FM Payment Processing Series 2019 Q1

Vendor Management (VM) & Dispute Guidance

January 14, 2019

Division of Financial Transfers and Operations (DFTO)

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, submit inquiries to fmcc@cms.hhs.gov
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520

Agenda

- Vendor Management Implementation
- Payment Dispute Guidance

Vendor Management Implementation

Vendor Management Module

- As of December 31, 2018, the Financial Management (FM) Module no longer exists within the Health System Oversight System (HIOS).
- The new Vendor Management Tool (VM Tool) must be accessed through Salesforce.
  - The following slides will review how users access the Centers for Medicare & Medicaid (CMS) Enterprise Portal and then proceed to Salesforce.
- If you have not yet submitted a request for the VM Application via Salesforce, you should request access as soon as possible.

Requesting Access to Salesforce and VM

For information on requesting access to Salesforce and Vendor Management, refer to the November 19, 2018 webinar slide deck available on REGTAP at: https://www.regtap.info/reg_librarye.php?i=2717



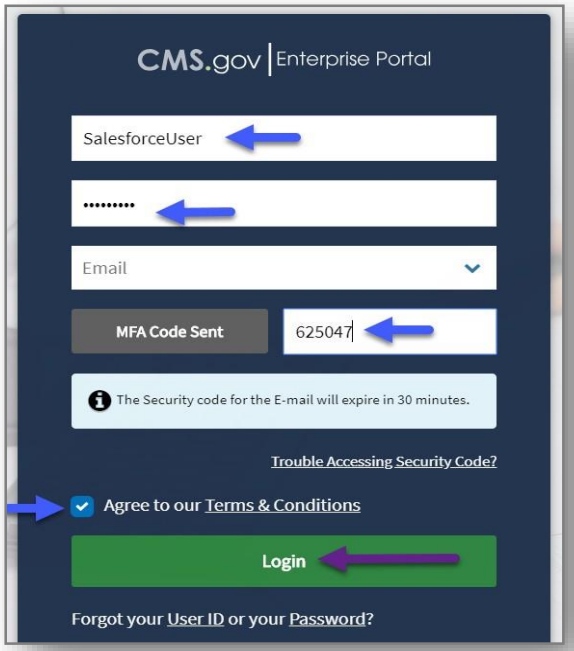
Users only need to request access to Salesforce and the VM application one time. After access is granted, users will access the VM Tool directly by logging into the CMS Enterprise Portal and navigating to the VM Tool.

Accessing the VM Tool

Accessing the VM Tool

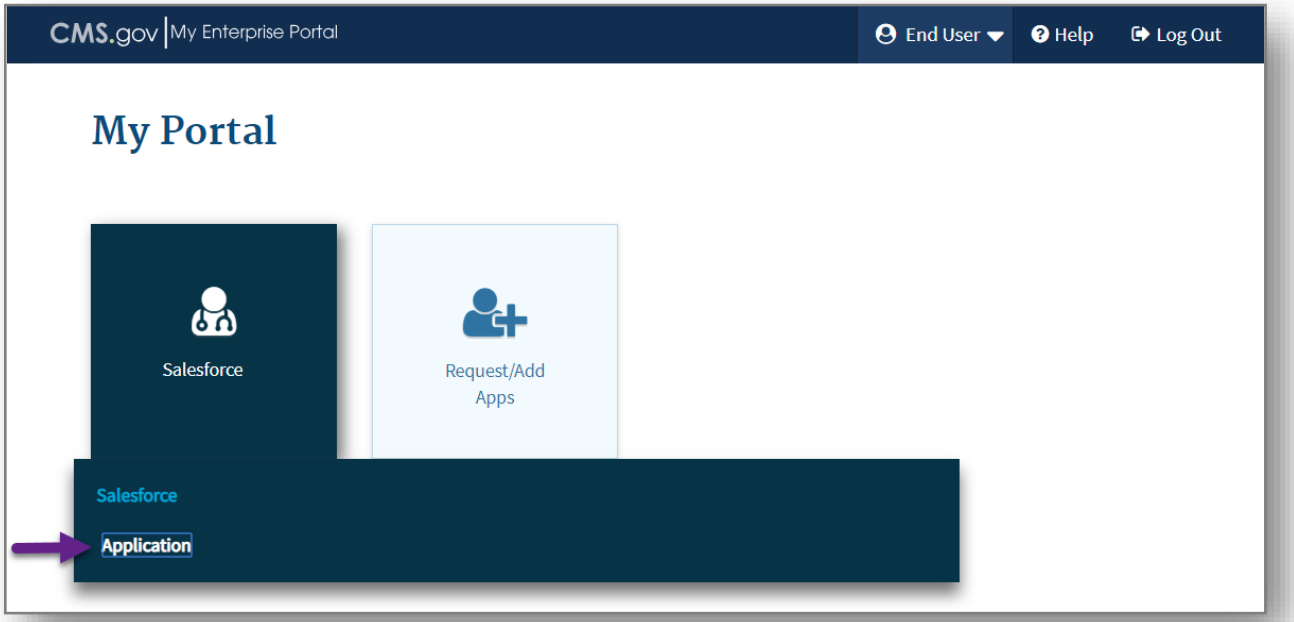
After requesting access to both Salesforce and the Vendor Management Application, users can access the VM Tool through the CMS Enterprise Portal.

