FM Payment Processing Series II: 2017 HIX 820s, Payment and Report Type Code, Vendor Management, 2016 Restatement, SADP Effectuation and Dispute Information

May 15, 2017

FM Payment Processing II

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Agenda

- 2017 HIX 820s
- Updates to the Payment and Report Type Codes on Washington Publishing Company (WPC) website
- Vendor Management Outreach Project Update
- 2016 Restatement Information
- Special SADP Effectuation Process in June
- Dispute Information

2017 HIX 820s

What is included in the 2017 HIX 820s

- Each HIX 820 (remittance advice) corresponds to one (1) coverage month in 2017. All Issuers in FFE/SBE in 2017 will typically receive only one (1) HIX 820 per month
- If an Issuer receives a monthly payment over $100 million or has more than one (1) million effectuated policies, the Issuer will receive multiple HIX 820
- Each file is sent at the Payee Group level and will include all the 2017 policy-level details as well any adjustments for 2016 policies for that month for each FFE/SBE Issuer within that Payee Group

Updates to the Payment and Report Type Codes on Washington Publishing Company (WPC) website

Updates to the Payment and Report Type Codes on Washington Publishing Company (WPC) website

- **The Payment Type Codes and Report Type Codes sections of the WPC website (http://www.wpc-edi.com/reference/) have been updated with Payment Type Codes and Report Type Codes being used in Policy Based Payments.**
- **Summary of changes to the website:**
  - ***Payment Type Codes added to the site:***
    - **UFRP, UFRPN,UFR2PY,UFIR,UFAR,RAUFREF,RAUFIR, RAUFAR, RAUFR, RAUFRN, RAUPR2PY, RAREF, RACR, RICREF, RICR, RICIR, RICAR, RC15, RCREF, RCCR15, RCCR16, RCIR, RCAR, EXTLOAN**
  - ***Payment Type Codes changed:***
    - **BAL, RIC, RIP, ADM, INT, PEN, INVOICE, RA, RAAR, RAD, RAIR, RAUF, RC, REDUCED, UFR, SHOPUF, CSRN**
  - ***Report Type Codes added to the site:***
    - **INFORPT, BALRPT**
  - ***Report Type Codes changed:***
    - **RARPT/RADRPT**

Note: The description, positive/negative attribute, and relevant market(s) of above Payment Type/Report Type Codes may have been updated. Also, additional transaction detail associated with each Payment Type Code may be provided in the Document Control Number field of the PPR and HIX 820 effective July 2017 Payment Cycle.

Vendor Management Outreach Project Update

Vendor Management Outreach Project

- **The CMS Vendor Management Team has been reaching out to payee groups to ensure we have current contact and billing information on file in the FM module of HIOS (Module)**
- We have received responses from the majority of payee groups. THANK YOU!
- We are in the process of making the requested updates to the FM Module of HIOS. Be assured that you will see the updates in the module within the next few weeks
- If you have not yet responded to our Outreach efforts, please do so
- If you have not received the outreach email from us, please contact Vendor_management@cms.hhs.gov so we can forward it to you. It is very likely the information we have for your organization is out of date and we've been unable to reach your organization via email or phone

2016 Restatements

Restatement Information

- The June workbook submission (for July payment cycle) will be the last opportunity to restate your 2016 data via workbook submission
  - This applies to all State Base Exchanges (SBEs) both Issuers and states that participated in the Exchanges in 2016
- There will be an additional opportunity for Issuers to restate their 2016 data later in 2017
- A window for 2015 restatements will be open later in 2017

