FM Payment Processing Series II: Additional Transaction Details in the PPR and HIX820, Transaction Description Format Updates, Payee Information Report, Vendor Management Outreach Project and Payment Dispute Updates

April 17, 2017

FM Payment Processing II

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Additional Transaction Details included in the PPR and HIX 820 effective in the July 2017 Payment Cycle
- Transaction Description Format Updates
- The Payee Information Report
- The Vendor Management Outreach Project
- Payment Dispute Updates

Additional Transaction Details Included in the PPR and HIX820 Effective in the July 2017 Payment Cycle

Additional Transaction Details Included in the PPR and HIX 820

- Currently, the transactions on the PPR and HIX 820 do not contain any specific details of the APs and ARs included on their report
- Starting in the July 2017 payment cycle, the PPR and HIX 820 will contain a description of each transaction, if applicable, in the Document Control Number field
- This information will allow Issuers to better understand the type of transaction on their PPR and HIX 820
- This additional detail will only be displayed for manual adjustments (non-PBP transactions)

Updates to the PPR effective in the July 2017 Payment Cycle

- ***Exchange Payment Type: SHOPUF***: Exchange Related Report Type - SHOPUFRPT: *No Change:* The SHOPUF program type will continue to display the MA Notes (which in the case of SHOPUF, it is the SHOPUF HIX 820 Trace Number) in the Exchange Report Document Control Number Column as it does today
- ***Exchange Payment Type: RA/RAD***: Exchange Related Report Type - RARPT/RADRPT: Will display the Invoice number as applicable and will have any additional Manual Adjustment (MA) notes concatenated to the invoice number separated by "-"
- ***Exchange Payment Type***: Everything other than SHOPUF, RA or RAD: For all other Exchange Payment Type transactions, ONLY when they have MA notes, they will display "INFORPT" in the Exchange Related Report Type column and MA notes in the Exchange Report Document Control Number Column

Sample PPR with updates

Exchange Payment	Payment Amoun	Exchange Related Report	Exchange Report Document Control Number
EXTLOAN	1000	INFORPT	MA NOTES APPEAR HERE
RA	100	RARPT	I15CO123454376001 + ('-' MA NOTES TEXT)
SHOPUF	-50	SHOPUFRPT	SHOP HIX 820 TRACE NUMBER (which currently exists today)
RAD	-50	RADRPT	I15CO987654376001 + ('-' MA NOTES TEXT)
APTCMADJ	1000	INFORPT	MA NOTES APPEAR HERE

Note: Red text denotes new change in the July 2017 payment cycle

Updates to the HIX 820 effective in the July 2017 Payment Cycle

- ***Exchange Payment Code: SHOPUF***; Exchange Report Code - SHOPUFRPT: The SHOPUF Exchange Payment Code will not include an additional loop for the INFORPT Exchange Report Code (ERC) for the MA note. Instead, this note will only appear for the SHOPUFRPT ERC in the DCN field as it currently does today
- ***Exchange Payment Code: RA/RAD***; Exchange Report Code -RARPT/RADRPT: Similar to the SHOPUFRPT, the RARPT and RADRPT will not have an additional loop for the INFORPT ERC but instead, the DCN for the RARPT and RADRPT ERC will contain the MA note appended to the end of the RA or RAD invoice number. The invoice number and MA note will be separated with a "-"
- ***Exchange Payment Code***: Everything other than SHOPUF, RA or RAD: For all other Exchange Payment Code transactions, ONLY when they have MA Notes, they will have the additional loop for "ExchangeReportDocumentInformation" with the INFORPT ERC and will display the MA notes in the DCN data element

