FM Payment Processing I:
Monthly Performance Summary, 2016 UIEs, PBPs, 2017 PPRs and Payment Dispute Updates

December 12, 2016

FM Payment Processing I

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Agenda

- Monthly Performance Summary
- 2016 Unaffiliated Issuer Enrollments (UIEs)
- Temporary Manual Adjustment for Policy-based Payments
- 2017 PPRs
- Payment Dispute Updates

Monthly Performance Summary

Monthly Performance Summary

- Last Wednesday (December 7th), the Centers for Medicare & Medicaid Services (CMS) emailed all FFM Issuers an enrollment alignment monthly performance summary.
  - The purpose of the summary is to track Issuer performance metrics on key data alignment activities such as successful daily submission of Inbound 834 transactions, as well as timely and accurate submissions of reconciliation files and payment disputes.
  - FFM Issuers should ensure policy-based payment and enrollment reconciliation contacts review the report and submit questions on the report to FMCC@cms.hhs.gov.
  - FMCC representatives are available on this call to converse about this and will present FAQs in a future session.

2016 Unaffiliated Issuer Enrollments (UIEs)

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2016 Unaffiliated Issuer Enrollments (UIEs) – Overview & Background

- **Definition:** UIEs are enrollments that appear active in the Issuer's records, but do not appear as active enrollments in FFM record.
- **Classifications:**
  - Some ***apparent UIEs*** result from out-of-sync enrollment records that Issuers could fix through standard FFM reconciliation and resolution processes. For example, when an enrollment has more than one (1) record and the Issuer cancels the "wrong" duplicate in its enrollment data store and later applies a cancel directive to the valid enrollment in the FFM.
  - However, some ***legitimate UIEs*** do truly reflect the lack of a corresponding FFM enrollment record where an Issuer has an active 2016 enrollment. Issuers cannot resolve these legitimate UIEs through standard FFM reconciliation and resolution processes.
- **Previously released guidance:**
  - In presentations shared with Issuers in all Issuer calls the week of October 18th and posted to CMS zONE , CMS announced that it would make Marketplace financial assistance payments and generate Forms 1095-A for certain 2016 UIEs.
  - This guidance further instructed Issuers **not** to automatically re-enroll UIEs into 2017 QHPs.

2016 Unaffiliated Issuer Enrollments (UIEs) – Overview & Background (continued)

New Guidance:

- CMS has posted guidance to CMS zONE and REGTAP that details ***how CMS will determine Marketplace financial assistance payments for 2016 Unaffiliated Issuer Enrollments (UIEs),*** as well as the ***process and timeline for those payments*** and the corresponding IRS form 1095-A generation for 2016 UIEs.

Manual Payment Process for 2016 UIEs – Records Eligible for Payment

- CMS intends to make payments on valid 2016 UIE records that cannot be resolved through standard FFM reconciliation and resolution process (so-called ***legitimate UIEs***).
- Therefore, CMS will process the following UIE records for payment processing and IRS Form 1095-A generation:
  - Any ***valid 2016 UIE record for which the ER&R contractor cannot find a match in the 2016 FFM enrollment files***. In some instances, there may be a prior year FFM enrollment match.
  - Any ***valid 2016 UIE with an associated "enrollment blocker" Health Insurance Casework System (HICS) case*** where the member or enrollment group was trying to add or delete a person.

Manual Payment Process for 2016 UIEs – Records Ineligible for Payment

- CMS will ***exclude the following UIE records*** from processing for payment and IRS Form 1095-A generation:
  - Enrollment records created after the 15th of the current month (also known as ***timing issue UIEs***);
  - ***Non-effectuated records*** (UIE records where Issuer Premium Paid status indicator is not marked as Yes on RCNI);
  - ***Cross-HIOS enrollment records*** (UIE records where the ER&R Contractor has found a 2016 enrollment match in the FFM associated with a different HIOS ID, and the enrollment is during the same time)***;***
  - 2016 UIEs for which the ER&R Contractor has found an apparent match in the 2016 FFM enrollment files (also known as ***matched UIEs***); and
  - ***Newborns with UIE records for 31 days or less*** (newborn UIE records that are presumed to reflect an Issuer operational work-around related to state laws requiring 31 days free coverage for newborns under the mother's policy).

