FM Payment Processing Series II: Reinsurance, Risk Adjustment and CSR Recon Overview, Reports, 2015-16 Restatement, Vendor Management, Closing 2014 Benefit Year, Invoicing and Dispute Information

July 10, 2017

FM Payment Processing II

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Agenda

- Reinsurance, Risk Adjustment and CSR Reconciliation Overview
- Payment and Collection Process Overview
- Preliminary Payment Report (PPR), HIX 820 and Payee Information Report
- 2015 Restatement Information
- 2016 Restatement Information
- Vendor Management Changes Effective in June 2017
- Closing 2014 Benefit Year APTC and UF Restatements, Exception and Administrative Appeals Process
- Invoicing Overview
- Payment Dispute Updates

Reinsurance, Risk Adjustment and CSR Reconciliation Overview

Reinsurance Overview

- The Transitional Reinsurance (RI) Program was established under Section 1341 of the Patient Protection and Affordable Care Act
- For the 2014, 2015 and 2016 Benefit Years, non-grandfathered individual market Issuers of Reinsurance-eligible plans received reinsurance payments for enrollees that incur high claims costs
- For the 2016 Benefit Year, reinsurance payment reports were made available to Issuers on June 30, 2017

Risk Adjustment Overview

- The permanent Risk Adjustment (RA) Program was established under §1343 of the Patient Protection and Affordable Care Act
- On a permanent basis, non-grandfathered individual and small group market Issuers of Risk Adjustment covered plans participate in risk adjustment
- For the 2016 Benefit Year, risk adjustment transfer reports were sent to Issuers on June 16, 2017

CSR Reconciliation Overview

- CSR Reconciliation (CSR Recon.) was established under Sections 1402 and 1412 of the Patient Protection and Affordable Care Act
- Annually, CMS advances payments to Issuers, which must provide CSRs to eligible enrollees. CMS then reconciles the CSR portion of advance payments to actual CSRs provided by the Issuer to enrollees during the benefit year, as calculated according to CMS regulations
- For the 2016 Benefit Year, CSR reconciliation reports were sent to Issuers on June 30, 2017.

What will happen in the August 2017 payment cycle?

- In the August 2017 payment cycle, CMS will
  - Make reinsurance payments to Issuers of reinsurance-eligible plans
  - Send invoices to Issuers of risk adjustment covered plans who owe outstanding risk adjustment charges
  - Make CSR reconciliation payments to Issuers of QHPs who are owed outstanding CSR reconciliation payments
  - Send invoices to Issuers of QHPs who owe outstanding CSR reconciliation charges
- CMS will begin making risk adjustment payments in the September 2017 payment cycle and will continue as additional charges are collected in each state and market
- Issuers can review the *June 30, 2017 Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year* and the June 30, 2017 CSR Reconciliation Reports sent directly to issuers. For more information about these payments and charges visit: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Summary-Reinsurance-Payments-Risk-2016.pdf

Payment and Collection Process Overview

Netting

- CMS cannot honor requests to net a specific charge against a specific payment
  - The netting priorities that apply automatically are set by CMS
- CMS can only net charges owed by the Issuer against payments due to the Issuer from the current payment cycle (or past payment cycles on hold)
- More information can be found at https://www.regtap.info/uploads/library/FT_FMPPI_slides_112816_v1_5CR_113016.pdf

Revised Due Date for Initial Invoices for Risk Adjustment, Reinsurance and Risk Corridors

- To simplify the collections process, CMS is modifying the invoicing process for the reinsurance, risk adjustment, and risk corridors programs
- Contributing entities, Issuers of reinsurance-eligible plans, Issuers of risk adjustment-covered plans, and Qualified Health Plan (QHP) Issuers paying risk corridors charges must pay Initial Invoices **within 15 calendar days from the date of the Initial Invoices**
  - The current process for these programs provide Issuers 30 days to pay from the date of the Initial Invoices
  - Interest and fees will continue to not accrue until **30 calendar days from the date of the Initial Invoices**
- We note that the payment of APTC, CSR, and user fee invoices always included this 15 day deadline

Revised Due Date for Initial Invoices for Risk Adjustment, Reinsurance and Risk Corridors (continued)

- This change eliminates the timing overlap in the current process where Initial Invoices are due at the same time CMS begins the subsequent month's netting process, pursuant to 45 CFR 156.1215(b)
- This change also provides the ability for CMS to net any outstanding invoices in the subsequent payment cycle
- Additional information can be found on REGTAP: https://www.regtap.info/uploads/library/FT_HIX820_invoicepayments_5CR_060117.pdf

Sequestration & Holdback Overview

- The hold back is applied to payments made to issuers from fiscal year (FY) 2017 resources (that is, charges collected during the 2017 FY)
- The Reinsurance program will have a holdback of 6.9% for FY 2017
  - This hold back is for reinsurance appeals and is also the sequestration percentage required for FY2017. Therefore, if no appeals are pending, sequestered funds will be paid in the next FY, beginning October 1, 2017. If a reinsurance appeal is pending after the next FY, then the hold back will be released once all reinsurance appeals are resolved
- The Risk Adjustment program will have a holdback of 7.1% for FY 2017
  - The hold back is for risk adjustment appeals and is also the sequestration percentage for FY 2017. If no appeals are pending, sequestered funds will be paid in the next FY, beginning October 1, 2017. If a risk adjustment appeal is pending after the next FY, then the hold back will be released once all risk adjustment appeals in the state market are resolved

Sequestration & Holdback Overview (continued)

- Funds that are sequestered in FY 2017 from the reinsurance and risk adjustment programs will become available for payment to Issuers in FY 2018 without further Congressional action, unless a reinsurance or risk adjustment appeal is pending
  - CMS will release the FY 2017 RA holdback after the end of FY 2017 or when all appeals for the 2016 Benefit Year are resolved in a State, **whichever is later**
  - CMS will release the FY 2017 RI holdback after the end of FY 2017 or when all appeals for the 2016 Benefit Year are resolved, **whichever is later**

Preliminary Payment Report (PPR), HIX 820 and Payee Information Report

Timing of Reports

For the August 2017 payment cycle, Issuers will receive a Preliminary Payment Report, Payee Information Report and HIX 820 through EFT

Key Payment Activities	
Initial Invoice – sent to Issuers	August 10–14
Preliminary Payment Reports (PPRs) and Payee Information Report sent to Issuers	August 11–15
Treasury issues payments to Issuers	August 21
HIX 820 sent to Issuers	August 31

Payee Information Report

Payee Information Report Details

- In prior years, Issuers did not have a way to see the payment cycle netting that occurs until the HIX 820 report at end of month and Issuers cannot view their outstanding AR balances
  - Additionally, some off-Exchange Issuers who are not on-boarded will not receive HIX 820, therefore, this report will assist those Issuers in understanding payments and charges related to netting
- In the August 2017 payment cycle, CMS will provide issuers the Payee Information Report which 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) with function code: PNR

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

Payee Information Report Program Information

The Program column of the Payee Information report will display the same program type codes that are found on the PPR and HIX 820, and also included on the Washington Publishing Company (WPC) site. Please note the following exceptions and clarifications to this:

Program Type Code on PPR and HIX 820	Program on Payee Information Report
CSRN	CSR
RAD	RA
UFR, SHOPUF	UF

Additionally, any Admin or Interest charges will appear as “ADM” for admin and “INT” for interest in the Program column of the Payee Information Report

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	

PPR, Payee Information Report, and HIX 820 File Issues

Please follow the escalation path below for issues related to the transfer of the monthly Preliminary Payment Report (PPR), Payee Information Report, and HIX 820 payment files:

- 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

2015 Restatement Information

2015 Restatement Information

- There will be a final opportunity to restate 2015 data in the October 2017 cycle
  - This opportunity will require justification from the Issuer regarding their need to restate 2015 data
  - Outreach to the Issuers for this 2015 final restatement opportunity will begin in late July

Important dates:

- July 25th – email sent to all 2015 Issuers asking if they intend to restate or confirm they will not restate. 10 day turnaround time
- August 4th – deadline for Issuers to provide responses/justifications
- August 14th – CMS will send 2015 Workbooks to issuers approved to restate via email.
- August 25th – deadline for issuers to submit 2015 Workbooks back to CMS via email

2016 Restatement Information

2016 Restatement Information

- The July 2017 cycle was the last opportunity to restate your 2016 data via workbook submission
  - This applies to SBEs active in 2016
- There will be an additional opportunity to restate your 2016 data in the November 2017 cycle later this year

Vendor Management Changes Effective in June 2017

Vendor Management Changes Effective June 2017

- Updates to the FM Module of HIOS could affect processing of ACA program payments
  - Updates to your banking information on your payee group, that are not completed by your organization (unconfirmed status) prior to the module closing on the 25th of each month, will affect the processing of any ACA program payment
  - The banking information on the previously “confirmed” version of your payee group will be used for processing any ACA program payment you may be eligible for during that cycle
  - Please be sure to have any payee group edits approved by your organizations “approver” prior to the 25th of each month

Closing 2014 Benefit Year APTC and UF Restatements, Exception and Administrative Appeals Process

2014 Benefit Year Exceptions Process

- CMS conducted its final manual workbook restatement opportunity for the 2014 Benefit Year in October 2016
- Under limited circumstances (such as appeals, 1095-A discrepancies, or issuer, CMS, or SBM errors), CMS will permit Issuers to request for payment adjustments to 2014 benefit year APTC and User Fee discrepancies through an exceptions process
- Issuers may request an exception to a previously submitted workbook for the 2014 Benefit Year by submitting a request and justification via email rather than re-submitting workbooks
- In order for Issuers to request payment adjustments through the exceptions process after the manual workbook process has ended, the issuer must have a legally acceptable reason to submit a request to CMS

