# Financial Management Series IV: Payment Dispute Feedback

## February 29, 2016

Financial Management Series IV

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

# Agenda

- Session Guidelines
- Payment Dispute Form Usage Changes
- Question and Answer (Q&A)
- Resources
- 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 through the end of April.
- As part of this series, CMS will conduct content webinars each Monday from 2:00 to 3:30 p.m. ET.

# FM Series IV Dates: February 2016

| Day of Session | Date of Session | Time | Session Title |
|---|---|---|---|
| Monday | February 29, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | March 7, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | March 14, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | March 21, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | March 28, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | April 4, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | April 11, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | April 18, 2016 | 2:00 – 3:30 p.m. ET | Webinar |
| Monday | April 25, 2016 | 2:00 – 3:30 p.m. ET | Webinar |

# Contacting FMCC

**When contacting the FMCC, Issuers should include their five-digit Health Insurance Oversight System (HIOS) ID and their seven-character Payee ID along with their request. Issuers can email the FMCC at FMCC@cms.hhs.gov.**

# Payment Dispute Form Usage Changes

# Payment Dispute Form Usage Changes

- No change to the structure of the form.
- Instructions tab updated to reflect usage changes based on issuer feedback.
- Effectively immediately, usage changes include:
  - Ability for Issuers to submit disputes for each payment type independently including missing payments
  - Modifications to some dispute field requirements

# Payment Dispute Form Usage Changes: Single Value Disputes

- In prior releases, form instructions required all values to be supplied, even if not directly part of the dispute.
- Now, form instructions allow Issuers to submit disputes discretely.
  - (e.g., one [1] dispute for Advanced Premium Tax Credit [APTC] Amount, one [1] for Total Premium Amount, one [1] for Cost-sharing Reduction [CSR] Amount).
  - Not all values need to be supplied.
  - We will process the first form and consider all amounts when working the case; but Issuers will receive duplicates for the additional payment type submissions.

# Payment Dispute Form Usage Changes: Single Value Disputes (Continued)

- Exchange-assigned Policy ID is required.
- Undisputed amount fields may remain blank now that single item disputes for amounts are accepted.
- Federally-facilitated Marketplace (FFM)/Issuer date fields will be required for the corresponding FFM/Issuer amount values in dispute.
- Enrollment Reconciliation and Resolution (ER&R) rules will check against Preliminary Payment Report (PPR) (for FFM values) and RCNO (for Issuer values).

# Payment Dispute Form Usage Changes: Single Value Disputes (Continued)

- For example, **policy payment expected, but not on PPR/820.**
- Dispute form must include (in addition to other fields required by the form instructions):
  - PPR Transaction Set Control Number **or** HIX 820 Electronic File Transfer (EFT) Trace Number, as applicable
  - Exchange-assigned Policy ID
  - Coverage Period Start Date (Issuer)
  - Coverage Period End Date (Issuer)
  - Policy Total Premium Amount (Issuer)
  - APTC Amount (Issuer), if applicable
  - CSR Amount (Issuer), if applicable
  - User Fee (UF) Amount (Issuer)
  - FFM values are blank since payment was not present on PPR/820.

# Payment Dispute Form Usage Changes: Single Value Disputes (Continued)

- For example, **unexpected policy payment appears on PPR/820, unknown policy to Issuer**
- Dispute form must include (in addition to other fields required by the form instructions):
  - PPR Transaction Set Control Number **or** HIX 820 EFT Trace Number, as applicable
  - Exchange-assigned Policy ID
  - Coverage Period Start Date (FFM)
  - Coverage Period End Date (FFM)
  - Policy Total Premium Amount (FFM)
  - APTC Amount (FFM), if applicable
  - CSR Amount (FFM), if applicable
  - UF Amount (FFM)
  - Issuer values are blank since policy is unknown to Issuer.

# Payment Dispute Form Usage Changes: Single Value Disputes (Continued)

- For example, **policy payment on PPR/820, but CSR amount differed**
- Dispute form must include (in addition to other fields required by the form instructions):
  - PPR Transaction Set Control Number **or** HIX 820 EFT Trace Number, as applicable
  - Exchange-assigned Policy ID
  - Coverage Period Start Date (FFM)
  - Coverage Period Start Date (Issuer)
  - Coverage Period End Date (FFM)
  - Coverage Period End Date (Issuer)
  - CSR Amount (FFM)
  - CSR Amount (Issuer)

# Payment Dispute Form Usage Changes: Modified Field Requirements

- **Exchange-assigned Policy ID**
  - Required
- **Coverage Period Start Date (FFM)**
  - Required when FFM values are in dispute
- **Coverage Period End Date (FFM)**
  - Required when FFM values are in dispute
- **Coverage Period Start Date (Issuer)**
  - Required when Issuer values are in dispute
- **Coverage Period End Date (Issuer)**
  - Required when Issuer values are in dispute

