FM Payment Processing 2019

Risk Adjustment (RA): Payments, Invoicing, and Collections Process for the 2018 Benefit Year

July 22, 2019

Division of Financial Transfers and Operations (DFTO)

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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

- Risk Adjustment: Payments, Invoicing, and Collections Process for the 2018 Benefit Year
- Payment Dispute Guidance

RA: Payments, Invoicing, and Collections Process for the 2018 Benefit Year

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Overview

- Provide information regarding the payment, invoicing and collections process for the 2018 RA program including:
  - An overview of receiving payments (including high-cost risk pool payments) and a discussion of sequestration;
  - An overview of the Preliminary Payment Reports (PPR), HIX 820s and Payee Information Reports (PNR);
  - An overview of the invoicing process; and
  - An overview on how to submit payments through Pay.gov

RA: Overview

- The permanent RA Program was established under section 1343 of the Patient Protection and Affordable Care Act (PPACA).
- On a permanent basis, non-grandfathered Individual and Small Group Market issuers of RA covered plans participate in RA.
- For the 2018 Benefit Year, RA transfer reports and RA Default Charge reports (as applicable) were sent to issuers on June 28, 2019.

RA: Overview (continued)

- Beginning with the 2018 benefit year, the Centers for Medicare & Medicaid Services (CMS) implemented the High-Cost Risk Pool (HCRP) component of RA.
- HCRP payment reimburses issuers for 60% of issuers paid claims amount above $1 million for an enrollee.
- For the 2018 Benefit Year, HCRP reports can be found on the issuer's External Data Gathering Environment (EDGE) Management Consoles on June 28, 2019.
  - HRPIPR (HCRP Issuer Payment Report)
  - HRPICR (HCRP Issuer Charge Report)

RA: Overview (continued)

- Please note that the amounts set forth in the June 28, 2019 issuer reports available through the EDGE Server Management Console may not reflect amounts adjusted due to discrepancies.
- If an adjustment occurs, CMS will notify you by email indicating whether the amount in the June 28, 2019 issuer reports is accurate or not.

RA: Timing of Charges and Payments

- In the August 2019 payment cycle, CMS will:
  - Net RA charges, RA default charges, RA user fee charges, or HCRP charges, against any other payments being made in the August payment cycle, for issuers owing those charges
  - After netting, send invoices to issuers of RA covered plans who owe remaining RA charges, RA default charges, RA user fee charges, or HCRP charges
- CMS will begin making RA payments in the September 2019 payment cycle and will continue as additional charges are collected in each State market risk pool.
  - No RA payments will be made in the August 2019 payment cycle
- CMS will begin making HCRP payments in the October 2019 payment cycle and will continue as additional HCRP charges are collected in each HCRP market.
  - No HCRP payments will be made in the August or September 2019 payment cycles

*HCRP individual market includes the non-catastrophic, catastrophic and merged markets.

September 2019 Payment Cycle: RA Proration Begins

RA Payment Proration

- During the September 2019 payment cycle, CMS will begin making prorated RA payments for the 2018 benefit year. CMS will distribute collected charges to issuers receiving payments based on the percentage of charges received when compared to the total outstanding charges for the state market risk pool (minus any sequestered amounts).
- Issuers will only receive payments if CMS has collected an RA charge or RA default charge in your state market risk pool.

CMS will continue the monthly cycle of RA proration for each month RA charges are collected. CMS will notify issuers when we have fully collected all the charges for each state market risk pool or when CMS has exhausted all means to collect outstanding debts.

- RA Proration Report ("APIR - RA Proration")
  - Delivered when an RA proration payment is made
  - Made available on the issuer's EDGE server management console
  - Reflects full prorated amount that will be paid, without adjustment for any sequestration amounts
- Charge (RADC) Allocation Proration Report
  - Issuers who are to receive RADC allocation payments, will receive a RADC Allocation Proration Report via email.
  - This is not a monthly payment or report, payments will only be made in months that RADC are collected.