Manual Payment Process for 2016 UIEs – Timeline

- ER&R Contractor will conduct initial analysis activities as follows:
  - ***Analyze Run 11 (November 2016) RCNO data*** to determine which UIEs are eligible for payment and IRS Form 1095-A generation;
  - ***Deliver HIOS-specific files to Issuers*** noting which UIEs are eligible for payment, and ***process 1095-A generation*** for these records ***by the end of January 2017***. No payments will be made at this time.
- ER&R Contractor will conduct additional analysis and make actual payments as follows:
  - ***Analyze Run 15 (March 2017) RCNO data*** to determine which UIEs are eligible for payment;
  - ***Compare Issuer data submitted in Run 11*** with what was submitted in Run 15, and ***process any IRS Form 1095-A corrections*** at that time.
  - ***Deliver HIOS-specific files to Issuers*** noting which UIEs are eligible for payment, and ***process payments for these records by the end of May 2017***.

Manual Payment Process for 2016 UIEs – File Specifications

- The ER&R Contractor will send to Issuers HIOS-specific files that detail the UIE records for which CMS will process Marketplace financial assistance payments and generation IRS Forms 1095-A. Specifically, the ER&R Contractor will send via Electronic Funds Transfer (EFT), function code ERRD :
  - A summary of total payments at the HIOS level in the Manual Payment Template; and
  - A UIE Manual Payment Detail Report which includes:
    - The RCNO 'I' records receiving a manual adjustment.
    - Appended columns which provide APTC, CSR and User Fee amounts for each month.
- The ER&R Contractor will also send an email to each Issuer with the UIEs that details the names of the files that have been sent.

UIE Manual Payment Detail Report Examples

Note – Rows tie to UIE member-level information on the RCNO form

APTC-JANUARY	APTC-FEBRUARY	APTC-MARCH	APTC-APRIL	APTC-MAY	APTC-JUNE	APTC-JULY	APTC-AUGUST	APTC-SEPTEMBER	APTC-OCTOBER	APTC-NOVEMBER	APTC-DECEMBER
166.00	166.00	166.00	166.00	166.00	166.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
625.00	625.00	625.00	625.00	625.00	625.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
245.00	245.00	245.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
156.11	156.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
323.00	323.00	323.00	323.00	323.00	323.00	0.00	0.00	0.00	0.00	0.00	0.00

Detailed Payment Report (APTC) columns within the RCNO file layout (FX-GI)

CSR-JANUARY	CSR-FEBRUARY	CSR-MARCH	CSR-APRIL	CSR-MAY	CSR-JUNE	CSR-JULY	CSR-AUGUST	CSR-SEPTEMBER	CSR-OCTOBER	CSR-NOVEMBER	CSR-DECEMBER
52.25	52.25	52.25	52.25	52.25	52.25	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
252.93	252.93	252.93	252.93	252.93	252.93	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
110.74	110.74	110.74	110.74	110.74	110.74	0.00	0.00	0.00	0.00	0.00	0.00

Detailed Payment Report (CSR) columns within the RCNO file layout (GJ-GU)

UF-JANUARY	UF-FEBRUARY	UF-MARCH	UF-APRIL	UF-MAY	UF-JUNE	UF-JULY	UF-AUGUST	UF-SEPTEMBER	UF-OCTOBER	UF-NOVEMBER	UF-DECEMBER
-12.05	-12.05	-12.05	-12.05	-12.05	-12.05	0.00	0.00	0.00	0.00	0.00	0.00
-5.31	-5.31	-5.31	-5.31	-5.31	-5.31	0.00	0.00	0.00	0.00	0.00	0.00
-14.94	-14.94	-14.94	-14.94	-14.94	-14.94	0.00	0.00	0.00	0.00	0.00	0.00
-5.31	-5.31	-5.31	-5.31	-5.31	-5.31	0.00	0.00	0.00	0.00	0.00	0.00
-14.94	-14.94	-14.94	-14.94	-14.94	-14.94	0.00	0.00	0.00	0.00	0.00	0.00
-6.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-7.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-19.39	-19.39	-19.39	-19.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-7.82	-7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-22.03	-22.03	-22.03	-22.03	-22.03	-22.03	0.00	0.00	0.00	0.00	0.00	0.00

Detailed Payment Report (User Fee) columns within the RCNO file layout (GV-HG)

Policy-based Payments: Temporary Manual Adjustment

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Temporary Manual Adjustment for Policy-based Payments

January and February 2017 PBP Payments:

- Historically, advance payments in the January and February monthly payment cycles experience a lag caused by premium collection and reporting of policy effectuations beyond the December 15th cutoff for payment reporting.
- CMS will make a temporary manual adjustment to the January and February 2017 Policy-based Payments for Federally-facilitated Marketplace (FFM) Issuers and Issuers in State-based Marketplaces using the Federal platform (SBM-FP) offering major medical plans.
- This adjustment is intended to mitigate the cash flow impact of the transition to 2017 for Issuers on Policy-based Payments.

