changes. We won't know if issuers have problems until we get the helpdesk tickets from the weekend through.

SERFF transfer ends at 5pm this evening- talking with NAIC today. Lourdes has from Kirk a call center list segmented by who called in, like agent broker, and a breakdown of issues like 834.

Action Item: Lourdes to share Kirk's call center segmented list with the group.

Remedy training is occurring this week- We want a report out on business requirements for our Remedy use by the end of the week.

Closing HIOS- Carlos says people want to close HIOS before the noon time that was planned. We would need another Ops Report to see if people are in cross-v, if we don't want to go with the 8:30 Ops Report in case anyone went out of cross-v since then. Lourdes and Starr called issuers yesterday to see how it was going, and all were in cross-v.

Meritas in AZ submitted somewhere else, not in HIOS. Starr will try to get them in before noon.

Action Item: Donna and Starr to take Meritas in AZ offline to solve.

Decision: PM will try to wrap up in HIOS before noon, but would like Carlos to wait until noon to shut down HIOS unless there is conversation around the decision first.

Filename: QHP War Room Notes 10.15.13.docx

QHP War Room 10/15/13

Action Items

- **Cara and Donna** to diagnose which issues called out by the SO (like Utah Select Health) need follow-up.
- **Elijah** to take the need to generate a new suppression list back to DFC.
- **Starr** to call back Dora from MetLife to explain the HIOS vs. SERFF issue.
- **Lourdes** to do a reach-out to measure the size of the queue that a major issuer would have going into the system in the first few hours and first 72 hours after direct enrollment opens.

Takeaways

- The **portal will be closed at 5pm** and there is not flexibility to move that time.
- States are telling state officers that **states are having issues submitting** before the end of the data correction window; Cara and Donna to work with them on these issues.
- Delta Dental reported that their customers and agent-brokers were seeing suppressed plans; Carlos confirmed that those plans have a suppression status in the system, and therefore, **Delta Dental's suppressed plans should not be visible on Plan Compare.**
- **MetLife submitted SERFF plans into HIOS**, but Lourdes is working with them to fix.
- **Next steps for the OK bariatric surgery issue** include sending a letter about the benchmarks and identifying enrollees impacted by any changes.

OIS

Update on SERFF transfer (including OPM)- Closing portal on 5pm.

If something came in at 4:57 saying a state can't get in, how easy is it to extend? Not very; not a lot of flexibility to move the time. For SEG and OG, we cannot expect OIS to keep the window open after 5pm if we come to them at the last minute.

State officers will check-in with their states to make sure they don't have any issues before SERFF close.

SO Update: Utah Select Health- templates are overriding each other. Altius (sp?) requested yesterday to change templates. Arkansas made a template change that was not requested regarding mental health.

Utah Select Health- They are not displaying right now, so we need to follow this issue.

Arkansas change- If Arkansas can approve change on our time-frame, can we accept it?
Response: Can we get more detail about the change? It is about mental health; can follow up and get more information.

Is there anything we wouldn't accept? Something that would change AV maybe.

Do we need Arkansas to submit the PDF request form for changes? Yes.

Action Item: Cara and Donna to diagnose which issues called out by the SO (like Utah Select Health) need follow-up.

Correction schedule, including timing and clarification of LMI activities this week (and file needed back)-

The LMI extract begins tonight, yes? Yes, it is scheduled tonight. Carlos will resend the schedule for tonight.

This resubmission (HIOS and SERFF) will wipe out all certification/suppression statuses in the universe, so we will need to get OIS a file with new statuses for everyone, yes? Yes, if an issuer resubmits a template with just one plan change, it changes all the plans for the issuer, so it is good practice to have a full file.

Action Item: Elijah to take the need to generate a new suppression list back to DFC.

Change request format for moving data from QHP prod to E&E (ME Co-op example)-
Request from Doug P working with Zach.

Anytime we need to suppress or change something that would move data from QHP prod to E&E prod, what information do we need to give to Carlos? A specific description of the issuer, plan ID, date by when it needs to occur, what specific data (URRT if it is Doug P).

For example, EHB percent of premium may change for some plans; it can't just change in QHP prod; it has to happen in E&E, so need to provide the right information.

Withdrawn issuers/plans in Plan Compare- It seems like we have Delta Dental seeing plans they thought were suppressed in Plan Compare. We agree with them that they need to be suppressed; we cannot independently confirm if they are suppressed or not and we do not know if the problem is wide-spread.

Lisa Ann got into IMP1A and tested for a scenario that should bring up the plan, and it does not come up. All their plans have very similar names; maybe their information from the agent broker is incorrect. Lisa Ann has not been in production to look.

Is the best way to handle this for Lisa Ann to call the issuer and share what she saw, and then share what the issuer saw? Lisa Ann is happy to speak with the issuer, but we need screenshots generally when this happens. Starr has requested a screenshot, but they have not provided one.

The issuer registered the concern? Yes.

Carlos says that the email from the issuer does not share where they specifically saw it; they just asked us to confirm that it is not showing on healthcare.gov. We don't know where they are looking; IMP1A vs. Plan Compare vs. the Landscape can provide 3 different results.

Today, the issuer indicated a consumer saw it- could have seen it on Landscape or Plan Compare.

Answer: Carlos ran a suppression/certification report and both plans are marked as suppressed.

MetLife Issue- Dora from MetLife called Lourdes and said that she had entered some of the Partnership states data into HIOS. She said that when she spoke with Starr that Starr told her to submit their Partnership data into HIOS; however, that sounds unlikely.

Starr asked her why she thought Georgia was a Partnership state. She had 6 states and should have only put GA in HIOS but put them all in there.

Dora was going to get all of the stuff in the right way by noon hopefully. But, now we have Partnership data submitted directly into HIOS.

It sounds like they submitted it in SERFF as well now.

Action Item: Starr to call back Dora from MetLife to explain the HIOS vs. SERFF issue.

Other

Certification lessons learned (see attachment)- Discussed in PM one-on-one.

Contacting issuers on direct enrollment numbers- Mike reached out to 3 issuers. The question Jim is asking is that there will be a fix to direct enrollment in the near future. There is a worry that when we announce it is fixed, there will be a crush of business on the system. Hypothesis: There will be a crush on the system, and we should consider staggering people coming in. Mike is asking for Lourdes or Beth to get a feel for the kind of queue a major issuer would have to put in the system in the first few hours and the first 72 hours.

Action Item: Lourdes to do a reach-out to measure the size of the queue that a major issuer would have going into the system in the first few hours and first 72 hours after direct enrollment opens.

Bariatric surgery changes update- The idea is that we already told issuers that they could change to not covered. Those who intended to do that let us know that they were going to do that; we are putting out a notice for issuers in OK about what is offered in the benchmark, but we have to run it by the benchmark first.

Putting a letter together this week that will clarify what is covered and what is not.

Next Step: Need to identify any enrollees in plans where this changed and how to notify per the premium discrepancy process.

In addition to Oklahoma, Humana GA, Maine Co-Op, are there any other enrollees in plans due to a rate change, suppression, substantive change on the website? If not, we are going to package it up and send it to Monique so that they can run enrollment data on those plans.

Filename: QHP War Room Notes 10.16.13.docx

QHP War Room 10.16.13

Action Items

- Elijah to reach out to OIS/CGI about the suppression process and getting the Plan Certification report weekly.
- Elijah to send around note to EPOG about reporting to DFC for the data clean-up tracker and what items are needed.

Takeaways

- SERFF will be open from 4pm-8pm EST tonight.
- An issuer who was suppressed made an error while making changes during the data correction window- do we unsuppress their fixed plans or wait until all are corrected?
- DFC will be tracking data clean-up issues for EPOG.
- Donna is working to address data correction window stragglers.
- States with the MetLife issue need to resubmit their whole binders.

Technical Issues

SERFF transfer re-opening next-steps- SERFF will be open from 4pm-8pm EST tonight.

Suppression file timing (Cara)- For the suppression list this weekend, we have a unique activity- those who were previously suppressed due to data errors had the ability to resubmit and get themselves unsuppressed.

Elijah and Cara have been working with LMI and DFC to identify who resubmitted and if their resubmission solved the problem. The suppression file is supposed to go to CGI on Thursday at noon, but it may not be ready. There is not a detailed report for those who submitted on SERFF yet. No information on issuers who resubmitted between 3:30pm and midnight yesterday.

We have a good process for determining if an issuer should be suppressed/unsuppressed, but it won't be ready by noon tomorrow.

Proposal: Skip the draft on Thursday and just send it on Friday morning and work through issues on Friday day.

Can we write a message to Pam/Carlos about this process? Yes.

Action Item: Elijah to reach out to OIS/CGI about the suppression process and getting the Plan Certification report weekly.

DFC's reviews of suppressed issuers' changes- Some issuers have fixed the problem, but at least one didn't fix it and created a new error when they tried to fix it (Group Health Cooperative- rating area and service area mis-match was the previous error- they fixed 3 out of 4 but they had a typo in the 4th which means they don't have rates in rating area 7).

So, what does that mean? We had suppressed this plan; we can leave it suppressed.

Does it only exist in rating area 7 or do other areas have a rate now? We could unsuppress in the other rating areas and keep 7 until next time.

What about rating area 6 (where they accidentally put rates for 7)? Unclear because they aren't in 6.

DFC data clean-up tracker- *How are we tracking these one-off issues? DFC is starting a tracker for data clean-up. A War Room person should highlight things that need to go to DFC.*

Make sure everyone in EPOG knows about the DFC clean-up tracker- and what information needs to be sent.

Action Item: Elijah to send around note to EPOG about reporting to DFC for the data clean-up tracker and what items are needed.

Other

Change request stragglers- Donna has tickets in her JIRA queue that still need to be dealt with after the data correction window. Donna has a tracker of these items.

3 different kinds of issues are identified:

- 1) In one case, the issuer swapped the names of two of their plans; they are saying this is making their rates incorrect because enrollees are coming into one plan with a name and set of benefits that is different from how it is in their system.

Decision: Find out how the issuer is handling the discrepancy from their side before deciding next steps.

Could we expect them to make the change on the issuer side? It would be a big change for them and the name might be affected by the benefits (one of the names has the word "value" in it).