Sample HIX 820 XML with updates

ns1:ExchangePa	ns1:Payme	ns1:ExchangeRepo	ns1:DocumentControlNumber
EXTLOAN	1000	ISSUERIDRPT	98765
EXTLOAN	1000	INFORPT	MA NOTES ARE PLACED HERE
SHOPUF	50	ISSUERIDRPT	98765
SHOPUF	50	SHOPUFRPT	SHOP HIX 820 TRACE NUMBER (which currently exists today)
APTCMADJ	1000	ISSUERIDRPT	98765
APTCMADJ	1000	INFORPT	MA NOTES ARE PLACED HERE
RA	-1000	ISSUERIDRPT	12345
RA	-1000	RARPT	I15CO123454376001 - MA NOTES CONCATENATED WITH INVOICE NUMBER

Note: Red text denotes new change in the July 2017 payment cycle

Sample HIX 820 X12 with updates

ENT*1~
RMR*ZZ*EXTLOAN**1000~
REF*0N*ISSUERIDRPT*94376~
REF*0N*INFORPT*NOTE~
DTM*582****RD8*20160101-20160131~
ENT*2~
RMR*ZZ*SHOPUF**50~
REF*0N*ISSUERIDRPT*94376~
REF*0N*SHOPUFRPT*SHOP HIX 820 TRACE NUMBER (which currently exists today)~
DTM*582****RD8*20150101-20150131~
ENT*3~
RMR*ZZ*APTCMADJ**1000~
REF*0N*ISSUERIDRPT*94376~
REF*0N*INFORPT*MA NOTES ARE PLACED HERE~
DTM*582****RD8*20160101-20160131~
ENT*4~
RMR*ZZ*RA**-1000~
REF*0N*ISSUERIDRPT*12345~
REF*0N*RARPT*I15CO123454376001 - MA NOTES CONCATENATED WITH INVOICE NUMBER~
DTM*582****RD8*20150101-20150131~

Note: Red text denotes new change in the July 2017 payment cycle

Transaction Description Format

Transaction Description Format

Program	Payment Type Code	Note Displayed on PPR/HIX 820
Refund of Excess Payment	Multiple	[Program] Refund of Excess Payment - [original invoice number]
	Multiple	[Program] Refund of Excess Payment Reversal - [original invoice number]
Risk Adjustment Payment Transfers	RA	RA Program Year 20xx Charge
	RA	RA Program Year 20xx Payment
	RA	RA Program Year 20xx Adjustment
	RA	RA Program Year 20xx Sequester Release Fiscal Year 20xx
Risk Adjustment Default Charges	RAD	RAD Program Year 20xx Charge
	RAD	RAD Program Year 20xx Payment
	RAD	RAD Program Year 20xx Adjustment
	RAD	RAD Program Year 20xx Sequester Release Fiscal Year 20xx
Risk Adjustment User Fees	RAUF	RAUF Program Year 20xx Reversal
	RAUF	RAUF Program Year 20xx Charge

Transaction Description Format (continued)

Program	Payment Type Code	Note Displayed on PPR/HIX 820
Reinsurance	RIP	RIP Program Year 20xx Payment for [state] (if CT)
	RIP	RIP Program Year 20xx Charge for [state] (if CT)
	RIP	RIP Program Year 20xx Reversal for [state] (if CT)
Reinsurance Contributions	RIC	RIC Program Year 20xx Charge
Risk Corridors	RC	RC Program Year 20xx Payment
	RC	RC Program Year 20xx Charge
Manual Workbook Submissions	APTC and CSR	Manual Submission Adjustment for SBM Issuers
Manual Workbook Submission Restatements	APTC and CSR	Manual Submission Adjustment 20xx Restatement for SBM Issuers
SHOP User Fee	SHOPUF	[SHOPUF HIX 820 Trace Number]

Transaction Description Format (continued)

Program	Payment Type Code	Note Displayed on PPR/HIX 820
CSR Reconciliation	CSRN	Reconciled Program Year 20xx CSR amount including prior year restatement
Contraceptive User Fee Adjustment	UFR	Contraceptive UF Program Year 20xx Claim Adjustments (for Issuer xxxxx Paid to Default State Payee)
Temporary Manual Adjustments	Multiple	Step 1: Temporary [Type of Adjustment (i.e. Upperbound)] Adjustment for Program Year 20xx; Step 2 (in future payment cycle): Reversal of [Type of Adjustment (i.e. Upperbound)] Temporary Adjustment for Program Year 20xx from [Month 20xx] Payment Cycle
Co-op Loan Offsets	EXTLOAN	Co-op Start-up Loan Amount of Offset

