FM Payment Processing I:

PBP Issuer Data Quality Year-End Sprint, RA FAQs, 2014 Restatement Updates, 2015 Outlier Analysis, 2015 Restatement Activities and Payment Dispute Updates

October 17, 2016

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Agenda

- PBP Issuer Data Quality Year-End Sprint
- RA FAQs
- 2014 Restatement Updates
- 2015 Outlier Analysis
- 2015 Restatement Activities
- Payment Dispute Updates
- Appendix
- Resources

Policy Based Payments (PBP)
Issuer Data Quality Year-End Sprint

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2016 is running out!!!

- **Year-end data quality is CRITICAL:** Alignment between CMS and Issuer enrollment data supports **accurate payment** and **accurate 1095-As** being sent to consumers.
- Few opportunities remain to correct misalignment in 2016 data.
  - 1095-As will be sent to consumers in **January 2017** based on FFM's data at that time.
  - **March 2017** will be the last enrollment reconciliation cycle for 2016 plan year data. *All corrections to FFM data after the March reconciliation cycle will have to be submitted as disputes.*

Data alignment with CMS: What do I need to do?

To ensure data alignment, all Issuers should :

1. ***Submit inbound 834s*** for all eligible updates (effectuations, cancels, terminations, date changes) and **ensure that updates are accepted by CMS.**
2. ***Submit regular, timely, and accurate monthly enrollment reconciliation files to CMS.*** Regularly review the flags in your RCNO files and summary statistics sent by CMS to ensure that expected updates are being made.
3. ***Submit disputes*** to CMS for any identified misalignments of enrollment or payment data:
   - ***Payment disputes:*** Ingest PPRs and/or 820s; promptly submit any disputes to CMS
   - ***Enrollment disputes:*** Identify any discrepancies in the recon process and submit as enrollment dispute for resolution

Data alignment with CMS: How am I doing?

Inbound834 Success

- Encourage regular validation of file preparation against IC834 requirements to ensure updates are accepted by CMS:
  - File naming conventions
  - Transaction order sequence and Date processing rules
- Use Inbound834 to update the following fields for a given FFM policy:

Benefit End Date	Issuer Assigned Policy ID
Paid Through Date	Issuer Assigned Subscriber ID
Issuer Assigned Member ID	

- IC834 ingestion and processing occurs ***daily***, throughout the day
- Notifications from Inbound834@bah.com will indicate low transaction acceptance rates for IC834 file submission

Data alignment with CMS: How am I doing? (continued)

- Use the following reports to identify how your HIOS' and IC834 submissions are performing in the marketplace:
  - PO FFM-IC834 Summary Report

Coverage Year	Issuer Details				Transaction Details					Primary Matching Rejection Errors			Secondary Matching Rejection Errors*				Other
						Transaction Counts					Policy Identification			Business Processing Rules			
	Hios	Issuer Name	State	TPID	Transaction Type	% Accepted	Total	Accepted	Rejected	Invalid/ Missing Mandatory Fields	4 Key Mis-Match	Invalid Transaction Type	Secondary Fields Mis-Match	Invalid Date	Invalid Policy Status Update	Duplicate Policy Status Update	
2015	XXX	Issuer Name	XX	XXX	Cancellation	30.00%	50	15	35	10	10	-	8	-	8	5	-
2015	XXX	Issuer Name	XX	XXX	Termination	80.00%	10	8	2	2	-	-	-	-	-	5	-
2016	XXX	Issuer Name	XX	XXX	Effectuation	11.76%	170	20	150	20	30	-	12	40	7	50	-

* A Rejected transaction could have 1 or more of these errors

  - PO FFM-IC834 Detailed Report (OP834T)

Transaction_ Update Status	Error Codes	Issuer_X12_FileName	E046_Benefit_Begin_Date _FFM_Value	E046_Benefit_Begin_Date _Ic834_Value
Accepted		/834/INBOUND/X12/IC834….		
Rejected	E046	/834/INBOUND/X12/IC834….	20150501	20150601
Accepted		/834/INBOUND/X12/IC834….		