- 2) For tickets that lack clarity around their resolution, LMI will be instructed to look at identified plans and see if any changes were made; PM leadership will discuss any changes that have been made as a next step.
- 3) For new tickets: Do we respond back and say to resubmit in the next window, or hold the tickets?

Decision: We can answer them saying that we have the ticket and it will be addressed in the next window.

MN Service Area change- SBM state issue. No action from PM.

SERFF issues- Michigan and Virginia are waiting for more information from us about what to transfer- the whole binder or just the plans on our list?

Does the binder make it take longer than just a few plans? Unclear.

Are we certain that MetLife made changes in their binder? Lourdes spoke with them and called them back to confirm their changes, but she hasn't heard back from them. We think that they have taken care

of. If states transfer without them, we wouldn't have their network ID. For those states, we would need the whole binder.

Decision: For states with the MetLife issue, they need to submit the whole binder.

Are we opening SERFF today? Yes, from 4pm-8pm EST.

Virginia told Amanda that SERFF transfer would be at 3-6pm; Beth clarified with NAIC that those times are not set, but this communication occurred.

Filename: CCIIO Wide War Room Notes
10.16.13.docx

CCIIO Wide War Room Notes 10.16.13

Action Items

- **Jack** to forward the 5:30 invite to Jeff, Alissa, and Mike.
- **XOC Helpdesk issues** need to get to Alissa so that she can reach out to Kirk to work on their resolution.
- **Ann and Aaron** to touch base on the CMCS webinar. If Karen Mercer and Melissa Sanders can work with the CMCS issue, that would be helpful.

Takeaways

- There will be a **5:30 call regarding technical issue ID and resolution**, including enrollment issues.
- **XOC helpdesk issues aren't being solved**, and Alissa is going to handle the reach-out.
- **More paper applications** are coming in, including **500 SHOP applications**; troubleshooting to **help Serco to be able to access the system better** is occurring, including CCIIO staff visits to Serco in Herndon and a Richmond call center.
- **The metrics are still being improved**; most of the issues are on the FFM side. Upcoming webinar on the topic **with CMCS**.
- The data correction window is closed; **some OPM plans were over-written**, and PM is working with OIS and OPM to fix the issue today.
- **SHOP system testing results show progress** towards the 11/1 go-live date.
- There is a **10:30 meeting about how agent-brokers can gain better access** to the system in order to register more folks.

E&E

Eligibility Tech Check-in- Set up testing last night because the development team has some small, but significant, items to check-in for the next build.

Waiting to hear from the CGI data clean-up team about how it is going and how they are structuring their efforts.

In addition to testing, hoping that CGI fixes issues from Day 2 problem and gets it into deployment as quickly as possible.

Working on the rating engine performance issue where folks got an APTC of 0.

Enrollment Tech Check-in- Direct enrollment, agent-broker, and outbound 834 issues will be on a Dan Miller call today. These all relate to a problem on the payload side- Devon has put out a consolidated list of 834 issues.

There is a 5:30-6:30 call today run by Henry presumably about issue ID and resolution and enrollment is a major item on there. We have to put business requirement items in writing this week for Jim.

Action Item: Jack to forward the 5:30 invite to Jeff, Alissa, and Mike.

Raj is out today and tomorrow.

XOC Helpdesk- A number of issues are outstanding, and we aren't getting response on them.

Action Item: XOC Helpdesk issues need to get to Alissa so that she can reach out to Kirk to work on their resolution.

Paper Application/Serco Update- 1800 employees on-board, 3800 by December.

Arkansas has a go-live date on Monday, then two other locations will be opening.

3000 paper aps in house; 5500 envelopes. Large delta between the envelopes and paper aps.

About 500 SHOP employer aps → work to do with the SHOP team to revise the work plan and track to the SHOP build.

81 applications have been successfully entered. They will be collecting the IDs to troubleshoot.

3 pronged approach to troubleshoot issues:

- Remedy use
- Escalation path for urgent Serco issues
- EFT set up between call center and Serco

Still working with Serco to get federal worker access to application data.

Next week, we will have folks in Reston (Jackie) at Serco to see queue, interfaces, and test applications to get a better view of what is going on there.

CGI and CCIIO folks going to call center in Richmond to troubleshoot issues.

Metrics- Troubleshooting still. We exchanged numbers with CGI to see where we are with the operation system on the FFM side- the HUB side is not having as many problems.

Incremental progress is occurring; marrying logic that CACI is using to come up with counts with the operational system. It will be a good tool once we have it worked out.

Action Item: Ann and Aaron to touch base on the CMCS webinar. If Karen Mercer and Melissa Sanders can work with the CMCS issue, that would be helpful.

CMCS is looking at the data for certain agreed upon reasons around state Medicaid.

PM

Data correction window- Closed yesterday; HIOS at noon, SERFF at midnight. Some OPM plans were overwritten- working with OIS and OPM to work on them. Last minute request from South Dakota that we had to reject until next time. LMI is getting the extract and will review to make sure all corrections made were approved. On track for the 23rd if there are no serious data issues.

SHOP

System Update- Last night, call center made it into the Test 2 environment, which is a good sign moving into Test 1. We should be ready for go-live on 11/1. We are seeing a walk-through of the Employer application today; the Test 1 environment is unstable, but walking through with issuers on Thursday or Friday, hoping for it to stabilize. Internal UAT testing on Friday.

Agent-Brokers

Agent-Brokers- We are meeting with OIS at 10:30 to talk about issues we are seeing with agent-brokers which are limiting their participation in the Exchange. Devon, Mike, enrollment folks, and Booz Allen rep will be in attendance.

Filename: CCIIO Wide War Room Notes
10.17.13.docx

CCIO Wide War Room Notes 10.17.13

Action Items

- **Tony** to send out more information about emailing defects and getting them in the queue.
- **Ann** to set up a meeting with Oracle including Jeff and Bridget.

Takeaways

- Jackie is in Richmond today working at the call center with CGI and Serco; this collaboration will allow CGI and CCIO to **link front-end and user problems with the back-end issues** that they are more familiar with.
- Meeting yesterday with Henry covered needed changes for **direct enrollment, agent-broker access, and 834s**. It provided a level-set for all, as well as conversation about the nature of 834 issues (issues directly with the 834 vs. downstream implications).
- Tony shared a **new path to report data issues, including defects**, including placing them in a specific Remedy queue, as well as being emailed to an address. He will be sending out the details.
- The **data correction window has closed** and all submissions are in. The changes are now being reviewed and prepared to move to the Plan Compare prod.
- **SHOP has a progress update today** with issuers and a walkthrough early next week.
- Paul is meeting with CGI today to come up with a **cohesive plan for reporting data issues**. Natalie, Jack, and Ben will be representing their respective groups during this process.

Eligibility

Jackie is in Richmond- Today at the call center working with CGI and Serco to troubleshoot the portal that all use to apply. They are also working on improving Serco's reporting methods.

Ben's Report-Out- There are many builds going on, but not that many are directly related to eligibility. A report should be coming out on the progress of the builds soon.

Folks working on the builds are interested in the work being done in Richmond because it is the first chance CGI has to see the instability in the front-end. The experience at Richmond will be used to connect the front-end view with the back-end view from a CGI perspective.

The business side has a lot of questions about what is on the schedule to happen when and what impact that might have.

Report-Out on Yesterday's Meeting- Regarding the needed changes for direct enrollment, agent-broker access, 834s.

They discussed 34 different issues: 9 are in testing, 17 need additional research, 7 are solved or duplicates.

The meeting was productive because it was a level-set for everyone.

There was a lot of productive conversation about if the 834 issues come from the 834 itself or the results of upstream functionality. One that is blamed on 834s- effective date 12/31/14.

Different priority levels were established for issues- 834s are priority 1B or priority 2. Waiting on a deployment schedule to see what will be tested and fixed. Jack will be on PM issuer call.

We did raise up the side by side problem that agents had been reporting and now OIS knows about it- Dan Miller says it is on the schedule for the 10/20 fix.

CICs and Navigators are having the same problem- will it be fixed for all? Likely impact all the sister types equally.

Tickets are coming in different ways and some are not coming in properly. If you heard of a problem, send it through cms_phepshelpdesk (sp?). If they don't see it in Remedy, they don't think it exists. If it is a data quality issue, make the subject: DQI (your problem). Better to send the email than to not.

Is there a way for the system to see CMS emails and bump them to the top of the queue? If it is coming from CCIIO, it will be entered in Remedy and also copied to some OIS folks. More will be in Tony's email.

Action Item: Tony to send out more information about emailing defects and getting them in the queue.

Carlos will be on the PM issuer call today.

Pete raised overnight some issues from eHealth, so if there is another meeting today with Dan Miller, that might be a good topic.

Ann- Trouble-shooting MIDAS issues- Meeting with CACI folks today; we're starting webinars with CCIIO folks about MIDAS to learn about how to grow the system. That way, folks can contribute ideas about what might be added to it. Working with Jack on reports to have CGI run in the interim before MIDAS can run reports.

Action Item: Ann to set up a meeting with Oracle including Jeff and Bridget.

PM

Data Correction Window- Final SERFF transfer last night to correct MSP errors from 4-8pm and all corrections were made. We have restored the old data from the dental issuer who put their data in HIOS instead of SERFF. We believe we are done with the correction window, so now we are doing the week of clean-up and transfer to Plan Compare.

Interim Account Management Transfer- Can transfer the line we set up for account management over to the account managers now that they are back.

SHOP

Call today with issuers outlining testing approach and doing a walk-through of the demo early next week.

FM

Henry call- The other meeting from yesterday was a call with Henry and most of OIS management to talk about data issues.

Paul was coming up with a centralized approach to this, and CGI and QSSI were already working on some of their solutions, coordination issues between eligibility and enrollment, PM clean-up issues.

Today, Paul is meeting with CGI to produce a more cohesive management approach to data issues. Identify PM person if you need one on the call.

This may fall into the category of, if OIS doesn't have a ticket for it, they don't know about it.

Is the pheps (sp?) inbox specific to defects? There are data problems and defects. Sometimes the system works fine, but the plan should never be offered and people enroll-which is a data problem. But we would still need OIS to have a data clean-up strategy from that. Tickets being entered for the activities associated.

