FM Payment Processing Series III

New Issuer Training

October 15th, 2018

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

- 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
- 2019 Checklist for New FFE Issuers

Webinar Purpose

The purpose of this webinar is to provide new 2019 Federally-Facilitated Exchange (FFE) Issuers with a complete overview of the end-to-end Enrollment, Payment and Invoicing Process.

Intended Audiences

- Associations
- New 2019 FFE Issuers
- New 2019 FFE Stand-Alone Dental Plans (SADP)
- New 2019 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 involves 4 major steps:

- **Onboarding**: Prior to December 2018, 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, 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.

Onboarding Overview

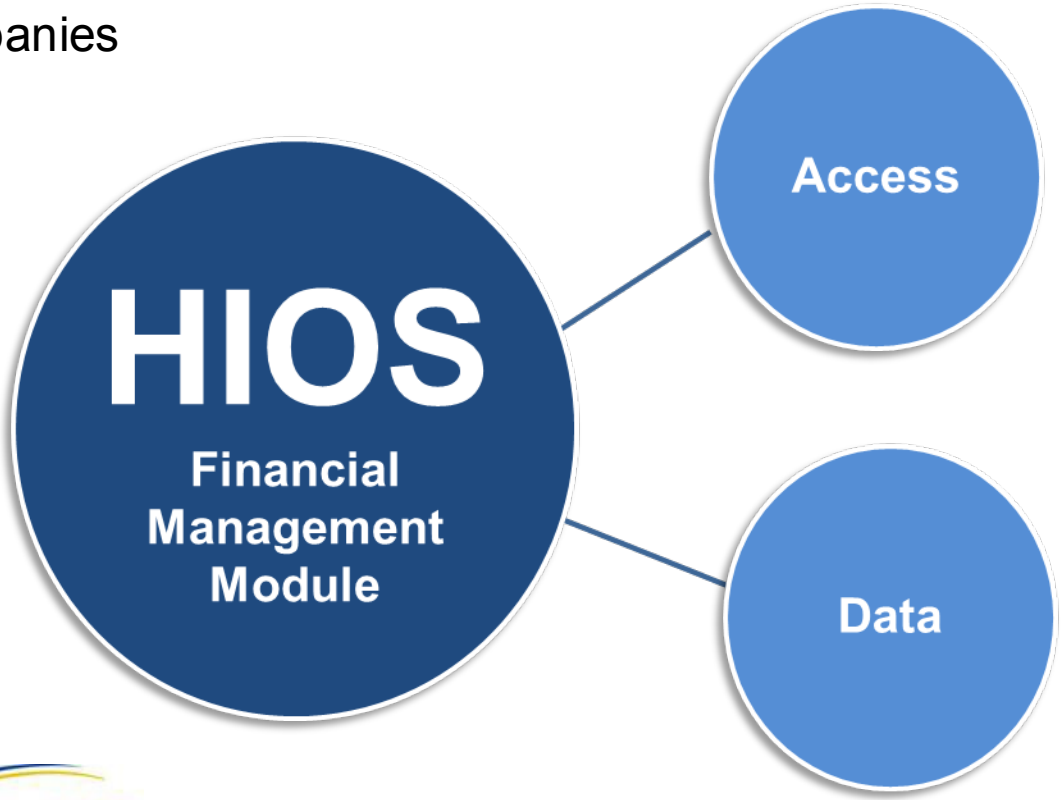
- The HIOS System*
- Vendor Management
- CMS EDI Registration System

*Note: All Vendor Management onboarding should be completed in the current HIOS system. A Salesforce Vendor Management system will be implemented in early 2019. Data will be converted from the current system into the new system and training will be provided.

HIOS/Vendor Management

HIOS Overview (current process)

The HIOS is the central web portal for Issuers to access modules used by CMS to collect and store information from health insurance companies

