FM Payment Processing

New Issuer Training

Division of Financial Transfers and Operations (DFTO)

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

- Payments Overview
- HIOS/Vendor Management
- EDI Onboarding and Testing
- Enrollment Data Alignment and Policy-Based Payments
- Enrollment Data Alignment
- 834 Outbound and Inbound Transactions
- Enrollment Reconciliation Overview
- The Monthly Payment Cycle and Policy-Based Payments
- Preliminary Payment Report, HIX 820, and Payee Information Report
- Invoicing and Collections
- Discrepancy Reporting
- January Recon and Payment Calendars
- 2020 Checklist for New FFE Issuers

Webinar Purpose

The purpose of this webinar is to provide new 2020 Federally-Facilitated Exchange (FFE) issuers with a complete overview of the end-to-end Enrollment, Vendor Management (VM), Financial Management (FM) payment and invoicing processes.

Intended Audiences

- Associations
- New 2020 FFE issuers
- New 2020 FFE Stand-Alone Dental Plans (SADP)
- New 2020 Vendors/Third Party Administrators (TPAs) and Clearinghouses

Payments Overview

Steps to Receiving Accurate FFE Payments

Receipt of accurate and timely payment of Advance Premium Tax Credit (APTC) and payment of user fees (UF) involves 4 major steps:

- **Onboarding**: Prior to December 2019, ensure connectivity and correct information has been filed with the Centers for Medicare & Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS), Vendor Management (VM), and the Electronic Data Interchange (EDI) onboarding processes
- **Enrollment data alignment**: Exchange of enrollment transactions and files with CMS to align Issuer and CMS records of enrollment
- **Receive Policy-Based Payment and Review Payment Report** through CMS's monthly payment process
- **Submit Disputes** to CMS for any identified discrepancies

New Issuer Onboarding

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

New Issuer Onboarding

- ❑ HIOS Account Setup & User Roles
- ❑ Salesforce/Vendor Management (VM) Tool
- ❑ EDI Registration

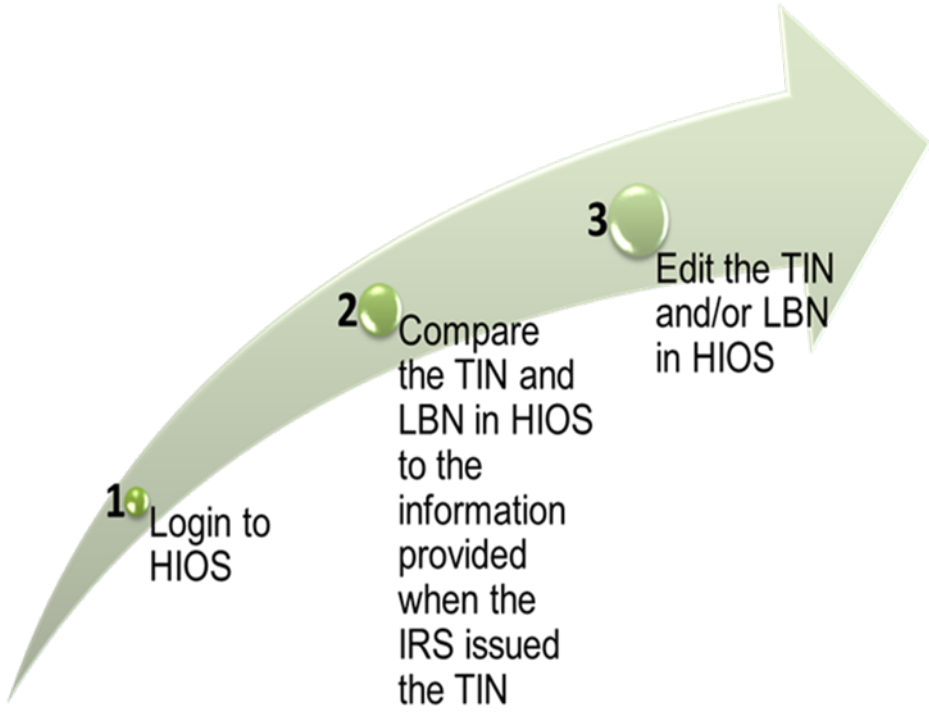
HIOS TIN/LBN Information

To create/edit an Organization's TIN and LBN in HIOS when necessary:

- ❑ Company Administrator: Can edit the TIN and LBN in HIOS
- ❑ Issuer Administrator: Can edit Issuer level information

For HIOS assistance contact the Marketplace Service Desk

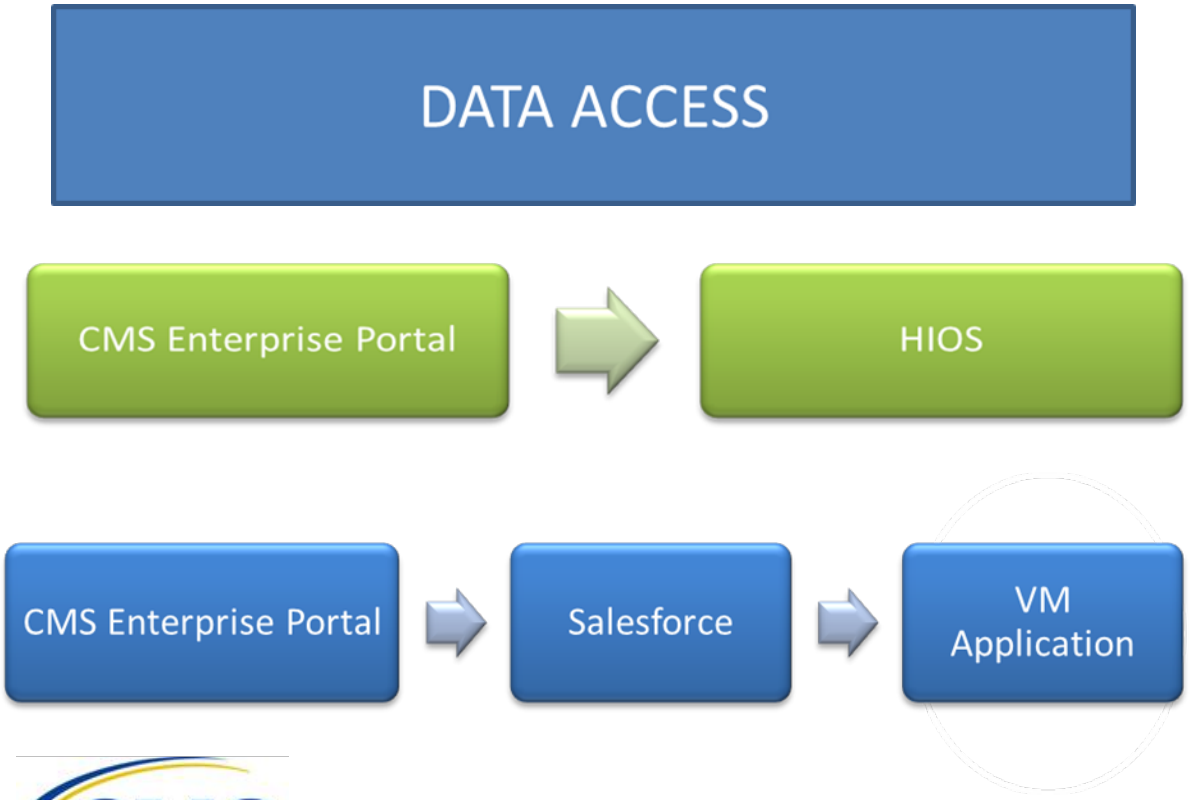
- Call: 1-855-267-1515
- Email: CMS_FEPS@cms.hhs.gov



Salesforce/VM Tool

Salesforce VM Tool Overview

New Issuer Onboarding
The Salesforce Vendor Management (VM) Tool is accessed to add/edit and review/approve Payee Records



- The CMS Enterprise portal allows issuers to access HIOS to request User Roles and account setup
- The CMS Enterprise portal also allows issuers to access the Salesforce VM Tool. All users must request access to Salesforce and the VM Tool from the CMS Enterprise Portal
- Users only need to request access to Salesforce and the VM Tool one time. After access is granted, they can access the VM Tool by logging into the CMS Enterprise Portal and navigating to the VM Tool