If there is a downstream problem, is there an accompanying data ticket?

PM can have Natalie work on tickets. OIS management structure is talking about the structure and then CCIIO has a role in it. Meeting this evening that Natalie, Jack, and Ben.

The data team will take on the challenge of reviewing the inventory and coming up with a process. We need to go through things rigorously and make sure that everything is documented.

Prod defect list- even closed defects need to be evaluated for whether or not they caused a data problem. Need to get ahead on this topic.

Filename: QHP War Room Notes 10.17.13.docx

QHP War Room Notes 10.17.13

Action Items

- **Beth** to set up a discussion around account managers and how to deal with technical and other issues.
- **Carlos** to send updated timeline for suppression/changes to everyone (especially Devon) ASAP so that **Devon** can provide it to leadership by COB.
- **Carlos** to add the extract to LMI for the landscape to his timeline.
- **Amanda** to work with Virginia on language around bariatric surgery for the landscape.
- **Dennis** will take the “guidance to states on rate changes” decision back to OG colleagues.
- **Starr, Brian, and Daryl** to speak with Meritus to work on problem ID and work on a technical diagnosis.
- **Lourdes** and the account manager will call TX. **Rochel** will connect with the appropriate account manager and set them up with Lourdes.

Takeaways

- PM will provide OIS with **the final suppression file by COB Friday** and a new timeline is in the works for the data correction window wrap-up.
- **Anonymous shopper prioritization** is being escalated.
- **Account management is transitioning** from the temporary helpline to the account managers, and the temporary line will be closed on Monday.
- OG will consider next steps for possible **guidance to the states on rate changes**.
- The **Meritus call** will **focus on problem identification** and technical support.

OIS

Timing of status/suppression call- PM owes OIS final suppression file by COB Friday.

Are there changes to the timeline after that on the path to the 23rd? OIS is trying to hold for the delivery of the suppression file to get it in over the weekend. Carlos is going to update the timeline and share it out. Devon needs a timeline for leadership by COB.

Action Item: Carlos to send updated timeline for suppression/changes to everyone (especially Devon) ASAP so that Devon can provide it to leadership by COB.

Will we be able to get the data to LMI in time for them to create the landscape? There will be a PUF file created and then an extract to LMI so that they can create the landscape. They will have the information before anyone else.

Action Item: Carlos to add the extract to LMI for the landscape to his timeline.

Note for Amanda on Landscape: Can we annotate the landscape file about bariatric surgery in VA to explain high premiums? We would have to get language from the state first. We would have to put it in the instructions, not the landscape itself.

Action Item: Amanda to work with Virginia on language around bariatric surgery for the landscape.

Timing of next window (anonymous shopper?)- Anonymous shopper issues have been escalated to leadership and a one-pager has been developed around it for CCHIO and OIS senior leadership to be sent this evening. It is already in the prioritization to Jim of OIS/CGI needs.

Two paths forward: one if we get it and one if we do not, with regard to the timing of the next window.

Note: SHOP issues might be a reason to start a new change window.

Other

Account management- The line that has been serving as a temporary account management solution will be brought down on Monday as account managers are back. We are coordinating reporting from the temporary line to account managers. There will be a message on the line after Monday to contact your account manager.

What happens if account manager has issue that needs to go elsewhere (like a technical question)? May send to SMEs or helpdesk. In practice, we should work on having technical issues go to the helpdesk to get in Remedy.

The instruction that account managers have is to send technical issues to the helpdesk.

Action Item: Beth to set up a discussion around account managers and how to deal with technical and other issues.

JIRA Tickets follow-up- Donna provides an overview.

The name issue (two plans with name swaps) was corrected by the issuer.

For TX, we will have the account manager set up the call and message that there will be another window for changes.

Action Item: Lourdes and the account manager will call TX. Rochel will connect with the appropriate account manager and set them up with Lourdes.

What can we do in the future with this process to improve it or what did we do well? We asked them to reach back out if they didn't hear from us by a specific date, which was something we did well.

WLP tickets- WellPoint has hundreds of tickets from data change windows. Many tickets said that there were issues with plans in Plan Preview, so they wanted to reserve right to bring up issues if they see them in the future. Aetna has said something similar.

Guidance to States on rate changes- A few data change tickets are coming in about URRT and rate changes. Both have been requested by the state.

Can we indicate in some way to states that we are not accepting rate changes anymore for QHPs?

Educate the states that this is not the easiest path practically speaking and raises questions about guaranteed availability. This has been solved in the past by Doug P calling states and educating them about the way the market rules limit these kinds of changes.

Should we have a proactive communication so that states understand the implications of this request before they make these requests of issuers? Remember this when we talk to states about Year 2.

Decision: OG will consider what to do moving forward.

Action Item: Dennis will take the “guidance to states on rate changes” decision back to OG colleagues.

Meritus call today-

How did we get here? We knew they needed to be making changes, and we didn’t see changes, so we called them. They were making changes in Arbus. Lisa Ann worked with them directly and encouraged them to make a request for changes. They didn’t get their state approval to us right away, but then we got it. We found out they didn’t submit the rate table properly, but now unsure.

Now the issue is not fixing an identified problem, but identifying the problem from a technical perspective.

Options:

- We can cancel the call and ask for screenshots through the helpdesk.
- We can make the call with Daryl and Brian since they are available (if Carlos approves).
- We can make the call to recognize the problem but say we need to follow up later with technical support.

Should we use the call for diagnosis? The issuer hasn’t seen the problem; they were only told about it, and the testing environment is down for Lisa Ann to check it. We don’t know how much information we have for the diagnosis. Lisa Ann can get more information and then make a request.

Decision: Get on the phone with them with Brian and Daryl with Starr as the lead to kick it off and see how far we get into diagnosis.

Action Item: Starr, Brian, and Daryl to speak with Meritus to work on problem ID and work on a technical diagnosis.

LMI 0000434

Filename: CCIIO Wide War Room Notes
10.18.13.docx

CCIIO Wide War Room Notes 10.18.13

Action Items

- Raj, Jeff and Jack to chat offline.
- Raj, Alissa, Mike and Dean to talk SHOP on Monday.

Takeaways

- The call center visit in Richmond was successful and Jackie, Serco, and CGI were able to identify and record issues on-site.
- The Dan Miller call with issuers identified 3 new transaction issues.
- Next Tuesday's War Room will include a tutorial on the EDI daily dashboard.
- Fixes going into production on Sunday and Wednesday focus on system fixes rather than direct E&E fixes.
- Veterans Affairs identified an issue with VHA verification; because VHA verification wasn't working and was bogging down the system, for now, attestations will be taken and the VHA system will provide verification once it is fixed.
- Starting Monday, SEG will report out on on-the-ground issues and insights from FFM states.
- The MN service area issue was fixed through adding another issuer in the partial counties that only had one plan through coordination between SEG, OG, and the state.

E&E

Call center visit- Jackie went to call center with Serco and CGI to identify where things are going well and where the challenges are. Identified and recorded issues to work back when they return. They looked at paper applications to identify problems and are going to take calls with the sisters to make sure that the forms are being completed properly.

Dan Miller call with issuers- Newly reported transaction issues have surfaced, including:

- Marital status codes- from their perspective, it was new, but we had already identified this. Transactions are going over (husband and wife) both are going over with unmarried as the code, causing issues for issuers.
- Missing county codes from 834s- it is occurring from the issuer perspective when the zip code spans more than one county. This issue is a reoccurring issue that we saw in Plan Preview; thought it was fixed, but may still be happening.
- Improper relationship codes showing up on 834s

A request was made to have a contractor share how to read EDI daily dashboard; they can do it on Tuesday. Is that OK? That's fine.

Can we do it at the end of this War Room? Yes.

Ben's Update- Working on figuring out what will go into production on Sunday and on Wednesday- very little of it is E&E stuff.

There will be testing today and tomorrow for Sunday and testing Monday and Tuesday for Wednesday implementation. While these aren't directly E&E fixes, some will overlap/make it easier to apply.

Veterans Affairs issue- They were timing out in the HUB and responses were being bogged down/long delays getting to states. VHA service is down so MECs can go through; in FFM, we accept attestation that people don't receive assistance from VHA. VHA has production issues to work through; may not be back up until Saturday or Sunday.

This issue should not hold up applications now because we are accepting attestations, rather than waiting for VHA's system to respond.

PM

Suppression/Certification list- is going to OIS today. LMI has been reviewing the data from a new extract yesterday, including MetLife and SPMs that came in later. Hopefully, issues are fixed so that plans can be unsuppressed; Oct. 23rd is still the planned day for changes to go live on Plan Compare.

SEG

FFM side- Melissa leads SOs that lead FFM states. She could provide an update in this meeting about what we are seeing on the ground in FFM states starting on Monday.

SBM side- MN changed the service area of a plan that was serving two partial counties, and there was only one plan serving the other halves of those counties. We allowed the state to have another issuer come in narrowly just to insure those halves. It was successfully pursued, so if you see an issue like this, can draw from SEG/OG experience in MN.

CSG

Assisters online- In some parts of the country, assisters are getting into the system much easier. It is regional – west Texas vs. east Texas having different levels of success.

FM

Action Item: Raj, Jeff and Jack to chat offline.

Is the agent-broker side by side fixed? It is on the list to be fixed over the weekend.

SHOP

Action Item: Raj, Alissa, Mike and Dean to talk SHOP on Monday.

Filename: QHP War Room Notes 10.21.13.docx

QHP War Room Notes 10.21.13

Action Items

- **Everyone** should send future agenda items to Kristy.
- **Pam** to send PM a list of the plans with URRT issues right now – list of 12 issuers.
- **PM** to use list from Pam of URRT issuer issues and compare them to the PM new and old lists.
- **PM** will reach out to Virginia about the Coventry changes and then will connect with Coventry in writing about the issue.
- **DFC** is creating a system of record; if you have data issues, send information to Morgan at DFC so we can track them to resolution.
- **Natalie and Kristy** to come back tomorrow with a method for sending out issuer notes in the future.