Data alignment with CMS: How am I doing? (continued)

- What fields within the PO Reports lend information to determine performance?
  - Summary Report
    - % Accepted; % Rejected of all transactions submitted per HIOS
    - Counts of Primary and Secondary matching errors per HIOS
  - Detailed Report (OP834T)
    - Status of ***each transaction*** submitted
    - BAA error code and details of the element in error for each rejected transaction
- If your acceptance rate is **> 80%**, your IC834 submissions are performing well
- If your acceptance rate is **< 50%**, you will receive a notification from Inbound834@bah.com requesting a meeting to go over your IC834 file errors

Data alignment with CMS: How am I doing? (continued)

Enrollment Reconciliation Success:

- Submit Inbound Reconciliation (RCNI16) Files ***every month*** per the established Recon Calendar on zONE
  - Best practice is to submit one day prior to the deadline to ensure successful file transfer via EFT and address any issues identified by CMS front-end validation routines
- Review results of reconciliation as provided in the Outbound Reconciliation (RCNO16) Files ***every month***
  - Review the matching rates of records found within your file
    - Record-Level Flags ***M, E, N, P, Z, C*** indicate a successful match between Issuer and FFM records
      - Issuers highly proficient at recon typically match at least 90-95% of records
    - Record-Level Flags ***D, L, W, F, G, I, R, U*** indicate an unmatched or erroneous record

Data alignment with CMS: How am I doing? (continued)

Reconciliation Success:

- **Enrollment**
- Review unmatched records to attempt to resolve mismatches if possible:
  - FFM Orphans (F – Median 2% across all Issuers): Review to determine if records should be added to Issuer enrollment system or are extraneous records that should be cancelled on FFM
  - Issuer Orphans (I – <0.5%): Review to determine if a matching FFM record exists in the file and update identifiers as needed to match to the FFM records; otherwise follow UIE guidance for 2016
  - Unmatched One:Many, Many:Many (L & W - <0.5%): Review to determine if extract process is creating the appropriate number of records to match FFM records and ensure that each record covers a distinct financial timespan

Data alignment with CMS: How am I doing? (continued)

Enrollment Reconciliation Success:

- Review unmatched records to attempt to resolve mismatches if possible:
  - Duplicate Records (D - <0.1%): Review extract process to eliminate exact duplicate records
  - Unprocessable Records (U - <0.1%): Review to address data issues identified in the record that prevent processing
  - Leftover FFM Orphans (G - <0.5%): Ensure that all coverage/financial spans on FFM are reflected in Issuer data (or cancelled)
  - Leftover Issuer Orphans (R - <0.5%): Ensure that Issuer records cover same total coverage/financial spans reflected in FFM data
- If you have questions on record-level flags and how to minimize mismatched records, please contact the Enrollment Reconciliation Team by submitting a question to cms_feps@cms.hhs.gov with the subject line “RECONCILIATION – QUESTION”

Data alignment with CMS: How am I Doing? (continued)

Payment disputes:

- Ingest PPRs and/or 820s
- Submit any discrepancies MONTHLY to CMS
  - Issuers do NOT need to validate against preaudit or RCNO files to identify timing issues before submitting
  - CMS feedback will identify timing issues and RCNO inconsistencies
- Regularly review payment against reconciliation files to identify and submit needed updates

Enrollment disputes:

- Identify any discrepancies in the recon process and submit as enrollment disputes for resolution
- Updates that must be submitted as Enrollment Disputes:
  - Enrollment Blockers
  - Updates that do not involve a financial amount, coverage period, effectuation, or cancelation
  - All 2015 coverage updates (during the quarterly submission cycle)

Data alignment with CMS: How am I Doing? (continued)

Payment dispute success:

- Submit monthly via an automated process, or working toward automation
- Low error rates:
  - R1, R2, R3, and R8 indicate submission errors due to logic or syntax
  - High-performing issuers have <25% of disputes with these errors and regularly review and update process and automation to reduce errors over time
- Use PPR/820, disputes, and dispute responses to inform RCNI submissions each month

