FM Payment Processing 2019
Vendor Management (VM) Annual Outreach

June 24, 2019

Division of Financial Transfers and Operations (DFTO)

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WWW.REGTAP.INFO

Session Guidelines

- This is a 60-minute webinar session
- For questions regarding content, submit inquiries to fmcc@cms.hhs.gov
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520

Agenda

- Vendor Management (VM) contact verification and update
  - Edit contacts
  - Replace contacts
  - Submit (verify) contacts

VM Annual Outreach

VM Outreach Process

The VM Contact Form is a self-service form for Payee Submitters to either validate or update the contacts for their associated TINs/Payee Records. Payee Submitters can edit or replace their Payee Contact, Billing and Payment Contact, and Authorizing Delegated Official (ADO). Contact updates in this form will be made across all associated TINs/Payee Groups.



If you want to change the contact type (Payee contact, Billing and Payment Contact, or ADO) associated to a TIN/Payee Group, the change must be made using the Vendor Management Submission Form (not the VM Contact Form). This update must be approved by the Payee Approver, and will not be reflected in the Vendor Management Contact Form until the approval process is complete.

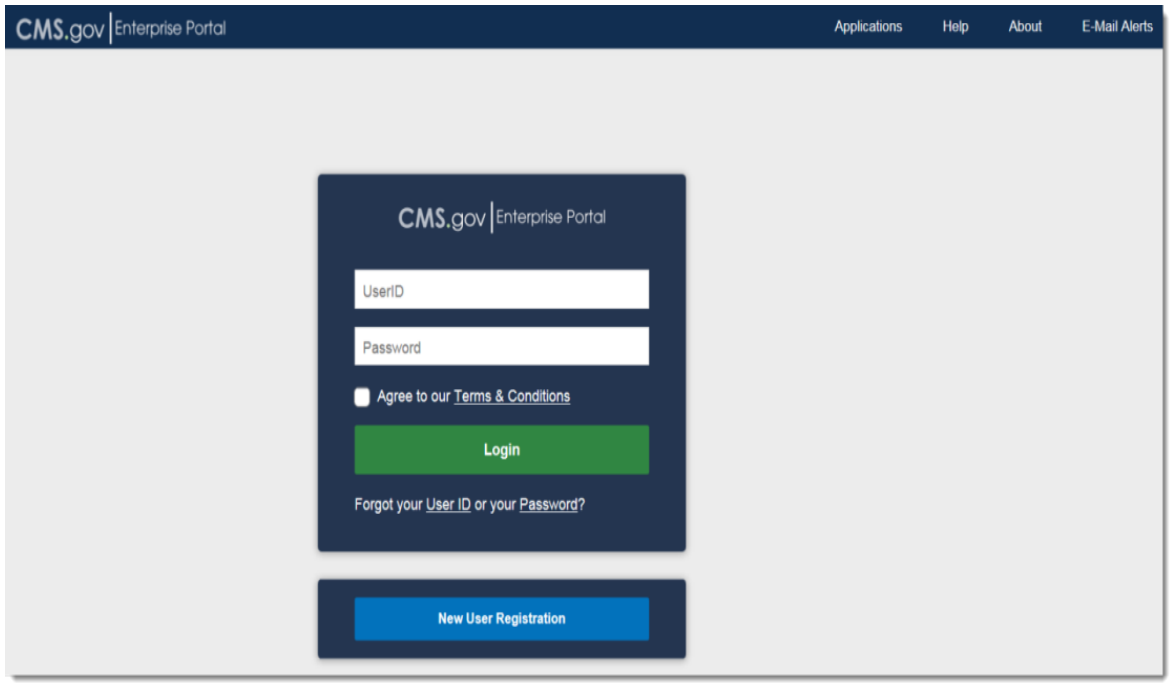
VM Tool and Contact Form Access

VM Tool Access

The VM Contact Form is accessed through the VM Tool, which is accessed through the CMS Enterprise Portal at https://portal.cms.gov.

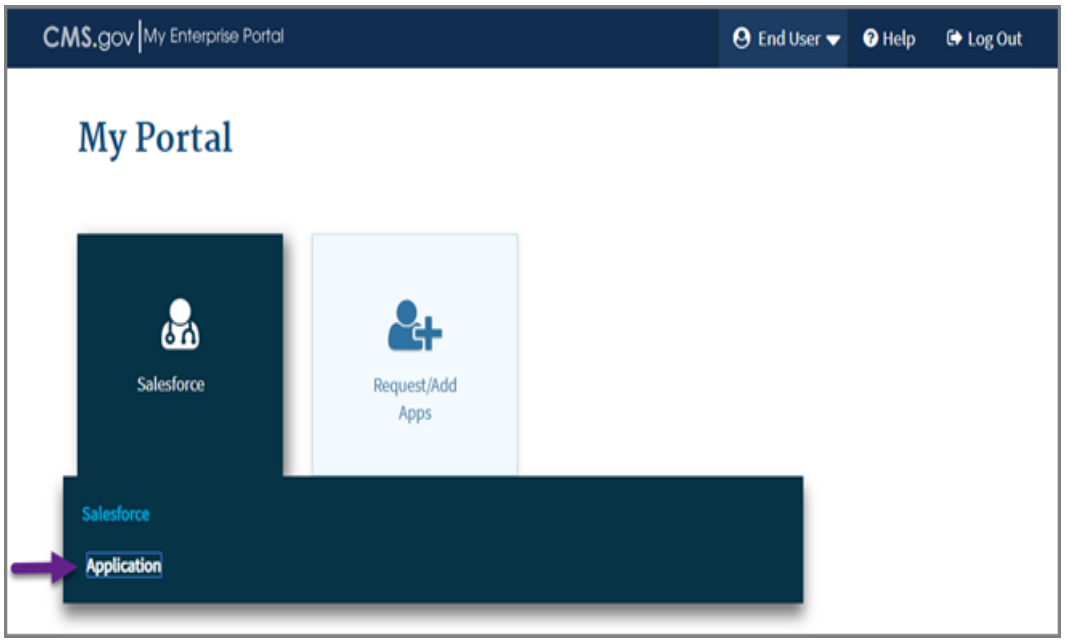
VM Tool Access

Log in to the CMS Enterprise Portal to navigate to the *My Portal* page.