Legally Acceptable Reasons to Submit Request for Exceptions Process

CMS will process exceptions submitted timely for the following reasons until the window for 1095-A corrections closes (7 years), or indefinitely in the case of money owed to CMS as required by Federal debt collection law:

FFM Issuer Exceptions Justifications	SBM Issuer or SBM Exceptions Justifications
Eligibility and Enrollment Appeals	Eligibility and Enrollment Appeals
Other non-appeal cases where CMS sends an issuer a HICS case with a retroactive change to coverage	SBE error or change, discovered by the SBE, where SBE provides enrollment updates to the issuer (analogous to the types of changes initiated through FFM HICS cases)
Changes to FFE enrollment processed as a result of the 1095-A discrepancy process	Changes to enrollment processed as a result of the SBE's 1095-A discrepancy process
Issuer error resulting in an issuer owing money to CMS	SBE or SBE issuer errors resulting in an issuer owing money to CMS

Time-Limited Legally Acceptable Reasons to Submit Request for Exceptions Process

CMS will process exceptions for the following reasons only as long as CMS is completing its 2014 Audit process (Nov 1, 2017 for FFM issuers; final timing for SBE issuers TBD)

FFM Issuer	SBM Issuer or SBM
Issuer error identified through a CMS- or issuer-initiated audit process resulting in CMS owing money to an issuer	SBE, CMS, or issuer errors identified through an issuer-initiated audit process resulting in CMS owing money to an issuer. Issuers that identify an SBE workbook submission error with payment impact to the issuer should first work with the SBE to submit the exceptions request to CMS
Time-limiting issuer-identified corrections requiring additional payment creates equal opportunity for audited and non-audited issuers to recoup payment, while requiring issuers to conduct all such reviews in a reasonable timeframe	

Request for Exceptions Process

- An Issuer must submit a request for payment adjustments through the exceptions process within the quarter following a Exchange-initiated enrollment update by emailing marketplacepayments@cms.hhs.gov with a subject line of “Request for 2014 Benefit Year Exceptions Process”
- For requests stemming from a Exchange-initiated enrollment changes, the request must be submitted within the quarter following the Exchange’s initiation of the change
- Request forms are available on REGTAP:
  - Request for 2014 BY APTC and UF Exception Process - https://www.regtap.info/reg_librarye.php?i=2144
  - Request for 2014 BY APTC and UF Exception Process – QHP ID Template - https://www.regtap.info/reg_librarye.php?i=2145

Request for Exceptions Process (continued)

CMS will use the following schedule to review and process exceptions and manual adjustments on a quarterly basis:

Exchange Initiates Change	Issuer Exceptions Request Submission Deadline	Payment Adjustment Month
Changes received from an FFE or SBE before April 1, 2017	Submit by June 30, 2017 for payment in August 2017 (final deadline September 30, 2017)	August 2017
April 1, 2017 – June 30, 2017*	September 30, 2017	November 2017
July 1, 2017 – September 30, 2017	December 31, 2017	February 2018
October 1, 2017 – December 31, 2017	March 31 2018	May 2018
January 1, 2018 – March 31, 2018	June 30, 2018	August 2018

*CMS will also accept changes from earlier quarters during the April 2017 to June 2017 window for November 2017 payment only. For all future quarters, changes must be submitted no later than the quarter after they are received.

Exceptions Process Guidance

An overview of the Exceptions Process is available on REGTAP at: https://www.regtap.info/reg_librarye.php?i=2143

Invoicing Overview

Letters Timeline

- Initial Invoices are mailed to Issuers between the 10th and 12th of the month if the total charges owed by the Issuer exceed payments due to the Issuer in a given month.
  - Issuers will receive an Initial Invoice for each program for which there is an outstanding balance.
  - Issuers must remit payments within 15 days.
- The Intent to Refer Letter will be sent 60 days after the date of the Initial Invoice if payment is not received by the Initial Invoice deadline.
- If no payment has been submitted 140 days after the date of the Initial Invoice, the debt will be referred to the U.S. Department of Treasury for collection.

August Payment Cycle Timeline

Date	Event
August 10, 2017	Initial Invoice mailed if charges exceed payments
August 21, 2017	August payments disbursed from U.S. Treasury
August 25, 2017	Deadline to submit Initial Invoice payments via Pay.gov
October 16, 2017	Intent to Refer Letter transmitted if there is an outstanding balance
December 28, 2017	Outstanding debt referred to the U.S. Department of the Treasury

The timeline above illustrates an example which assumes that the Initial Invoice is mailed on August 10, 2017.

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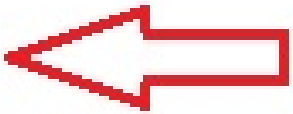
Initial Invoice

Initial Invoice Letter Header (continued)

The specific **Program** (3Rs/CSR Recon/User Fees) for which a balance due is identified.

The **Entity ID** is the Payee ID, which is generated in the Financial Management Application.

The **Invoice Number** will be used to submit payment in Pay.gov.



INITIAL INVOICE

Re: Program : Risk Adjustment Program
Entity ID : A010001
Invoice Number : PMR19016_RA
Invoice Date : 03-NOV-2016
Invoice Amount : $2,535.00
Payment Due Date : 18-NOV-2016

Initial Invoices are generated by Exchange and Premium Stabilization programs. CMS transmits separate Initial Invoices if amounts are owed for multiple Exchange or Premium Stabilization programs.

Failure to Submit Payment By Initial Invoice Due Date

Any outstanding amounts owed to CMS and not paid within 15 calendar days from the date of the Initial Invoice will be assessed interest starting from the date of delinquency (*i.e.*, 30 days from the date of the Initial Invoice).

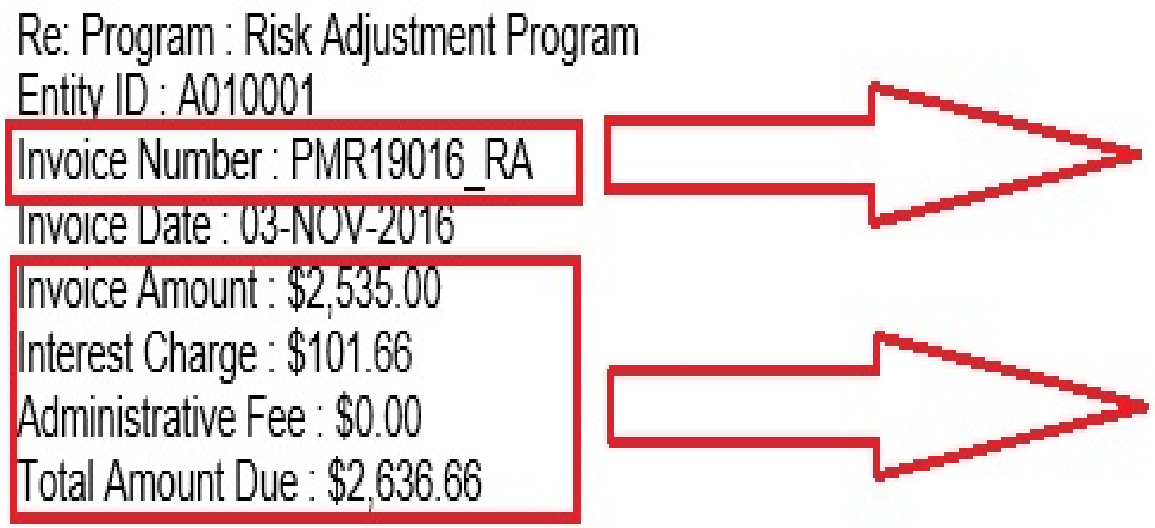
CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 10 percent per year (effective 4/18/17).

Intent to Refer Letter

Intent to Refer Letter Overview

- If payment is not submitted by the Initial Invoice deadline, an Intent to Refer Letter is generated 60 days after the date of the Initial Invoice.
- The Intent to Refer Letter is the final request for payment before CMS refers the debt to Treasury and reflects administrative charges and accrued interest in addition to the original balance owed at the time.

Intent to Refer Letter Overview (continued)



The Invoice Number matches the Invoice Number transmitted in the Initial Invoice.

The Total Amount Due reflects the total sum of the Initial Invoice Amount, Interest Charge and Administrative Fee.

Failure to Submit Payment to Intent to Refer Letter

- Debts that remain unpaid 140 days from the date of the Initial invoice will be referred to the Department of the Treasury.
- Treasury will collect all required penalty charges and fees (including interest and administrative fees).
- Treasury will use all tools at its disposal to collect debt, including referral to the Department of Justice for litigation.
- Contact the Treasury at (800)-304-3107 or visit the website at https://fiscal.treasury.gov/fscontact/fs_contact.htm

Submitting Payment in Pay.gov

Pay.gov

- Pay.gov is the portal to access the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form, which allows for the submission of payments for Exchange-related charges.
- The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (Exchange Payment Form) is accessible directly through Pay.gov.
- Access Pay.gov at https://pay.gov/public/home

Pay.gov (continued)

- Issuers may use the following link, https://www.pay.gov/WebHelp/HTML/about.html, for additional assistance using Pay.gov.
- Additionally, Issuers may access this link by clicking “Online Help” from anywhere within Pay.gov. If an issuer needs additional help making payment via the Pay.gov Form, they should first contact Pay.gov to see if the issue is related to a system error.
  Note: If the issue is related to a system error, only Pay.gov can assist.
- If the issue is not a system error, the issuer should refer back to the training slides and job aids posted on REGTAP. If the issuer still needs assistance after reviewing the materials, the issuer should contact CMS at CCIIOInvoices@cms.hhs.gov.