October 2019 HCRP Payment Cycle: HCRP Payment Proration Begins

- HCRP Payment Proration
  - During the October 2019 payment cycle, CMS will begin making prorated HCRP payments for the 2018 benefit year. CMS will distribute collected HCRP charges to issuers receiving HCRP payments based on the percentage of HCRP charges received when compared to the total outstanding HCRP charges for the market (minus any sequestered amounts if applicable, and after netting).
- CMS will continue HCRP payment proration until all collected HCRP charges (after netting) have been released. CMS will notify issuers when we have fully collected all the HCRP charges for each HCRP market or when CMS has exhausted all means to collect outstanding HCRP debts.
- HCRP Payment Issuer Proration Report (HRPIPR)
  - Delivered when a HCRP proration payment is made
  - Made available on the issuer's EDGE server management console

Payment and Collection Process: Overview

1. As discussed above, RA Program issuers received reports from CMS communicating their RA payments or charges (including HCRP payment and charges) for the 2018 Benefit Year on June 28, 2019.
   - RA payments and charges are calculated and invoiced by issuer/state/market, and invoiced at the payee ID level.
   - HCRP payments and charges are calculated by issuer/market, and invoiced at the payee ID level.
2. Payment Processing – Netting
   - Each month, transactions (Account Payables [AP] and Account Receivables [AR]) for all financial programs are generally processed together.
   - ARs and APs are netted, resulting in a single transaction that is either a payment (Remittance Advice) or an amount owed communicated via an “Initial Invoice”.
   - Netting Order: RA > HCRP > RC > RI > APTC > CSR > RA UF, FFE UF

Payment and Collection Process: Overview (continued)

3. After transactions are netted, payees who have a net positive balance will receive a payment from Treasury via Electronic Funds Transfer (EFT).
   - Payment may be reduced if there is a treasury offset for any balances owed to the Federal Government outside of the amounts owed under the PPACA.
4. After transactions are netted, payees who have a net negative balance will receive an initial invoice(s).
   - Issuers will pay the invoiced amount at: https://www.pay.gov/public/home
5. Payment reports will be issued and sent via the normal PPR, HIX 820 and PNR process for exchange issuers.
   - For non-exchange issuers not set up to receive EFT files from CMS, the Financial Authority contact for the payee group will receive the PPR and PNR via email. Non-exchange issuers do not receive HIX 820s.

Payment and Collection Process: Netting

- Example #1
  - TIN: 123456789 (Payee ID A1234001)
    - Issuer 67891
      - APTC $5,000.00
    - Issuer 23456
      - RA -$7,500.00

Net	-$2,500.00

- An initial invoice will be sent to Payee ID A1234001 for issuer 23456 for a total of $2,500.00

Payment and Collection Process: Holdback Overview

- For the 2014-2017 Benefit Years of the RA, CMS held back a percentage of RA payments for sequestration and appeals until all RA appeals for a state market risk pool for the applicable benefit year were resolved.
- Pursuant to guidance issued on May 31, 2019,* beginning with the 2018 Benefit Year and beyond, CMS will release the holdback amounts without regard to any pending appeals and make any necessary post-calculation adjustments in the event an appeal is successful.
- Therefore, in the event of a successful RA transfer, RADV, or HCRP appeal, CMS will make any necessary post-calculation adjustments to RA transfers for the applicable benefit year in the impacted state market risk pools (or national market for HCRP).
  - As a reminder, in light of the budget neutral nature of the RA, adjustments made in the event of a successful appeal could result in additional charges being assessed or a decrease to payment amounts previously calculated to balance the state market risk pool (or national market for the HCRP).

*See https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Change-to-Risk-Adjustment-Holdback-Policy-for-the-2018-Benefit-Year-and-Beyond.pdf.

Payment and Collection Process: Holdback Overview (continued)

- However, RA payments will continue to be subject to sequestration.
- The sequestration rate applied to RA payments made to issuers from fiscal year (FY) 2019 resources (that is, charges collected during the 2019 FY) is 6.2%.

Preliminary Payment Report (PPR), HIX 820 and Payee Information Report (PNR)

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Timing of Reports for August 2019 Payment Cycle

- For the August 2019 payment cycle, exchange issuers will receive a PPR, HIX 820, and PNR.

Key Payment Activities	
Initial Invoice – sent to Issuers	August 11-13
Preliminary Payment Reports (PPRs) and Payee Information Report (PNR) sent to issuers	August 13-15
Treasury issues payments to issuers	August 20
HIX 820 sent to issuers	August 30

Note: Non-exchange Issuers not set up to receive EFT files from CMS, the Financial Authority contact for the payee group will receive the PPR and PNR via email. Non-exchange issuers do not receive HIX 820s.