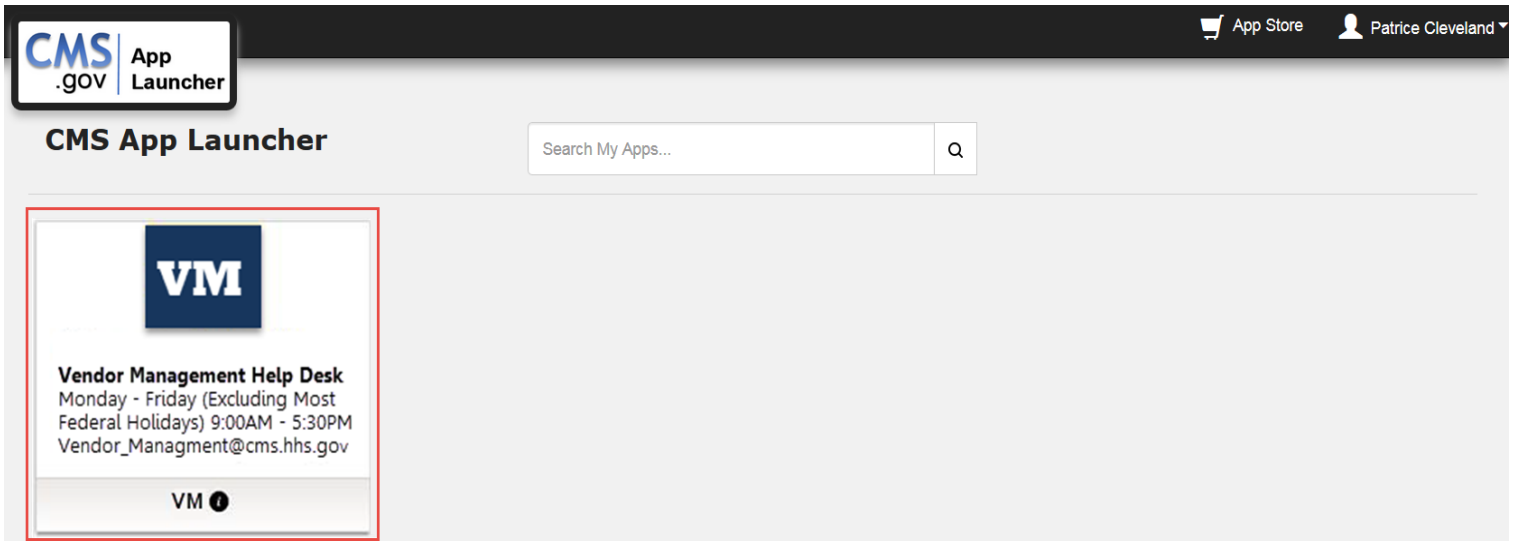
VM Tool Access

Select the Salesforce tile, then select Application from the drop-down menu.



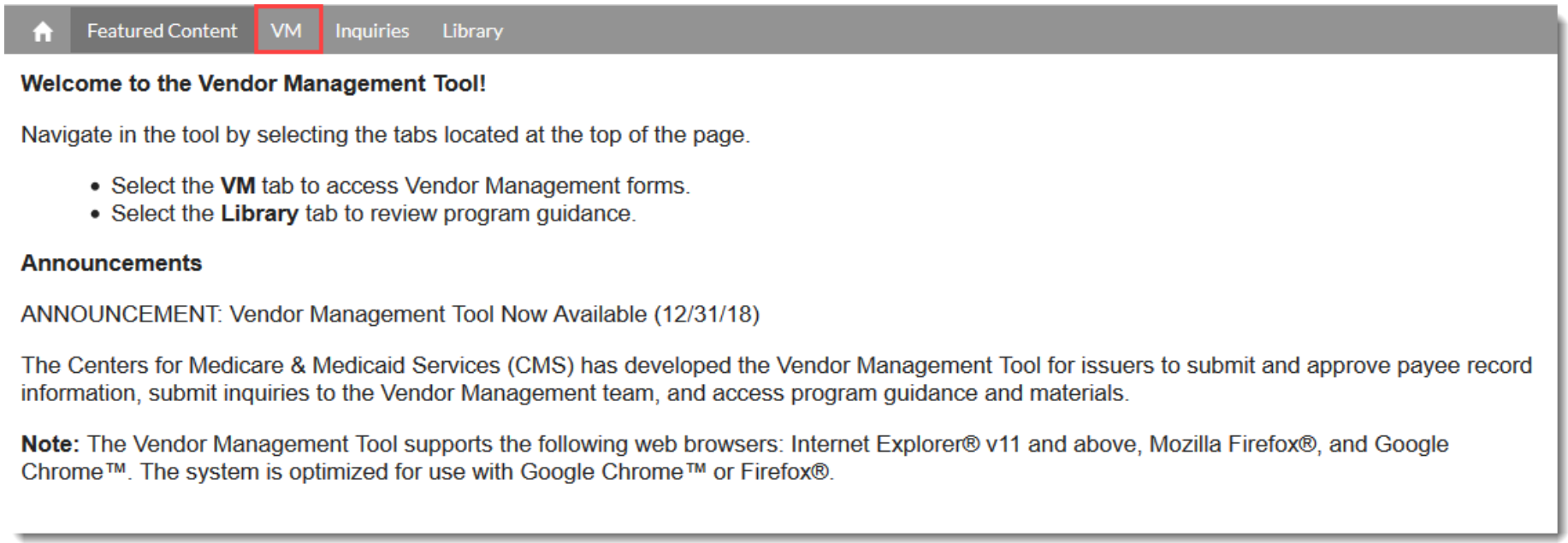
VM Tool Access

Select the VM tile to open the VM application.



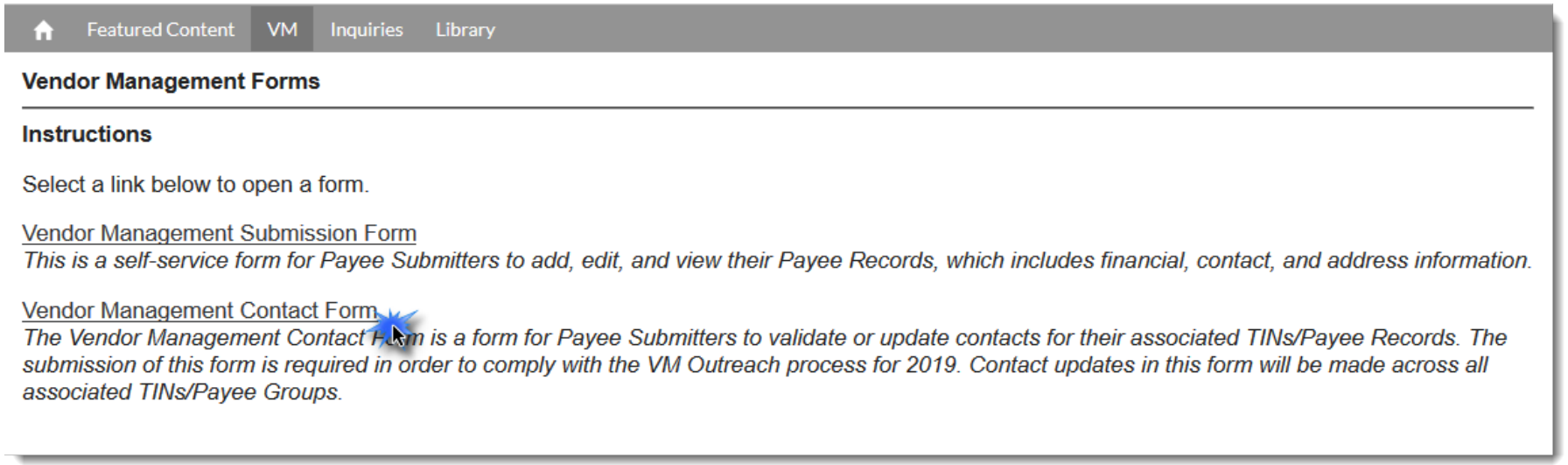
VM Tab

Select the *VM* tab.



