

Disputes 101

Sections I, II, III and IV
October 2019

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Course Outline

This presentation provides information on disputes issuers use to update FFM data when other reconciliation methods are not an option.

The course is divided into the following sections:

I. [Introduction to Discrepancy Disputes](#)

II. [Enrollment Disputes](#)

III. [HICS Direct Disputes](#)

IV. [Payment Disputes](#)

Section #1: Introduction to Discrepancy Disputes

The following slides are presented in the Introduction section:

- [Reconciliation Mechanisms](#)
- [Reconciliation Mechanisms \(Continued\)](#)
- [Dispute Overview](#)
- [Enrollment & Payment Dispute Methods](#)
- [Accepted Dispute Types](#)
- [Current Year vs. Prior Year Disputes](#)
- [AM Approval for Prior Year Disputes](#)
- [Dispute Outcomes](#)
- [Semi-Monthly Detailed Report](#)
- [Semi-Monthly Detailed Report \(Continued\)](#)
- [Dispute Resources](#)
- [Dispute Resources \(Continued\)](#)

Reconciliation Mechanisms

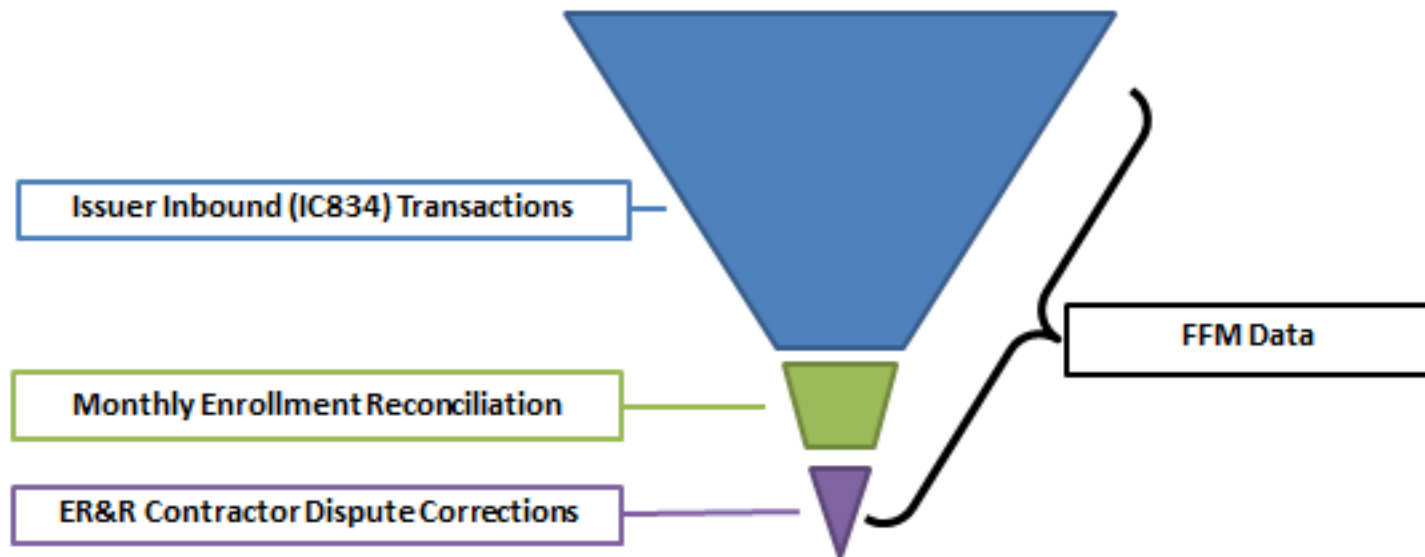
The objective of the dispute process is to align issuer and Federally-Facilitated Marketplace (FFM, also referred to as FFE – Federally-Facilitated Exchange) data. To maintain accurate databases, issuers submit:

- Inbound 834s for all eligible updates.
- Regular, timely, and accurate monthly FFM Inbound Enrollment Reconciliation (RCNI) files to CMS.
- Disputes to the Enrollment Resolution & Reconciliation (ER&R) Contractor to report discrepancies in enrollment or payment data.

When issuers fully understand and utilize the 834, Recon, and dispute processes, they ensure that their data is aligned, their payments are accurate, and consumers receive accurate tax forms.

Reconciliation Mechanisms (Continued)

This diagram depicts the volume of policy updates performed in each component of enrollment in the FFM.



The FFM updates data through three mechanisms. Disputes create a process to resolve the small volumes of discrepancies not resolved in IC834 transactions or monthly Enrollment Reconciliation.

Dispute Overview

Issuers submit a dispute to the ER&R Contractor when an update to enrollment data is unsuccessful through IC834 transactions or through monthly Reconciliation.

- The ER&R Contractor accepts two types of disputes from issuers.
 - Enrollment Disputes typically come from discrepancies the issuer identifies in the FFM Outbound Enrollment Reconciliation (RCNO) file.
 - Payment Disputes typically come from discrepancies the issuer identifies on the Preliminary Payment Report (PPR) or Health Insurance Exchange (HIX) 820.
- ER&R assigns each dispute an ER&R Case ID.
 - Issuers should use the ER&R Case ID when communicating with ER&R to quickly identify the specific record in question.

Enrollment & Payment Dispute Methods

Issuers may use the following dispute methods to submit Enrollment and Payment Disputes:

- Use the Enrollment Dispute Form to dispute issues identified in the RCNO that cannot be corrected through automated Reconciliation.
- Use the HICS Direct Dispute option to submit only the following Enrollment Dispute types directly through the Health Insurance Casework System (HICS):
 - Applied Advance Premium Tax Credit (APTC) Amount
 - Total Premium Amount
 - Enrollment Blocker
 - Term No Longer Eligible (NLE) Appeal
 - QHP (Qualified Health Plan) ID/Variant ID
 - Removal of a Member
 - Changing Subscriber
- Use the Payment Dispute Form to dispute policy-level discrepancies on the PPR or HIX 820.

Accepted Dispute Types

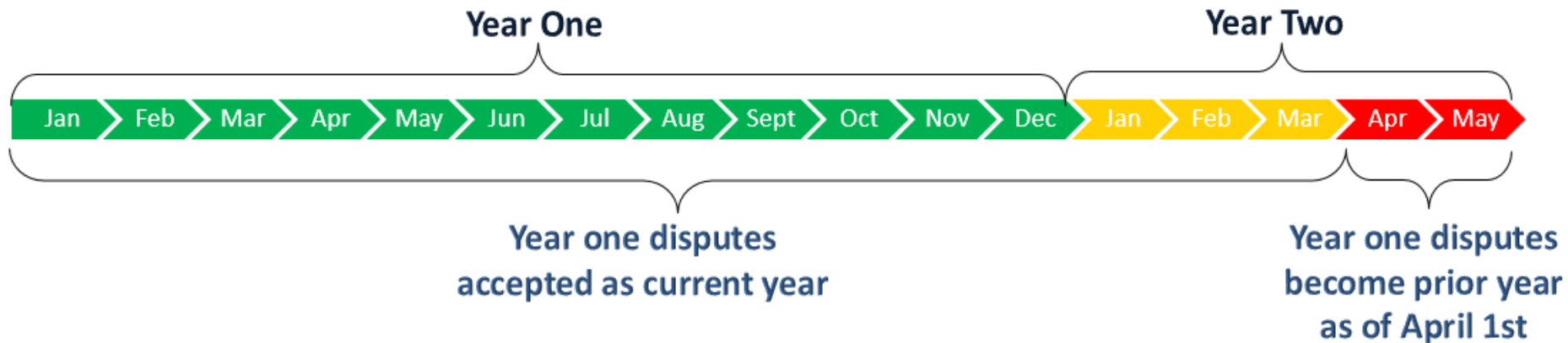
Dispute Type	Enrollment Dispute Form	Payment Dispute Form	HICS Direct Dispute
Agent/Broker Name	Yes	No	No
Agent/Broker NPN	Yes	No	No
Applied APTC Amount	Yes	Yes	Yes
Benefit Start Date	Yes	Yes. Disputing coverage dates may affect financial dates.	No
Benefit End Date	Yes	Yes. Disputing coverage dates may affect financial dates.	No
Changing Subscriber	No	No	Yes
CSR Amount	Yes	Yes	No
Date of Birth	Yes	No	Yes
Enrollment Blocker	Yes	No	Yes
Gender	Yes	No	No
Initial Premium Paid Status	Yes	Missing payment or unexpected payment disputes may affect the effectuation status.	No
Issuer Assigned Member ID	Yes	No	No
Issuer Assigned Policy ID	Yes	No	No
Issuer Assigned Subscriber ID	Yes	No	No
Mailing Address	Yes	No	No
Newborn Premium Update	Yes	No	No
QHP ID/Variant ID	Yes	No	Yes
Reinstatement	Yes	No	No
Rejected Enrollment	Yes	No	No
Removal of a Member	No	No	Yes
Term NLE Appeal	No	No	Yes
Tobacco Status	Yes	No	No
Total Premium Amount	Yes	Yes	Yes – except disputes that do not require a HICS case
User Fee	No	Yes	No

Current Year vs. Prior Year Disputes

ER&R uses different business rules to process current year and prior year disputes.

- Current Year – a coverage year for which active Reconciliation is still ongoing
- Prior Year – a coverage year for which Reconciliation has ended

The Reconciliation year spans from January of one year through March of the next, allowing issuers additional time to resolve discrepancies via the monthly Reconciliation process.



NOTE: Both year one and year two disputes are accepted as current year disputes for the respective Reconciliation years from January through March of year two.

AM Approval for Prior Year Disputes

Enrollment and Payment Disputes for prior year coverage require Account Manager (AM) approval if the dispute is not associated to a supporting HICS case.

