



All Assister Conference Call:

Health Connector Redeterminations and Renewals Update

September 22, 2015

Agenda



- Review Health Connector Redeterminations and Renewals
- Eligibility Altering Events
- System Defects



**Health Connector
Redeterminations and Renewals
Review**

Redeterminations & Renewals: Overview



- Open Enrollment is the time of year when individuals and families may enroll in non-group coverage or switch existing coverage for any reason, without needing a qualifying event
- Our goal for this year's Open Enrollment is to ensure that consumers who are happy with where they are and do not have any updates to their information can do nothing, and as long as they continue to pay their premiums, they will be able to stay in their same or similar plan in 2016
 - Our overall message to the market, however, will be one of encouragement to update their application with their most current information, and to browse their plan options during Open Enrollment
- We are required by the Affordable Care Act (ACA) to redetermine eligibility for our members before renewing their coverage
- Given unique features of our market – most notably the ConnectorCare program – and the fact that this is the first year we will be conducting renewals in the hCentive system, we will be pursuing a state-specific approach to redeterminations and renewals that has been approved by Centers for Medicare & Medicaid Services (CMS)

Redeterminations & Renewals: Overview (cont'd)

- The Health Connector, like the Federally Facilitated Marketplace (FFM) for 2016, will only be noticing and renewing individuals who are actively enrolled in a 2015 Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) leading up to or during Open Enrollment



Preliminary Eligibility Notice

- Late August
- Sent to enrollees who submitted a subsidized application
- Informs them of 2016 FPL based on 2015 projected income and program eligibility
- Instructs on how to update/correct the information
- Encourages updates to both 2015 & 2016 eligibility applications



Final Eligibility Notice

- Late October (right before Open Enrollment)
- Sent to all enrollees eligible to renew into a QHP and/or a QDP in 2016
- Includes information about the member's 2016 plan (including QDPs, where applicable), rates, tax credit amount (where applicable), other plan options for ConnectorCare eligible members and other helpful information related to Open Enrollment

- Given that all of our current members submitted a new application within the last year, we are using income data in the system updated with the latest Federal Poverty Level (FPL) tables, rather than using Tax Year 2014 (or older) data obtained from re-calling information from the federal hub as it might be outdated as compared to income projected by the member for 2015
- In addition to updating FPL, the Health Connector will also check ping the Federal Data Services Hub for death, access to non-Employer Sponsored Insurance (ESI) public Minimum Essential Coverage (MEC) and disability. If there is a program determination change as a result of the information received on the data match, the preliminary notice will include the new determination.

Redeterminations & Renewals: August Communications



Renewing your coverage for 2016

Good news! If you are currently enrolled in health or dental insurance through the Health Connector, you won't need to apply again for 2016. We'll renew you in the same or a similar plan in 2016. Or, you can change your plan during open enrollment after shopping and comparing plans. Here's what happens:

Late August 2015 – Early September 2015

If you applied for help paying for coverage, we'll send you a letter with programs we think you may qualify for in 2016.

Update your information if:

- Any of the information we have for you is wrong or has changed.
- You've had changes in 2015, or you expect your information to be different in 2016. For example, if you expect your income to go up or down, or you've recently moved.

You can update your information online at MAhealthconnector.org.



October 2015 – November 2015

We'll send 2016 renewal packets to all Health Connector members. The packet will tell you if your current plan is available for 2016.

Review your renewal plan

Starting November 1, you can review 2016 plan details:

- Review your renewal plan's benefits and costs, including the monthly premium.
- Be sure your providers, such as doctors or hospitals, are in the plan's network. Your providers may no longer be in your plan, but may be part of other plans offered by the Health Connector.



November 1, 2015

Open enrollment starts. This is the time when you can start to shop and compare plans for 2016.

Shop if you want to change plans

It's important to compare your options during open enrollment because monthly premiums and other costs may be changing for 2016. You can shop for and choose a plan during open enrollment. You can compare plans online at MAhealthconnector.org.