Takeaways

- **12 issuers don't have complete URRT statuses** and their rates aren't approved in the system; therefore, they would not calculate APTC accurately. Pam will be sending PM a list of the 12 to see if they all were plans whose suppression status just changed, and PM will handle that reconciliation.
 - o **CCIO/OIS/CGI are looking into the issue**; if it can be resolved today, it should not affect the 23rd go-live date for the data changes, but if it takes longer to resolve, this date will likely be changed.
- **Coventry submitted changes that need to be reviewed with them**; CCIO will contact the state, Virginia, on the phone, and Coventry in writing about the issue.
- **Select Health needs to see changes in IMP1A** and Josh/LMI are looking into their issues further.

OIS

Suppression status, URRT data, and impact on timeline-

Did the origin of this problem come in with the updated status file or was it a pre-existing issue? Pam ran a compare for all the plans that were certified, not suppressed and looked to see if they had valid EHB apportionment amount; this would be an issue because they would not receive APTC if it was not valid.

Two ways this could have happened: were not "certified, not suppressed" before, or they changed their information? Pam checked all of the odd ones against look-ups she ran at the end of September. She thinks these are most likely newly unsuppressed plans.

For a lot of them, they have rate filings with rate increases of 10% or greater and the state has to put in a rate filing determination and they haven't. That happened for about half.

For others, we are the rate reviewers and thought we put in the determination, but making sure with CGI that we did. There are 3 on the list that are marked as deactivated but they show up; sent to Pam to figure out why they are showing up/why they are deactivated.

Is there a time-table by which the rate review for states/us to have been conducted? Wanted states to do it when they were finalizing the risk pool. For us, we did it by July 31st. For states, they tried to do it by July 31st. Could be a CGI data stream problem, but we don't know that for sure.

Action Item: Pam to send PM a list of the plans with URRT issues right now – list of 12 issuers.

What does this mean for our timeline/running the final status file/getting the data migrated over? If we can resolve it today, we can continue to think about the 23rd. If we resolve it today, we would have tomorrow to review the data in IMP1A. If problem resolution goes into tomorrow, need to look at pushing it back.

There are many states involved and that reach out could take a while. If CGI identifies it as a problem on their part, and they can figure out what the states originally marked, that is a different path. If states have go back and review this, it could take some time.

Does this change what the consumer will see? None of these plans are on healthcare.gov now. Nothing will change public-facing wise, but the changed plans could go up later.

Action Item: PM to use list from Pam of URRT issuer issues and compare them to the PM new and old lists.

Other

Follow-up on data corrections and suppression status (Cara, Elijah, Lisa Ann)- Friday afternoon, Lisa Ann sent out a follow-up and Cara sent out an agreement this morning that we should let Coventry know that they didn't submit as requested. Need a plan to contact Coventry.

Coventry- The state is comfortable with the resolution. They have submitted a reduced service area. Coventry will receive a written response regarding their action.

Action Item: PM will reach out to Virginia about the Coventry changes and then will connect with Coventry in writing about the issue.

Do we need to reach out to the state first? We can reach Virginia first as a heads up that we will be reaching out to the issuer.

Who's making the call to Virginia? Amanda can call and include Dennis or Doug P if she wants.

Broward County- The Broward service area template issue was decided in the big War Room. It was decided that they could limit their service area.

FL Combined Life Insurance Company- Hadn't responded at all, but then they withdrew, so no action.

Are there any enrollees in this plan? It has been suppressed for a while.

Update on Select Health/other issuers on watch list- They may not be displaying; could be caused by submitting multiple plans and benefits and rates templates. There was an ask for us to see their information, and we couldn't see it. Josh was looking into it with LMI. All we can tell is that they did changed some items; one of those things would make a difference about whether or

not their rates would appear. Disagreement between two templates that would make them not appear. Without access to Utah, we don't know.

Action Item: DFC is creating a system of record; if you have data issues, send information to Morgan at DFC so we can track them to resolution.

Takeaway: We have evidence that the changes were received, but Select Health will need to test for them in IMP1A, maybe today.

Select Health told Katherine that they used to be able to see IMP1A, but now they can't.

When is the data refresh in IMP1A? Holding off until there is clarity on the URRs.

Note: They may have changed their rating area now.

As we start reviewing changes and we need to send issuers notes about their actions, Kristy will be the connector to make sure those notes are written.

Action Item: Natalie and Kristy to come back tomorrow with a method for sending out issuer notes in the future.

Meeting times for feedback from Trades- Beth has a call with AHIP today and BCBS tomorrow. Can share "things we are considering include..." Need items now as priorities, and feedback reaching back to the issuers can be a part of the regular PRA comment process.

Filename: CCIIO Wide War Room Notes 10.21.13
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CCIIO Wide War Room Notes 10.21.13

Action Items

- **Beth** to invite Milan and Michael to the QHP War Room today to talk about URRT issues.
- **CSG** needs to update SEG on the Navigators' possible switch to paper applications after that decision is confirmed.

Takeaways

- Regarding the data correction window, **a dozen issuers have URRT issues** that would lead to APTC issues; PM will work on this topic with OIS during their QHP War Room.
- **No outbound 834s have went out since Thursday**; they were being held to prevent errors as changes were made over the weekend to the system and should be send out Monday night. Issuers have been informed of this process via email.
- Tomorrow's CCIIO Wide War Room will include **a tutorial on using the EDI dashboard**.
- There is **an issuer call today** from 12-2pm.
- The **VHA service is back up** and working appropriately.
- CSG received instruction that **Navigators are to complete paper applications** going forward. This instruction will be verified today, and as soon as it is verified, **SEG needs to know the outcome**, as states have asked questions about this topic.

PM

Data Correction Window Update- Data file sent to OIS on Friday with the statuses of all issuers that were overwritten with data correction window. A dozen issuers having issues with URRT that would cause APTC issues- that is a work in progress.

Aiming for an update to the data on the consumer-facing portal on the 23rd, but could be impacted by URRT issues.

A dozen plans have something missing in their URRT that is creating an issue. This impacts a dozen different issuers- unsure about how many plans it impacts.

Have Milan and Michael been engaged on this issue? Will invite them to the QHP War Room and flag it.

Action Item: Beth to invite Milan and Michael to the QHP War Room today to talk about URRT issues.

There is no update on the timeline for implementing these changes yet because of the URRT issues.

No update on the verification/certification portion of the data correction process.

E&E

Serco- They had over 3,000 applications submitted by the end of last week in paper form.

They can only get through the paper applications and can't get into the online system, correct?
Some have been able to get through; others cannot. Others still have issues with the paper ap and have to go back and request more information, so they are not there yet.

834s- No 834s have went out since Thursday night. Communications have went out from the CMS issuer communications email address to notify them that Friday 834s would go out over the weekend; then, they were informed that they would be tallied up for Monday night (tonight). They are trying to avoid replicating errors as fixes were going in over the weekend.

Dashboard- Received one on Saturday evening reflecting inbound activity. Tomorrow, there will be a presentation during the CCIIO Wide War Room on using the EDI Dashboard.

Today's Issuer Call- 12-2pm issuer call today. Dean will talk about a rating/premium issue to lead off; Jim will follow up on comments on the enrollment manual. Then, it is Q&A.

Do we have OIS representation at this one? Mary Kay and Mike typically attend.

If there are questions about stopping the outbound 834s, what are we telling them? If OIS there, they will share that information. Issuers have been receiving updates via email. Regarding why they are held up, if we don't have OIS on the line, we will say we will follow-up with a definitive answer.

VHA service- Taken down last week because it was creating delays, but it was put back up Saturday night and hasn't had any issues yet.

CSG

Navigators- Per Jim's request, we are to instruct Navigators to use paper applications rather than go through the call center. Need to make sure that paper aps are completed accurately to limit the work Serco has to do to follow up on inadequate information.

Confirm at the Jim/Gary meeting this morning.

Amanda would like an update on the outcome of this meeting, so that she can inform Idaho.

HRSA Question- *HRSA says that when the premium displays, it is only one set of figures, and they don't know if it is before or after APTC?* If there is only one figure, there is no APTC. If there are two figures, one is with APTC and one is the original.

If the person thinks they should have APTC, there may be glitches that are not providing APTC, so it doesn't necessarily mean they don't get it.

If provided the info, we can spot-check if we have application IDs to see if the person requested financial assistance, and therefore, whether or not they should have seen the message.

SEG

Action Item: CSG needs to update SEG on the Navigators' possible switch to paper applications after that decision is confirmed.

Agent-Broker

Agent-Broker incident- Agent reported getting eligibility information for someone who wasn't his customer. Working with OIS to look at it.

Has this been reported formally? Yes, through OIS channels.

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CCIIO Wide War Room 10.22.13

Action Items

- An empty version of the prioritization exercise sheet will be shared with the group.

Takeaways

- The **URRT issue** is caused by states not approving some rate changes that were greater than 10%; dependencies on resolving the URRT issue will likely delay the data refresh.
- There will be a **production deployment tonight**; it may include E&E features like the Medicare/Medicaid check, employer sponsored coverage fix, and the naturalized citizen fix.
- **Connecticut has seen new VHA issues**; trying to see if they are limited to CT or affect many states.
- The **SHOP demo that was scheduled for today will be rescheduled** as external users cannot get into the test environment yet.
- **Most of the 834s went out last night** that had been held since Thursday; some cancelations from Friday are being held.

PM

URRT issue- Humana had rate increases of greater than 10% and the state has to approve such increases, but in some cases, they didn't.

Because of the URRT issue, it is unlikely that the system refresh will happen on the 23rd; we might start looking at the 24th. There are 5 plans left to clear. Suppressing some of these plans could impact 2nd lowest cost silver and APTC. These are not new plans; they are plans that previously were suppressed.

E&E

Ben's Update- There is testing and a production deployment tonight. Usually, Test 2 happens on Monday, and IMP1A happens on Tuesdays, but today, the process is being carried out from Test 2 through production deployment all in one day.

It is unclear the exact contents of this build, but the other is that there are eligibility items in it, including the Medicare/Medicaid match, which denies folks who apply and have Medicaid/Medicare, the employer sponsored coverage data fix, and the naturalized citizen fix.

CGI team undertaking data analysis of the application and eligibility irregularities occurring as a part of the system load issues. Getting counts and getting the fix plan organized.