VM Contact Form Access

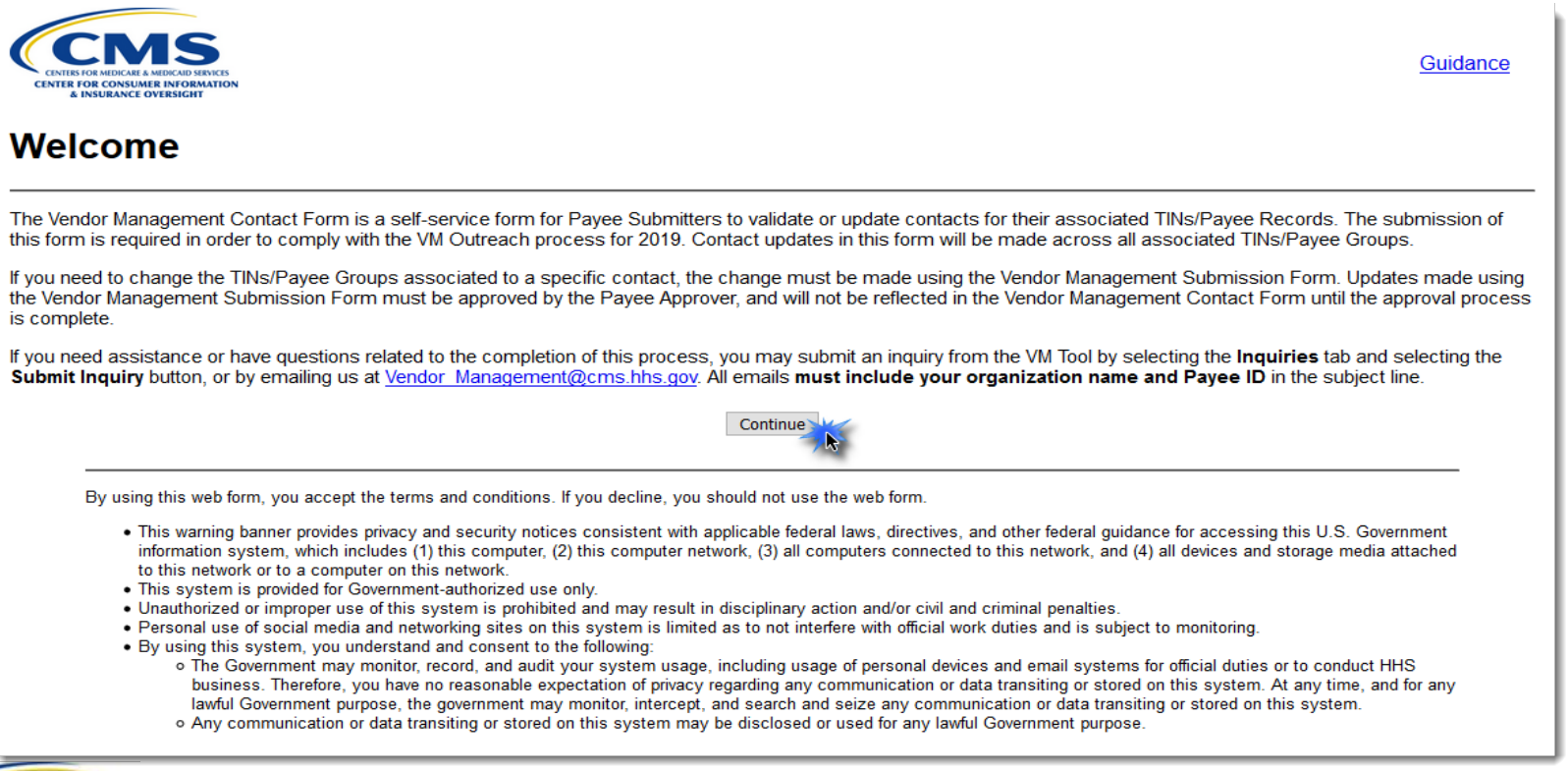
Select the **VM Contact Form** link.



VM Contact Form

Welcome Page

Select the **Continue** button.

