FM Payment Processing Series II

2014 Benefit Year Exceptions Process, 2016 Benefit Year Risk Corridors Timeline, Payment Dispute Guidance

October 30, 2017

Division of Financial Transfers and Operations (DFTO)

CMS
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Agenda

- 2014 Benefit Year Exceptions Process
- 2016 Benefit Year Risk Corridors Timeline
- Payment Dispute Guidance

2014 Benefit Year Exceptions Process

2014 Benefit Year Exceptions Process

- 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.
- An issuer must submit a request for payment adjustments through the exceptions process by emailing marketplacepayments@cms.hhs.gov with a subject line of "Request for Exceptions Process".
- CMS has streamlined the exceptions process request form available on REGTAP.
- An overview of the Exceptions Process, including detail about acceptable reasons and a submission timeline is available on REGTAP.

Exceptions Process Schedule

Schedule for Exceptions Processing		
Exchange Initiates Change	**Issuer Exceptions Request Submission Deadline**	**Payment Adjustment Month**
Changes received from an FFE or SBE before September 30, 2017	31-Dec-17	Feb-18
October 1, 2017 - December 31, 2017	31-Mar-18	May-18
January 1, 2018 - March 31, 2018	30-Jun-18	Aug-18
April 1, 2018 - June 30, 2018	30-Sep-18	Nov-18
July 1, 2018 - September 30, 2018	31-Dec-18	Feb-19

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2016 Benefit Year Risk Corridors Timeline

2016 Benefit Year Risk Corridors Timeline

- The Patient Protection and Affordable Care Act (PPACA) established a temporary Risk Corridors program that is designed to protect individual and small group market Qualified Health Plans (QHPs) from uncertainty in rate setting during the first three years of Exchange operations (2014-2016).
- The Risk Corridors program applies only to QHP Issuers as defined in 45 CFR § 153.500.
- QHP Issuers submitted 2016 benefit year risk corridors data through the Health Insurance Oversight System (HIOS) Medical Loss Ratio (MLR) module during July 2017.
- CMS will begin collecting risk corridors charges in November 2017 and anticipates making payments from those collections beginning in January 2018.

Payment Dispute Guidance

Payment Dispute Guidance

Presentation Outline:

I. Common Errors: Handling R10 & R11 Codes

II. New Detail Codes:
- PD625 & PY625
- PD626 & PY626
- PD622 & PY622
- PY584

III. zONE Update: Disposition and Detail Code List v13

IV. zONE Update: Disputes 101

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.

Common Errors: Handling R10 & R11 Codes

- ER&R has received many identical Payment Disputes that had been previously assigned an R10 or R11 disposition code.
- The R10 & R11 disposition codes are only used for Prior Year disputes.
- These disputes cannot be resolved through the payment dispute process since 2016 Recon has ended. Issuers should evaluate the policy status in Pre Audit and submit an Enrollment Dispute to resolve any discrepancy.
- Please ensure that you have procedures in place to address cases that are returned with R10 & R11 disposition codes through an Enrollment Dispute.
- Issuers can access the Enrollment Dispute Form on zONE:
  - zONE page: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation
  - File Name: Enrollment_Dispute_Form_v10_20170901.xlsx

Unexpected Payment Dispute Rejection Code

- New Detail Codes: **PD625 & PY625**
- **PD625 & PY625** apply to unexpected Payment Disputes where the FFM data contains an unaffiliated record
  - **Issuer Action:** Review the most recent RCNO file and submit an Enrollment Dispute to resolve the segments of the disputed policy
- **PD625** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY625** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Incorrect Payment Disputes Associated with an APTC Change

- New Detail Codes: **PD626 & PY626**
- **PD626 & PY626** apply to incorrect Payment Disputes where the requested APTC value is not supported by the HICS case
  - **PD626 Issuer Action:** Ensure that there is a HICS case that states the new APTC value. Resubmit the dispute, including that HICS case number and the APTC value referenced in the case or align the next RCNI submission with the FFM values found in the RCNO report.
  - **PY626 Issuer Action:** Ensure that there is a HICS case that states the new APTC value. Resubmit the dispute and include the HICS case number and the APTC value referenced in that case.
- **PD626** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY626** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Incorrect Payment Disputes with a Mismatch in QHP ID

- New Detail Codes: **PD622 & PY622**
- **PD622 & PY622** apply to incorrect Payment Disputes where there is a mismatch in the QHP ID that affects the financial information of the policies. If ER&R were to accept the issuer value, the wrong QHP ID would be updated
  - **Issuer Action:** Review the most recent RCNO data and submit an Enrollment Dispute if the Issuer disagrees with the QHP ID
- **PD622** results in Disposition Code: *R6 - Dispute Not Supported by RCNI*
- **PY622** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