Timing of Reports for September 2019 Payment Cycle

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Preliminary Payment Reports (PPRs) and Payee Information Report (PNR) sent to issuers	September 11-13
Treasury issues payments to issuers	September 20
HIX 820 sent to issuers	September 30

Note: Non-exchange Issuers not set up to receive EFT files from CMS, the Financial Authority contact for the payee group will receive the PPR and PNR via email. Non-exchange issuers do not receive HIX 820s.

Timing of Reports for October 2019 Payment Cycle

- For the October 2019 payment cycle, exchange issuers will receive a PPR, HIX 820, and PNR.

Key Payment Activities	
Initial Invoice – sent to issuers	October 9-11
Preliminary Payment Reports (PPRs) and Payee Information Report (PNR) sent to issuers	October 11-15
Treasury issues payments to issuers	October 21
HIX 820 sent to issuers	October 31

Note: Non-exchange Issuers not set up to receive EFT files from CMS, the Financial Authority contact for the payee group will receive the PPR and PNR via email. Non-exchange issuers do not receive HIX 820s.

Preliminary Payment Reports Overview

- The PPR is a pipe delimited file, with function code I820, and contains all payment details and program level payment details for a payee.
- The PPR and HIX 820 will contain a description of each transaction, if applicable, in the Document Control Number field.
- If a payee is net negative in a payment cycle, the PPR will show a negative total payment amount.
- PPRs will provide program level information for the RA program (including HCRP).

HIX 820 Overview

- CMS uses the HIX 820 transaction to communicate payment information to payee groups or their designees.
- The HIX 820, with function code F820, is sent separately from the actual payment transfer.
- CMS uses the HIX 820 to communicate remittance information for all financial management programs.
- Exchange payees will receive one (1) HIX 820 a month per EFT.
- A payee will receive two (2) separate 820s and two (2) separate EFT payments if the payee is set to receive a payment of $100 million or more.

PNR Details

- 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.
- Provides issuers 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.

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 payment type codes that are found on the PPR and HIX 820. Please note the following exceptions and clarifications to this:

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

- Additionally, any Admin or Interest charges will appear as “ADM” for admin and “INT” for interest in the Program column of the PNR.

HCRP Payment Type Codes and WPC Site

- HCRP will use the following payment type codes on the PPR, PNR, and HIX 820.

Payment/Charge	Payment Type Code	Invoice Qualifier Code	Positive/Negative Rules
High Cost Risk Pool Contribution and Payments	HCRPC	X (Individual)	Positive & Negative Amounts
		Y (Small Group)	
	HCRPP	X (Individual)	Positive & Negative Amounts
		Y (Small Group)	
HCRP Prior Year Refund	HCRPPYREF	X (Individual)	Only Positive Amounts
		Y (Small Group)	Only Positive Amounts
HCRP Admin Refund	HCRPADMIN	Z	Only Positive Amounts
HCRP Interest Refund	HCRPINT	Z	Only Positive Amounts

- These payment type codes along with all other payment type codes that appear on the PPR, PNR, and HIX 820 can be found on the Washington Publishing Company website: http://www.wpc-edi.com/reference/codelists/hix/payment-type-codes/

HCRP Invoice Number

- Example: HCRP Invoice number is X181908A00000101 and Y181908A000000101

Position in Invoice Number	Type	Sample Value
1	Market	X or Y
2-3	Program Year	18
4-7	Year/Month	1908
8-14 (7 digit Payee) or 8-15 (8 digit Payee)	Payee ID	A000001 or A0000001
15-16 (7 digit Payee) or 16-17 (8 digit Payee)	Transactional Seq Number	01

PPR, PNR, and HIX 820 File Issues

- Please follow the escalation path below for issues related to the transfer of the monthly PPR, PNR, 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

