Financial Management Series III: Q&A Session

September 14, 2015

Financial Management Series III

HTTPS://WWW.REGTAP.INFO

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: Does the HIX 820 transaction reflect the sum of the policy- and program-level payments and adjustments matching the payments from the Department of the Treasury?

Answer: The HIX 820 transaction will contain policy- and program-level payments and adjustments for Federally-facilitated Marketplace (FFM) Payees. The sum of policy and program-level data will match deposits from the Department of the Treasury. State-based Marketplace (SBM)-only Payees will receive program-level payment information only and it will also sum to the total deposit amount.

FAQ 2

Question: Are Issuers that were part of the FFM in the 2015 Benefit Year but submitted enrollment data with a SBM considered SBM Issuers or FFM Issuers for the Policy-based Payments (PBP) process?

Answer: The Centers for Medicare & Medicaid Services (CMS) considers these Issuers as part of the FFM for the PBP process.

FAQ 3

Question: Will Preliminary Payment Reports (PPR) contain the Manual Adjustments (MADJ) Payment Type Codes?

Answer: Yes, the PPR will contain MADJ Payment Type Codes.

FAQ 4

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

Answer: Issuers can find what CMS will include in the HIX 820 Transaction and PPR in the PPR Business Rules Schema located in the REGTAP Library under the Payments – Remittance Message (X12 HIX 820) program area.

FAQ 5

Question: Will the HIX 820 transaction contain information from the 2015 Benefit Year?

Answer: The HIX 820 will only include program-level amounts for the 2015 Benefit Year.

FAQ 6

Question: Is there a situation where the PPR and the HIX 820 transaction will not be identical?

Answer: The PPR and the HIX 820 transaction should always be identical unless there is an offset stemming for an unpaid charge.

FAQ 7

Question: What effect will continuing the Manual Payment Process for the 2016 Benefit Year have on discrepancy reporting for the PBP Process?

Answer: The manual process should not impact the policy-level payment discrepancy process.

FAQ 8

Question: What should Issuers do if they do not receive a PPR and a HIX 820 transaction?

Answer: Issuers who do not receive PPR and HIX 820 transaction should submit a CMS Help Desk ticket to CMS_FEPS@cms.hhs.gov for further information.

FAQ 9

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 Credit (APTCs) and Cost-sharing Reductions (CSRs) and User Fee restated amounts. For a detailed example, please see http://examples.x12.org/005010X306/

FAQ 10

Question: What tasks should new Issuers complete in order to participate in the PBP process?

Answer: To participate in the PBP Process, Issuers must email the FMCC (FMCC@cms.hhs.gov) to confirm readiness to receive a HIX 820 test file no later than August 1, 2015. Issuers should send TA1/999 responses to the HIX 820 test file no later than August 15, 2015. Issuers must have been submitting complete, current enrollment data to the FFM.

FAQ 11

Question: What files can Issuers expect to receive from CMS as part of the PBP Process?

Answer: As part of the PBP Process, Issuers will receive the PPR and the HIX 820 Transaction File.

FAQ 12

Question: Will HIX 820 testing and reconciliation of enrollment data include SHOP premium payments?

Answer: The HIX 820 testing and reconciliation of enrollment data will *not* include SHOP premium payments.

FAQ 13

Question: When will the Individual Market HIX 820 be available for use?

Answer: CMS plans to implement the HIX 820 in January 2016.

FAQ 14

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: In a HIX 820 transaction, Issuers requiring retroactive payments and adjustments will receive multiple loops for each coverage month with retroactive remittance information.

FAQ 15

Question: When should Issuers expect to receive the HIX 820 transaction and Preliminary Payment Report on a monthly basis after CMS fully implements the PBP Process?

Answer: Issuers can expect to receive PPRs around the 10th through the 13th of a given month and the HIX 820 transaction between the 25th and 27th of a given month.

FAQ 16

Question: Where can Issuers obtain guidance on completing the Electronic Data Interchange (EDI) Registration?

Answer: The Financial Management Coordination Center (FMCC) will reach out to Issuers to assist with EDI registration. To complete EDI registration, the Issuer must download the EDI Registration Form from the zONE. The Issuer completes and signs the EDI Registration Form and submits the signed agreement to the HUB team. The HUB team coordinates the linkage between the Trading Partner Submitter Identifier, User Logon Identifier and password (Continued on the next slide).