The AM approval process for prior year disputes is as follows:

1. The issuer requests approval by emailing a completed Issuer Prior Year Approval Request Form to the AM.
2. The AM contacts ER&R with information about the approved disputes.
3. ER&R sends a confirmation email to the AM and the issuer with a due date for dispute submission.
4. The issuer follows their existing procedures to submit the approved prior year disputes.
5. ER&R processes the disputes normally after validating that the disputes were approved.

NOTE: Policies for the 2019 coverage year will not require AM approval until May 1, 2020, as CMS allows issuers one month to submit disputes after monthly Reconciliation ends.

Dispute Outcomes

There are two files that report dispute outcomes. ER&R delivers:

- The Semi-Monthly Detailed Report twice per month. This report provides dispute outcomes for Enrollment, Payment, and HICS Direct Disputes.
- The PPR-820 Dispute Response File, or Response File, within one business day of dispute submission and provides disposition outcomes for Payment Disputes.

Many Payment and Enrollment Disputes result in an update to enrollment data within the FFM. The FFM receives updates as part of the monthly corrections cycle.

- The ER&R Contractor sends updates to the FFM once per month.
- Updates typically reflect in the issuer's Pre-Audit the following month.
- Payments are based on data from the previous month's Pre-Audit.

Due to the timing and frequency of updates, issuers should allow 1-2 monthly Reconciliation cycles for updates to be applied.

Semi-Monthly Detailed Report

The Semi-Monthly Detailed Report is an Excel file that is unique to a single HIOS. It includes:

- Disputes submitted since the previous report.
- Disputes that have received a new disposition since the previous report.
- Disputes with an “In Process” status, which indicates that the case involves manual analysis and has not been dispositioned at the time of the report.
- Correlated cases created by ER&R that will align with the outcomes of the associated issuer-originated disputes.

ER&R distributes the report twice a month on the 1st and 16th or the first business day thereafter if the 1st or 16th falls on a weekend or holiday. Issuers receive the report via Electronic File Transfer (EFT), using the ERRD function code, to the same TPID from which the dispute was submitted.

In addition, ER&R delivers an excerpt of this report, called the Semi-Monthly Payment Report, that provides only the Payment Disputes data in Pipe-Separated Value (PSV) format. This report is transmitted via EFT, using the ERRZ function code, on the same schedule as the Semi-Monthly Detailed Report.

Semi-Monthly Detailed Report (Continued)

The Semi-Monthly Detailed Report contains four tabs.

The first two tabs pertain to Enrollment and HICS Direct Disputes:

- Enrollment Summary tab – Provides an overview of dispute outcomes
- Enrollment Disputes tab – Provides individual outcomes for each submitted dispute.

The latter tabs pertain to Payment Disputes:

- Payment Summary tab – Supplies statistics for the issuer's HIOS ID that are cumulative year-to-date (YTD) figures
- Payment Disputes tab – Provides the original fields from the issuer's dispute submission detail record (F1–F23) and all the fields from the Response File (F24–F31)

Issuers should use their own issuer-supplied values from the original submission in combination with CMS-supplied values to trace disputes.

Dispute Resources

- The CMS zONE website contains issuer guidance regarding the Affordable Care Act (ACA).
- Access the following on zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>:
 - The latest version of this Disputes 101 presentation
 - The Combined Enrollment & Payment Disputes Technical Reference Guide (TRG), which provides a consolidated point of reference for technical guidance related to the dispute processes
 - The Enrollment Blocker Job Aide, which provides guidance on dealing with updates impacted by an Enrollment Blocker
 - The Prior Year Dispute Approval Master Guidance, which provides details on requesting AM approval for prior year disputes that are not associated to a supporting HICS case

Dispute Resources (Continued)

- CMS facilitates a series of Reconciliation webinars to share information and technical guidance. Register at <https://www.regtap.info> to receive notice of these webinars and access to updated materials.
- Issuers who have questions related to the dispute process, dispute form submissions, or Response Files, should contact the ER&R team. The ER&R Support Center hours of operation are Monday through Friday, 8 AM to 8 PM ET.
 - ERRSupportCenter@cognosante.com
 - **(855) 591-7113**

NOTE: Please supply the File Control Number (Issuer) from the submission when initiating inquiries about Response Files.

Section #2: Enrollment Disputes

The following slides are presented in the Enrollment Disputes section:

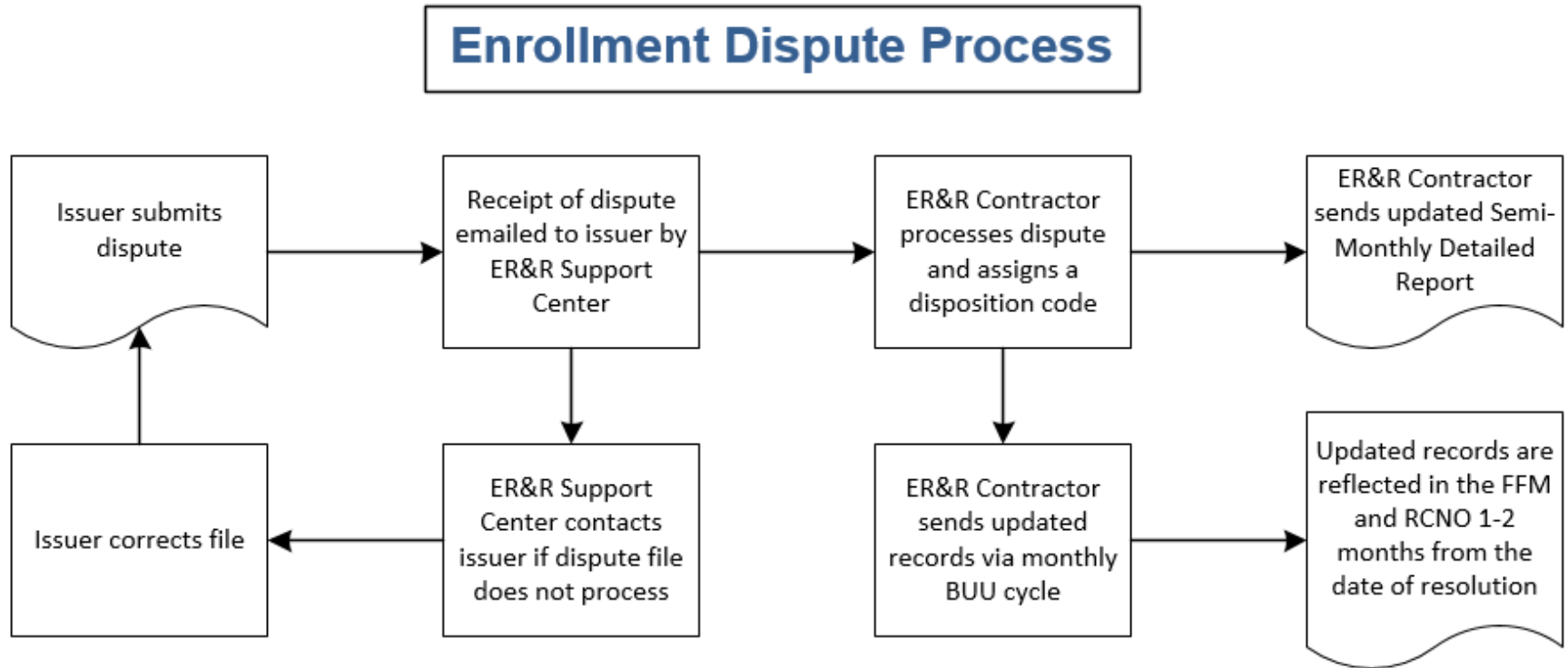
- [Enrollment Disputes Overview](#)
- [Enrollment Disputes Flow](#)
- [Enrollment Dispute Form v12](#)
- [Enrollment Dispute Form v12 \(Continued\)](#)
- [How To Guide Tab](#)
- [Dispute Examples Tab](#)
- [PSV Format Tab](#)
- [Discrepancy Dispute Tab](#)
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- [Benefit End Date Disputes](#)
- [Prior Year – End Date Disputes](#)
- [Gender Disputes](#)
- [Rejected Enrollments Tab](#)
- [Reinstatement End Date 12.31 Tab](#)
- [Newborn Premium Updates Tab](#)
- [Enrollment Blocker Tab](#)
- [Mailing Address Change Tab](#)
- [Agent Broker Information Tab](#)
- [Disputes Requiring a HICS Case](#)
- [Total Premium Amount – HICS Case Not Required](#)
- [Correlated Cases](#)
- [Enrollment Dispute Form – Dispute Types Not Accepted](#)
- [Enrollment Dispute Form – Dispute Types Not Accepted \(Continued\)](#)
- [Enrollment Dispute Form – Submission Tips](#)
- [ER&R Submissions Due Date](#)
- [Submitting the Enrollment Dispute Form](#)
- [Enrollment Dispute Outcomes – Dispositions](#)
- [Common Error Example: Disposition Code FR18](#)
- [Enrollment Dispute Resources](#)

Enrollment Disputes Overview

When an issuer determines that an FFM enrollment record needs to be corrected, the issuer initiates an Enrollment Dispute by submitting the Enrollment Dispute Form.

- The ER&R Contractor applies automated and manual rules to ensure Enrollment Disputes are resolved in accordance with approved guidelines.
 - Most disputes process automatically to completion.
 - A small percentage of disputes require manual review and may be temporarily reported as “In Process” to the issuer.
- Upon resolution of the dispute, ER&R submits changes to the FFM or informs the issuer of the reason for not processing the dispute and any next steps.

Enrollment Disputes Flow



Enrollment Dispute Form v12

To submit Enrollment Disputes, use the Enrollment Dispute Form. See [Accepted Dispute Types](#) for the list of dispute types accepted on the Enrollment Dispute Form.