CMS Enterprise Portal Access

Register for a CMS EIDM Account

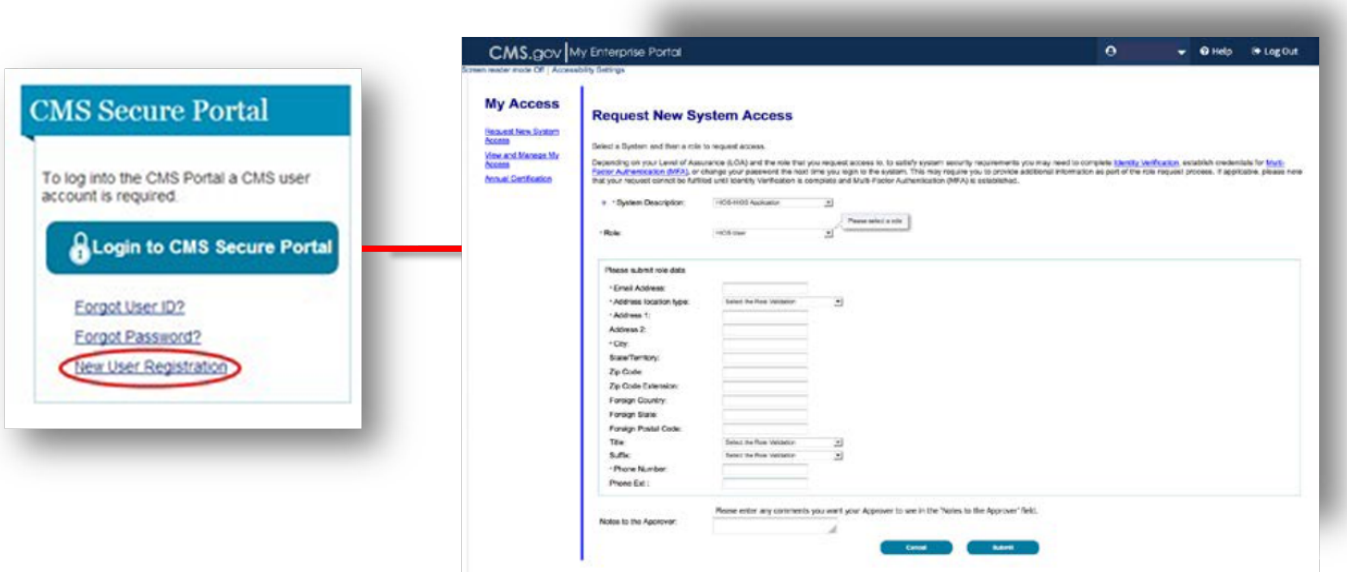
(For New User)

To access HIOS, new users enter the CMS Enterprise Portal and register for a CMS EIDM account

- Refer to the ***Health Insurance Oversight System Portal User Manual***

HIOS Registration

Request a HIOS Account (New User Registration)



- User must request a HIOS Role and complete remote identity proofing (for new users)
  - Refer to the **Health Insurance Oversight System Portal User Manual** for additional instructions on HIOS account setup

HIOS Registration (Cont.)

- ❑ Register an organization in HIOS
- ❑ Add Issuers to an organization in HIOS
- ❑ Request HIOS Financial Management roles
  - ✓ User should request the Payee Submitter or Payee Validator roles in HIOS

  - ➢ Refer to the **Health Insurance Oversight System Portal User Manual** for instructions on HIOS Account Setup

VM User Roles in HIOS

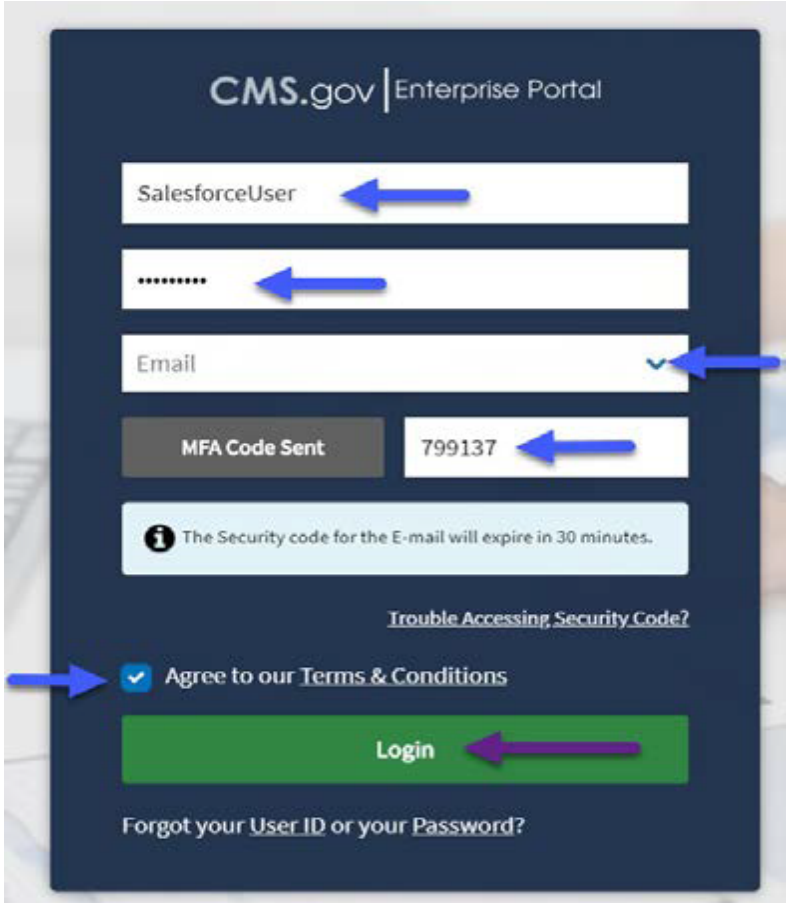
VM User Roles

Two (2) issuer user roles are required for submission and approval of payee data in Vendor Management (VM). These are entered in the HIOS system.

Payee Submitter (VM)	Payee Approver (VM)
✓ Add a Payee Record for Tax Identification Numbers (TINs) without a Payee Record ✓ View and Edit existing Payee Records	✓ View and Approve Payee Record. ✓ Update and Edit Authorizing Delegated Official (ADO) contact info

*An individual user may not hold both the submitter and approver user roles in VM

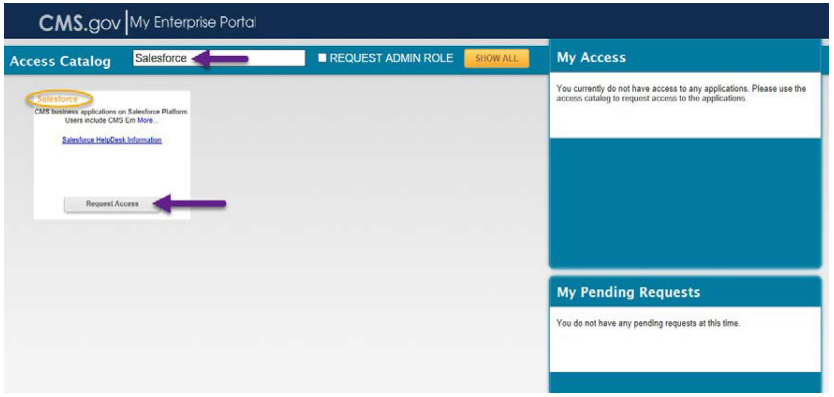
Vendor Management Access



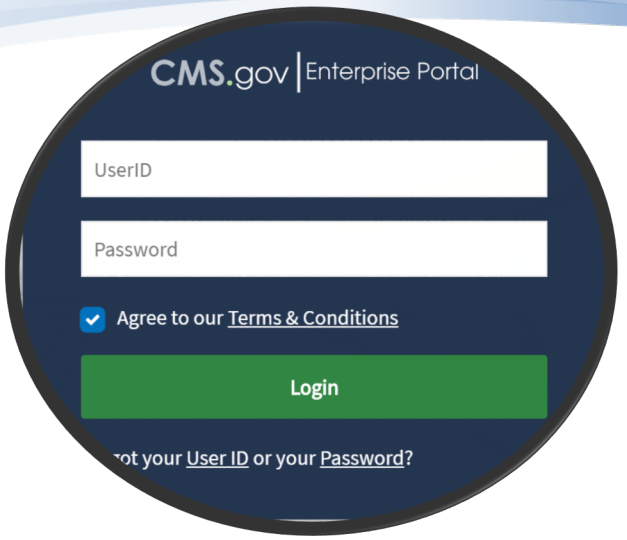
Request VM Salesforce Access

In order to request the VM application and access the VM Tool, users must request access to Salesforce

- Refer to the ***Vendor Management Salesforce Request User Guide***



User Account Access (Cont.)



Access the VM Tool in the CMS Enterprise Portal

✓ Once your access to the Vendor Management application has been approved, you are able to access the VM Tool.

❑ Follow these steps to access the VM Tool in the CMS Enterprise Portal:

1. Navigate to the CMS Enterprise Portal at https://portal.cms.gov
2. 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.
3. Select the Salesforce tile, then select Application from the drop-down menu to open the CMS App Launcher page in a new browser tab.
4. Select the VM tile to open the VM application.
   - ➢ Refer to the ***VM Salesforce Access Request User Guide*** for instructions.

