Financial Management Series IV: New Transition Guide Updates, Manual vs PBP Process Numbers, and Temporary Adjustments Process

January 4, 2016

Financial Management Series IV

Agenda

- Session Guidelines
- New Transition Guidance Updates
- Manual Process vs Policy-based Payments Numbers
- Temporary Adjustments Process
- Questions & Answers
- Closing Remarks

Session Guidelines

- This is a 90-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.

FM Series IV

- The Centers for Medicare & Medicaid Services (CMS) will continue to roll out trainings in 2016.
- Series IV will continue to provide information related to testing, timelines, HIX 820 scenarios, and any additional guidance related to the 2016 transition.
- As part of this series, CMS will conduct Monday content webinars and Friday Q&A sessions.

FM Series IV Dates: January 2016

Date of Session	Time	Target Audience	Session Title
January 4, 2016	2:00 – 3:30 p.m. ET	FFM and SBM Issuers	Webinar
January 8, 2016	12:00 – 1:00 p.m. ET	FFM and SBM Issuers	Q&A
January 11, 2016	2:00 – 3:30 p.m. ET	FFM and SBM Issuers	Webinar
January 15, 2016	12:00 – 1:00 p.m. ET	FFM and SBM Issuers	Q&A
January 18, 2016	2:00 – 3:30 p.m. ET	FFM and SBM Issuers	Webinar
January 22, 2016	12:00 – 1:00 p.m. ET	FFM and SBM Issuers	Q&A
January 25, 2016	2:00 – 3:30 p.m. ET	FFM and SBM Issuers	Webinar
January 29, 2016	12:00 – 1:00 p.m. ET	FFM and SBM Issuers	Q&A

New Transition Guide Updates

Transition Guide Updates

- The 2015 to 2016 Transition Guide has been updated to reflect the following:
- Added Sections:
  - Policy-Based Payments FFM Issuer Readiness Criteria and Guidance
  - FFM Issuer PBP Transition Readiness Criteria for January
  - FFM Issuers Who Transition to PBP in January
  - Temporary “Manual Process Minus PBP” Adjustment Amounts Period
  - Temporary “Manual Process Minus PBP” Adjustment Amounts Examples
  - Payments for SBM Issuers

Transition Guide Updates

- The 2015 to 2016 Transition Guide has been updated to reflect the following:
- Updated Sections:
  - Preliminary Payment Reports New Schema
  - Payment Discrepancy Reporting for Policy-Based Payments
  - Payment Discrepancy Reporting for Program-Payments
  - Monthly Payment Calendars
- Removed Sections:
  - 2015 FFM Issuer Pilot

January Test Files

January Test Files

- By Friday, all Issuers will receive January test files (one [1] HIX 820 and one [1] PPR) that will reflect a similar scenario to what Issuers will receive in mid-January on their PPR and by end-January on their HIX 820.
- While this test will use test data, it will reflect the actual type of policy-level and/or program level payments the Payee will receive.

January Test Files

- The PPR and HIX 820 will be sent via EFT to the same location that the Issuer setup for their HIX 820 production routing.
- The PPR will have a function code of I820 and end in ".T".
- The HIX 820 will have a function code of F820 and end in ".T".

January Test Files

- Issuers will receive an e-mail from the FMCC indicating when their files have been sent.
- On Monday, January 11th call, CMS will confirm that all files have been sent and ask Issuers to use the chat or FMCC@cms.hhs.gov e-mail to let CMS know if they have not received their test files.

Manual Process vs. PBP January Results

Manual Process vs PBP January Results

- For FFM Issuers who transitioned to PBP for January:
  - The majority of Issuers received a positive adjustment which means their reported manual payments were greater than PBP.
- PBP Enrollment Issues:
  - CMS is seeing enrollment issues such as subscribers being paid for multiple policies for the same coverage period and BAR auto-effectuations that should be cancels.
  - CMS will be working with Issuers over the next few months to clean-up these enrollment-related issues.