Issuers are currently using v11 of the Enrollment Dispute Form, but v12 will be active in October or November of 2019. The following information and examples are based on Enrollment Dispute Form v12. The current v11 form and a prototype v12 form are available on zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

NOTE: Complete v12-compatible add-ins will also be published on this zONE page.

The following improvements have been made in Enrollment Dispute Form v12:

- Addition of Date of Birth discrepancy dispute type
- Replacement of FFM Benefit Start Date and FFM Benefit End Date columns with Segment ID column
- Addition of FFM Exchange Assigned Member ID column for member-level disputes
- Elimination of Batch Number column
- Formatting changes for 508 compliance
- Other minor fixes and improvements

Enrollment Dispute Form v12 (Continued)

The Enrollment Dispute Form is an Excel document that contains several different tabs. The first three tabs offer guidance for using and submitting the Enrollment Dispute Form.

- How To Guide tab
- Dispute Examples tab
- PSV Format tab

The remaining tabs are used for submitting the different types of disputes.

- Discrepancy Dispute tab
- Rejected Enrollments tab
- Reinstatement End Date 12.31 tab
- Newborn Premium Updates tab
- Enrollment Blocker tab
- Mailing Address Change tab
- Agent Broker Information tab

How To Guide Tab

The How To Guide tab provides general instructions for using the Enrollment Dispute Form. Issuers should refer to this tab to find the following:

- Answers to Frequently Asked Questions (FAQs)
- Form completion guidelines
- Directions for form submission
- Information on supported dispute types
- Tips for avoiding common errors
- List of unsupported dispute types

How to Guide

Issuers who wish to dispute enrollment data may do so using this form. An issuer may submit an Enrollment Dispute in the following formats:

- Excel (XLSX) format using this Enrollment Dispute Form
- Pipe-Separated Values (PSV) format following specific guidelines (see the PSV Format tab for more information)

Disputes may also be submitted through the Payment Dispute process using the PPR_820_Dispute_Form. Some HICS cases can be submitted directly to ER&R through the HICS Direct Dispute process.

For more information on these processes, along with additional information regarding Enrollment Disputes, please see the Enrollment Resolution and Reconciliation home page on zONE:

<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

Format Requirements

Form Requirements

Do NOT alter or make any changes to this document, such as deleting rows, columns, or example fields. An altered dispute form will be rejected by the ER&R Support Center.

Only one disputed element may be submitted on each line of the spreadsheet.

Cell Format (Excel)

All submission cells within this document are formatted as Text. Users should maintain this cell format to prevent the loss of data during dispute submission.

Special Characters

Do not use the following special characters within submission cells: ! % ^ & * = + / \$ () ~ `

The pound or hashtag symbol (#) is only accepted when used in the Mailing Address Change tab in the Issuer Mailing Address Line 2 column.

Date Format

Submit dates using the RCNO date format: YYYYMMDD

Financial Values Format

Submit financial values using the following format: XXX.XX

NOTE: Do not use the dollar sign (\$).

Dispute Examples Tab

The Dispute Examples tab provides examples of data issuers should use when submitting each dispute type using the Enrollment Dispute Form.

Dispute Examples

Rejected Enrollments Tab

This section provides column guidance and examples of correctly completed Rejected Enrollment disputes.

NOTE: Rejected Enrollment disputes may only be submitted for the current coverage year.

Column Names	HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	FFM Exchange Assigned Subscriber Identifier	Issuer Assigned Dispute Control Number
Column Guidance	The 5-digit HIOS for the disputed record This is a required field.	The 4-digit coverage year for the disputed record This is a required field. Rejected Enrollments can only be submitted for the current RCNO year.	The FFM Internal Record Inventory Number from the disputed RCNO record This field is required if the FFM Exchange Assigned Policy ID is not provided.	The FFM Exchange-Assigned Policy ID from the disputed RCNO record This field is required if the FFM Internal Record Inventory Number is not provided.	The FFM exchange-assigned identifier for the subscriber of the enrollment group This is a required field. The entry must contain leading zeros.	An identifier chosen by the issuer This field is optional. This identifier will appear in the Semi-Monthly Detailed Reports. This value may contain alphanumeric characters only.
Using Inv. Num.	12345	2019	1234567890		0000001234	
Using Policy ID	12345	2019		12345678	0000001234	

PSV Format Tab

The PSV Format tab offers detailed information regarding the ER&R-provided Excel add-ins. These add-ins automatically convert the Excel spreadsheet to the correct PSV format.

PSV Format

Issuers may manually create PSV files to submit all dispute types. The dispute format must match a specific layout to be accepted. PSV layouts for all dispute types are shown below. Pipe-delimited submission files must follow same formatting rules as the Excel form. Do not enter "NULL" for fields that have been deliberately left blank. For assistance with PSV dispute submissions, contact the ER&R Support Center at **1-855-591-7113** or ERRSupportCenter@cognosante.com.

Rejected Enrollments PSV Format

v12|reject|Point of Contact|Telephone Number|Email Address|HIOS ID|Coverage Year|FFM Internal Inventory Record Number|FFM Exchange Assigned Policy ID|FFM Exchange Assigned Subscriber ID|Issuer Assigned Dispute Control Number

EXAMPLE:

v12|reject|John Doe|123-456-7890|jdoe@email.com|12345|2019|1234567890|12345678|0000001234|ABC123

How do I install the Excel add-ins?

NOTE: Add-ins are not yet available for this prototype form. The Enrollment Dispute add-ins provide a simple way for issuers to validate the data they have entered into the Enrollment Dispute Form before submitting the file.

Access the latest version of the Excel add-ins on zONE (when available). Run the installer to automatically place the Enrollment Dispute add-ins in Excel.

NOTE: The add-ins are only compatible with **Windows 7** or later operating systems and with **Windows Excel version 2010** or later.

NOTE: The add-ins must be used with the latest version of the Enrollment Dispute Form. The add-ins will not work with older versions of the form.

NOTE: Users who have installed previous versions of the Enrollment Dispute add-ins can upgrade by running the current version of the add-ins installer; however, in some cases, the user may need to uninstall the previous version before upgrading. For assistance with uninstalling prior versions of the Enrollment Dispute add-ins, contact the ER&R Support Center at **1-855-591-7113** or ERRSupportCenter@cognosante.com.

Complete the following steps to install the Enrollment Dispute Form add-ins into Excel:

How do I use the Excel add-ins?

Follow the steps below to use the Excel add-ins:

- 1 Fill out the latest version of the Enrollment Dispute Form. The add-ins are not compatible with earlier versions.
- 2 Access the ADD-INS tab in the Excel ribbon and click the name of the completed dispute submission tab to initiate the add-in for that tab.

Discrepancy Dispute Tab

Issuers use the Discrepancy Dispute tab for most discrepancy dispute types.

- This is the default tab for changing enrollment data that cannot be changed through IC834 transactions or monthly Reconciliation. Subsequent tabs on the Enrollment Dispute Form are for disputing specific scenarios.
- Issuers may submit a discrepancy dispute for a policy relating to the subscriber or for a dependent.
 - Dependent record date spans must fall within the dates of the subscriber record.
 - If changes apply to the entire enrollment group, the subscriber and all dependents, dispute the subscriber record only and the change will apply to the entire enrollment group.

Discrepancy Dispute Types

Issuers may select one of the following dispute types from the Description of Disputed Item column on the Discrepancy Dispute tab:

- Applied APTC Amount
- Benefit Start Date
- CSR (Cost-Sharing Reduction) Amount
- Date of Birth
- Gender
- Initial Premium Paid Status
- Issuer Assigned Member ID
- Issuer Assigned Policy ID
- Issuer Assigned Subscriber ID
- Issuer End Date Earlier Than FFM
- Issuer End Date Later Than FFM
- Prior Year – End Date
- QHP ID
- Tobacco Status
- Total Premium Amount

Benefit End Date Disputes

Issuers should use the ***Issuer End Date Later Than FFM*** option for current year disputes when the date to be applied is later than the FFM date and the new end date is earlier than 12/31 or when a specific coverage span should be updated. If issuers want to reinstate an entire policy to 12/31, use the [Reinstatement End Date 12.31 tab](#).

Issuers should use the ***Issuer End Date Earlier Than FFM*** option when the date to be applied is earlier than the FFM date.

Description of Disputed Item	Issuer Value	FFM Value
Issuer End Date Earlier Than FFM	20191031	20191231
Issuer End Date Later Than FFM	20190830	20190430

- In the first row of the example, the FFM date is 20191231 and needs to be changed to the issuer value of 20191031.
- In the second row of the example, the FFM date is 20190430 and needs to be changed to the issuer value of 20190830.

Prior Year – End Date Disputes

Issuers must submit all prior year Benefit End Date disputes using the ***Prior Year – End Date*** dispute type and should use this dispute option only for prior year disputes, as defined on the [Current Year vs. Prior Year Disputes](#) slide.

Description of Disputed Item	Issuer Value	FFM Value
Prior Year - End Date	20171231	20171031

- In the example, the issuer Benefit End Date is 20171231.
- The FFM Benefit End Date needs to be changed from 20171031 to 20171231.

Rejected Enrollments Tab

Issuers should use the Rejected Enrollments tab to cancel member records in the FFM for the current year.

- Rejected Enrollments can be:
 - Policies that should not have passively reenrolled.
 - Duplicate policies.
 - “Leftover” policies.
 - Policies for which there was not coverage for the time period.
- Do not use this tab for terminations (i.e., a change in the end date of an effectuated policy). Using this tab will cancel the entire policy. Cancellation should only be used for policies that never had coverage.
- To cancel an individual coverage span or prior year coverage, use the ***Premium Paid Indicator*** dispute type on the Discrepancy Dispute tab and submit the Issuer Value of “C”.