Payee Record

Payee Record Overview

A Payee Record allows your organization to provide the relevant information required to enter into financial transactions with CMS

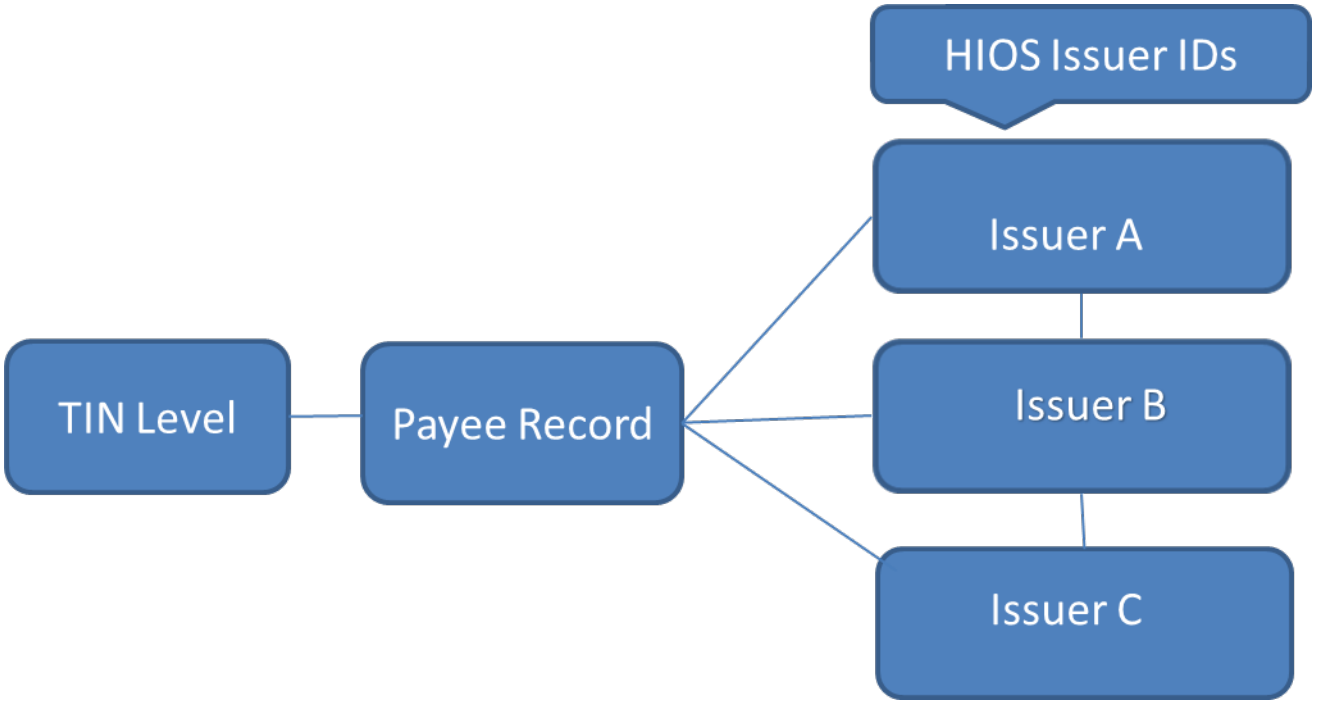
Payee Record Requirements:

- ❑ A Payee Record must include at least one (1) issuer
- ❑ Submit a Bank Verification Letter (BVL)
  - ➢ Payees must have their financial institution submit a BVL to the CMS VM Team
  - ➢ The Bank must submit the BVL directly to CMS via facsimile to (443) 380-5196 to be considered valid

Payee Record Configuration

A Payee Record has a one-to-one relationship with the TIN

- For example, if a company has three (3) HIOS IDs with the same TIN, all HIOS IDs will be associated to the same Payee Record in VM



Vendor Management Reminders

Records that are not approved or remain in an incomplete status at the time of module closing jeopardize Patient Protection and Affordable Care Act (PPACA) program payments for that cycle.

- If your edits include changes to your banking information, your financial institution is required to fax a BVL directly to CMS at (443) 380-5196 to allow CMS to approve these updates. In the interim, your record is in a state of limbo and payments will not be processed.
- You can reach the CMS Vendor Management Team at Vendor_Management@cms.hhs.gov

EDI Onboarding and Testing

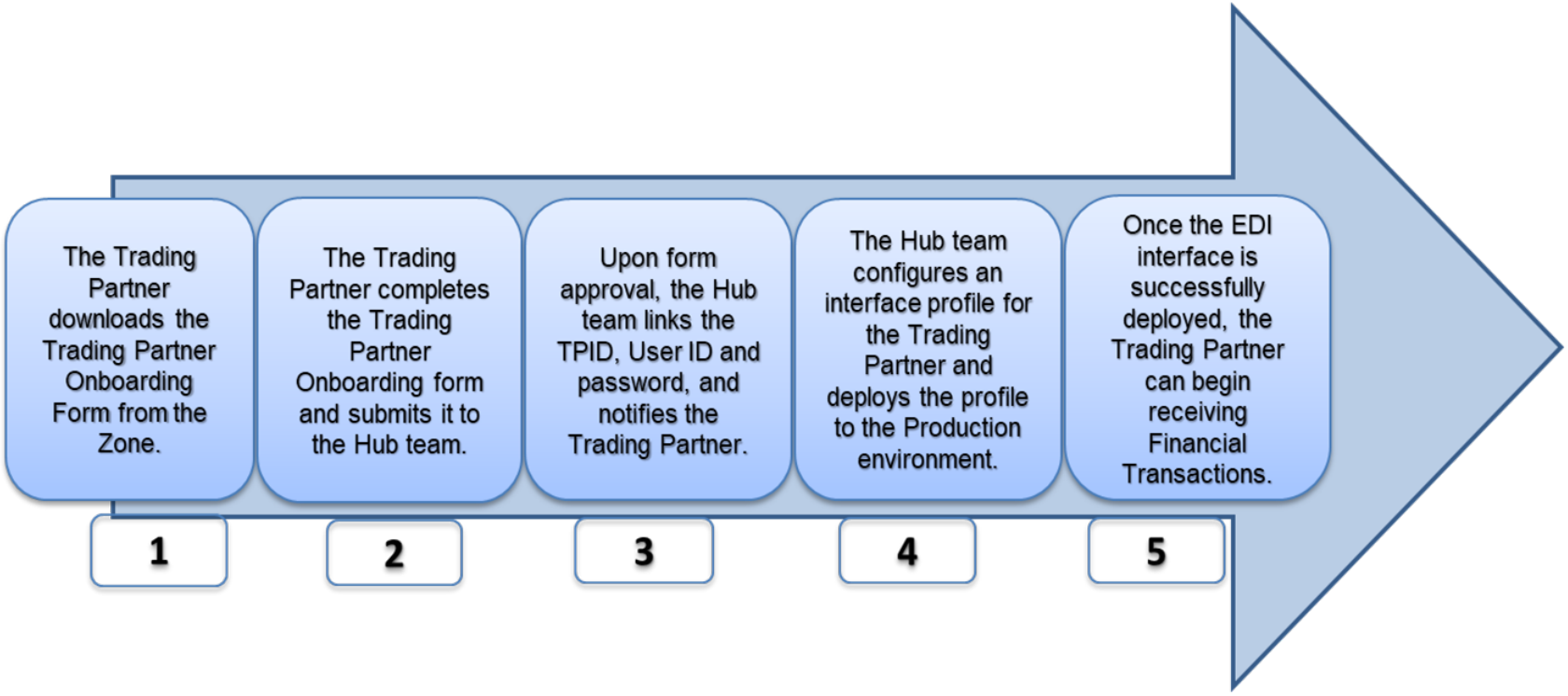
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Testing and EDI Registration Form

- The HUB will facilitate the exchange of Enrollment based, Preliminary Payment Reports (PPR) (I820), HIX 820 (F820), and Payee Information Report (PNR) transactions from CMS to payees and trading partners
- In order to receive HIX 820 transactions or other reports using EFT, Trading Partners (i.e., Payee Groups, SBEs or their designees, and FFE, SBE, and SBE-FP issuers) must register and successfully complete the onboarding process
- Issuers link their Payee Group ID to a registered or new Trading Partner ID and onboard with the HUB
- All issuers and their business associate (clearinghouse or TPA) who receive the payment transactions on their behalf must complete onboarding prior to December 2019
- Issuers may reach out to CMS_FEPS@cms.hhs.gov mailbox if they need any additional information related to form submission

Testing and EDI Registration Form



Enrollment Data Alignment and Policy-Based Payments

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Payment Overview

- All issuers in the individual market receives APTC and User Fee (UF) (as applicable) policy-level payment and charges using the process known as Policy-Based Payments (PBP)
- PBP makes APTC payments to issuers, and collects FFE user fees, based on effectuated enrollment information in the FFE system
- Therefore the exchange of information about consumer enrollment between CMS and FFE issuers or SBE drives payment accuracy

Enrollment Data Alignment

Enrollment Data Alignment Overview

CMS exchanges enrollment information with FFE issuers through three major processes:

1. Outbound and Inbound 834 Transactions, exchanged daily
2. Monthly enrollment reconciliation
3. Discrepancy reporting

834 Outbound and Inbound Transactions

834 Transaction Key Points

- Initial enrollment information is sent for each enrollee or enrollment group to the Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) issuer via an 834 transaction (*Outbound* 834 transaction)
- Once the enrollee makes the payment to the selected QHP issuer for the individual exchange, the issuer adds the effectuated policy into their system with the correct benefit, plan, etc.
- Once the enrollment processes are complete and coverage is effectuated, the QHP issuer sends an 834 transaction (*Inbound* 834 transaction) to the FFE confirming enrollment status
- CMS uses the 834 enrollment transaction to collect data on enrollment status and issuer assigned IDs for issuer Assigned Policy ID, issuer Assigned Subscriber ID, issuer assigned Member ID and last paid date

Outbound 834 Transaction

- An **Outbound 834 Transaction** is created by the FFE and sent to the QHP issuer after an individual or group has submitted an application, has been determined eligible and selected a QHP
- Upon receipt at the issuer's EDI platform, the issuer is to generate the TA1 and 999 Acknowledgment transactions which are returned to the FFE EDI platform within 48 hours
- The EDI team will perform outreach if the acknowledgment timer exceeds 48 hours

Inbound 834 Transaction

- An **Inbound 834 Transaction** is created by the QHP or QDP issuer and sent to the Data Services Hub (the HUB) once the initial enrollment transaction is confirmed (effectuated or canceled)
- Inbound 834 Transactions update FFE insurance policies in near "real-time" as issuers report a policy's change in payment (or non-payment) status.