CGI application change functions design- we got it yesterday.

There are fixes coming over from OC about eligibility. Have you seen them? Most of what it is comes from the call center- technically eligibility defects but more like application issues. Not trying to take leadership or prioritize them. *Application issues means?* Clicked on a page and it was blank; OC items. No ownership here.

Jackie's Update- 1300 paper applications submitted as of yesterday out of about 4000 received. Of the number that we are not holding, we are getting about 50% into the online system. Outbound calling is starting today.

Outbound calling is for what purpose? Those that were not key-able that are missing some information.

VHA issues- CT said they were seeing some errors come over. Had calls with Veterans Affairs and CT to start looking into if it is just CT or all states. Haven't heard anything to suggest it is all states, but if it is, would likely have to take it down again.

SHOP

SHOP landing page- Nailing it down so Serco can put fillable PDFs into the online system when it is ready. Test 1 has internal access, but external partners cannot access that environment. Our call center folks can't access Test 1 and neither can issuers. We can't do a demo that was scheduled for today because of this, and no internal or external testing for SHOP application.

What's the messaging on the demo that is not happening today?

Tech

QSSI- They are going to talk with us about the EDI dashboard later in this meeting. Allow us to get a feeling for the Health Beat tool.

834s- The CMS issuer coms email sent out a message that the 834s that haven't went out since Thursday went out last night; however, there are some cancelation transactions from Friday that are being held back.

Data pulls- CMCS needs it and AHRQ needs it and others will need it.

Modified system of record notice will be published as well. Important for the registry to be shared with Navigators and states.

CSG

People are reporting that they have got through and done some applications- information is from Navigators and assisters.

Raj Update-

The prioritization exercise is due to OIS by 2:30. CCB starts today; meeting will be focused on prioritizing this list and moving it towards Jim. If there are things that OC, OIS, CMCS, CCIIO don't agree on, will be talked about. This is a defect list and most of them are E&E.

Centralizing a process for reporting defects and changes, that would be helpful.

Is this just about Year 1 fixes or also Year 2? It can be both- there is a place to mark when you need it by.

Action Item: An empty version of the prioritization exercise sheet will be shared with the group.

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QHP War Room Notes 10.22.13

Action Items

- **Lourdes and Lisa Ann** to talk about second lowest cost silver analysis for the URRT issue.
- **Ask LMI** to run a report to see if any of the 12 URRT issue plans are second lowest cost silver plans.
- **Natalie** to lead development of an options paper for leadership with **E&E** support about the implications of increased or decreased APTCs as an outcome of data changes. **Cara** and an **E&E** person to serve as SMEs.
- **Lourdes, Mike, and Alissa** need to approve Virginia bariatric language and respond to Amanda.

Takeaways

- **URRT problem exists for some plans that are already on the Exchange and potential enrollees need to be identified.**
 - o States need to finalize reviews for **6 issuers**, and FM needs to run an analysis as well.
 - o For these reasons, it is likely that the **system refresh may be delayed until 10/27**.
 - o Regarding the URRT issue, the impact on **second lowest cost silver** needs to be determined, as well as the impact on **any enrollees**.
- LMI and Cara have started the process of sampling to perform **due diligence on data correction window changes**.
- The AHIP discussion led to an interesting point: **do we expect issuers to fully resubmit in Year 2** if we change the templates significantly from Year 1.

OIS

Status of open URRTs (OIS and Dennis)- There were 12 or 13 URRT's that were not in final status. 3 were changed the other day; 3 others were submissions that were deactivated and were replaced. We are down to 6 where there are rate filings on the submissions that have rate increases subject to review by the states. States have to have final review to get them into final status. We are in contact with the states to get them through this process.

It appears that it is not a substantive issue for states at this point; just get into the system and make the change? Yes, Dennis has reach 3 of the states so far. They have reviewed the filings, they just have to load their determinations into HIOS and make it a review complete status.

From a process perspective, how did we only recently become aware of this? Pam checked on this before October 1st. We hoped that something changed; that they were there before and were not there now. But, that's not what happened. There was a gap in the V-look-up and these were missed. There were a few we could figure out and cross of the list, but the rest have to be addressed. Because they didn't have data before, they are up on Plan Compare and don't have data, so we need to ID enrollees and see what the implications are.

So, the due diligence was built into a CGI validation but the validation missed it? This is a cross-check that needed to be done and was probably going to be a validation in the system, but was not built. Pam was on top of things and doing the checks manually.

One of the things we lost early on was the URRT QHP templates cross-validation, so we do remember that loss.

I thought you said yesterday that these plans were not on healthcare.gov? We had an action item to verify that was the case, and we found out they are actually on the Exchange right now.

If these plans are on the exchange and they are not changing in a substantive way, how does it affect FM? The problem is that PM might go through several more rounds of data changes or un-suppressing suppressed issues, we never ran the calculation for the suppressed plans. We only ran it for those who were certified and on the Exchange. If we run it again, we will have it with the plans that are available. Only ran for the plans that were certified, not those that were suppressed. While these plans were never suppressed, in the future you might have some that are going to be un-suppressed, and then we would need to re-run it anyway.

Is this related to the 0 APTC problem? In September, that problem was due to incomplete URRT like this. It might not be a defect; it could be a data issue.

Why don't we have to recalculate second lowest silver? How do we think about those who would have lower or higher APTCs after changes.

Decision: We need to know if any of these 13 plans are second lowest cost silver plans because then every enrollee in the service area of those plans needs to have assist. Need a run of all the services areas of the plans with the 0 EHB and all the enrollees.

Action Item: Lourdes and Lisa Ann to talk about second lowest cost silver analysis for the URRT issue.

Action Item: Ask LMI to run a report to see if any of the 12 URRT issue plans are second lowest cost silver plans.

Action Item: Natalie to lead development of an options paper for leadership about the implications of increased or decreased APTCs as an outcome of data changes. Cara and an E&E person to serve as SMEs. Include triage and working with enrollees. It will be kicked to the data clean-up Tiger Team and work through implications of this issue.

Note: The Premium Discrepancy group might be able to work with this issue as well.

Review of the Timeline from Carlos- Two scenarios: if URRT is complete today, or if URRT is complete tomorrow.

Consensus that preserving testing time is prudent.

Post 10/1 Data Changes

	Original	URRT Complete 10/22	URRT Complete 10/23
Data change ticket submission	Present - 10/6		
CCHO data change review and adjudication (including State's input)	Present - 10/10		
CCHO send notices to issuers	By 10/11		
Change/Correction Submission Window	10/11		
Close HIOS UI	10/14 @ 11:59p		
SERFF Data Transfer	10/15		
SPM Transfers Complete	10/15 @ 5 pm		
OPM Resubmissions (SERFF overwrites)	10/16 @ 5:01 pm		
Data Extract to LMI	10/16 @ 10 pm		
Data Validation/Finalization (includes LMI Analysis & Certification)	10/17-18		
Compare completed revisions w/expected revisions & manage deltas			
Verify EHB Status and EHB % for Individual Market, Medical			
Verify plans are correctly marked (HIOS, SERFF, OPM)			
CCHO provide final file for updating cert/suppress statuses (File received. Need to run update)	10/18 @ 5 pm	10/22	10/23
Data Extract to LMI (ready for 10/20)	10/19 @ 3:30 pm	10/22	10/23
PUF FILE	10/21	10/22	10/23
Final Data moved to E & E Staging for Testing (IMPL1A)	10/21	10/21	10/24
E & E Testing/Suppression Complete	10/21-22	10/21-22	10/24-26
Final Plans Moved from IMPL1A and Displayed on Marketplace	10/23	10/23	10/27

Update on issuers with missing URRT data – see Pam’s table below (Pam/Beth)-

Issuer ID Status

- 62210 Dennis is contacting State DOI to have them enter determinations
- 33709 Submission is in Rate Filing Accepted status (final status)
- 44965 Marked as Review Complete by Dennis
- 48963 Dennis is contacting State DOI to have them enter determinations
- 68303 Dennis is contacting State DOI to have them enter determinations
- 82120 Dennis is contacting State DOI to have them enter determinations
- 35783 Dennis is contacting State DOI to have them enter determinations
- 93332 Dennis is contacting State DOI to have them enter determinations
- 53524 Submission is in Rate Filing Accepted status (final status)
- 44240 Submission is in Rate Filing Accepted status (final status)
- 63141 Marked as Review Complete by Dennis
- 44580 Marked as Review Complete by Dennis

Other

Issuer sample for Change Analysis Part II (Cara)- LMI is on-board to begin doing the due diligence on the data correction window data resubmissions.

Sample of 30 includes: those without tickets who made changes, special issuers, random sample of issuers. Excluded plans with data issues. With approval, will give this list to LMI and ask them to complete this on a rolling basis. If an issuer has a ticket, they will make sure the changes match up. If the issuer has no ticket, they will mark what the changes are and flag anything that triggers re-review.

When will we have the results of this analysis? 1st check-in on Monday; do it as quickly as possible on a rolling basis. A couple of weeks to complete the whole thing.

Adv CSR calculation and complete universe of plans (Milan)- Discussed above; it will be redone for all the plans.

Proposed language from VA re bariatric surgery for inclusion in landscape instructions/user guide (Amanda/Gina/Leigha)- These are drafted from Virginia and modified a little bit. Need clearance to make sure it is OK to add to landscape.

Action Item: Lourdes, Mike, and Alissa need to approve Virginia bariatric language and respond to Amanda.

Virginia draft language (CCIIO edits in blue): As required by Virginia law, plans must make available coverage for the treatment of morbid obesity. Some issuers include this coverage in all their Marketplace plans; others offer it as an optional benefit, normally by rider. For 2014, the Federal marketplace will display complete plans; optional riders are not displayed. Consumers will see plans offered by the same issuer that appear to be the same but have different premiums. This additional coverage may be more costly in some plans due to various reasons, including health care provider arrangements and levels of coverage.

Recap of AHIP call re templates changes and QHP PRA (Beth/Gina)- They had 5 pages of proposed revisions; about half are already on our radar. Need to develop message to respond to items that will not be included in Year 2. Their comments were within what we expected.

