

Financial Management Series III: Q&A Session

August 31, 2015



Financial Management Series III

Agenda

- Session Guidelines
- Frequently Asked Questions (FAQs)
- Questions
- Resources/Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- Documented Q&As will be posted in the coming weeks.
- For questions regarding logistics and registration, contact the Registrar at:
(800) 257-9520

FAQs

FAQ 1

Question: How will CMS represent negative adjustments on the HIX 820 transaction?

Answer: The HIX 820 transaction does not summarize at the detail-level. All the policy-level details will be represented in the 2100 and 2300 loops and the total will be reflected in the BPR02 Total Payment Amount. Note that a loop is a block of repeating data. Negative amounts in the HIX 820 transaction are visible in the RMR02 segments of the 2300 loop (as allowed by X12). Each RMR02 segment will contain a payment type code to specify the program for which the negative amount was charged. If an Issuer has a negative total balance (BPR02) based on the sum of all the 2300 loops, then there will be a Program-Level loop (2300 Only) referred to as “INVOICE” that will show the absolute sum of the total. Meaning if the net negative total for the 820 is -1000, then the additional 2300 loop will be INVOICE and 1000 which brings the BPR02 to \$0. In addition, the Payee will receive a Dunning Letter in the mail that will detail charges and provide a link to Pay.gov to remit payment.

FAQ 2

Question: Where can Issuers find information on what CMS will include in the HIX 820 transaction and the Preliminary Payment Report (PPR)?

Answer: PPRs will provide all the same details as the HIX 820 in regards to the 2100 and 2300 loops, so it will provide subscriber level details (2100) as well as program-level amounts (2300 only). Payees can find sample Preliminary Payment Reports (PPR) in the PPR Business Rules Schema located at https://www.regtap.info/uploads/library/FT_HIX820_PilotMaterials_5CR_081915.zip in the REGTAP Library under the Payments – Remittance Message (X12 HIX 820) program area.

FAQ 3

Question: Will CMS develop the PPR and the HIX 820 transaction from the same data sources as the Pre-Audit file?

Answer: The PPR and the 820 are generated from a CMS system known as the Enrollment and Payment System (EPS). EPS pulls from the FFM Database which is the same source that is used to generate the pre-audit file. The main difference is that EPS only pulls effectuated policies because that is what is used to make payments to Payees, while the FFM holds all enrollment details including non-effectuated information.

FAQ 4

Question: If there are retroactive adjustments or retroactive payments to an enrollment that spans multiple months, will the HIX 820 transactions contain multiple loops for each date range or will the payment/adjustment be combined and the date range cover the entire coverage period?

Answer: For retroactive adjustments that span multiple months, HIX 820 transactions will contain multiple loops, each corresponding to a coverage period within the same month. For example, if an issuer has someone enroll in March 2016 that corresponds back to January 2016, the HIX 820 for April 2016 will contain a separate loop for each coverage month (i.e., January, February, March and April) for that subscriber.

FAQ 5

Question: Can CMS explain what the “FFM Extract for EPS” is as it relates to the Policy-based Payments timeline?

Answer: The FFM is the database that holds all enrollment information. EPS extracts effectuated enrollment data at the policy-level and rolls the data up to the Payee level for payments.

FAQ 6

Question: How will Issuers submit payment Discrepancy Reports? What is the timeline Issuers should follow in order to submit Discrepancy Reports?

Answer: For more details regarding the Discrepancy Reporting Process, please see REGTAP Training entitled “Policy-based Payments: 2015 Pilot and Discrepancy Reporting (8/26/15).” The slides are available at https://www.regtap.info/uploads/library/FT_HIX820_slides_082615_5CR_082615.pdf in the REGTAP Library.

FAQ 7

Question: Can Issuers assume the HIX 820 file reflects the sum of the policy- and program-level payment/adjustments and will match the Treasury Payment Amount?

Answer: Yes, the sum of the 2300 loops will equate to the Treasury deposit including policy-level amounts and program-level amounts.

FAQ 8

Question: What are the differences between the PPR and the final HIX 820 transaction?

