

# FM Payment Processing Series II:

PPR, Payee Information Report, HIX 820 Files, 2015 and 2016  
Restatement Information, Issuer Enrollment Alignment  
Performance Summary Report Overview, Payment and  
Collection Process Overview, Payment Dispute Updates

**August 21, 2017**



**Division of Financial Transfers and Operations  
(DFTO)**

# Agenda

- **PPR, Payee Information Report, and HIX 820 File Issues and Information**
- **2015 Restatement Information**
- **2016 Restatement Information**
- **Issuer Enrollment Alignment Performance Summary Report Overview**
- **Payment and Collection Process Overview**
- **Payment Dispute Updates**

# **PPR, Payee Information Report, and HIX 820 File Issues**

# PPR, Payee Information Report, and HIX 820 File Issues and Information

Please follow the escalation path below for issues related to the transfer of the monthly Preliminary Payment Report (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](mailto:CMS_FEPS@cms.hhs.gov)

# HIX 820 Information

- 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; and/or
  - The payee has one (1) million effectuated policies or more in a month.
- For more information, see your BY2016 Adjusted Reinsurance Payment Report (ARIPR) (sent mid August) and/or RA payment transfer reports (TPIR-RA Transfer) (sent mid June). For CSR Recon, please refer to the report that was sent to your organization on June 30<sup>th</sup>.

# 2015 Restatements

# 2015 Restatements

- The window to request submission of a final 2015 restatement has closed
- CMS is reviewing all submission requests for approval
- All issuers with an approved request to submit will receive a workbook and instructions this week
- Workbooks are due back to CMS for processing no later than 9/8
- Workbooks will be processed for inclusion in the October payment cycle

# 2016 Restatements



# 2016 Restatements for SBE Issuers

- 2016 Manual Workbook Restatements for SBE Issuers will be accepted and processed in the November payment cycle
- There will be a final opportunity for SBM Issuers to restate for 2016 in the fall of 2018
- 2016 payment for FFE Issuers receiving Policy-Based Payments will continue to adjust through the ER&R payment and enrollment dispute process

# **Issuer Enrollment Alignment Performance Summary Report Overview**

# Issuer Enrollment Alignment Performance Summary Report Overview

**What it is:** FMCC publishes a monthly summary report containing performance metrics on Issuer enrollment data quality and alignment

- Latest version was published on Thursday, August 17<sup>th</sup>

**What it provides:** Report provides summary and detailed performance metrics measuring three key activities Issuers complete to keep their enrollment data aligned:

- Successful daily submission of inbound 834 transactions to update FFM policies
- Monthly, timely, and accurate submission of RCNI files to make any updates that can't be processed through inbound 834
- Timely and accurate reporting of any payment discrepancies via submission of either an enrollment dispute OR payment dispute file

**Why it's important:** Report aims to provide a consolidated, comprehensive snapshot on the quality and alignment of Issuer enrollment data using established CMS defined criteria to ensure the accuracy and timeliness of the following:

- Consumer benefit coverage
- **Monthly policy-based payments**
- Consumer 1095-As

# What's Changing?

- **Inbound 834 Reliance Metric** – Adjusting the performance period used for the Inbound Reliance metric (all transaction types) to align to the monthly pre-audit cycle (15<sup>th</sup> to 15<sup>th</sup>)
- **Aged Initials Metric** – Adjusting the cutoff date used to capture the latest policy status to align with the monthly pre-audit snapshot so the report reflects enrollment updates applied via the latest reconciliation cycle.
- **\*Revised Report for August**
  - To introduce this change, we have refreshed the period of enrollment data updates used in the most recent Inbound Reliance metric and generated a new report for this month that is now comparing the following data sets:
    - Reliance - Inbound 834: Transactions sent 6/16 – 7/15 (previous version was 7/1 – 7/30)
    - Reliance – RCNI: Updates from July RCNI submission (previous version June RCNI)
    - Aged Initials: Policy status as of 8/15 (previous version used cutoff of 7/30).
- **Report Publication Date** – As a result of this change, the scheduled delivery of this monthly report going forward will be pushed from prior to the 15<sup>th</sup> of the month to after the 15<sup>th</sup> of the month to allow for updates sent on the latest RCNI file to be applied to FFM and reflected in our reporting.