Enrollment dispute success

- If using instead of payment disputes, submit monthly via an automated process
- Correctly identify reinstatements and enrollment blockers and use appropriate tabs to submit those issues
- Low error rates:
  - Disputes must align with data submitted on RCNI
  - FR dispositions indicate submission errors due to logic or syntax
  - High-performing issuers have <25% of disputes with these errors and regularly review and update process and automation to reduce errors over time

Upcoming Data Quality Training Opportunities

Topic	Purpose	Schedule
Data Synchronization 101/Introduction to IC834	• Introduction to Enrollment Ops Data Synchronization effort • History of Inbound834 • Overview of Inbound834 submission process • Key documents and reference materials	10/13/2016
Recon 101/Preparing, Submitting and Monitoring IC834s	• Fundamentals of Inbound Reconciliation • Fields that can be updated through Inbound834 • Technical specifications on preparing and submitting IC834 files • Understanding PO Reports	10/20/2016
Recon 201/IC834 BAA Errors and Troubleshooting	• Deep dive on Inbound Reconciliation Files • Breakdown of all BAA error codes • How to recognize and troubleshoot BAA rejections • Commonly Witnessed Issues • FAQs	10/27/2016
Recon 301/ Inbound834 Q&A	• Deep Dive on Outbound Reconciliation Files • Open Q&A forum for Issuers	11/3/2016
Recon 401	• Advanced Recon Concepts and Expectations	11/10/2016

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

RA FAQs

Risk Adjustment Proration Amounts-FAQ

Question: Why did I not receive my full RA payment from the June 30th report in my September payment?

Answer: September RA payment differed from the June 30th report for two (2) reasons:

1. **Proration:** CMS **distributes RA funds as they are collected** in each state/market
   - September payment included only funds that were collected via payment or netting in the August cycle.
   - Collected funds from each cycle are prorated across all Issuers in that state/market and distributed in the following cycle.
   - Issuers will receive remaining RA funds in future cycles as they are collected.

2. **Sequestration and Holdback:** CMS withheld 7% of RA in FY 2016 for sequestration
   - FY2017 began on October 1, 2016.
   - In states and markets with appeals pending, these funds will continue to be held as "holdback" until all appeals are resolved.
   - In states and markets with no appeals, FY2016 sequestered funds will be released in the November 2017 payment cycle.
   - CMS will sequester 7.1% of RA payments made in FY 2017, including remaining prorated payment amounts from the 2015 coverage year made in coming months.

Initial Invoice - FAQ

<u>Question</u>: Why is the amount on my Initial Invoice different from my original risk adjustment charge on the June 30th report?

<u>Answer:</u>

- CMS processes accounts payable (AP) and accounts receivable (AR) transactions together for the Financial Management programs (APTC, CSR portion of advance payment tax credit, FFM UF, RA, RA UF, RI and RC).
- If an Issuer has both APs and ARs, they will be netted against one another at the Payee Group level.
- After netting, any remaining amount owed is invoiced to the Issuer.
- To see the details of the transactions included within a monthly payment cycle, please review your Preliminary Payment Report (PPR) and/or the HIX 820
    - HIX 820 will also include netting against any open CMS AR's outstanding in the CMS system.

Risk Adjustment Proration Reports-FAQ

<u>Question</u>: How can I keep track of how much of my risk adjustment payment I have received?

<u>Answer</u>: RA proration reports are sent by the end of each month to Issuers who received transfer payments

- Proration reports are delivered to each Issuer's External Data Gathering Environment (EDGE) server management console.
- Labeled "APIR - RA Proration"

**Please note that this report does not reflect holdback and sequestration amounts in the total*

2014 Restatement Updates

2014 Manual Payment Restatements

- We have received all of the 2014 restatement workbooks from Issuers.
- Restatement processing is targeted for the November payment cycle timeframe.
- If you have any questions or concerns regarding your 2014 restatements, please email the Marketplace Payments mailbox.



