FM Payment Processing Series II: Updates to the HIX 820, Final adjustment to 2016 Benefit Year CSR Portion of Advance Payments and Payment Dispute Updates

March 20, 2017

FM Payment Processing II

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Agenda

- Updates to the HIX 820 effective with May 2017 Payment Cycle
- Final adjustment to 2016 Benefit Year Cost-Sharing Reductions Portion of Advance Payments
- Payment Dispute Updates

Updates to the HIX 820 Effective with May 2017 Payment Cycle

Updates to the HIX 820 Effective with May 2017 Payment Cycle

Current Process:

- Payees without a positive payment (AP) in the cycle receive the HIX 820 only if they have Policy-based transactions.

New Changes effective with May 2017 Payment Cycle:

- The HIX 820 will now be sent to ALL Payees for all AP/AR transactions in the cycle irrespective of whether they are Policy-Based Payments (PBP) or program-level payments
- This change will be most apparent to SHOP-only Payees or Off-Exchange Payees receiving only Issuer-level transactions.
- Payees without a positive payment (AP) in the payment cycle that receive a non-payment HIX 820 will have the TRN02 (Check or EFT Trace Number) that is prefixed by "EPS". This field was not prefixed in the past for this scenario.

Note:

- Payees with at least one positive payment (AP) in the payment that receive a non-payment HIX820 will continue to see a "CLR" prefixed value in the TRN02 (Check or EFT Trace Number).
- Payees with positive payments (AP) that receive a net positive HIX820 will continue to see no prefix in their TRN02 (Check or EFT Trace Number).

Final Adjustment to 2016 Benefit Year Cost-Sharing Reductions Portion of Advance Payments

Final Adjustment to 2016 Benefit Year Cost-Sharing Reductions Portion of Advance Payments

- **CMS will make the final adjustment to 2016 benefit year cost-sharing reduction (CSR) advanced payments in the April 2017 payment cycle.**
  - For SBM Issuers, CMS will base final adjustments on manual workbooks that Issuers submit in March 2017.
  - For FFM Issuers, CMS will base final adjustments on FFM records of effectuated 2016 benefit year enrollment as of March 15, 2017, to include updates submitted through enrollment reconciliation files in the February 2017 submission and inbound 834 updates received and processed before the March 15, 2017 cutoff.
  - Issuers whose enrollment changes are submitted and processed in the FFM after the above dates will be reimbursed for actual CSRs provided on these enrollments via the 2016 benefit year CSR reconciliation process (data submission deadline June 2, 2017.)
  - Actual CSRs provided on 2016 benefit year enrollment changes that are not reflected in the FFM by the CSR Reconciliation data submission deadline of June 2, 2017 may be submitted in the subsequent year CSR reconciliation cycle.

Final Adjustments to 2016 Benefit Year APTC

- After the April cycle cutoff for advance CSR payments, CMS will continue to adjust APTC to FFM issuers to reflect enrollment reconciliation file submissions, inbound 834 submissions, and payment and enrollment disputes.
- These adjustments will continue until all retroactive enrollment changes in the FFM have ceased.
- SBM issuers may also continue to submit 2016 benefit year enrollment restatements for APTCs via the manual process.
- CMS will notify SBM issuers of final submission dates for changes to APTCs in later guidance. Timelines for ending each of the processes that drive adjustments to APTCs will be similar to those used in 2016 for adjustments to payments for 2015 benefit year coverage.

Payment Dispute Updates

Payment Dispute Guidance

- Prior Year Dispute Codes
- New Detail Codes:
  - PD568 & PD569
  - PD570, PD571 & PD573
  - PD900, PD901, PD903, PD904, PD905 & PD906
  - PD920,
  - PD930 & PD950

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.

Prior Year Payment Disputes: Changes due the last 2016 RCNI Submission

- **The final RCNI submission for 2016 policies is March 17th, 2017.**
- Currently, Issuer Payment Disputes that conflict with that Issuer's most recent RCNI information receive Disposition Codes **R6 - Dispute Not Supported by RCNI** or **R9 - Mismatched Policy;** Issuers are directed to correct the issue through the RCNI file
- Beginning on March 24th, Payment Dispute responses for 2016 policies will no longer direct Issuers to make updates through RCNI.
- In scenarios where RCNI direction would have been provided, the Payment Dispute response to payment disputes conflicting with the Issuer's last RCNI file will direct the issuer to **submit an Enrollment Dispute to correct any discrepancies**.