Except where specified by the 005010X220A1 Technical Report Type 3 (TR3) and the CMS 834 Companion Guide, issuers must re-transmit all appropriate information transmitted on the Outbound 834 Transaction.

834 Resources

The most current 834 resources can be found at the following links:

- **Tester's General Quick Reference Guide:**
  https://zone.cms.gov/document/2018-open-enrollment

New M834 Consumer Application Test Data Set:

- https://zone.cms.gov/document/m834-application-data
  Note: Today tweaked baseline August scenarios (suffixes ending with "1" and "2")

M834 Test Scenarios Spreadsheet (all 30 at a glance)

- (Please note the initial effective dates show 1/1, in contrast to test data set where initial effective dates are for summer months, reflecting current system non-OE period)
- https://zone.cms.gov/document/maintenance-834-test-scenarios

M834 Operations Manual

- https://zone.cms.gov/document/federally-facilitated-marketplace-maintenance-834-operations-manual

834 Companion Guide:

- https://zone.cms.gov/document/asc-x12-005010-834-companion-guide

EDI File Naming Guide:

- https://zone.cms.gov/document/eft-file-naming-conventions
- https://www.regtap.info/reg_librarye.php?i=2670

Business Application Acknowledgement (BAA) User Guide:

- https://zone.cms.gov/document/business-application-acknowledgment-user-guide

New Issuer Onboarding Presentation delivered at April 2019 Plan Management event:

- https://www.regtap.info/reg_librarye.php?i=2851

Enrollment Reconciliation Overview

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

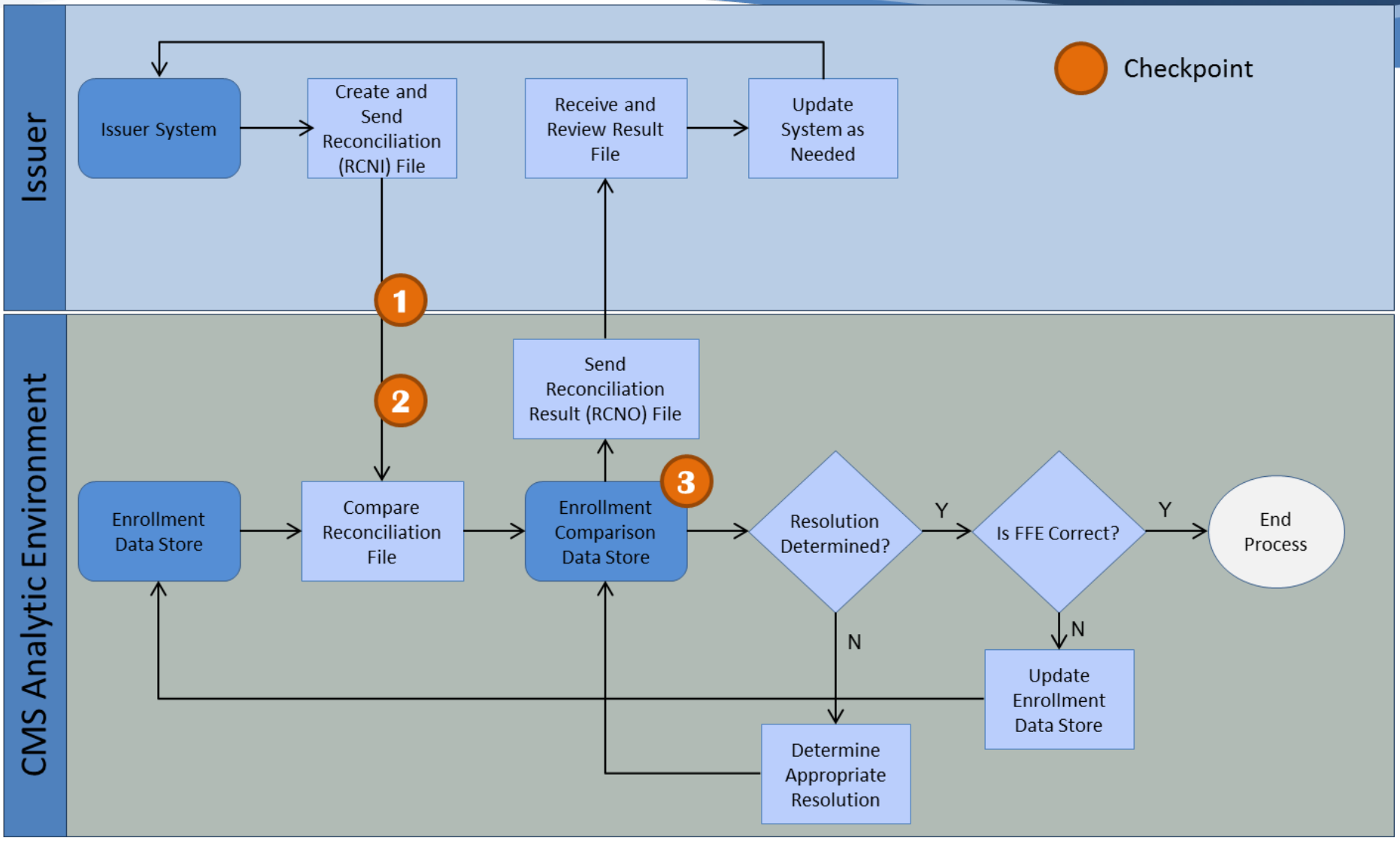
Overview of Enrollment Pre-Audit File

- CMS produces and distributes pre-audit files to issuers on a monthly basis
  - This pre-audit file also represents the effectuated enrollments for which issuers will receive policy-based payments (as applicable) for the subsequent month
- The pre-audit file will *not* be in the EDI 834 format; it will be a pipe-delimited flat file
- All pre-audit files are year-specific; pre-audit files for 2020 will only contain data pertaining to enrollments effective 1/1/2020 – 12/31/2020
  - This includes effectuated, uneffectuated, and cancelled enrollment records
  - Prior Year Pre-Audit Files are incremental
    - These files only provide the difference between the last Pre-Audit and the current one

Enrollment Data Reconciliation Concepts

- To ensure consistency between FFE and issuer enrollment data throughout plan year 2020, CMS will be initiating monthly reconciliation of 2020 enrollment data early in December 2019
- Per regulatory requirement, issuers must reconcile enrollment data with CMS ***on a monthly basis***
- Issuers will submit an inbound reconciliation file for each Trading Partner ID during each monthly cycle
- CMS will perform an initial validation on the issuer file, match issuer enrollment records to FFE records, and compare on a field-by-field basis for matched records
  - Results of matching and field-by-field comparison are sent to issuers via the outbound reconciliation file

High-Level Reconciliation Approach



Key Data Elements

Member Attributes	Coverage Attributes	Financial Attributes
First Name	QHP ID	Tobacco Status
Last Name	Benefit Start Date	Applied APTC Amount
DOB	Benefit End Date	APTC Effective / End Dates
Gender	Effectuation Status	Advance Payment Amount
SSN	Exchange-Assigned Policy ID	Effective / End Dates
Subscriber Indicator	Exchange-Assigned Subscriber ID	Total Premium Amount
Relationship Code	Exchange-Assigned Member ID	Total Premium Effective / End Dates
Residential Address	Issuer-Assigned Policy ID	
Mailing Address	Issuer-Assigned Subscriber ID	
	Issuer-Assigned Member ID	
	Agent/Broker Information	

Enrollment Reconciliation: Reference Materials & Support

The most current reference materials are available on CMS zONE at:

- https://zone.cms.gov/document/enrollment-data-reconciliation

Materials include:

- Reconciliation Education Suite:
  - https://zone.cms.gov/system/files/documents/enrollment_reconciliation_education_suite_v4_1_1.pdf
- Pre-Audit File Specification:
  - https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v4_0_1.pdf
- Inbound Reconciliation File Specification:
  - https://zone.cms.gov/system/files/documents/inbound_enrollment_reconciliation_file_specification_v4_0_1.pdf
- Outbound Reconciliation File Specification:
  - https://zone.cms.gov/system/files/documents/outbound_enrollment_reconciliation_file_specification_v4_0.pdf

If you have questions on Enrollment Reconciliation, please send them to the Help Desk (cms_feps@cms.hhs.gov) with the subject line "RECONCILIATION – QUESTION"