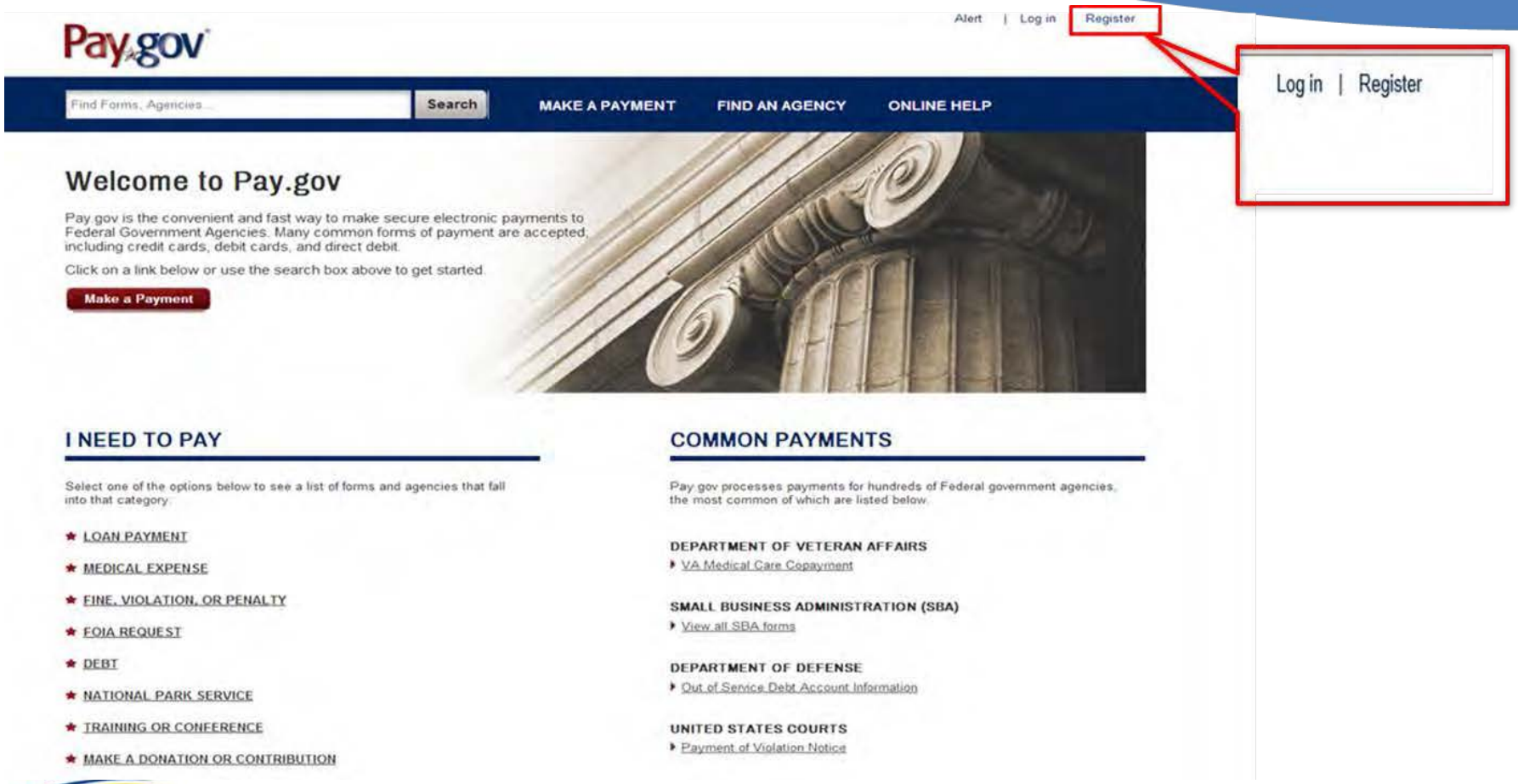
Registering in Pay.gov

- CMS is implementing a streamlined approach to complete the CMS Health Insurance and Premium Stabilization Programs Payment Submission process through Pay.gov.
- Issuers should create a Pay.gov account before completing the CMS Health Insurance and Premium Stabilization Programs Payment Form, or “Payment Form.”

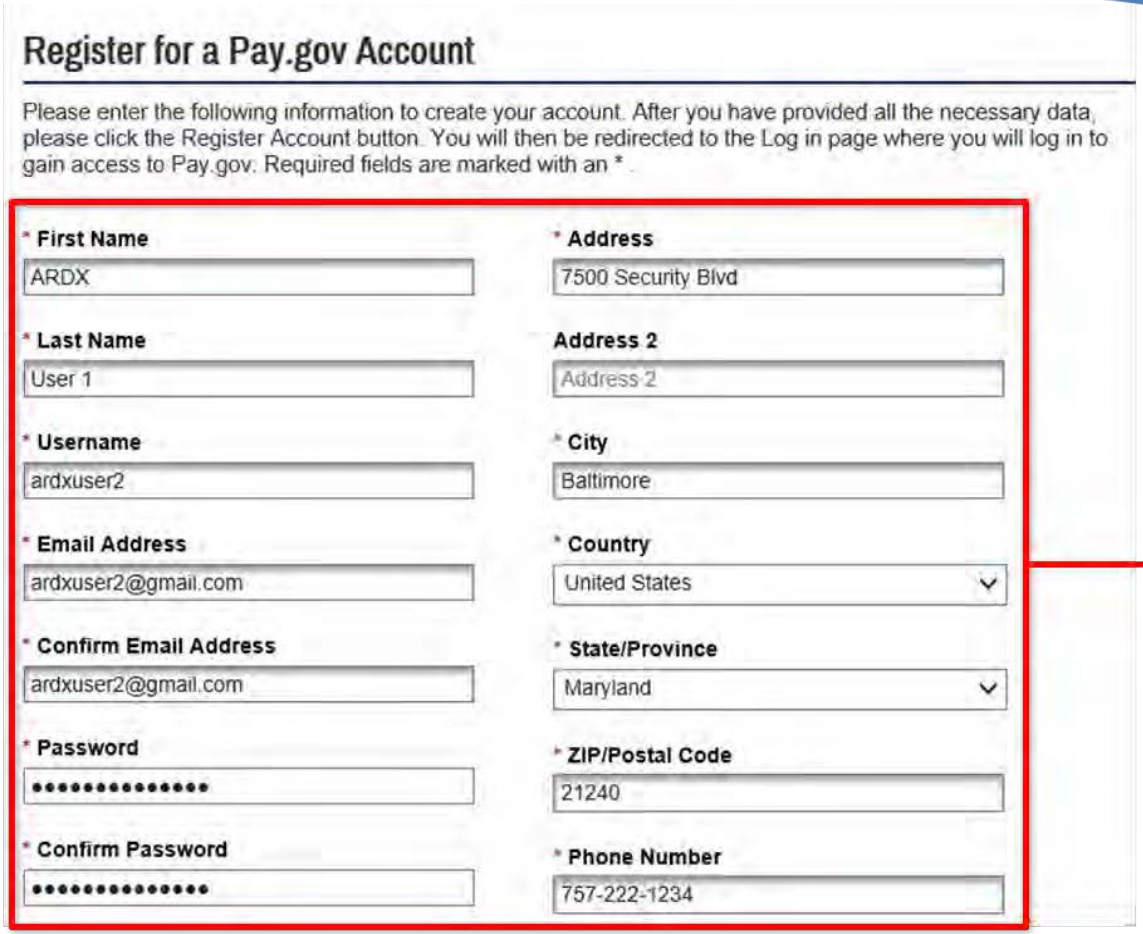
Registering in Pay.gov (continued)

- Registration information is used to create a user profile containing both user data and the user's company data – some of this data is used to pre-populate the form:
  - **Primary Contact for Submission**: User's name, e-mail, and phone number within the Pay.gov profile will pre-populate the form as 'Contact 1 for Submission'
    - **NOTE: Issuers will have the option to supply a secondary contact within the Payment Form, though a secondary contact is not required to complete the process**
  - **Company Name**: The legal business name (LBN) within the Pay.gov profile will pre-populate the Form as "Legal Business Name (LBN)" associated with the organization's Federal Tax Identification Number (TIN)
  - **Billing Address**: The company address within the Pay.gov profile will pre-populate the form as "Billing Address"

Registering in Pay.gov (continued)

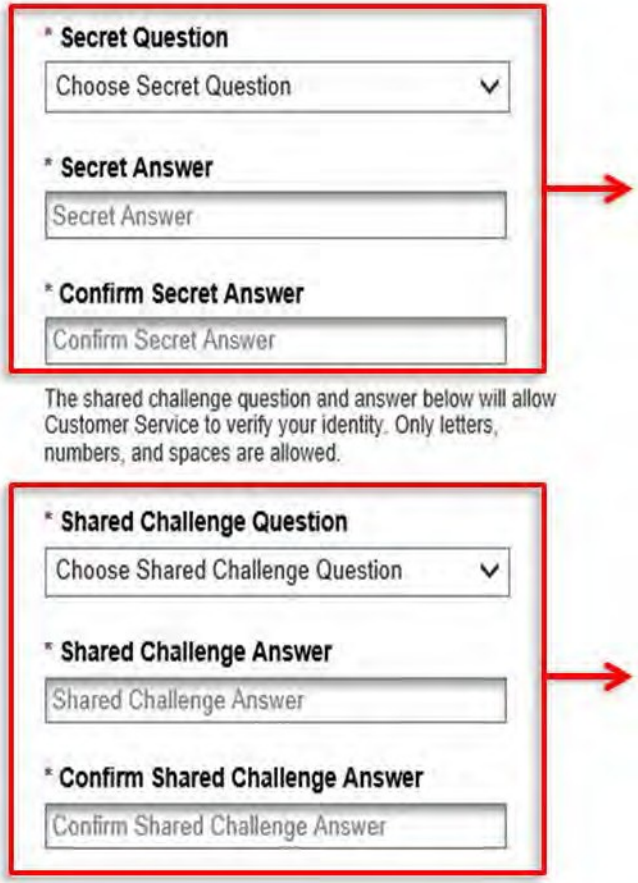


Registering in Pay.gov (continued)