Missing Payment Disputes where the Policy was Cancelled

- New Detail Codes: **PY584**
- **PY584** applies to missing Payment Disputes where the policy was cancelled through the 1095-A process and cannot be updated with an ER&R dispute
  - **Issuer Action:** Additional updates need to be initiated by the consumer via the 1095-A process. If you have any additional questions, contact the ER&R Support Center at errsupportcenter@cognosante.com
- **PY584** results in Disposition Code: *R10 - Dispute Not Supported by RCNI - Prior Year*

zONE Update: Disposition and Detail Code List v13

- An updated version of the Disposition and Detail Code List is available on zONE.
- zONE ER&R Landing Page: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation
- Direct Link to the Disposition and Detail Code List v13 (Word): https://zone.cms.gov/system/files/documents/payment_dispute_disposition_and_detail_code_list_-_20171017_v13.docx
- Direct Link to the Disposition and Detail Code List v13 (Excel): https://zone.cms.gov/system/files/documents/payment_dispute_disposition_and_detail_code_list_-_20171017_v13.xlsx

zONE Update: Disputes 101

- A new version of the *Disputes 101* slide deck is now available on zONE.
- The new version contains recent process changes, including:
  - Updated information on the Accepted Dispute Types slide
  - Updates based on the new Enrollment Dispute Form v10
- The new version also contains links for navigating through the material and greater consistency across sections:
  - A Course Outline slide contains links to all of the major topics covered
  - Each of the four main sections has an introduction slide with links to the topics within that section
  - Individual sections were reordered and modified so that they are now organized in a similar fashion and cover similar content
- Issuers can access the updated *Disputes 101* slide deck on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

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

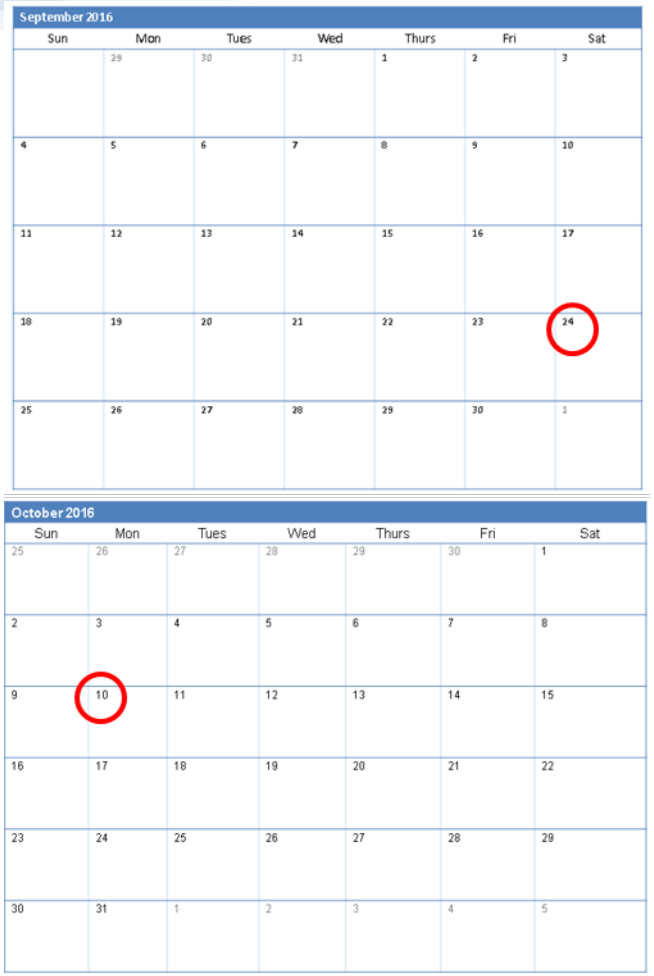
To submit questions by webinar:

- 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, payments will be processed using the most recent **approved** banking information.
- You can reach the CMS Vendor Management Team at Vendor_Management@cms.hhs.gov

Payment Activity Key Dates

Key Payment Activities	November	December	January
1A Issuer Workbooks Submission Window	October 16th-20th	November 16th-21st	December 16th-21st
Vendor Management Module Open	November 11th-24th	December 11th-24th	January 11th-24th
Initial Invoice sent to Issuers	November 9th-14th	December 11th-13th	January 10th-12th
Preliminary Payment and Payee Information Reports sent to Issuers	November 13th-15th	December 13th-15th	January 12th-15th
Treasury issues payments to Issuers	November 21st	December 20th	January 22nd
HIX 820 Payment transactions sent to Issuers	November 30th	December 29th	January 31st