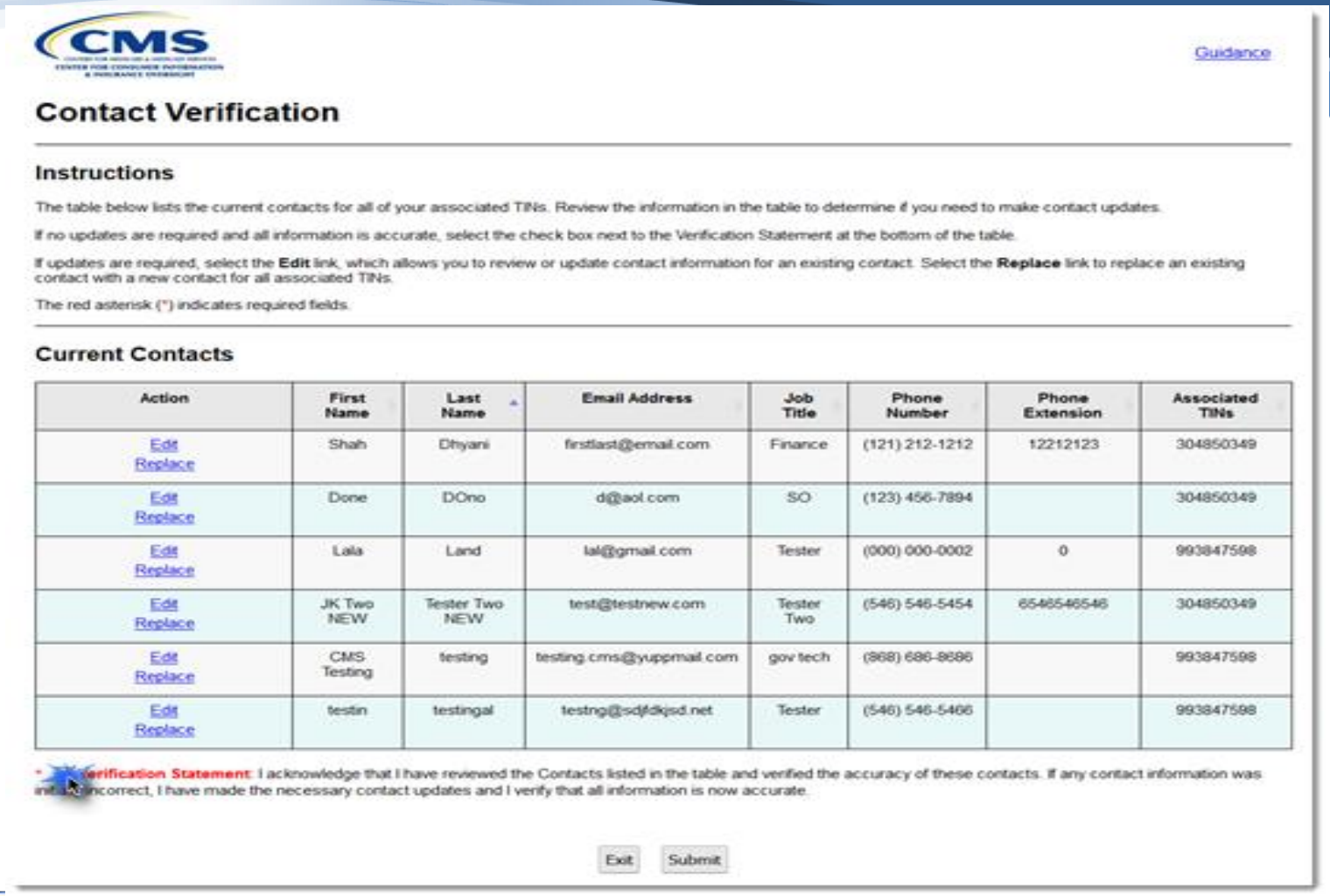


Contact Verification Page

The Contact Verification page allows users to:

- Review current contacts
- Edit, replace, and submit (verify) those contacts for all associated TINs/Payee Records

Contact Verification Page



Guidance

Contact Verification

Instructions

The table below lists the current contacts for all of your associated TINs. Review the information in the table to determine if you need to make contact updates.

If no updates are required and all information is accurate, select the check box next to the Verification Statement at the bottom of the table.

If updates are required, select the **Edit** link, which allows you to review or update contact information for an existing contact. Select the **Replace** link to replace an existing contact with a new contact for all associated TINs.

The red asterisk (*) indicates required fields.

Current Contacts

Action	First Name	Last Name	Email Address	Job Title	Phone Number	Phone Extension	Associated TINs
Edit Replace	Shah	Dhyani	firstlast@email.com	Finance	(121) 212-1212	12212123	304850349
Edit Replace	Done	DOno	d@aol.com	SO	(123) 456-7894		304850349
Edit Replace	Lala	Land	lal@gmail.com	Tester	(000) 000-0002	0	993847598
Edit Replace	JK Two NEW	Tester Two NEW	test@testnew.com	Tester Two	(546) 546-5454	6546546546	304850349
Edit Replace	CMS Testing	testing	testing.cms@yuppmail.com	gov tech	(868) 686-8686		993847598
Edit Replace	testin	testingal	testng@sdjfdkjsd.net	Tester	(546) 546-5466		993847598

* Verification Statement: I acknowledge that I have reviewed the Contacts listed in the table and verified the accuracy of these contacts. If any contact information was incorrect, I have made the necessary contact updates and I verify that all information is now accurate.

Exit Submit

Edit Current Contact

Edit Current Contact

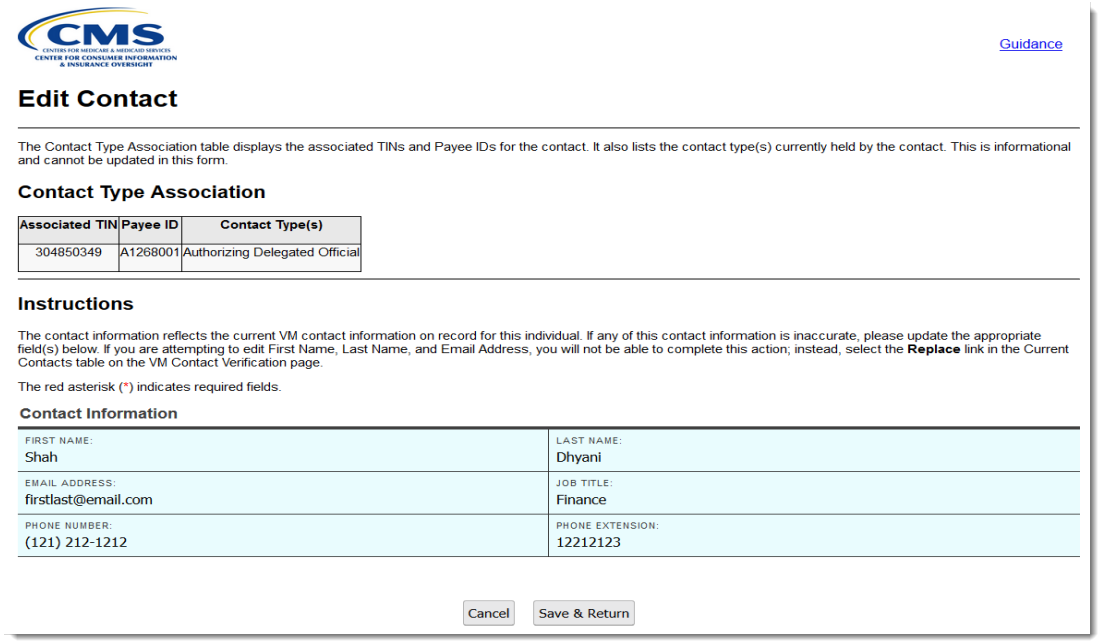
Select the **Edit** link. The form navigates to the *Edit Contact* page.

Current Contacts

Action	First Name	Last Name	Email Address	Job Title	Phone Number	Phone Extension	Associated TINs
Edit Replace	Shah	Dhyani	firstlast@email.com	Finance	(121) 212-1212	12212123	304850349
Edit Replace	Done	DOno	d@aol.com	SO	(123) 456-7894		304850349
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Contact Type Association Table

The Contact Type Association table presents the contact information currently in the system.



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Guidance

Edit Contact

The Contact Type Association table displays the associated TINs and Payee IDs for the contact. It also lists the contact type(s) currently held by the contact. This is informational and cannot be updated in this form.

Contact Type Association

Associated TIN	Payee ID	Contact Type(s)
304850349	A1268001	Authorizing Delegated Official

Instructions

The contact information reflects the current VM contact information on record for this individual. If any of this contact information is inaccurate, please update the appropriate field(s) below. If you are attempting to edit First Name, Last Name, and Email Address, you will not be able to complete this action; instead, select the **Replace** link in the Current Contacts table on the VM Contact Verification page.

The red asterisk (*) indicates required fields.