Temporary Manual Adjustment for Policy-based Payments (continued)

January and February 2017 PBP :

- CMS will calculate this adjustment using a payment estimate equal to 80 percent of the estimated Policy-based Payments on effectuated enrollment plus enrollment still in “initial” status (i.e., “Upper Bound”).
- If the Issuer’s calculated Policy-based Payments are less than 80 percent of this amount, CMS will apply an adjustment to increase the Issuer’s advance payment, net of FFM user fees, up to the 80 percent threshold.
- Adjustment(s) will show on the Issuers’ Preliminary Payment Report (PPR) and HIX-820s as three separate manual adjustments to APTC, CSR and User Fees.

Temporary Manual Adjustment for Policy-based Payments (continued)

Reversing Manual Adjustments:

- CMS will reverse these manual adjustments when the year-to-date total policy-based payment reaches the 80 percent threshold or in the March 2017 payment cycle, whichever comes first, so that advance payments and FFM User Fee charges as of March 2017 accurately reflect reconciled enrollment by March.
- CMS will not make any downward payment adjustments to Issuers whose total calculated policy-based payments are above the 80 percent threshold.

2017 PPRs

What is included in the 2017 PPRs?

- Issuers on Policy-based Payments (PBP) will receive one (1) Preliminary Payment Report (PPR) for each month of 2017.
  - 2016 Issuers, and new 2017 Issuers with effectuated enrollment in January 2017, will receive only one (1) PPR per month starting January 2017.
  - For 2016 Issuers on PBP, this January 2017 PPR will contain prospective January PBP plus retroactive adjustments to 2016 PBP.
  - Issuers may also see a program-level adjustment to 80 percent of initial plus effectuated enrollment, if applicable.
- New 2017 Issuers that do not have any effectuated enrollment in January (due to timing of receipt of effectuations through Inbound 834) will "transition" to PBP in the first month in which they have effectuated enrollment.
  - These Issuers will receive one (1) additional PPR in the transition month for every month prior to the transition month. Any subsequent month after transition, Issuers will receive only one (1) PPR.
  - For example, an Issuer transitioning in February will receive two (2) PPRs in February and one (1) PPR in each following month.
- Each file is sent at the Payee Group level and will include all the 2017 policy-level details for each FFM Issuer within that Payee Group.

What is included in the 2017 HIX 820s?

- Each HIX 820 (remittance advice) corresponds to one (1) coverage month in 2017. 2016 Issuers and new 2017 Issuers transitioned in January 2017 will typically receive only one (1) HIX 820 per month starting January 2017.
- If an Issuer receives a monthly payment over $100 million or has more than one (1) million effectuated policies, the Issuer will receive multiple HIX 820.
- Each file is sent at the Payee Group level and will include all the 2017 policy-level details for each FFM Issuer within that Payee Group.

How will I receive the PPRs?

- The PPR will be sent via EFT to the same routing location that is setup for the HIX 820.
- The function code for the PPRs will be I820.
- The file names will be in the following format:
  - TradingPartnerID.FunctionCode.Date.Time
  - For example: 1234567.I820.D150529.T124846968.P
- CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs.

PPRs and HIX 820 for 2016 Issuers leaving the Marketplace in 2017

- 2016 FFM Issuers will continue to receive policy-level adjustments for 2016 and program-level transactions for 2015 restatements and/or three (3) R's payments and charges.
- 2016 SBM Payees will receive program-level transactions only for 2015 and 2016 restatements.
- 2016 Payees that have Issuers in both FFM and SBM states will see 2015 and 2016 restatements for SBM Issuers at the program-level, but policy-level adjustments for FFM Issuers for 2016.

PPRs and HIX 820 for New 2017 Issuers in the Marketplace

- In January, 2017 FFM Issuers will receive policy-level payments and program-level adjustment to 80 percent of initial plus effectuated enrollment, if applicable.
- Beginning in February, new 2017 FFM Issuers will also see policy-level retroactive payment adjustments.
- Risk adjustment charges and payments for 2017 will begin in 2018.
- 2017 new SBM Payees will receive program-level transaction only for 2017 statements.
- 2017 Payees that cross both FFM and SBM will see 2017 statements for SBM Issuers at the program-level, but policy-level payment and adjustments for FFM Issuers for 2017.

PPRs and HIX 820 for 2016 Issuers active in Marketplace in 2017

- 2016 FFM Issuers still certified for 2017 will receive policy-level adjustments for 2016 and policy level details for 2017 policies, plus a program-level adjustment to 80 percent of initial or effectuated enrollment on 2017 policies, if applicable.
- 2016 SBM Payees still certified for 2017 will receive program-level only for 2015, 2016 restatements and 2017 statements.
- 2016 Payees still certified for 2017 that cross both FFM and SBM will see 2015, 2016 restatements for SBM Issuers at the program-level but policy-level adjustments for 2016 and policy-level details for 2017.
- If the Payee participates in SHOP and Individual market in 2017, the Payee will receive the SHOPUF transactions on the Payee's PPR and HIX 820.
- If the Payee participates in only SHOP in 2017, the Payee will receive the SHOPUF transactions on a PPR and not receive a HIX 820.