1. In order to register in Pay.gov, users must first fill out account user information

Registering in Pay.gov (continued)



2. Users must choose a secret question and answer in order to reset password information

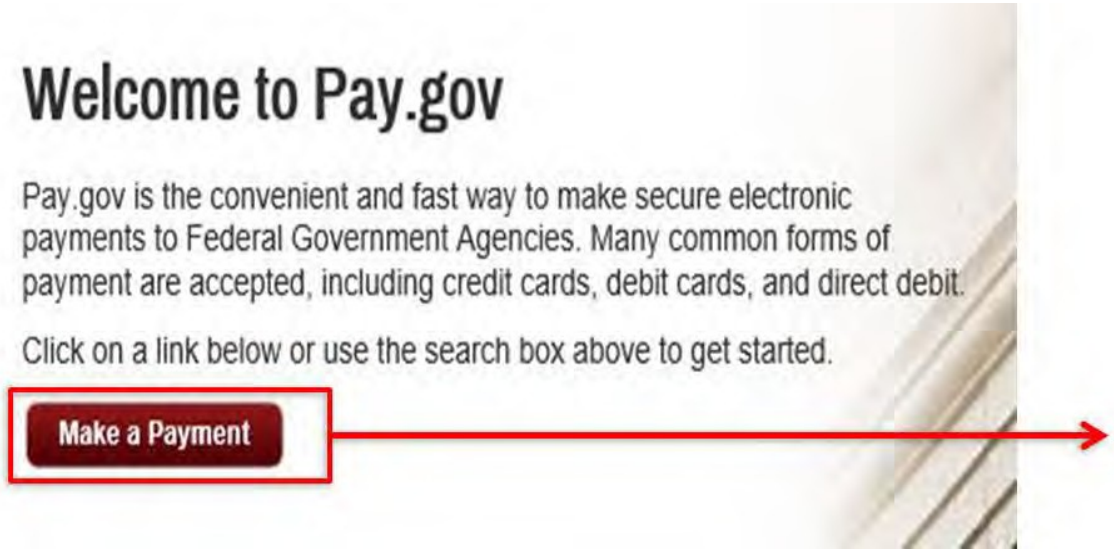
2a. Users must then choose a shared challenge question. A shared challenge question allows Pay.gov to verify user identities

Registering in Pay.gov (continued)

3. Users must agree to Pay.gov Rules of behavior and then click "Register Account"

Submitting Payment in Pay.gov

Access the Exchange Payment Form directly from the Pay.gov website: https://pay.gov/public/home



1. In order to access the Pay.gov forms, users must click the "Make a Payment" button

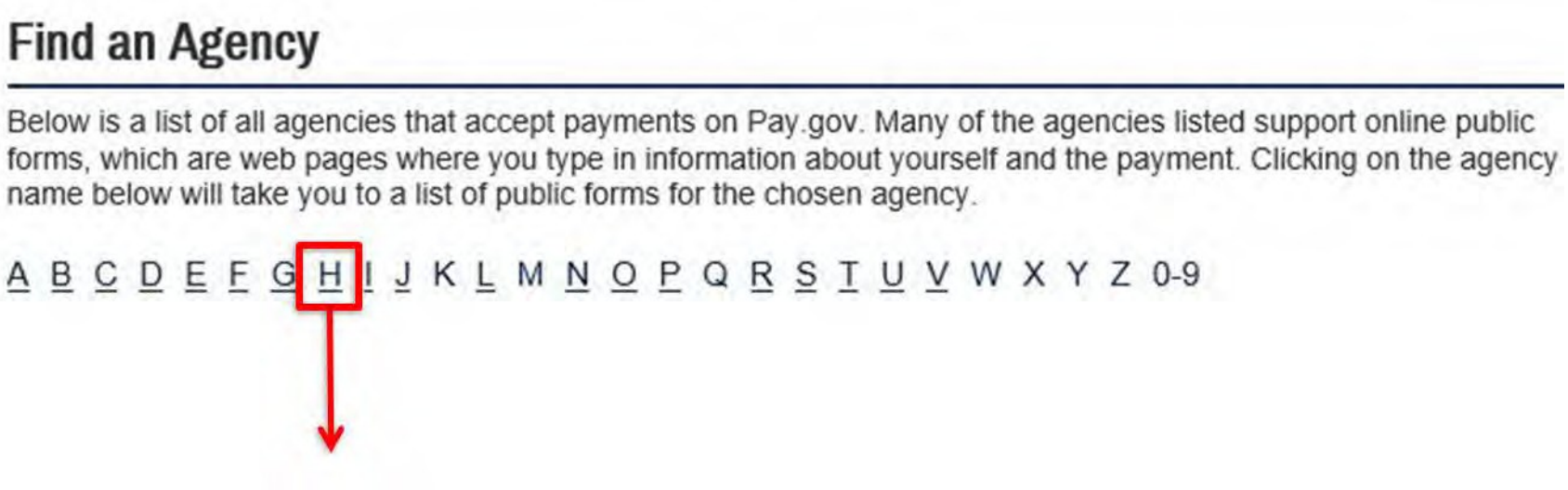
Submitting Payment in Pay.gov (continued)

2a. Users can search by form, "CMS Health Insurance and Premium Stabilization Programs Payment Form"

OR

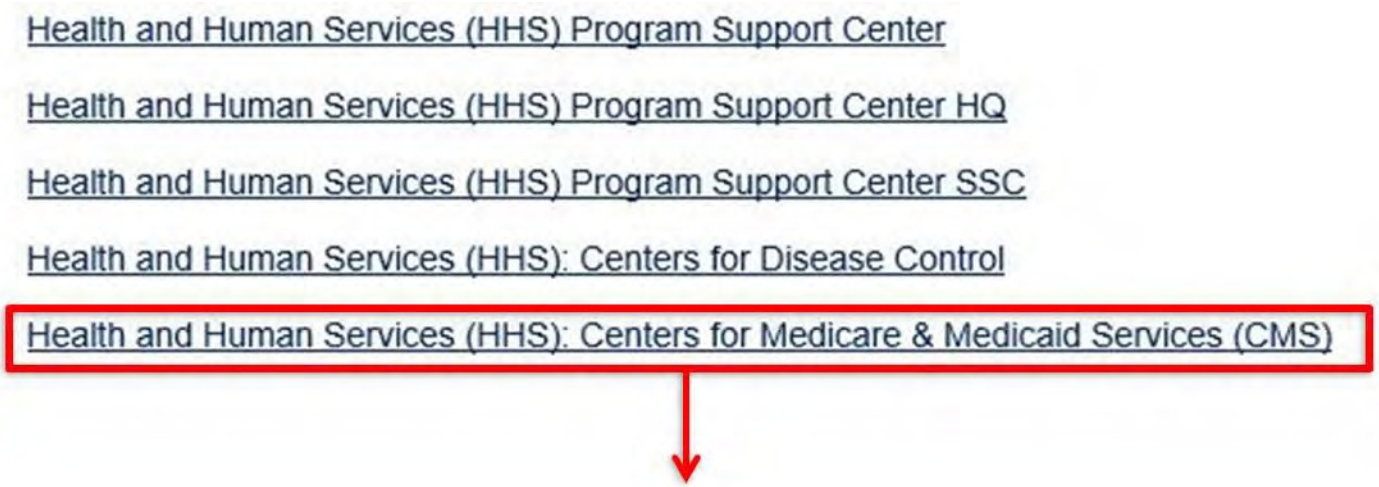
2b. Users can click "Click here to view a listing of all agencies" to search by Agency

Submitting Payment in Pay.gov (continued)



3. If users choose to search by agency, Issuers must select "H" from the A-Z Index

Submitting Payment in Pay.gov (continued)

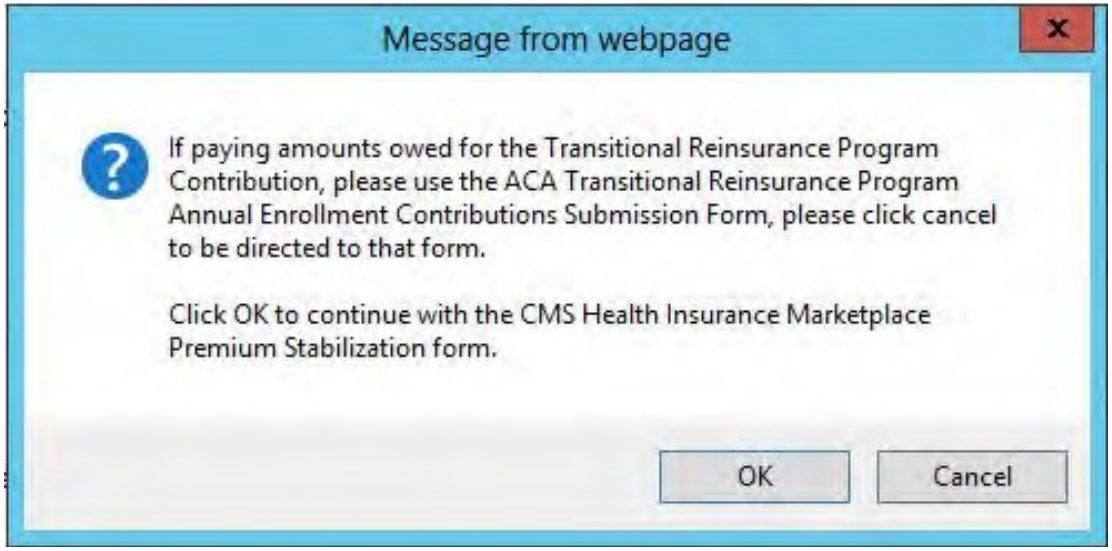


4. Users must click the "Health and Human Services (HHS): Centers for Medicare & Medicaid Services (CMS)" link

Submitting Payment in Pay.gov (continued)