Manual Process vs PBP January Results

- Manual Process Workbook Submission Issues
  - Some Issuers had workbook submission issues including submitting data for plans that are no longer active in 2016 or submitting 2016 plans that are not active in 2015.
  - Issuers are encouraged to use their workbook validation tools.
  - If Issuers are unsure if a plan is still active in 2016, please feel free to reach out to marketplacepayments@cms.hhs.gov with the 16-digit QHP ID and CMS can verify the status of a plan.
  - CMS is going to begin targeted outreach to these Issuers to help cleanup these discrepancies.

PBP Transition for February



For FFM Issuers who did not meet the criteria for PBP-readiness in January, CMS will be reaching out to you to determine readiness for February. If Issuers do not meet the criteria for February, then payments will continue to be made on Manual Payment Process.

Jan and Feb 2016 Calendar

Dates	Action
January 14 – 15, 2016	Issuers receive January PPR
January 15 – 16, 2016	2016 Pre-Audit and Payment Extract created (effectuated policies through January 15, 2016 at 11:59 p.m.)
January 19, 2016	February Workbook 1st submission due by noon*
January 20, 2016	Issuers receive: 2016 Pre-Audit File; 2016 Orphan Finder File; 2016 Collapsed CiC Matching File
January 21, 2016	2016 Reconciliation Inbound Due 3:00 p.m. ET
January 21-22, 2016	Issuers receive January Payment
January 22, 2016	February Workbook Final submission due by noon*
January 26, 2016	Issuers receive Reconciliation Outbound
January 29-30, 2016	Issuers receive January HIX 820 Transaction

January 2016 Payment Calendar

January 2016

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
27	28	29	30	31	1 New Years Day	2
3	4 Data Matching Outreach File*	5	6	7	8	9
10	11	12	13	14 Issuers receive January PPR	FFM Updated 2016	16 2016 Pre-Audit Extract Reflecting Policies through 1/15
17	18 Martin Luther King, Jr. Day	19 February Workbooks 1st submission due by noon	20 Delivery to Issuers: • 2016 Pre-Audit File • 2016 Orphan Finder File • 2016 Collapsed CIC Matching File	21 2016 Recon Inbound Due 3pm	22 February Workbooks 2nd submission due by noon	23
24	25	26 Delivery to Issuers: 2016 Recon Outbound	27	28 Issuers receive January Payment	29 Issuers receive January 820	30

Note: Data Matching Outreach File delivery dates are approximate

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*

Acronyms

Acronym	Definition
DSH	Data Services Hub
EDI	Electronic Data Interchange
EPS	Enrollment and Payment System
FFM	Federally-facilitated Marketplace
FMCC	Financial Management Coordination Center
HIOS	Health Insurance Oversight System
HIX	Health Insurance Exchange
PBP	Policy-based Payments
PPR	Preliminary Payment Report
SBM	State-based Marketplace
SHOP	Small Business Health Options Program