Payee Information Report

Payee Information Report Details

- Currently, Issuers do not have a way to see the payment cycle netting that occurs until the HIX 820 report at end of month nor is there a view of their outstanding AR balances
- Starting in the July 2017 payment cycle, the Payee Information Report provides a snapshot of payee APs and ARs as of report run date and includes current payment cycle netting that occurred along with any outstanding AR balances as of the report run date
- Transmitted to payees around same time of month as PPRs
- Generated at payee level for all programs and transmitted in Pipe Delimited Format to the same EFT Folder as other payment reports (i.e. PPR and HIX 820)

Payee Information Report Transaction Details

- Includes all current payment cycle APs and ARs, similar to the data included on the PPR
- Provides details of any outstanding ARs, their original transaction amount, and amount prior to netting in the current payment cycle
- Shows the netting that occurred in the current payment cycle, payments made through EFT, and any remaining AR balance
- Report will be generated even if current cycle APs/ARs do not exist for payee, as long as payee has outstanding ARs

Sample Payee Information Report (Pipe Delimited Format)

||Centers for Medicare & Medicaid Services
||Payee Information Report

Parameters :
Cycle Date|20170222
Run Date|20170329 11:26:41
Payee ID|A992001
Payee Name|THE IAM LOCAL 2848 FORD RETIREES
Payee Status|NON

Total|Transaction Type|Program|Invoice Number|Invoice Date|Payables Amount|Payables EFT Payment Amount|Receivables Original Amount|Receivables Amount Prior to Netting|Receivables Netting Amount|Receivables Outstanding Balance as of Run Date
|Payables|APTC|A1702A992001004|20170222|1000|1000|||
|Payables|APTC|A1702A992001009|20170222|9000|8000|||
|Receivables|UF|U1702U992001004|20170222|||100|100|100|0
|Receivables|UF|U1702U992001009|20170222|||900|900|900|0
Total|||||10000|9000|1000|1000|1000|0

Sample Payee Information Report (Excel Format)

		Centers for Medicare & Medicaid Services									
		Payee Information Report									
Parameters :											
Cycle Date	20170222										
Run Date	20170329 11:26:41										
Payee ID	A992001										
Payee Name	THE IAM LOCAL 2848 FORD RETIREES										
Payee Status	NON										
Total	Transaction Typ	Program	Invoice Numbe	Invoice Date	Payables Amou	Payables EFT Pa	Receivables Ori	Receivables Am	Receivables Ne	Receivables Outstanding Balance as of Run Date	
	Payables	APTC	A1702A9920010	20170222	1000	1000					
	Payables	APTC	A1702A9920010	20170222	9000	8000					
	Receivables	UF	U1702U9920010	20170222			100	100	100	0	
	Receivables	UF	U1702U9920010	20170222			900	900	900	0	
Total					10000	9000	1000	1000	1000	0	



Microsoft Excel Worksheet

Vendor Management Outreach Project

Vendor Management Outreach Project

The CMS Vendor Management Team will be reaching out to payee groups over the next few weeks to ensure we have current contact and billing information on file in the FM module of HIOS (Module)

- A Financial Information Template (FIT) will be provided via email to each payee group. The FIT will be pre-populated with the information currently in the Module for your payee group.
- We are asking that you respond to confirm that the information provided is correct or if your information requires updates. If changes are required, please provide your updated information on the FIT provided and return to CMS via email.
- CMS will make the required updates on your behalf.

Vendor Management Outreach Project Asks

- Please do not attempt to make these updates in the module. We will manage these updates internally so as to not impact the payment cycle. Payee groups being edited by your organization could potentially jeopardize ACA program payments due to you
- Please maintain the file naming convention of the FIT when you return it to CMS.