**\*Email notification with revised report based on these changes was sent to issuers last Thursday, August 17<sup>th</sup> - Only impacts Issuers with PY17 enrollment data.**



# What's NOT Changing

- All other metrics provided in the report remain unchanged in their methodology and performance period:
  - Inbound 834 Update Acceptance Rate
  - Enrollment Recon
  - Disputes
- The “Glossary” tab available in each report provides complete details on each metric.
- The next, full version of the report reflecting updated data across all metrics will be published in late September.

# Performance Summary Report Key Takeaways

Metric	Performance Period – Previous	Performance Period – REVISED	What your score means?
<b>*IC834 Update Acceptance Rate</b>	➤ 6/16 to 7/15	➤ 6/16 to 7/15 (NO CHANGE)	<p>High % = Majority of inbound 834s were accepted and applied updates to FFM</p> <p>Low % = Majority of inbound 834s were rejected</p> <p><b><i>Percentage is based on transactions across a 4-week period, so does not align directly to a single weekly PO report summary</i></b></p>
Inbound 834 Reliance	➤ IC834: 7/1 to 7/30 ➤ RCNI: June	➤ IC834: 6/15 to 7/15 ➤ RCNI: July	<p>High Ratio % - Relying heavily on IC834 to apply updates to FFM</p> <p>Low Ratio % - Relying heavily on RCNI to apply updates to FFM</p> <p><b><i>*Issuers can have high Inbound Success rates but low Inbound Reliance rates</i></b></p>
Enrollment Reconciliation	➤ July RCNI	➤ July RCNI (NO CHANGE)	<p>Submission = RCNI submitted</p> <p>Quality = No suppressions</p> <p>Unmatched Record Rate = % of unmatched records below threshold</p>
Aged Initials	➤ FFM policy data as of 7/30	➤ FFM policy data as of 8/15	Low % (good) = small number of “aged” policies as a % of total “aged” policies are still in “initial” status
Disputes	➤ Data as of 7/31	➤ Data as of 7/31(NO CHANGE)	<p>Submission = File submitted within 45 days of the report cutoff date.</p> <p>Payment Dispute Success = % of records not flagged R1, R2, R3, R7, R8</p>

# Contact FMCC for Data Requests

- **Policy IDs for Inbound Reliance** – Upon request, FMCC can provide policy IDs a by request if Issuers are interested in investigating policies update via Recon for a given performance period to determine why IC834s did not trigger for them as well as (data is available for both current and prior reporting cycles).
- **Revised Metrics from Prior Months** – Upon request, FMCC can also provide revised performance metrics for Inbound Reliance & Aged Initials based.
- Questions about the report or how to get added to the distribution list to receive it can be sent to [FMCC@cms.hhs.gov](mailto:FMCC@cms.hhs.gov)

# Data Alignment Drives Payment!!

- Carefully review Enrollment Alignment Summary Reports and enrollment recon files NOW to identify needed process changes
- Submit payment and enrollment disputes NOW to ensure accurate 2017 year-end data
- 2017 year-end data accuracy supports
  - Accurate payment
  - Correct Batch Auto-Renewal (BAR) enrollment for 2018
  - Correct 1095-A forms going out to consumers in January 2018, reducing operational burden of disputes and improving consumer experience
- High inbound reliance will increase timeliness of payment for new 2018 enrollees



# Payment and Collection Process Overview

# What happened in the August 2017 payment cycle?

- In the August 2017 payment cycle, CMS has:
  - Made Reinsurance payments to Issuers of Reinsurance-eligible plans
  - Sent invoices to Issuers of Risk Adjustment covered plans who owe outstanding Risk Adjustment charges
  - Made CSR Reconciliation payments to Issuers of QHPs who are owed outstanding CSR Reconciliation payments
  - Sent invoices to Issuers of QHPs who owe outstanding CSR Reconciliation charges
- CMS will begin making Risk Adjustment payments in the September 2017 payment cycle and will continue as additional charges are collected in each State and Market

# Reminder: Revised Due Date for Initial Invoices for RA, RI and RC

- To simplify the collections process this year, CMS has modified the invoicing process for the RA, RI and RC programs
- 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**
  - The current process for these programs provide Issuers 30 days to pay 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**
- We note that the payment of APTC, CSR, and user fee invoices always included this 15 day deadline

# Revised Due Date for Initial Invoices for RA, RI and RC (continued)

- This change eliminates the timing overlap in the current process 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 change 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](https://www.regtap.info/reg_librarye.php?i=2120)

# Invoicing Overview

# Timing of Invoice and Intent to Refer Letters

- Initial Invoices were mailed to Issuers between the 10<sup>th</sup> and 12<sup>th</sup> 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