FAQ 16 (Continued)

Answer: The HUB team then notifies the Trading Partner and configures a test profile for one (1) or more EDI interfaces with the Trading Partner. The HUB team and the Trading Partner conduct test transactions. Once the EDI interface has been successfully tested, the HUB team switches the Issuer's profile to a production status. For more information regarding EDI registration, Issuers can register for the September 16, 2015 'EDI Registration: Fundamentals Receipt of the ASC X12 HIX 820' webinar session. To begin the EDI registration process, Issuers can follow the link:

- https://zone.cms.gov/document/edi-onboarding-form-and-instructions-connectivity-testing

FAQ 17

Question: With the implementation of PBP, which type of enrollment and payment data should an Issuer use to update the Issuer's enrollment system: plan-level data reported during the Manual Payment Process or policy-level data collected as part of the PBP Process?

Answer: CMS will use both 2015 plan-level data reported as part of the Manual Payment Process and policy-level data that will be reported as part of the PBP process to remit payments to Issuers. As CMS transitions to PBP, Issuers should use the HIX 820 to update 2016 enrollment and payment data. CMS will continue the Manual Payment Process into 2016 for restatement of legacy 2015 enrollment and payment data. For more information regarding which Issuers will continue to submit Enrollment & Payment Data Workbooks, please review the August 26, 2015 training presentation entitled, '2015 -- 2016 Transition to PBP' posted at www.regtap.info under Payments -- Remittance Message (X12 HIX 820).

FAQ 17 (Continued)

Answer: All 2016 FFM issuers need to have their registration form submitted and approved by September 30, 2015. Please keep in mind that the approval of the registration form can take up to five business days from the time EDI receives it. Once the requested information is submitted, you will receive an email response from EDI to confirm that form was correctly submitted and approved.

FAQ 18

Question: Do health insurance companies need to submit separate EDI Registration Forms for SBM and FFM?

Answer: No, health insurance companies need to complete EDI registration once for all Issuers covered under a Payee Group.

FAQ 19

Question: What is the difference between policy-level and program-level information in the HIX 820 transaction?

Answer: Policy-level information on the HIX 820 transaction refers to the 2100 loop where Issuers will find subscriber information such as names and policy identifiers. Program-level information is the 2300, which will indicate the program and the total payment.

FAQ 20

Question: Will there be one (1) HIX 820 per Payee ID or one (1) per Health Insurance Oversight System (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 21

Question: Will Issuers who plan to switch Trading Partners for the 2016 Plan Year still need to complete EDI Registration and HIX 820 connectivity testing for the 2015 Plan Year?

Answer: Yes, Issuers who plan to switch Trading Partners will need to complete EDI Registration and HIX 820 connectivity testing in order to receive HIX 820 test files.

FAQ 22

Question: Does an Issuer need to have their Payee ID connected to a Trading Partner in order to receive a HIX 820 transaction, and if so, what is the process for Issuers to connect Payee IDs to Trading Partners?

Answer: An Issuer must connect a Payee ID to a Trading Partner in order to receive HIX 820 transactions from CMS. To complete this process, the Issuer must send an email to CMS_FEPS@cms.hhs.gov and complete the Electronic Data Interchange (EDI) registration and establish a Trading Partner Agreement. The Trading Partner Agreement will connect their Payee ID to a Trading Partner.

FAQ 23

Question: Do Issuers who have previously completed EDI registration need to resubmit the EDI registration form?

Answer: No, Issuers who have previously completed EDI registration do not need to resubmit the EDI registration form.

FAQ 24

Question: Can CMS outline the discrepancy reporting process?

Answer: Issuers begin discrepancy reporting for PBP after receiving the PPR between the 7th and 10th of a given month. CMS expects Issuers to compare the PPR to the Pre-Audit file that Issuers received around the 28th of the previous payment month to begin reporting enrollment and payment discrepancies. Issuer may use the HIX 820 transaction when Issuers receive the transaction between the 22nd and 24th of a given month. Issuers can find further guidance at https://www.REGTAP.INFO in the Payments-Remittance Message (X12 HIX 820) section of the REGTAP Library in the August 26, 2015 presentation slides entitled '2015 Pilot and Discrepancy Reporting (08/26/15)'.

FAQ 25

Question: Can CMS confirm that the format for the payment discrepancy report is identical to the enrollment discrepancy report?

Answer: The format for the payment discrepancy report differs from the format for the enrollment discrepancy report. Issuers can find further guidance on the payment discrepancy report format at https://www.REGTAP.INFO in the Payments-Remittance Message (X12 HIX 820) section of the REGTAP Library in the August 26, 2015 presentation slides entitled '2015 Pilot and Discrepancy Reporting (08/26/15)'.