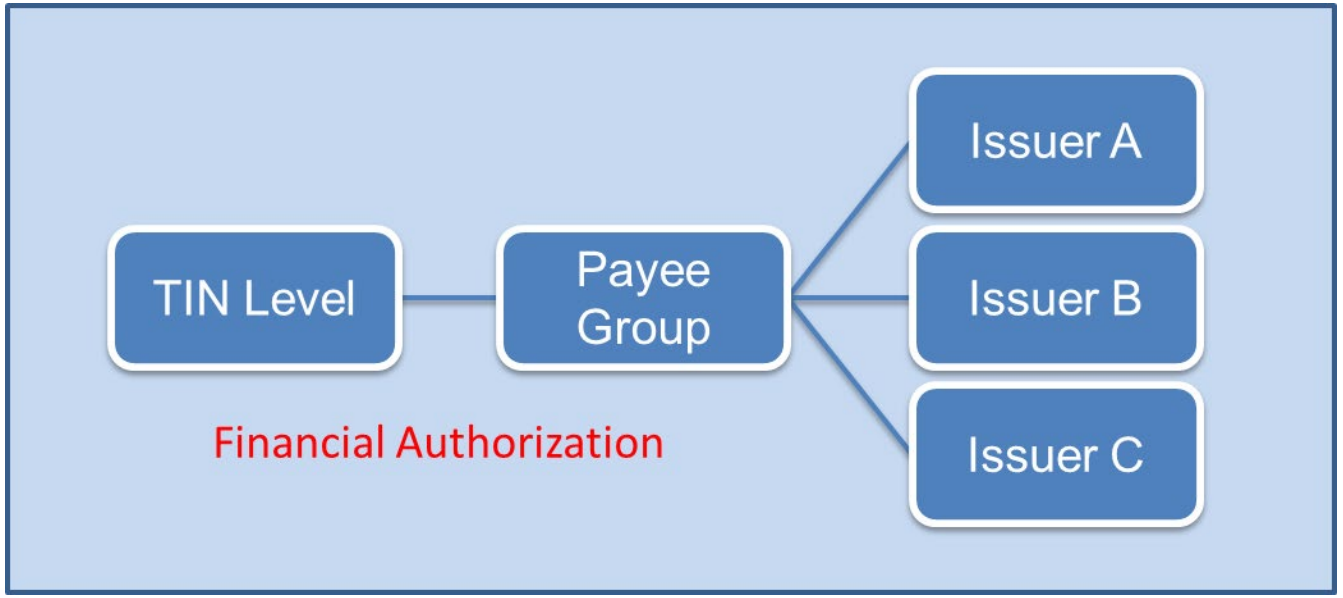


HIOS is the portal to the Financial Management Module, which allows Issuers to create Payee Groups and Financial Information Forms (FIFs)

HIOS stores Tax ID Number (TIN) and Legal Business Name (LBN) information for registered health insurance companies

Payee Group Configuration

- A **Payee Group** is a set of one (1) or more Issuers that have the same TIN.
- Each Payee Group must contain all Issuers under one (1) TIN. For example, if a company has three (3) Issuers with the same TIN, they will only be allowed to establish one (1) Payee group for all three (3) Issuers.



Vendor Management Key Points

- Health insurance companies must create a Payee Group and provide CMS with banking and billing information in order to receive payments/invoices.
- Health insurance companies create a Payee Group through the Financial Management Module in HIOS.
- In order to receive payments, health insurance companies need to complete a few simple steps:
  - Create a Payee Group in the HIOS Financial Management Module
  - Complete all financial information in the HIOS Financial Management Module
  - Request a Bank Verification Letter (BVL) for each Payee Group

Additional Information

- Issuers may find detailed information regarding the Vendor Management process by clicking the link below to view the April 17, 2015 Vendor Management webinar slides:
  - https://www.regtap.info/reg_librarye.php?i=890
  - Additionally, Issuers may search the REGTAP Library at https://www.REGTAP.info under the Payments-Payee Groups program area for additional supporting documents related to the Vendor Management Process