Your coverage type for 2016

If you do not make any changes to the information we have, we expect the members of your household to qualify for the following type(s) of coverage in 2016:

Household Member	DOB	Member ID	2016 Coverage Type
[Household Member Name]	[Household Member DOB]	[Member ID]	[Coverage Type]
[Household Member Name]	[Household Member DOB]	[Member ID]	[Coverage Type]

You will continue to stay in your current coverage through December 31, 2015, as long as you continue to pay your monthly bill on time (if you have one). Any changes to your coverage will not start until January 1, 2016.

If anyone in the household qualifies for MassHealth, you will get a separate letter from MassHealth with more information about your coverage including when benefits begin.

Tax credit for 2016

Based on the information we have about your income, you will qualify for an Advance Premium Tax Credit amount for 2016.

However, even though you may qualify based on your income, you also need to have filed your taxes in 2014 in order to get a tax credit next year.

Let us know about any changes for your 2016 application within the next 30 days

What you need to do:

- Review the information about your household and coverage for 2016.** If our information about your household is not correct, you might not get the right coverage and amount of help paying for it for 2016.
- Tell us within the next 30 days if your information is not correct.** If you think any of this information is incorrect, or if you expect this information to change for 2016, you can update your information online through your account at MAhealthconnector.org. If you've already had changes in 2015 that you haven't reported yet, you can update this information online as well. If you don't have an online account, call Customer Service to make changes.
- Read your mail.** We'll send you another packet of information in October or November, with information about your health plan for 2016. You may also get mail from MassHealth if we think anyone in your household will qualify for MassHealth in 2016.

Information about your household

Number of people in your household: [family size]

Federal Poverty Level (FPL): [FPL]%. Use the table on the last page of this notice to compare the FPL listed here to your household's income and size.

To learn more about Health Connector coverage in 2016, go to MAhealthconnector.org

You can also call for help:



on
your household to
not correct, you should

Redeterminations & Renewals: October Communications

Open enrollment starts November 1, 2015. This is the time to shop and compare health and dental insurance plans. It's also the only time of year when you can change plans for any reason. **If you don't shop for a new plan, you will be renewed into your current plan or a similar one for 2016.**

What you need to do:



Review your renewal information for 2016.

In this packet is information about the type of coverage you qualify for in 2016 also find out if your current 2015 coverage will be available in 2016. If you take you will be renewed into your current 2015 plan, or a similar plan.



Compare changes to benefits and costs for 2016.

There may be changes to your plan's benefits and costs in 2016. In this packet what your renewal plan's monthly premium will be in 2016. You can also use a plan comparison tool at MAhealthconnector.org/plan-changes to learn about other benefits and costs for 2016.



Make sure the providers you want are available.

Check to see if any providers (such as doctors or hospitals) that you want are in a plan's network before you decide to renew or change plans during open enrollment. If a provider is included in a plan's network by calling the insurance company or searching on their website.



Shop during open enrollment if you want to change plans.

Make sure to shop and compare your options during open enrollment, which starts November 1. You can compare plans online at MAhealthconnector.org.



Keep paying your monthly premium bill (if you have one).

You'll need to keep paying your premium bills on time in order to have coverage. Make sure to pay attention to the premium bill you get in December, in case there are changes to the amount that you owe.

Important Dates:

NOVEMBER
1

November 1, 2015: First date to start shopping and comparing plans at MAhealthconnector.org.

DECEMBER
23

December 23, 2015: Due date for your January 1 premium (if you have one). Make sure to pay this bill on time to not have gap in coverage.

JANUARY
1

January 1, 2016: The first day of your new 2016 coverage. If there are any changes to your eligibility, January 1 is the date when those changes start.

Frequently Asked Questions

What are my options if I want to change plans?

The 2016 open enrollment period is from November 1, 2015 to January 31, 2016. If you want to change plans for 2016, you will need to make this change during open enrollment. For coverage that starts January 1, 2016, you must change your enrollment and pay your first premium by December 23. You could also look at health plans directly from a health insurance carrier, but keep in mind that if you qualify for help paying for costs, you can only get these savings if you enroll through the Health Connector.

How can I get help paying for coverage?