FAQ 26

Question: When should Issuers expect to receive the pilot version of the PPR?

Answer: The CMS expects to send the pilot version of the PPR in September or October 2015.

FAQ 27

Question: Should Issuers submit issues stemming from enrollment discrepancies on the payment discrepancy reports?

Answer: No, Issuers should not report discrepancies stemming from enrollment issues on the payment discrepancy reports.

FAQ 28

Question: If after comparing the Pre-Audit file with enrollment information, an Issuer finds they are due a payment that does not match the amount listed on the PPR, should the Issuer submit a payment discrepancy report?

Answer: Yes, if the Pre-audit file and the Issuer's enrollment information do not match the amount received in the PPR, the Issuer should report this event as a payment discrepancy.

FAQ 29

Question: Is it an enrollment discrepancy if an Issuer recognizes that the PPR and the Issuer's enrollment information do not match and the Issuer received an overpayment?

Answer: Yes, if the Pre-audit File, the PPR and the Issuer's enrollment information do not match and the Issuer received an overpayment, the Issuer should report this event as an enrollment discrepancy.

FAQ 30

Question: Can Issuers conduct HIX 820 testing with a new EDI Vendor the Issuer plans to use in 2016?

Answer: Issuers will not be able to test HIX 820 transactions with new EDI vendors for 2016 until CMS begins testing for new 2016 FFM Issuers and SBM Issuers.

FAQ 31

Question: What documentation does an Issuer need to submit if the Issuer does not have any discrepancies to report?

Answer: CMS does not expect Issuer to submit documentation if Issuers do not have discrepancies to report.

FAQ 32

Question: How will CMS handle rating defects in the PBP discrepancy reporting process?

Answer: As part of the payment discrepancy process, Issuers will report rating defects as payment discrepancies.

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*

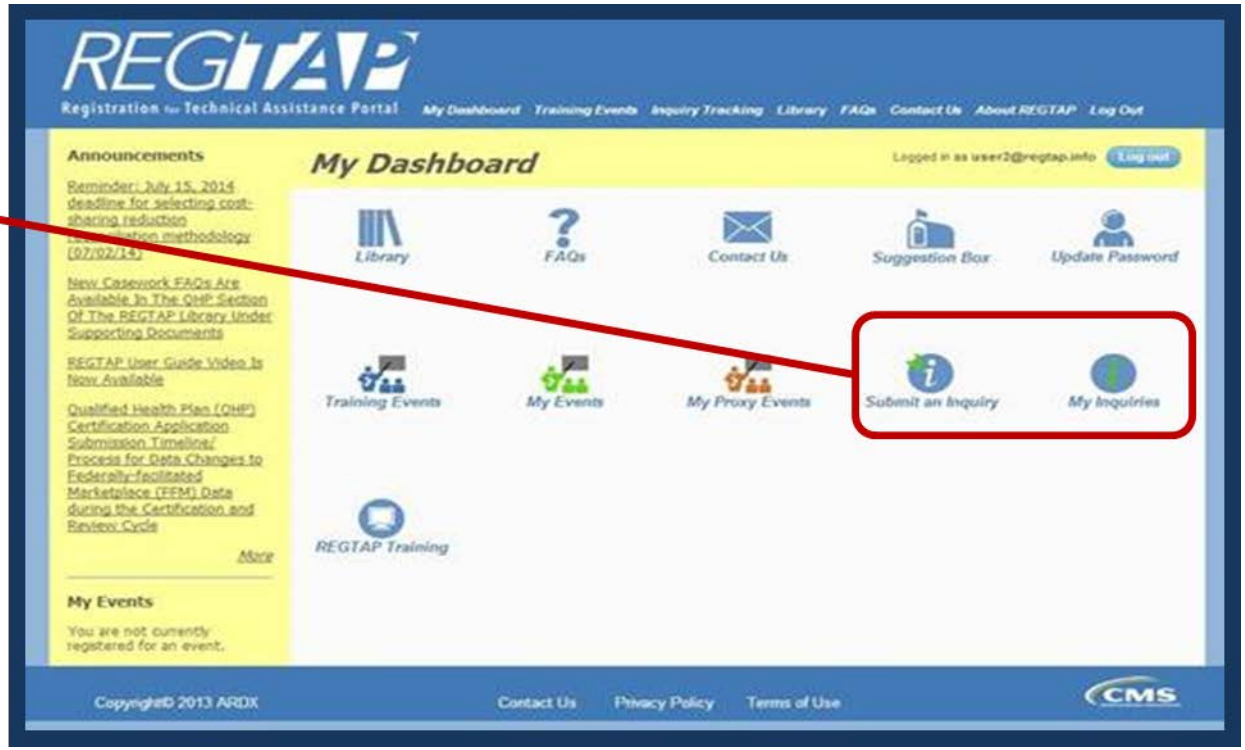
Resources

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/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