PPRs and HIX 820s to Kentucky Issuers

- Kentucky (KY) Issuers will transition from manual payments to Policy-based payments in January 2017.
  - KY will continue to submit 2016 manual workbooks to restate 2016 program-level payments in 2017 until further notice.
  - KY Issuers with effectuated enrollment in January will receive retroactive program-level adjustments to 2016 payments and prospective Policy-based Payments for 2017, with a program-level adjustment to 80 percent of initial plus effectuated enrollment, if applicable.
  - As with other Issuers new to PBP, any KY Issuers that do not have any effectuated enrollment in January (due to timing of receipt of effectuations through Inbound 834) will "transition" to PBP in the first month in which they have effectuated enrollment, and receive multiple PPRs in the first transition month.

Payment Disputes Update

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Payment Dispute Processing Changes

Presentation Outline:

- Detail Code Updates
- Payment Dispute Form Reminders
  - HICS Case Numbers
  - Partial Month Coverage Disputes
  - Tips for resolving disputes that receive the following detail codes
    - FV9
    - FV900
    - F3SR3
    - F4SR3

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.

Detail Code Updates

- Issuers that dispute a missing payment for a policy that has a terminated status in the FFM, but has another effectuated policy with overlapping dates for the same member and QHP ID, may encounter a new Detail Code, PD546.
  - The Issuer should make a correction to the applicable policy/policies on their next RCNI.
- Issuers that dispute a missing payment for a policy that has a terminated status in the FFM, but has another effectuated policy with overlapping dates for the same member, but in a different QHP ID, may encounter a new Detail Code, PD547.
  - The Issuer should make a correction to the applicable policy/policies on their next RCNI.

Detail Code Updates (continued)

- Issuers that dispute a missing payment for a policy that has a terminated status in the FFM, but has another effectuated policy with overlapping dates for the same member, but in a different HIOS, may encounter a new Detail Code, PD548.
  - The Issuer should make a correction to the applicable policy/policies on their next RCNI.
- Issuers operating in SBM-FP (State-based Marketplace using the Federal Platform) that submit a dispute for a policy that has no APTC or CSR (or UF) for the coverage dates, may encounter a new Detail Code, PD549, since no PPR or HIX 820 is generated for the policy for that coverage period.
  - The Issuer should make a correction to the policy, if necessary, on their next RCNI.

Detail Code Updates (continued)

- Issuers that dispute an unexpected payment, but submitted an effectuated RCNI record for the disputed policy and coverage dates, may encounter a new Detail code, PD552.
  - The Issuer should make a correction to the policy by reflecting an Issuer Premium Paid Indicator value of “C” on their next RCNI.
- Issuers that dispute a missing payment using a prior year’s Policy ID and Subscriber ID with current year coverage dates, may encounter a new Detail Code, PD553.
  - The member may have enrollment for the current year plan or may be considered as an Unaffiliated Issuer Enrollment (UIE) with no current year FFM policy.
  - The Issuer should make a correction to the applicable policy/policies on their next RCNI.

Detail Code Updates (continued)

- Issuers that dispute a missing payment using a prior year's Policy ID and Subscriber ID with current year coverage dates, may encounter a new Detail Code, PD554.
  - There is another RCNO record found for the current year.
  - The Issuer should make a correction to the applicable policy/policies on their next RCNI.

Payment Dispute Reminders

- HICS Case Numbers
  - Ensure that the HICS case is for the same subscriber as the one (1) referenced within the dispute.
  - Issuers should supply the number in field 20 (HICS Case Number) of the Payment Dispute detail record. Additional HICS Case Numbers, if relevant, can be communicated using field 23 (Comments) of the detail record.
  - The Issuer Value on the Dispute Form must match the value provided in the Resolution of the HICS Case.
  - Valid HICS Case Numbers are formatted as the letter "E" followed by 10 digits.

Payment Dispute Reminders (continued)

- HICS Case Numbers
  - Required when the dispute seeks to change certain dates or amounts
    - APTC Amount
    - Total Premium Amount, with the following enrollment based exceptions:
      - HIOS is a Stand-Alone Dental Plan (SADP)
      - Change in Subscriber Indicator
      - Change in Tobacco Status
      - Update to Total Premium Effective Date in the FFM
      - Update in the Start Date for the same QHPID
      - Gap in coverage

Partial Month Coverage Disputes

- Disputes guidance for partial month coverage:
  - FFM and Issuer Coverage Start/End Dates should represent the number of days of coverage as depicted in their respective sources.
  - APTC Amount, CSR Amount, and User Fee Amount must always be reported as the prorated amount.
  - Total Premium Amount can be reported as either the full month amount or as a prorated amount (based on the number of days of coverage).
    - Processing rules have been revised to prevent R3 (FFM Fields on Dispute Form Do Not Match with PPR/820) and R6 (Dispute Not Supported by RCNI) dispositions in these circumstances.