You may be able to qualify for programs that help you pay for health insurance and out-of-pocket costs. You can apply at any time to find out if you qualify. To find out if you can qualify, go to MAhealthconnector.org and fill out an application online. Answer "yes" when asked whether you want to see if you can get help paying for insurance.

Can I get coverage through MassHealth?

MassHealth will check to see if the people through MassHealth, the Health Safety Net.

MassHealth will send another letter, letting them know if they need more information. If you have any questions about MassHealth, call MassHealth at 800-497-4648 for people who are deaf, hard of hearing, or have a hearing aid.

When does my new coverage type start?

If there are any changes to the type of coverage you have, your new coverage will start on January 1, 2016. You will stay enrolled in your current coverage for 2015, unless you let us know that you want to change.

Why is my tax credit \$0.00?

If your tax credit amount is \$0.00, it is because you are not eligible for a tax credit. You can learn more about how tax credits work at MAhealthconnector.org.

2016 Health Insurance Eligibility and Plan Information

Household Member	DOB	Member ID	2016 Coverage Type	2016 Renewal Plan Name	Coverage Start Date
[Household Member Name]	[DOB]	[Member ID]	[Coverage Type]	[Carrier/Plan name]	January 1, 2016
[Household Member Name]	[DOB]	[Member ID]	[Coverage Type]	[Carrier/Plan name]	January 1, 2016

Monthly Premium for 2016 Renewal Plan: [contribution amount for QHP]

This is the amount that your household will owe for your health insurance monthly premium payments if you stay enrolled in the 2016 health insurance renewal plan listed on this notice.

2016 Tax Credit Amount: [2016 APTC]

Your 2016 renewal plan monthly premium shown above **includes** the full amount of your monthly tax credit applied to it. You can change the amount of tax credit that you want applied to your premium at any time, through your online account at MAhealthconnector.org, or by calling Customer Service.

2016 Dental Insurance Eligibility and Plan Information

Household Member	DOB	Member ID	2016 Renewal Plan Name	Coverage Start Date
[Household Member Name]	[Household Member DOB]	[Member ID]	[Carrier/Plan name]	[Renewal Start date]

Redeterminations: Updating Application Information Self-Service



With the deployment of Release 6.5, members will have the ability to edit their own 2016 and 2015 applications.

- Individuals who have existing 2015 applications or who come into the system to create a 2015 application will automatically have a 2016 application created for them (if they are QHP eligible)
- Individuals will newly be able to make changes to their own accounts online, and will no longer have to call customer service in order to do so
 - If consumers start making a change to the application, they must sign and submit. If they fail to do this, their change will not be made and may be disregarded.
- Changes made to 2015 or 2016 applications can easily be applied to the application not being updated, mitigating double work for both members and customer service representatives

Year 2015

Eligibility Id	Received Date	Submitted Date	Status	Actions
RefID_1438207711575		07/29/2015	Submitted	Detail Edit Application

What is Year 2015 Application?
This is your application for **2015**. Report a change in this application if there have been changes in your household (such as family size, income, or access to insurance) in **2015**.

Year 2016

Please review the details in your **2016** application to make sure all of the information we have for **2016** is correct.