1. Log in to the CMS Enterprise Portal by entering your user ID, password, and multi-factor authentication (MFA) code, then select the **Login** button to navigate to the *My Portal* page.



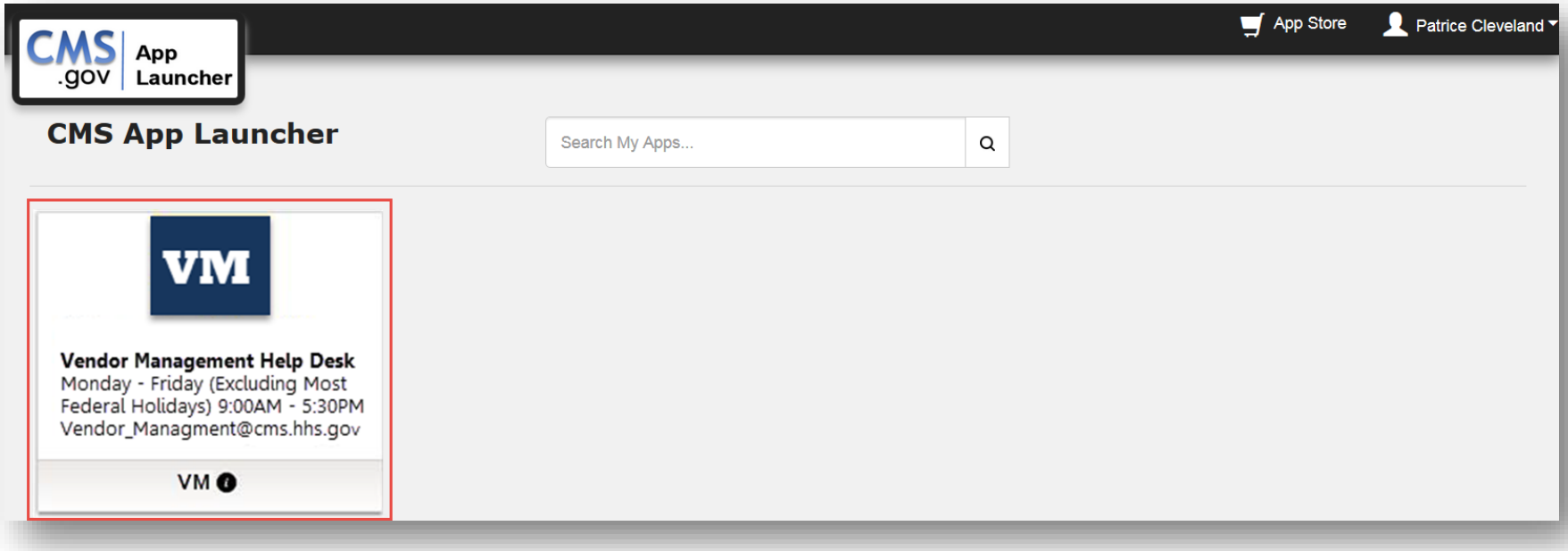
Accessing the VM Tool (continued)

2. Select the **Salesforce** tile, then select **Application** from the drop-down menu to open the *CMS App Launcher* page in a new browser tab.