Interesting Point: For all of the issuers who already completed templates in Year 1, will those issuers need to submit a new round for Year 2 if we change 75% of the templates. Could we have Year 1 and Year 2 in the system to minimize duplicative work?

BCBSA is tomorrow afternoon.

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Action Items

- **Katherine** to follow up with states who had inquired for updates about when the changes will be available that it is likely going to be next week.
- **Dennis** can reach Mike if he needs support with IL on URRT.
- **Milan** to work with Devon on SBM template validations and who owns the associated state reach-out.
- Put the plans with SADP EHB apportionment discrepancies into the issues tracker.

Takeaways

- Production delays will **push back the data refresh** for the data correction window changes; the next opportunity may be Sunday.
- **Regarding the open URRTs, 3 states still have to make changes**; 2 are in the process of doing so, and one still needs to be reached.
- **FM's CSR reviews are ready for the data migration** to go over with the data correction window refresh; however, they are having **issues with SBM template validations** and will be working with PM on that issue.
- It was found that **some SADP's had EHB greater than the allowed amount**; PM is working with E&E on addressing this issue.
- **A draft response to issuers requesting data changes is pending approval**; once approved, LMI will send it to issuers requesting changes.
- **The Premium Estimation tool** could be used in the future in an Anonymous Shopper-like role.

OIS

Status of production after last night's activities and impact on timeline (OIS) – As far as Carlos knows, we are still on hold until we can close out the open URR issues with the last set of issuers we are waiting on. Focusing on having some movement today. The unrelated fixes didn't go in last night either; those are being worked on tonight.

We still would like to be on the Sunday update. If, because last night's production is produced to today, will that affect the Sunday production- folks are unsure about that at this point. Carlos doesn't foresee this changing.

What about the extract for LMI? Even though we have URRT issues, other changes went through for plans that were suppressed and are not being unsuppressed. LMI didn't get their import today; how would OIS like to move forward? Carlos thinks they should have been receiving the abstracts, but OIS has not updated the certification/suppression statuses that PM provided.

Should we tell states that the changes will likely be implemented next week? Yes, Katherine would be doing it over the phone. For example, Utah Select Health has changes and Utah wants to know about it.

Action Item: Katherine to follow up with states who had inquired for updates about when the changes will be available that it is likely going to be next week.

Updates on contacting state DOIs; open URRTs (Dennis)- Of the six states that need to put the submissions into review complete status, three have done so already. Two are in the process of doing it. Dennis explained to them the time sensitivity of this. Dennis is still trying to get ahold of the last state, Illinois.

What can we do to help with IL? Dennis is working through the SO.

Action Item: Dennis can reach Mike if he needs support with IL on URRT.

Other

Update on adv CSR and data migration (Milan)- We will be fine to join you guys on Saturday for the data migration. The calculation has already been done for all plans. Calculations are done; they just have to be uploaded into the system. It shouldn't be a problem.

Milan is working through the SBM data; states are not responding to fix items, and SERFF has been kind of unresponsive about data they were supposed to send but didn't. Over 100 plans that states said were certified have not been sent to us. Milan is talking to Jeff and Sean today; SBM data might not be part of the migration or it might be replaced in the future with the full set.

Milan will send an email out regarding data validation; it is the same for SBM as the QHP templates. States have approved certain versions of plans that would not pass the template validation. Issuers submitted adult only plans with no child only ID with it; in the template, you have to.

FM can't accept the data as is or going back to the state to tell them to approve the right version. Milan will email Mike and Lourdes to determine who is responsible for requesting those changes; she will include an example to create better understanding.

Action Item: Milan to work with Devon on SBM template validations and who owns the associated state reach-out.

SADP EHB apportionment discrepancies (Jennifer Moon)- Many SADPs had EHB greater than allowed amount. The system will allow EHB to go higher than premium, allowing consumers to get too much APTC. They would like to reach out to the top issuers (\$20+ over premium amount) and then reach out to others to make changes in the next correction window when it occurs.

63 issuers were affected by this, but only 4 have big issues (annualized premiums instead of monthly).

What about for current consumers? Only happens if leftover APTC after you buy your QHP, leftover APTC has to exceed premium amount, and you have to be in one of these plans with errors- very rare that all of these things would happen.

PM is working with E&E on the approach for correcting this issue.

Action Item: Put the plans with SADP EHB apportionment discrepancies into the issues tracker.

What is the mitigation if we don't get another correction window? After the fact review reaching out to consumers and having them change their APTC payment options.

Ideas to fix this for Year 2: threshold cap (\$75), change to percentage on the template rather than an exact amount.

Draft data change email (Katherine Schmidt/Donna) – see proposed language below- Issuer continue to submit requests for data corrections since we said we would likely have a future window. LMI will send this language, once it is approved, to issuers who submit change requests.

Anonymous Shopper update (Mike/OIS)- There continues to be desire to do Anonymous Shopper. It is in the queue behind application fixes, direct enrollment, and Serco needs.

If this is not showing up soon, we need to decide about having another data correction window depending on what issuers can access? This issue has been evolving, but there is a discussion set for tomorrow about improving on the premium estimation tool; getting more about rates and benefits on it. We think that this will be what anonymous shopper is for Year 1. The premium estimation tool has been well-received and a small team is working on it.

This will not get an issuer to all corners of their plan data, but they can look at their data based on common rating scenarios and common benefits. Anonymous Shopper did not account for all relationships, so not different in that way; however, Anonymous Shopper would have had rating bands.

Then, what are we waiting on for the next data correction window? Waiting on this effort, and maybe SHOP testing as well (though may not wait for SHOP). Timeline forthcoming after meeting with OC on the premium estimation tool.

Do we need to be mindful of E&E implications when thinking about having a data correction window soon?

Timeframe for future window: If we aimed for something in November, it would still be useful for consumers, but we would need to start messaging it soon and get the notice out.

Draft Data Change Email Response:

“Thank you for your data change request. This is in response to your ticket []. The recent window for submitting changes to the QHP templates is now closed. This request can be considered during a future correction window. CMS will release guidance on the timing of any future windows soon. Your request included all

required elements to be considered for approval, and will be reviewed during the next correction window. You do not need to resubmit your request. You will receive an email at the beginning of the new correction window with the disposition (approval or disapproval) of your request.

If you have any questions, or additional data change requests, please submit a new ticket.

Thank you, CMS Helpdesk”

Filename: CCIIO Wide War Room Notes
10.23.13.docx

CCIO Wide War Room Notes 10.23.13

Action Items

- **Jeff and Lourdes** to take conversation about FM's role in URRT issue offline.

PM

EHB percent issue- It is looking like because it couldn't be fixed in time for the release last night, and FM needs to recalculate some of the CSR information, the new and resubmitted data will go into the production environment on Sunday.

Action Item: Jeff and Lourdes to take conversation about FM's role offline.

Ben's Update

Production update- Yesterday were supposed to go through Test 2, IMPIA, and prod, but only made it through Test 2. Those deployments have not occurred. Todd said they had a go/no-go meeting, and they delayed the release. Half of the items failed testing; they are targeting tonight at 1am-5am to get fixes in for verification tomorrow morning.

E&E

E&E update- Yesterday, from 3-5pm Dan Miller call with issuers. Some other unconfirmed 834 issues were brought up and Remedy tickets are already in for them. Headed to QSSI today to do some more enrollment management.

Filename: CCIIO Wide War Room Notes
10.24.13.docx

CCIO-Wide War Room Notes 10.24.13

Action Items

- **Beth and Brian** to take the discussion of legal name issues offline.

Takeaways

- Only 2 states with 2 issuers are left to fix the URRT issue by moving affected plans into review complete status; however, the data refresh to implement the data correction window changes will be delayed until the update that is scheduled for this weekend.
- **VHA issue occurring because states are sending forms with the current date as the covered date**, rather than January 1st or after; working with states to make this fix, and FFM doesn't look to be affected.
- **Inconsistency fixes are still being developed**; inconsistency periods start 90 days after application, rather than enrollment.

PM

URRT issue- Ten states have their plans in the correct status; two remain to make the change. Working with those two states to get them into review complete status. Data refresh date is still focused on the 27th. We are waiting on SD and MS- small universe of changes with 2 issuers and 2 states.

Data refresh will likely come up on the Issuer call this afternoon. We accepted data corrections earlier this month, and the change were supposed to be pushed through yesterday; however, the URRT issue has delayed it to possibly this weekend.

What is our plan around messaging this delay? We are targeting this weekend for the changes.

Need to make a determination about if we are going to permit the issuers to change if they are holding it up? They are online and screwing up APTC, so need to fix during this window. We will be holding it up until they are in.

Future change windows: It would be easier to get issuer requests now, so that we would be able to review by the time the window opens. Prepare to put it in front of Jim on Monday.

Legal Names- There are still some unresolved legal names associated with the signed agreements. There have been issues with going back and sending to IRS; all of them are reconcilable manually- let's take it offline and work on it.

Action Item: Beth and Brian to take the discussion of legal name issues offline.

Ben's Update- The fixes that were supposed to go in last night were technical issues; we are unsure if they went in at this point. Production is not available right now.

If you are reporting a defect, make sure the QSSI ACA testing team knows how to test your defect.

VHA- The state or FFM sends a request to see if the requester is eligible based on the covered date of January 1st at the earliest. Many states are sending the current date as the covered date, causing Tricare and VHA to error out. Working with states to change this procedure. FFM is handling it correctly, so not a concern yet.

Dashboard- 800 new enrollments on last night's dashboard. Sent over reporting requirements to OIS yesterday and spent time at QSSI; there will be feedback notes on it later today.

Enrollment manager- The indication right now is that enrollment manager will be in the production environment in mid-November. Caveated with no guarantees. Having about a month between having it available and using it will require a tight time-frame for training; need to develop a timeline to execute everything that is needed based on the dates when it goes into production.

Jackie's Update- Testimony today from several contractors including Serco, QSSI, Equifax.

Stats: 7999 mailed applications for individual, 1400 SHOP applications, 42 appeals, and many pages of supporting documentation. Cannot use supporting documentation until the capabilities are developed.

Inconsistency documentation being sent via mail is not ready to be handled, and when it is fixed, it will still not be an automated process. The fixes so far are only for 4 inconsistencies; it will be a while before we can clear them all.