Partial Month Coverage Dispute
Example 1: FFM Partial Month, Issuer Full Month

Note: the FFM values are red and the Issuer values are green; the Coverage Period End Dates do not align.

Method 1

- The FFM Total Premium value is reported as a full month amount despite only having partial month coverage.
- The Issuer Total Premium value is reported as a full month amount because the Coverage Period spans the full month.

Exchange Assigned Subscriber ID	Exchange Assigned Policy ID	Payment Cycle Month	Coverage Period Start Date (FFM)	Coverage Period Start Date (Issuer)	Coverage Period End Date (FFM)	Coverage Period End Date (Issuer)	Policy Total Premium Amount (FFM)	Policy Total Premium Amount (Issuer)	APTC Amount (FFM)	APTC Amount (Issuer)	CSR Amount (FFM)	CSR Amount (Issuer)	UF Amount (FFM)	UF Amount (Issuer)
0000999999	12345678	201604	20160401	20160401	20160415	20160430	990.30	990.30	270.00	540.00			-17.33	-34.66

Method 2

- The FFM Total Premium value is reported as a prorated amount because the Coverage Period is for a partial month.
- The Issuer Total Premium value is reported as a full month amount because the Coverage Period spans the full month.

Exchange Assigned Subscriber ID	Exchange Assigned Policy ID	Payment Cycle Month	Coverage Period Start Date (FFM)	Coverage Period Start Date (Issuer)	Coverage Period End Date (FFM)	Coverage Period End Date (Issuer)	Policy Total Premium Amount (FFM)	Policy Total Premium Amount (Issuer)	APTC Amount (FFM)	APTC Amount (Issuer)	CSR Amount (FFM)	CSR Amount (Issuer)	UF Amount (FFM)	UF Amount (Issuer)
0000999999	12345678	201604	20160401	20160401	20160415	20160430	495.15	990.30	270.00	540.00			-17.33	-34.66

- In both methods of dispute submission:
  - The FFM APTC and UF values are prorated for the partial month.
  - The Issuer APTC and UF values are for the full month because the Coverage Period spans the full month.

Partial Month Coverage Dispute
Example 2: FFM Partial Month, Issuer Partial Month

Note: the FFM values are red and the Issuer values are green; the Coverage Period End Dates do not align.

Method 1

- The FFM Total Premium value is reported as a full month amount despite only having partial month coverage.
- The Issuer Total Premium value is reported as a full month amount despite only having partial month coverage.

Exchange Assigned Subscriber ID	Exchange Assigned Policy ID	Payment Cycle Month	Coverage Period Start Date (FFM)	Coverage Period Start Date (Issuer)	Coverage Period End Date (FFM)	Coverage Period End Date (Issuer)	Policy Total Premium Amount (FFM)	Policy Total Premium Amount (Issuer)	APTC Amount (FFM)	APTC Amount (Issuer)	CSR Amount (FFM)	CSR Amount (Issuer)	UF Amount (FFM)	UF Amount (Issuer)
0000999999	12345678	201604	20160401	20160401	20160415	20160420	990.30	990.30	270.00	360.00			- 17.33	- 23.11

Method 2

- The FFM Total Premium value is reported as a prorated amount because the Coverage Period is for a partial month.
- The Issuer Total Premium value is reported as a prorated amount because the Coverage Period is for a partial month.

Exchange Assigned Subscriber ID	Exchange Assigned Policy ID	Payment Cycle Month	Coverage Period Start Date (FFM)	Coverage Period Start Date (Issuer)	Coverage Period End Date (FFM)	Coverage Period End Date (Issuer)	Policy Total Premium Amount (FFM)	Policy Total Premium Amount (Issuer)	APTC Amount (FFM)	APTC Amount (Issuer)	CSR Amount (FFM)	CSR Amount (Issuer)	UF Amount (FFM)	UF Amount (Issuer)
0000999999	12345678	201604	20160401	20160401	20160415	20160420	445.15	660.20	270.00	360.00			- 17.33	- 23.11

- In both methods of dispute submission:
  - The FFM APTC and UF values are prorated for the partial month.
  - The Issuer APTC and UF values are prorated for the partial month.