Reinstatement End Date 12.31 Tab

Issuers should use the Reinstatement End Date 12.31 tab to reinstate member records to reflect the Benefit End Date of December 31. Reinstatements can be submitted for any coverage year.

- Enter the FFM Benefit End Date indicated on the RCNO. Use of this tab changes the end date to 12.31.

Issuers should use the ***Issuer End Date Later than FFM or Prior Year – End Date*** option on the Discrepancy Dispute tab to update end dates to a value that is later than the indicated FFM Benefit End Date but not 12.31.

Newborn Premium Updates Tab

Some states require that issuers cover newborns at no charge to the mother for a specified date span (most commonly 31 days) immediately following the birth of the newborn child. Issuers should use the Newborn Premium Updates tab to submit Newborn Premium Update disputes for any coverage year.

- When the subscriber adds the newborn to the policy, the FFM increases the premium and the APTC, if applicable, to account for the newborn.
- ER&R requires issuers to complete the following fields on the Newborn Premium Updates tab for processing:
 - Date to begin charging newborn premium
 - Subscriber Total Premium Amount during the free coverage period
 - Subscriber APTC amount during the free coverage period
- ER&R uses this information to create a third segment accounting for the free coverage period.

Enrollment Blocker Tab

When a HICS Case Narrative indicates that updates are needed due to an enrollment blocked by a technical error, issuers are required to:

- Make the corresponding updates in their system.
- Report those updates in Reconciliation.
- Submit a dispute to update the financial information to reflect the presence of the blocked enrollee in the enrollment group.

Issuers should use the Enrollment Blocker tab to update the financial information associated to an enrollment group when the addition of a new member is blocked. Enrollment Blocker disputes may be submitted for any coverage year on the Enrollment Dispute Form.

NOTE: ER&R does not have the ability to update the name and SSN.

Issuers may also submit Enrollment Blocker disputes using the HICS Direct Dispute method. See [HICS Direct Dispute Guidelines](#) and [Submission Guidelines – Enrollment Blocker](#) for more information on submitting an Enrollment Blocker HICS Direct Dispute.

Mailing Address Change Tab

Issuers should use the Mailing Address Change tab to submit Mailing Address Change disputes. Issuers may submit Mailing Address Change disputes for current and prior year RCNO records.

- For current year address changes, issuers must submit the same address in RCNI that is being requested on the form.

Mailing Address Change disputes allow the following data elements to be updated:

- Issuer Mailing Address Line 1
- Issuer Mailing Address Line 2 (optional)
- Issuer Mailing Address City
- Issuer Mailing Address State
- Issuer Mailing Address ZIP Code

Agent Broker Information Tab

Issuers should use the Agent Broker Information tab to update or remove the Agent Broker name or NPN associated to an Exchange-Assigned Policy ID. Issuers may submit Agent Broker Information disputes for current and prior year RCNO records.

- For current year disputes, issuers must submit the same information in RCNI that is being requested on the form.

To complete an Agent Broker Information dispute, the issuer must choose the appropriate option from the Action drop-down menu.

- Select ***Agent Broker Name/NPN – Update*** to change Agent Broker information for the policy.
 - For Agent Broker Name/NPN – Update disputes, complete the Issuer Agent Broker fields:
 - Issuer Agent Broker First Name
 - Issuer Agent Broker Middle Name (optional)
 - Issuer Agent Broker Last Name
 - Issuer Agent Broker Suffix (optional)
 - Issuer Agent Broker NPN
- Select ***Agent Broker Name/NPN – Remove*** to remove all Agent Broker information from the policy.
 - For Agent Broker Name/NPN – Remove disputes, all Issuer Agent Broker fields must be left blank.

Disputes Requiring a HICS Case

Certain dispute types require an associated HICS case to be referenced on the Enrollment Dispute Form. The following dispute types require a HICS case:

- Applied APTC Amount
- QHP ID/Variant ID
- Enrollment Blocker
- Total Premium Amount (except in certain cases; see [Total Premium Amount – HICS Case Not Required](#) for further details)

Issuer must enter a HICS Case ID in the HICS Case ID column of the appropriate tab on the Enrollment Dispute Form for these disputes. This column can contain only a single HICS case number, and issuers should enter additional HICS case numbers in the Comments field.

- Example HICS Case ID: E1234567890

Once the system determines that the dispute contains a valid HICS case, ER&R manually reviews the dispute.

NOTE: If an issuer does not provide a HICS case when it is required, the dispute is rejected by the automated system.

For some dispute types that require a HICS case, issuers may submit HICS Direct Disputes. See the [HICS Direct Disputes](#) section for more information.

Total Premium Amount – HICS Case Not Required

For some Total Premium Amount cases, a correlated HICS case is not required to update the Total Premium Amount. A HICS case is not needed when one or more of the following conditions is met:

- The update is required for a Stand Alone Dental Plan.
- The Benefit Start Date was updated.
- The Tobacco Status changed on an adult within acceptable ranges.
- A non-subscriber on a previous policy became the subscriber on a new policy linked by CIC.
- The enrollment group is in the same QHP, but there was a gap in coverage or a cancelled record prior to the new initial/effectuated coverage span and no change to the FFM Total Premium Amount between the prior record and the new record.
- The enrollment group is in the same QHP, but all of the following applies:
 - There was a new enrollment without a gap in coverage and no change to the enrollment group size.
 - The FFM Total Premium Amount is higher in the new initial/effectuated coverage span than in the prior record.
 - The issuer's value is less than the new premium amount.

Correlated Cases

In some situations, ER&R creates internal cases on behalf of issuers in order to apply the updates from approved disputes. This occurs when the necessary updates impact multiple coverage spans and not just the issuer-disputed coverage span. These internal dispute cases, referred to as correlated cases, allow for consistent updates at the policy level.

Issuers will see correlated cases on their Semi-Monthly Detailed Reports with an “A” identifier in place of the usual “D” identifier at the beginning of the ER&R Case ID.

- Example correlated case ID: A0123456789

The Initial Dispute Case ID column identifies the original dispute that the issuer submitted.

- When this column is NULL or blank, the case was submitted directly by the issuer.
- When there is a case ID present, it indicates that a correlated case was created by the ER&R system.

Enrollment Disputes														
ERR Case ID	Date Received	File Name	Batch Number	Internal Inventory Number	FFM Exchange Assigned Policy ID	Dispute Category	Disposition	Description	Coverage Year	Updated Since Last Report	Issuer Assigned Dispute Control Number	HICS Issuer Assigned Dispute Control Number	HICS Case Number	Initial Dispute Case ID

Enrollment Dispute Form – Dispute Types Not Accepted

Issuers update some enrollment data either in monthly Reconciliation or through IC834 transactions, exclusively. The consumer is responsible for changing other data elements by calling the Marketplace. The following table provides guidance on how to dispute items that cannot be processed via the Enrollment Dispute Form. This table is continued on the next slide.

Non-Approved Disputed Items	Further Guidance for Non-Approved Disputed Items
Individual Premium Amount	Issuers cannot update the Individual Premium Amount field through the Enrollment Dispute process. This is not currently compared or resolved through the monthly Reconciliation or Enrollment Dispute processes. Issuers may only dispute the Total Premium Amount.
Member Name	Issuers cannot update the Member Name field through the Enrollment Dispute process. Consumers must update this field by updating their application in the FFM.
Member SSN	Issuers cannot update the Member SSN field through the Enrollment Dispute process. Consumers must update this field by updating their application in the FFM.
Rating Area	Issuers cannot update the Rating Area Field through the Enrollment Dispute process. This field is determined by the FFM using the consumer's application. Consumers will need to verify their residential address on their application in the FFM to ensure they are in the proper rating area.
Relationship to Subscriber	Issuers cannot update the relationship to subscriber through the Enrollment Dispute process. This field is determined by the FFM using the consumer's application. Consumers will need to verify and update their application to ensure this field is appropriately updated.

Enrollment Dispute Form – Dispute Types Not Accepted (Continued)

Non-Approved Disputed Items	Further Guidance for Non-Approved Disputed Items
Residential Address	Issuers cannot update residential address through the Enrollment Dispute process. Consumers must update this field by updating their application in the FFM.
Residential County Code	Issuers cannot update residential county code through the Enrollment Dispute process. Consumers must update this field by updating their application in the FFM.
Subscriber Indicator	Issuers cannot update the Subscriber Indicator field. Consumers must ensure the subscriber information is correct by validating and updating their application in the FFM as appropriate.
Telephone Number	Issuers cannot update the telephone number through the Enrollment Dispute process. Consumers must update the telephone number by updating their application in the FFM.

Enrollment Dispute Form – Submission Tips

Issuers should follow these tips to avoid common errors and delays in dispute processing time:

- Use the FFM Internal Inventory Number from the most recent RCNO file.
- Do not modify or reformat the Enrollment Dispute Form.
- Submit dates in YYYYMMDD format.
- Do not use any special characters on the Enrollment Dispute Form.
- Submit HICS case numbers in the E1234567890 format.
- Submit Enrollment Disputes via EFT using the ERRS function code. Disputes submitted using a different function code will not be processed.

ER&R Dispute Submissions Due Date

- Issuers can find the “ER&R Dispute Submissions Due” indicator on the Reconciliation calendar.
 - Access the Reconciliation calendar at <https://zone.cms.gov/document/pre-audit-and-recon-calendar-and-file-specification>.
- This provides issuers with a target date for submitting disputes in order to have the corrections reflected in the following month’s Pre-Audit file.
- A small percentage of disputes submitted prior to the due date may need additional cycles to update. These include:
 - Disputes that require manual review, such as those involving a HICS case.
 - Disputes processed when another update has already modified the policy during the current cycle.
 - New dispute scenarios for which rules have not yet been defined.
- Issuers should continue to send disputes as early as possible to avoid processing delays.