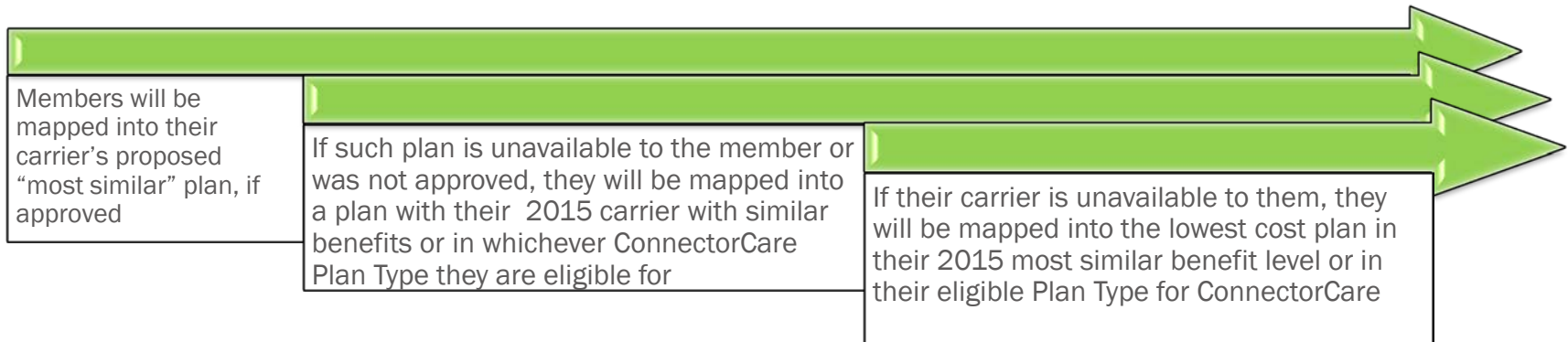
Eligibility Id	Received Date	Submitted Date	Status	Actions
RefID_1438207711575		08/03/2015	Submitted	Detail Edit Application
RefID_1438207711575		08/03/2015	Preliminary (not final)	Review
RefID_1438207711575		08/03/2015	Preliminary (not final)	Review

If you made changes to Year 2015 application and want to apply the same changes in 2016 application, click [here](#)

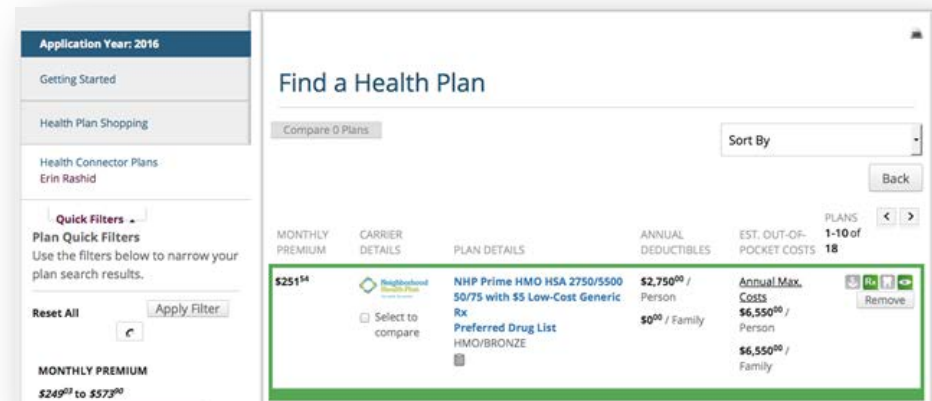
What is Year 2016 Application?
This is your application for **2016**. Your Health Connector eligibility and plan renewal for **2016** will be based on the information in your **2016** application.

Renewals: Plan Mapping & Shopping

- Members can remain in their same plan for 2016, if that plan is available; if their plan is unavailable, members will be mapped into a like plan using the following logic:



- When members shop during Open Enrollment, until they choose a new plan or are auto-enrolled into a mapped plan, they will see their mapped plan at the top of every shopping page outlined in green
- Unless a member checks out with a new plan, they will be auto-renewed into their mapped plan in late November
- Members can always shop for a new plan until the end of Open Enrollment (until 12/23 for 1/1, 1/23 for 2/1, 1/31 for 3/1)



Application Year: 2016

Getting Started

Health Plan Shopping

Health Connector Plans
Erin Rashid

Quick Filters

Plan Quick Filters
Use the filters below to narrow your plan search results.