Contact Information

FIRST NAME: Shah	LAST NAME: Dhyani
EMAIL ADDRESS: firstlast@email.com	JOB TITLE: Finance
PHONE NUMBER: (121) 212-1212	PHONE EXTENSION: 12212123

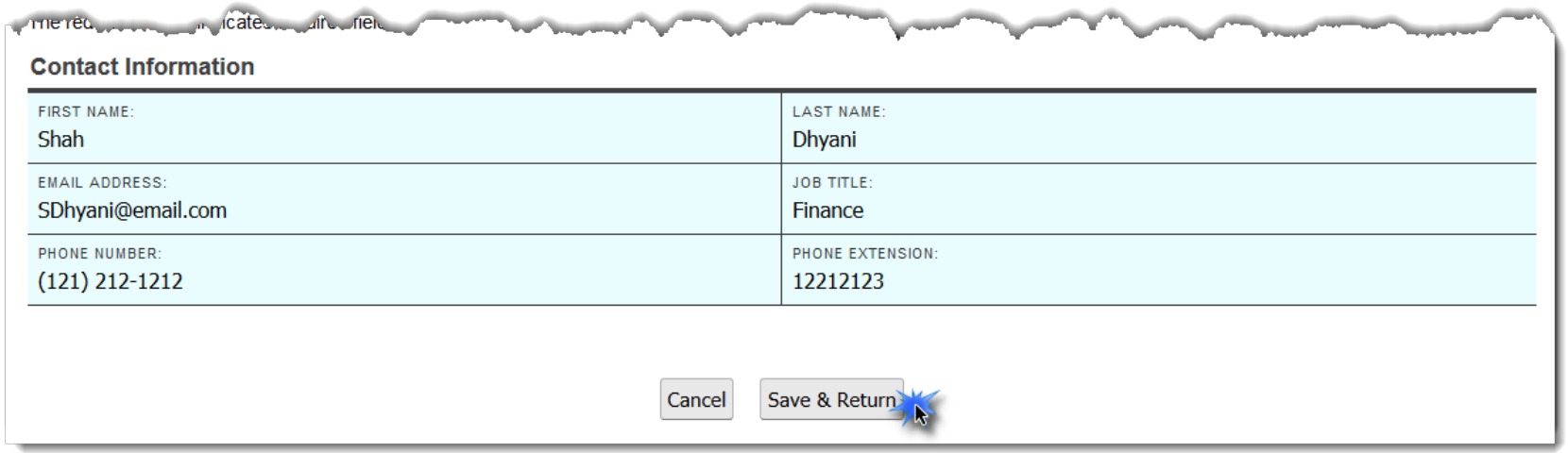
Cancel | Save & Return

NOTE

If you want to change the contact type (Payee contact, Billing and Payment Contact, or ADO) associated to a TIN/Payee Group, the change must be made using the Vendor Management Submission Form (not the VM Outreach Form). This update must be approved by the Payee Approver, and will not be reflected in the Vendor Management Conact Form until the approval process is complete.

Edit Contact Information

Current contact information will be pre-populated in the Contact Information table. Select the **Save & Return** button when you are finished editing.



NOTE

You cannot edit First Name, Last Name, and Email Address at the same time. If all of these fields need to be changed, this is considered to be a “replace,” not an “edit.”

Replace Current Contact

Replace Current Contact

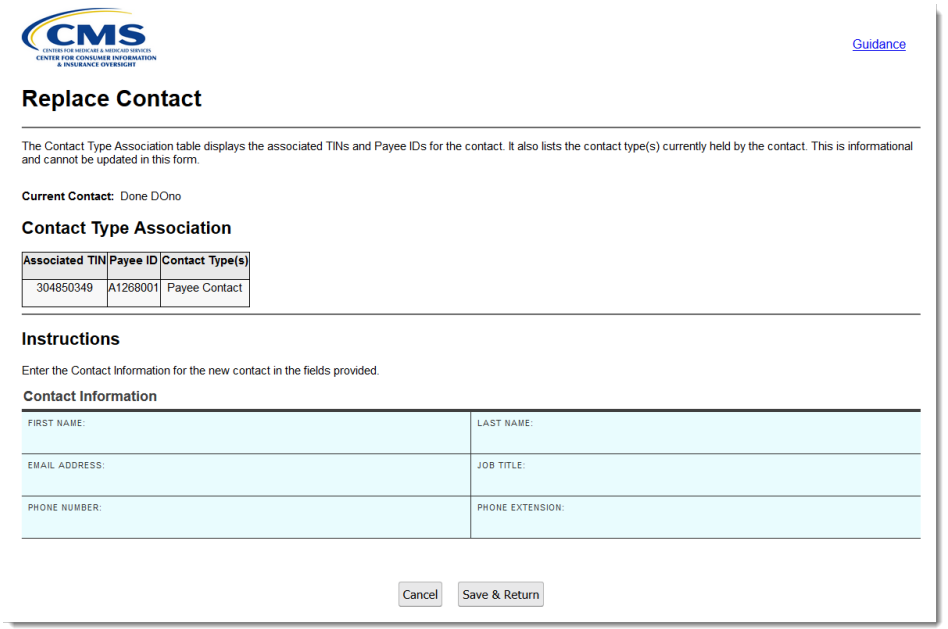
Select the **Replace** link. The form navigates to the *Replace Contact* page.

Current Contacts

Action	First Name	Last Name	Email Address	Job Title	Phone Number	Phone Extension	Associated TINs
Edit Replace	Shah	Dhyani	sdhyani@email.com	Finance	(121) 212-1212	12212123	304850349
Edit Replace	Done	DOno	d@aol.com	SO	(123) 456-7894		304850349
Edit Replace	Lala	Land	lal@gmail.com	Tester	(000) 000-0002	0	993847598
Edit Replace	JK Two NEW	Tester Two NEW	test@testnew.com	Tester Two	(546) 546-5454	6546546546	304850349
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Guidance

Replace Contact

The Contact Type Association table displays the associated TINs and Payee IDs for the contact. It also lists the contact type(s) currently held by the contact. This is informational and cannot be updated in this form.

Current Contact: Done DOno

Contact Type Association

Associated TIN	Payee ID	Contact Type(s)
304850349	A1268001	Payee Contact

Instructions

Enter the Contact Information for the new contact in the fields provided.

