FM Payment Processing II: March Manual Adjustment, 2016 Close Out and Payment Dispute Updates

March 6, 2017

FM Payment Processing II

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Agenda

- March Manual Adjustment Reversals
- 2016 Close Out
- Payment Dispute Updates

March Manual Adjustment Reversals

March Manual Adjustment Reversals

CMS will be reversing all February adjustments to Policy-Based Payments in the March payment cycles. Issuers may see either or both of the following:

- Reversal of manual adjustments to **2016** payment made in February to correct for the enrollment reconciliation error that incorrectly applied early terminations to some 2016 policies
    - Issuers received an IPA showing affected policies on January 23; these records have now been corrected in the FFM
    - On their March PPRs and 820s, affected 2016 issuers will see:
        - Retroactive 2016 policy-based payments for these policies
        - Reversals of the February Manual Adjustments made to 2016 APTC, CSR, and UF to correct February payment for these policies
        - Manual adjustment reversals and retroactive policy-based payments for these policies may not match exactly if any changes were made to these policies between calculation of the February manual adjustment on Jan 23 and the Feb 15 cutoff for March payment
- Reversal of adjustments to **2017** payment made to some issuers in February to bring 2017 year-to-date APTC, CSR, and UF up to 80% of Upper Bound

2016 Enrollment Processing Close-Out

Closing Out FFM Enrollment for Plan Year 2016

- Inbound 834 Transactions (IC834)
  - **Recommended Deadline** for sending 2016 IC834s for Plan Year 2016: **Tuesday, March 28th, 2017**
    - After this date, consumers will **not** receive an updated 1095-A for their 2016 coverage ahead of the Federal Income Tax filing deadline on April 18th
    - Currently the FFM plans to accept IC834 transactions for PY2016 until August 31, 2017
  - Issuers should closely review the March Enrollment Pre-Audit and Outbound Reconciliation (RCNO16) Files to identify outstanding updates
  - Where possible, Issuers should submit outstanding cancellations, terminations, or effectuations for 2016 coverage through IC834
- Enrollment Reconciliation
  - This month's Enrollment Reconciliation cycle (RCNI16 Files due by 3PM EDT on March 17th) is the ***final*** cycle for Plan Year 2016
  - There will be no opportunity for Issuers to request additional automated reconciliation processing
- Dispute submission will be the only means for Issuers to correct 2016 payment after these deadlines

Closing Out FFM Enrollment for Plan Year 2016 con't

- Enrollment Disputes
  - As with IC834s, it is critical that Issuers quickly review the results of March reconciliation and submit disputes as soon as possible
  - When submitting disputes for 2016, the focus should be on submitting disputes that would impact the Issuer's payments from CMS and/or the consumer's record of coverage for 2016
  - Issuers should work to submit disputes that would impact a consumer's 1095-A form ***no later than March 27th***
    - Although disputes submitted by this date will not result in an updated form mailed to the enrollee prior to the tax filing deadline, CMS will make every attempt to have the updates reflected on the enrollee's healthcare.gov account by ***Saturday, April 15th***
- Payment Disputes
  - Payment disputes submitted after March will continue to be required to align with an Issuer's most recent RCNI submission (i.e., March 17 deadline RCNI) to be processed
  - Payment disputes that are submitted inconsistent with the Issuer's most recent RCNI will receive an R10 (Dispute Not Supported by RCNI - Prior Year) disposition indicating that the issuer will need to resubmit the dispute as an enrollment dispute

Payment Dispute Updates

Payment Dispute Guidance

Presentation Outline:

- New Detail Codes:
  - PD565
  - PD566
- Tips for resolving common rejections:
  - FV900
  - FV803
  - FV910

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.

Approved Total Premium Change Code

- CMS created a new Detail Code: **PD565**.
- **PD565** applies to approved Total Premium Amount disputes (e.g. in cases where policy re-rating is allowed due to a gap in coverage)
  - We'll process the adjusted payments within 1-2 payment cycles.
  - The FFM will update the Total Premium Amount.
  - Resubmit the dispute if payment is not resolved within two payment cycles.
- **PD565** results in Disposition Code **I1 – In Process**

Requested CSR Amount Rejected

- CMS created a new Detail Code: **PD566**.
- **PD566** applies to incorrect CSR Amount disputes, where the FFM's CSR Amount was found to be correct.
  - Issuers should check the member's QHP ID and Total Premium Amount against the FFM's data for the disputed policy.
  - If the CSR discrepancy is a result of a difference between QHP ID and Total Premium Amount, submit a new dispute for that change.
- **PD566** results in disposition code **R6 – Dispute Not Supported by RCNI.**

Tips for Resolving Detail Code FV900

- **FV900** occurs when an Issuer disputes a missing payment, but CMS made the payment on that policy for that month.
  - **Disposition Code:** R3 – FFM fields on form do not match PPR/HIX 820
  - **Frequency:** 127K rejections last month
  - **Saturation:** 111 HIOS affected last month
  - **After Receiving this Detail Code:** Review the coverage period cited on the dispute form & verify the Exchange Assigned Policy ID against the PPR/HIX 820 file. If there is a change that needs to occur, fill out a new dispute form with the corrected information identifying the value(s).