Resources

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

Points of Contact

- CMS directs Issuers to contact the Federal Enrollment and Payment System (FEPS) Helpdesk with technical questions or issues. Issuers can contact the FEPS Helpdesk at the CMS_FEPS@cms.hhs.gov email address.
- CMS directs Issuers to contact the Exchange Payments Team with questions related to the Manual Payment Process. Issuers can contact Exchange Payments at the 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

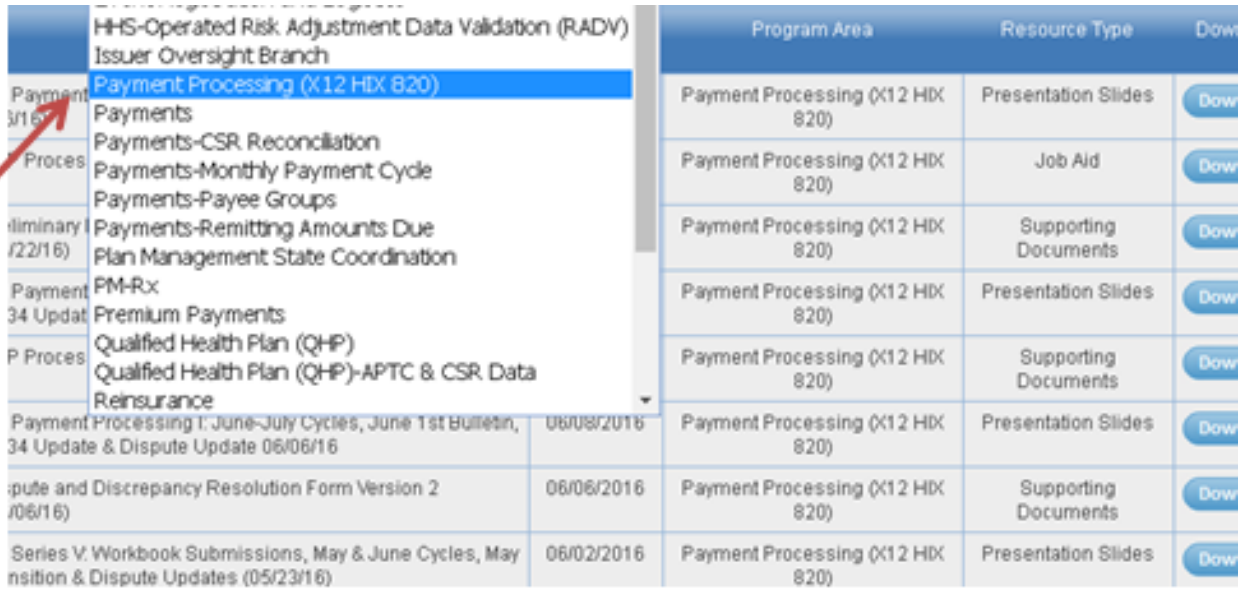
Resources

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

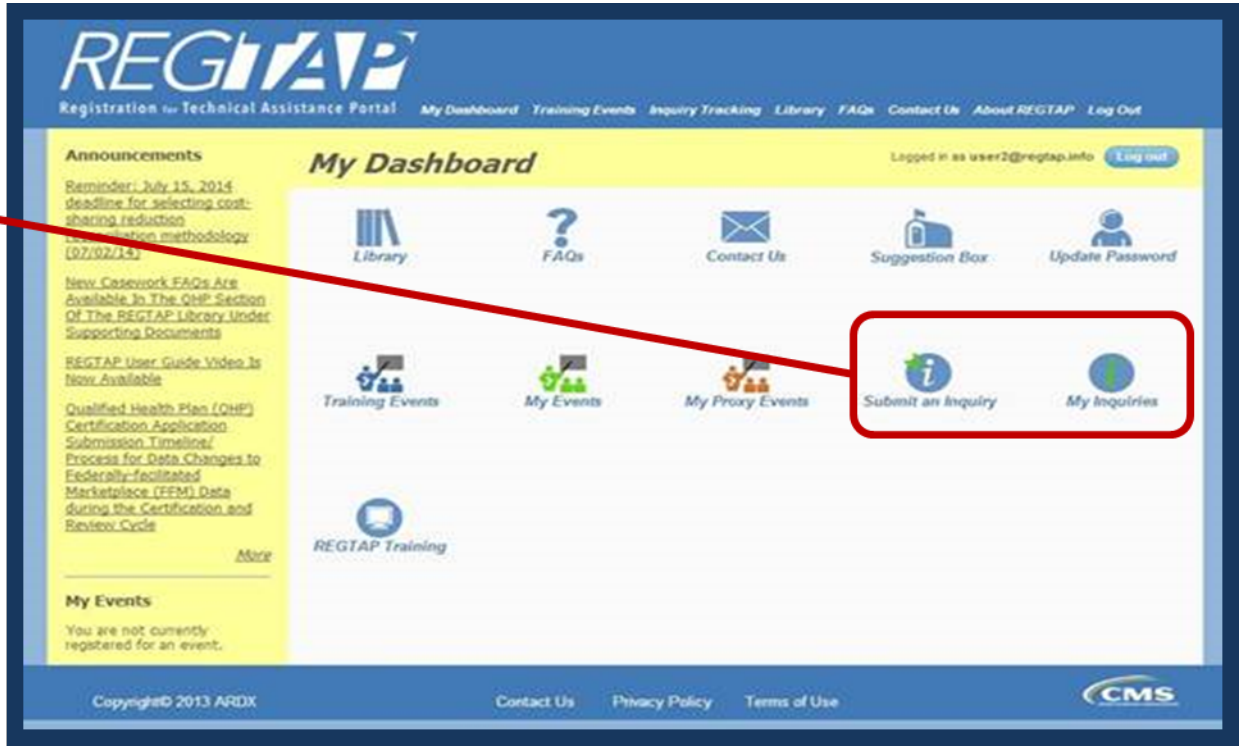
Under Program Area, select "Payment Processing (X12 HIX 820)"