Contact Information

FIRST NAME:	LAST NAME:
EMAIL ADDRESS:	JOB TITLE:
PHONE NUMBER:	PHONE EXTENSION:

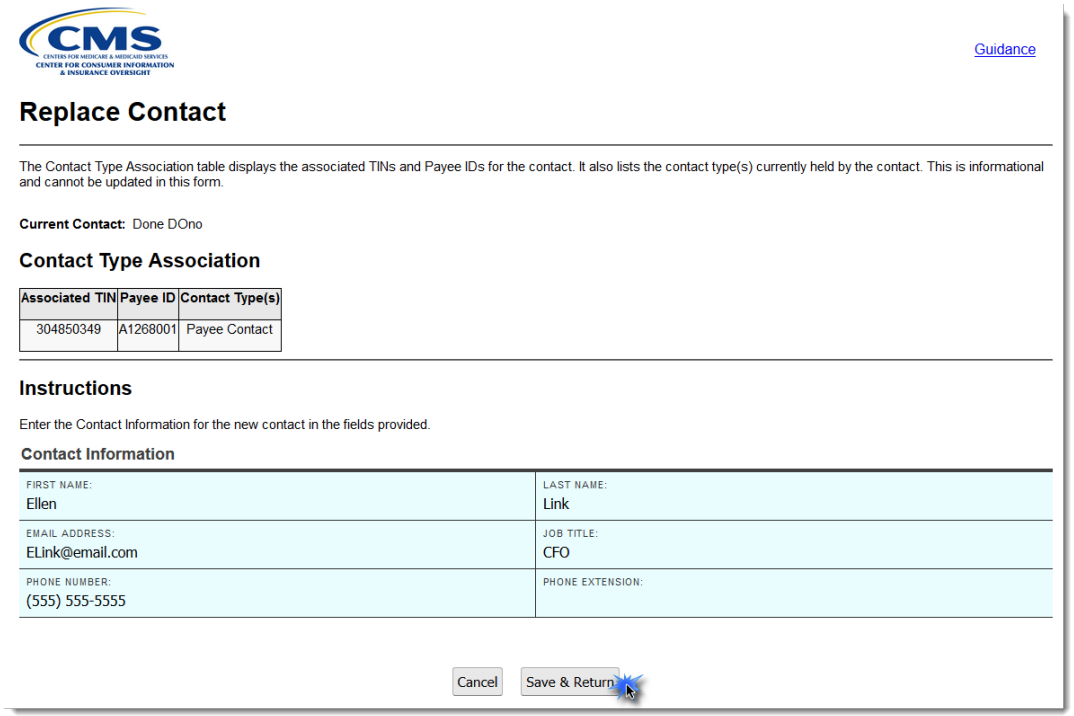
Cancel Save & Return

NOTE

If you want to change the contact type (Payee contact, Billing and Payment Contact, or ADO) associated to a TIN/Payee Group, the change must be made using the Vendor Management Submission Form (not the VM Outreach Form). This update must be approved by the Payee Approver, and will not be reflected in the Vendor Management Con act Form until the approval process is complete.

Enter Contact Information

Enter new contact information in the Contact Information table. Select the **Save & Return** button when you are finished editing.



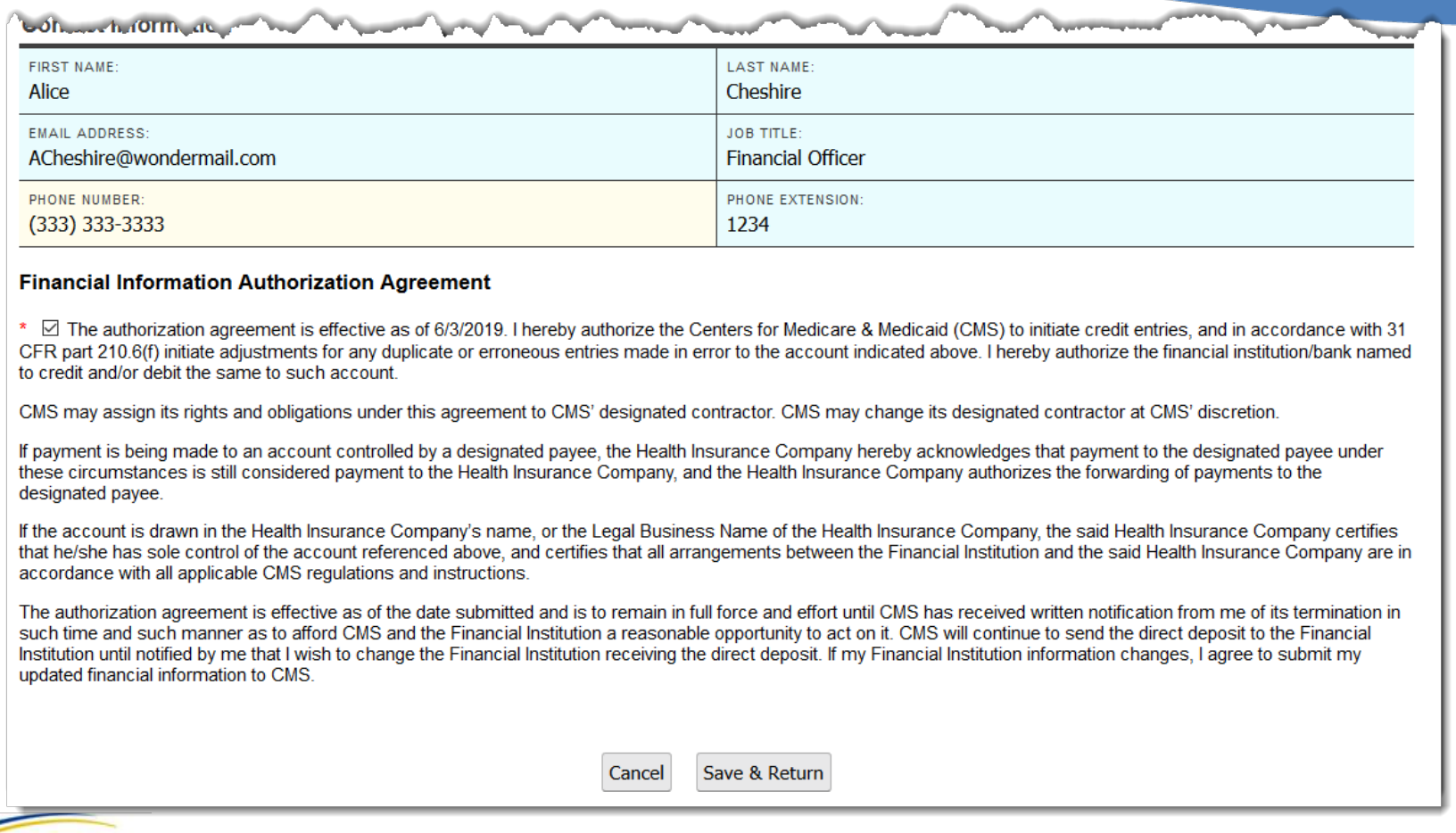
Financial Information Authorization Agreement

If you are replacing an ADO, review the Financial Information Authorization Agreement and select the check box before saving.



If you are updating an ADO contact, the ADO must be an individual who can authorize the use of the financial information submitted to CMS. This contact should be the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or hold an equivalent role.

Financial Information Authorization Agreement



FIRST NAME: Alice	LAST NAME: Cheshire
EMAIL ADDRESS: ACheshire@wondermail.com	JOB TITLE: Financial Officer
PHONE NUMBER: (333) 333-3333	PHONE EXTENSION: 1234

Financial Information Authorization Agreement

* ☑ The authorization agreement is effective as of 6/3/2019. I hereby authorize the Centers for Medicare & Medicaid (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named to credit and/or debit the same to such account.