Prior Year Payment Disputes: Changes due the last 2016 RCNI Submission (cont.)

What's not changing:

- Issuers can still submit Payment Disputes for any policy and receive response files with dispositions that provide guidance on the next steps to take.
- R6 and R9 dispositions continue to apply to 2017 policies.

What's changing:

- Payment Disputes for 2016 policies that were previously coded as R6 or R9 will:
  - Receive newly revised Disposition and Detail Codes in the Payment Dispute responses file.
  - Require Issuers to correct discrepancies by submitting Enrollment Disputes.

Prior Year Payment Disputes: New Codes

- CMS is introducing two Disposition Codes for 2016 policies: **R10 - Dispute Not Supported by RCNI - Prior Year** and **R11 - Mismatched Policy - Prior Year to respond to prior-year disputes that previously would have received the R6 and R9 codes**
- CMS is also creating corresponding Detail Codes that mirror the codes resulting in Disposition Codes R6 & R9.
- For these new Detail Codes, the number for each detail code will remain the same, with the alpha prefix PY (prior year) instead of PD.
- Refer to the upcoming *Dispute Disposition and Detail Code List (v10)* for all the new detail codes associated with R10 and R11 dispositions applicable to 2016 policies only.

Prior Year Payment Disputes: Sample Codes

For example, a Payment Dispute for a 2016 policy might receive the following:

	Through 3/23/17	Beginning 3/24/17
Disposition	**R6**	**R10**
Detail Code	**PD504**	**PY504**
Detail Code Message	The Coverage Period Start Date (Issuer) reported in the Payment Dispute did not match the current RCNI file. The Issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance in resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov.	The Coverage Period Start Date (Issuer) reported in the Payment Dispute did not match the current RCNI file. The Issuer will need to review the RCNI file and make the necessary corrections through the ERR Enrollment Dispute process.

Disposition	**R9**	**R11**
Detail Code	**PD522**	**PY522**
Detail Code Message	On the Issuer's RCNI, the Issuer's value does not match the FFM's value for Exchange Assigned Policy ID. Please check the RCNI to determine which policy needs to be canceled or effectuated, accordingly.	On the Issuer's RCNI, the Issuer's value does not match the FFM's value for Exchange Assigned Policy ID. Please determine which policy needs to be cancelled or effectuated accordingly, and make the necessary corrections through the ERR Enrollment Dispute process.

Further Investigation Needed Codes

- New Detail Codes: **PD568 & PD569.**
- These codes apply to CSR Amount and Missing Payment disputes.
  - ER&R Contractor Action: Further investigation needed.
  - Issuer Action: Refer to the Semi-Monthly report for changes.
- **PD568** results in Disposition Code: **I4 – In Process**
- **PD569** results in Disposition Code: **I1 – In Process**

Approved Missing Payment Codes

- New Detail Codes: **PD570, PD571 & PD573.**
- These codes apply to Missing Payment disputes.
  - ER&R Contractor Action: Make requested updates to FFM data.
  - CMS Action: Process payment adjustment within 1-2 payment cycles.
  - Issuer Action: Receive payment adjustment.
- **PD570, PD571 & PD573** all result in Disposition Code: **I1 – In Process**

Rejections due to Conflicting HICS Cases

- New Detail Codes: **PD900, PD901, PD903, PD904, PD905 & PD906.**
- These codes apply to rejected disputes, where a related HICS Case contradicts some aspect of the dispute.
  - Issuer Action: Review associated HICS cases and resubmit corrected Payment or Enrollment Dispute as needed.
  - Please see the *Payment Dispute Disposition and Detail Code List* for more information on the individual Disposition Codes.
- **PD900, PD901, PD903, PD904, PD905 & PD906** all result in Disposition Code: **C1 – Reviewed, Denied**