Responses are requested within 5 business days to ensure records are current for the next payment cycle

Payment Dispute Updates

Payment Dispute Guidance

- Prior Year Reminder
- New Detail Codes
  - PD581 & PY581
  - PY1401
  - PD574
  - PD580
- Avoiding Common Errors
  - FV900

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

RCNI submissions are closed for 2016 policies. Payment Dispute responses for 2016 policies will direct Issuers to submit Enrollment Disputes to correct any discrepancies.

What's not changing:

- Issuers 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 be given Disposition Code R10 or R11, indicating an Enrollment Dispute is required
- The Detail Codes for these cases will mirror previous codes with the same number. However, the alpha prefix will be PY (prior year) instead of PD.

Refer to the recently published *Dispute Disposition and Detail Code List (v10)* for all the newest detail codes associated with R10 and R11 dispositions applicable to 2016 policies only.

Prior Year Payment Disputes Example

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.

The Enrollment Dispute form and instructions can be found on zONE:
https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.

Unexpected Payments on Active Policies

- New Detail Codes: **PD581 & PY581**
- **PD581 & PY581** applies to unexpected Payment Disputes on policies that were effectuated by the Issuer and never canceled.
  - **PD581 Issuer Action:** Submit a Premium Paid Indicator of "C" (Cancel) to cancel the policy on the next RCNI submission
  - **PY581 Issuer Action:** Review the Pre-Audit file to determine if the discrepancy requires a Prior Year-End or an Initial Premium Paid Status dispute and submit the Enrollment Dispute accordingly.
- **PD581** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY581** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Prior Year CSR Amount Disputes

- New Detail Code: **PY1401**
- **PY1401** applies to CSR only disputes from a prior year.
  - **Issuer Action:** Review the most recent Pre-Audit file and submit a Total Premium Amount Enrollment Dispute if a discrepancy is identified
- **PY1401** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Approved with Supporting HICS Cases

- New Detail Code: **PD574**
- **PD574** applies to approved disputes regarding an unexpected CSR payment.
  - **ER&R Contractor Action:** Process the request and update the FFM 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
- **PD574** results in Disposition Code: *I1 – In Process*

Approved with Start & End Date Changes

- New Detail Code: **PD580**
- **PD580** applies to approved disputes regarding missing payment.
  - **ER&R Contractor Action:** Process the request and update the FFM Benefit Start Date and 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
- **PD580** results in Disposition Code: *I1 – In Process*

Tips for Resolving Detail Code FV900

- **FV900** occurs when an Issuer disputes a missing payment, but CMS made a payment on that policy for that month.
  - **Disposition Code:** R3 – FFM fields on form do not match PPR/HIX 820
  - **Frequency:** 91K rejections last month
  - **Saturation:** 94 HIOS affected last month
  - **After Receiving this Detail Code:** Review the coverage period cited on the dispute form and 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 FV900

- **Adjustment Example**
  - Policy disputed for adjusted amounts
  - PPR/HIX820 shows policy has payments and adjustments for the disputed Coverage Period
  - Issuers should dispute the adjustment payment type code amounts in the PPR/HIX820

Dispute											
Coverage Period Start (FFM)	Coverage Period Start (Issuer)	Coverage Period End (FFM)	Coverage Period End (Issuer)	Total Prem (FFM)	Total Prem (Issuer)	APTC (FFM)	APTC (Issuer)	CSR (FFM)	CSR (Issuer)	UF Amount (FFM)	UF Amount (issuer)
20160501	20160501	20160531	20160531			-150	150	-50	50	17.5	-17.5

PPR							
FFM Subscriber ID	FFM Policy ID	Exchange Payment Type	Policy Total Premium Amount	Payment Amount	Coverage Start Date	Coverage End Date	Run Date
2999999	29999999	APTC	500	150	20160501	20160531	20160510
2999999	29999999	CSR	500	50	20160501	20160531	20160510
2999999	29999999	UF	500	-17.5	20160501	20160531	20160510
2999999	29999999	APTCADJ	500	-150	20160501	20160531	20160615
2999999	29999999	CSRADJ	500	-50	20160501	20160531	20160615
2999999	29999999	UFADJ	500	17.5	20160501	20160531	20160615