IMPORTANT: If you restated for 2014, **please review your validation reports** to ensure all QHPs passed validation and contact CMS about resubmission if any validation failures could affect payment

2015 Outlier Analysis

2015 Outlier Analysis

- CMS is completing a close-out process for 2015 Manual Payment Process APTC payments, as previously described on this webinar.
- Outlying FFM Issuers were determined based on a comparison of Manual Payment Process data and the policy-level data in the FFM and contacted in mid-September.
- Outlying FFM Issuers were asked to research the data and respond to CMS with any findings by October 7, 2016.
  - The vast majority of outlying Issuers responded to CMS and need not take further action (except submit restated data to CMS or enrollment disputes to the ER&R contractor, as necessary).
  - Issuers who have not responded to CMS should do so ASAP.

2015 Restatement Activities

2015 Restatement Activities

- On October 13th, SBMs should have received a 2015-2016 workbook to be submitted via EFT during the November Payment Cycle process.
- On October 13th, FFM Issuers should have received 2015-only workbooks that will be submitted through the CMS Marketplace Payments mailbox.
- If you are an issuer that needs to restate 2015 financials and did not receive a workbook, please email the CMS Marketplace Payments immediately at marketplacepayments@cms.hhs.gov.

2015 Restatement Submission

- All 2015 restatements will adhere to the November submission cycle:
  - Opens October 16th
  - Initial deadline October 18th at 5:00 p.m. EST
  - Final deadline October 21st at 12:00 p.m. EST
- 2016 SBM Issuers and SBMs should submit 2015 restatements via EFT included in 2016 workbooks.
- FFM Issuers and 2015 SBM Issuers no longer operating on the Marketplace, must submit 2015 workbooks via email to marketplacepayments@cms.hhs.gov.

2015 Restatement: New Workbook Validations

- CMS has **added validations** to manual workbooks to reduce the risk of submissions with validation failures
  - Validations have been in place for 2016 SBM submitters; will be new to FFM Issuers
- **No change** to the process of populating the workbook
- Prior to closing the workbook
  - The file will run validation checks on each tab
  - Tab will color red if there is a validation failure or green if all data on that tab passes all the validation checks.
  - Issuers should identify and to correct any data issues prior to submission.
- Issuers received a User Guide as an attachment along with the workbooks to refer to with any questions regarding the workbooks or the new validations
- If you still have problems or need technical assistance, please contact the CMS Marketplace Payments mailbox.

Common Errors to Note

- **Certification Tab Blank:** Data in the certification tab is missing. Data validation will fail and stop after this error.
- **Filename Mismatch:** Issuer ID in the certification tab does not match the Issuer ID in the filename. Data validation will fail and stop after this error.
- **Workbook Contains no Data:** If the workbook has the certification tab filled out but all the data tabs are blank
- **Workbook File Contains External Links:** One or more worksheets in the workbook contain references (usually in formulas) to external Excel files. Links to external files are not permitted in the workbook. Data validation will continue and indicate rows with formulas in them.
- **Validation End:** Pop-up message appears when Automatic Data Validation has completed.

Payment Disputes Update

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Submitting Payment Disputes

- **Reminder!** Please submit your Payment Disputes
  - Encouraging Issuer submission of Payment Disputes for any record perceived to be incorrect.
  - Use the Payment Dispute Response file as a tool to determine if an RCNI correction should be submitted or if the payment discrepancy is simply a timing issue.
  - Remember that large volumes will not impede processing times.
- Please contact the FMCC (Financial Management Coordination Center) help desk at fmcc@cms.hhs.gov with any:
  - Questions or concerns around the Payment Dispute process
  - Requests for technical assistance
  - Issues submitting a file

Payment Disputes Updates

- New Payment Dispute Function Code
- Detail Code Updates
- Payment Dispute Form Update/Reminders
- Documentation Updates

Reminder: New Function Code

- New function code, **ERRP**.
  - Effective immediately – Issuers may, but are not required to, use this code for Payment Dispute submissions.
  - Effective 11/1/2016 – Issuers **must** use this code for Payment Dispute submissions.
  - ER&R will begin using this code to communicate Payment Dispute responses on 11/1/2016. ER&R will continue to use ERRS to communicate Payment Dispute responses through 10/31/2016.