Reset All Apply Filter

MONTHLY PREMIUM \$249⁰⁰ to \$573⁰⁰

Find a Health Plan

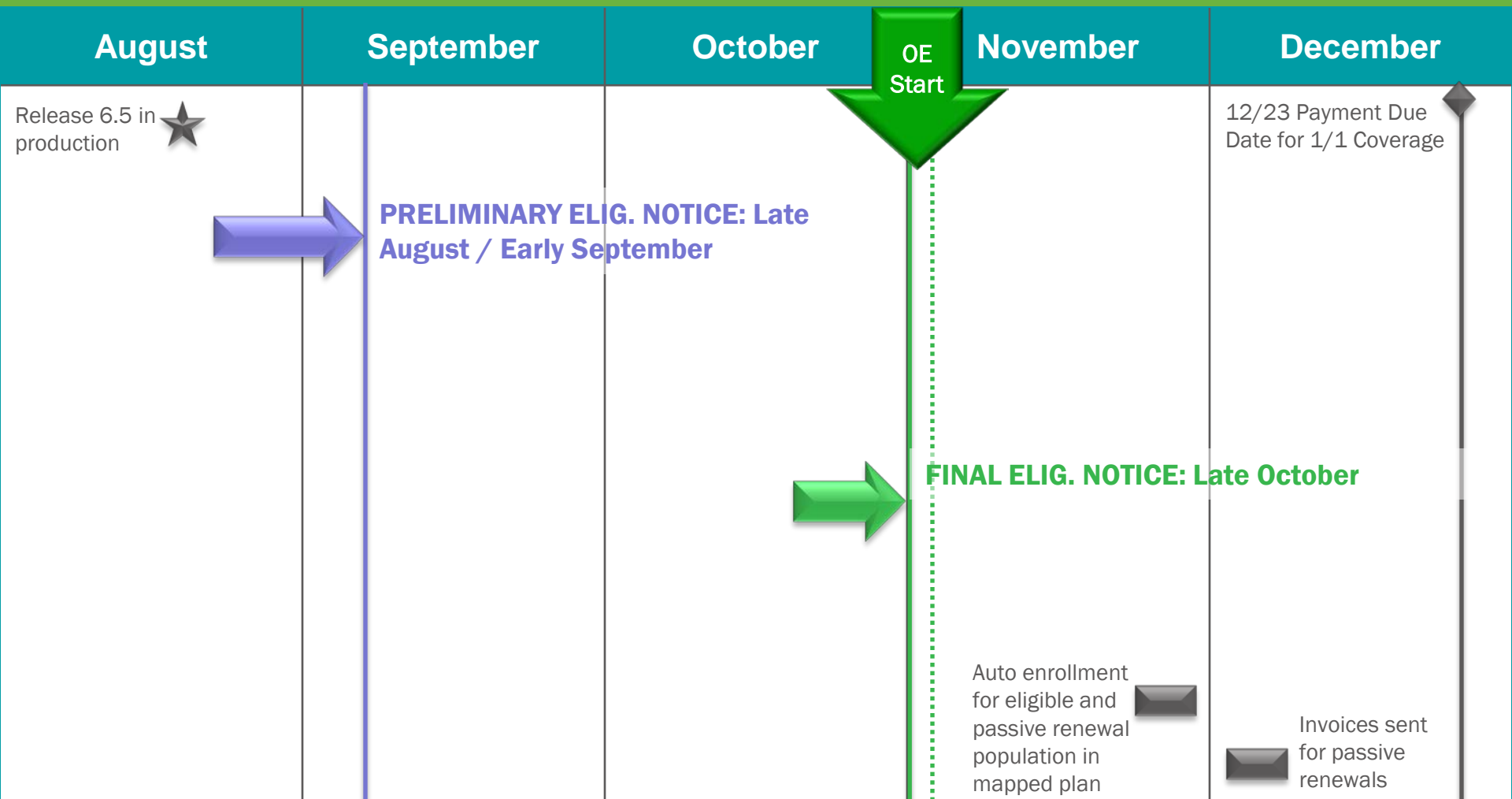
Compare 0 Plans

Sort By

Back

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	PLANS 1-10 of 18
\$251 ⁰⁰	Neighborhood Health Plan	NHP Prime HMO HSA 2750/5500 50/75 with \$5 Low-Cost Generic Rx Preferred Drug List HMO/BRONZE	\$2,750 ⁰⁰ / Person \$0 ⁰⁰ / Family	Annual Max. Costs \$6,550 ⁰⁰ / Person \$6,550 ⁰⁰ / Family	Remove