Answer: The main difference between the PPR and the HIX 820 transaction is that only the HIX 820 transaction will contain an EFT trace number and effective date. There is a column in the PPR Schema posted on REGTAP, outlines the different fields included on PPR versus the HIX 820. The PPR Schema document is available at https://www.regtap.info/uploads/library/FT_HIX820_PilotMaterials_5CR_081915.zip in the REGTAP Library.

FAQ 9

Question: What Marketplace Payment Type Codes will CMS use in the Policy-based Payments Process?

Answer: The Washington Publishing Company (WPC) website, <http://www.wpc-ed.com>, displays the Marketplace Payment Type Codes CMS will use in the Policy-based Payments process.

FAQ 10

Question: On the HIX 820 transaction, will the payment type code amount date range match the coverage start date for the contract or will HIX 820 show the payment type code to reflect the date specific to the month payment?

Answer: The Date/Time (DTM) segment of the 820 Transaction will reflect the actual coverage period of coverage.

FAQ 11

Question: What is the recommended guidance for correcting partial coverage month data so that the Issuer complies with the standard monthly proration methodology?

Answer: For 2016, Issuers should work towards moving their methodology to align with 45 CFR 155.240(E). This contains the calculation that Issuers will use for Policy-based Payments. If Issuers do not align with CMS, payment discrepancies will arise. Discrepancies could result in a delay in accurate payment to the Issuer. For 2015, the Issuer should ensure the pro-rated amount aligns with what has been reported under the Manual Payment Process. (continued on next slide)

FAQ 11 (Continued)

Answer: Issuers whose systems are equipped to pro-rate 2015 aggregated premium, APTC, CSR and FFM user fee data, may do so within the monthly Enrollment & Payment Data Workbook. Submitters would use the proration formulas set forth in the 2015 payment notice. These Issuers should only be reporting prorated financial data (premium, APTC, CSR or FFM UF data). Issuers in SBM States should consult their State regarding the State's proration policy. For all other Issuers, Issuers should continue to report Enrollment & Payment Data Workbooks (premiums, APTC, CSR, FFM user fees) as they have been throughout the manual payment process. We note that this guidance is in no way intended to affect the guidance that Issuers have already received regarding the 834 enrollment process. Issuers are expected to follow all CMS guidance pertaining to the 834 process.

FAQ 12

Question: Will there be one (1) HIX 820 per Payee ID or one (1) per HIOS ID?

Answer: In most cases, one HIX 820 will be provided to each Payee ID per month and include all the Qualified Health Plans (QHPs) that correspond to that Payee. There are two (2) situations where a Payee would receive more than one (1) HIX 820 in a month: 1) if the total payment is \$100 million or more, 2) if the total number of ENT loops in the HIX 820 are one million or more.

FAQ 13

Question: Will 2015 data retroactivity be handled via the HIX 820 or through the current Manual Payment Process?

Answer: 2015 retroactivity will be handled by the Marketplace Payment Team via the current Manual Payment Process. Policy-level payments will only apply to 2016 effectuated enrollments. However, payees will receive a program-level loop on the HIX 820 for their 2015 Advanced Payments of Premium Tax Credits (APTCs), Cost-Sharing Reductions (CSRs) and User Fee restated amounts. For a detailed example, please see <http://examples.x12.org/005010X306/>

FAQ 14

Question: Will HIX 820 testing and reconciliation of enrollment data include Small Business Health Options Program (SHOP) premium payments?

Answer: No, the Individual Marketplace HIX 820 payment and reconciliation process is separate from the SHOP HIX 820 testing and reconciliation of enrollment data.

FAQ 15

Question: Will Issuers continue to submit enrollment and payment data through the Manual Payment Process after the transition to Policy-based Payments?

Answer: All Issuers will continue to submit enrollment and payment information through the Manual Payment Process during the transition to Policy-based Payments for a designated time. CMS will provide further guidance at a later date.

FAQ 16

Question: Do State Based Marketplace (SBM) Issuers need to prepare for the implementation of Policy-based Payments?

Answer: The steps outlined during the July 29, 2015 FM Series II training Issuers to prepare for the implementation of Policy-based Payments do not apply to SBMs. The Centers for Medicare & Medicaid Services (CMS) plans to onboard SBMs onto the Policy-based Payment Process after January 2016. To register, SBM issuers will need to successfully complete and submit 820 registration forms to EDI by 10/15/2015. SBM issuers will also need to set up folders by 11/30/2015. The configuration to receive 820 files will either need to be via a SPOE folder (if EFT setup is configured to pull from CMS) or via a server folder (if EFT setup is configured for push mechanism).