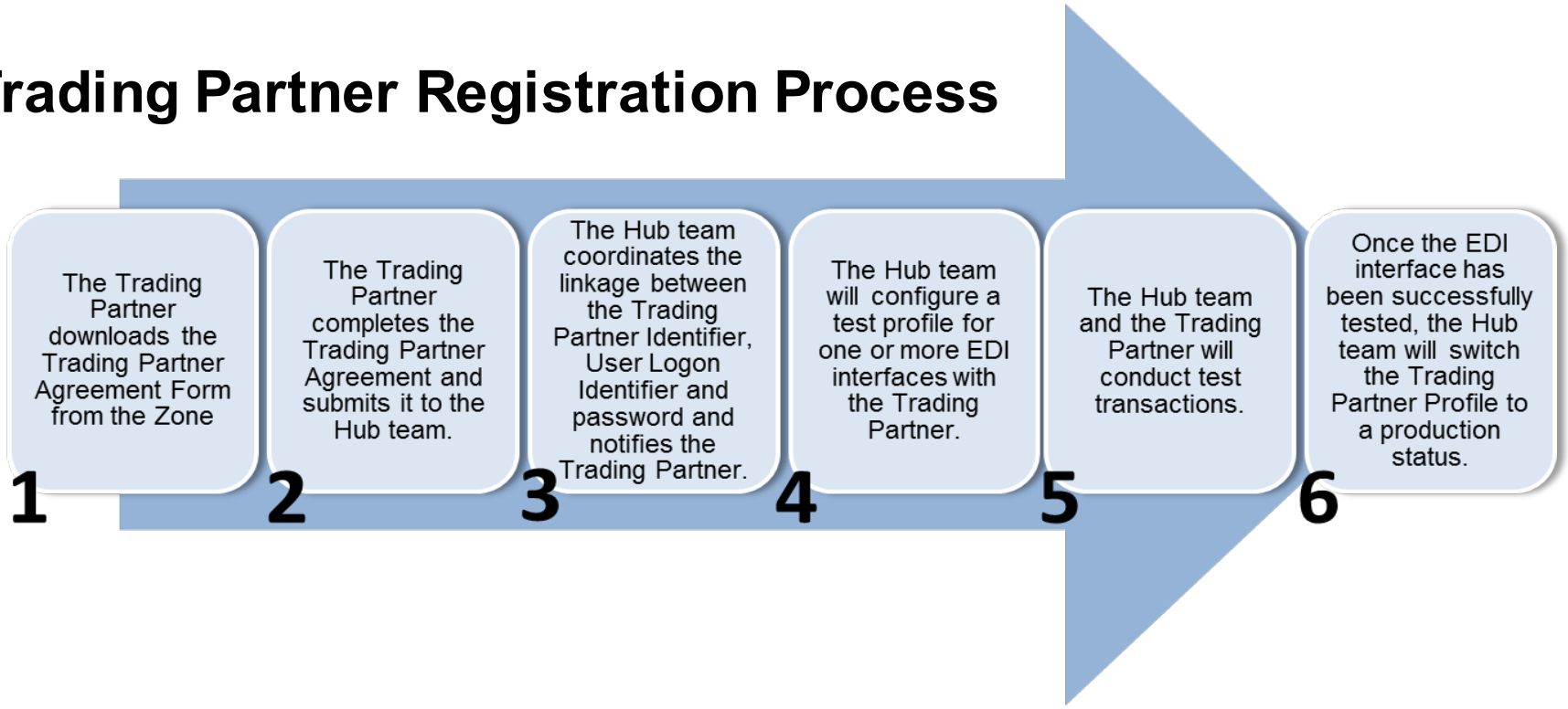
EDI Onboarding and Testing

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) must register and conduct a successful test (*onboard*) with the HUB.
- 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 the onboarding process prior to December 2018.
- FFE, SBE and SBE-FP Issuers who want to receive any other payment related transactions are required to submit an onboarding form.
- 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

Trading Partner Registration Process



Enrollment Data Alignment and Policy-Based Payments

Payment Overview

- All Issuers in the Individual Market receives APTC and User Fee (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 two major processes:

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

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 Marketplace, 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 2016 Plan Management event:

- https://www.regtap.info/reg_library.php
  Search for "Issuer Onboarding"