Approved with Supporting HICS Cases

- New Detail Code: **PD920**
- This code applies to approved disputes, where a related HICS Case exists that supports the dispute.
  - ER&R Contractor Action: Make requested updates to FFM data.
  - CMS Action: Process payment adjustment within 1-2 payment cycles.
  - Issuer Action: Receive payment adjustment.
- **PD920** results in Disposition Code: **C4 – Dispute processed, update planned within 2 cycles**

Codes for Disputes Processed Elsewhere

- New Detail Codes: **PD930 & PD950**
- This code applies to disputes addressed through the UIE or Enrollment Dispute processes for further processing.
  - **PD930** ER&R Contractor Action: Process the dispute through the UIE manual payment process in June.
  - **PD950** ER&R Contractor Action: Process the received Enrollment Dispute.
  - Issuer Action: Receive payment adjustment or respond to disposition of the ensuing Dispute.
- **PD930 & PD950** result in Disposition Code: **C1 – Reviewed, Denied**

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*

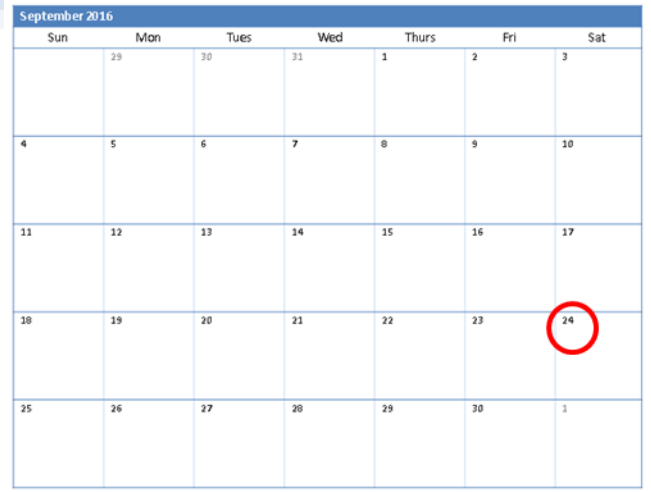
To submit questions by webinar:

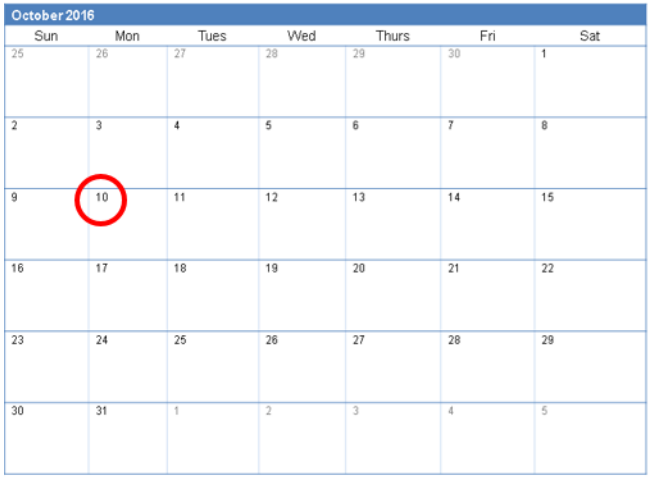
- *Type your question in the text box under the 'Q&A' tab*

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.

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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