# August Payment Cycle Timeline

Date	Event
<b>August 10, 2017</b>	Initial Invoice mailed if charges exceed payments
<b>August 25, 2017</b>	Deadline to submit Initial Invoice payments via Pay.gov
<b>October 16, 2017</b>	Intent to Refer Letter transmitted if there is an outstanding balance
<b>December 28, 2017</b>	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 10, 2017**

# 5 Business Day Outreach

- As a way to ensure that Invoices have been received, CMS makes phone calls to Issuers 5 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](mailto:CCIIOInvoices@cms.hhs.gov)



# Initial Invoice

# Initial Invoice Letter Header (cont.)

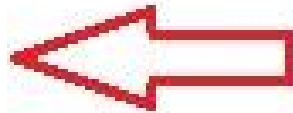
The specific **Program** (3Rs/CSR Recon/User Fees) for which a balance due is identified.

The **Entity ID** is the Payee ID, which is generated in the Financial Management Application.

The **Invoice Number** will be used to submit payment in Pay.gov.

## INITIAL INVOICE

Re: Program : Risk Adjustment Program  
Entity ID : A010001  
Invoice Number : PMR19016\_RA  
Invoice Date : 03-NOV-2016  
Invoice Amount : \$2,535.00  
Payment Due Date : 18-NOV-2016



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.

# 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)



**CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 10.125% per year (effective 7/18/17).**

# 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 [CCIIInvoices@cms.hhs.gov](mailto:CCIIInvoices@cms.hhs.gov).

# Intent to Refer Letter Overview (continued)

Re: Program : Risk Adjustment Program

Entity ID : A010001

Invoice Number : PMR19016\_RA

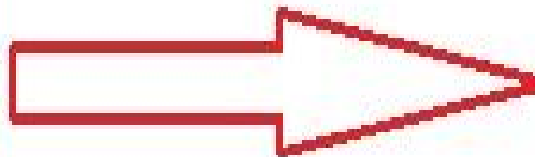
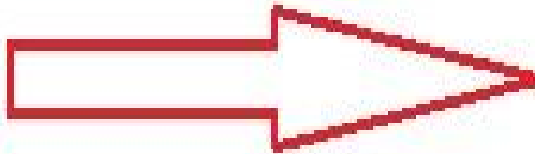
Invoice Date : 03-NOV-2016

Invoice Amount : \$2,535.00

Interest Charge : \$101.66

Administrative Fee : \$0.00

Total Amount Due : \$2,636.66



The Invoice Number matches the Invoice Number transmitted in the Initial Invoice.

The Total Amount Due reflects the total sum of the Initial Invoice Amount, Interest Charge and Administrative Fee.

# 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 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](https://fiscal.treasury.gov/fscontact/fs_contact.htm)

# Failure to Submit Payment to Intent to Refer Letter (cont.)



- CMS and the U.S. Department of Health and Human Services (HHS) have no involvement in the Treasury offset process. The Notification (letter) would have been generated by the Treasury as part of their offset program which collects outstanding debt owed to any Federal government agency.
- CMS and HHS do not have access to the notification sent by the Treasury or knowledge of debt owed and collected for other Federal government agencies.
- 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](https://fiscal.treasury.gov/fscontact/fs_contact.htm)



# Submitting Payment in 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>

# Pay.gov (continued)

- Issuers may use the following link, <https://www.pay.gov/WebHelp/HTML/about.html>, for additional assistance using Pay.gov
- Additionally, Issuers may access this link by clicking “Online Help” from anywhere within Pay.gov. If an Issuer needs additional help making payment via the Pay.gov Form, they should first contact Pay.gov to see if the issue is related to a system error  
Note: If the issue is related to a system error, only Pay.gov can assist
- If the issue is not a system error, the Issuer should refer back to the training slides and job aids posted on REGTAP. If the Issuer still needs assistance after reviewing the materials, the Issuer should contact CMS at [CCIIOInvoices@cms.hhs.gov](mailto:CCIIOInvoices@cms.hhs.gov)

# 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/uploads/library/FT\\_RAD\\_slides\\_072017\\_5CR\\_072017.pdf](https://www.regtap.info/uploads/library/FT_RAD_slides_072017_5CR_072017.pdf)

# Help Desk Assistance

- Issuers may send questions related to Initial Invoice or Intent to Refer Letter to: [CCIIInvoices@cms.hhs.gov](mailto:CCIIInvoices@cms.hhs.gov)
- 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](mailto:pay.gov.clev@clev.frb.org)