Detail Code Updates

- Issuers that dispute an unexpected payment for policies identified as FFM orphans on the RCNO may encounter a new Detail Code, PD533.
  - These policies will be canceled by the FFM and the payment should be adjusted within 1-2 payment cycles
- Issuers that dispute incorrect policy payments, following a CIC, with an Issuer Start Date after the FFM's Start Date, may encounter a new Detail Code, PD535.
  - The FFM has already paid for that subscriber under a previous policy. Issuers should make a correction to the applicable policy/policies on their next RCNI.

Payment Dispute Form Updates/Reminders

- Tips for resolving some of the most frequently seen Detail Codes
  - PD528/PD529
    Often seen after a CIC, Issuers should examine all known policies for the subscriber. The FFM has made payment for this subscriber under a different policy. The Issuer should make any necessary corrections to the applicable policy/policies on their next RCNI.
  - FV803
    Issuers receive this code when they've submitted two (2) disputes for the same HIOS, policy, and subscriber with conflicting issuer values. Issuers should be clear with the values they are disputing and report them accurately in the dispute form.
  - FV604
    This is an informational message only. Indicates that CMS is not processing the dispute because the payment amount differs by two (2) cents or less.

Payment Dispute Form Updates/Reminders (continued)

- How to resolve discrepancies with a Change in Circumstance (CIC) using the RCNI.
  - Issuers must maintain and persist certain key data elements in their systems associated with enrollments received from the FFM such as the Exchange Assigned Subscriber ID and Exchange Assigned Policy ID.
  - FFM payments amounts align with FFM Coverage Start and End Dates for the Exchange Assigned Subscriber ID and Exchange Assigned Policy ID.
  - If you are seeing a policy that appears to have terminated on the FFM but not in your system, this may be due to a CIC in the FFM.
  - Use your RCNO files to check all associated policy IDs for the subscriber and ensure that your records are in alignment with each policy.
  - Issuers may need to submit an updated RCNI to correct policy information.

Technical Reference Guide

Are you curious about the Payment Dispute process?

- The TRG contains a wealth of knowledge. Issuers are highly encouraged to read through the guide to better understand how to effectively utilize 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

Payment Dispute Documentation

- The PPR-820 Dispute Form (v2, 100316) has minor updates to the Instructions tab.
  - Issuers can access the PPR-820 Dispute Form v2 at the following links:
    - https://www.regtap.info/reg_librarye.php?i=1352
    - https://zone.cms.gov/document/ppr-820-disputes-page
- The latest Dispute Disposition and Detail Code List (v6) is found at:
    - https://www.regtap.info/uploads/library/FT_DetailCodeList_5CR_101416.pdf
    - https://zone.cms.gov/document/ppr-820-disputes-page

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

FM Payment Processing I: October 2016

Day of Session	Date of Session	Time	Session Type
Monday	October 17, 2016	2:00 p.m. – 3:30 p.m. ET	Webinar
Monday	October 31, 2016	2:00 p.m. – 3:30 p.m. ET	Webinar

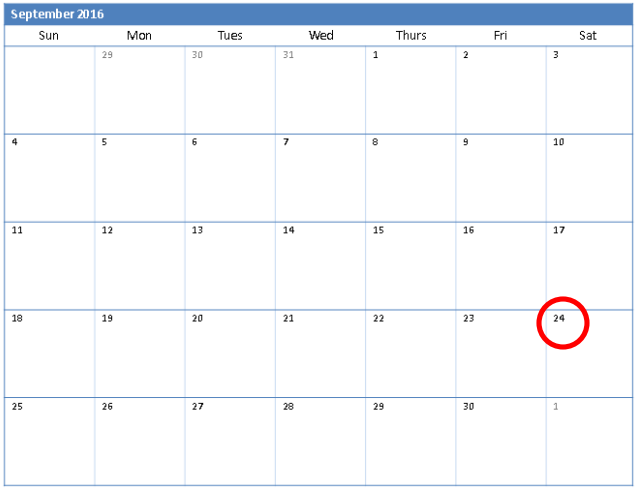
October Payment Cycle – Key Payment Activities