Enrollment Reconciliation Overview

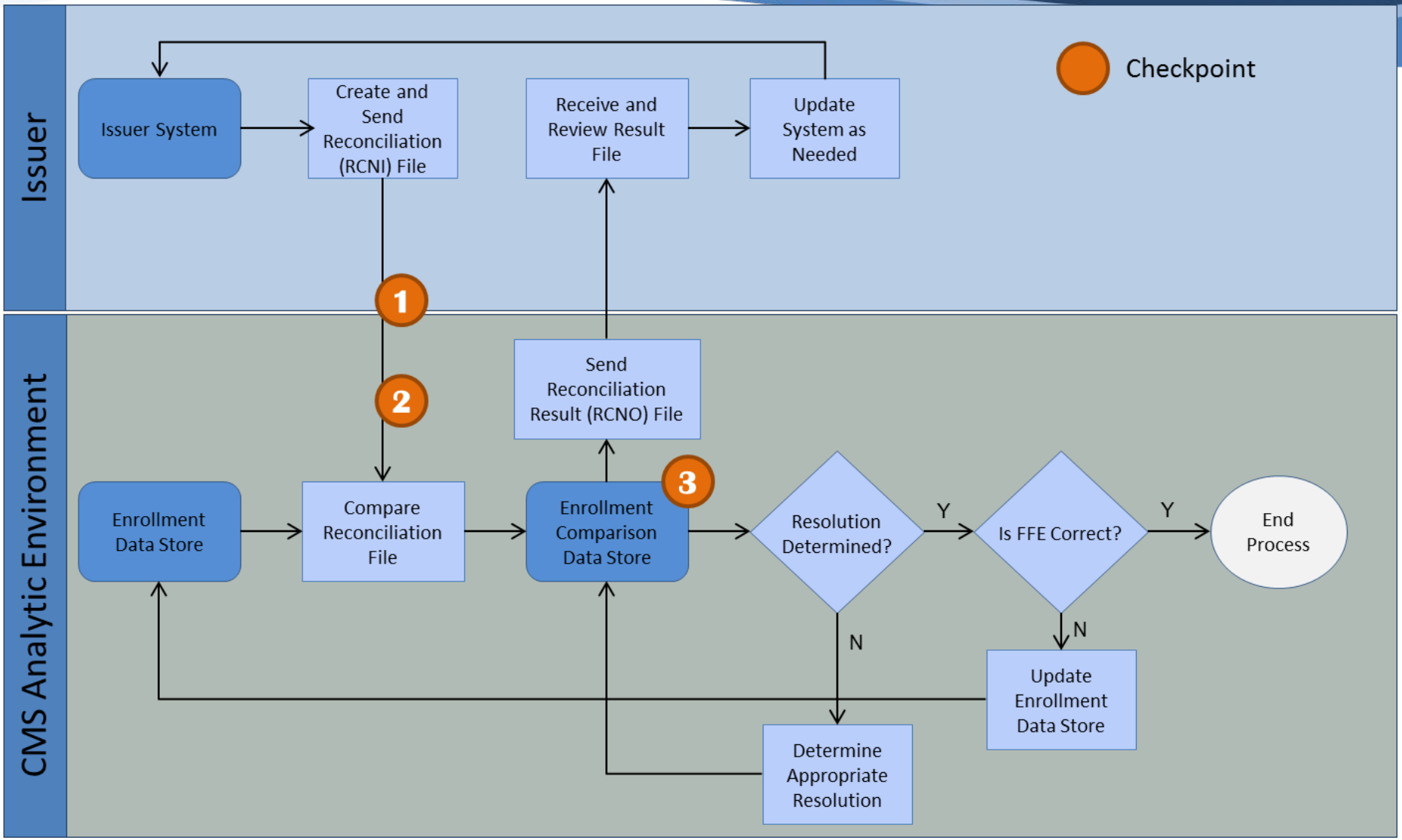
Overview of Enrollment Pre-Audit File

- 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 2019 will only contain data pertaining to enrollments effective 1/1/2019 – 12/31/2019.
  - **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 2019, CMS will be initiating monthly reconciliation of 2019 enrollment data early in December 2018.
- 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"