5. Users must click the "Continue to the Form" link under "CMS Health Insurance and Premium Stabilization Programs Payment Form"

Submitting Payment in Pay.gov (continued)



Users must click “OK” in order to be directed to the Payment Form. Issuers may click “Cancel” to be redirected to the Transitional Reinsurance forms

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form

The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form contains four (4) sections:

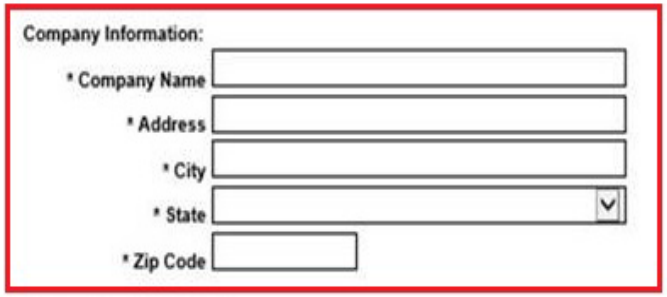
1. Company Information
2. Contact Information
3. Program Information
4. Invoice Information

Users must complete all four (4) sections in order to submit payment. All fields marked with an asterisk (*) are required

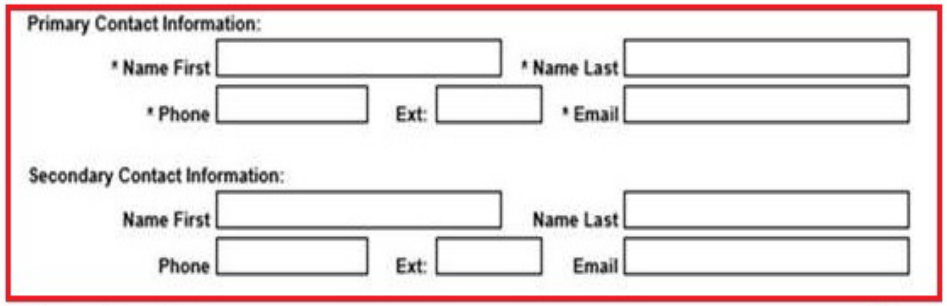
CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)

- Data elements provided in the header of the Invoice are necessary to complete the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form
- Multiple payments cannot be combined on one (1) form and **must** be submitted on separate forms

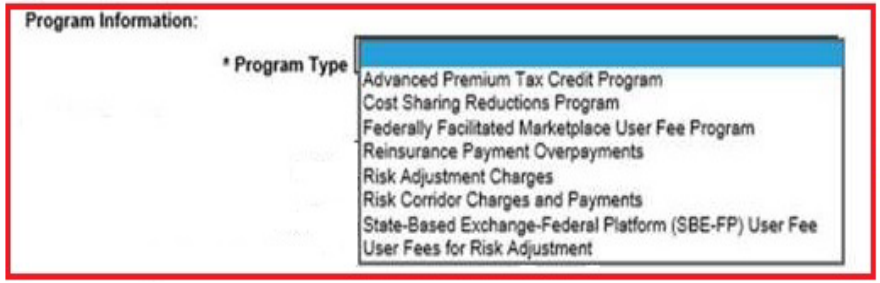
CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)



Users should enter Company Information including Company Name, Address, City, State and Zip Code.

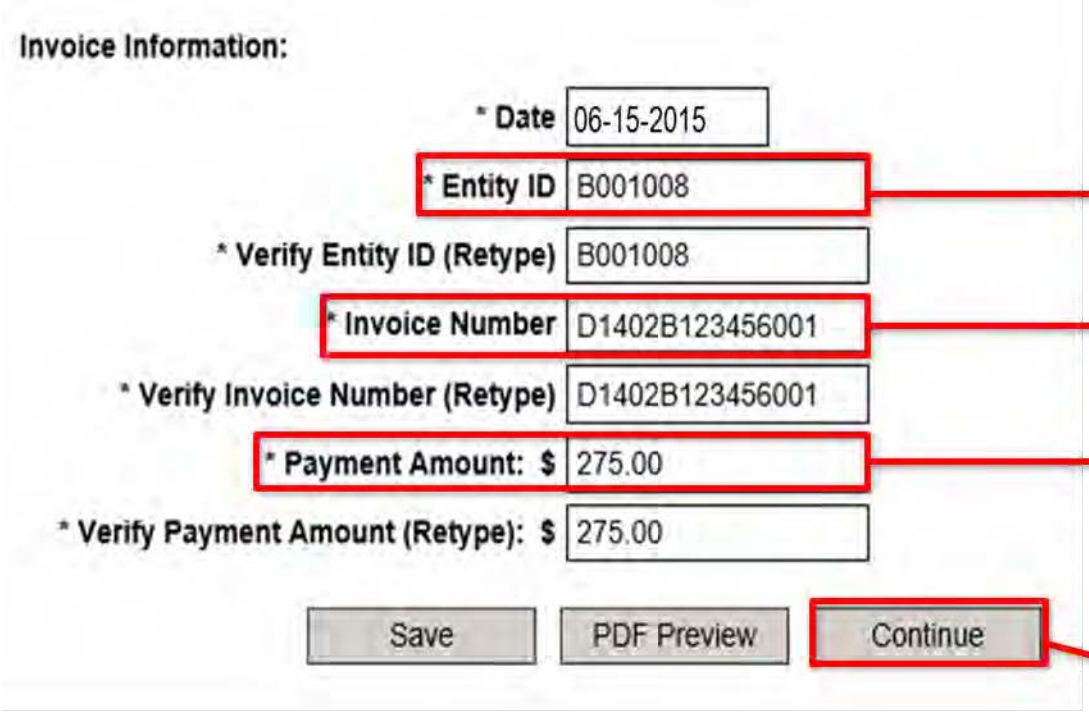


Users should enter Primary Contact Information and Secondary Contact information including First and Last Name, Phone Number, Extension and Email.



Users should select the applicable program type (e.g., Exchange Program, UF, Reinsurance Payment Overpayments, Risk Adjustment Charges).

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)



The system auto-populates the date field with the current date. This field cannot be changed.

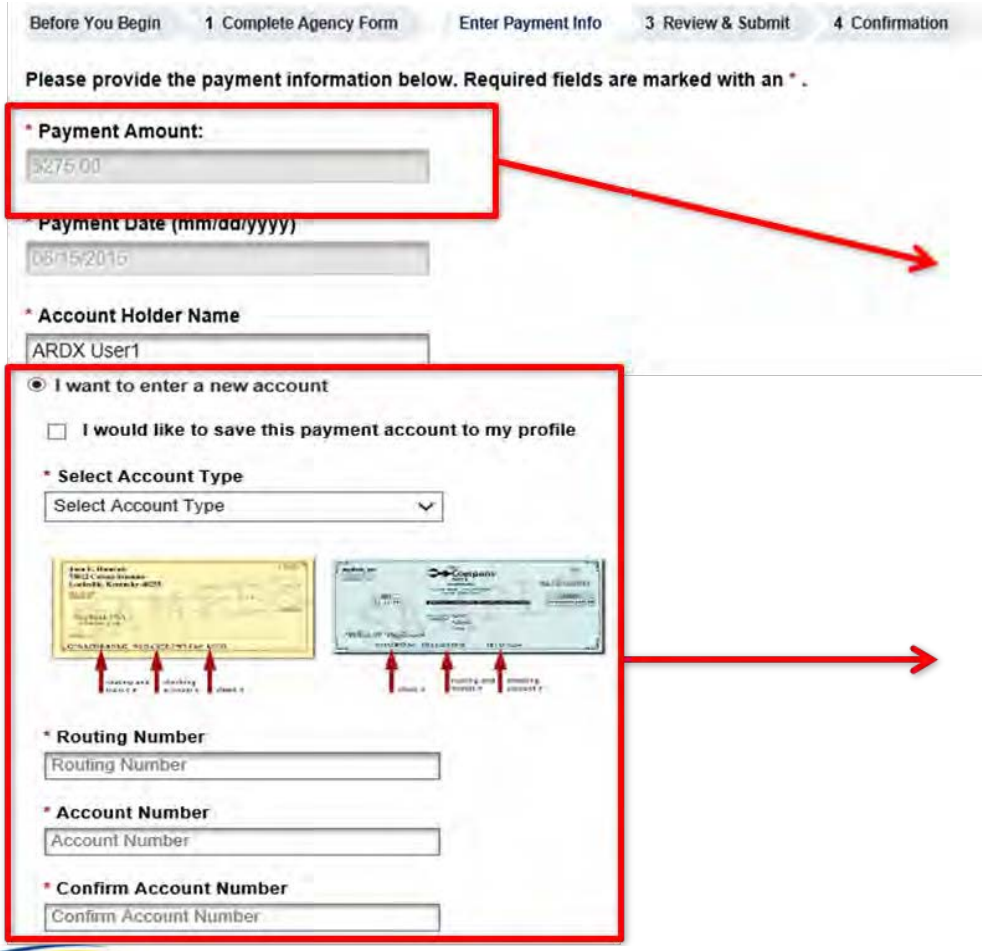
Users should enter the **Entity ID** found on the Invoice

Users should enter the **Invoice Number** found on the Invoice

Users should enter the **Total Amount Due** found on the Invoice

Users may choose **"Continue"** to submit payment, or **"PDF Preview"** to view the completed form

Enter Payment Information Screen



Users should confirm Payment amount before submitting payment to Pay.gov

Users may enter Payment information by selecting “I want to enter a new account.” Users will be prompted to enter Bank Account Routing and Account Numbers