CMS may assign its rights and obligations under this agreement to CMS' designated contractor. CMS may change its designated contractor at CMS' discretion.

If payment is being made to an account controlled by a designated payee, the Health Insurance Company hereby acknowledges that payment to the designated payee under these circumstances is still considered payment to the Health Insurance Company, and the Health Insurance Company authorizes the forwarding of payments to the designated payee.

If the account is drawn in the Health Insurance Company's name, or the Legal Business Name of the Health Insurance Company, the said Health Insurance Company certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Health Insurance Company are in accordance with all applicable CMS regulations and instructions.

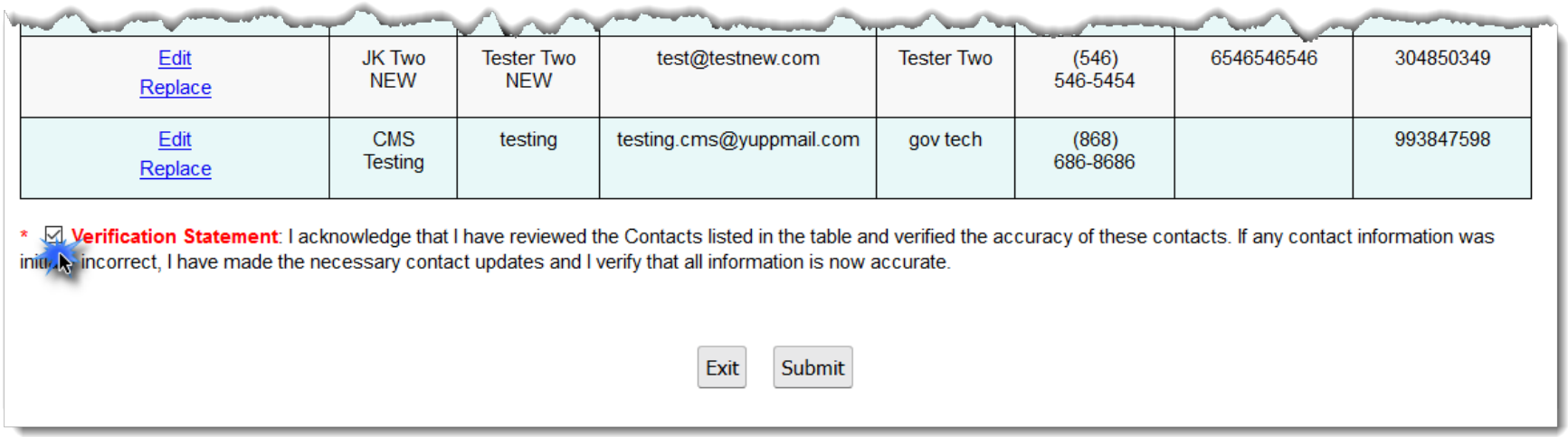
The authorization agreement is effective as of the date submitted and is to remain in full force and effort until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit my updated financial information to CMS.

Cancel Save & Return

Submit Contact

Verification Statement

Review the Verification Statement and select the checkbox next to it.



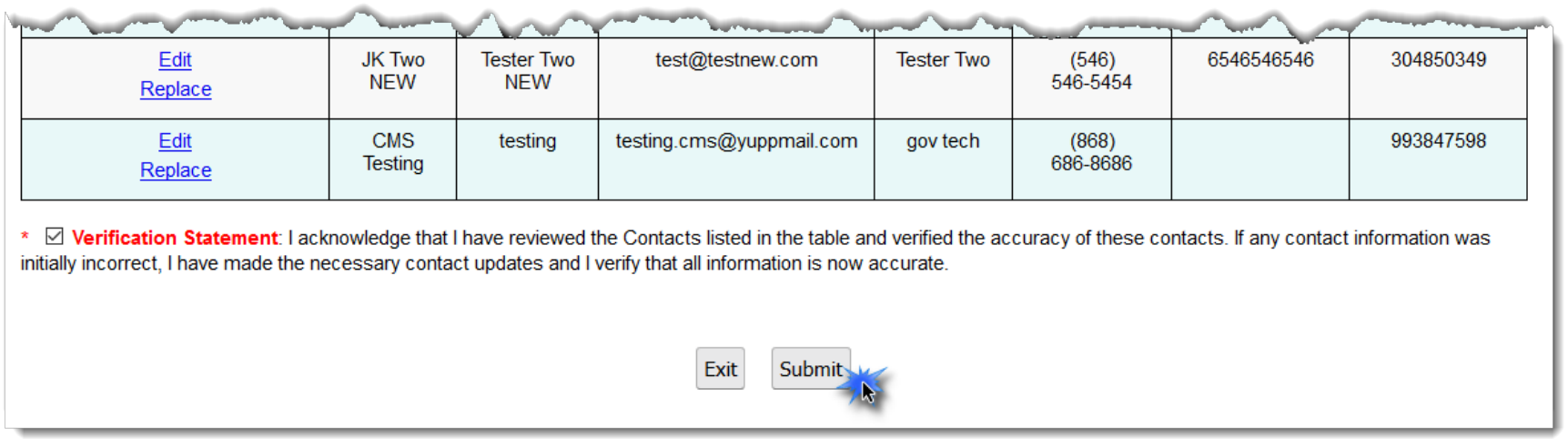
Edit Replace	JK Two NEW	Tester Two NEW	test@testnew.com	Tester Two	(546) 546-5454	6546546546	304850349
Edit Replace	CMS Testing	testing	testing.cms@yuppmail.com	gov tech	(868) 686-8686		993847598

* ☑ **Verification Statement**: I acknowledge that I have reviewed the Contacts listed in the table and verified the accuracy of these contacts. If any contact information was initially incorrect, I have made the necessary contact updates and I verify that all information is now accurate.

Exit Submit

Submit Contact

Select the **Submit** button.