Timeline



Reminders for Assisters



This year's Open Enrollment period will run from Nov. 1 – Jan. 31

- Open Enrollment will have a different feel from past years as consumers who haven't experienced any significant life change and are happy with their health insurance plan do NOT need to take any action
- It is important that Assisters understand the timing and the purpose of each mailing being sent to consumers (beginning in August)
- Encourage members to update their application with their most current information, and to browse their plan options during open enrollment – also, if they received tax credits in 2014, make sure that they filed their taxes so that they do not lose access to tax credits for 2016
- Remember, consumers who are happy with their health insurance plan and do not have any reason to change their information and their plan can do nothing, and as long as they continue to pay their premiums, they will be able to stay in their plan (or a mapped plan) into 2016
- If a consumer is mapped into a different health plan, encourage them to review that plan in detail. While it is the most similar to their 2015 plan, it may not be the same



Eligibility Altering Events

Eligibility Altering Events



A number of eligibility altering events trigger Qualified Health Plan (QHP) and MassHealth eligibility change.

The next few slides step through the some of those events and respective eligibility change policies to help Assisters prepare for changes consumers may be experiencing following Health Connector redeterminations. They include:

- Eligibility Downgrade Due to Medicare Enrollment or Eligibility
- Eligibility Downgrade Due to Employer Sponsored Insurance
- Loss of Eligibility Resulting from a Social Security Administration Death Record Match
- New Eligibility for MassHealth
- Former MassHealth-Eligible Members Newly Eligible for QHP

Eligibility Altering Events (cont'd)



Eligibility Altering Event	Policy Description
Eligibility Downgrade Due to Medicare Enrollment or Eligibility	<ul style="list-style-type: none"> • Medicare-eligible individuals not currently enrolled in QHP are ineligible for subsidized and/or unsubsidized QHP. • Medicare-eligible individuals currently enrolled in QHP are eligible to remain in QHP, but are not eligible for subsidies.
Eligibility Downgrade Due to Employer Sponsored Insurance	<ul style="list-style-type: none"> • Individuals who are eligible for affordable employer-sponsored health insurance that meets minimum value are ineligible for subsidized QHP.
Loss of Eligibility Resulting from a Social Security Administration Death Record Match	<ul style="list-style-type: none"> • Deceased individuals are not eligible for QHP. <p><i>Note: If the Social Security Administration data source is inaccurate, the individual must contact the Social Security Administration to correct the discrepancy.</i></p>
New Eligibility for MassHealth	<ul style="list-style-type: none"> • Individuals who appear newly eligible for MassHealth have 30 days to report any changes. If they do not make any changes, the determination becomes final and the coverage is retroactively applied 10 days prior to the date when the preliminary eligibility occurred. That date is available in the individual's eligibility summary screen, under 2016.
Former MassHealth-Eligible Members Newly Eligible for QHP	<ul style="list-style-type: none"> • Individuals who appear newly eligible for Qualified Health Plans (QHP) have 30 days to report any changes. If the individuals do not report any changes, the determination becomes final and the eligibility for Health Connector coverage is prospectively applied. The MassHealth eligibility gives the individuals at least 14 days of extended coverage.

Eligibility Downgrade

Eligibility Downgrade Due to Medicare Enrollment or Eligibility

If while processing member eligibility rules and the Hub data, the system finds Medicare, the member QHP eligibility changes. If the Social Security Administration provides new Medicare eligibility information, we will update the member's eligibility accordingly.

The consumer will receive their Preliminary Eligibility notice:

- Details the new coverage, which will become effective in October (unless other changes occur prior to October).
- Does not clarify the eligibility downgrade reason.
- States that enrollees, who have Medicare and are enrolled in subsidized QHP, are no longer eligible for subsidies (ConnectorCare or APTC).
- In October 2015, the eligibility determination becomes final and enrollees will lose subsidies going forward.
- If the enrollees are 65 years old or older, the case will be assessed for MassHealth eligibility using MassHealth's legacy system. a workaround process, which takes place outside of hCentive.