Submitting the Enrollment Dispute Form

Issuers must submit the form via EFT using the following file naming convention:

- TPID.COG.ERRS.Ddddddd.Ttttttttt.P.IN

File Naming Convention Description:

- TPID: Issuer's Trading Partner ID
- COG.ERRS: ER&R Contractor app ID and function code for Enrollment Disputes
- Ddddddd: Date stamp (must be formatted as "D" followed by the six-digit date, YYMMDD)
 - Example: D191021
- Ttttttttt: Timestamp (must be formatted as "T" followed by the nine-digit timestamp, HHMMSSmmm)
 - Example: T121314123
- P: "P" for production environment
- IN: Direction of data flow to CMS by issuer (inbound to CMS)

The ER&R Contractor processes forms Monday through Friday (excluding Federal holidays) and sends an email notification that confirms receipt of a file within one business day. Issuers that have not received an email confirmation in this time frame should contact the ER&R Support Center to verify that the file has been received.

Enrollment Dispute Outcomes – Dispositions

The ER&R Contractor assigns each dispute a disposition based on CMS policies and the results of research.

A disposition is a code that identifies:

- The outcome of the dispute.
- The reason for the outcome.
- The action the issuer must take to reconcile the data associated with the dispute.

Disposition types are divided into the following categories:

- BU# – Submitted as corrections to FFM
- CU# – Consumer to resolve
- DR# – Timing issues
- FR# – Problems with the form inhibit processing
- NW# and ET# – Update not allowed
- RJ# – Update was not successful
- RU# – Rejected files

The Enrollment Disputes tab of the Semi-Monthly Detailed Report provides issuers an explanation of the specific disposition for each dispute under the Description column.

Common Error Example: Disposition Code FR18

Disputes missing the required information receive FR18 dispositions. The required field that is most commonly left blank is the FFM Internal Inventory Number.

- **Verbiage Returned to Issuer:** *ER&R is unable to process the dispute because the required fields and/or appropriate situational fields were not submitted on the form correctly. Please refer to the Dispute Examples tab on the Enrollment Dispute Form or contact the ER&R Support Center at errsupportcenter@cognosante.com.*

All dispute categories on the Discrepancy Dispute tab require the FFM Internal Inventory Number EXCEPT Prior Year – End Date disputes which may include the FFM Exchange Assigned Policy ID and Segment ID instead.

Leaving the other required fields blank will also result in an FR18 disposition:

- HIOS
- Coverage Year
- FFM Exchange Assigned Subscriber Identifier
- The dispute type from the Description of Disputed Item field
- Issuer Value

For specific guidance on required information, issuers should review the guidance above the column headers or the Dispute Examples tab of the Enrollment Dispute Form.

Enrollment Dispute Resources

Access the following Enrollment Dispute resources on zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>:

- Enrollment Dispute Form v12 and add-Ins
- CCIIO Enrollment Dispositions List

Use the zONE Landing Page for ER&R, Data Reconciliation, and IC834 URLs at <https://zone.cms.gov/wiki/landing-page-err-data-reconciliation-and-ic834-urls> to access the ER&R page and the following related pages:

- Enrollment Reconciliation and IC834 Workgroup Call Content
- Inbound 834
- Enrollment Data Reconciliation

Section #3: HICS Direct Disputes

The following slides are presented in the HICS Direct Disputes section:

- [HICS Direct Disputes Overview](#)
- [HICS Direct Disputes Flow](#)
- [HICS Direct Dispute Guidelines](#)
- [Submission Guidelines – Enrollment Blocker](#)
- [Submission Guidelines – Applied APTC Amount](#)
- [Submission Guidelines – Total Premium Amount](#)
- [Submission Guidelines – Term NLE Appeal](#)
- [Submission Guidelines – QHP ID/Variant ID](#)
- [Submission Guidelines – Removal of a Member](#)
- [Submission Guidelines – Changing Subscriber](#)
- [HICS Direct Dispute – Submission Tips](#)
- [Submitting a HICS Direct Dispute](#)
- [HICS Direct Dispute Processing](#)
- [HICS Direct Dispute Outcomes – Dispositions](#)
- [HICS Direct Dispute Resources](#)

HICS Direct Disputes Overview

CMS implemented the HICS Direct Dispute method to streamline the dispute process for issuers. Issuers can select the ER&R Review Requested radio button to assign these case types directly to ER&R for dispute processing:

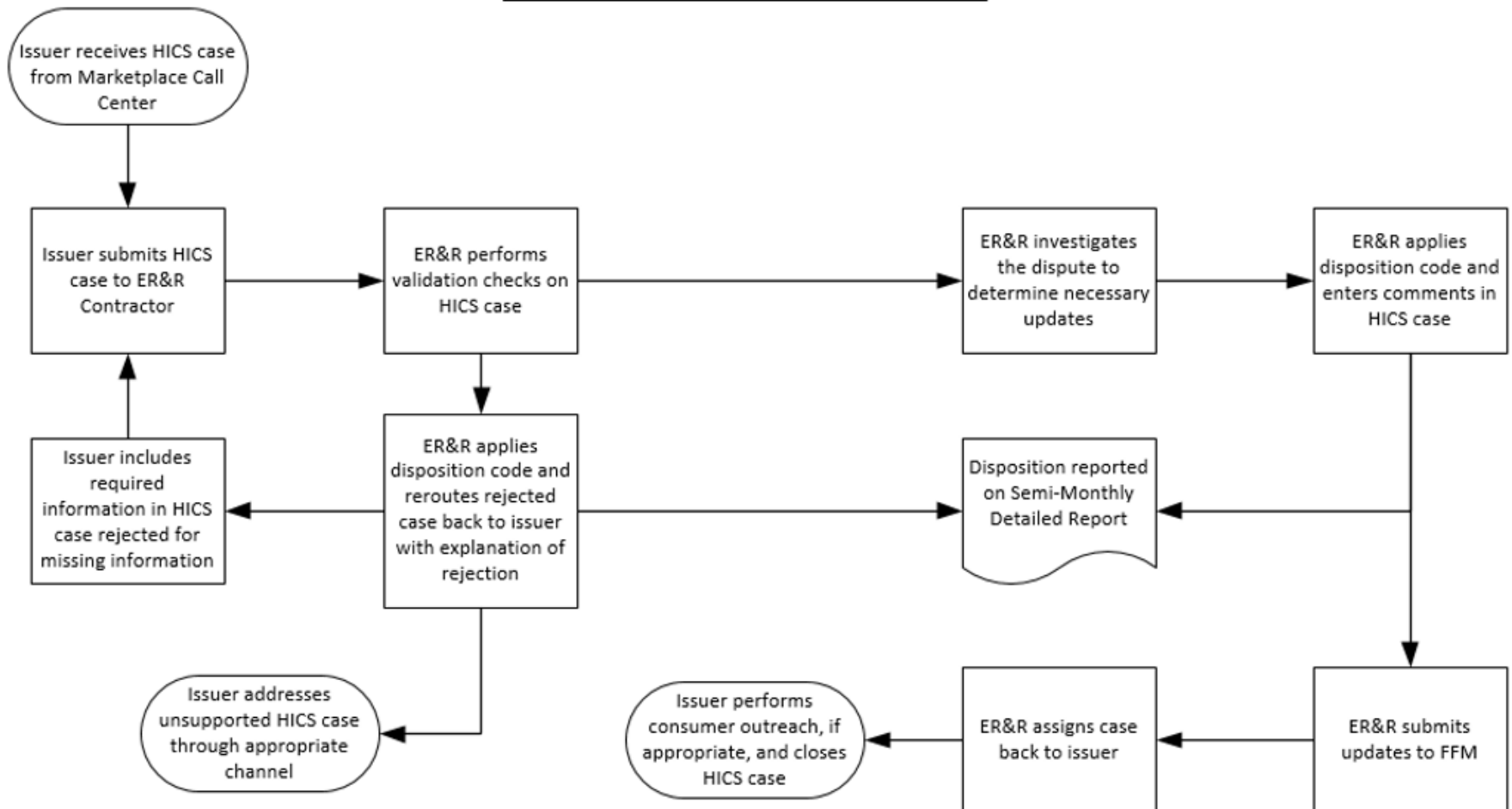
- Enrollment Blocker
- Applied APTC Amount
- Total Premium Amount*
- Term NLE Appeal
- QHP ID/Variant ID
- Removal of a Member
- Changing Subscriber

***NOTE:** Total Premium Amount disputes not requiring a HICS case are not eligible for HICS Direct Dispute processing. See [Total Premium Amount – HICS Case Not Required](#) for further details.

Issuers can submit these case types to ER&R through HICS in lieu of submitting an Enrollment Dispute Form.

HICS Direct Disputes Flow

HICS Direct Dispute Process



HICS Direct Dispute Guidelines

- Issuers must manually update each applicable HICS case to initiate a HICS Direct Dispute.
- If an issuer receives a HICS case with instructions to update policy information, the issuer must update the information prior to submitting the HICS case to ER&R for processing.
- Issuers can submit cases from any coverage year.
- Issuers must include specific required information in each HICS Direct Dispute based on the dispute type.
 - If an issuer submits a case that is unsupported or missing required information, the ER&R Contractor will reject the case back to the issuer with a comment explaining the rejection.
 - The next slides provide the required information for each eligible HICS case type.