Are inconsistencies periods 90 days from the application or enrollment? Application. So if you applied early, your period will run out by the end of open enrollment.

Is there, over time, a way of finding out if a Navigator is the source of error? CSG will have those numbers eventually to see which assisters/Navigators are getting folks through and which are not.

CCIIO-Wide War Room Notes 10.24.13

Action Items

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QHP War Room Notes 10.24.13

Action Item

- **Milan and Beth** to talk about adv CSR analysis and extracts.
- **Dennis** to push SD and MS to get URRT changes made ASAP (like the next hour). Any changes not in ASAP will not be put in until Monday/Tuesday.
- **Gina** to follow up with the state to ask about evidence regarding the MI Consumers Mutual issue.

Takeaways

- URRT Production Push Decision: Push everything else on schedule (first thing tomorrow morning for the Saturday night go-live) and then delay MS push until refresh (Monday or Tuesday?). It would be a single issuer in MS that would be delayed, assuming SD comes in.
- MI Issuer Issue Decision: Ask the issuer to request a data change ticket for the next round.

OIS:

Status of production, discuss options for timeline (see Carlos' answers to questions below)
(OIS)

Notes from the agenda:

- 1.) What is the latest this could be completed to allow for refresh this weekend?
 - OIS/CGI need to do some degree of testing, so we would probably be looking to push the data to IMPL1A tomorrow, then to Production on Saturday night.
- 2.) If we don't make the "this weekend" date, what would be the display date for the next possible refresh?
 - Wednesday, 10/30 at 12:01 AM is the next scheduled maintenance window. After that, there is a deployment scheduled for 11/1.
- 3.) What happens if we refresh this weekend without this step completed—could we push through this refresh with all the existing changes, and then refresh again with the next window to fix the last 2 issuers? If so, what would be involved in that?
 - Depends on how we want to manage the risk of consumers receiving zero APTC (or possibly the wrong APTC) for the plans under these 2 Issuers
 - o **Option 1: Suppress Plans In Question** – we would suppress those plans until they are resolved and schedule them in the next maintenance window once they are addressed. Steps include:
 - CCHIO provides updated Cert/Suppression file with those specific plans marked as **suppressed**. Probably need this by end of day today.
 - Updated data (both QHP & URR) moved to IMPL1A Friday, tested, then moved to Production on Saturday Night
 - URR for 2 Issuers resolved by Tuesday

- CCHIO provides updated Cert/Suppression file with those specific plans marked as **not suppressed**. Probably need this by end of day Tuesday.
- Plans (both QHP & URR) are updated in Production Tuesday night for display Wednesday morning
- **Option 2: Let It Ride** – we do nothing and leave the plans as is. Proceed with the remaining steps and timeline and manage potential enrollees after the fact.
 - Once resolved would need to refresh URR data for next scheduled window

If we do this, will it impact APTC? It impacts the other plans in MS; but, that problem already exists in MS, so it is not making it worse than it is today.

We have a paper that describes what we believe to be the case in the system, but we haven't been able to know if it is true.

Knowing our MS landscape is basically defined to Santeen (sp?) and a small group from Humana, does that make it matter more or less to this problem? Probably more, but we are no worse off than the status quo.

2 options: Do this as is with MS however it is, or pull together a suppression file and suppress those MS plans. Decision: No time to suppress/should not suppress.

If we could push everything but MS, and then push MS this week, is that doable? Carlos says that is Option 2. If we can resolve the MS problem by Monday night or Tuesday day, schedule a refresh for Tuesday night.

Decision: Push everything else on schedule (first thing tomorrow morning for the Saturday night go-live) and then delay MS push until refresh (Monday or Tuesday?). It would be a single issuer in MS that would be delayed, assuming SD comes in.

Carlos to update the file, push it to IMP1A, and proceed to deployment Saturday night.

Action Item: Milan and Beth to talk about adv CSR analysis and extracts.

Action Item: Dennis to push SD and MS to get URRT changes made ASAP (like the next hour). Any changes not in ASAP will not be put in until Monday/Tuesday.

FM extract process: FM is extracting data tonight for their calculations, then they send numbers back in after their calculations and it is pushed to testing and then production.

Are we having a policy paper on this? When is it due? Cara is working on a paper that E&E and FM have reviewed that describes the issue when there is a non-final URRT and implications on APTC and consumer enrollment. It has 3 options (2 with a variation on 1) for how to address this

issue: let it go and catch it at reconciliation (IRS annual process), contact/identify impact on consumers. That is due next week.

Other

MI Consumers Mutual (Gina)- Co-op in Michigan is telling us that they were told by a helpdesk, they don't know which one, to change their plan to a child-only plan to pass validations and get in the system- but, it is an adult plus child plan. None of their information is displaying if an adult is in the enrollment group. It was a verbal call with no ticket number.

For next steps, we can tell them to file a ticket and they could make a change in the next correction window.

Is there a concern about leaving it as is and enrolling children? If it is an adult and child plan, it can have child only enrollment, so that would be preferable to suppression. There would have to be another correction window to change. This is likely a health plan, as a co-op.

There are helpdesk tickets from the change windows saying they were having display problems.

Does this affect E&E? Someone can talk to E&E; unsure at this point.

Action Item: Gina to follow up with the state to ask about evidence regarding the MI Consumers Mutual issue.

Decision: Ask the issuer to request a data change ticket for the next round.

Responding to coming media/Hill inquiries about limited choice in FFM – see attached NY Times article (Mike)- Can wait.

OPM meeting Tuesday (Beth)- Meeting in person at OPM. Will recap lessons learned and have planning for next year. There's a list of topics to cover on lessons learned and anticipated changes. OPM has questions about guidance, system access (CALT and HIOS). Big issue to work out is the overwrite issue. Another is the way MSPs are flagged in the database- we used where the data came from as a proxy, and that was not accurate at times due to data coming from other sources and overwrites.

QHP Landscape Update (Amanda)- Update tomorrow.

QHP War Room Notes 10.25.13

Action Item

- Loop in with SERFF to discuss data changes schedule (LGM).
- Ryan Grover (BAH) to discuss data change schedule with Carlos.
- Regarding the data refresh, Beth will provide a new list of issuers to Doug/Dennis.

Discussion Items

Talking through potential second data change window (Abigail and Katherine Schmitt): A timeline was included in the meeting invite. Abigail described how the expectation from issuers is that the data changes that they have requested will occur (even though OIS has not provided PM with confirmation regarding when this will occur). Abigail noted a concern that there are Remedy tickets that currently remain open after 28 days. Further, she noted that if issuers are allowed to send a ticket (currently they are being held to be reconciled on a future date), they need to receive some communication regarding CCIIO's intended resolution of them.

- The leadership of OIS has acknowledged that there will be another window to make changes, but they have not said when or how this will occur.
- If the next round of changes are to be made in November (before Thanksgiving), it needs to be publicized to issuers early during the week of 10/28 (with some in the room noting that this publication of intent should be next week regardless of whether or not the changes will be made in November).
 - Other than enrollment season progressing, there does not appear to be another reason to expedite the data change window.

Discussion about proposed data changes schedule:

- Milan's comments regarding the proposed schedule were noted in blue-type font in the meeting attachment.
- Lourdes noted that OPM resubmissions cannot take place on a Saturday, but that data change ticket resubmissions could take place on a Sunday.
- OIS would need to concur with the proposed schedule. Does anyone else need to concur?
 - *Milan's feedback is in the schedule, but Doug and Dennis should provide their feedback.*
- Beth asked Ryan Grover (BAH) to check in with Carlos to determine if there are sensitivities with OIS around any of these dates. Or, if there is any reason why the schedule should be moved back by a week or two.
- Regarding the data refresh, all information should be in at this time. Of the 12 submissions that were identified, all are in final status. Beth will provide a new list of issuers to Doug/Dennis.
 - *Beth is going to take this discussion off line.*
- Regarding the FM data push, Ryan Grover (BAH) will be following up with Sandeep (CGI). The extract was not planned to be completed until mid-morning. Ryan and Milan will keep folks informed as they learn more information.

Production environment impact on URR/PTC issue (Cara):

- Discussion of what we believe would happen – how the system functions. However, it appears that this will be/is difficult to test. Patrick has gone in to test twice and neither of the test cases works the way they think it does. It appears that it would be prudent to go back to CGI to ask for some additional information. However, CCIIO is hearing from CGI that it's not a priority.
- *How do Mike/Alissa/Lourdes move ahead?* Cara does not know how plans are being treated in the system. Lisa Ann noted that the SLCSP was calculated properly but one that was tested was also the lowest cost so it didn't prove to be negative or positive. However, there is another case where the plan is the cheapest but it isn't being recognized at all.
 - Mike A.: Scenarios are plausible/likely and we will seek further guidance regarding how we should proceed when we find these issues.
- Cara to draft some text to describe the potential problem and the implications of not being sure how large of a problem it is. It's not clear it's a "clean up" problem but it does have potentially large implications. To seek further guidance from Jim.
- Natalie needs the service areas to ask for further clarification. LMI has not provided these yet (b/c they're working on the new landscape), but CCIIO is expecting LMI will provide the service areas on Monday.

CCIIO-Wide War Room Notes 10.25.13

Action Items

- FM to discuss with Milan how URRT issues may impact two FM-specific calculations.

Discussion Points, by Division

PM: Beth updated everyone concerning the 2 states that needed to address remaining URRT issues. Carlos sent an email describing that the fixes should be in place this weekend. Doug Pennington noted that the SD URRT changed, but that the index rate would not be changing. From the perspective of the “refresh,” this is good news. However, for FM, it is unclear how it might affect two of their calculations. FM would like to run this topic by Milan.