Special SADP Effectuation Process in June

Special SADP Effectuation Process

- CMS has scheduled a special effectuations file to run in June for Stand Alone Dental Plans
- SADP enrollments more than 90 days old that are still being sent by the Issuer in initial status (Initial Premium Paid Indicator = **N**) and are in initial status on the FFE (Transaction Type Code = 1 and Confirmation Indicator = N) will be effectuated
  - To avoid potentially adverse impact to enrollees, any SADP enrollment with APTC would be excluded from this process
- Effectuations of policies in initial status will result in charges for FFE User Fees in the August payment cycle, and invoices to Issuers if those charges cannot be netted from payments
- In order to avoid User Fee charges for policies that should not be effectuated, SADP issuers should ensure that cancellations are being sent to the FFE timely and accurately
- SADP Issuers have two remaining Reconciliation cycles (May and June) to ensure accurate cancellations and effectuations are reflected in the FFE
  - Cancellations and effectuations can also be applied via IC834 transactions
- For any questions about this process, please email recon_issuer_support@bah.com

Payment Dispute Updates

Payment Dispute Guidance

- **Presentation Outline:**
  - 2017 UIR Changes
  - 2016 UIE CSR Adjustments
  - Final Manual Payment Process Cycle & Reports
  - New Detail Codes:
    - PD540 & PY540
    - PD567
    - PD579
    - PD583 & PY583
    - PD576, PD577, & PD578
    - PY576, PY577, & PY578

Submitting Payment Disputes

Please submit your Payment Disputes!

- Submit a Payment Dispute for any record perceived to be incorrect.
- Issuers may submit large volumes of disputes without impeding processing time.

Unmatched “I” Records

Unmatched I Records

The upcoming slides provide content that has been previously presented in the CMS Reconciliation IC834 calls.

- The new reports and guidance for “I” records in 2017
- Updates on manual payments for 2016 UIE records

2017 Unmatched “I” Records

2017 Unmatched “I” Record Guidance Changes

CMS has updated terminology and guidance on Unaffiliated Issuer Enrollments (UIEs) to provide more granular categorization of "I" records.

- ***Unmatched "I" record (UIR):*** An "I" record, in which the reconciliation process is unable to match the issuer reported record to a Federally-Facilitated Exchange (FFE) record. A UIR can be either a Misaligned Issuer Enrollment (MIE) or an Unaffiliated Issuer Enrollment (UIE).
  - ***Misaligned Issuer Enrollments (MIE***): An Issuer record that is not directly matched with an FFE record through the data reconciliation process, but after additional analysis, appears to be an FFE match. Issuer action is still needed to bring the record into alignment.
  - ***Unaffiliated Issuer Enrollment (UIE):*** Issuer records that are not matched with an FFE record and the UIR analysis process is unable to identify an FFE record for the consumer.
- ***CMS provides an Unmatched “I” record Report:*** Replaces the previous UIE report to provide the new categories resulting from analysis of RCNO data.

2017 Unmatched "I" Record Report (UIR) Guidance Buckets

Unmatched "I" records (MIEs and UIEs) fall into a specific primary guidance bucket. These guidance buckets are grouped based on the specific action needed to resolve the Issuer "I" record.

- ***Issuer Action Required – Reconciliation*:** The issuer resolves the UIR by updating values in RCNI or discontinuing the reporting of an invalid record
- ***Issuer Action Required – Consumer Outreach***: The member does not have an active 2017 enrollment. The issuer needs to complete outreach to ask the member to contact the Exchange to complete an enrollment.
- ***Issuer Action Required – ERR Dispute to Be Submitted***: These UIRs require the issuer to submit an ER&R Enrollment Dispute.
- ***No Issuer Action Needed***: These UIRs include:
  - Records that are in process for further research
  - Records in which the UIR is allowed to persist
  - Records that are a result of a timing issue between Pre-Audit and RCNI

2017 Unmatched "I" Record Reports

- ER&R will distribute the Unmatched "I" Record (UIR) Report on the 3rd Friday following every RCNO file
  - The Excel file will contain RCNO data for each record along with 5 additional fields:
    - **Enrollment_Category**: The Enrollment category associated to the UIR
    - **Matched_FFE_Internal_Inventory_Record**: The FFE Internal Inventory Number for the FFE record identified as matching the consumer (when applicable)
    - **Application ID:** The Application ID associated to the consumer (when applicable)
    - **HICS Case ID**: The HICS case ID associated to the UIR (when applicable)
    - **Number Of Months Reported:** The number of runs in which the UIR has been reported
- Issuers should reference the consolidated guidance located on zONE for detailed information on action needed to resolve each category as well as information related to the formatting of the reports
  - https://zone.cms.gov/document/2017-uir-information-guidance