Submission Guidelines – Enrollment Blocker

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details in Enrollment Blocker Direct Dispute submissions:

- Reference to Enrollment Blocker, Enrollment Blocker Code Number, or confirmation blocker in the HICS Case Narrative*
- Total Premium Amount to be applied (required if being updated)
- APTC amount
- CSR variant (required if being updated)
- FFM Exchange-Assigned Policy ID*
- Start date as a result of the new member

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

As with Enrollment Blockers submitted via the Enrollment Dispute Form, issuers may only use the HICS Direct Dispute process to align dates and financial amounts of a policy that already exists in the FFM database. ER&R cannot update some demographic information, such as name, mailing address, or SSN.

Submission Guidelines – Applied APTC Amount

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details in Applied APTC Amount Direct Dispute submissions:

- APTC amount
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Submission Guidelines – Total Premium Amount

For some Total Premium Amount cases, a correlated HICS case is not required to update the Total Premium Amount. See [Total Premium Amount – HICS Case Not Required](#) for more information.

- Issuers should resolve these cases through automated Reconciliation.
- In situations where Reconciliation does not resolve the issue, issuers should submit an Enrollment Dispute.

In situations where a HICS case exists, issuers may use the HICS Direct Dispute option.

Issuers must include the following information for Total Premium Amount Direct Dispute submissions:

- Total Premium Amount*
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Submission Guidelines – Term NLE Appeal

Term NLE Appeal disputes are used when a HICS case instructs an issuer to reinstate or extend an end date on a policy that was previously terminated as no longer eligible.

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details in Term NLE Appeal Direct Dispute submissions:

- Benefit Start Date*
- Benefit End Date
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Submission Guidelines – QHP ID/Variant ID

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details in QHP ID/Variant ID Direct Dispute submissions:

- QHP ID/Variant ID*
- APTC amount
- Effective date
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Submission Guidelines – Removal of a Member

Issuers should use this dispute type when a HICS case is requesting the removal of a member from a coverage period. Most Removal of a Member disputes will be the result of Medicare eligibility or a death.

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details in Removal of a Member Direct Dispute submissions:

- Name of the member being removed*
- Date of removal*
- Subscriber that should remain on the policy (if member removed was the subscriber)
- Total Premium Amount after the removal of the member
- APTC amount after the removal of the member
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Submission Guidelines – Changing Subscriber

Issuers should use this dispute type when there is a change in subscriber, but a member is not being removed. Include the following information for Changing Subscriber Direct Dispute submissions:

- Name of the existing subscriber*
- Name of the new subscriber*
- Date of subscriber change*
- FFM Exchange-Assigned Policy ID*

***NOTE:** This information is required. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

HICS Direct Disputes – Submission Tips

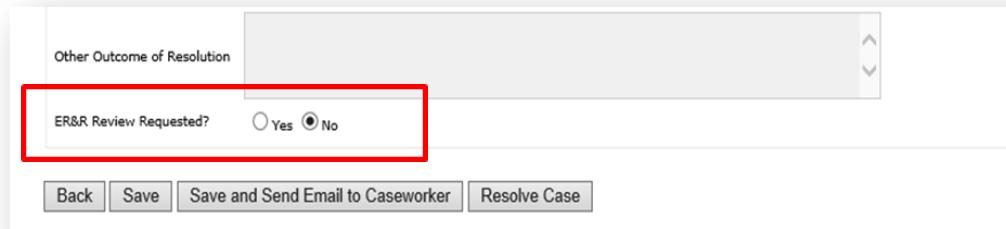
Issuers should follow these tips to avoid common errors and delays in dispute processing time:

- Include detailed notes regarding the change being requested.
- Enter all required information in accordance with the submission guidelines for the HICS case type.
- Submit only eligible HICS case types through the HICS Direct Dispute method.
 - See [*HICS Direct Disputes Overview*](#) for the list of supported dispute types.

Submitting a HICS Direct Dispute

To submit a HICS Direct Dispute, issuers should complete the following:

1. Enter details of the requested change and all required information into the Comments (External) section on the Resolution page in HICS.
 - a. Refer to the specific submission guidelines for the dispute type to ensure that all necessary information is included.
 - b. Please note that issuers may not add the required Enrollment Blocker error verbiage into the case comments if it was not provided in the HICS Case Narrative.
2. Select the **Yes** radio button from the ER&R Review Requested options.



The screenshot shows a web form for resolving a case. At the top, there is a text input field labeled 'Other Outcome of Resolution'. Below this, a section titled 'ER&R Review Requested?' contains two radio buttons: 'Yes' and 'No'. The 'No' radio button is selected. At the bottom of the form, there are four buttons: 'Back', 'Save', 'Save and Send Email to Caseworker', and 'Resolve Case'.

3. Select **Save** to submit the updated HICS case to the ER&R Contractor.

Upon receipt of the HICS case, ER&R will automatically create a dispute.

NOTE: HICS Direct Dispute cases remain open to issuers during ER&R research.

HICS Direct Dispute Processing

The ER&R Contractor will complete the following steps upon receipt of the case:

1. Validate that the dispute type is approved for HICS Direct Dispute routing.
 - If it is any other type of HICS case, the ER&R Contractor will reject the case back to the issuer with a comment that explains the rejection.
2. Validate that the case contains all supporting policy and financial information to facilitate the update.
 - If required information is missing, the ER&R Contractor will send the HICS case back to the issuer with a comment requesting additional details.
3. Submit a policy update to the FFM.
4. Enter a comment that the update has been submitted and the FFM should update within 1-2 cycles.
5. Route the case back to the issuer in HICS.

NOTE: Issuers are not responsible for resolution timelines while the HICS case is assigned to ER&R. After a case is returned to an issuer, any timer related to the resolution timeline resumes, giving the issuer time to take the necessary action.

HICS Direct Dispute Outcomes – Dispositions

Once ER&R processes the HICS case, ER&R applies a disposition code to the dispute.

- The issuer should continue to review their (ERRD) Semi-Monthly Detailed Report.
 - HICS Direct Disputes will not appear on the Response Files sent through ERRP.
- If the update to the FFM fails and requires the issuer to resubmit the dispute, an RJ disposition code will be applied to the dispute and updated on the (ERRD) Semi-Monthly Detailed Report.
- The issuer should contact the consumer to notify them of the outcome, if appropriate.
- The issuer should enter a resolution note and close the HICS case.
 - Issuers can close these cases without waiting to see the update on Pre-Audit.

HICS Direct Dispute Resources

For more information on HICS Direct Disputes and answers to frequently asked questions, issuers should refer to the HICS Direct Disputes Master Guidance and Cheat Sheet on zONE:

- <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

For additional resources related to using the HICS platform, access the REGTAP library:

- https://www.regtap.info/reg_library.php
- Enter the keyword “HICS”

Access the HICS Casework presentation on REGTAP for more information on gaining access to or using HICS:

- https://www.regtap.info/uploads/library/QHPOnsite_ORIGINAL_HICS_5CR_041218.pdf

Access the CMS Quick Reference Guide for Issuers: Managing Casework in the Health Insurance Casework System (HICS):

- https://hics.cms.gov/app/Casework/Documentation/HICSGuide-Issuer_Manual.pdf

For HICS password reset assistance, contact the CMS IT Service Desk:

- **(410) 786-2580**

For technical assistance with HICS, contact the HICS Help Desk:

- HICS@cms.hhs.gov
- **(888) 205-0684**

For additional information regarding Enrollment Blockers, access the Enrollment Blocker Cheat sheet on zONE:

- <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

Section #4: Payment Disputes

The following slides are presented in the Payment Disputes section:

- [Payment Disputes Overview](#)
- [Payment Disputes Flow](#)
- [Identifying a Payment Discrepancy](#)
- [Calculating CSR and User Fees](#)
- [Payment Dispute Form](#)
- [Payment Disputes Form – Accepted Formats](#)
- [Payment Dispute Form – Disputable Fields](#)
- [Payment Dispute Form – Non-Disputable Fields](#)
- [Payment Dispute Form – Submission Tips](#)
- [Payment Dispute Example – Missing APTC](#)
- [Payment Dispute Example – Incorrect User Fee](#)
- [Payment Dispute Example – Multiple Discrepancies](#)
- [Submitting the Payment Dispute Form](#)
- [PPR-820 Dispute Response File](#)
- [Payment Dispute Outcomes – Dispositions](#)
- [Payment Dispute Outcomes – Dispositions \(Continued\)](#)
- [Payment Dispute Outcomes – Detail Codes](#)
- [Receiving the PPR-820 Dispute Response File](#)
- [Payment Dispute Resources](#)

Payment Disputes Overview

CMS makes monthly payments to issuers based on enrollment data in the FFM.

Each month's payment includes:

- Prospective payment for policies active in the current month.
- Payment adjustments for past coverage periods.