The Monthly Payment Cycle and Policy-Based Payments

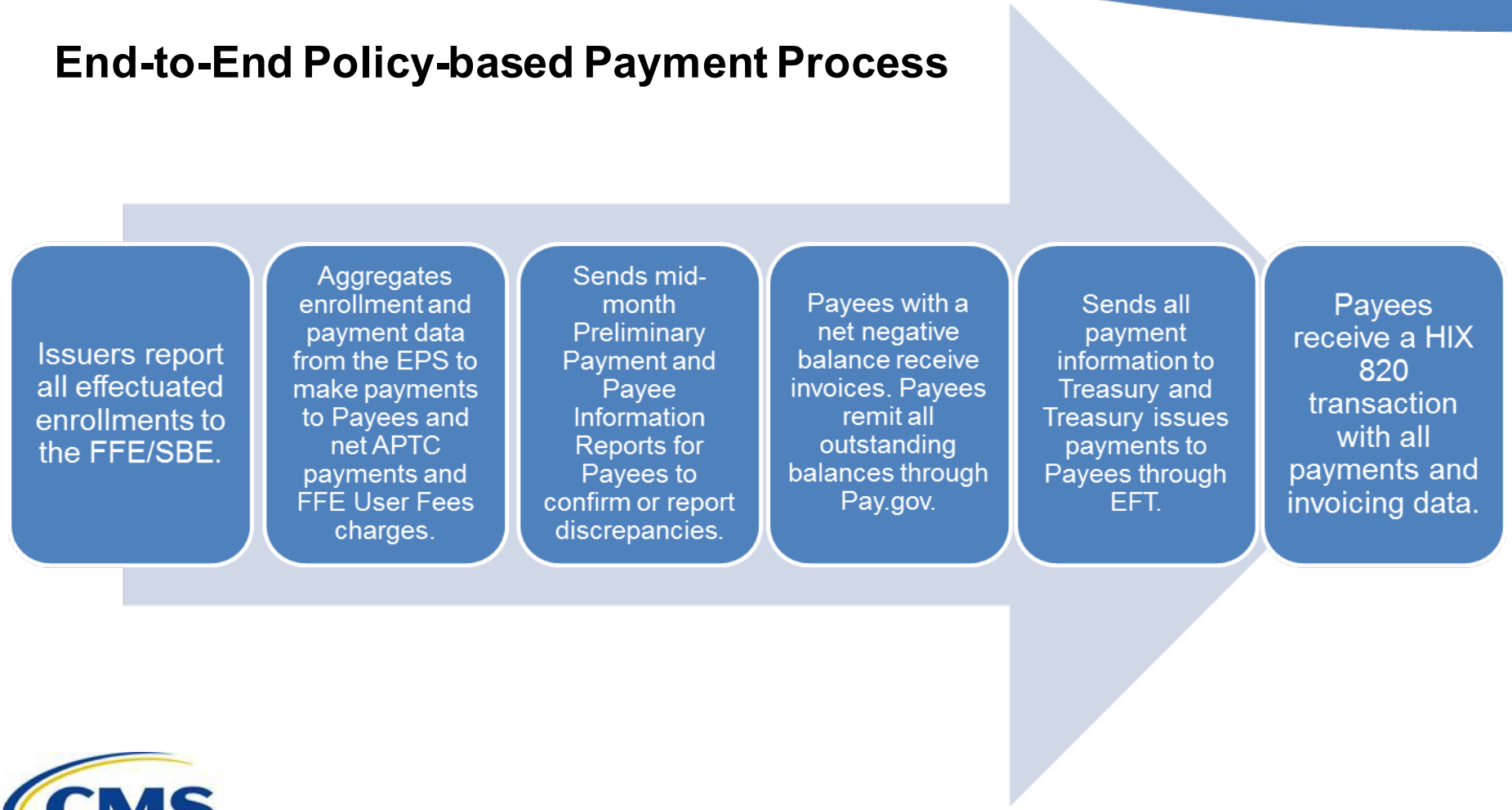
Policy-based Payments Overview

The high-level monthly process for making payments includes:

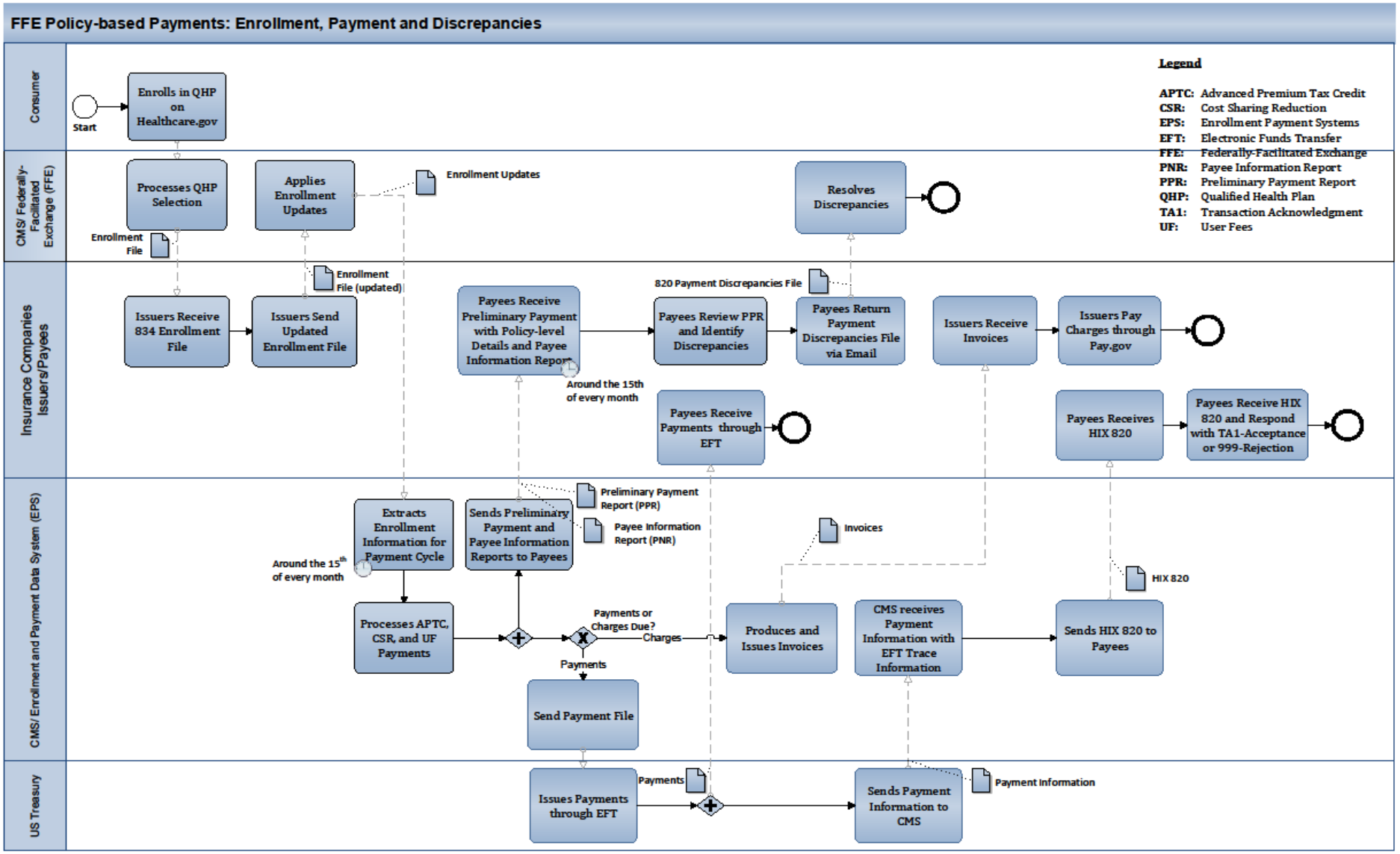
- **15th of prior month:** Snapshot of the FFE enrollment used as basis for the month's payment
- SBE enrollment submitted by States
- CMS calculates policy-based payments of APTC and user fees and aggregates with any other payments (e.g., RA, RI); nets payments and charges
- **~10th–12th of Payment Month:** Payees receive any invoices
- **~15th of Payment Month:** Preliminary Payment and Payee Information Reports sent to payees
- **~20-22 of Payment Month:** Payees receive payment
- **By the End of Payment Month:** Payees receive HIX 820