Discrepancy Reporting

- Issuers are required to submit timely enrollment and/or payment disputes to CMS to correct any discrepancies not resolved through enrollment reconciliation
- See final section of this presentation for more information

The Monthly Payment Cycle and Policy-Based Payments

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

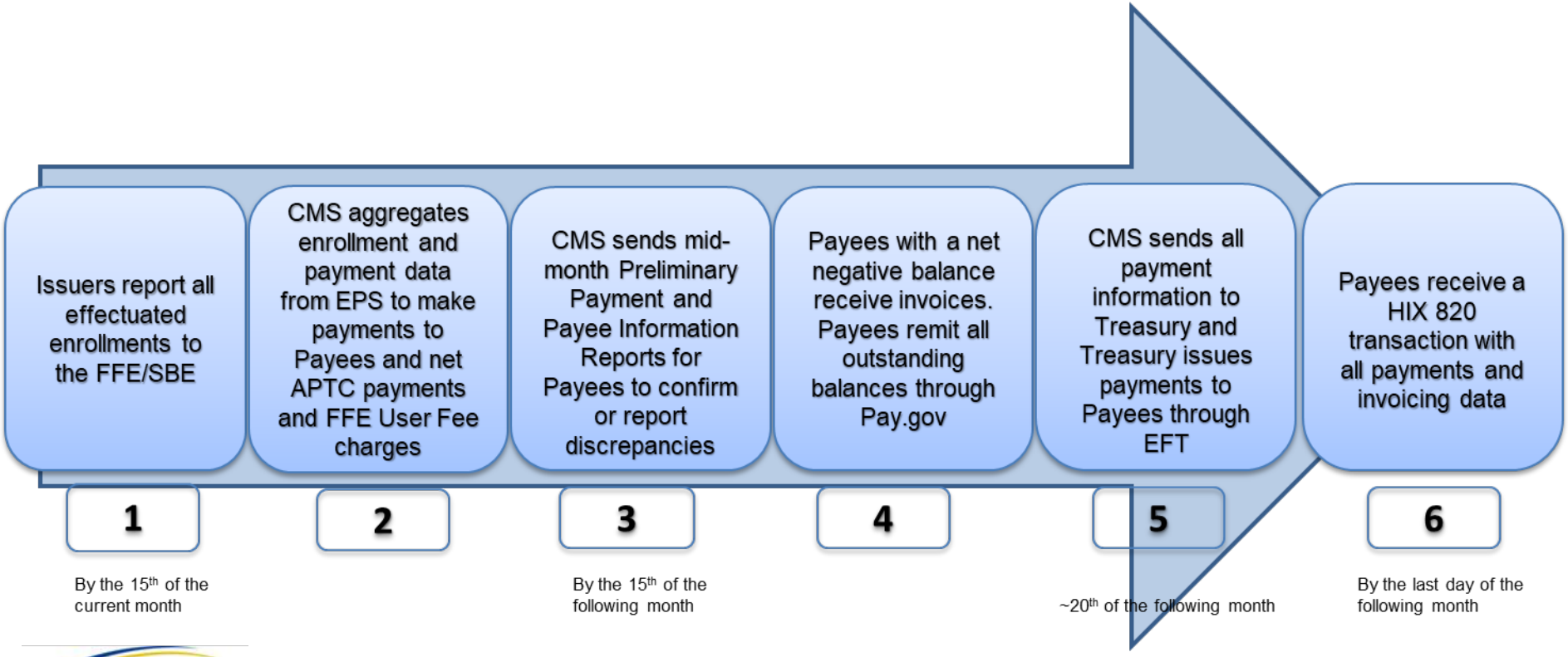
Policy-based Payments Overview

The high-level monthly process for making payments includes:

- **10th of prior month:** SBE enrollment submitted by states
- **15th of prior month:** Snapshot of the FFE and SBE enrollment used as basis for the month's payment
- CMS calculates policy-based payments of APTC and UF and aggregates with any other payments (e.g., RA); nets payments and charges
- **~10th–13th of Payment Month:** Payees receive invoices (if applicable)
- **~15th of Payment Month:** PPRs and PNRs sent to payees
- **~20-22 of Payment Month:** Payees receive payment
- **By the End of Payment Month:** Payees receive HIX820 (if applicable)

Policy-based Payments Overview

End-to-End Policy-based Payment Process



Preliminary Payment Report, Payee Information Report, and HIX 820

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

PPRs

- In the middle of each month, payees will receive a PPR
  - The PPR is a pipe-separated file and contains all the policy-level payment details for a payee
- All payees will receive one PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month. This will include program level payments as well
- Payees will receive one PPR with all their policy-level details and program level details, regardless of payment amount or number of policies

Pipe-separated File Example

After Pipe-separating:

11	Issuer ID	Issuer APTC Total($)	Issuer CSR Total($)	Issuer UF Total($)	Last Name	First Name	Middle Name	Name Prefix	Name Suffix	Exchange Assigned Subscriber	
12	12482	398.14	418.88	-69.83	Brockyaar	CHARLES	null	null	null	0000071021	12482AR001000101	000017054371021	null	null	174.19	UF	-6.1	null	null	20150801	2015
13	12482	398.14	418.88	-69.83	Brockyaar	CHARLES	null	null	null	0000071021	12482AR001000101	000017054371021	null	null	null	APTC	56.57	null	null	20150801	20
14	12482	398.14	418.88	-69.83	Copelandyaar	MARTIN	null	null	null	0000071112	12482AR001000201	000017088371112	null	null	null	APTC	99.99	null	null	20150801	
15	12482	398.14	418.88	-69.83	Copelandyaar	MARTIN	null	null	null	0000071112	12482AR001000201	000017088371112	null	null	197.47	UF	-6.91	null	null	20150801	
16	12482	398.14	418.88	-69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	null	CSR	68.72	null	null	20150801	20150
17	12482	398.14	418.8	69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	197.53	UF	-6.91	null	null	20150801	2015
18	12482	398.14	418.8	69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	null	CSR	63.82	null	null	20150801	201508
19	12482	398.14	418.8	69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	null	CSR	57.18	null	null	20150801	2015083
20	12482	398.14	418.8	69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	169.1	UF	-5.92	null	null	20150801	2015083
21	12482	398.14	418.8	69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	null	APTC	0	null	null	20150801	20150831
22	12482	398.14	418.8	69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	null	APTC	0	null	null	20150801	20150831
23	12482	398.14	418.8	69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	204.26	UF	-7.15	null	null	20150801	20150
24	12482	398.14	418.8	69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	null	APTC	0	null	null	20150801	2015083
25	12482	398.14	418.8	69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	152.52	UF	-5.34	null	null	20150801	201508
26	12482	398.14	418.8	69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	null	APTC	0	null	null	20150801	20150831
27	12482	398.14	418.8	69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	null	CSR	66.23	null	null	20150801	201508
28	12482	398.14	418.8	69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	null	CSR	70.05	null	null	20150801	201508
29	12482	398.14	418.8	69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	null	APTC	99.97	null	null	20150801	20150
30	12482	398.14	418.8	69.83	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	238.03	UF	-8.33	null	null	20150801	2015
31	12482	398.14	418.88	69.83	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	null	CSR	92.88	null	null	20150801	20150
32	12482	398.14	418.88	-69.8	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	null	APTC	74.78	null	null	20150801	201
33	12482	398.14	418.88	-69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	181.01	UF	-6.34	null	null	20150801	20150
34	12482	398.14	418.88	-69.83	Fitzgeraldyaar	HELEN	null	null	null	0000071199	12482AR001000401	000017120671199	null	null	152.86	UF	-5.35	null	null	20150801	2

Each field is separated by a pipe character

PPR Example

A sample PPR can be found in the next few slides and is posted in REGTAP and zONE

Transaction Set Control	54
Run Date	06/23/2015 3:06
Payee ID	K012001
Payment Method Code	NON
Policy-Based Transition M	201505
Total Payment($)	413.36
Payee APTC Total($)	256.53
Payee CSR Total($)	193.46
Payee UF Total($)	-36.63

Issuer ID	Issuer APTC Tot	Issuer CS	Issuer UF Tota	Last Name	First N	Exchange Assigned S	Exchange Assigned Q	Exchange Assigned	Policy Total Premiu	Excha	Payment Amoun	Coverage Period Start Da	Coverage Period End Da
12482	256.53	193.46	-36.63	Brockyaar	CHARLE	71021	12482AR001000101	17054371021	174.19	UFADJ	-6.1	20150501	2015053
12482	256.53	193.46	-36.63	Brockyaar	CHARLE	71021	12482AR001000101	17054371021	null	APTCAD	56.57	20150501	2015053
12482	256.53	193.46	-36.63	Copelandyaa	MARTIN	71112	12482AR001000201	17088371112	null	APTCAD	99.99	20150501	2015053
12482	256.53	193.46	-36.63	Copelandyaa	MARTIN	71112	12482AR001000201	17088371112	197.47	UFADJ	-6.91	20150501	2015053
12482	256.53	193.46	-36.63	Landersar	John	74340	12482AR001000302	18184774340	null	CSRADJ	57.18	20150501	2015053
12482	256.53	193.46	-36.63	Kiddnaar	Harold	74269	12482AR001000302	17423274269	152.52	UFADJ	-5.34	20150501	2015053
12482	256.53	193.46	-36.63	Kiddnaar	Harold	74269	12482AR001000302	17423274269	null	CSRADJ	66.23	20150501	2015053
12482	256.53	193.46	-36.63	Landersar	John	74340	12482AR001000302	18184774340	169.1	UFADJ	-5.92	20150501	2015053
12482	256.53	193.46	-36.63	Whiteyar	Randy	74367	12482AR001000304	18206774367	181.01	UFADJ	-6.34	20150501	2015053
12482	256.53	193.46	-36.63	Whiteyar	Randy	74367	12482AR001000304	18206774367	null	APTCAD	99.97	20150501	2015053
12482	256.53	193.46	-36.63	Whiteyar	Randy	74367	12482AR001000304	18206774367	null	CSRADJ	70.05	20150501	2015053
12482	256.53	193.46	-36.63	Barberar	INGEBOF	60041	12482AR001000501	16700760041	171.91	UFADJ	-6.02	20150501	2015053