Tips for Resolving Detail Code FV803

- **FV803** occurs when an Issuer submits multiple disputes for the same policy and month with conflicting values.
  - **Disposition Code:** R8 – Multiple Conflicting Disputes for Same Policy
  - **Frequency:** 14k rejections last month
  - **Saturation:** 109 HIOS affected last month
  - **After Receiving this Detail Code:** Issuers should verify their data for this policy and submit a single dispute or set of consistent disputes.

Tips for Resolving Detail Code FV910

- **FV910** occurs when the FFM UF Amount included on the form does not match the UF Amount listed on the PPR File.
  - **Disposition Code:** R3 – FFM Fields on Disp Form Do Not Match PPR/820
  - **Frequency:** 5k rejections last month
  - **Saturation:** 37 HIOS affected last month
  - **After Receiving this Detail Code:** Issuers should verify UF Amount on the form against the PPR/820 File. Resubmit the dispute with using the PPR/820 value for the FFM UF Amount.

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*

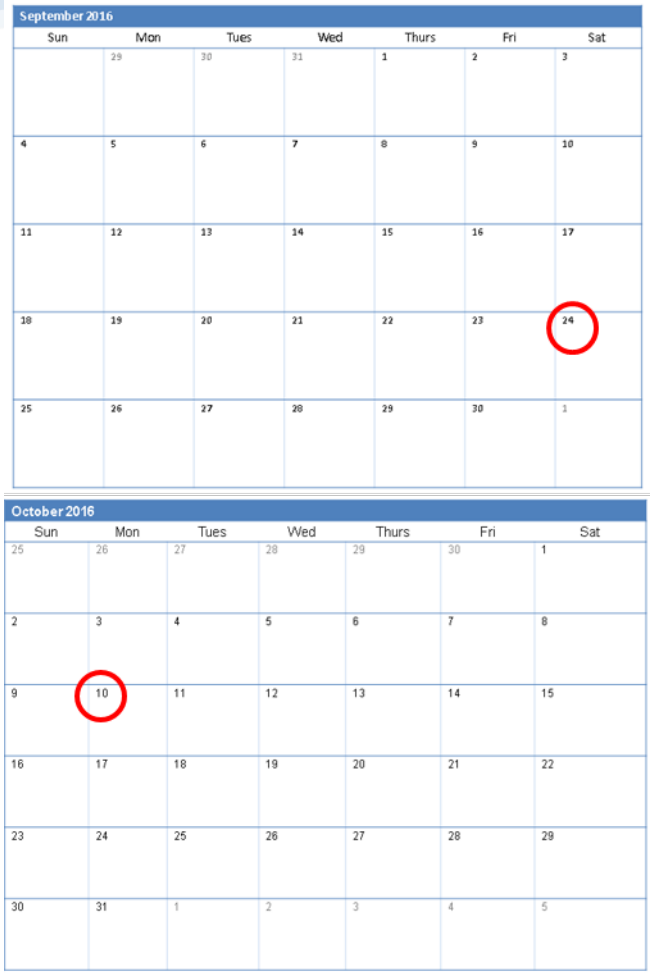
To submit questions by webinar:

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

APPENDIX

Vendor Management and Payment Activity Key Dates

Vendor Management Reminders



September 2016

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

October 2016

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

- 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	March	April	May
SBM Issuer Workbooks Submission Window	Feb. 16th – 22nd	Mar. 16th-22nd	April 17th-21st
Vendor Management Module Open	Mar. 11th – 24th	Apr. 11th-24th	May 11th-24th
Initial Invoice sent to Issuers	Mar. 10th – 14th	Apr. 11th-13th	May 10th-12th
Preliminary Payment Reports sent to Issuers	Mar. 13th – 15th	Apr. 12th-14th	May 11th-15th
Treasury issues payments to Issuers	Mar. 21st	Apr. 20th	May 19th
HIX 820 Payment transactions sent to Issuers	Mar. 31st	Apr. 28th	May 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 Marketplace Payments Team with questions related to the Manual Payment Process. Issuers can contact Marketplace 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:
  - FM 2015 – 2016 Issuer Transition Guide, Version 4.4
  - 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
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
PSV	Pipe-separated value
SBM	State-based Marketplace
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