Accessing the VM Tool (continued)

3. Select the **VM** tile to open the VM Tool.



VM Tool Resources and Reminders

VM Tool Overview

- The VM Tool provides issuers with the ability to submit and approve Payee record information, submit questions to CMS, and access program guidance.
- Access to specific functionality in the VM Tool is determined by each user's assigned role.
  - Although the VM Tool no longer resides within HIOS, VM roles (approver or submitter) are still determined through HIOS.
- For additional information on the features of the VM Tool and information on the updated VM forms, refer to the December 17, 2018 webinar slide deck available on REGTAP at: https://www.regtap.info/reg_librarye.php?i=2750

VM Reminder

CMS requests the VM Payee Data Submitter verify their organization's data, including the items listed below, no later than **January 15, 2019**.

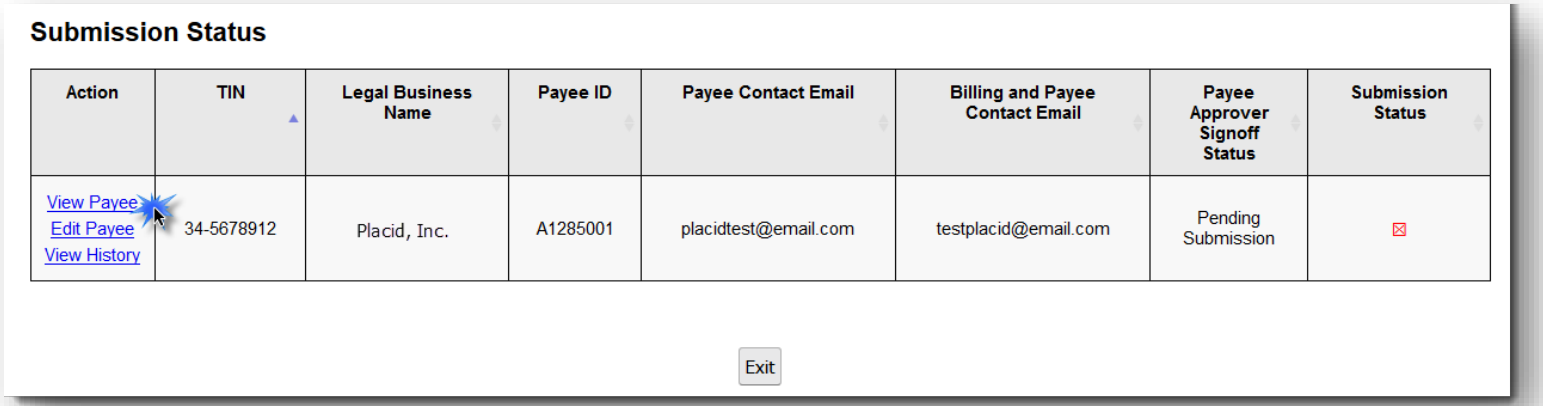
- Address
- Banking information
- Contacts

To review this information, access the VM Tool, then select the link to the Vendor Management Submission form from the *VM* tab, which navigates to the *Welcome* page of the web form. Select the **Continue** button to proceed.

VM Reminder (continued)

The *Vendor Management Submission Status* page allows Payee Submitters to **add**, **edit**, and **view** Payee record information.

- Use the **view** link to review Payee record information



Payment Dispute Guidance

Payment Dispute Guidance

Presentation Outline:

I. Payment Dispute Reminders
II. New Detail Code:
   - PD639 & PY639
III. Detail Code PD629 Modification
IV. Common Errors:
   - R8 Disposition Code
   - R6 Disposition Code
V. 2019 Enrollment Dispute Acceptance
VI. Account Manager Approval for Prior Year Disputes
VII. Prior Year Dispute Validation Checks
VIII. zONE Publications

Payment Dispute Reminders

Please submit your Payment Disputes!

- Submit a Payment Dispute for any record perceived to be incorrect.
- Issuers may submit large volumes of Payment Disputes without impeding processing time.

Payment Dispute Support

- As a reminder, the FMCC team is the primary point of contact for resolving rejected Payment Disputes. Please reach out to the FMCC team at (FMCC@cms.hhs.gov) with any questions regarding rejected Payment Disputes.