Policy-based Payments Overview

End-to-End Policy-based Payment Process



Policy-based Payments Overview



Preliminary Payment Report, Payee Information Report, and HIX 820

Preliminary Payment Reports

- 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|418.88|-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|418.88|-69.83|Nicholasar|Linda|null|null|null|0000074343|12482AR001000302|000018188074343|null|null|null|CSR|63.82|null|null|20150801|201508
19	12482|398.14|418.88|-69.83|Landersar|John|null|null|null|0000074340|12482AR001000302|000018184774340|null|null|null|CSR|57.18|null|null|20150801|2015083
20	12482|398.14|418.88|-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|418.88|-69.83|Kiddnaar|Harold|null|null|null|0000074269|12482AR001000302|000017423274269|null|null|null|APTC|0|null|null|20150801|20150831
22	12482|398.14|418.88|-69.83|Landersar|John|null|null|null|0000074340|12482AR001000302|000018184774340|null|null|null|APTC|0|null|null|20150801|20150831
23	12482|398.14|418.88|-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|418.88|-69.83|Egglestonar|Betty|null|null|null|0000074352|12482AR001000302|000018197974352|null|null|null|APTC|0|null|null|20150801|2015083
25	12482|398.14|418.88|-69.83|Kiddnaar|Harold|null|null|null|0000074269|12482AR001000302|000017423274269|null|null|152.52|UF|-5.34|null|null|20150801|20150
26	12482|398.14|418.88|-69.83|Nicholasar|Linda|null|null|null|0000074343|12482AR001000302|000018188074343|null|null|null|APTC|0|null|null|20150801|20150831
27	12482|398.14|418.88|-69.83|Kiddnaar|Harold|null|null|null|0000074269|12482AR001000302|000017423274269|null|null|null|CSR|66.23|null|null|20150801|201508
28	12482|398.14|418.88|-69.83|Whitleyar|Randy|null|null|null|0000074367|12482AR001000304|000018206774367|null|null|null|CSR|70.05|null|null|20150801|201508
29	12482|398.14|418.88|-69.83|Whitleyar|Randy|null|null|null|0000074367|12482AR001000304|000018206774367|null|null|null|APTC|99.97|null|null|20150801|20150
30	12482|398.14|418.88|-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|-69.83|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

Preliminary Payment Report Example

A sample preliminary payment report 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 QI	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	Whitleyar	Randy	74367	12482AR001000304	18206774367	181.01	UFADJ	-6.34	20150501	2015053
12482	256.53	193.46	-36.63	Whitleyar	Randy	74367	12482AR001000304	18206774367	null	APTCAD	99.97	20150501	2015053
12482	256.53	193.46	-36.63	Whitleyar	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

Preliminary Payment Report 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

Preliminary Payment Report 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 Example

Preliminary Payment Report Resources

- 2016 FM Additional Testing PPR Scenarios: https://www.regtap.info/reg_librarye.php?i=1227
- FFE Preliminary Payment Report Schema: https://www.regtap.info/reg_librarye.php?i=1282

Payee Information Report Details

Payee Information Report

- Provides a snapshot of payee APs and ARs as of 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.

Payee Information Report Program Information

The Program column of the Payee Information Report 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

Additionally, any Admin or Interest charges will appear as “ADM” for admin and “INT” for interest in the Program column of the Payee Information Report