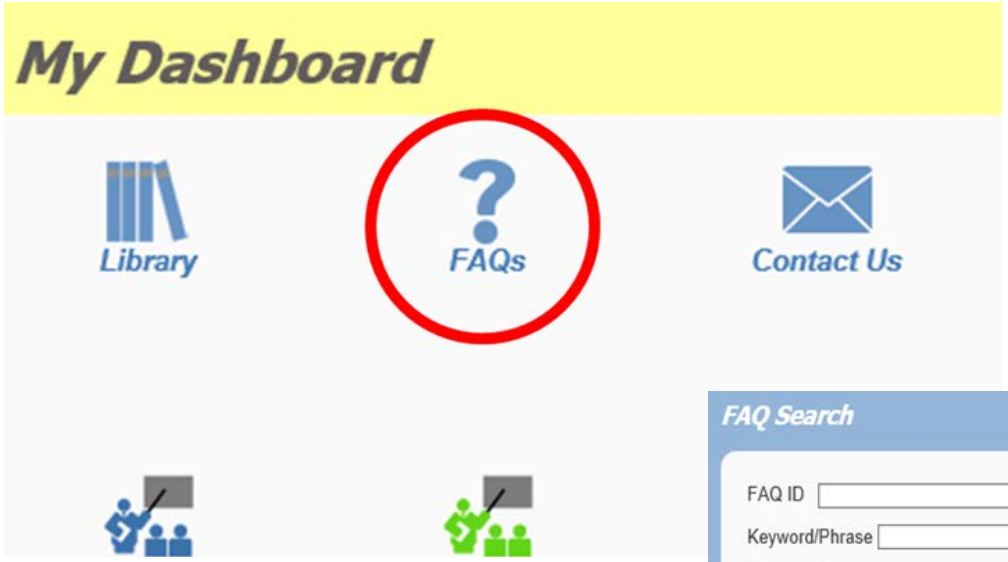
Inquiry Tracking and Management System (ITMS)

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

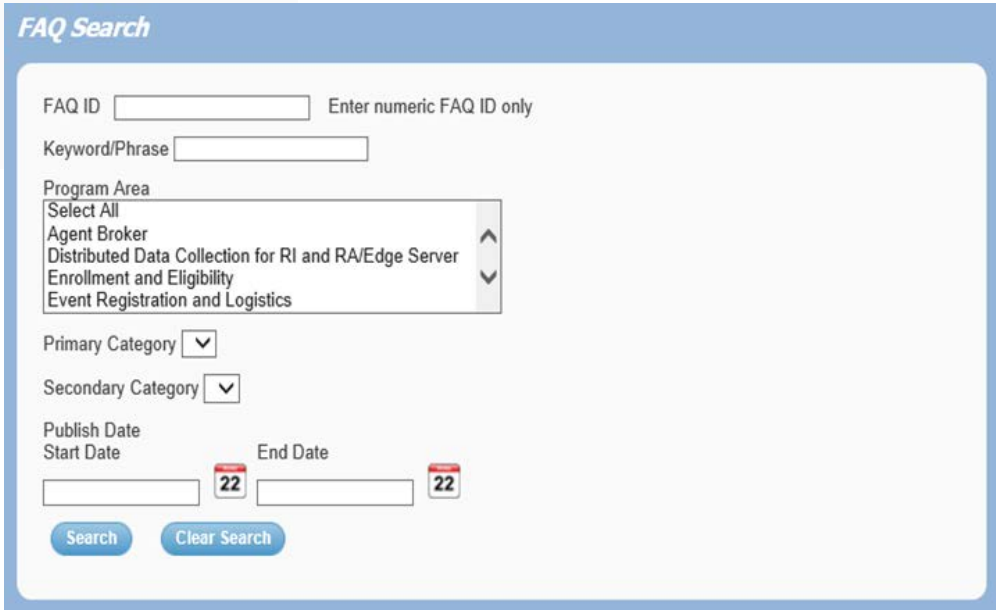
Select “Submit an Inquiry” from My Dashboard.



FAQ Database on REGTAP



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/

Closing Remarks