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*

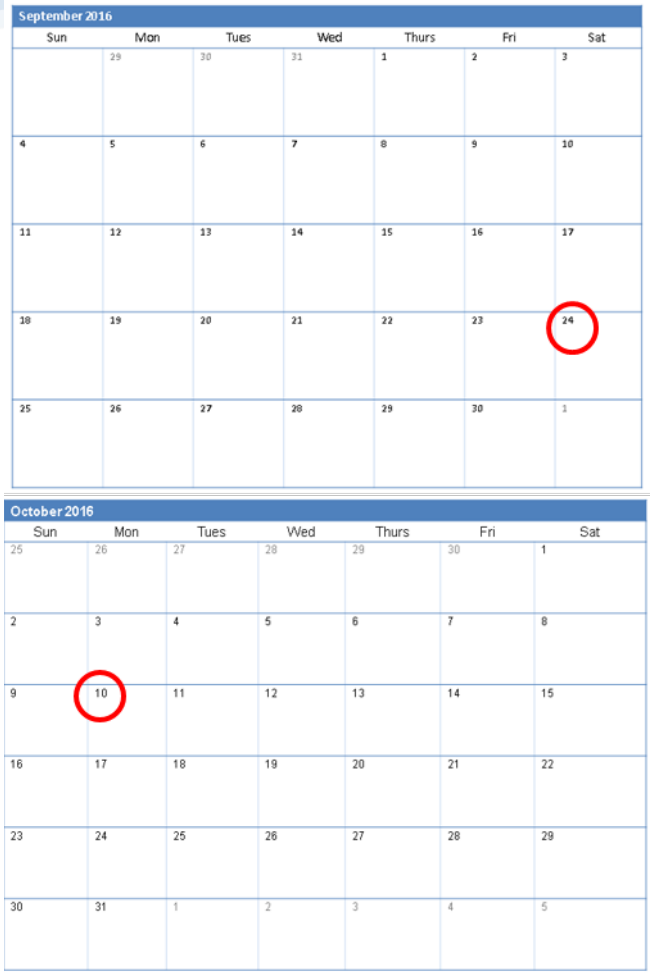
To submit questions by webinar:

- *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	April	May	June
SBM Issuer Workbooks Submission Window	Mar. 16th-22nd	April 17th-21st	May 16th-22nd
Vendor Management Module Open	Apr. 11th-24th	May 11th-24th	June 11th-24th
Initial Invoice sent to Issuers	Apr. 11th-13th	May 10th-12th	June 12th-14th
Preliminary Payment Reports sent to Issuers	Apr. 12th-14th	May 11th-15th	
Treasury issues payments to Issuers	Apr. 20th	May 19th	June 20th
HIX 820 Payment transactions sent to Issuers	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:
  - 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