Eligibility Downgrade Due to Medicare Coverage



Eligibility Downgrade Due to Medicare Coverage example:

- A household of two is ConnectorCare eligible in 2015. One family member turned 65 in July and became eligible for Medicare.
- The individual who became eligible for Medicare will be sent a Preliminary Eligibility notice stating that he/she no longer appears to be eligible for ConnectorCare or APTC.

How can Assisters help this member?

- Assisters should explain that the consumer who has Medicare and are enrolled in subsidized QHP, are no longer eligible for subsidies (ConnectorCare or APTC).
- In October 2015, the eligibility determination becomes final and enrollees will lose subsidies going forward.
- The enrollee who is 65 years old, will have their case assessed for MassHealth eligibility using MassHealth's legacy system, which takes place outside of (hCentive) MAhealthconnector.org.

Eligibility Downgrade Due to Employer Sponsored Insurance (ESI)



Eligibility Downgrade due to Employer Sponsored Insurance (ESI)

- Individuals who have indicated that they have access to affordable employer sponsored health care that meets minimum value standards, will lose subsidized coverage as a result of the redetermination process if they reported affordability in the past.

Eligibility Downgrade Due to Employer Sponsored Insurance (ESI)



Eligibility Downgrade Due to Employer Sponsored Insurance example:

- Mary Jones applied for coverage in January 2015. Her income is equivalent to 250% FPL. Mary indicated that she has had access to affordable ESI. In January, she was approved for ConnectorCare and enrolled in NHP effective February. She has continued to pay her premium and has not reported any changes to her case since January 2015. The preliminary eligibility letter states that she is no longer eligible for ConnectorCare, but can remain in an unsubsidized QHP.

How can Assisters help this member?

- Assisters should explain that those who have indicated that they have access to affordable employer sponsored health care that meets minimum value standards, are not eligible for subsidized coverage.
- This change is occurring as a result of the redetermination process if they reported affordability in the past.

Loss of Eligibility as a Result of SSA Death Match



Loss of Eligibility as a Result of SSA Death Match

- Deceased individuals are not eligible for QHP.
- If while determining an individual's eligibility the system obtains the information from the Social Security Administration (SSA) stating that the individual is deceased, the Preliminary Eligibility Determination notice will indicate that the person is no longer eligible for coverage.
- In October, the eligibility determination will become final and the member will lose coverage going forward.

Note: If the Social Security Administration data source is inaccurate, the individual must contact the Social Security Administration to correct the discrepancy.

Loss of Eligibility as a Result of SSA Death Match



Loss of Eligibility as a Result of SSA Death Match example

- Sue and John applied in February 2015 and purchased health insurance together. At the end of July, John passed away, and Sue did not call to report the change. In August, the Preliminary Eligibility Determination notice arrives indicating that John is no longer eligible because it appears that he is deceased; and since Sue applied for coverage in January 2015 and is listed as Jon's dependent, her coverage will be terminated along with his.

How can Assisters help this member?

- Assisters should explain that during the Health Connector's annual redetermination process, the system obtained information from the Social Security Administration (SSA) stating that someone in the household is deceased.
- The Preliminary Eligibility Determination notice will indicate that the person is no longer eligible for coverage.
- In October, the eligibility determination will become final and the member will lose coverage going forward. If the SSA information is inaccurate, the individual must contact the SSA to correct the records.

Fragment from Notice

If an individual is found to be deceased, this language will appear on the notice:

You do not qualify for 2016 Health Connector coverage

According to the information that we have, it appears that the following member of your household is deceased (dead).

Name: [deceased person name] Date of Birth: [DOB] Member ID: [Member ID]

Because we believe the person listed above is deceased, we will cancel this coverage for this household on [Date of Data Match].

If there are any other members of the household who still need coverage, they will need to apply for a new plan. If this information is incorrect, you must update it by calling the Health Connector right away to ensure that coverage does not end.

Newly Eligible for MassHealth Coverage



New Eligibility for MassHealth

- Individuals who appear newly eligible for MassHealth have 30 days to report any changes. If they do not make any changes, the determination becomes final and the coverage is retroactively applied 10 days prior to the date when the individuals appeared newly eligible for MassHealth.