2017 Unmatched "I" record Report Transmission

- Initially the UIR Reports were transmitted to Issuers via EFT using the **ERRS** Function Code on 5/12
  - EFT filename format: *TPID*.ERRS.D170512.T1700001.P.OUT
  - A notification email was also sent to the Point-of-Contact for each Issuer that contains the filename
    - To update your Point-of-Contact information please contact the ER&R Support Center at 1 (855) 591-7113 or via email at ERRSupportCenter@Cognosante.com
  - UIR Reports will be in an Excel format
  - Reports will only be sent to Issuers with Unmatched “I” Records

NOTE: The new **ERRUIR** function code will be implemented for the Run 6 UIR reports.

2016 UIE Payments

2016 UIE Manual Payments - CSR Adjustments

- ER&R presented guidance on 2016 UIE Final Manual Payment Cycle and Reporting on the April 20th CMS IC834 Recon call. This guidance is available on zONE:
  - https://zone.cms.gov/document/enrollment-data-reconciliation
- As noted in the guidance, CMS intends to make manual payment for identified UIE records in June of 2017
- Consistent with Policy Based Payments, issuers will not receive CSR amount adjustments in manual payments on 2016 UIEs
  - These enrollments will be accepted for CSR Reconciliation and CSR payment adjustments will be made through the 2016 CSR reconciliation process

2016 UIE Final Manual Payment Cycle

- Per the UIE guidance, published December 9th, ER&R will analyze Run 15 RCNO data to determine 2016 UIEs eligible for manual payment
- ER&R will identify 2016 UIE records that cannot be resolved by the standard FFE Reconciliation or dispute resolution process
  - These records will be addressed through the Manual Payment Process
- Once analysis is complete, ER&R will deliver files noting which UIEs will receive manual payments within two payment cycles
- ER&R will submit FFE coverage period and financial corrections at the subscriber level to resolve partial UIEs
  - Since these payments are handled through Policy Based Payments (PBP), they are ineligible for manual payments
  - The Ineligible for Manual Payment Report will list these as “CORRECTION_BY_PBP”
  - UIEs will not result in a payment if the net payment adjustment is $0

2016 UIE Final Manual Payment Process Reports

- ER&R is planning to deliver the final Manual Payment Process reports in mid-May by EFT using the ERRS function code.
- These three reports will follow the same format as the Run 11 Manual Payment Process reports sent to issuers on February 13, 2017
  - Manual Payment Summary Report
    - This report contains aggregate totals for the UIE records that CMS will process for Exchange financial assistance payments
  - Manual Payment Detail Report
    - This report contains enrollment information for each UIE record that CMS will process for Exchange financial assistance payments
  - Ineligible for Manual Payment Report
    - This report contains enrollment information for the UIE records that will be excluded from manual payments
    - For more details on UIE records that are ineligible for Manual Payment please see the March 3rd 2017 CMS Recon IC834 slides available on zONE

New Payment Dispute Detail Codes

Partial Month Disputes Requesting Full Monthly Payment

- New Detail Codes: **PD540 & PY540**
- **PD540 & PY540** apply to partial month payment disputes that do not show prorated amounts for partial coverage periods
  - **PD540 Issuer Action:** Verify the coverage dates for the partial month policy, calculate the correct partial month amount, and submit a dispute for that amount
  - **PY540 Issuer Action:** Verify the coverage dates for the prior year's partial month policy, calculate the correct partial month amount, and submit a dispute for that amount
- **PD540** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY540** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Approved, End Date Update Pending