FAQ 17

Question: Do the Centers for Medicare & Medicaid Services (CMS) require Issuers to send a TA1/999 acknowledgement file for the Preliminary Payment Report (PPR)?

Answer: No, CMS does not require an acknowledgement file for the PPR.

Questions?

To submit questions by phone:

- *dial '14' on your phone's keypad*
 - *dial '13' to withdraw your question*

To submit questions by webinar:

- *type your question in the text box under the 'Q&A' tab*

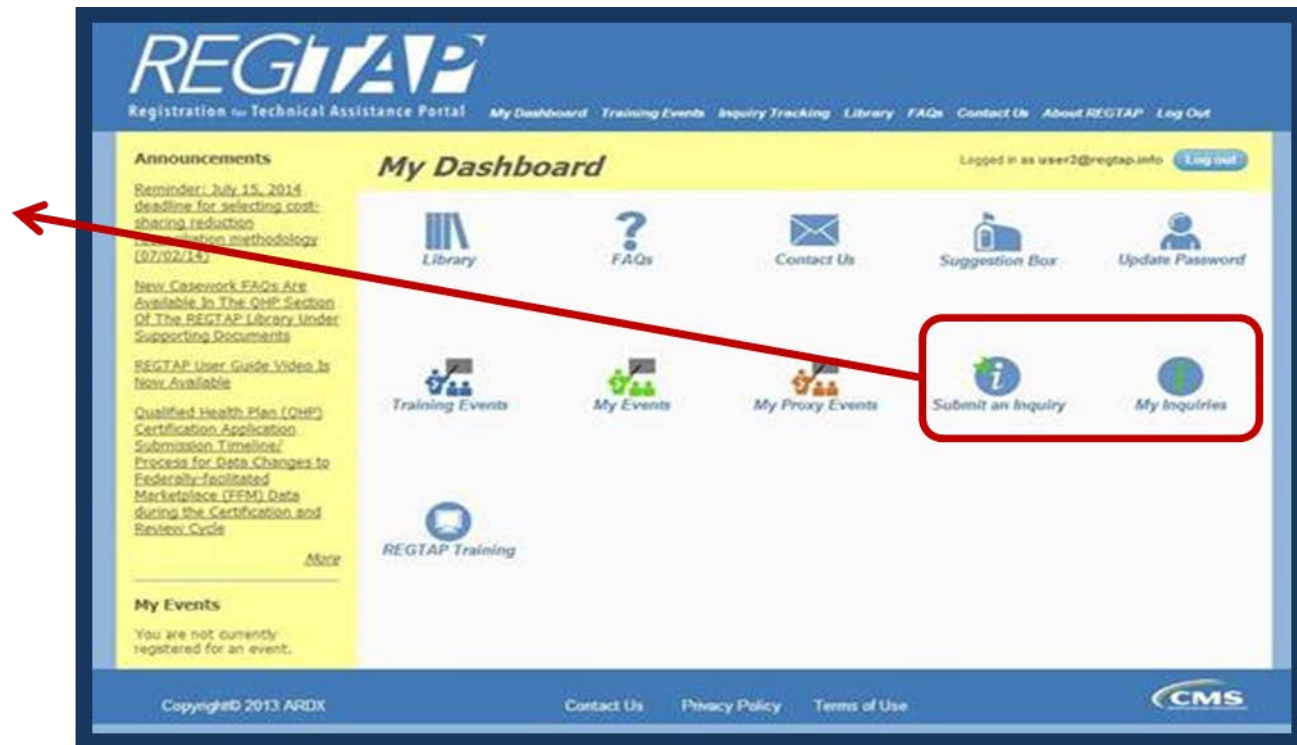
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services	http://www.hhs.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/ccio
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

Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.



FAQ Database on REGTAP

My Dashboard



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

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

FAQ Search

FAQ ID Enter numeric FAQ ID only

Keyword/Phrase

Program Area

Select All
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility
Event Registration and Logistics

Primary Category

Secondary Category

Publish Date

Start Date

End Date

Search

Clear Search

Closing Remarks