Disposition Code for User Fee Changes with Conflicting Total Premium Amounts

- New Detail Codes: **PD639** and **PY639**
- **PD639** (current year) and **PY639** (prior year) apply when a dispute is reporting an incorrect User Fee (UF) payment where there is a discrepancy in the Total Premium Amount that drives the UF. The issuer should dispute the premium amount to update the UF.
  - **PD639 Issuer Action:** Review the most recent RCNO data and submit a Total Premium Amount dispute with the most recent RCNO data and a supporting HICS case when required.
  - **PY639 Issuer Action:** Review the current Pre-Audit data to confirm current FFE data and the most recent RCNO, and submit a Total Premium Amount Enrollment Dispute containing the most recent RCNO data and a supporting HICS case when required.
- **PD639** results in disposition code R6: Dispute Not Supported by RCNI.
- **PY639** results in disposition code R10: Dispute Not Supported by RCNI – Prior Year.

Detail Code PD629 Modification

- Detail code **PD629** previously resulted in a disposition code of I1 and indicated that ER&R would effectuate a policy that had been previously cancelled.
- **PD629** still applies to disputes regarding missing payments where the disputed policy was cancelled within the FFM record; however
  - **Due to a high percentage of rejections in processing these payment disputes, ER&R will no longer effectuate these policies through the payment dispute process.**
  - **PD629 Issuer Action:** Review the RCNO record and update the RCNI or submit an Enrollment Dispute to effectuate the policy.
- **PD629** results in disposition code: R6: Dispute Not Supported By RCNI.

Common Errors: R8 Disposition Code

- **Detail code FV803** occurs when an issuer submits multiple disputes for the same HIOS, policy, and month with conflicting values.
- **Disposition Code:** R8 – Multiple Conflicting Disputes for Same Policy.
- **Issuer Action:** Verify the data for this policy and submit a single dispute or a set of consistent disputes.

HIOS	FFE Subscriber ID	FFE Policy_ID	Issuer Subscriber ID	Issuer Policy ID	FFM Start Date	Issuer Start Date	FFM End Date	Issuer End Date	FFM Premium	Issuer Premium	FFM APTC Amount	Issuer APTC Amount
XXX60	0000123450	XXXXXX56	XXXXXXXX81	XXXX567	20170201	20170201	20170228	20170228			104.58	43.33
XXX60	0000123450	XXXXXX56	XXXXXXXX81	XXXX321	20170201	20170201	20170228	20170228			104.58	0.00

- The first dispute is for an incorrect payment, with the issuer reporting that the APTC was $43.33 instead of the FFM amount of $104.58.
- The second dispute is for an unexpected payment, with the issuer reporting that there was no APTC for the policy.
- The conflicting disputes receive an FV803 disposition code.

Common Errors: R6 Disposition Code

- A dispute is rejected with an R6 disposition code if the disputed value is not supported by the issuer values within the RCNI file.
- The most common detail codes resulting in R6 dispositions this cycle are **PD501** and **PD503**.
  - **PD501:** The issuer submitted a Payment Dispute; however, the issuer reported a different APTC amount in the current RCNI file.
  - **PD503:** The issuer submitted a Payment Dispute; however, the issuer reported a different UF amount than the value calculated using the Total Premium Amount in the current RCNI file.
- Upon receiving either of these detail codes, issuers should verify the values submitted in the current RCNI files and make the necessary corrections.