The monthly payment consists of:

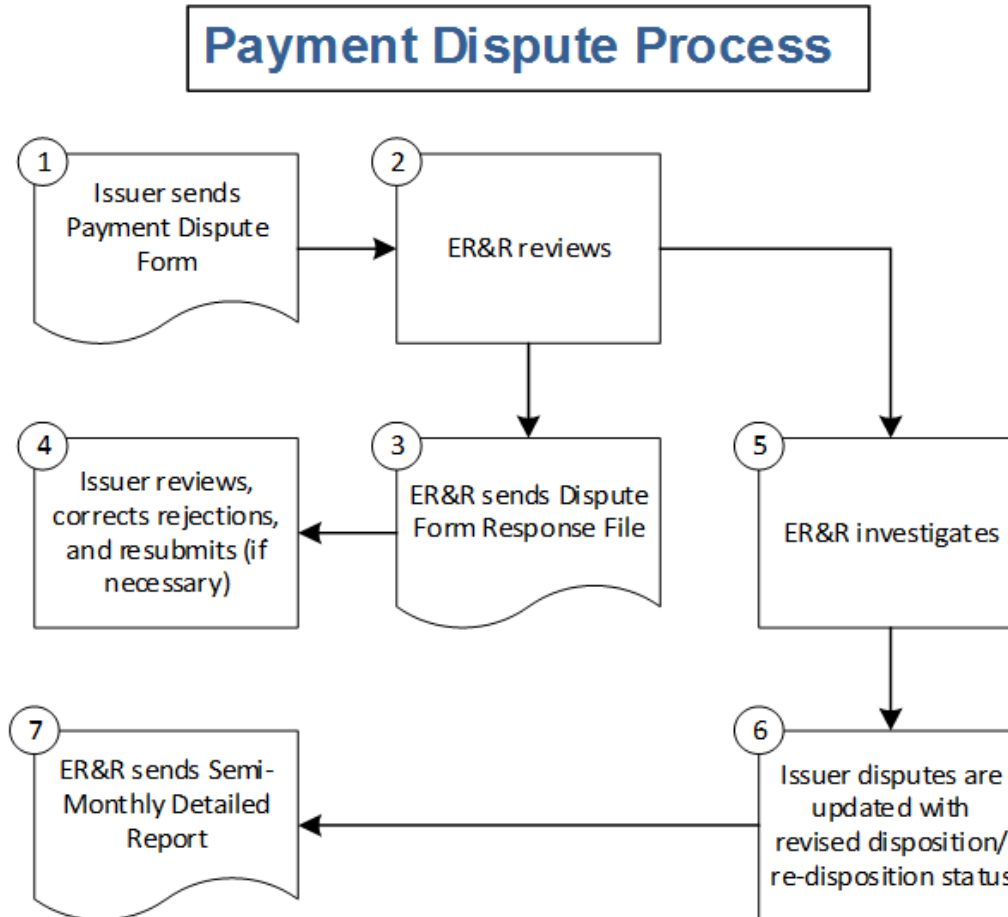
- Payment for APTC amounts.
- Payment for CSR amounts.*
- Charges for User Fee amounts.

***NOTE:** In October 2017, CMS announced that CSR payments would be discontinued until an appropriation exists. In the absence of an appropriation, CMS cannot make CSR Reconciliation payments.

The discrepancy reporting process is a reciprocal process in which FFM issuers submit Policy-Based Payment (PBP) disputes to CMS. ER&R evaluates and investigates each dispute and provides a response to the issuer.

- Most disputes process automatically to completion.
- A small percentage of disputes require manual review and may be temporarily reported as “In Process” to the issuer.

Payment Disputes Flow



Identifying a Payment Discrepancy

Monthly, issuers receive two files with the current payment cycle data.

- The PPR informs issuers which policies will have payments or payment adjustments applied.
- The HIX 820 provides remittance advice to issuers after the US Treasury payments have been processed.

Issuers should use the PPR and HIX 820 to verify receipt of PBP. If an issuer identifies a missing, unexpected, or incorrect PBP when reviewing the PPR or HIX 820, the issuer should submit a Payment Dispute Form to request ER&R investigation.

NOTE: Up to a two-cent difference between FFM and issuer amounts is allowed and is not considered a discrepancy.

Calculating CSR and User Fees

- The CSR variant is the last two characters of the QHP ID and is associated with a CSR multiplier, as shown in the table below, that is used to calculate the CSR amount.
- The CSR amount is calculated using the formula *Total Premium x CSR multiplier*.

CSR Variant	Variant Definition	CSR Multiplier
00	Non-Exchange variant	0.00
01	Exchange variant (no CSR)	0.00
04	73% AV Level Silver Plan CSR	0.03
05	87% AV Level Silver Plan CSR	0.22
06	94% AV Level Silver Plan CSR	0.31
03	Limited cost sharing plan variation of bronze QHP	0.41
03	Limited cost sharing plan variation of silver QHP	0.22
03	Limited cost sharing plan variation of gold QHP	0.15
03	Limited cost sharing plan variation of platinum QHP	0.04
02	Zero cost sharing plan variation of bronze QHP	0.61
02	Zero cost sharing plan variation of silver QHP	0.38
02	Zero cost sharing plan variation of gold QHP	0.21
02	Zero cost sharing plan variation of platinum QHP	0.09

- For 2019, the User Fee is a charge to FFM issuers of 3.5% of the premiums.
 - In 2020, the User Fee will change from 3.5% to 3% of the premiums.
 - The User Fee is calculated using the formula *Total Premium Amount x -0.035*.
- NOTE:** Some states do not have a User Fee because the fee is collected by the state themselves.

Payment Dispute Form

To submit Payment Disputes, issuers must use the most recent version of the FT PPR-820 Dispute Form, also referred to as the Payment Dispute Form. See [Accepted Dispute Types](#) for the list of dispute types accepted on the Payment Dispute Form.

Payment Dispute Form v2 is available on zONE and REGTAP.

- Locate the Payment Dispute Form on zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.
- Locate the Payment Dispute Form on REGTAP at https://www.regtap.info/reg_librarye.php?i=1352.

Payment Dispute Form components:

- Revision History tab
- Instructions tab that provides the following:
 - General form guidance
 - Form submission guidance
 - Field-specific details: Field name, description, format, PPR/HIX 820 mapping, example value, min/max length, required/situational usage indicator, and comments
- Excel and PSV Format tabs
- Excel and PSV example tabs

Payment Dispute Form – Accepted Formats

Issuers may submit the Payment Dispute Form using Excel or PSV formats.

- Excel example file:

File_Control_Number	C12345678						
Point_of_Contact_Name	John Smith						
Point_of_Contact_Telephone_Number	8001111234EXT849204						
Point_of_Contact_Email_Address	johnsmith@company.com						
Date_Submitted	20160201						
Time_Submitted	162055						
PPR_Transaction_Set_Control_Number	000004930						
HIX_820_EFT_Trace_Number							
Payee_ID	A000009						
Issuer_(HIOS)_ID	Issuer_Assigned_Dispute_Control_Number	Exchange_Assigned_Subscriber_ID	Exchange_Assigned_Policy_ID	Payment_Cycle_Month	Issuer_Assigned_Subscriber_ID	Issuer_Assigned_Policy_ID	Coverage_Period_Start_Date_(FFM)
12345	ABC123456789	0001503934	56291448	201602	492616725	693816725	20160201
12345		0001503935	56291448	201602			20160201
12345		0001503935	14485629	201602			20160201
12345		0001503936	29144856	201602			20160201
12345	ABC123456789	0001503934	56291448	201602	492616725	693816725	20160201

Excel row 12 uses sample data similar to that in 'Instructions' tab
Excel rows 13-14 Multiple Policy Payment
Excel row 15 Duplicate Policy Payment
Excel row 16 Recurring dispute on next cycle

- PSV example file:

```
C12345678|John Smith|8001111234EXT849204|johnsmith@company.com|20160201|162055|000004930||A000009
12345|ABC123456789|0001503934|56291448|201602|492616725|693816725|20160201|20160210|20160229|20160228|4022.35|2534.50|513.48|234.06|174.59|90.48|-12.36|-8.43|E00000000000|N||
12345||0001503935|56291448|201602|||20160201|20160229|20160229|1200.00|1200.00|513.48|234.06|||-42.00|-42.00|||
12345||0001503935|14485629|201602|||20160201|20160201|20160229|20160229|1050.00|1050.00|523.48|244.06|||-36.75|-36.75|||
12345||0001503936|29144856|201602|||20160201|20160229|20160229|900.00||475.00||90.00||-31.50|||
12345|ABC123456789|0001503934|56291448|201602|492616725|693816725|20160201|20160201|20160229|20160229|4022.35|2534.50|513.48|234.06|174.59|90.48|-12.36|-8.43|E00000000000|Y|999999|E00000000001
```

Payment Dispute Form – Disputable Fields

Each disputable item on the Payment Dispute Form has a pair of corresponding fields—one for the FFM value and one for the issuer value.

Issuers may submit a dispute by:

- Completing FFM and issuer values for all fields on the form.
- Only completing the FFM values being disputed, leaving other fields blank.
- Only completing the issuer values being disputed, leaving other fields blank.

The fields where issuers enter FFM values are shown below in red. Fields for reporting issuer values are shown in green.

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)
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Payment Dispute Form – Non-Disputable Fields

The majority of fields found within the Payment Dispute Form identify the data being disputed and confirm the validity of a dispute.

- Issuers must maintain in their records the Exchange-Assigned Policy ID for each subscriber enrolled to be able to accurately identify the latest PBP details supplied by the FFM.
- Issuers supply their own reference information for traceability in the following fields:
 - Issuer Assigned Dispute Control Number
 - Issuer Assigned Subscriber ID
 - Issuer Assigned Policy ID
 - Comments

NOTE: Automated rules do not process this field. Comments are only considered during manual analysis.

Payment Dispute Form – Submission Tips

Issuers should follow these tips to avoid common errors and delays in dispute processing time.

- Follow the guidelines specified on the Payment Dispute Form Instructions tab.
- Include the Exchange-Assigned Subscriber ID and Exchange-Assigned Policy ID on every dispute in order to be able to confirm the validity of a dispute and accurately identify the data being disputed.
- Ensure FFM values match PPR/HIX 820 data.
- Populate FFM dates if FFM dollar amounts other than zero are populated.
- Populate issuer dates if issuer dollar amounts other than zero are populated.
- For partial coverage months, the dispute record should show APTC, CSR, and User Fee amounts that are prorated based on the number of days of coverage.
- For APTC and Total Premium Amount disputes, include the applicable HICS Case ID in the HICS Case Number field (F20).
- Ensure Coverage Period Start Date and Coverage Period End Date are in the same calendar 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	201903		20190301		20190331	0.00	311.59	0.00	206.00	0.00	68.55	0.00	-10.91

Payment Dispute Example – Missing APTC

Scenario: The issuer notices a missing APTC payment for a subscriber in the PPR or HIX 820.