PPR Transmission

- The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the States or the Payees
- The function code for the PPRs will be I820
- The file names will be in the following format:
  - TradingPartnerID.FunctionCode.Date.Time
  - For example: 1234567.I820.D150529.T124846968.P.OUT
- CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs

PPR Example - Excel format

PPR FFE-SBE Pipe delimited Sample.Txt

PPR Transmission - Supplemental Informational PPR for AR, NM and NV

- The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the states or the payees
- The function code for the PPRs will be D820
- The file names will be in the following format:
  - TradingPartnerID.FunctionCode.Date.Time
  - For example: 1234567.D820.D150529.T124846968.P.OUT
- CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs

D820-PPR Sample Excel Format

PPR Resources

- FM Additional Testing PPR Scenarios:
- FFE Preliminary Payment Report Schema: https://www.regtap.info/reg_librarye.php?i=1282

PNR Report Details

Payee Information Report

- Provides a snapshot of payee Accounts Payable (AP) and Accounts Receivable (AR) as of the report run date and includes current payment cycle netting that occurred along with any outstanding AR balances as of the report run date
- Transmitted to payees around same time of month as PPRs
- Generated at payee level for all programs and transmitted in pipe delimited format to the same EFT Folder as other payment reports (i.e. PPR and HIX 820) with function code: PNR

Transaction Details:

- Includes all current payment cycle APs and ARs, similar to the data included on the PPR
- Provides details of any outstanding ARs, their original transaction amount, and amount prior to netting in the current payment cycle
- Shows the netting that occurred in the current payment cycle, payments made through EFT, and any remaining AR balance
- Report will be generated even if current cycle APs/ARs do not exist for payee, as long as payee has outstanding ARs

PNR Program Information

The Program column of the PNR will display the same program type codes that are found on the PPR and HIX 820, and also included on the Washington Publishing Company (WPC) site. Please note the following exceptions and clarifications to this:

Program Type Code on PPR and HIX 820	Program on Payee Information Report
RAD	RA
UFR, SHOPUF	UF
CSRN	CSR

*For more information, please see http://www.wpc-edi.com/reference/

Sample PNR (Pipe Delimited Format)

||Centers for Medicare & Medicaid Services
||Payee Information Report

Parameters :
Cycle Date|20170222
Run Date|20170329 11:26:41
Payee ID|A992001
Payee Name|THE IAM LOCAL 2848 FORD RETIREES
Payee Status|NON

Total|Transaction Type|Program|Invoice Number|Invoice Date|Payables Amount|Payables EFT Payment Amount|Receivables Original Amount|Receivables Amount Prior to Netting|Receivables Netting Amount|Receivables Outstanding Balance as of Run Date
|Payables|APTC|A1702A992001004|20170222|1000|1000|||
|Payables|APTC|A1702A992001009|20170222|9000|8000|||
|Receivables|UF|U1702U992001004|20170222|||100|100|100|0
|Receivables|UF|U1702U992001009|20170222|||900|900|900|0
Total|||||10000|9000|1000|1000|1000|0

Sample PNR (Excel Format)

		Centers for Medicare & Medicaid Services									
		Payee Information Report									
Parameters:											
Cycle Date	20170222										
Run Date	20170329 11:26:41										
Payee ID	A992001										
Payee Name	THE IAM LOCAL 2848 FORD RETIREES										
Payee Status	NON										
Total	Transaction Typ	Program	Invoice Numbe	Invoice Date	Payables Amou	Payables EFT Pa	Receivables Or	Receivables A	mReceivables Ne	Receivables Outstanding Balance as of Run Date	
	Payables	APTC	A1702A9920010	20170222	1000	1000					
	Payables	APTC	A1702A9920010	20170222	9000	8000					
	Receivables	UF	U1702U9920010	20170222			100	100	100	0	
	Receivables	UF	U1702U9920010	20170222			900	900	900	0	
Total					10000	9000	1000	1000	1000	0	

HIX 820 Payment Reports

- The HIX 820 is an X12 remittance advice transaction which includes all of the information provided on the PPR, as well as the Treasury EFT trace number and the date the payment was sent to the payees bank account (if applicable)
- CMS uses the HIX 820 to communicate remittance information for the following types of payments and charges related to exchange functions:
  - APTCs
  - FFE Individual UF (if applicable)
  - Risk Adjustment (RA) (if applicable)

The HIX 820 is a separate transaction from the payment transfer and all CMS HIX 820s are outbound only (i.e., from CMS to Payee Groups)

HIX 820 Payment Reports (continued)

- Payees will receive one (1) HIX 820 per month per EFT:
  - The HIX 820 includes policy-level information including any program-level payments, adjustments and other remittance information
- A Payee will receive two (2) or more separate HIX 820s and two (2) or more separate EFT payments if the Payee is set to receive a payment of $100 million or more

Example: Netting Oct Cycle Transactions and Outstanding Sept Cycle Receivable

When there are outstanding unpaid receivables from prior months, any payments will net against those receivables per the standard netting order. This adjustment to total payment will be reflected in the total payment on the HIX 820

Example:

- September Cycle Receivable: $(10,000.00)

Program	Amount	
RA	$	(10,000.00)

- October Cycle Transactions: Net Payment Amount = $110,000.00

Program	Amount	
CSRMADJ	$	10,000.00
APTCMADJ	$	50,000.00
CSRN	$	100,000.00
RAUF	$	(40,000.00)
RA (Sept Cycle Outstanding Unpaid Receivable)	$	(10,000.00)

PPR Example

The PPR provides a list of all October cycle transactions by payee prior to netting across programs and the September outstanding receivable

Transaction Set Control Nu	XXXX															
Run Date	10/06/2016 6:00															
Payee ID	AXXXXXX															
Payment Method Code	NON															
Policy-Based Transition Mo	201610															
Total Payment($)	120000															
Payee APTC Total($)	50000															
Payee CSR Total($)	10000															
Payee UF Total($)	0															
Issuer ID	Issuer APTC Total($)	Issuer CSR Tot	Issuer UF	Exchange	Exchange	Exchange	Issuer Ass	Issuer Ass	Policy Tot	Exchange Pa	Payment Amo	Exchange	Exchange	Coverage Peri	Coverage Period End Date	
12345	50000	10000	0							CSRMADJ	10000			20161001	20161031	
12345	50000	10000	0							APTCMADJ	50000			20161001	20161031	
12345	50000	10000	0							CSRN	100000			20160901	20160930	
12345	50000	10000	0							RAUF	-40000			20160901	20160930	

Netting Order

- The largest AP transaction involved in the current cycle is used to net against the AR according to the netting priority below
  - If there are multiple ARs for the same program, the oldest AR will net first, and if ARs have the same date, the largest AR will net first
  - If there is admin and interest associated with a program, the admin and interest for that program will net first before principal
- Netting Priority
  - RA > (RA) HCRP > APTC > FFE UF, RA UF

HIX 820 Example

The HIX 820 will provide a view of all October cycle transactions and the September offset that occurred due to netting

ns1:ExchangePayme	ns1:PaymentAmns1:ExchangeReportCodens1:DocumentControlN		ns1:PaymentCoverans1:PaymentCovera	
REDUCED	-10000	INVOICERPT	X15XX160912345001	10/01/2016	10/31/2016
APTCMADJ	50000	ISSUERIDRPT	12345	10/01/2016	10/31/2016
CSRN	100000	ISSUERIDRPT	12345	09/01/2016	09/30/2016
CSRMADJ	10000	ISSUERIDRPT	12345	10/01/2016	10/31/2016
RAUF	-40000	ISSUERIDRPT	12345	09/01/2016	09/30/2016

REGTAP Resources

Issuers may find additional information on the HIX 820 Transaction and transition to PBP by clicking the links below:

- FM Policy-based Payments Overview and HIX 820 Testing and Implementation slides https://www.regtap.info/reg_librarye.php?i=927
- FM Policy-based Payments Overview and HIX 820 Companion Guide
- https://www.regtap.info/reg_librarye.php?i=897

Additionally, issuers may search the VM, Payments, and Collections program area page at https://www.REGTAP.info in the REGTAP library for additional supporting documents related to the HIX 820 transaction