Enter Payment Information Screen (continued)

COMPANY NAME
FEPSCustomer1

ENTITY ID
B001008

INVOICE NUMBER
D1402B123456001

PROGRAM TYPE
User Fees for Risk Adjustment

ADDRESS
7500 Security Blvd

CITY, STATE ZIP
Baltimore, Virginia - VA 21240

CONTACT NAME LAST
User1

CONTACT NAME FIRST
ARDX

CONTACT PHONE
757-222-1234

CONTACT EMAIL
ardxuser1@gmail.com

Previous | Return to Form | Cancel

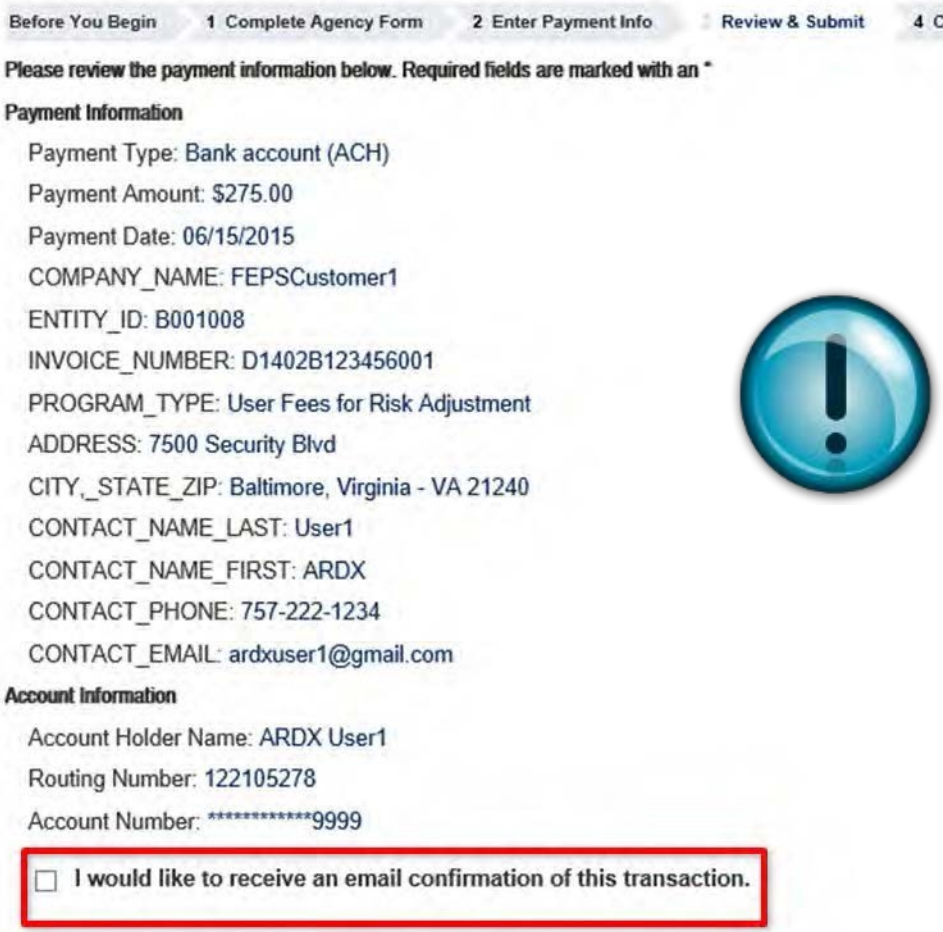
Once payment information has been entered and confirmed, Users should click “Review and Submit Payment” button

Pay.gov: Helpful Hints

Issuers should:

- Change the payment date if the issuer does not want to make payment on the next business day (the payment date will default to the next business day unless updated)
- **Not** click twice on the “Review and Submit Payment” button This **will** result in an overpayment
- **Not** click browser “back” button when submitting payment
- **Not** wait to submit payment until the date the payment is due

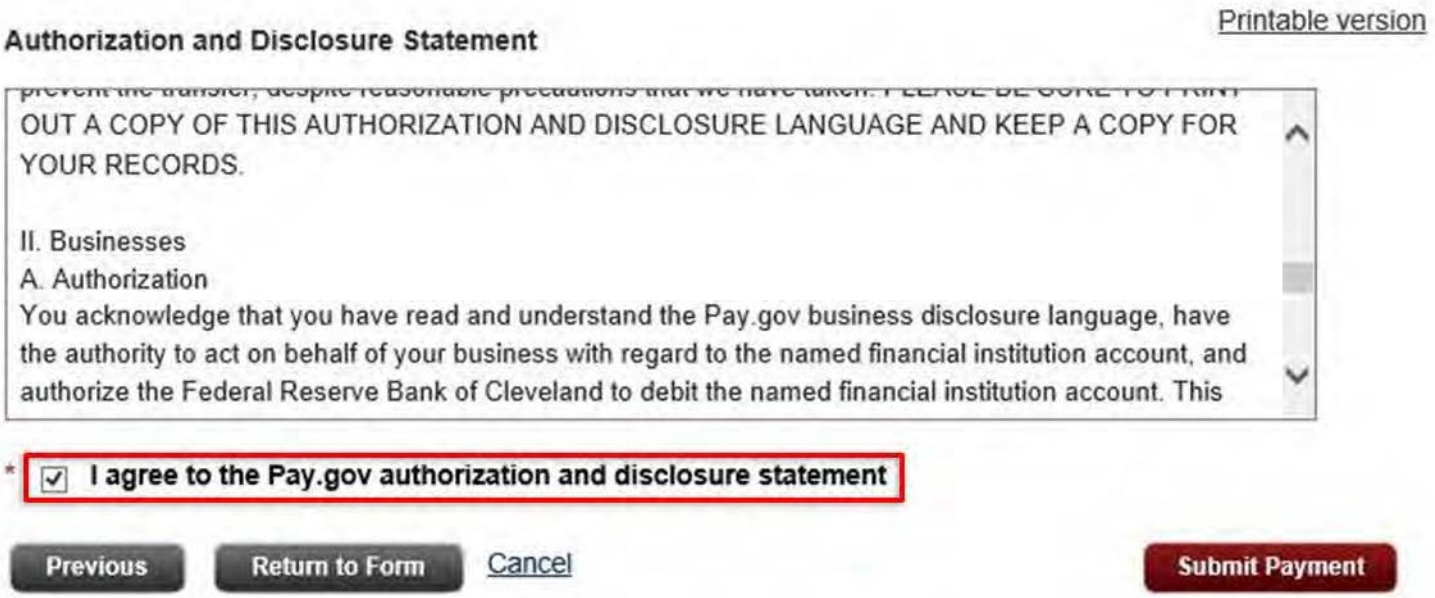
Review and Submit Screen



Users should review and confirm payment information before submission

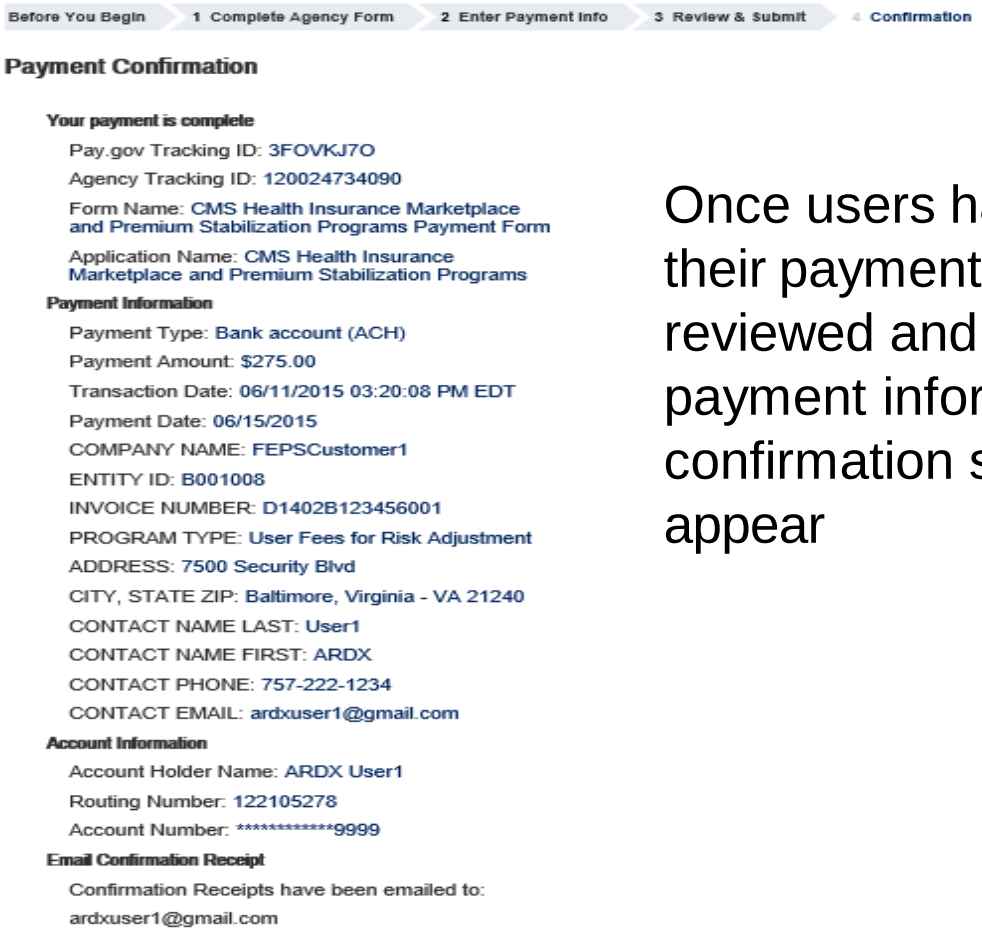
In order to receive confirmation emails, issuers must select the "I would like to receive an email confirmation of this transaction"