- The issuer's value is \$206.00 in their system.
- The date span is for the month the payment was missed.

There are two methods to submit this missing APTC dispute:

- In the first row of the example, the issuer completed the disputed fields and all of the matched fields.
 - The issuer dates are supplied because the issuer amounts are populated.
- In the second row of the example, the issuer only completed the disputed APTC field, without any FFM values.

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	201903	20190301	20190301	20190331	20190331	311.59	311.59	0.00	206.00	0.00	0.00	0.00	0.00
0000999999	12345678	201903		20190301		20190331				206.00				

NOTE: In the example, the FFM values are black and the issuer values are red.

Payment Dispute Example – Incorrect User Fee

Scenario: The issuer notices an incorrect User Fee payment for a subscriber in the PPR or HIX 820.

- The FFM reflects a User Fee amount of \$10.91.
- The date span is for the month the payment was made.

There are two methods to submit an unexpected CSR dispute:

- In the first row of the example, the issuer completed both the disputed field and the fields with matching values.
- In the second row of the example, the issuer only filled out the disputed User Fee field.

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	201903	20190301	20190301	20190331	20190331	311.59	311.59	206	206.00	0.00	0.00	-22.08	-10.91
0000999999	12345678	201903	20190301	20190301	20190331	20190331							-22.08	-10.91

NOTE: In the example, the FFM values are black and the issuer values are red.

Payment Dispute Example – Multiple Discrepancies

Scenario: The issuer notices multiple discrepancies for a subscriber in the PPR or HIX 820. The issuer needs to dispute the APTC, Total Premium, and User Fee amounts.

There are two methods to submit multiple discrepancies:

- In the first three rows of the example, the issuer only completed one disputed value on each row.
 - The first row contains an update to the Total Premium Amount.
 - The second row contains an update to the APTC Amount.
 - The third row contains an update to the UF Amount.
- In the last row of the example, the issuer submitted changes to the Total Premium, APTC, and User Fee amounts by completing all of the fields.

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	201903	20190301	20190301	20190331	20190331	587.71	611.59						
0000999999	12345678	201903	20190301	20190301	20190331	20190331			0.00	206.00				
0000999999	12345678	201903	20190301	20190301	20190331	20190331							-14.21	-10.91
0000999999	12345678	201903	20190301	20190301	20190331	20190331	587.71	611.59	0.00	206.00			-14.21	-10.91

NOTE: In the example, the FFM values are black and the issuer values are red.

Submitting the Payment Dispute Form

Submit the form via EFT using the following file naming convention:

- TPID.COG.ERRP.Ddddddd.Ttttttttt.P.IN

File Naming Convention Description:

- TPID: Issuer's Trading Partner ID, also known as the Source ID
- COG.ERRP: Application ID and ER&R Contractor function code for Payment Disputes
- Ddddddd: Date stamp (must be formatted as "D" followed by the six-digit date, YYMMDD)
 - Example: D190101
- Ttttttttt: Time stamp (must be formatted as "T" followed by the nine-digit timestamp, HHMMSSmmm)
 - Example: T121314123
- P: "P" for production environment
- IN: Direction of data flow to CMS by issuer (inbound to CMS)

The ER&R Contractor processes forms Monday through Friday (excluding Federal holidays) and sends an email notification confirming receipt of a file within one business day. Issuers who have not received an email confirmation in this time frame should contact the ER&R Support Center to verify that the file has been received.

PPR-820 Dispute Response File

In response to an issuer's Payment Dispute Form submission, issuers receive a PPR-820 Dispute Response File. ER&R sends this file within one business day of receiving the dispute to report the results of the dispute process.

For all disputes that pass automated validation, the Response File provides:

- The CMS Dispute Control Number – The tracking number for the dispute
- A disposition code – A code describing the status of the dispute
- Up to five applicable detail codes – Codes that convey additional information based on business rules

These fields are appended to the end of each detail record from the issuer's dispute form submission.

CMS Dispute Control Number				Disposition Code		Detail Code	
50.00	100.00	75.00	P1111111111	R1: Record/File Does Not Meet Format Requirements		F3SR2	F4SR1
50.00	100.00	75.00	P2222222222	R6: Dispute Not Supported by RCNI		PD501	PD502
50.00	100.00	75.00	P3333333333	R5: Dispute Merged with Other Case for this Policy		FV801	
50.00	100.00	75.00	P4444444444	I1: In Process		PD517	

The Response File is sent to issuers in a PSV format.

Payment Dispute Outcomes – Dispositions

The disposition code describes the current condition of the Payment Dispute to indicate:

- The time frame that the issuer can expect to see a change in status.
- Whether or not the issuer needs to take further action to reconcile the discrepancy.

Issuers should monitor their Semi-Monthly Detailed Reports for status updates.

Disposition Code	Disposition Description
REJECTED / RETURNED	
R1	Record/File Does Not Meet Format Requirements
R2	Record Does Not Meet Dispute Requirements
R3	Dispute Form Fields Do Not Match PPR/820
R4	Duplicate Dispute Record
R5	Dispute Merged W/ Other Case For This Policy
R6	Dispute Not Supported By RCNI
R7	Suppressed Issuer
R8	Multiple Conflicting Disputes For Same Policy
R9	Mismatched Policy
R10	Dispute Not Supported By RCNI – Prior Year
R11	Mismatched Policy – Prior Year
COMPLETED / CLOSED	
C1	Reviewed, Denied
C2	Timing Issue – Update Planned Within 2 Cycles
C3	Timing Issue – Update Planned For Later Cycle
C4	Disp Processed, Update Planned Within 2 Cycles
C5	Already Corrected By Payments/Adjustments
C6	Timing Issue – PPR Record Found
STATUS: IN PROCESS / IN ANALYSIS	
I1	In Process
I2	In Process
I3	In Process
I4	In Process
I6	In Process

Payment Dispute Outcomes – Dispositions

(Continued)

Disposition codes fall into one of three categories:

- “Rejected” disposition codes (e.g., R1, R2, and R3) indicate that ER&R is not processing the dispute for one of the following reasons:
 - It failed one of the validation checks.
 - It is not consistent with the issuer’s RCNI file.
 - It duplicated another dispute already in process.
 - It pertains to a prior year dispute.
- “Completed” disposition codes (e.g., C2, C3, and C5) indicate that the issuer should consider those disputes completed and closed.
 - The C2 and C3 codes indicate timing issues that will be resolved in the next payment cycle.
- “In Process/In Analysis” disposition codes (e.g., I1, I2, and I3) indicate that the dispute is being actively researched.
 - Disputes that receive an I1 disposition may be eligible for an FFM update via the Enrollment Dispute logic.
 - Disputes that receive an I4 disposition are cases that fall out of the automated logic and require manual analysis.
 - Disputes that receive an I6 disposition may reflect signs of a potential Recon issue.

Payment Dispute Outcomes – Detail Codes

Detail codes provide an additional level of detail to explain why the disposition code was applied and any applicable next steps.

The table shows examples of the following:

- H#* – Header-level edit
- F#* – Field edit
- FV* – Form validation edit
- PD* – In process, timing issue, or current year deflection
- PY* – Prior year deflection

Detail Code	Detail Code Explanation	Disposition Code
H1SR2	File Control Number (Issuer) - The File Control Number (Issuer) field has a Min/Max length of 1-50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F1SR1	Issuer (HIOS) ID – The Issuer (HIOS) ID value must be a Numeric value and is the first five digits of the QHP ID. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
FV1	Exchange Assigned Subscriber ID – The Exchange Assigned Subscriber ID value must not be all zeros, all ones or all nines. The issuer will need to make the necessary corrections and resubmit the dispute to the ER&R Contractor.	R2
PD3	This payment dispute will be investigated further. The issuer will need to refer to the Semi-Monthly Payment Dispute report to see if there has been a change in status since the initial response from the ER&R Contractor.	I2
PD4	The disputed coverage dates and/or amounts matched the current values in the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	C2
PD5	The ER&R Contractor was unable to locate this policy on the current RCNO using the issuer identifying information on the Payment Dispute. Please verify the information on the Payment dispute form and/or RCNI and make any necessary corrections. For assistance in resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov .	R6
PY5	The ER&R Contractor was unable to locate this policy on the RCNO using the issuer identifying information. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation .	R10

Receiving the PPR-820 Dispute Response File

The PPR-820 Dispute Response File is routed to the same Inbound folder/directory (Inbound30) that issuers use to transfer files with CMS.

- File naming convention:
 - TPID.ERRP.DYYMMDD.THHMMSSmmm.P.OUT
- File naming convention description:
 - TPID: Issuer's Trading Partner ID, also known as the Source ID
 - ERRP: The function code for the Payment Dispute process
 - DYYMMDD: Date; the first character (D) is static
 - THHMMSSmmm: Timestamp; the first character (T) is static
 - P: "P" is for production
 - OUT: The direction of the file (outbound from CMS); defaulted to OUT
- Example:
 - 12345.ERRP.D170215.T181523808.P.OUT

Payment Dispute Resources

Issuers who require technical assistance or who have questions or concerns regarding the Payment Dispute process should contact the FMCC (Financial Management Coordination Center) help desk:

- FMCC@cms.hhs.gov

Issuers with questions related to manual payments or program-level payments on their PPR or HIX 820 should:

- Send an email to MarketplacePayments@cms.hhs.gov.
- Include the relevant Issuer ID(s) and Payee ID(s) along with the inquiry.

Access the Payment Dispute Form v2 via the following links:

- https://www.regtap.info/reg_librarye.php?i=1352
- <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

Access the latest Payment Dispute Disposition and Detail Code List via the following links:

- https://www.regtap.info/reg_library.php?libfilter_topic=17
- <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>