2019 Enrollment Dispute Acceptance

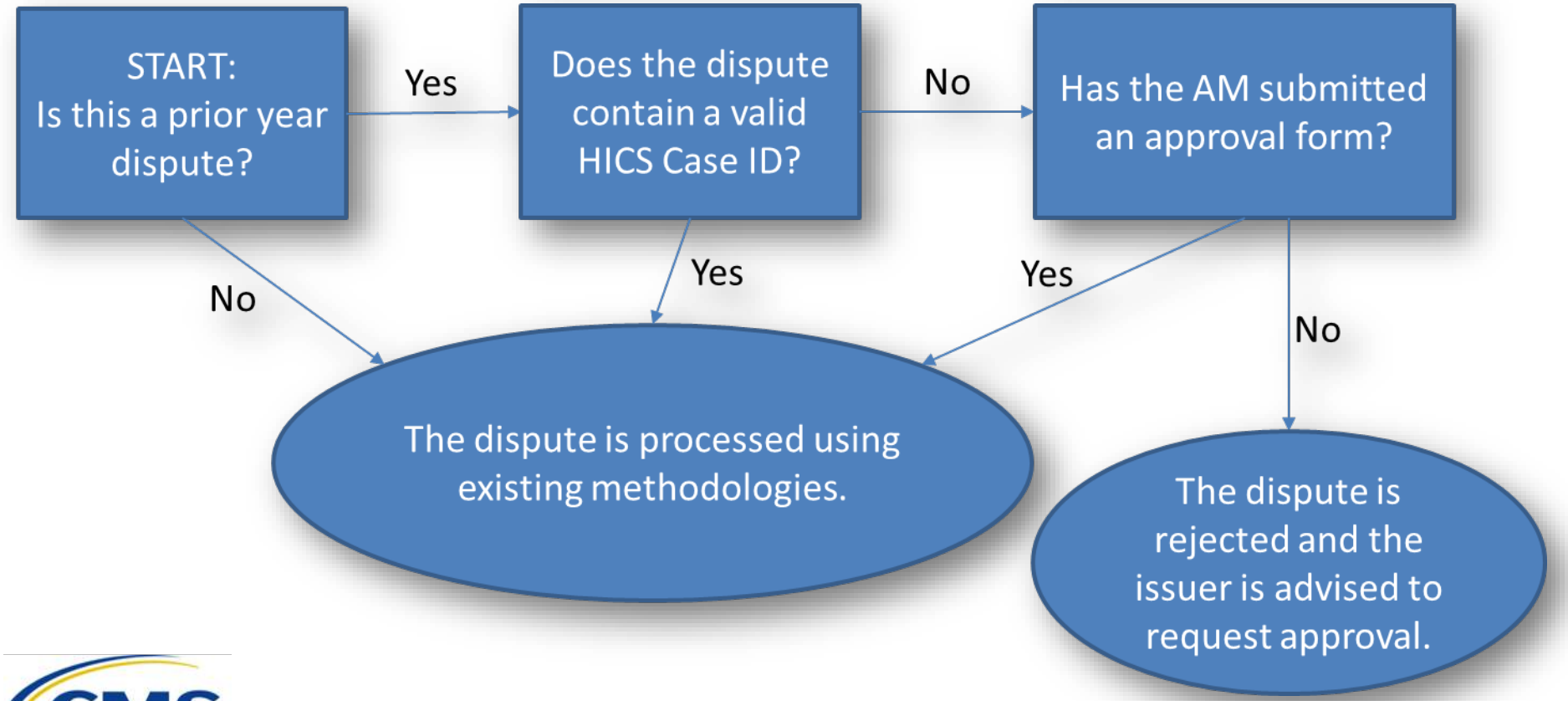
- ER&R is now accepting all types of Enrollment Disputes for 2019 policies.
- The current Enrollment Dispute Add-ins will now accept 2019 as a valid coverage year.
  - ER&R recommends that issuers utilize the Add-ins as they perform many additional pre-validation checks on the disputes.
  - The Add-ins can be found on zONE at: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation
- As a reminder, 2018 policies are still considered “current year” for dispute purposes until May 01, 2019.

Account Manager Approval for Prior Year Disputes

- Starting May 1, 2019, CMS is implementing a new policy requiring Account Managers (AMs) to approve prior year disputes before issuers submit them to ER&R.
  - This will not be required for HICS Direct Disputes or prior year disputes that contain supporting HICS cases.
  - This change impacts both Payment and Enrollment Disputes.
- The process flow for prior year disputes will be as follows:
  - The issuer contacts their AM for approval before submitting prior year disputes.
  - The AM reviews the request to determine if it is appropriate.
  - If necessary, the AM replies to the issuer to clarify the details of the disputes.
  - The AM completes the AM Prior Year Dispute Approval Form.
  - The AM emails the form to ER&R.
  - ER&R emails both the AM and the issuer once the form has been processed.
  - Issuers may submit the approved prior year disputes until 3:00 PM ET on the expiration date provided by the AM.
- There are no changes to the Issuer Dispute process for current year disputes.
- CMS encourages issuers to carefully monitor payment and enrollment data throughout the year and submit timely disputes as necessary.