More Information on the PPR, HIX 820, and PNR

- **Presentations:**
  - FMPPII: Invoice Overview, PBP Temporary Manual Adjustment & Payment Disputes Updates (1/9/17) https://www.regtap.info/reg_librarye.php?i=1976
  - FMPPII: Invoice Overview, PBP Temporary Manual Adjustment & Payment Dispute Updates (1/23/17) https://www.regtap.info/reg_librarye.php?i=1989
  - FMPPII: Invoice Overview, PBP Temporary Manual Adjustment and Payment Dispute Updates (2/6/17) https://www.regtap.info/reg_librarye.php?i=2000
  - FMPPII: Transaction Details in the PPR & HIX820, PNR, Vendor Management & Payment Disputes https://www.regtap.info/reg_librarye.php?i=2072
  - FMPPII: 2017 HIX 820s, Payment and Report Type Codes, VM, Restatement, SADP Effectuation and Disputes https://www.regtap.info/reg_librarye.php?i=2128
  - FMPPII: 2017 HIX 820,Report, Premium Stabilization, 2016 Restatement, Vendor Management, Dispute Info https://www.regtap.info/reg_librarye.php?i=2150
  - FMPPII: Reinsurance, Risk Adjustment and CSR Recon Overview, Reports, 2015-16 Restatement, Vendor Management, Closing 2014 Benefit Year, Invoicing and Dispute Information https://www.regtap.info/reg_librarye.php?i=2176

More Information on the PPR, HIX 820, PNR (continued)

- **Supporting Documents:**
  - FFM Preliminary Payment Report Schema (2/6/17) https://www.regtap.info/reg_librarye.php?i=1282
  - State Based Marketplace (SBM) Preliminary Payment Report Schema (2/6/17) https://www.regtap.info/reg_librarye.php?i=1994
  - Sample PNR (Excel Format) https://www.regtap.info/reg_librarye.php?i=2107

Invoicing Overview

August 2019 Payment Cycle Timeline

Date	Event
August 13, 2019	Initial Invoice mailed if charges exceed payments
August 28, 2019	Deadline to submit Initial Invoice payments via Pay.gov
October 12, 2019	Intent to Refer Letter transmitted if there is an outstanding balance
December 31, 2019	Outstanding debt referred to the U.S. Department of the Treasury



The timeline above illustrates an example which assumes that the Initial Invoices are mailed on August 13, 2019.

Timing of Invoice and Intent to Refer Letters

- Initial invoices are emailed and mailed to issuers between the 10th and 13th of the month if the total charges owed by the issuer exceeds payments due to the issuer in a given month.
  - Initial invoices are generated by exchange and premium stabilization programs.
  - CMS transmits separate initial invoices if amounts are owed for multiple exchange or premium stabilization programs so 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.

Five (5)-Day Outreach

- As a way to ensure that invoices have been received, CMS began making phone calls to issuers five (5)-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 Billing and Payment Contact identified in the Vendor Management system.
- If you have any questions about Invoices, please email CMS at CCIIOInvoices@cms.hhs.gov

Failure to Submit Payment By Initial Invoice Due Date

- Any outstanding amounts owed to CMS and not paid within 15 calendar days from the date of the initial invoice will be assessed interest starting from the date of delinquency (*i.e.*, 30 days from the date of the initial invoice and every 30 days thereafter).



CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 10.375% per year (effective May 2019).

Intent to Refer Letter

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

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 penalty charges and fees (including interest and administrative fees).
- Treasury will use all tools at its disposal to collect debt, including referral to the Department of Justice for litigation.
- Contact the Treasury at (800)-304-3107 or visit the website at https://fiscal.treasury.gov/fscontact/fs_contact.htm

Pay.gov

- Invoice and payments must be made electronically through 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 and premium stabilization charges.
- 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

2018 Benefit Year Administrative Appeals Process for Risk Adjustment Transfers

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Stages of the Appeals Process

- There is a three (3)-level administrative appeals process for the RA program:
  1. Request for Reconsideration
  2. Informal Hearing before the CMS Hearing Officer
  3. Review by the CMS Administrator (or delegate), at the discretion of the CMS Administrator

Request for Reconsideration

Basis for Request for Reconsideration

- An issuer may only file a request for reconsideration to contest:
  - A processing error by the Department of Health and Human Services (HHS)
  - A mathematical error by HHS or
  - HHS's incorrect application of the relevant RA methodology

Timeliness of Reconsideration Requests

- For Benefit Year 2018, the window to submit requests for reconsideration related to RA is **Monday, July 1, 2019, to Wednesday, July 31, 2019 at 11:59 p.m. Eastern Time (ET).**
  - This includes appeals related to RA default charges, RA user fees, and HCRP payments and charges.