Tips for Resolving Detail Code FV9

- **FV9** (Not able to match the dispute to a record on the PPR or HIX 820 for the Exchange Assigned Policy ID and Coverage Period.)
  - R3 disposition – FFM fields on form do not match PPR/HIX 820
  - Issuers must include the following required fields in the dispute in order for the dispute to be processed:
    - Exchange Assigned Subscriber ID (F3).
    - Exchange Assigned Policy ID (F4).
    - Payment Cycle Month (F5).
    - Coverage Period Start Date (FFM) (F8) and Coverage Period End Date (FFM) (F10). Note: FFM dates and amounts will be blank when reporting a missing payment.
    - Coverage Period Start Date (Issuer) (F9) and Coverage Period End Date (Issuer) (F11). Note: Issuer dates and amounts will be blank when reporting an unexpected payment.

Tips for Resolving Detail Code FV900

- **FV900** (Issuer disputed a missing payment, but a PPR / HIX 820 record was found for the Exchange Assigned Policy ID and payment month.)
  - R3 disposition – FFM fields on form do not match PPR/HIX 820
  - Issuers should review the coverage period cited on the dispute form, verify the Exchange Assigned Policy ID and resubmit the dispute, if necessary, with the corrected information identifying the value(s) the Issuer is disputing.

Tips for Resolving Detail Codes F3SR3/F4SR3

- **F3SR3** (Exchange Assigned Subscriber ID- Required Field Missing)
  - R1 disposition – Record does not meet format requirements.
  - To successfully submit Payment Disputes, Issuers must include the Exchange Assigned Subscriber ID in field (F3) on every dispute.
- **F4SR3** (Exchange Assigned Policy ID- Required Field Missing)
  - R1 disposition – Record does not meet format requirements.
  - To successfully submit Payment Disputes, Issuers must include the Exchange Assigned Policy ID in field (F4) on every dispute.
  - Issuers must maintain in their records the Exchange Assigned Policy ID for each subscriber enrolled in order to be able to accurately identify the latest Policy-based Payment details supplied by the FFM in the payment file formats.

Issuer Polling

Issuer Poll: Usefulness of Resources

- **Which materials in the REGTAP Library do you find most useful?**

Issuer Poll: Future Topics

- **Which of today's webinar topics would you like CMS to provide additional information on?**

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

Key Payment Calendar Dates

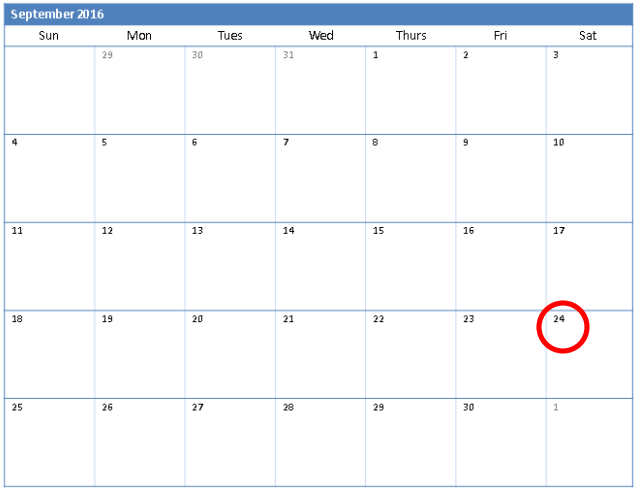
Key Dates

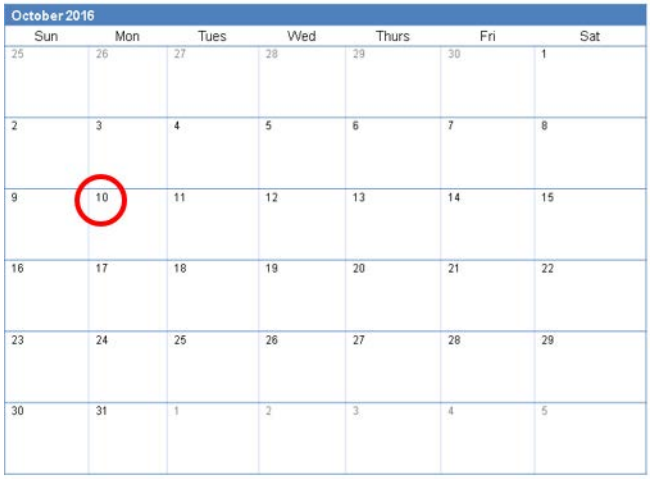
Key Payment Activities	December	January
SBM Issuer Workbooks Submission Window	Nov. 16th – 22nd	Dec. 16th – 21st
Vendor Management Module Open	Dec. 11th – 24th	Jan. 11th – 24th
Initial Invoice sent to Issuers	Dec. 13th	Jan. 10th
Preliminary Payment Reports sent to Issuers	Dec. 12th – 15th	Jan. 12th – 17th
Treasury issues payments to Issuers	Dec. 22nd	Jan. 20th
HIX 820 Payment transactions sent to Issuers	Dec. 30th	Jan. 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