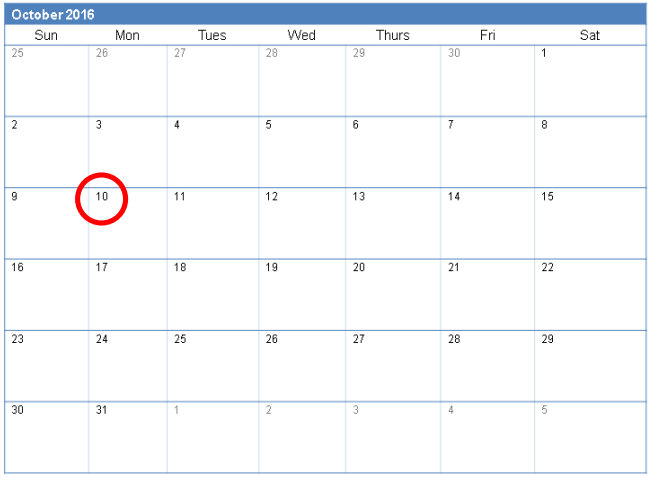
Key Payment Activities	October
Vendor Management Module Open	October 11 – 24
Initial Invoice sent to Issuers	October 11
Preliminary Payment Reports sent to Issuers	October 12
Treasury issues payments to Issuers	October 21
HIX 820 Payment transactions sent to Issuers	October 30

November – December Payment Cycle – Key Payment Activities

Key Payment Activities	November	December
SBM Issuer Workbooks Submission Window	October 17 – 21	November 16 – 21
Vendor Management Module Open	November 11 – 24	December 11 – 24
Initial Invoice sent to Issuers	November 10	December 13
Preliminary Payment Reports sent to Issuers	November 10 – 14	December 9 – 13
Treasury issues payments to Issuers	November 21	December 21
HIX 820 Payment transactions sent to Issuers	November 30	December 30

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 301-492-4746 to allow CMS will 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.

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

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.

Additional Information

- Additional information related to the PBP transition is available in the Registration for Technical Assistance Portal (REGTAP) Library at the following links:
  - FM 2015 – 2016 Issuer Transition Guide, Version 4.4
  - PBP Temporary Adjustment Reconciliation Methodology
  - May 2, 2016 Payment Bulletin
  - PBP May Payment Back-out Example Workbook

Documents Available on REGTAP

- The ***Managed File Transfers (MFT) Thin Client Help Guide*** and ***Manual Payment and Enrollment Data Workbook User Guide*** are currently available in the REGTAP Library at the following links:
  - https://www.regtap.info/uploads/library/FT_MFTHelpGuide_081016_v1_5CR_081016.pdf
  - https://www.regtap.info/uploads/library/FT_AutoTemplateUserGuide_5CR_081016.pdf

Acronyms

Acronym	Definition
DSH	Data Services Hub
EDI	Electronic Data Interchange
EPS	Enrollment and Payment System
FFM	Federally-facilitated Marketplace
FMCC	Financial Management Coordination Center
HIOS	Health Insurance Oversight System
HIX	Health Insurance Exchange
PBP	Policy-based Payments
PPR	Preliminary Payment Report
PSV	Pipe-separated value
SBM	State-based Marketplace
SHOP	Small Business Health Options Program