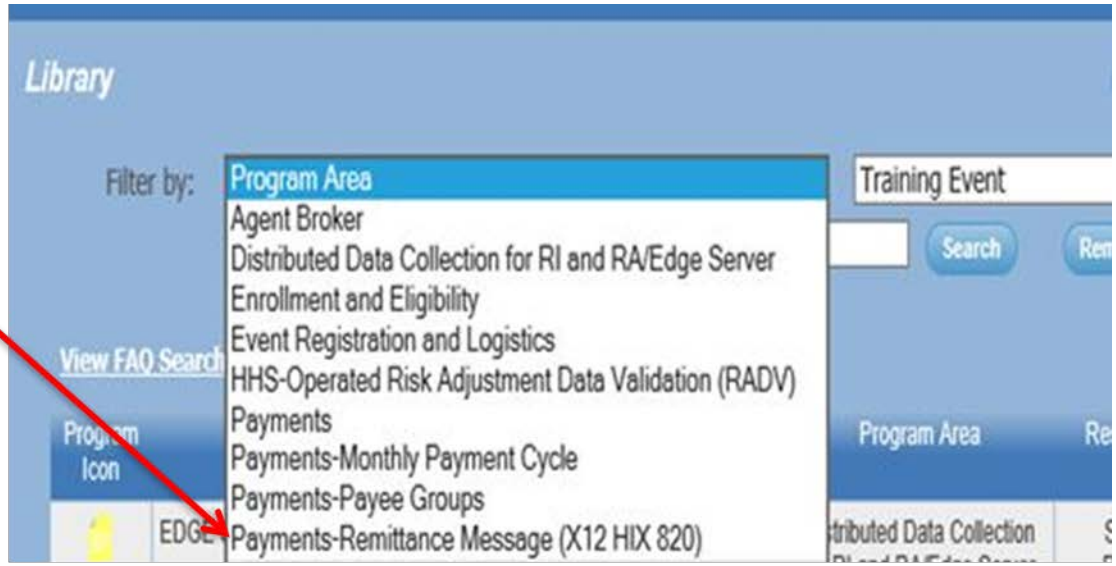
Resources

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

Document Location

Additional Materials for FM Series III are available in the REGTAP Library at https://www.REGTAP.info

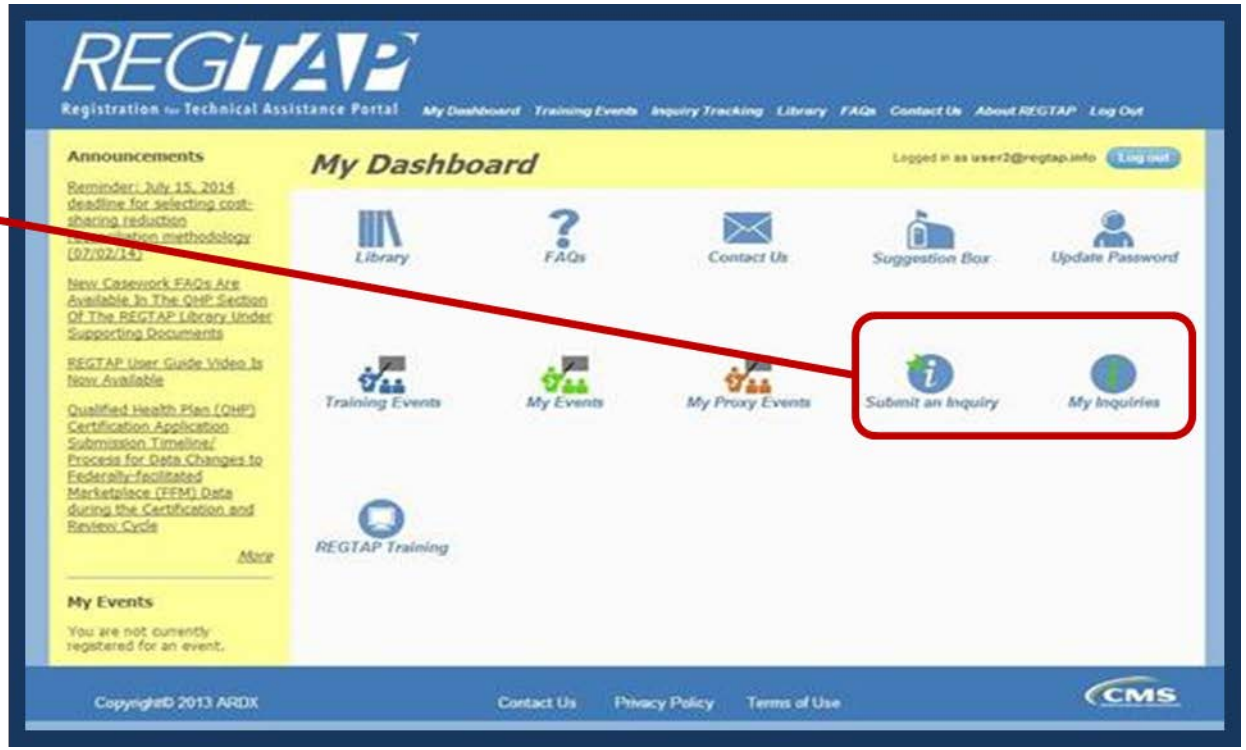
Under Program Area, select "Payments – Remittance Message (X12 HIX 820)"