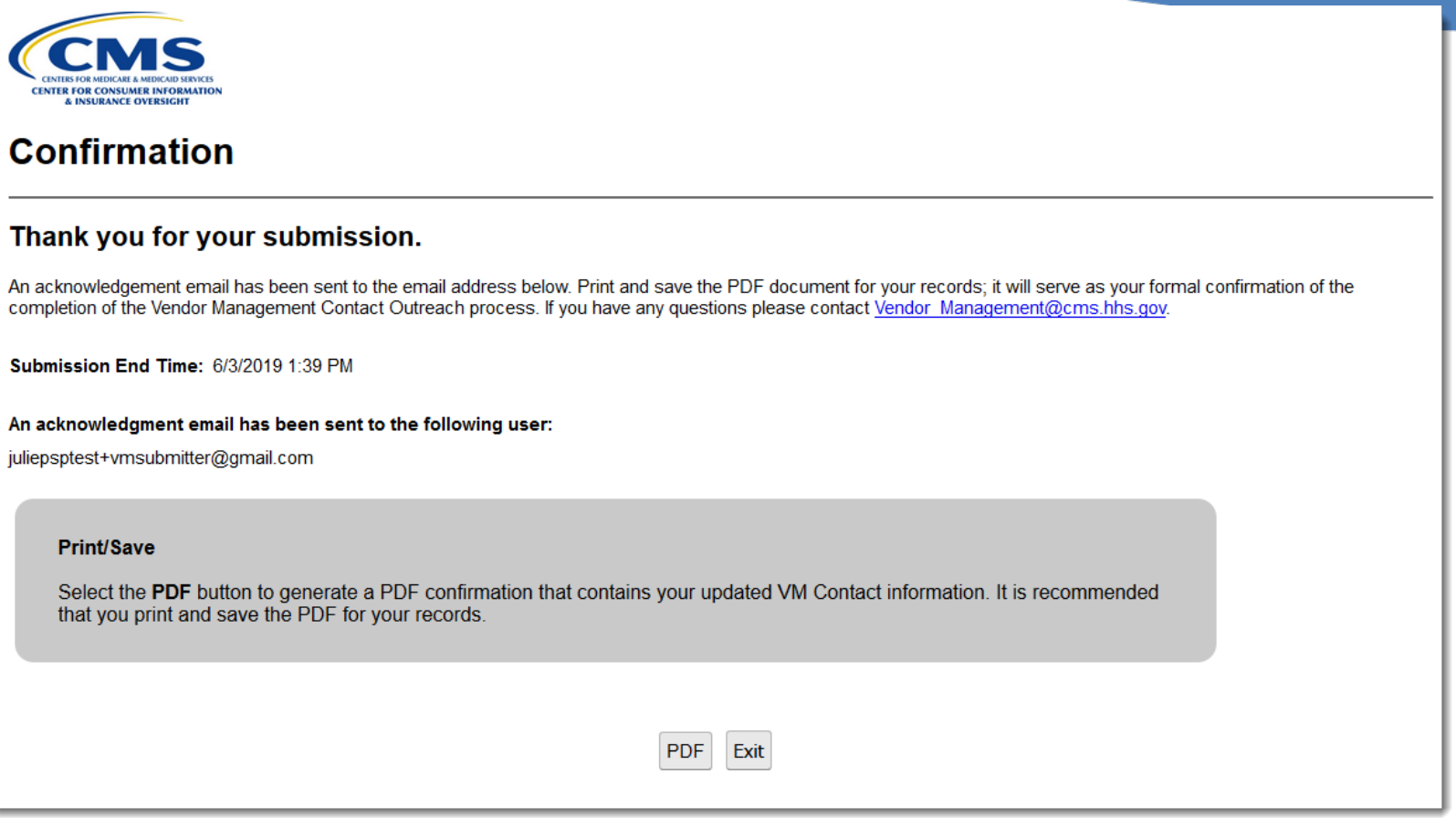


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Exit Submit

Confirmation Page



Next Steps & Key Dates

Activity	Timing
Verify and update contacts	June 24, 2019 – June 28, 2019
Respond to any CMS follow up related to contacts	June 28, 2019 – July 26, 2019

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.

Resources

Financial Management Coordination Center

- The FMCC help desk at fmcc@cms.hhs.gov assists Issuers with:
  - Questions or concerns regarding the Payment Dispute process
  - Technical assistance
  - File submission
- When contacting the FMCC, Issuers should include their five (5)-digit HIOS ID and their seven (7)-character Payee ID, along with their request

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/
Pay.gov Web Help	https://www.pay.gov/WebHelp/HTML/about.html
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

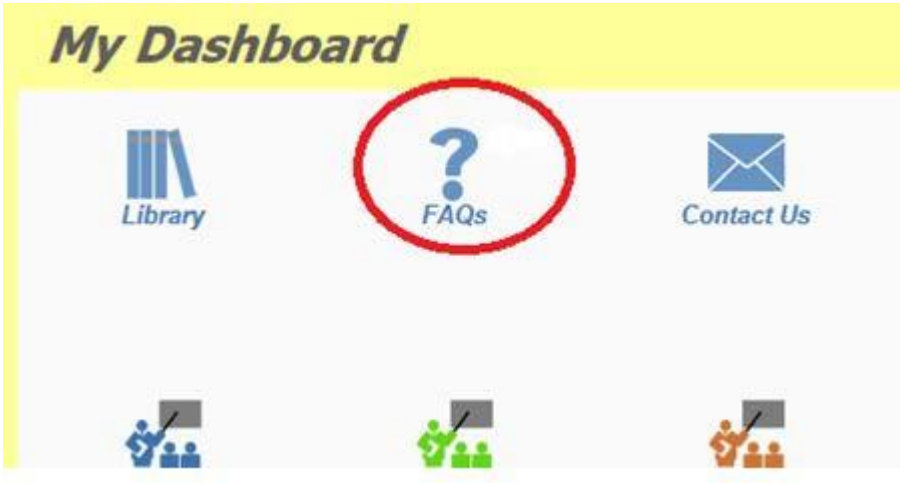
Inquiry Tracking and Management System (ITMS)

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

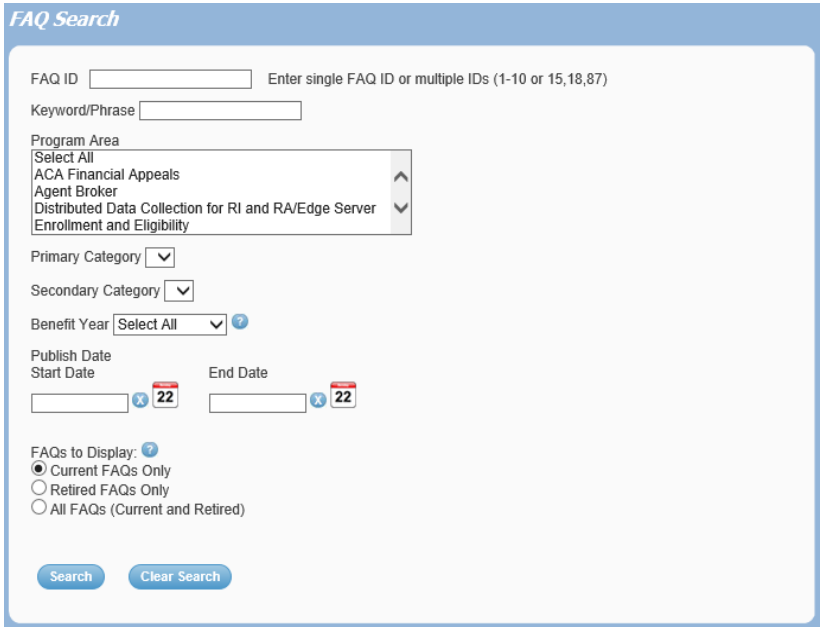
Select “Submit an Inquiry” or to view submitted inquiries select ‘My Inquiries’ from My Dashboard.



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