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

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

CMS
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WWW.REGTAP.INFO

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

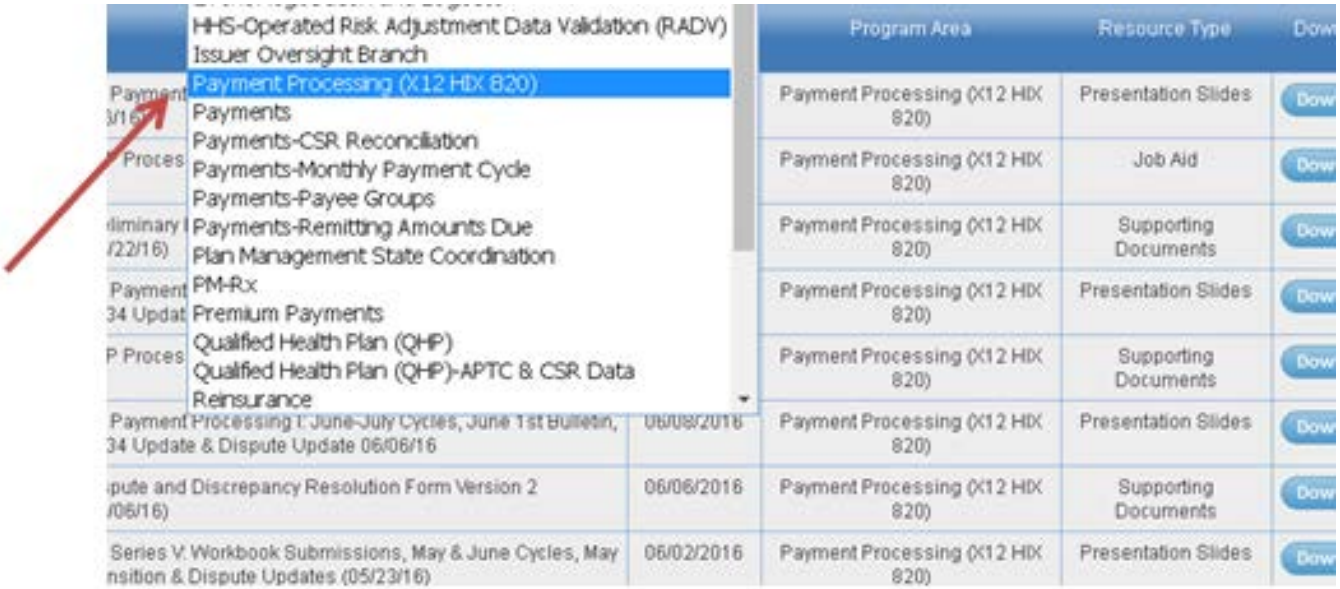
Resources

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

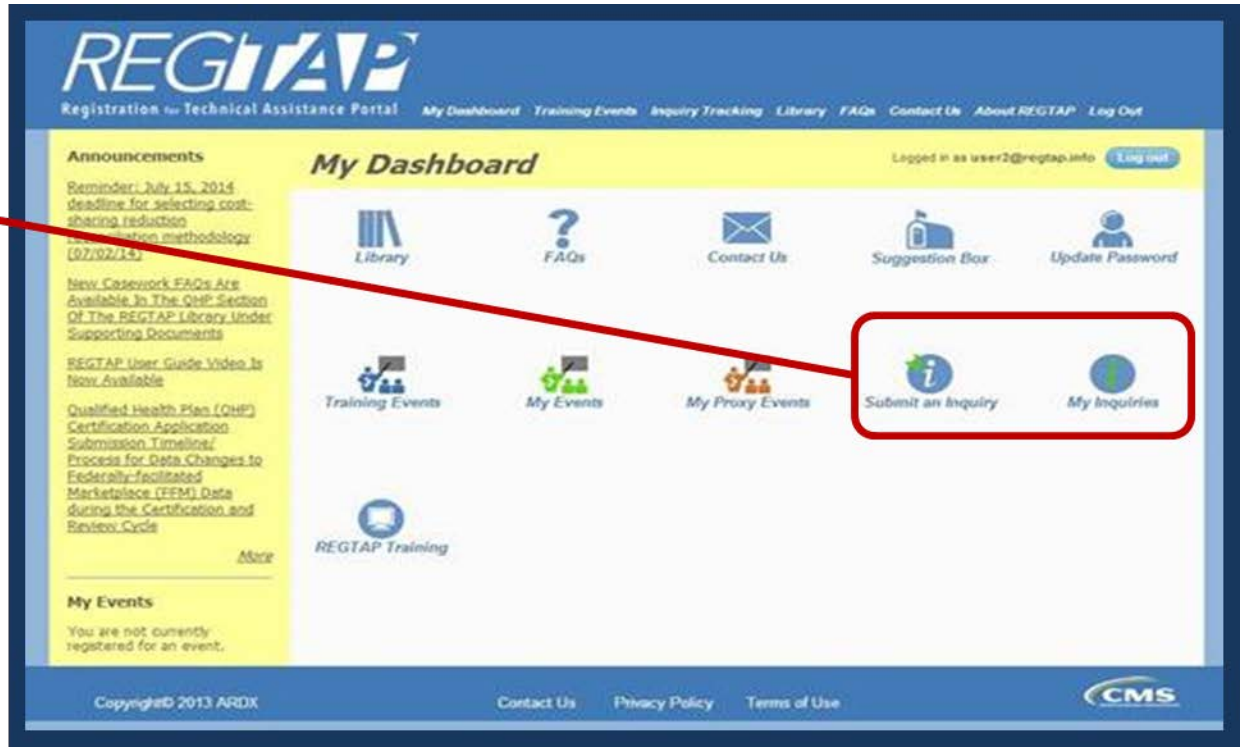
Under Program Area, select "Payment Processing (X12 HIX 820)"