Accessing the PPACA Request for Reconsideration Web Page

- CMS created the PPACA Request for Reconsideration web page with multiple links for issuers to access various Reconsideration Request web forms, including the RA Reconsideration Web Form.
  - The RA Reconsideration Web Form is also used if appealing the amount of RA default charges, RA user fees, and HCRP payments and charges.

Accessing the PPACA Request for Reconsideration Web Page (continued)

- The web page link was emailed to the Chief Executive Officer (CEO) Designate and Alternate CEO Designate, and posted to the Center for Consumer Information and Insurance Oversight (CCIIO) website on July 1, 2019.
  - If you have any questions regarding the location of the web form, please email ACAfinancialappeals@cms.hhs.gov.

Request for Reconsideration Web Form

- Issuers who wish to request reconsideration for the 2018 Benefit Year must complete the Request for Risk Adjustment Reconsideration Web Form.
  - The web form will be available from **Monday, July 1, 2019, to Wednesday, July 31, 2019 at 11:59 p.m. Eastern Time (ET).**
- All requests for reconsideration **must** be submitted through the web form.



Note that any requests for reconsideration **cannot** include any Personally Identifiable Information (PII) or Protected Health Information (PHI).

Additional Information on the Reconsideration Process

- For additional information on how to submit a reconsideration request for the 2018 benefit year of the RA program, please see the June 27, 2019 webinar titled 2018 Benefit Year Administrative Appeals Process for RA Transfers on the Registration for Technical Assistance Portal (REGTAP).
  - 2018 Benefit Year Risk Adjustment Administrative Appeals Process (6/27/19)

Issuing a Reconsideration Decision

- Once a decision has been made, CMS will send the company a “Reconsideration Decision” letter.
  - The letter will set forth the decision and explain whether any payment or charge adjustment is required.
  - The letter will also provide information on how the issuer can request an informal hearing before a CMS Hearing Officer if dissatisfied with the Reconsideration Decision.

Interest

- If an issuer requests reconsideration of a RA charge amount, the issuer should pay the full amount of the charge despite the dispute.

If	Then
An issuer appeals a RA charge amount and fails to pay the charge in the 30-day timeframe required under 45 CFR 153.610(e),	• Interest will accrue on the debt. • The issuer will owe the entire charge amount plus interest on the debt **if** the issuer is unsuccessful in the appeal.
An issuer appeals a RA charge and pays the RA charge within the 30-day timeframe,	• No interest will accrue. • CMS will refund amounts in accordance with the decision **if** the issuer is successful in the appeal.

Informal Hearing Before CMS Hearing Officer

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Informal Hearing Before a CMS Hearing Officer

- Upon receipt of a reconsideration decision, issuers have the right to request an informal hearing before a CMS Hearing Officer within 30 calendar days.
- The process for requesting an informal hearing before a CMS Hearing Officer will be set forth in the reconsideration decision.
- The CMS Hearing Officer will only review the documentary evidence provided by the parties and the record that was before CMS when the reconsideration decision was made.

Informal Hearing Before a CMS Hearing Officer (continued)

- Each party may submit a statement of support for its respective position.
- Testimony and evidence that was not presented with the reconsideration request will not be accepted.
- An issuer may be represented by counsel and must prove its case by clear and convincing evidence with respect to issues of fact.

Informal Hearing Decision

- After an informal hearing (if requested), the CMS Hearing Officer will render a decision.
- The decision is final and binding, subject to the results of the discretionary CMS Administrator Review process (if applicable).

CMS Administrator Review (at the discretion of the CMS Administrator)

CMS Administrator Review

- After the CMS Hearing Officer renders a decision:
  - Issuers may appeal an unfavorable decision to the CMS Administrator within 15 calendar days or
  - CMS may appeal an unfavorable decision to the CMS Administrator within 15 calendar days
- The CMS Administrator (or his/her delegate) may either accept the appeal for review, or decline to review the appeal.
- The appeal request must specify the findings or issues that are being challenged.