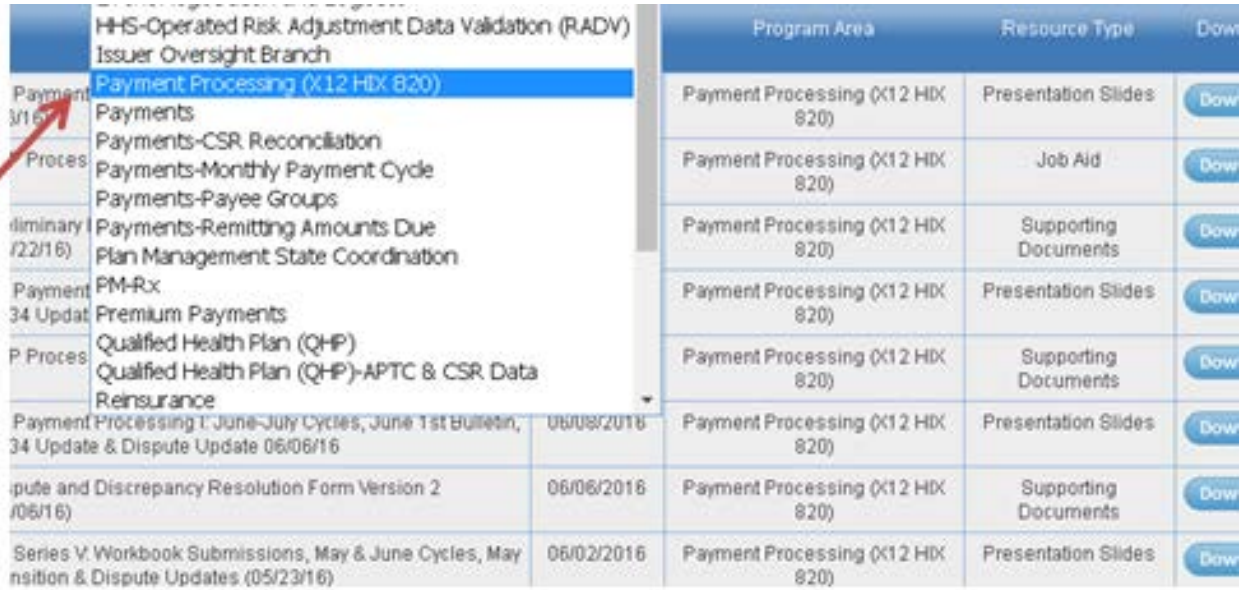
Resources

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

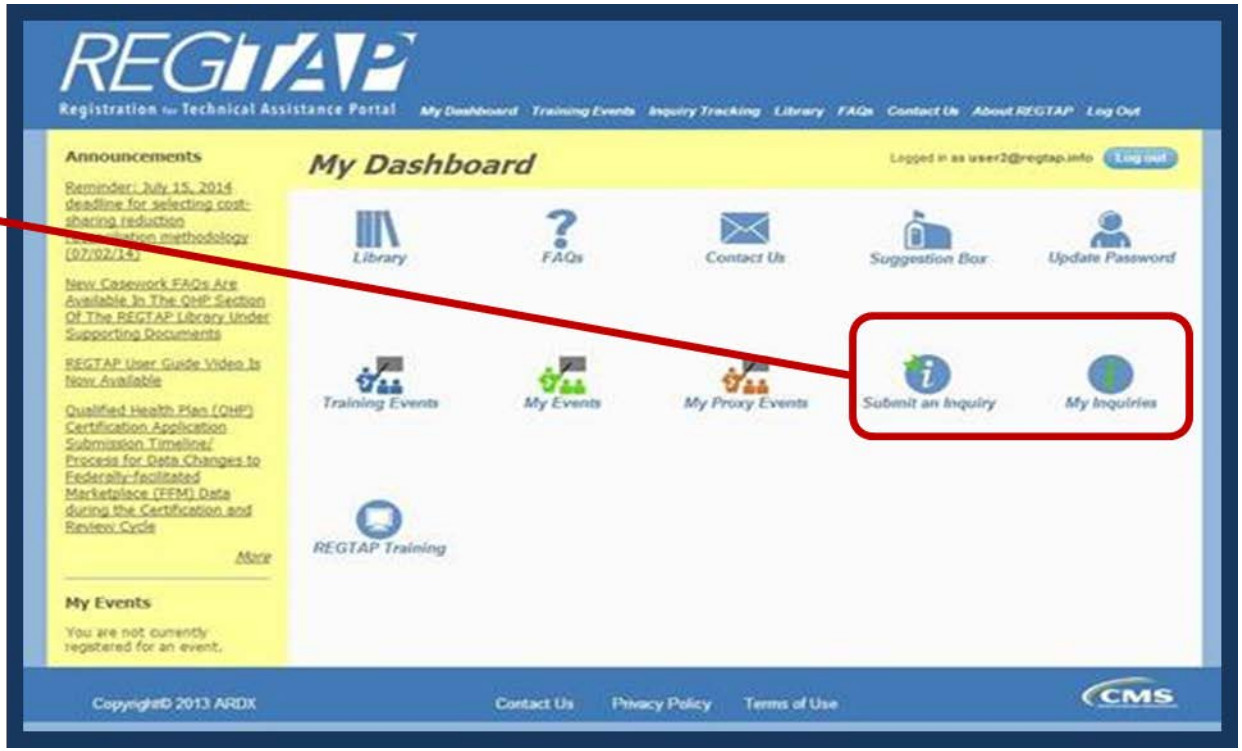
Under Program Area, select "Payment Processing (X12 HIX 820)"