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

Sample Payee Information Report (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|1
00|0
|Receivables|UF|U1702U992001009|20170222|||900|900|9
00|0
Total|||||10000|9000|1000|1000|1000|0
```

Sample Payee Information Report (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 Ori	Receivables Am	Receivables 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 Key Points

- The HIX 820 is an X12 remittance advice transaction which includes all of the information provided on the preliminary payment report, 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 and SHOP User Fees (UF) (if applicable)
  - Reinsurance (RI), Risk Adjustment (RA) and Risk Corridors (RC) (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 Overview (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) separate HIX 820s and two (2) 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)

Preliminary Payment Report (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	XXXXX															
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 Accounts Payable (AP) transaction involved in the current cycle is used to net against the Accounts Receivable (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 > RC > RI > 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:PaymentAm	ns1:ExchangeReportCode	ns1:DocumentControlN	ns1:PaymentCovera	ns1: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 Policy-based Payments 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
- FM Policy-based Payments Overview and HIX 820 Companion Guide Updates slides https://www.regtap.info/reg_librarye.php?i=926
- FM Policy-based Payments HIX 820 Testing and Scenarios slides https://www.regtap.info/reg_librarye.php?i=944

Additionally, Issuers may search the Payments – Remittance Message (HIX 820) program area 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 Marketplace 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 QHP Issuers paying RC charges must pay Initial Invoices **within 15 calendar days from the date of the Initial Invoices**
  - Interest and fees will continue to 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 of the month 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)
- This also provides the ability for CMS to 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 Financial Authority Contact (FAC) in Vendor Management 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 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 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 Intent to Refer Letter is generated 60 days after the date of the Initial Invoice
- The Intent to Refer Letter 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, please email CCIIOInvoices@cms.hhs.gov
- A sample Intent to Refer Letter 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 57-85 available at: https://www.regtap.info/reg_librarye.php?i=2233

Additional Information

- Issuers may find detailed information regarding the Collections and Invoicing Process by clicking the link below to view the July 10, 2017 Collections and Invoicing webinar slides: https://www.regtap.info/reg_librarye.php?i=2176
- For questions about the payment process, Issuers may also search the REGTAP Library under the Payments–Monthly Processing Cycle and Payments–Remitting Amounts Due program areas 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 discrepancy resolution 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 Preliminary Payment Report 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 up to six items on the PPR-820 Dispute Form
  - Benefit Start Date
  - Benefit End Date
  - Total Premium Amount
  - APTC
  - UF
- Issuers received 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

- Issuers can also submit enrollment disputes to correct payments. Issuers must use the enrollment dispute form to resolve:
  - Enrollment Blocker Issues
  - Prior Year Disputes
  - Rejected Enrollments
- 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_20180901.xlsx

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 Total Premium Amount that cannot be resolved through automated reconciliation
- Term No Longer Eligible (NLE) Appeal
- Removal of Member from a Policy

Guidance related to HICS Direct Disputes can be found at:

- https://zone.cms.gov/system/files/documents/hics_direct_disputes_required_information_cheat_sheet_2.docx
- https://zone.cms.gov/system/files/documents/hics_direct_disputes_-_master_guidance_v2.1.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/ffedispositionanddetailcodes18.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_v13.xlsx

The Semi-Monthly Issuer Report

The Semi-Monthly Issuer Report

- Issuers receive a Semi-Monthly Report for disputes that have had a change in disposition status since the preceding Semi-Monthly Issuer 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 their own Issuer supplied values from the submission in combination with CMS supplied values to trace disputes

Disputes - Resources

If you are having trouble submitting a file or locating a response file or Semi-Monthly report, 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 FMCC (Financial Management Coordination Center) help desk at fmcc@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

January Recon and Payment Calendars

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
30	31 **HIX 820 Delivery (11/15/18 FFE Extract)**	January 1 New Year's Day	2 **Delivery to Issuers:** • 2019 RCNO File	3	4	5
6	7	8	9	10	11	12
13	14	15 **FFE Updated 2019 & 2018** **PPRs & PNRs sent to Payees**	16	17	18	19
20	21 Martin Luther King, Jr. Day	22 **Treasury makes payment**	23	24	25	26
27	28	29	30	31 **HIX 820 Payment transactions sent to Payees**	February 1	2

2019 Checklist for New FFE Issuers

2019 Checklist for New FFE Issuers

- Register with ARDX for Enrollment webinars and Payment Processing webinars and attend scheduled webinars
- Attend weekly enrollment recon/inbound 834 call (Thursdays @ 12:30PM EST) and Issuer Technical workgroup call (Tuesdays @ 3PM EST) and prepare to send monthly reconciliation files and daily 834 transactions
- Review documents on REGTAP and zONE, paying particular attention to the payment processing section that includes:
  - Payment processing calendar
  - PPR, Payee Information Report, and HIX 820
  - Invoicing
  - Pay.gov
  - Payment dispute process
- Establish Payee Group using the HIOS Vendor Management Module
- If no Trading partner agreement in place, EFT onboarding is required

Questions?

Email questions to marketplacepayments@cms.hhs.gov

APPENDIX

ACCESS TO CMSzONE

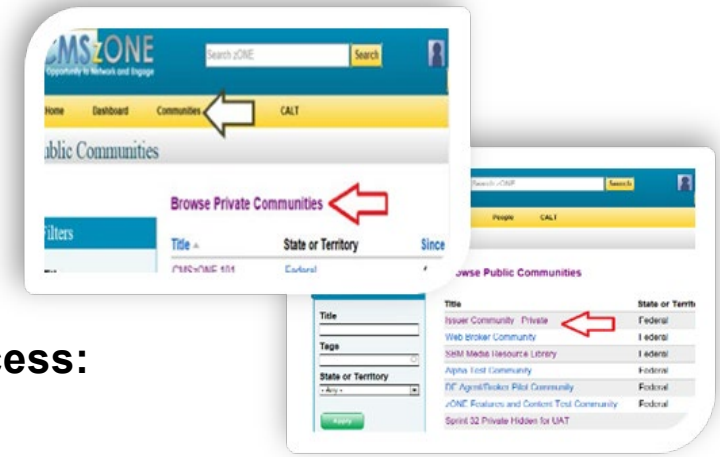
Step 1: CMS Secure Portal Registration Process:

(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

- PBP Transition FAQ: https://zone.cms.gov/document/policy-based-payments-transition-faq
- SBE Payment Disputes Technical Reference Guide: https://www.regtap.info/reg_librarye.php?i=2664.
- Issuer Dispute Form: https://zone.cms.gov/document/Issuer-dispute-form
- SBE Disputes Disposition and Detail Code List: https://zone.cms.gov/document/sbm-disputes-disposition-and-detail-code-list
- Enrollment and Payment Files Chart: https://zone.cms.gov/document/sbm-pbp-files-chart

Reference Documents Continued

- CMS HIX 820 Companion Guide: https://zone.cms.gov/document/hix-820-companion-guide-version-august-2017
- 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

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 Bank Verification Letter (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

Sample Intent to Refer Letter

DUNNING LETTER- 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

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

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

Documents Available on REGTAP

The ***Managed File Transfers (MFT) Thin Client Help Guide*** and ***Manual Payment and Enrollment Data Workbook User Guide*** are currently available in the REGTAP Library at the following links:

- https://www.regtap.info/reg_librarye.php?i=1778
- https://www.regtap.info/reg_librarye.php?i=1758

Acronyms

Acronym	Definition
DSH/HUB	Data Services Hub
ETF	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

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

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

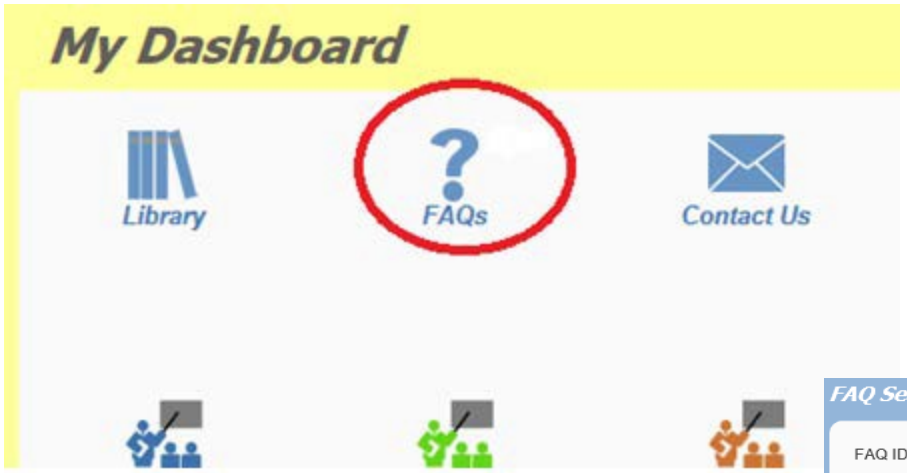
Inquiry Tracking and Management System (ITMS)

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.

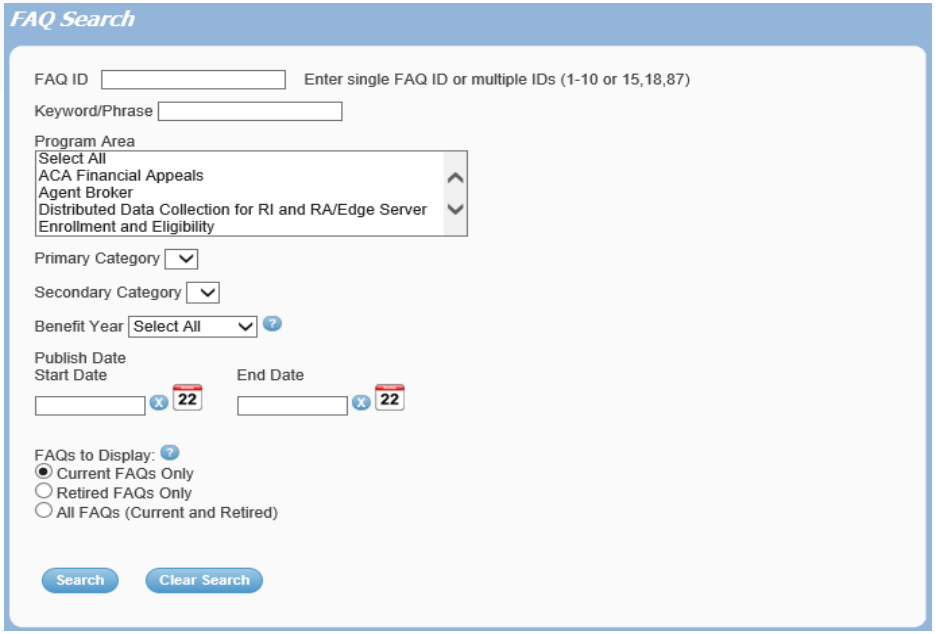


FAQ Database on REGTAP



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