- New Detail Code: **PD567**
- **PD567** applies to approved disputes where there is a pending RCNO update to the policy End Date.
  - **CMS Action:** Process payment adjustment within 1-2 payment cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and resubmit Payment Dispute as needed
- **PD567** results in Disposition Code: *I1 – In Process*

Approved, End Date Update Needed

- New Detail Code: **PD579**
- **PD579** applies to approved disputes regarding a missing payment for a policy that is not effectuated in FFE data.
  - **ER&R Contractor Action:** Process the request, effectuate the policy and update the FFE Benefit End Date
  - **CMS Action:** Process payment adjustment within 1-2 payment cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and resubmit Payment Dispute as needed
- **PD579** results in Disposition Code: *I1 – In Process*

Missing Payment with CSR Discrepancy

- New Detail Code: **PD583 & PY583**
- **PD583 & PY583** apply to missing payment disputes where the payment was made and the CSR provided does not match the PPR/HICS 820 report.
  - **PD583 Issuer Action:** Verify the policy information on the PPR. If the issuer disagrees with the CSR amount they should submit a dispute for that amount only.
  - **PY583 Issuer Action:** Check the Bi-Monthly Payment Dispute report for any changes to the status of this dispute.
- **PD583** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY583** results in Disposition Code: *R10 - Dispute Not Supported by RCNI – Prior Year*

Unexpected Payment Disputes with Overlapping Issuer Dates

- New Detail Codes: **PD576, PD577, & PD578**
- New Prior Year Codes: **PY576, PY577, & PY578**
- These new codes apply to unexpected payment disputes where the issuer submitted multiple records with overlapping dates.
  - **PD576, PD577, & PD578 Issuer Action:** Check the RCNI to determine which policy needs to be canceled or modified and submit the necessary changes.
  - **PY576, PY577, & PY578 Issuer Action:** Check the Pre-Audit file to determine which policy needs to be canceled or modified and submit an Enrollment Dispute with the necessary changes.
- **PD576, PD577, & PD578** result in Disposition Code: *R9 - Mismatched Policy*
  PY576, PY577, & PY578 result in Disposition Code: *R11 - Mismatched Policy - Prior Year*

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*

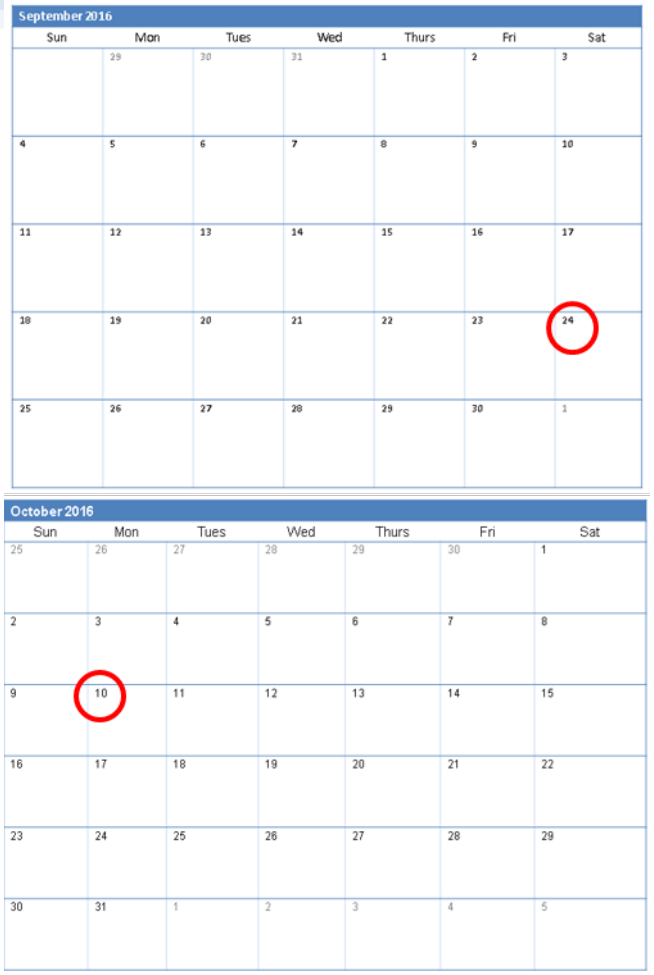
To submit questions by webinar:

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

APPENDIX

Vendor Management and Payment Activity Key Dates

Vendor Management Reminders



- Payee group information is used to direct program payments to your organization and provides the designated contact information in the event that CMS has a need to contact you. Maintaining your corporate billing address ensures that invoices will be delivered timely avoiding the accrual of interest and late fees.
- The Financial Management (FM) module is open from the 11th through the 24th of each month and closes on the 25th of each month through the 10th of the following month during the payment processing execution. All updates made to your payee group require internal approval from your organization prior to CMS having access to review and approve your record. To ensure that updates to your records are accepted and applied in the system, the updates need your approval two (2) business days prior to the 25th of the month.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Vendor Management Reminders
(continued)

Records that are not approved or remain in an incomplete status, at the time of module closing, jeopardize ACA program payments for that cycle.

- If your edits include changes to your banking information, your financial institution is required to fax a Bank Verification Letter (BVL) directly to CMS at 443-380-5196 to allow CMS to approve these updates. In the interim, your record is in a state of limbo and payments will not be processed.
- You can reach the CMS Vendor Management Team at Vendor_Management@cms.hhs.gov.

*The fax number has been updated, effective 9/25/17

Payment Activity Key Dates

Key Payment Activities	May	June	July
SBE Issuer Workbooks Submission Window	April 17th-21st	May 16th-22nd	June 16th-22nd
Vendor Management Module Open	May 11th-24th	June 11th-24th	July 11th-24th
Initial Invoice sent to Issuers	May 10th-12th	June 12th-14th	July 11th-13th
Preliminary Payment Reports sent to Issuers	May 11th-15th	June 12th-15th	July 12th-14th
Treasury issues payments to Issuers	May 19th	June 20th	July 20th
HIX 820 Payment transactions sent to Issuers	May 31st	June 30th	July 31st

Resources

- Inbound 834 Process (CMS zOne Dedicated Page):
  - Production Overview, Technical Specifications, Reporting
  - For further assistance, please contact: Inbound834@bah.com
- Enrollment Reconciliation:
  - Educational Materials, Technical Specifications
    - https://zone.cms.gov/document/2016-enrollment-data-reconciliation
  - For further assistance, please contact: recon_issuer_support@bah.com
- Dispute submission:
  - Resources
    - Enrollment dispute form: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form
    - Payment dispute form: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form
    - Payment dispute Technical Reference Guide: https://zone.cms.gov/document/ppr-820-disputes-page
  - For further assistance, please contact the ER&R Support Center at errsupportcenter@cognosante.com or (855) 591-7113

Points of Contact

- CMS directs Issuers to contact the Federal Enrollment and Payment System (FEPS) Helpdesk with technical questions or issues. Issuers can contact the FEPS Helpdesk at the CMS_FEPS@cms.hhs.gov email address
- CMS directs Issuers to contact the Exchange Payments Team with questions related to the Manual Payment Process. Issuers can contact Exchange Payments at the marketplacepayments@cms.hhs.gov email address
- CMS directs Issuers to contact the Financial Management Coordination Center (FMCC) with questions regarding the PBP process. Issuers can contact the FMCC at the FMCC@cms.hhs.gov email address
- CMS directs Issuers to contact the Enrollment Reconciliation and Resolution (ER&R) contractor with questions regarding the discrepancy reporting process, as well with dispute form submissions. Issuers can contact the ER&R contractor at the errsupportcenter@cognosante.com email address