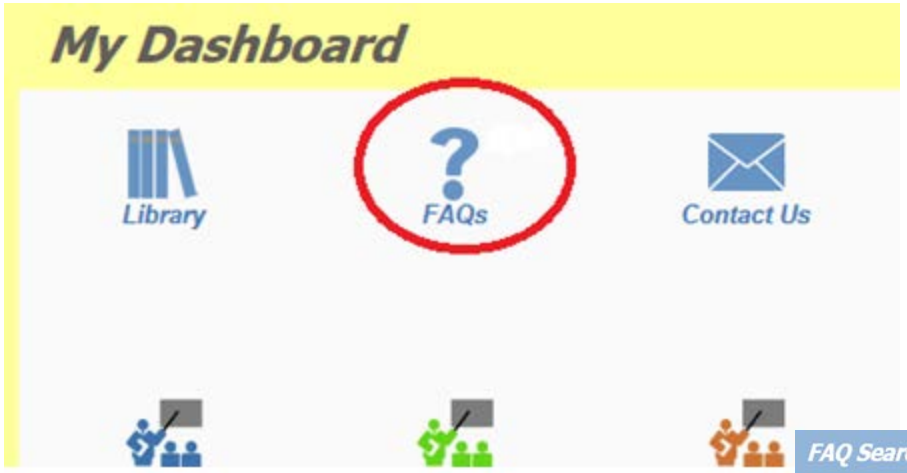
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

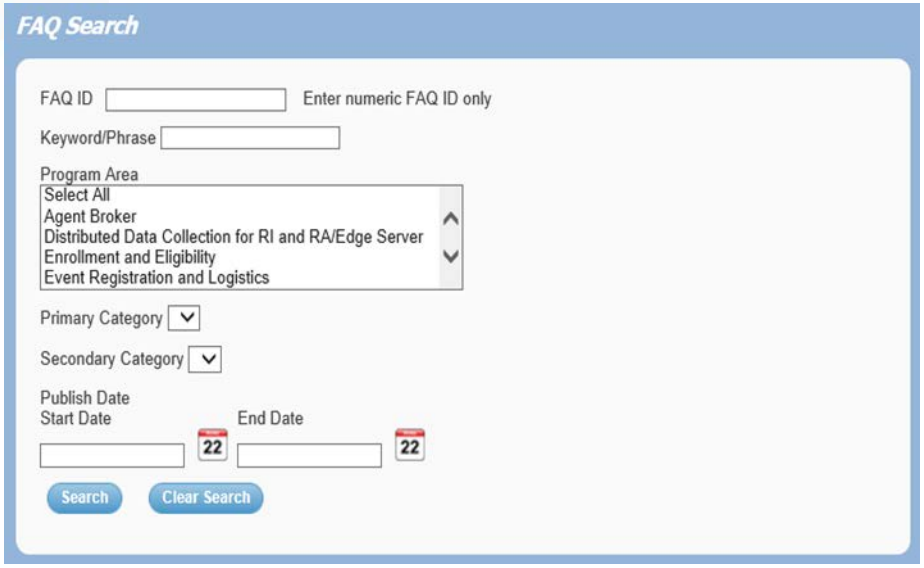


FAQ Database on REGTAP



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