# Payment Dispute Form Usage Changes: Modified Field Requirements

- **Policy Total Premium Amount (FFM/Issuer)**
  - Not required, minimum length is zero (0)
- **APTC Amount (FFM/Issuer)**
  - Not required, minimum length is zero (0)
- **CSR (FFM/Issuer)**
  - Not required, minimum length is zero (0)
- **UF (FFM/Issuer)**
  - Not required, minimum length is zero (0)
- **Comments**
  - Maximum field length extended from 100 to 255 characters

# *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 |

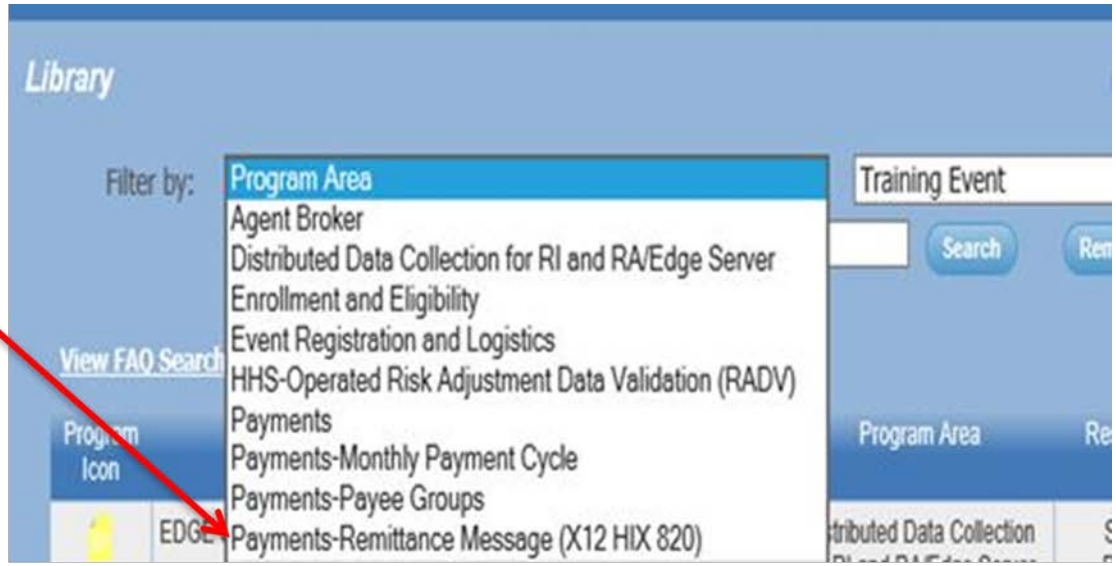
# Resources

| 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 IV are available in the REGTAP Library at https://www.REGTAP.info

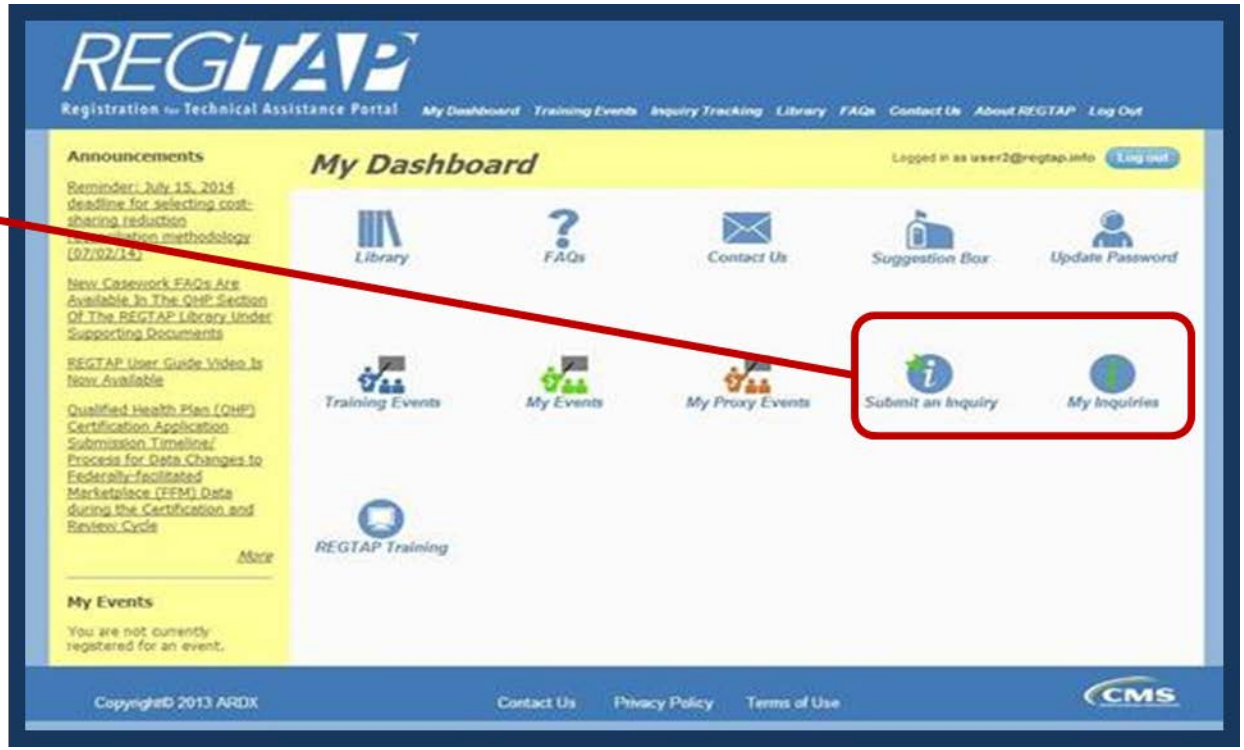
Under Program Area, select "Payments – Remittance Message (X12 HIX 820)"