RA on Invoices, PPRs and HIX 820s

- Issuers with multiple RA payments or charges can distinguish between them by referring to the Invoice Number using the convention below.
- RA Invoice Number Example: I14VA160112345001
  - Digit 1: Program and Market Designator (I)
  - Digits 2-3: Program Year (14)
  - Digits 4-5: State Code (VA)
  - Digits 6-9: Year and Month (1601)
  - Digits 10-14: Issuer ID (12345)
  - Digits 15-17: Transaction Sequential Counter (001)

RA on Invoices, PPRs and HIX 820s
(continued)

- Program and Market Designator (Digit 1) Key:
  - Risk Adjustment Individual – I
  - Risk Adjustment Small Group – L
  - Risk Adjustment Catastrophic – T
  - Risk Adjustment Merged – M
  - Risk Adjustment Default Charge Individual – N
  - Risk Adjustment Default Charge Small Group – O
  - Risk Adjustment Default Charge Catastrophic – H
  - Risk Adjustment Default Charge Merged - B

PPR and HIX 820 File Issues

Please follow the escalation path below for issues with File Transfer Protocol (FTP) or locating the monthly Preliminary Payment Report (PPR) and HIX 820 payment files:

- **PPR**
  - Contact the FMCC
    - Email: FMCC@cms.hhs.gov
- **HIX 820**
  - 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

Additional Information

- Additional information related to the PBP transition is available in the Registration for Technical Assistance Portal (REGTAP) Library at the following links:
  - PBP Temporary Adjustment Reconciliation Methodology
  - May 2, 2016 Payment Bulletin
  - PBP May Payment Back-out Example Workbook

Documents Available on REGTAP

- The ***Managed File Transfers (MFT) Thin Client Help Guide*** and ***Manual Payment and Enrollment Data Workbook User Guide*** are currently available in the REGTAP Library at the following links:
  - https://www.regtap.info/uploads/library/FT_MFTHelpGuide_081016_v1_5CR_081016.pdf
  - https://www.regtap.info/uploads/library/FT_AutoTemplateUserGuide_5CR_081016.pdf

Acronyms

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

Resources

Financial Management Coordination Center

- The Financial Management Coordination Center (FMCC) help desk at fmcc@cms.hhs.gov assists Issuers with:
  - Questions or concerns regarding the Payment Dispute process
  - Technical assistance
  - File submission

Contacting FMCC



When contacting the FMCC, Issuers should include their five (5)-digit Health Insurance Oversight System (HIOS) ID and their seven (7)-character Payee ID, along with their request

Technical Reference Guide

- The Payment Dispute Technical Reference Guide (TRG) provides guidelines for Issuers regarding how to submit Payment Disputes

- Issuers can access the TRG at the following links:
  - https://www.regtap.info/uploads/library/FT_TRG_v1_5CR_101416.pdf
  - https://zone.cms.gov/document/ppr-820-disputes-page