Prior Year Dispute Validation Checks

- ER&R will perform initial validation checks after receiving a dispute:



zONE Publications

- Disposition and Detail Code List v20 is available on CMS zONE. The new version includes the new and updated detail codes.
- Issuers can review the updated documentation on CMS zONE:
  - https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

Questions?

To submit or withdraw questions by phone:

- Dial *# (star-pound) on your phone's keypad to ask a question.
- Dial *# (star-pound) on your phone's keypad to withdraw your question.

To submit questions by webinar:

- Type your question in the text box under the 'Q&A' tab.

Upcoming Webinar

Webinar	Event Date	Event Time
FM Payment Processing 2019 Q2	Monday, April 22, 2019	2:00 p.m. – 3:30 p.m. ET

APPENDIX

Payment Activity Key Dates

Key Payment Activities	January	February	March
Initial Invoice sent to Issuers	January 9th-11th	February 8th-12th	March 11th-13th
Preliminary Payment and Payee Information Reports sent to Issuers	January 11th-15th	February 13th-15th	March 13th-15th
Treasury issues payments to Issuers	January 22nd	February 20th	March 20th
HIX 820 Payment transactions sent to Issuers	January 31st	February 28th	March 29th

ACCESS TO CMSzONE

Step 1: CMS Secure Portal Registration Process:

(Pre-requisite to CMSzONE Access)

1. Register for access at CMS Secure Portal Here: https://portal.cms.gov/
2. Click on “New User Registration” under CMS Secure Portal
3. Complete information and create User ID and Password

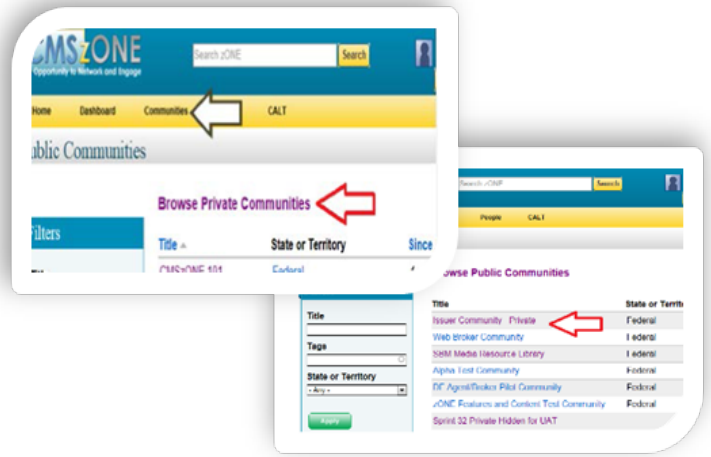
Step 2: CMS zONE Access Request:

1. Log in at https://portal.cms.gov/ with your CMS Secure Portal credentials
2. Click on “Request Access Now”
3. Scroll down the page to find “zONE” and click on “Request Access”
4. Complete information and wait for confirmation email
5. Once confirmation email is received, user may log-in to CMSzONE

Step 3: CMSzONE Private Issuer Community Access:

(*After being granted CMS zONE access)*

1. Log into zONE; click on the **Communities tab**
2. Click **Browse Private Communities**
3. Click **Issuer Community – Private**
4. Click **Join Community**
5. Provide explanation of why you need access to this community; **Include**:
   - **name and contact information**
   - **Issuer POC contacts**
   - **specific work for Issuer** ***(i.e. fill out QHP templates, processing 834’s, etc.)***



User Access Quick Guide

A copy of the comprehensive User Access Quick Guide is posted on zONE @: https://zone.cms.gov/document/zone-end-user-access-quick-guide *(pre-log in required to access zONE links)*