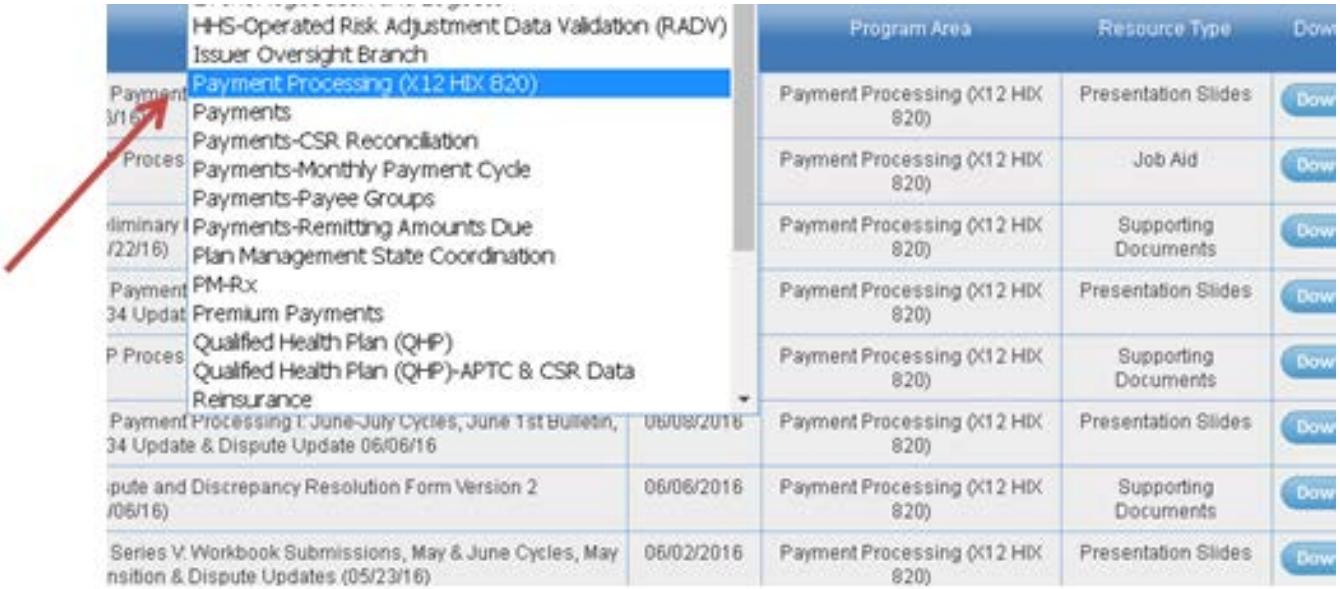
Resources

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

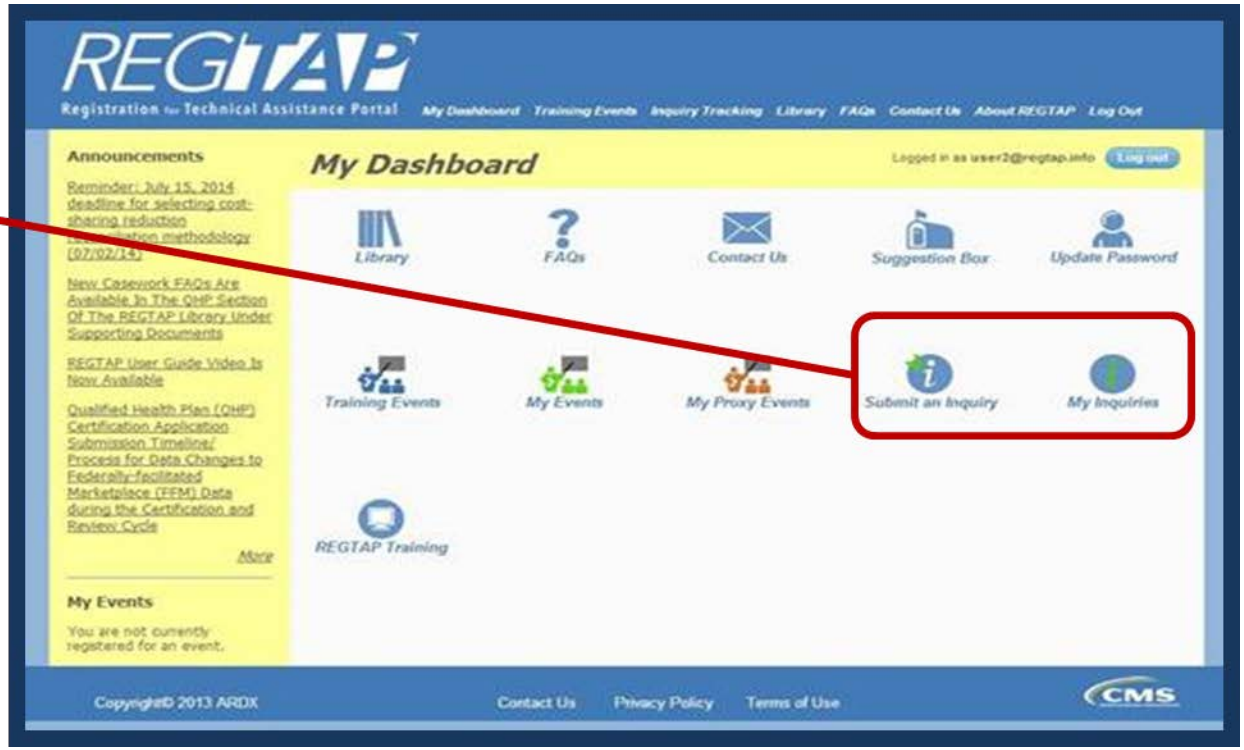
Under Program Area, select "Payment Processing (X12 HIX 820)"