Resources

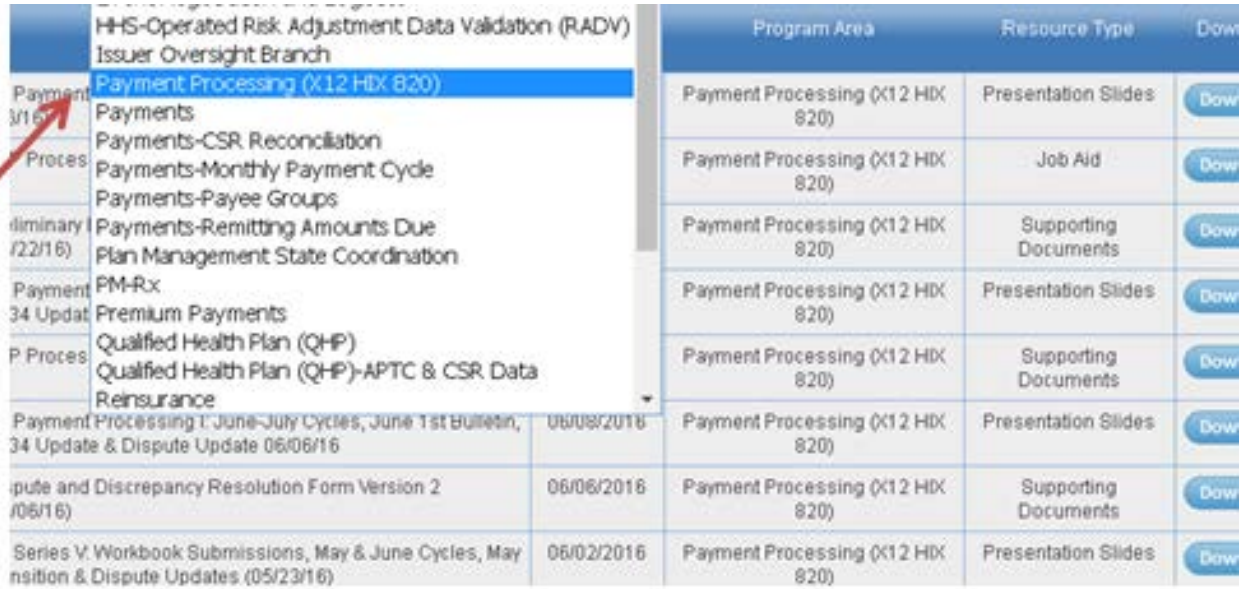
Resources

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

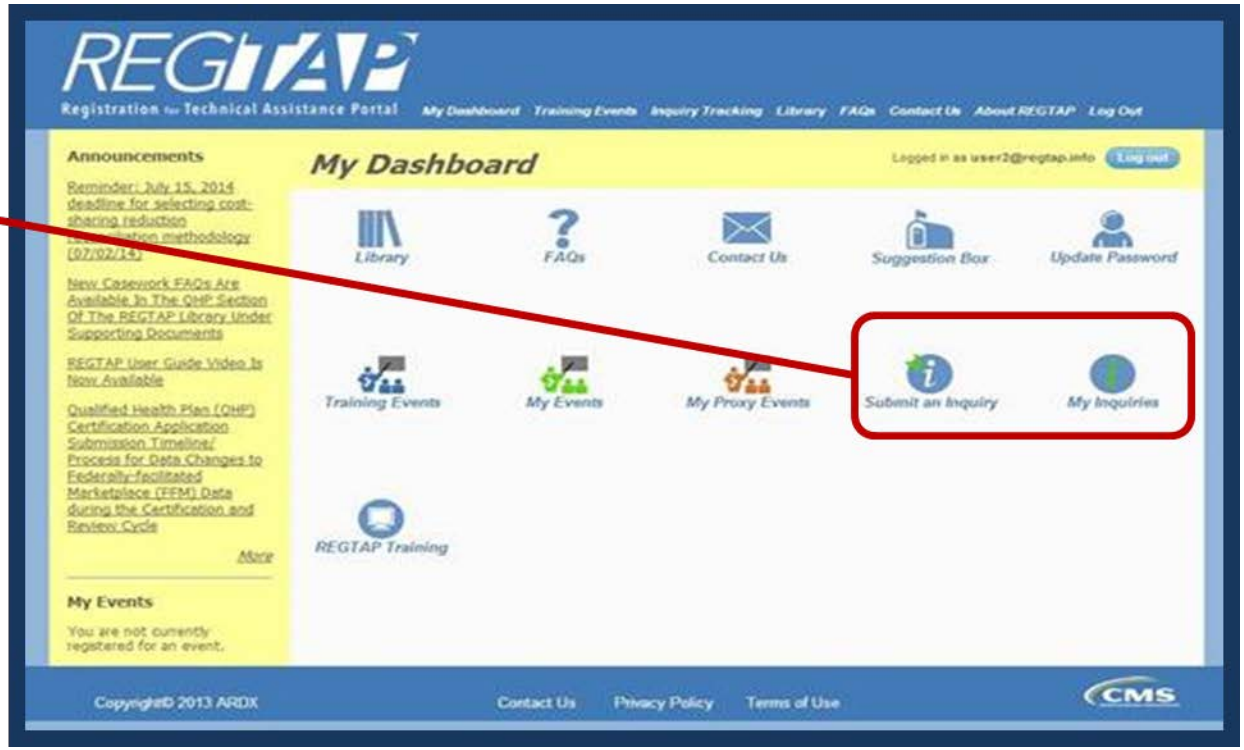
Under Program Area, select "Payment Processing (X12 HIX 820)"