Points of Contact

- CMS directs Issuers to contact the Federal Enrollment and Payment System (FEPS) Helpdesk with technical questions or issues. Issuers can contact the FEPS Helpdesk at CMS_FEPS@cms.hhs.gov
- CMS directs Issuers to contact the Marketplace Payments Team with questions related to the Manual Payment Process. Issuers can contact Marketplace Payments at marketplacepayments@cms.hhs.gov
- CMS directs Issuers to contact the Financial Management Coordination Center (FMCC) with questions regarding the PBP process. Issuers can contact the FMCC at FMCC@cms.hhs.gov
- CMS directs Issuers to contact the Enrollment Reconciliation and Resolution (ER&R) contractor with questions regarding the discrepancy reporting process, as well with dispute form submissions. Issuers can contact the ER&R contractor at errsupportcenter@cognosante.com

Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
PY	Policy Year or Prior Year
FFE	Federally-facilitated Exchange
FMCC	Financial Management Coordination Center
HIOS	Health Insurance Oversight System
HIX	Health Insurance Exchange
PBP	Policy-based Payments
PNR	Payee Information Report
PPR	Preliminary Payment Report
RCNI	Reconciliation Inbound
SBE	State-based Exchange
ER&R	Enrollment Reconciliation and Resolution

Acronyms

Acronym	Definition
HICS	Health Insurance Caseworker System
QHPID	Qualified Health Plan ID
PNR	Payee Information Report
CSR	Cost-sharing Reduction

Resources

Resources

Inbound 834 Process (CMS zOne Dedicated Page):

- Production Overview, Technical Specifications, Reporting
- For further assistance, please contact: Inbound834@bah.com

Enrollment Reconciliation:

- For further assistance, please contact: recon_Issuer_support@bah.com

Dispute submission:

- Resources
  - Enrollment dispute form: https://zone.cms.gov/system/files/documents/enrollment_dispute_form_v10_20170901_1.xlsx
  - Payment dispute form: https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xlsx
  - Combined Enrollment and Payment Dispute Technical Reference Guide: https://www.regtap.info/reg_librarye.php?i=2664.
  - For further assistance, please contact the ER&R Support Center at errsupportcenter@cognosante.com or (855) 591-7113

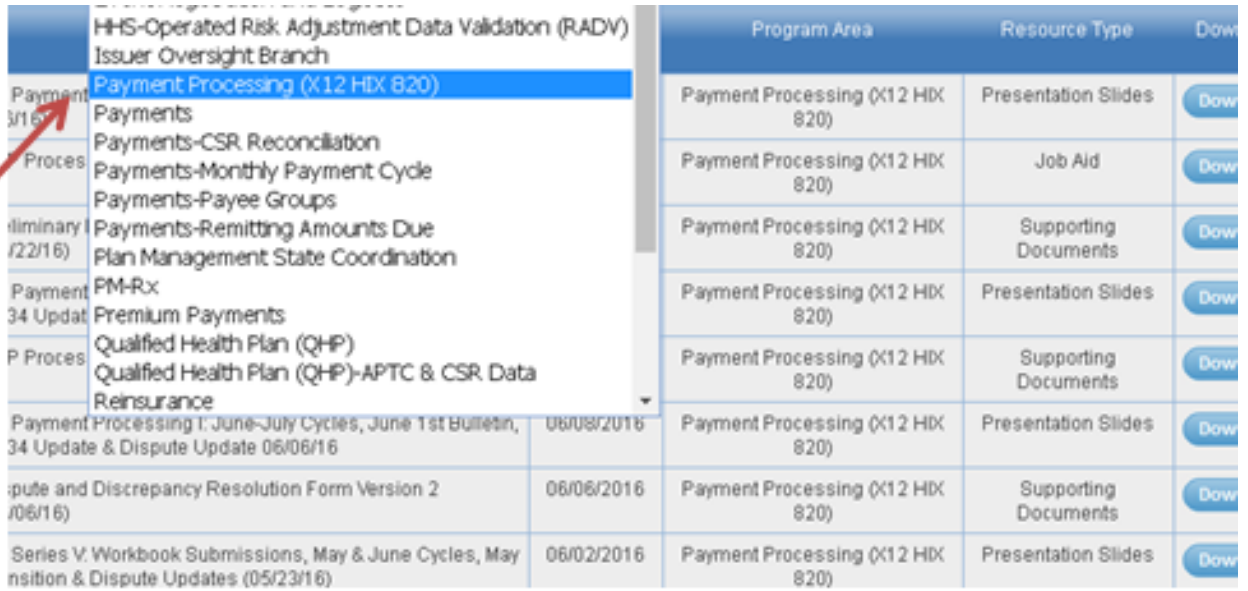
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Consumer website on Health Reform	http://www.healthcare.gov/
ASC X12 Store	http://store.x12.org/store/health-insurance-exchanges
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
CMS zONE – reference material	https://zone.cms.gov

Document Location

Additional Materials for FM Payment Processing II are available in the REGTAP Library at https://www.REGTAP.info.