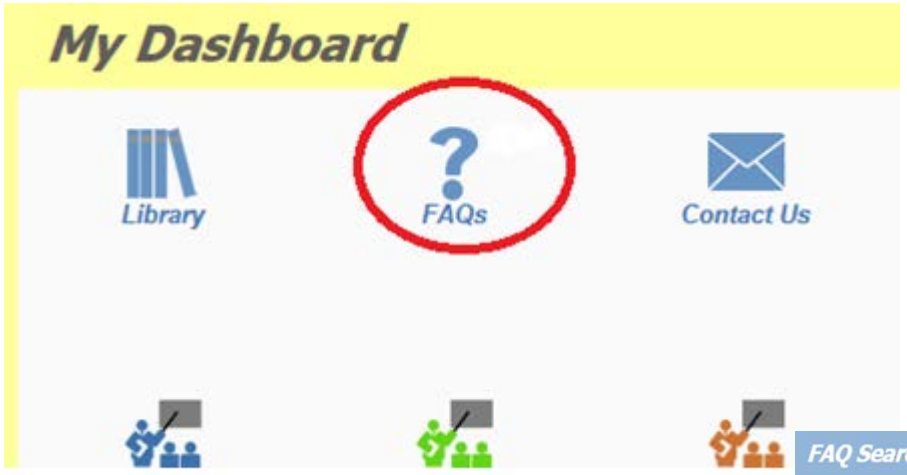
Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.

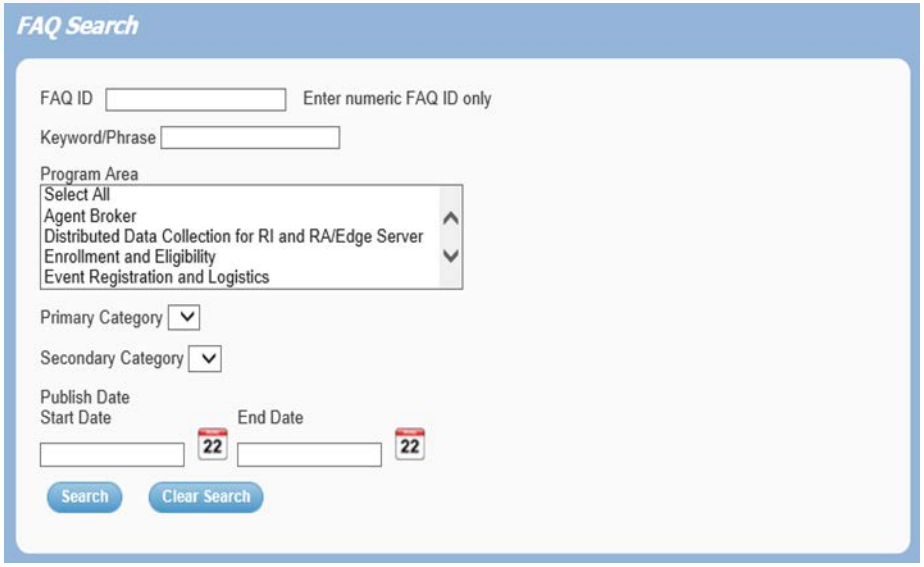


FAQ Database on REGTAP



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