CMS zONE Resources

- Companion guide to the HIX 820 file for state and issuer: https://zone.cms.gov/document/hix-820-companion-guide-version-august-2017
- Documents outlining SBE PPR and HIX 820 scenarios: https://zone.cms.gov/document/sbe-ppr-and-hix-820-scenarios
- These are a subset of CMS individual market HIX 820 X12 scenarios. The full set can be found at X12 Examples. Choose which program to open the file. Users find success opening with notepad. - https://zone.cms.gov/document/cms-individual-market-hix-820-x12-scenarios

Invoicing and Collections

Payments and Invoicing Key Points

- On a monthly basis, payments and charges for Exchange programs are aggregated and netted at the Payee Group level and sent to the CMS accounting system for processing
- Payees with a net negative balance will receive an initial invoice for each program for which there is an outstanding balance
- The Payee Group uses the invoice to pay the amount(s) owed through Pay.gov

Due Dates for Initial Invoices

- Payments of APTC and user fee invoices, as well as contributing entities, issuers of reinsurance-eligible plans, issuers of RA-covered plans, and Qualified Health Plan (QHP) issuers paying RC charges must pay initial invoices **within 15 calendar days from the date of the initial invoices**
  - Interest and fees will not accrue until **30 calendar days from the date of the initial invoices**
  - An administrative fee of $15 will be added to the unpaid balance not paid within 30 calendar days from the date of the initial invoice
- Invoices are due on the 15th day from the date on the initial invoice to eliminate any timing overlap where initial invoices are due at the same time CMS begins the subsequent month's netting process, pursuant to 45 CFR 156.1215(b)
- CMS will net any outstanding invoices in the subsequent payment cycle
  - Additional information can be found on REGTAP: https://www.regtap.info/reg_librarye.php?i=2120

Timing of Invoice and Intent to Refer Letters

- Initial invoices are emailed to the Billing and Payment Contact (BPC) in VM and mailed to issuers via USPS between the 10th and 13th of the month if the total charges owed by the issuer exceed payments due to the issuer in a given month
  - Issuers will receive an initial invoice for each program for which there is an outstanding balance
  - Issuers must remit payments within 15 calendar days of the date of the initial invoice
- The Intent to Refer Letter (ITR) will be sent 60 calendar days after the date of the initial invoice if payment is not received by the initial invoice deadline.
- If no payment has been submitted 140 calendar days after the date of the initial invoice, the debt will be referred to the U.S. Department of Treasury for collection

Sample Initial Invoice

INITIAL INVOICE

Re: Program	:	APTC
Entity ID	:	A123456
Invoice Number	:	A1111A011001001
Invoice Date	:	13-JUL-2018
Invoice Amount	:	$101.99
Payment Due Date	:	28-JUL-2018

- Program – The program specific Exchange and Premium Stabilization program for which a balance due is identified
- Entity ID – The Entity ID is the Payee ID that is generated in the Financial Management Application
- Invoice Number – The invoice number will be used to submit payment in Pay.gov
- Invoice Date – The invoice date is the date of the invoice and the date that is used to calculate the invoice due date
- Invoice Amount – The invoice amount is the amount due for the specific invoice number
- Payment Due Date – The payment due date is the day that the invoice is due and is calculated as the date that is 15 days after the invoice date

Five (5) Business Day Outreach

- As a way to ensure that invoices have been received, CMS makes phone calls to issuers five business days after an Invoice is sent
- These are courtesy calls to confirm that issuers have received their invoice(s)
- CMS will be reaching out via phone to the contact listed in the Vendor Management module
- If you have any questions about invoices, please email CMS at CCIIOInvoices@cms.hhs.gov

Intent to Refer Letter Overview

- If payment is not submitted by the initial invoice deadline, an ITR is generated 60 days after the date of the initial invoice
- The ITR is the final request for payment before

  CMS refers the debt to Treasury and reflects administrative charges and accrued interest in addition to the original balance owed at the time
- If you want to make a payment, but you are unsure the balance owed, pleaseemail CCIIOInvoices@cms.hhs.gov
- A sample ITR can be found in the appendix of this presentation

Failure to Submit Payment to Intent to Refer Letter

- Debts that remain unpaid 140 days from the date of the initial invoice will be referred to the Department of the Treasury
- Treasury will collect all required penalty charges and fees (including interest and administrative fees)
- Treasury will use all tools at its disposal to collect debt, including offsets of other government payments and/or referral to the Department of Justice for litigation
- CMS has no knowledge or involvement in the Treasury offset process and/or the offset amount. The Notification (letter) will be generated by Treasury as part of their offset program
- To learn of the details, please contact the U.S. Department of the Treasury hotline at (800)-304-3107 or visit the website at https://fiscal.treasury.gov/fscontact/fs_contact.htm

Pay.gov

- Pay.gov is the portal to access the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form, which allows for the submission of payments for exchange-related charges
- The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (Exchange Payment Form) is accessible directly through Pay.gov
- Access Pay.gov at https://pay.gov/public/home

For Pay.gov customer service, concerns, or technical issues contact:

- Call: (800) 624-1373 (Toll free, Option #2) or (216) 579-2112 (Option #2)
- Email: pay.gov.clev@clev.frb.org

Pay.gov: Helpful Hints

Issuers should:

- Submit payment as early as possible
- Register in Pay.gov so a record of all completed transactions will exist within the Pay.gov account in the payment activity section under “My Account”
- Utilize the invoice to complete the payment form
- Retain the confirmation email transmitted once payment is submitted

For more information about making payments on pay.gov, see slides 31-39 available at: https://www.regtap.info/reg_librarye.php?i=2969

Additional Information

- Issuers may find detailed information regarding the collections and invoicing process by clicking the link below to view the July 22nd, 2019 Collections and Invoicing webinar slides:
  - https://www.regtap.info/reg_librarye.php?i=2969
- For questions about the payment process, issuers may also search the REGTAP library under the Vendor Management, Payments, and Collections program area for supporting documents
- Issuers should send questions related to their Invoice to the Invoice and Collections Team at CCIIOInvoices@cms.hhs.gov
- Please follow the escalation path below for issues related to the transfer of the monthly PPR, Payee Information Report, and HIX 820 payment files:
  - Contact the CMS help desk and request a remedy ticket for the issue. The help desk will assign the ticket to the appropriate support team who will reach out to issuers to resolve
  - Email: CMS_FEPS@cms.hhs.gov
- Questions pertaining to the enrollment & payment data workbook may be referred to Marketplacepayments@cms.hhs.gov

Discrepancy Reporting

Key Points

- Once Payees receive preliminary payment reports, they respond with any identified discrepancies
- When a discrepancy is identified, issuers use an Excel template to submit discrepancies to the Enrollment Resolution & Reconciliation (ER&R) contractor
- CMS, in coordination with the Enrollment Resolution & Reconciliation (ER&R) contractor, investigates the discrepancies and provides a response to issuers letting them know the status of each dispute
- Any changes to a payment or charge will reflect in a future month's PPR and HIX 820 transaction

Identifying a Payment Discrepancy

- Monthly, issuers receive two files with the current cycle payment data
  - The PPR informs issuers which policies will have payments or payment adjustments applied
  - The HIX 820 provides remittance advice to issuers after the payments have been processed
- Issuers should use the PPR and HIX 820 to verify receipt of PBP. If issuers identify a missing, unexpected, or incorrect PBP when reviewing the PPR or HIX 820, issuers should submit a dispute to the ER&R contractor.

Payment Disputes

- Issuers can dispute one or more of the following items on the PPR-820 Dispute Form:
  - Benefit Start Date
  - Benefit End Date
  - Total PremiumAmount
  - APTC
  - UF
- Issuers will receive a response file within one business day of submitting a dispute form
- The most current version of the PPR-820 Dispute Form, version 2.0, is on CMS zONE at https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xlsx

Enrollment Disputes

- Most disputes that impact payments are because enrollment data in the FFE needs corrected.
- Issuers can also utilize the Enrollment Dispute Process or the HICS Direct Dispute process to correct enrollment records. There are some situations that must be resolved through enrollment disputes. Issuers must use the enrollment dispute form to resolve:
  - Enrollment Blocker Issues
  - Prior Year Disputes
    - Prior Year Disputes require AM approval
  - Rejected Enrollments
  - Reinstatements and date change disputes
  - Newborn premium disputes
  - Disputes for other enrollment values not associated to payments
- For all other situations, issuers have the option to submit enrollment disputes, payment disputes, or both to notify CMS of discrepancies that impact payment.
- The most current version of the Enrollment Dispute Form version 11 is on CMS zONE at: https://zone.cms.gov/system/files/documents/enrollment_dispute_form_v11_20180926.xlsx

* Please Note: Version 12 of the enrollment dispute form is also posted in Zone for comment and will be used by issuers

HICS Direct Disputes

Issuers can also submit certain HICS cases directly to the ER&R Contractor to resolve payment issues that include:

- Enrollment Blockers
- Changes to APTC
- Changes to the premium that cannot be resolved without a HICS case
- Term No Longer Eligible (NLE) appeal
- Removal of member or changing a subscriber on a policy
- QHP ID/Variant ID
- Date of death of a member