E&E: On 10/31, there will be a meeting to discuss reconciliation. It will likely consist of a subgroup of alpha issuers to do an all-day session with the data cleanup team. With regard to last night’s dashboard (10/24), just under 500 transactions (transactions do NOT equal enrollments). Concerning the number of replies and 999s -- both are still running lower than CCIIO would expect. However, this may be due to the fact that SERCO and the call center are being moved onto new servers. There were some issues with the transition to one server to the other, so applications were not able to be processed after 8:30. As of 10/24, 3,400 applications had been submitted. They had started outbound telephone calls but could not enter any information with the systems being down. A significant number of the outbound calls are not actually resulting in contacts (wrong numbers, etc.). Ben notes that the testing is ongoing. One of the errors results from enrollees going back into the application and editing items. Testing is ongoing here. The eligibility logic is being tested as well. Testing will continue through Saturday and will be in production as of Sunday morning. Ben’s team is tracking an issue where there is a problem with notice generation. Notice generation was shut off and has not been back up yet (but will be soon – it sounds like it should be as soon as today). This is important from a consumer / call center perspective. Application training at 2:00 pm today based on what SERCO is finding (CSG is managing this).

Raj described how the semantics of “enrollment” should be interpreted to stakeholders. Operational reporting for enrollment. This will replace the dashboard and “complete the picture.”

Agent/Broker: Need for TA remains a high-demand issue. Lots of agents/brokers needing help with the registration process. 2nd round of agent/broker outreach registration is beginning next week and is going through the Regional Offices. Working with OIS to get a usable EIDM list. OIS says that a fix will go in over the weekend.

FM: *Banking user interface – what is the absolute drop dead date?* It is November 1st. Contingency plan takes longer so need to put in place the plan to collect the data manually. This will be reiterated to Jim and Gary today and it should be communicated again to OIS.

QHP War Room Notes 10.28.13

Action Items

- **Carlos** to provide feedback on the submission window timeline to PM.
- **Elijah** to work with DFC to see if the 81 plans that are not in the QC file were part of the “testers” group.
- **Carlos** to follow up regarding the Help Desk report and whether additional PM individuals could begin receiving this information.

Status of certification post-weekend work/progress on extract and data refresh (OIS):

The deployment that was scheduled for Saturday was moved to Friday night. Because of this, the OIS team was not able to get into this earlier deployment schedule and is now looking at the data refresh deployment occurring on the evening of 10/29 (Tuesday).

Certification suppression updates. Perhaps due to a misspelling in “not recommended,” there are errors in the certification suppression data (this misspelling was not recognized in the system and it is not updating accurately as a result). At this time, the correction has been made in the file to correct the spelling error and OIS needs to re-run the update script in the system.

Lourdes noted that Duty First’s reviews said that there were no issues, but Elijah explained how the file they were performing their reviews from (a file from Sandeep/CGI) could also be incorrect. Carlos noted that 81 plans were not in the system. There was agreement that PM should investigate which plans are included in this group of 81. Elijah will work with DFC to see if these 81 plans were part of the “testers” group.

Carlos noted that these issues should be corrected and then updated in the next deployment schedule, which is to take place tomorrow night.

LMI didn’t receive an extract this morning because the production environment was down all day on 10/27.

Updates on URRT issues:

Milan noted that FM is set with PM going into final production.

Dennis informed the group that OG received the list of QHP issuers from PM over the weekend. OG is finishing up making sure that there is a URRT for every issuer and that it’s in a final status.

Lourdes: *Is there anything else PM need to do to get this information into the E&E production environment?*

Dennis noted that there was originally a CR to refresh the data, but that this refresh has been put on hold so that multiple “refreshes” may be performed at the same time. Carlos confirmed that the refresh has not happened yet.

Submission window timeline (OIS):

Carlos has not heard any updates regarding the timeline, but he will be looping back with others in OIS to seek further input.

Part of Kirk’s concern relates to handling the situation that would arise for those individuals who have already enrolled in coverage/plans. The group agreed that as much as possible should be fixed before January 1st and when enrollment takes effect.

PM has been unable to get an extract of the “problem plans.” Absent having a working MIDAS interface, PM has no choice but to ask for a working extract from OIS.

During the afternoon of 10/29, PM is meeting with Kirk and Monique to discuss the timeline further (perhaps in addition to a discussion that occurs on 10/28).

Carlos to provide feedback on the timeline to PM.

QHP landscape update (Amanda)

PM is on hold regarding the landscape update until the latest extract gets to LMI. Issuers have had questions as to why the landscape is not displaying the most recent information. DFC and Impaq are ready to do the QA once LMI updates the landscape.

Responding to Hill/media inquiries re limited choice in FFM (Mike) – see *NYTimes* article attached to agenda items

Related to the *NYTimes* article, Mike described a general concern of PM: getting to the point where the website is functioning properly and individuals begin to select plans; the media attention will follow individuals to plan selection and their ultimate choices; and, in some cases, there will be fewer options than would be desired to promote consumer choice and an ideal shopping experience. Additionally, in some cases there will be relatively high-cost plans.

If PM hasn’t started thinking about this, it should. We are 2 – 3 weeks out from this period when the spotlight will kick back to PM regarding plan selection.

Gina noted that Amanda and Anthony are going to come up with a proposal re: this concern of Mike’s. LMI does not have the capacity to move its related landscape analysis forward while it is working on the alternate workflow project. However, LMI has produced the beginning of

some of this for the analysis that PM had provided to ASPE. The alternate workflow project should be wrapped up in a few weeks so LMI should be able to pick this up at that time. Regarding this additional landscape analysis that LMI will be turning back to in a few weeks, Mike noted that he envisioned it being similar to the Medicare Advantage landscape that has traditionally provided a plethora of analytic tables with an eye toward helping consumer advocates/reporters/staffers understand what an individual's ultimate plan options are (and so s/he will not have to perform the number crunching on his/her own).

Other:

Last week, Lourdes requested that individuals begin receiving the daily Help Desk report. This would provide helpful information, including the standard report from XOSC (stats/trends) and another tab that has details regarding the number of tickets that were submitted (by key categories). Lourdes asked if OIS could please provide an update on this. Kristy forwarded an email to Carlos so that he could look into this further.

QHP War Room Notes 10.29.13

Action Items

- **Cara** to work with Mike to gather evidence that the URRT issue went through the channels like XOC and CCB.
- **Lourdes** to take the URRT issue to the CCB today.
- **Cara** to work with **Kristy** to review the original PA statement requesting a template.
- **Katherine** to work on the timeline for the next data correction window ending Nov. 30/Dec. 1 for Mike's 4pm meeting.

Takeaways

- **Data refresh for the data correction window changes** should be pushed to E&E prod tonight.
- The **URRT issues will be explored** by sharing it with the CCB and gathering documentation around the issue.
- **PA DOI request** will be run by Jim and, if approved, the information will be provided to them via CALT.
- **Dollar limits on EHBs in Arkansas** will continued to be explored, possibly as a part of the next data correction window.

PA QHP data request (Cara)- PA DOI wants access to some QHP application data. CMCS has been provided with information about this. PA wants Cara to explore our comfort level with sharing the P&BT template with DOI. The QHPs are certified; we know they will share it with Medicaid agencies.

If anonymous shopper was working, is there anything they would need that wouldn't have been available in that way? Rates maybe and URRT. There are likely some data fields that would not have been in anonymous shopper, but not too many.

Decision: Propose to Gary- Share it with the state if no one objects to only use it for this one public purpose. The state sends us a statement that they will only use it for this narrow purpose. The DOI will receive it through CALT if approved; they can share it with Medicaid or Medicaid can get a CALT account.

Pam from SEG agrees.

Do we think other states will ask us for this? Yes.

Do we need to prep to have the information ready if we are asked by other folks?

Is it giving them access to HIOS or an Extract? Dump the templates into CALT. CALT has rules that make it even a stronger argument to share. The Medicaid departments are separate from the DOIs; they probably will have to go through their own process. DOI and Medicaid would have to work together after we share it with DOI.

PA submitted a standard request to get a template from us before. Does that suffice for the statement from the state? Need to look at it and see if language is applicable to the situation.

Action Item: Cara to work with Kristy to review the original PA statement requesting a template.

Dollar limits on EHBs Arkansas issue (Lisa)- Arkansas has approved forms with dollar limits on home health visits, and they can only have x number of annual visits- they want to know if they can make the issuers file new forms without the dollar limits since it is in violation.

Is it showing up on the benefit template? For home health, there is both a dollar limit and a visit limit.

Proposal: There will be a data correction window; this could constitute a data correction. The correction is to either take off the dollar limits or the annual visits limit.

What is the impact to consumers? They have an annual limit. Plan Compare displaying this way could drive purchasing based on this issue, but it doesn't drive claims (so they can correct it for those enrolled on the back-end).

Data Correction Window Timeline- November 30th/December 1st launch of it attached to a deployment. A new timeline needs to be developed- when do we need to get the notification out that the correction window is opening (more than 3 days to submit). Need to come out after the next data refresh (likely tomorrow).

Action Item: Katherine to work on the timeline for the next data correction window ending Nov. 30/Dec.1 for Mike's 4pm meeting.

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Takeaways

- **The data refresh is happening tonight**, and the refreshed data will be available tomorrow morning.
- **Serco delays are based on systems issues**; their processing paper and keying entries is being carried out efficiently.

PM

Data refresh- It will occur this evening, allowing the refreshed data to come up tomorrow. Some issuers have expressed concern, so we will be able to provide them with this news tomorrow morning.

Ben's Update

Getting into production- Issue with EIDM overnight, but it is starting to look good. It clears the deck for the technical team to go back to analysis.

Two redeployments- one to Test 2 and one to IMP1A because of the outage on Sunday.

QSSI is failing tests, but we are passing them. Working with them more closely and getting OIS to make sure their testing is appropriate.

Idea that there could be a production deployment tonight.

CGI building change- Rapid build out of the 4th floor of the CGI building and moving technical operations up there.

E&E

Serco- Serco rolled off the Black Shard. SHOP applications are near 1600 and some employee applications are being sent in as well.

People have found the employee application through PRA.

Almost 4000 consumer applications have went into ESD, and 6000 are in a queue due to missing data or other issues. Key entry queue is about 1400 applications.

They don't have a backlog issue based on staffing and entering items; it is more about systems issues.

They can't clear inconsistencies, and they have RIDP inconsistency issues.

Data clean-up with issuers- Jack is at 7111 doing data clean up with issuers today. After initial enrollment, payment re-direct, issuers cannot get back into the payment page. OC and Patrick are working on this.