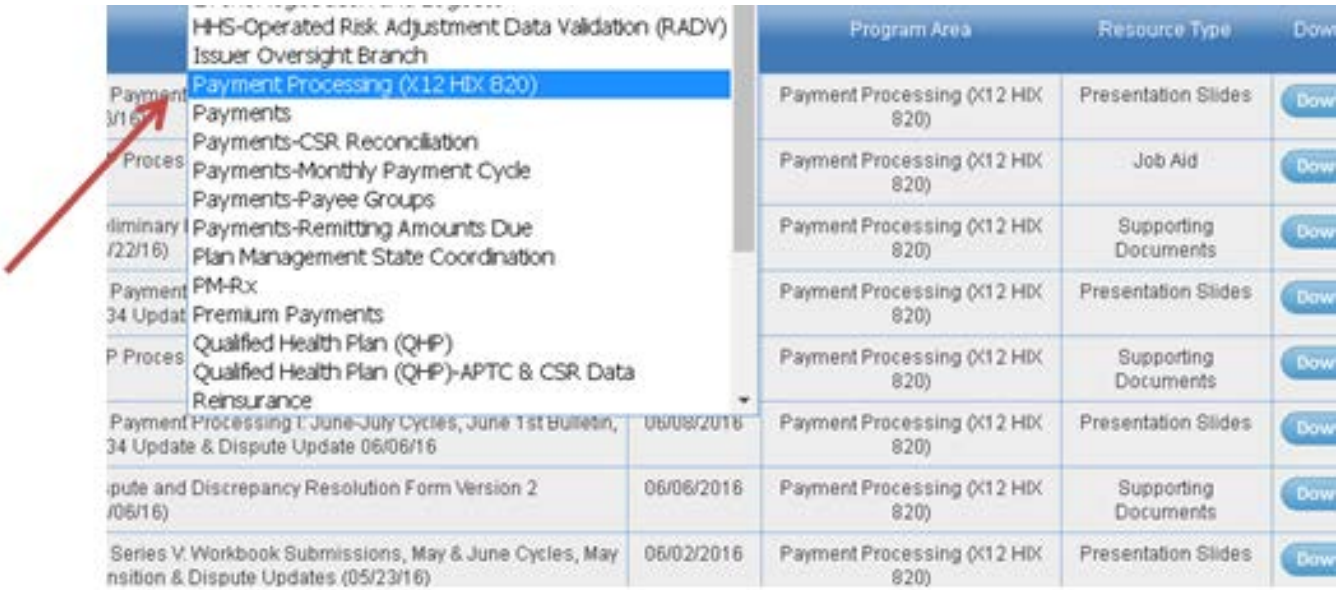
Resources

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

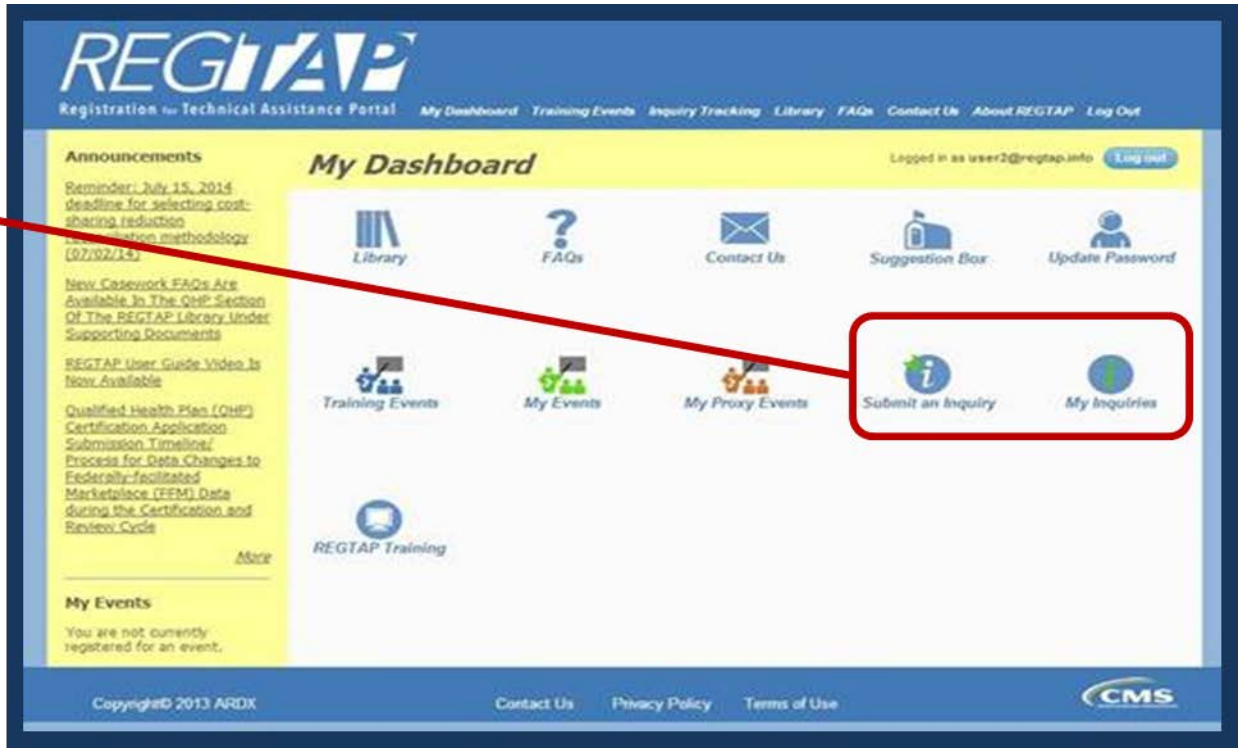
Under Program Area, select "Payment Processing (X12 HIX 820)"