CMS Administrator Review (continued)

- Each party may submit a statement of support for its respective position.
- The party requesting the appeal must prove its case by clear and convincing evidence with respect to issues of fact.
- If accepted, the CMS Administrator (or his/her delegate) will review the statements of the issuer and CMS and any other information included in the record of the CMS Hearing Officer's decision.
- The CMS Administrator's determination is final and binding.

Payment Dispute Guidance

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Payment Dispute Guidance

I. Payment Dispute Reminders
II. Reminder: AM Approval for Prior Year Disputes
III. Enrollment Dispute Form v12:
    1. Introduction
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IV. New Detail Codes:
    1. FV11
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    3. PY1404
    4. PY1405
V. Modified Detail Codes:
    1. PD517
    2. PD522
    3. PD803
VI. Common Errors: Avoiding Form Validation Issues
VII. Common Errors: Avoiding FV9
VIII. zONE Publications

Payment Dispute Reminders

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

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

Enrollment Dispute Form v12: Introduction

- ER&R will implement the new Enrollment Dispute Form v12 in September or October 2019.
  - ER&R will provide issuers with an exact implementation date as far in advance as possible.
  - A prototype of the Enrollment Dispute Form v12 will be available for download on zONE at https://zone.cms.gov/document/enrollment-data-reconciliation.

  ***NOTE**: The prototype of the Enrollment Dispute Form v12 is for testing and review purposes only. ER&R will return any disputes submitted using this form.*

- Review the Recon slide deck from 6/20/19 for additional information, available on zONE at https://zone.cms.gov/document/enrollment-reconciliation-and-ic834-workgroup-call-content

Enrollment Dispute Form v12: Improvements

- Improvements to the new version of the form include:
  - Addition of Date of Birth Discrepancy Dispute type
  - Addition of Segment ID column, to be used for prior year disputes
  - Addition of FFE Exchange Assigned Member ID column for member-level Discrepancy Dispute types
  - Addition of HICS Case ID on relevant tabs to allow processing of prior year disputes
  - Elimination of End of Year – Termination Indicator and Paid Through Date dispute types
  - Elimination of Batch Number column
  - Elimination of FFM Benefit Start Date and FFM Benefit End Date columns
    NOTE: With the addition of the Segment ID column, it is no longer necessary for issuers to provide this information.
  - Reordering of columns for enhanced consistency between tabs
  - Insertion of new pipe-delimited file formats
    - Formats now include version number and tab name
    - Field order now mirrors Excel format
  - Formatting changes for 508 compliance

Detail Code for Disputes with Invalid HICS Case IDs

- New Detail Code: **FV11**
- **FV11** applies to disputes containing HICS Case IDs that do not exist within HICS.
  - **FV11 Issuer Action:** Review the HICS Case ID provided within the dispute form and resubmit the dispute using the Case ID found within HICS.
- **FV11** results in disposition code R2: Record Does Not Meet Dispute Requirements.

NOTE: Due to implementing FV11, ER&R deactivated FV10.

Detail Codes for Records with Date Discrepancies

- New Detail Codes: **PD644** and **PY644**
- **PD644** and **PY644** apply to disputes reporting a missing or unexpected payment where the start or end dates of the policy are out of alignment.
  - **PD644 Issuer Action:** Review the most recent RCNO data and submit the appropriate Enrollment Dispute to update the Benefit Start Date or Benefit End Date. When applicable, submit a payment dispute to modify the financial values.
  - **PY644 Issuer Action:** Review the current Pre-Audit data and submit the appropriate Enrollment Dispute to modify the Benefit Start Date or Benefit End Date.
- **PD644** results in disposition code R6: Dispute Not Supported by RCNI.
- **PY644** results in disposition code R10: Dispute Not Supported by RCNI – Prior Year.

Detail Codes for Prior Year Records with Outdated RCNO Data

- New Detail Codes: **PY1404**
- **PY1404** applies to disputes submitted for a prior year policy, but the dates and/or the financial data were changed after the last RCNO file.
  - **PY1404 Issuer Action:** Review the most recent Pre-Audit data and submit an Enrollment Dispute to make the necessary changes.
- **PY1404** results in disposition code R10: Dispute Not Supported by RCNI – Prior Year.