Review and Submit Screen (continued)



Users should click the box above to agree with the Authorization and Disclosure Statement before clicking "Submit Payment"

Pay.gov Payment Confirmation


Before You Begin | 1 Complete Agency Form | 2 Enter Payment Info | 3 Review & Submit | 4 Confirmation

Payment Confirmation

Your payment is complete

Pay.gov Tracking ID: 3FOVKJ7O

Agency Tracking ID: 120024734090

Form Name: CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs

Payment Information

Payment Type: Bank account (ACH)

Payment Amount: $275.00

Transaction Date: 06/11/2015 03:20:08 PM EDT

Payment Date: 06/15/2015

COMPANY NAME: FEPSCustomer1

ENTITY ID: B001008

INVOICE NUMBER: D1402B123456001

PROGRAM TYPE: User Fees for Risk Adjustment

ADDRESS: 7500 Security Blvd

CITY, STATE ZIP: Baltimore, Virginia - VA 21240

CONTACT NAME LAST: User1

CONTACT NAME FIRST: ARDX

CONTACT PHONE: 757-222-1234

CONTACT EMAIL: ardxuser1@gmail.com

Account Information

Account Holder Name: ARDX User1

Routing Number: 122105278

Account Number: **********9999

Email Confirmation Receipt

Confirmation Receipts have been emailed to:

ardxuser1@gmail.com

Once users have submitted their payment form, and then reviewed and confirmed payment information, this confirmation screen will appear

Pay.gov Payment Confirmation Email

Your payment has been submitted to Pay.gov and the details are below. If you chose the option to receive payment reminders in your user profile and this is a deferred or recurring payment, you will receive a reminder email several days before the payment is processed. You may change your payment reminder preferences and email address in your user profile at any time.

If you wish to cancel this transaction, log in to your account at https://qa.pay.gov/ and choose the Pending tab of the Payment Activity page. If you have any questions regarding this payment, please contact Exchange Operations Center at (855) 267-1515 or CMS_FEPS@cms.hhs.gov.

Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs
Pay.gov Tracking ID: 3FOVKJ7O
Agency Tracking ID: 120024734090

Account Holder Name: ARDX User1
Transaction Type: ACH Debit
Transaction Amount: $275.00
Payment Date: 06/15/2015
Account Type: Business Checking
Routing Number: 122105278
Account Number: **********99999

Transaction Date: 06/11/2015 03:20:08 PM EDT
Total Payments Scheduled: 1
Frequency: OneTime

COMPANY NAME: FEPSCustomer1
ENTITY ID: B001008
INVOICE NUMBER: D1402B123456001
PROGRAM TYPE: User Fees for Risk Adjustment
ADDRESS: 7500 Security Blvd
CITY, STATE ZIP: Baltimore, Virginia - VA 21240
CONTACT NAME LAST: User1
CONTACT NAME FIRST: ARDX
CONTACT PHONE: 757-222-1234
CONTACT EMAIL: ardxuser1@gmail.com

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Issuers should keep the payment confirmation email pictured above as proof of payment

Pay.gov: Helpful Hints

Issuers should:

- Submit payment as early as possible
- Register in Pay.gov so a record of all completed transactions will exist within the Pay.gov account in the Payment Activity section under “MyAccount”
- Utilize the Invoice to complete the Payment Form
- Retain the confirmation email transmitted once payment is submitted

Help Desk Assistance

- Issuers may send questions related to Initial Invoice or Intent to Refer Letter to: CCIIOInvoices@cms.hhs.gov
- For Pay.gov customer service, concerns, or technical issues contact:
  - Call: (800) 624-1373 (Toll free, Option #2) or (216) 579-2112 (Option #2)
  - Email: pay.gov.clev@clev.frb.org

Payment Dispute Updates

Payment Dispute Guidance

Presentation Outline:

- New Detail Codes:
  - PD587 & PD593
  - PD591 & PY591
  - PD592
  - PD595 & PY595
  - PD597 & PY597
- Documentation Updates:
  - Upcoming zONE Changes
  - Updated Disposition and Detail Code List

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 Missing Payment Disputes

- New Detail Codes: **PD587 & PD593**
- **PD587 & PD593** apply to missing Payment Disputes where the reported CSR Amount does not match the FFM's CSR Amount
  - **ER&R Contractor Action:** Effectuate the plan in FFE data
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and resubmit Payment Dispute as needed. Check the member's QHP ID and Total Premium Amount to calculate the CSR Amount.
- **PD587 & PD593** results in Disposition Code: *I1 – In Process*

Payment Disputes with Invalid Benefit Dates

- New Detail Codes: **PD591 & PY591**
- **PD591 & PY591** apply to unexpected Payment Disputes where the issuer submitted dates are invalid~~,~~ due to the End Date being prior to the Start Date
  - **PD591 Issuer Action:** Review your RCNI data and ensure the next RCNI submission is corrected
  - **PY591 Issuer Action:** Review the Pre-Audit file to determine if the discrepancy requires an Enrollment Dispute and submit one accordingly
- **PD591** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY591** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Reinstatement and End Date Adjustment

- New Detail Code: **PD592**
- **PD592** applies to approved missing Payment Disputes where the disputed policy is associated to a cancelled unaffiliated enrollment record in the FFM data that requires an update to the End Date
  - **ER&R Contractor Action:** Effectuate the plan and update the End Date in FFE data
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and resubmit Payment Dispute as needed
- **PD592** results in Disposition Code: *I1 – In Process*

Reinstatement with Benefit Date Updates

- New Detail Codes: **PD595 & PY595**
- **PD595 & PY595** apply to approved missing Payment Disputes where the disputed policy is associated to a cancelled enrollment record in the FFM data that requires an update to the benefit dates
  - **ER&R Contractor Action:** Effectuate the plan and update the Start and/or End Date in FFE data
  - **CMS Action:** Process subsequent payment adjustments within 1-2 cycles
  - **Issuer Action:** Ensure payment is resolved in 2 cycles and resubmit Payment Dispute as needed
- **PD595 & PY595** result in Disposition Code: *I1 – In Process*

Rejection for Incorrect or Missing Payments

- New Detail Codes: **PD597 & PY597**
- **PD597 & PY597** apply to disputes where multiple imperfect policy matches exist within FFE data
  - **PD597 Issuer Action:** Review your RCNI data to determine which record needs to be canceled and make corrections to the next RCNI submission **NOTE:** Further changes may require a Payment Dispute following the corrections submitted through RCNI.
  - **PY597 Issuer Action:** Review the Pre-Audit file to determine which record needs to be canceled and submit an Enrollment Dispute accordingly
- **PD597** results in Disposition Code: *R9 - Dispute Not Supported by RCNI*
- **PY597** results in Disposition Code: *R11 - Dispute Not Supported by RCNI - Prior Year*

Payment Dispute Documentation

- CMS is taking steps to improve zONE, including some improvements to the Enrollment Data Reconciliation page
- These updates will take effect soon and include changing the page name to: Enrollment Resolution and Reconciliation
- The new URL is: https://zone.cms.gov/document/Enrollment-Resolution-and-Reconciliation
  - Please bookmark this page
- This page contains all ER&R related documents and guidance in one place
  - A few pages are being retired, since their content is on the main page
  - Outdated documents are being archived

Payment Dispute Documentation

- The latest Dispute Disposition and Detail Code List (v11) is found at:
  - https://www.regtap.info/reg_librarye.php?i=1442 (Word / pdf)
  - https://www.regtap.info/reg_librarye.php?i=2071 (Excel)
  - https://zone.cms.gov/document/enrollment-resolution-and-reconciliation (Available on 7/13)
  - https://zone.cms.gov/document/enrollment-data-reconciliation (Current)
- Enhancements include:
  - Deactivated Codes
  - Revision History

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*

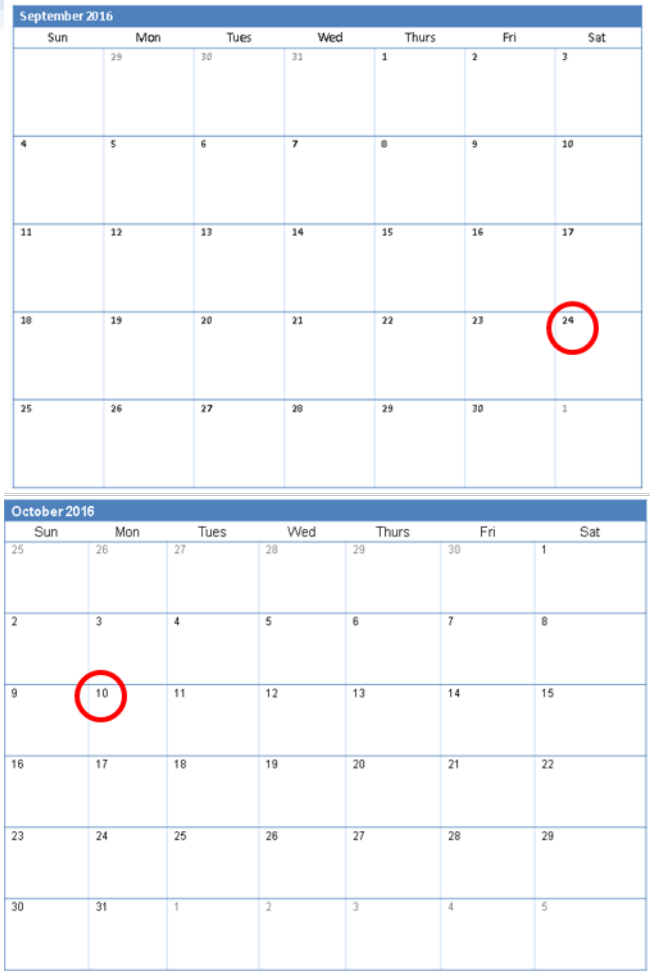
To submit questions by webinar:

- *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.