Individuals may become newly eligible for MassHealth during the redetermination process due to one of the following reasons:

- Citizens or Qualified Non-Citizens with income \leq 100% FPL (Safe Harbor)
- Citizens or Qualified Non-Citizens with income \leq 133% FPL (FPL adjustments)
- Disability is found through redetermination
- Becomes a Qualified Non-Citizen by meeting the 5 year bar with income \leq 133% FPL

Newly Eligible for MassHealth Coverage



Newly Eligible for MassHealth Coverage Example

- Lillian is an adjunct professor. She reported January income of over 400% when she applied for benefits in February, but her projected income for the year was $\leq 100\%$ FPL. Lillian received a ConnectorCare with no monthly premium. Lillian is a citizen and as a result, qualifies for MassHealth based on Safe Harbor. Lillian will be covered by MassHealth upon the final redetermination.

How can Assisters help this member?

- Assisters should explain that this consumer became newly eligible for MassHealth because her income was at or below 100% of the FPL and she is a citizen. She qualifies for MassHealth based on Safe Harbor rules.
- It is important to remember that those individuals who appear newly eligible for MassHealth have 30 days to report any changes.
- If they do not make any changes, the determination becomes final and the coverage is retroactively applied 10 days prior to the date when the individuals appeared newly eligible for MassHealth.

Fragment from Notice

If an individual is found newly eligible for MassHealth, this language would appear on the notice:

“If you qualify for MassHealth benefits

We also check to see if the people who applied for coverage through MassHealth. It appears that one or more household members may be eligible for that program based on your current information. MassHealth will send you another letter with more information about the programs you qualify for. If you have any questions about MassHealth, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Former MassHealth-Eligible Members Newly Eligible for QHP



Former MassHealth-Eligible Members Newly Eligible for QHP

- Individuals who appear newly eligible for Qualified Health Plans (QHP) have 30 days to report any changes. If the individuals do not report any changes, the determination becomes final and the eligibility for Health Connector coverage is prospectively applied. The MassHealth eligibility gives the individuals at least 14 days of extended coverage.
- Individuals may become newly eligible for QHP if they are members of a mixed household; and became ineligible for MassHealth due to aging (recently turned 19, 21, or 65).

Newly Eligible for QHP from MassHealth



Newly Eligible for QHP Example

- Neal and Patricia are married and have a daughter Abby. The household's income is 140% FPL. When Neal, Patricia, and Abby applied for coverage in February, Abby was eligible for MassHealth, because she was 20 years old with income <150% FPL. Abby turned 21 on August 15th. Neal and Patricia received the preliminary redetermination notice, stating that Abby is no longer eligible for MassHealth, because she is 21 years old with income over 133% FPL. Abby is eligible for QHP and her MassHealth coverage will end when the final redetermination arrives in October. If Abby reports the change prior to the final redetermination, the change will become effective immediately.

How can Assisters help this member?

- Assisters should explain that a member of their household, their daughter became newly ineligible for MassHealth due to recently turning 21.
- In this example, Abby is eligible for a ConnectorCare plan.



System Defects

Known System Defects

A few known system defects that Assisters should be aware of:

- **Some ConnectorCare members are unable to shop for 2015 plans.** It has been reported that some applicants who submit their applications are being determined eligible for ConnectorCare and are not able to see the “Find a Plan” button even though they were eligible for a Special Enrollment Period.
 - To solve this problem, we are asking for a system hotfix to correct this defect by the end of September. Until then, we are running nightly batches to open shopping for eligible members.
- **Dental enrollment end dates are being extended beyond the 12 month contractual period.** For example, someone is enrolled in a dental plan (with a start date of 5/1/2015); and that person reports a change and re-shops for health insurance (and selects the SAME dental plan). The system is displaying the start date of the dental plan (as 5/1/2015) but the end date is no longer the same (4/30/2016) - the end date is showing based on the re-shop date.
 - We are requesting a November 1st fix date.
- **Domestic partners are not receiving RFI notices.**
 - We are requesting a November 1st fix date.



Questions?