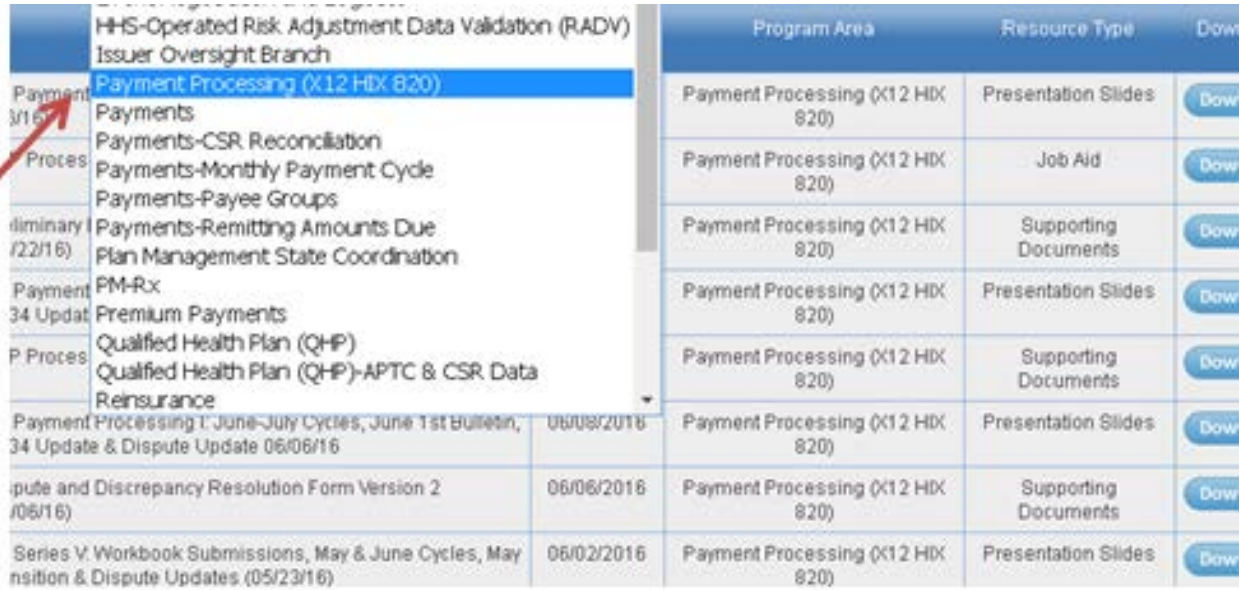
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services (HHS)	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 Payment Processing I are available in the REGTAP Library at https://www.REGTAP.info

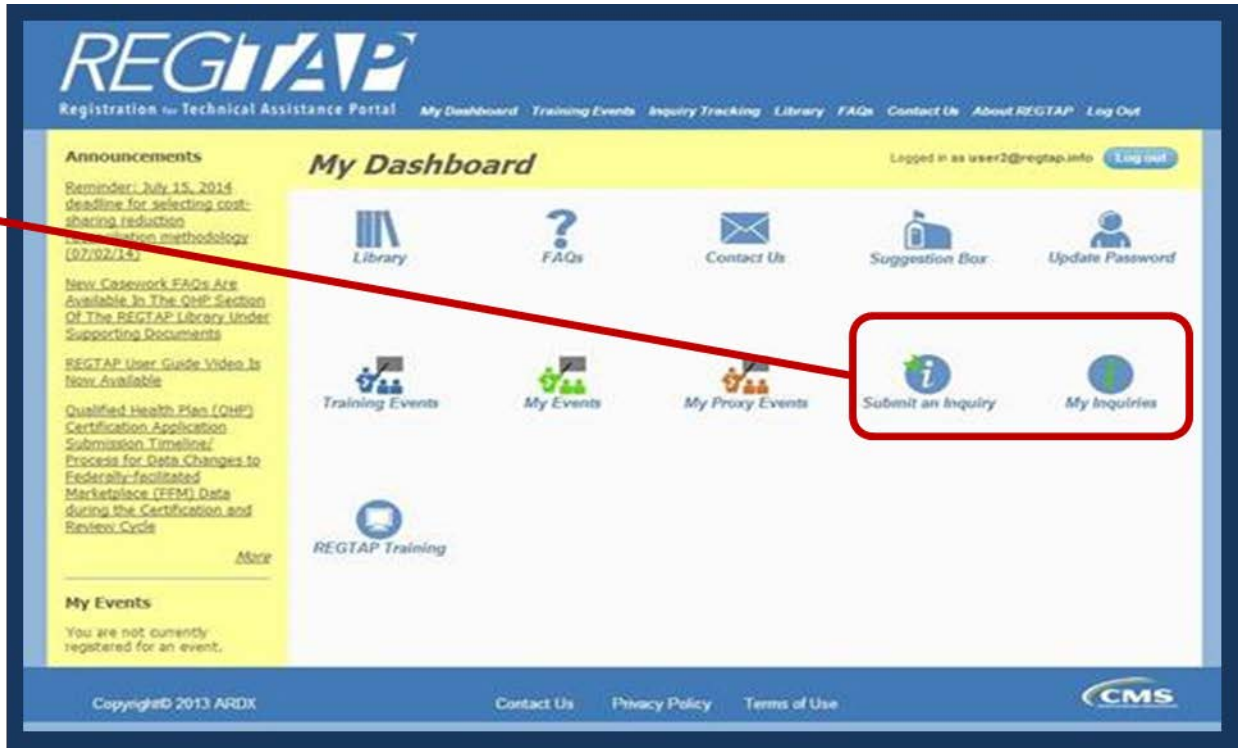
Under Program Area, select "Payment Processing (X12 HIX 820)"