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	July	August	September
SBE Issuer Workbooks Submission Window	June 16th-22nd	July 17th-21st	August 16th-22nd
Vendor Management Module Open	July 11th-24th	August 11th-24th	September 11th-24th
Initial Invoice sent to Issuers	July 11th-13th	August 10th-14th	September 11th-13th
Preliminary Payment Reports sent to Issuers	July 12th-14th	August 11th-15th	September 11th-13th
Treasury issues payments to Issuers	July 20th	August 21st	September 20th
HIX 820 Payment transactions sent to Issuers	July 31st	August 31st	September 29th

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 Exchangepayments@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

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

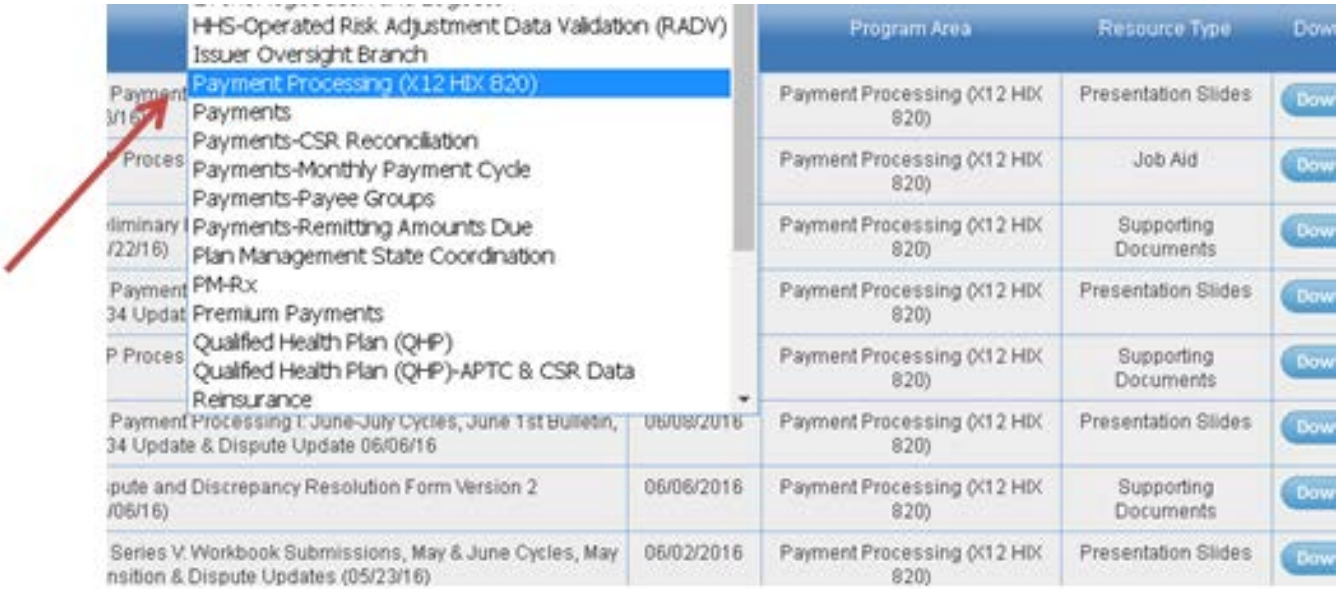
Resources

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

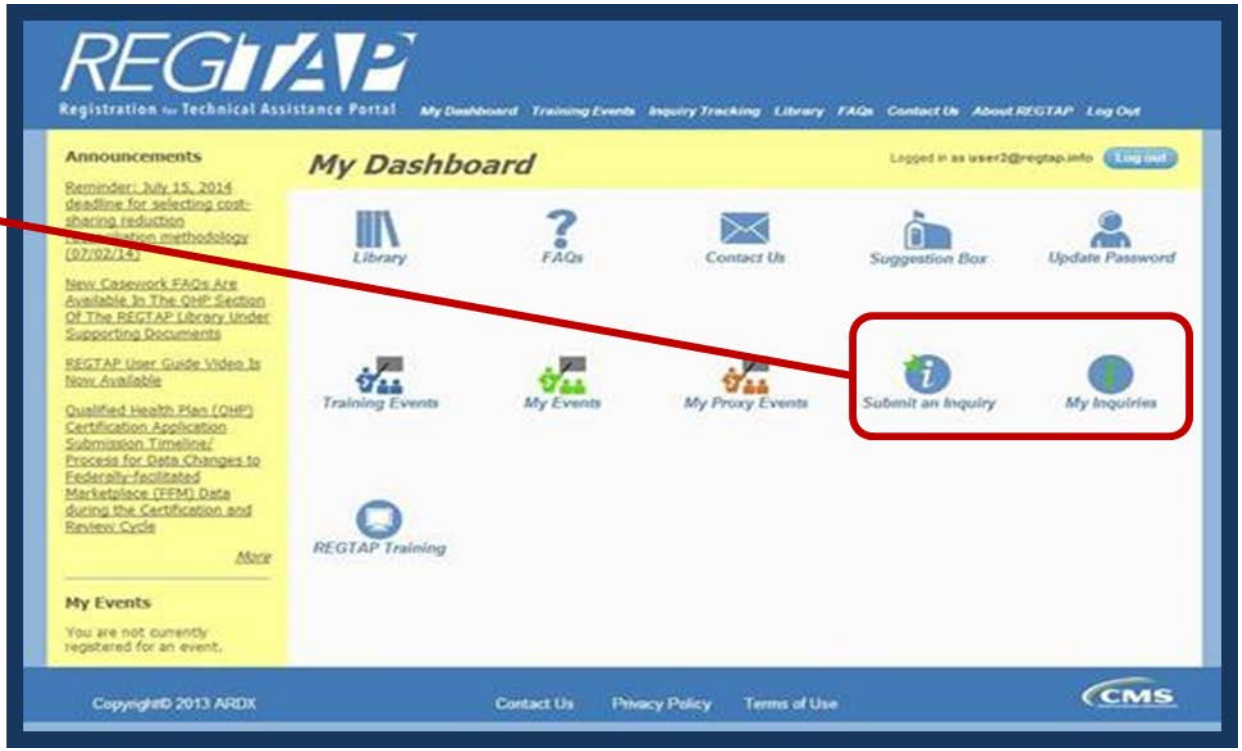
Under Program Area, select "Payment Processing (X12 HIX 820)"



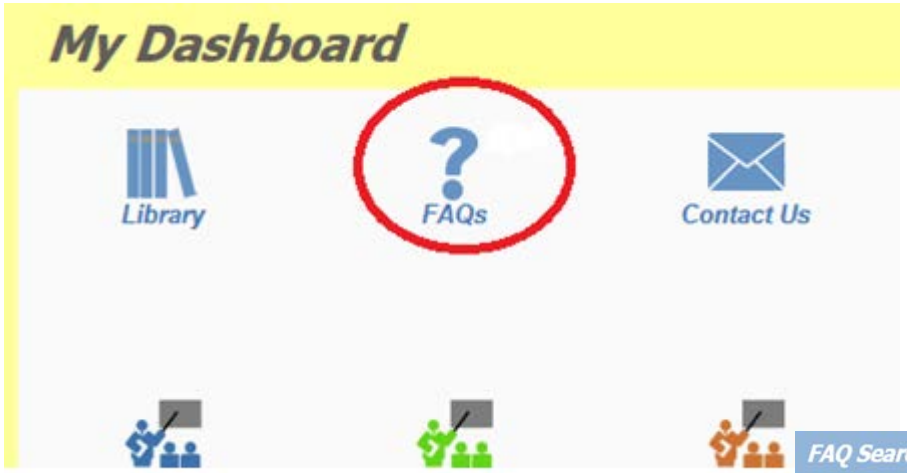
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

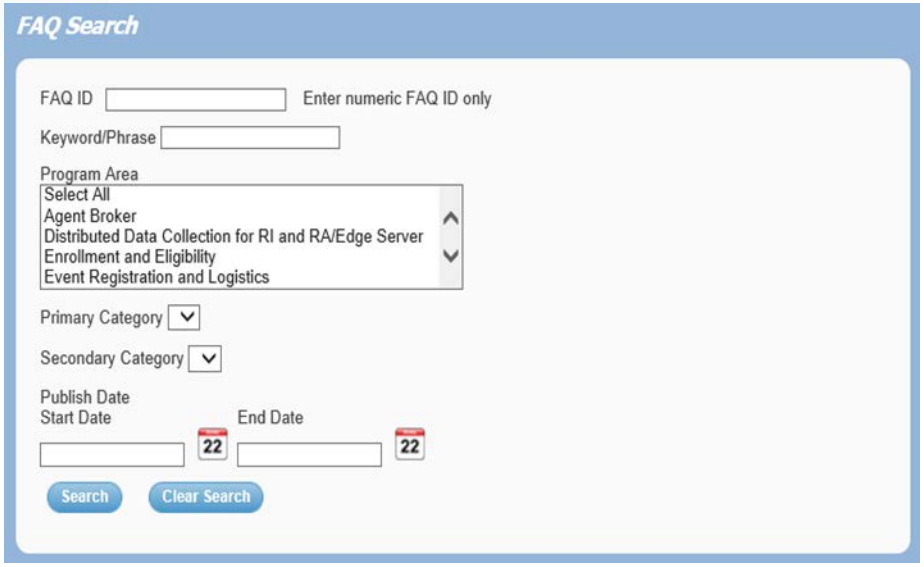


FAQ Database on REGTAP



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