# Payment Dispute Updates

# Payment Dispute Outline

## I. Common Errors:

- Prior-year payment disputes being resolved
- Detail Code PD552

## II. New Detail Codes:

- PD616 & PY616
- PD585 & PY585
- PD572
- PD617
- PD544 & PY544
- PD594 & PY594
- PY1403
- PD620 & PY620
- PD596
- PD615
- PD621
- PD940
- PD941

# Common Errors: 2016 Payment Disputes

- Since 2016 enrollment reconciliation ended on 3/17/2017, Payment Disputes for 2016 must align with March's 2016 enrollment recon file to allow processing
- Any 2016 dispute that does not align with the last 2016 Enrollment Recon File must be submitted as an Enrollment Dispute
- Disposition codes R10 and R11 indicate a 2016 dispute that does not align with the last enrollment reconciliation file
- Please review your PPR-820 Dispute Response File and
  - Submit any remaining disputes with R10 or R11 dispositions as Enrollment Disputes
  - Ensure that you have procedures in place to address these cases that are returned with R10 & R11 Disposition Codes through Enrollment Disputes on an ongoing basis



# Common Errors: Unexpected Payment (Detail Code PD552)

- If you are receiving payment for a policy that should not be effectuated, please confirm that the Premium Paid Indicator field has a value of “C” for that policy on your next RCNI file
- This situation will be indicated by disputes being returned with Detail Code **PD552**: “Unexpected Payment” disputes where the RCNI file contains a “Y” in the Premium Paid Indicator field
  - This indicates that the policy was active and that a payment from CMS is required
- In response to receiving this code, issuers should ensure that the next RCNI file has an Issuer Premium Paid Indicator field value of “C”

# Rejected Unexpected Payment Dispute Code

- New Detail Codes: **PD616 & PY616**
- **PD616 & PY616** apply to unexpected Payment Disputes where the **Issuer** reported a Premium Paid Indicator of “Y” on a previous RCNI submissions, but discontinued submitting the policy on subsequent RCNI files
  - **PD616 Issuer Action:** Review the most recent RCNO file. If the policy was active, submit the correct Benefit End Date on the next RCNI file. If the policy was never effectuated, use the Rejected Enrollments tab of the Enrollment Dispute Form to cancel it.
  - **PY616 Issuer Action:** Review the most recent Pre-Audit file and submit an appropriate Enrollment Dispute to make the necessary changes
- **PD616** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY616** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

# Payment Disputes that Require Additional Issuer Review

- New Detail Codes: **PD585 & PY585**
- **PD585 & PY585** apply to especially complex Payment Disputes, involving an unaffiliated record, where the Issuer needs to determine which policy needs to be canceled or effectuated
  - **PD585 Issuer Action:** Review your RCNI data to determine which policy needs to be canceled or effectuated and make the changes on the next RCNI submission
  - **PY585 Issuer Action:** Review the Pre-Audit file and submit an Enrollment Dispute to cancel or effectuate the correct policy
- **PD585** results in Disposition Code: *R9 - Dispute Not Supported by RCNI*
- **PY585** results in Disposition Code: *R11 - Dispute Not Supported by RCNI - Prior Year*

# Approved Missing Payment Disputes on Non-effectuated Policies

- New Detail Code: **PD572**
- **PD572** applies to approved missing Payment Disputes where the disputed policy is not effectuated within FFE
  - **ER&R Contractor Action:** Effectuate the policy and update the End Date in FFE data
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and ensure that FFE Financial information aligns with issuer data. If discrepancies are found, submit a subsequent dispute as needed.
- **PD572** results in Disposition Code: *11 – In Process*

# Duplicate Payment Disputes Code

- New Detail Code: **PD617**
- **PD617** applies to duplicate Payment Disputes that are found for the same Policy ID.
- **Issuer Action:** Review the Semi-Monthly Detailed Report for any changes to the status of the dispute and policy
- **PD617** results in Disposition Code: *R5 – Dispute Merged with Other Case for this Policy*

# Missing or Incorrect Payment Disputes where FFE Data Contains Conflicting Records

- New Detail Codes: **PD544 & PY544**
- **PD544 & PY544** apply to missing or incorrect Payment Disputes where the disputed policy does not have FFE data, but another record exists with FFE and Issuer data
  - **PD544 Issuer Action:** Review your RCNI data to determine which policy needs to be canceled or effectuated and make the changes on the next RCNI submission
  - **PY544 Issuer Action:** Review the Pre-Audit file and submit an Enrollment Dispute to cancel or effectuate the correct policy
- **PD544** results in Disposition Code: *R9 – Mismatched Policy*
- **PY544** results in Disposition Code: *R11 – Mismatched Policy - Prior Year*