Under Program Area, select "Payment Processing (X12 HIX 820)"



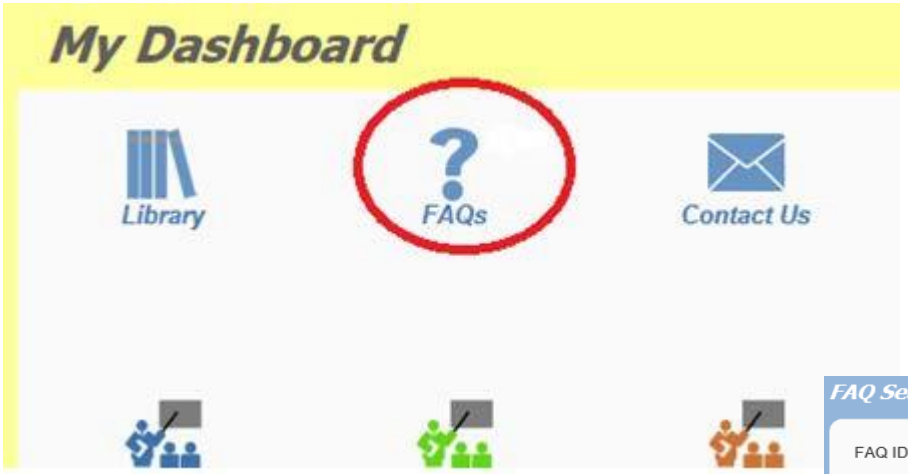
Inquiry Tracking and Management System (ITMS)

Stakeholders can submit inquiries to ITMS at https://www.REGTAP.info.

Select “Submit an Inquiry” or to view submitted inquiries select ‘My Inquiries’ from My Dashboard.

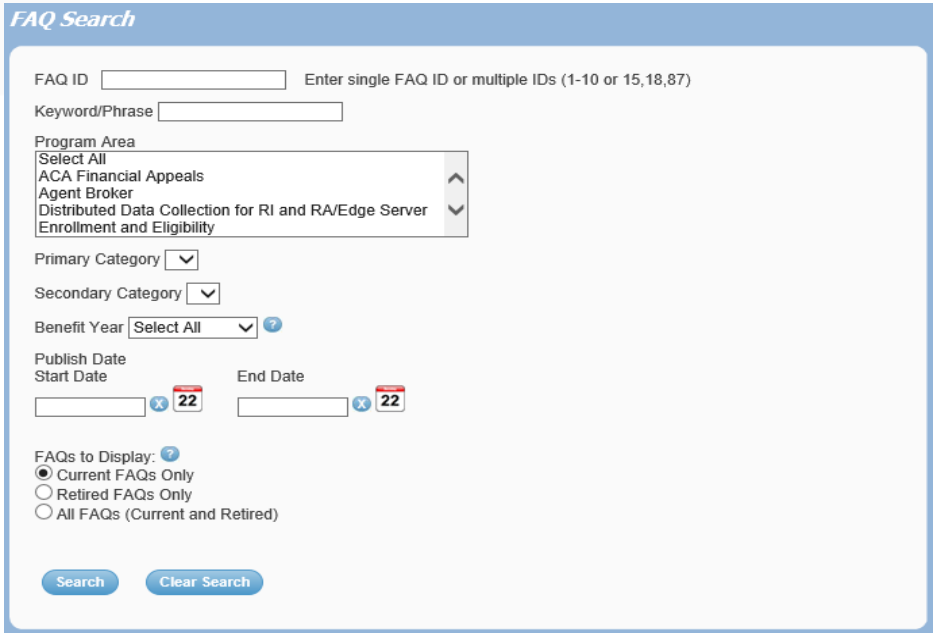


FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs, and Publish Date.

FAQ Database is available at https://www.regtap.info/.



Closing Remarks