Detail Codes for Prior Year Disputes with Corresponding Enrollment Disputes

- New Detail Codes: **PY1405**
- **PY1405** applies to disputes submitted for a prior year policy and an Enrollment Dispute was also submitted to modify the date and/or financial values for that policy.
  - **PY1405 Issuer Action:** After the Enrollment Dispute is processed, check if the discrepancy was corrected in the Pre-Audit data and submit an Enrollment Dispute if it requires additional changes.
- **PY1405** results in disposition code R10: Dispute Not Supported by RCNI – Prior Year.

Modified Detail Code for Field Level Flags of "I"

- **PD517** applies to disputes where the field level flag is "I" (issuer to update to FFM value) for the disputed field and ER&R needs to perform additional research.
- **PD517** Modifications**:**
  - Previously, **PD517** only applied to disputes regarding an incorrect payment.
  - Going forward, **PD517** will also be used for disputes regarding a missing payment in which the issuer has an end date later than the FFM.
- **PD517** results in disposition code I1: In Process.

Modified Detail Code for Mismatched FFM Exchange Assigned Policy IDs

- **PD522** applies when the FFE Exchange Assigned Policy ID does not match the issuer value. This may indicate that the policy was paid using the FFE Exchange Assigned Policy ID.
- **PD522** Modifications:
  - Previously, **PD522** applied to disputes where null values were present in the dispute form for the FFM Exchange Assigned Policy Number, Issuer Exchange Assigned Policy Number, or Exchange Assigned Policy Number Flag fields.
  - Going forward, disputes will not be eligible for a **PD522** detail code if any of the FFE Exchange Assigned Policy Number, Issuer Exchange Assigned Policy Number, or Exchange Assigned Policy Number Flag fields are null, as they may be a result of an unaffiliated record.
- **PD522** results in disposition code R9: Mismatched Policy.

Modified Detail Code for Disputes with an Invalid HIOS ID

- **PD803** applies to disputes submitted with an invalid HIOS ID. The issuer will need to review the dispute and resubmit it with the correct HIOS ID.
- **PD803** Modifications:
  - Previously, **PD803** resulted in disposition code R6: Dispute Not Supported By RCNI.
  - Going forward, **PD803** will result in disposition code R2: Dispute Not Supported By RCNI.

Reminder: AM Approval for Prior Year Disputes

- **Issuers must get approval from their Account Manager (AM) before submitting prior year enrollment or payment disputes to ER&R.**
  - This is not required for HICS Direct Disputes or prior year disputes that contain supporting HICS cases.
  - Through September, disputes for 2016 policies do not need approval due to the off-cycle Reconciliation process.
  - Issuers must email a completed Issuer Prior Year Approval Request Form to their AM. The form can be found on zONE at https://zone.cms.gov/system/files/documents/issuerprioryearapprovalrequest.xlsx.
  - Upon receiving a confirmation email from ER&R, issuers should follow their existing procedures to submit the approved prior year disputes.
  - For more information please consult the Prior Year Dispute Approval Master Guidance on zONE at https://zone.cms.gov/system/files/documents/prioryeardisputeapprovalmasterguidance.pptx.

Common Errors: Failing to Receive AM Approval on Prior Year Disputes

- Prior Year disputes receive a **FV111** detail code when there is no supporting HICS case and the AM has not approved the HIOS for prior year dispute submission.
- The **FV111** detail code result in the disposition code R2: Record Does Not Meet Dispute Requirements.
- To avoid receiving **FV111** detail codes, issuers should:
  - Add a relevant HICS Case ID whenever one is available.
  - Request approval from their AM for all prior year disputes without a HICS Case ID.
  - Wait for the confirmation email from ER&R stating that the AM approval processed before submitting the dispute.

zONE Publications

- Disposition and Detail Code List v23 is available. The new version includes the new detail codes that were presented in the previous slides.
- The Combined Enrollment and Payment TRG v7.0 contains instructions for AM approvals on prior year disputes, new and updated common error scenarios.
- UIR TRG v6.0 contains the new terminated UIE categories, information regarding the 2019 UIE Issuer Letter, and other minor improvements.
- UIR Master Guidance v3.1 contains the new terminated UIE categories, information regarding the 2019 UIE Issuer Letter, and other improvements. Individual slides covering existing categories were removed from this version.
- The HICS Direct Dispute Cheat Sheet v5.0 and HICS Direct Dispute Master Guidance v3.1 contain minor edits.
- Issuers can review the updated documentation on CMS zONE:
  - https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

Questions?