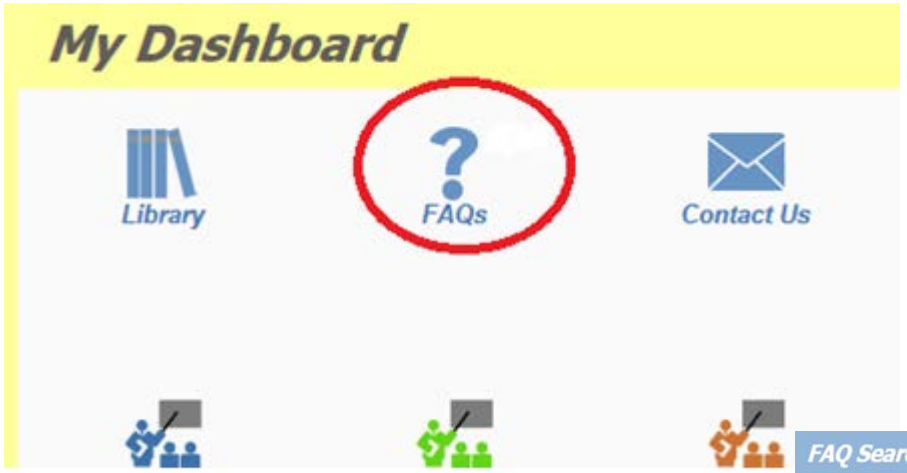
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

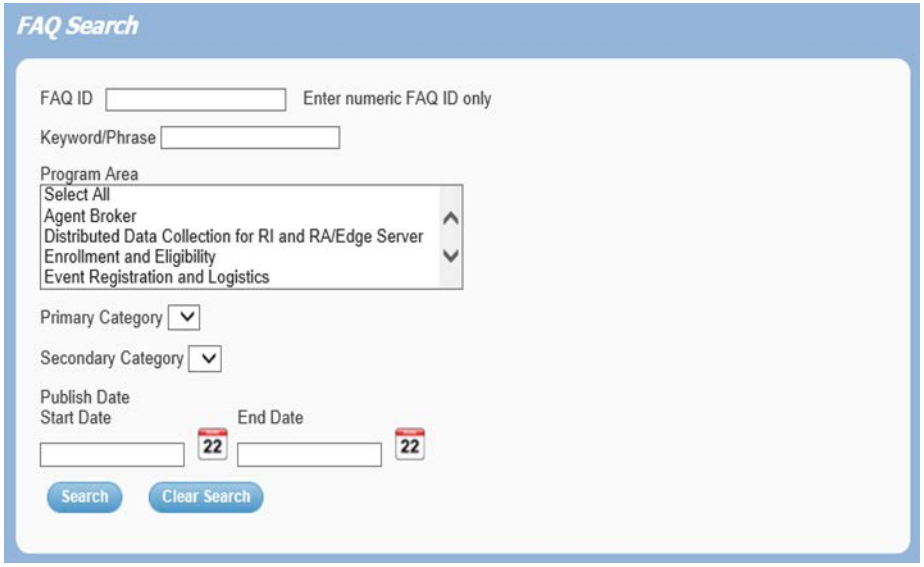


FAQ Database on REGTAP



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