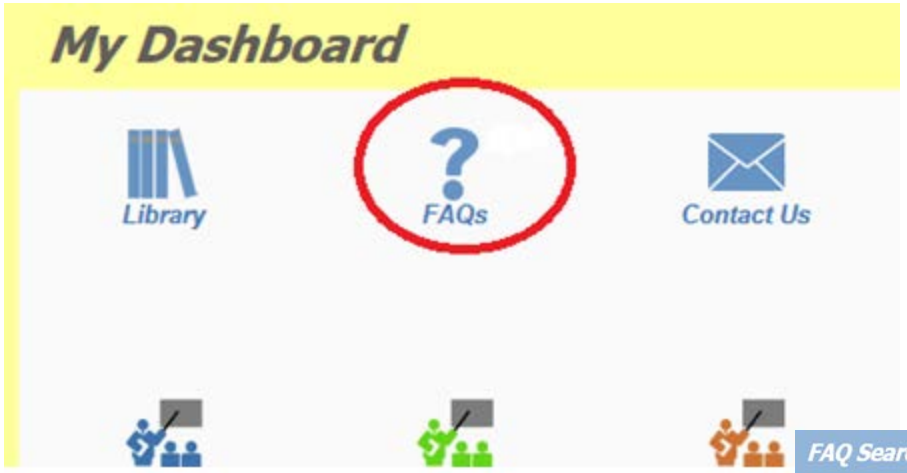
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

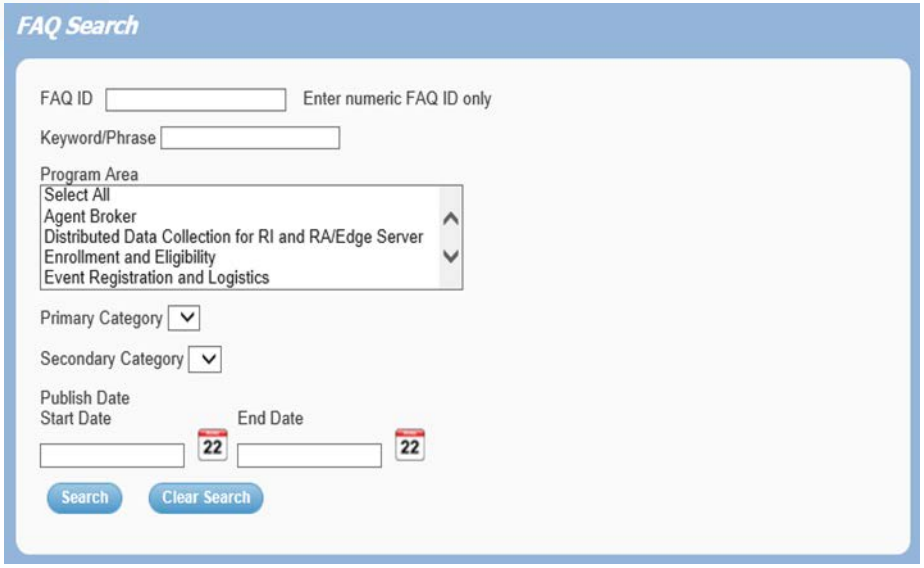


FAQ Database on REGTAP



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

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



Closing Remarks