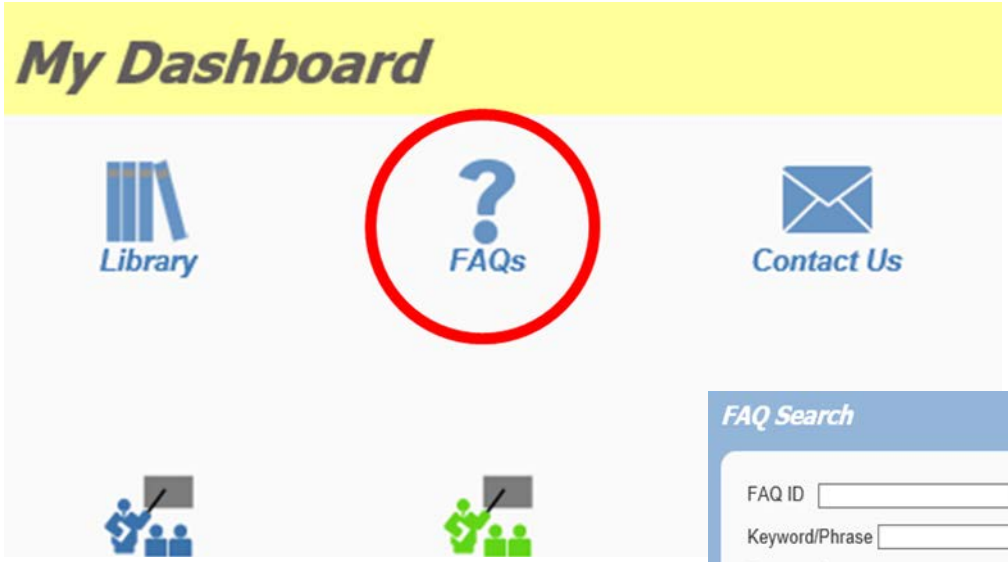
# Inquiry Tracking and Management System (ITMS)

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

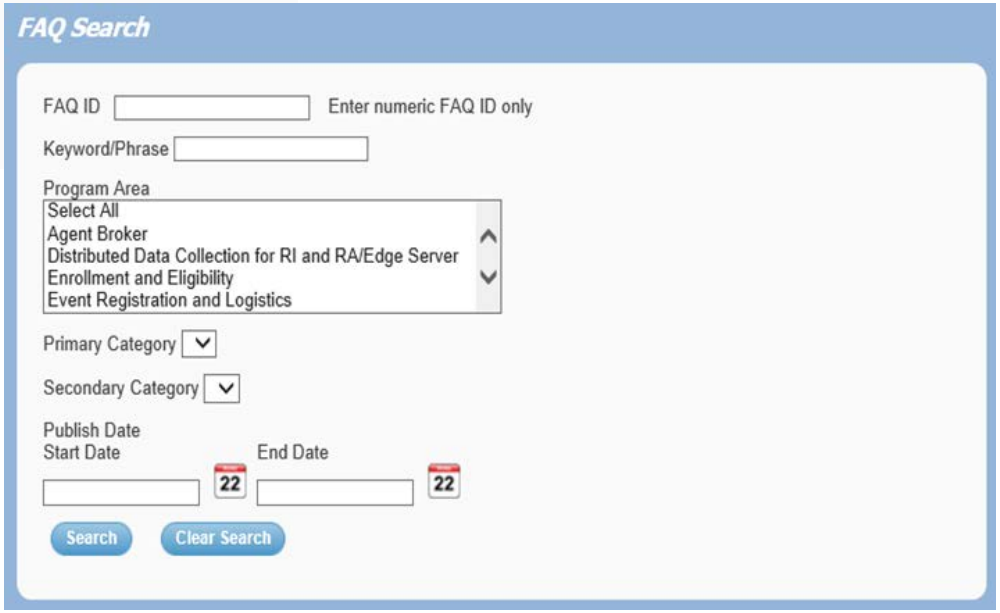
Select “Submit an Inquiry” from My Dashboard.



# 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