# Payment Disputes with two RCNI Records

- New Detail Codes: **PD594 & PY594**
- **PD594 & PY594** apply to Payment Disputes where the Issuer is submitting two RCNI records for a policy, but only one record is present in the FFE data
  - **PD594 Issuer Action:** Determine which record needs to be effectuated and cancel the other record or remove the extra Issuer record and update the information on the combined record for this policy. Please review the RCNI file and ensure the coverage period/amount is appropriately reflected in a combined record.
  - **PY594 Issuer Action:** Review the Pre-Audit file and submit the appropriate Enrollment Dispute to correct the discrepancy
- **PD594** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY594** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*
- As a result of **PD594 & PY594** the following codes are being retired: **PD520, PD570, PD571, & PD587**

# Rejection Code for Prior Year Disputes

- New Detail Codes: **PY1403**
- **PY1403** applies to a sundry of different Payment Dispute scenarios that require an Enrollment Dispute to reconcile
  - **PY1403 Issuer Action:** Review the Pre-Audit file and submit an Enrollment Dispute to make corrections to the policy
- **PY1403** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*



# Disputes with HIOS or Subscriber ID Mismatch

- New Detail Codes: **PD620 & PY620**
- **PD620 & PY620** apply to Payment Disputes where the Policy ID provided contains a different HIOS or Subscriber ID in FFE data
  - **PD620 Issuer Action:** Review all policies for the consumer and verify that the policies are reported correctly on the next RCNI submission
  - **PY620 Issuer Action:** Review all of the consumer's records in the Pre-Audit and submit an Enrollment Dispute to make the necessary corrections
- **PD620** results in Disposition Code: *R9 - Dispute Not Supported by RCNI*
- **PY620** results in Disposition Code: *R11 - Dispute Not Supported by RCNI - Prior Year*

# Denied Disputes that Received Manual UIE Payments

- New Detail Code: **PD596**
- **PD596** applies to missing Payment Disputes for policies that were manually paid through the UIE payment process
  - **ER&R Contractor Action:** Close the Payment Dispute and address the issue through the manual UIE payment process
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is received within 2 cycles
- **PD596** results in Disposition Code: *C1 – Reviewed, Denied*

# Payment Disputes with Duplicate Requests Submitted as Enrollment Disputes

- New Detail Code: **PD615**
- **PD615** applies to Payment Disputes where there is an Enrollment Dispute addressing the same data discrepancy
  - **ER&R Contractor Action:** Address the issue through the Enrollment Dispute submitted by the Issuer
  - **Issuer Action:** Monitor the Semi-Monthly Detailed Report for information on the processing of the Enrollment Dispute
- **PD615** results in Disposition Code: *C1 – Reviewed, Denied*

# Rejected Unexpected Payment Dispute Code

- New Detail Codes: **PD621 & PY621**
- **PD621 & PY621** apply to unexpected Payment Disputes where the Issuer reported a Premium Paid Indicator of “Y” on a previous RCNI file, but discontinued submitting the policy on more recent RCNI submissions
  - **PD621 Issuer Action:** Review the most recent RCNO file. If the policy was active, submit the correct Benefit End Date on the next RCNI file. If the policy was never effectuated, use the Rejected Enrollments tab of the Enrollment Dispute Form to cancel it.
  - **PY621 Issuer Action:** Review the most recent Pre-Audit file and submit an appropriate Enrollment Dispute to make the necessary changes
- **PD621** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY621** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

# Rejected Payment Disputes with Additional Information Provided

- New Detail Code: **PD940**
- **PD940** applies to denied Payment Disputes where ER&R is providing additional instructions within the Response File
  - **ER&R Contractor Action:** Add instructions for further Issuer action to the “Feedback to the Issuer” field
  - **Issuer Action:** Review the Response File and follow the instructions contained within the “Feedback to the Issuer” field
- **PD940** results in Disposition Code: *C1 - Reviewed, Denied*

# New Approved Payment Disputes Code

- New Detail Code: **PD941**
- **PD941** applies to approved Payment Disputes
  - **ER&R Contractor Action:** Submit necessary updates to FFE data
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles. If payment is not resolved within 2 payment cycles, resubmit the Payment Dispute.
- **PD941** results in Disposition Code: *C4 - Dispute processed, update planned within 2 cycles*

# 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