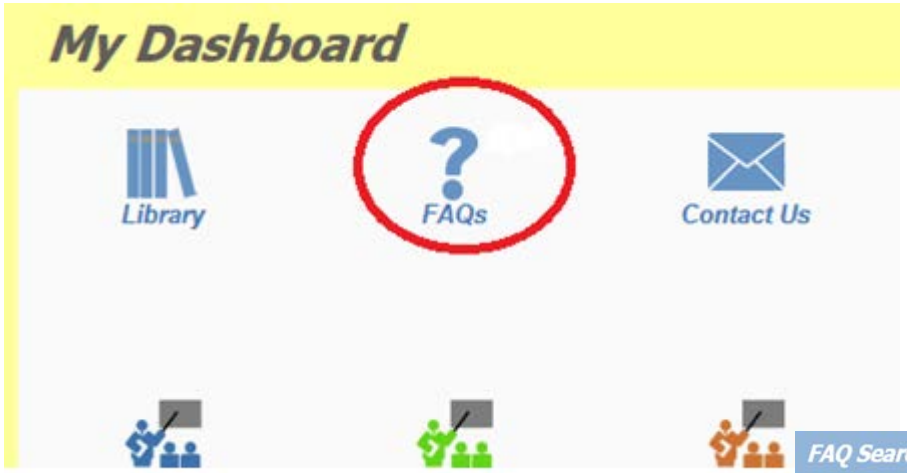
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

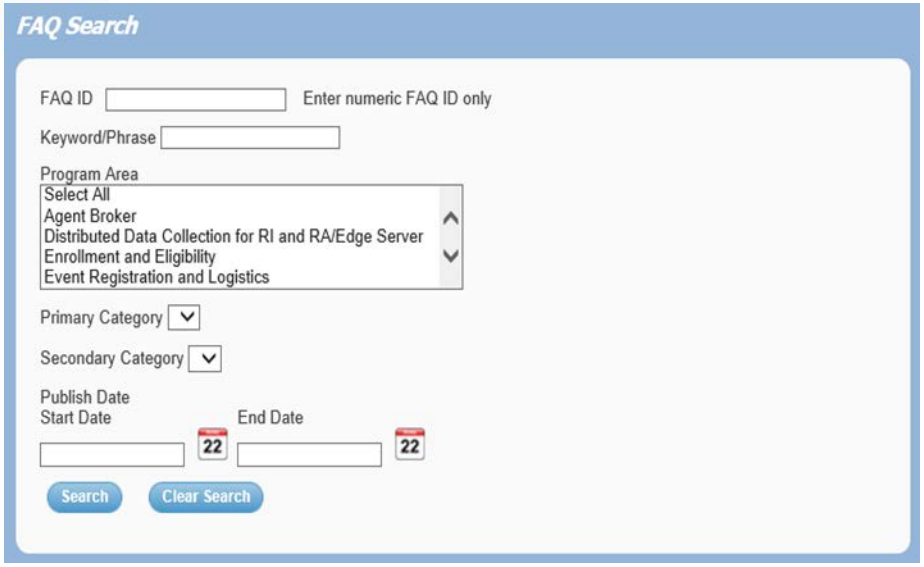


FAQ Database on REGTAP



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