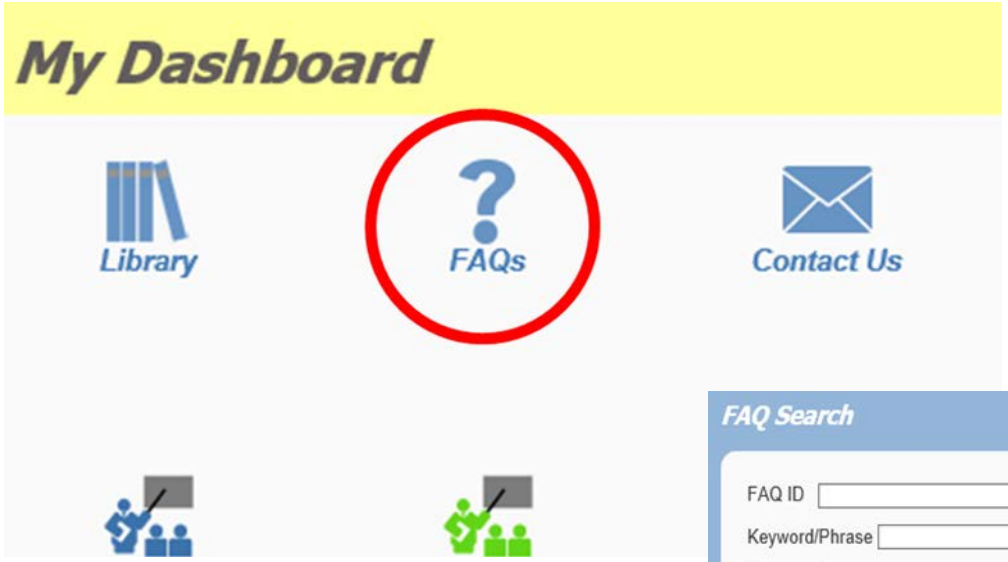
Inquiry Tracking and Management System (ITMS)

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

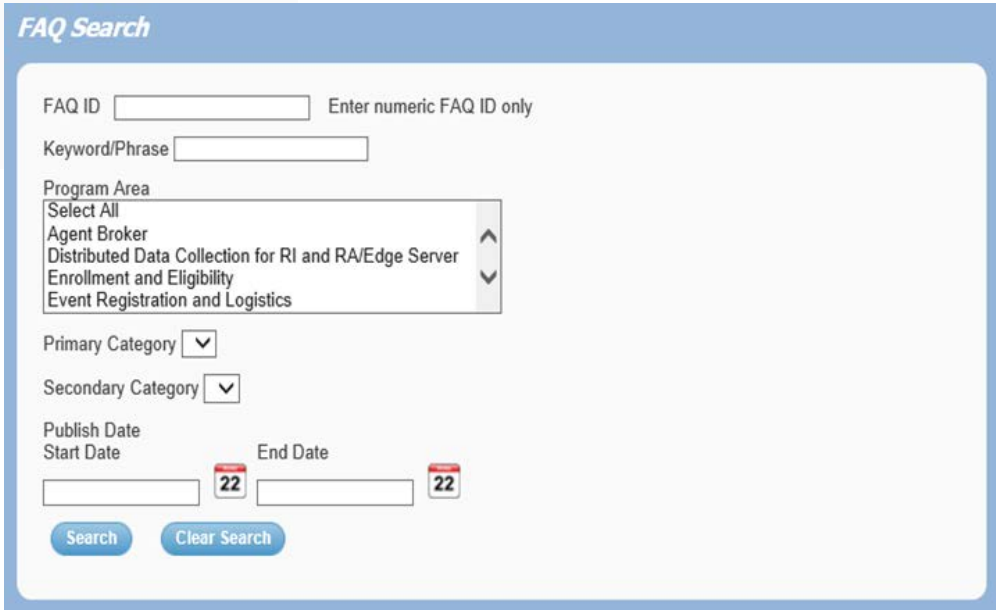
Select “Submit an Inquiry” from My Dashboard.



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