- **To submit or withdraw questions by phone:**
  - Dial *# (star-pound) on your phone's keypad to ask a question.
  - Dial *# (star-pound) on your phone's keypad to withdraw your question.
- **To submit questions by webinar:**
  - Type your question in the text box under the 'Q&A' tab.

Resources

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Financial Management Coordination Center

- The FMCC help desk at fmcc@cms.hhs.gov assists issuers with:
  - Questions or concerns regarding the Payment Dispute process
  - Technical assistance
  - File submission
- When contacting the FMCC, issuers should include their five (5)-digit HIOS ID and their seven (7)-character payee ID, along with their request

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/
Pay.gov Web Help	https://www.pay.gov/WebHelp/HTML/about.html
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

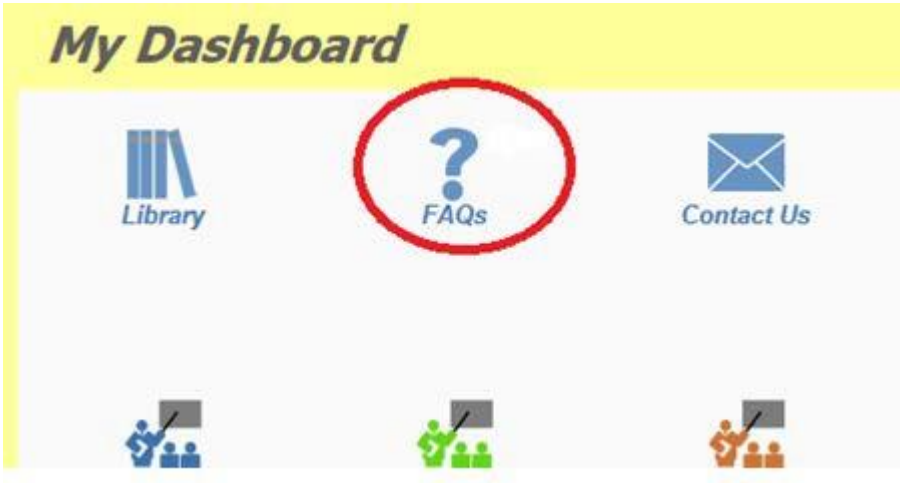
Inquiry Tracking and Management System (ITMS)

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

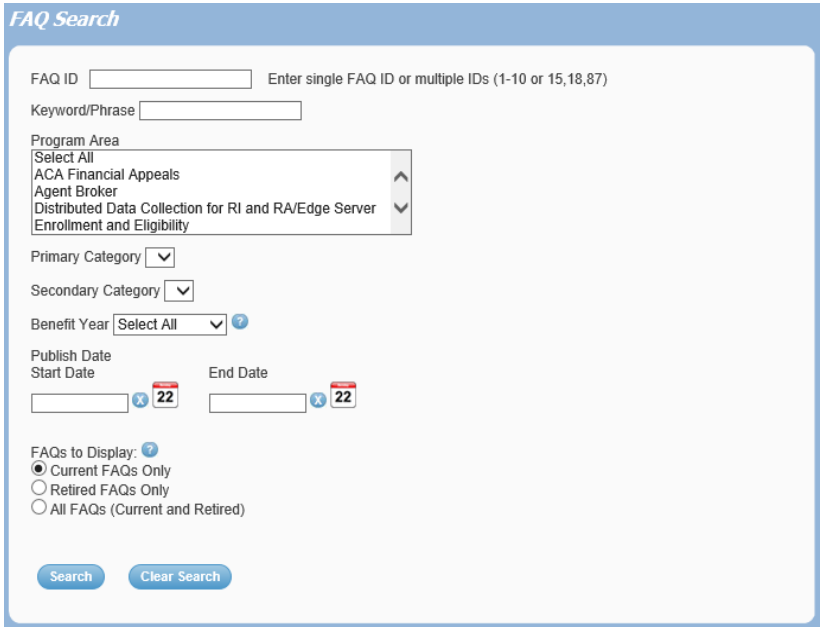
Select “Submit an Inquiry” or to view submitted inquiries select ‘My Inquiries’ from My Dashboard.



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

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