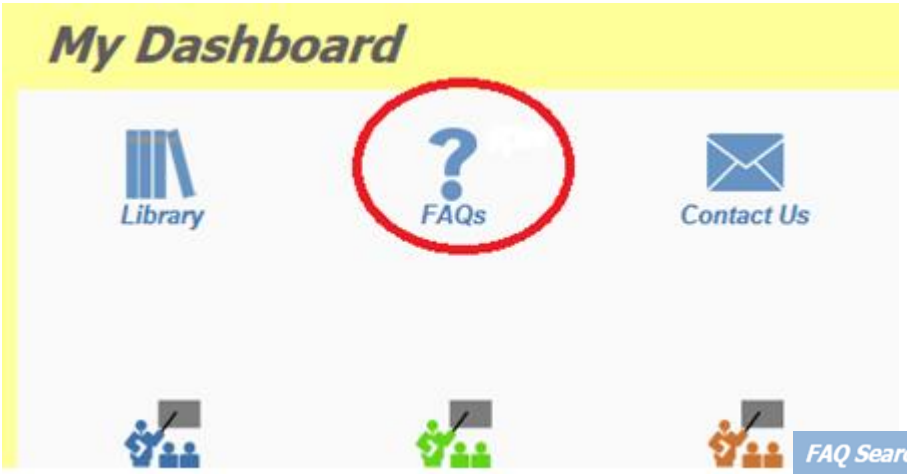
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

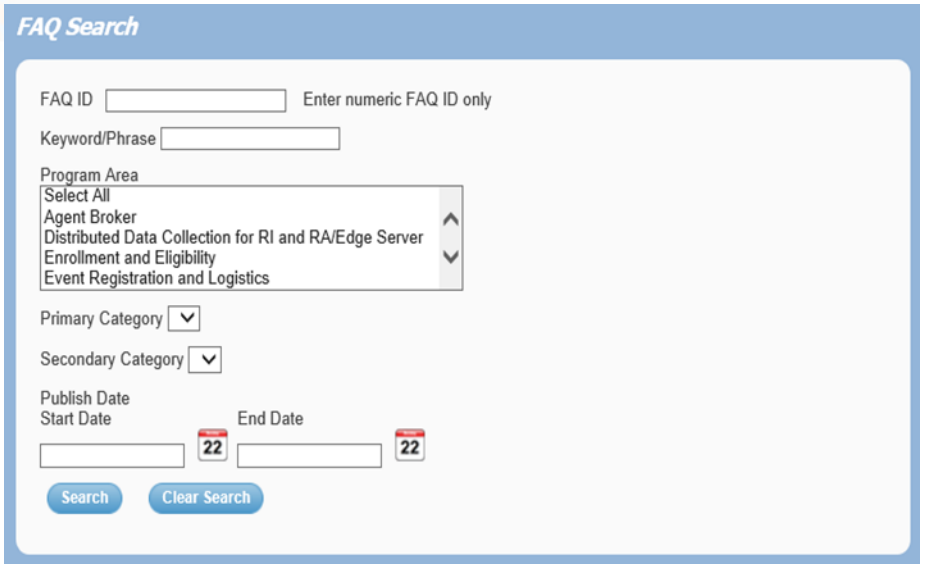


FAQ Database on REGTAP



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