Guidance related to HICS Direct Disputes can be found at:

- https://zone.cms.gov/system/files/documents/hicsdirectdisputecheatsheetv5.0.docx
- https://zone.cms.gov/system/files/documents/hicsdirectdisputesmasterguidancev3.1.pptx

Disputes - Outcomes

- CMS assigns a disposition code to each dispute. This describes the current condition of the dispute so that issuers know when the dispute will process or if they need to take further action to reconcile the discrepancy
  - Payment disputes also include detail codes that provide an additional level of detail which explain why the disposition code was applied
- The latest version of the Payment Disposition and Detail Code List is available on zONE at: https://zone.cms.gov/system/files/documents/ffedispositionanddetailcodes23.xlsx
- The latest version of the Enrollment Disposition and Detail Code List is available on zONE at:
- https://zone.cms.gov/system/files/documents/cciio_enrollment_dispositions__list_v15.xlsx

The Semi-Monthly Detail Report

Issuers receive a semi-monthly report, which provides details for all new disputes as well as existing disputes that received a new disposition code since the preceding Semi-Monthly Detail Report

CMS distributes the report twice a month, on the 1st and 16th or the first business day after if the 1st or 16th falls on a weekend or holiday

Issuers should use the Issuer Assigned Control Number they submitted on the dispute or the Dispute Case ID to identify each record on the Semi-Monthly Detail Report

- Issuers must use the disposition code and detail codes to identify the appropriate follow-up action for disputes ER&R could not process
- Following successful disputes, issuers should monitor future RCNO files and Pre-audit reports to ensure that updates are present within 1-2 cycles

Disputes - Resources

Issuers having trouble submitting disputes, locating a response file, or using the Semi-Monthly Detail Report should call or email the ER&R Support Center at:

- (855) 591-7113
- errsupportcenter@cognosante.com
- Please supply File Control Number (Issuer) (H1) from submission when initiating these inquiries

Please contact the Federal Enrollment and Payment System (FEPS) help desk at CMS_FEPS@cms.hhs.gov with any:

- Questions or concerns around the Payment Dispute process
- Requests for technical assistance

The Combined Enrollment and Payment Dispute Technical Reference Guide (TRG) for Payments helps understand how to effectively utilize disputes. The TRG is located at:

The link to the Combined TRG is: https://www.regtap.info/reg_librarye.php?i=2664.

All documentation related to dispute processing can be found at:

https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

Payment Activity Key Dates

2020 Payment Activity Key Dates

Key Payment Activities	January	February	March
Initial Invoice sent to Issuers	January 10th-14th	February 10th-12th	March 11th-13th
Preliminary Payment and Payee Information Reports sent to Issuers	January 13th-15th	February 12th-14th	March 11th-13th
Treasury issues payments to Issuers	January 22nd	February 20th	March 20th
HIX 820 Payment transactions sent to Issuers	January 31st	February 28th	March 31st

**Dates are subject to change*

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Questions?

Email questions to marketplacepayments@cms.hhs.gov

APPENDIX

ACCESS TO CMSzONE

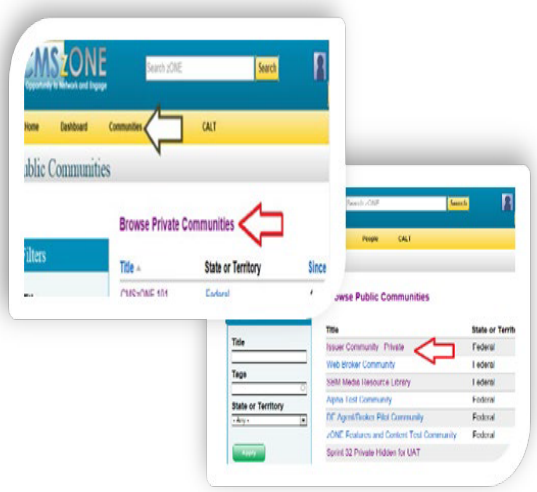
Step 1: CMS Secure Portal Registration Process:

(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)*

Reference Documents

- SBE Issuer Information page (all of the following documents are available on this page): https://zone.cms.gov/wiki/sbm-Issuer-information
- SBE Issuer ICD: https://zone.cms.gov/document/sbe-Issuer-icd
- SBE PBP Transition Guide: https://zone.cms.gov/document/sbe-Issuer-transition-guide
- SBE Issuer PBP FAQ: https://zone.cms.gov/document/policy-based-payments-transition-faq
- CSR Operations FAQ: https://zone.cms.gov/document/csr-operations-faq
- Monthly Batch Cycle Calendars: https://zone.cms.gov/wiki/sbm-Issuer-information

Reference Documents Continued

- Issuer Dispute Form: https://zone.cms.gov/document/Issuer-dispute-form
- Enrollment and Payment Files Chart: https://zone.cms.gov/document/sbm-pbp-files-chart
- Managed File Transfers (MFT) Thin Client Help Guide: https://www.regtap.info/reg_librarye.php?i=1778
- CMS Individual Market HIX 820 X12 Scenarios: https://zone.cms.gov/document/cms-individual-market-hix-820-x12-scenarios
- Payee Information Report (Function code: PNR) for Payee: https://zone.cms.gov/document/payee-information-report
- Temporary Manual Adjustment Scenarios: https://zone.cms.gov/document/temporary-manual-adjustments-scenarios

Sample Intent to Refer Letter

Initial Invoice FINAL REQUEST

Re: Program	:	Advance Payments of the Premium Tax Credit
Entity ID	:	A123456
Invoice Number	:	A1111A011001001
Invoice Date	:	13-JUL-2018
Invoice Amount	:	$101.99
Interest Charge	:	$10.01
Administrative Fee	:	$15.00
Total Amount Due	:	$127.00

- The Program, Entity ID, Invoice Number, Invoice Date, and Invoice Amount are the same fields transmitted in the Initial Invoice.
- Interest Charge – The interest charge is the interest owed and is calculated based on the original invoice amount, number of months outstanding, and the current interest rate
  - Interest is assessed on a monthly basis
- Administrative Fee – The administrative fee is a fixed fee of $15 that is applied only once when an invoice is over 30 days old
- Total Amount Due – The total amount due is the sum of the invoice amount, interest charge, and administrative fee

Contacting FMCC

When contacting the FMCC, issuers should include their five (5)-digit Health Insurance Oversight System (HIOS) ID and their seven (7)-character Payee ID, along with their request.

Acronyms

Acronym	Definition
DSH/HUB	Data Services Hub
EFT	Electronic File Transfer/Electronic Funds Transfer
EPS	Enrollment and Payment System
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
PSV	Pipe-separated value
SBE	State-based Exchange
SHOP	Small Business Health Options Program

Resources

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

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
  - 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

Combined Enrollment and Payment Dispute Technical Reference Guide

- The Combined Enrollment and Payment Dispute Technical Reference Guide (TRG) provides guidelines for issuers regarding how to submit payment disputes.
- Issuers can access the TRG at the following links:
  - https://www.regtap.info/reg_librarye.php?i=2664
  - https://zone.cms.gov/system/files/documents/combined_enrollment_and_payment_disputes_trg_v3.2.docx

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

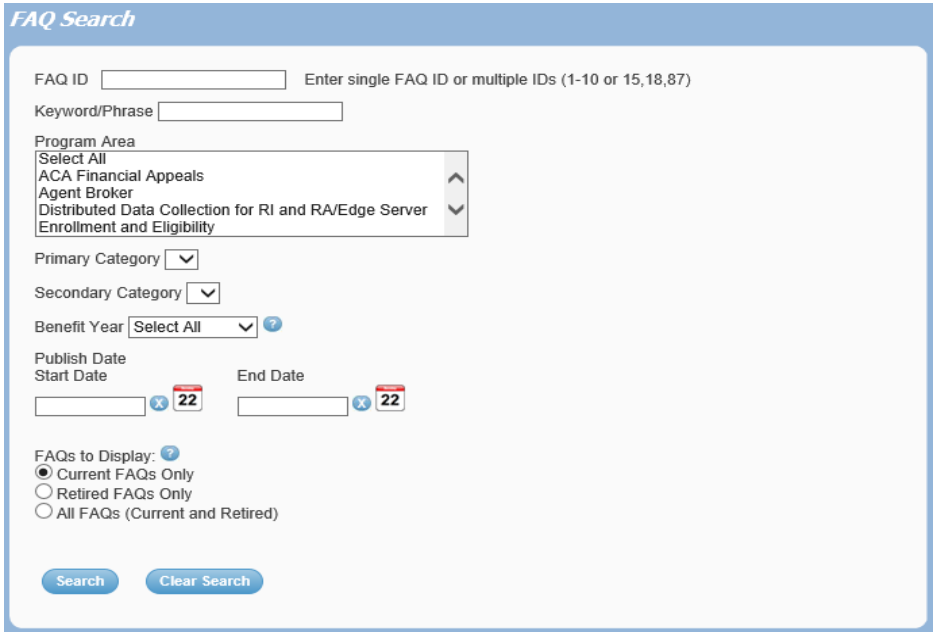
Inquiry Tracking and Management System (ITMS)

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