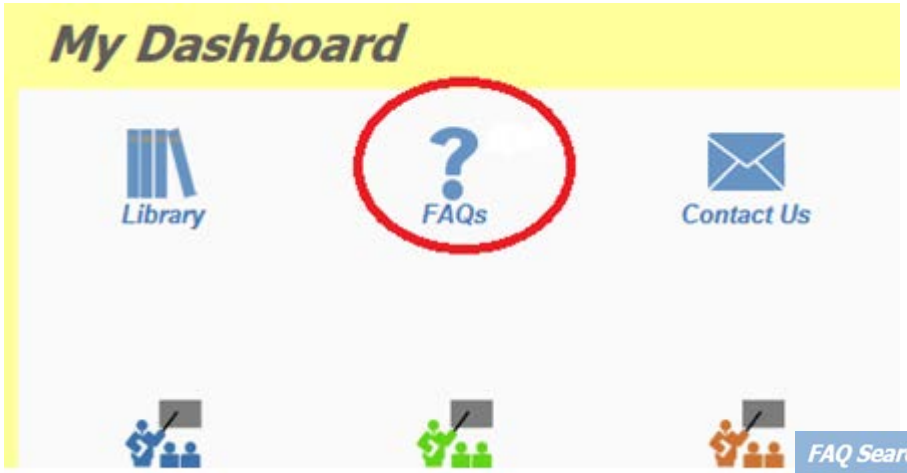
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

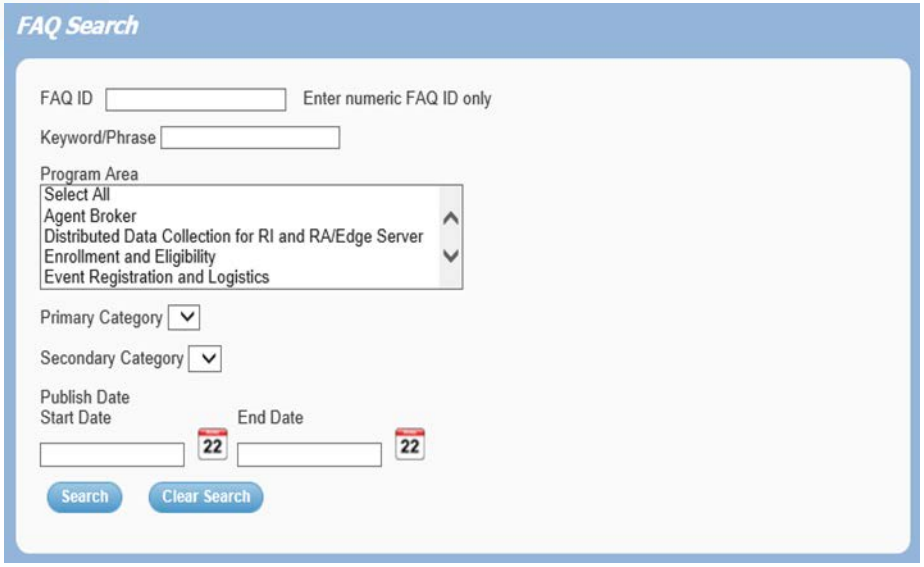


FAQ Database on REGTAP



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