This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this presentation is only intended to be a general informal summary of technical legal standards. It is not intended to take the place of the regulations that it is based on. We encourage audience members to refer to the applicable regulations for complete and current information about the requirements that apply to them.
Session Guidelines

- This is a 90-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

- Payments Overview
- HIOS/Vendor Management
- EDI Onboarding and Testing
- Enrollment Data Alignment and Policy-Based Payments
- Enrollment Data Alignment
- 834 Outbound and Inbound Transactions
- Enrollment Reconciliation Overview
- The Monthly Payment Cycle and Policy-Based Payments
- Preliminary Payment Report, HIX 820, and Payee Information Report
- Invoicing and Collections
- Discrepancy Reporting
- January Recon and Payment Calendars
- 2021 Checklist for New FFE Issuers
The purpose of this webinar is to provide new 2021 Federally-Facilitated Exchange (FFE) issuers with a complete overview of the end-to-end Enrollment, Vendor Management (VM), Financial Management (FM) payment and invoicing processes.
Intended Audiences

- Associations
- New 2021 FFE issuers
- New 2021 FFE Stand-Alone Dental Plans (SADP)
- New 2021 Vendors/Third Party Administrators (TPAs) and Clearinghouses
Payments Overview
Steps to Receiving Accurate FFE Payments

Receipt of accurate and timely payment of Advance Premium Tax Credit (APTC) and payment of user fees (UF) involves 4 major steps:

- **Onboarding**: Prior to December 2020, ensure connectivity and correct information has been filed with the Centers for Medicare & Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS), Vendor Management (VM), and the Electronic Data Interchange (EDI) onboarding processes.

- **Enrollment data alignment**: Exchange of enrollment transactions and files with CMS to align Issuer and CMS records of enrollment.

- **Receive Policy-Based Payment and Review Payment Report**: Through CMS' monthly payment process.

- **Submit Disputes**: To CMS for any identified discrepancies.
New Issuer Onboarding
New Issuer Onboarding

- HIOS Account Setup & User Roles
- Salesforce/Vendor Management (VM) Tool
- EDI Registration
To create/edit an Organization’s TIN and LBN in HIOS when necessary:

- Company Administrator: Can edit the TIN and LBN in HIOS
- Issuer Administrator: Can edit Issuer level information

For HIOS assistance contact the Marketplace Service Desk
- Call: 1-855-267-1515
- Email: CMS_FEPS@cms.hhs.gov
Salesforce/VM Tool
Salesforce VM Tool Overview

New Issuer Onboarding
The Salesforce Vendor Management (VM) Tool is accessed to add/edit and review/approve Payee Records.

- The CMS Enterprise portal allows issuers to access HIOS to request User Roles and account setup.
- The CMS Enterprise portal also allows issuers to access the Salesforce VM Tool. All users must request access to Salesforce and the VM Tool from the CMS Enterprise Portal.
- Users only need to request access to Salesforce and the VM Tool one time. After access is granted, they can access the VM Tool by logging into the CMS Enterprise Portal and navigating to the VM Tool.
CMS Enterprise Portal Access

Register for a CMS EIDM Account
(For New User)

To access HIOS, new users enter the CMS Enterprise Portal and register for a CMS EIDM account

➢ Refer to the Health Insurance Oversight System Portal User Manual
HIOS Registration

Request a HIOS Account (New User Registration)

- User must request a HIOS Role and complete remote identity proofing (for new users)
  - Refer to the Health Insurance Oversight System Portal User Manual for additional instructions on HIOS account setup
Register an organization in HIOS
Add Issuers to an organization in HIOS
Request HIOS Financial Management roles

- User should request the Payee Submitter or Payee Approver roles in HIOS

Refer to the Health Insurance Oversight System Portal User Manual for instructions on HIOS Account Setup
VM User Roles
Two (2) issuer user roles are required for submission and approval of payee data in Vendor Management (VM). These are created in the HIOS system.

<table>
<thead>
<tr>
<th>Payee Submitter (VM)</th>
<th>Payee Approver (VM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Add a Payee Record for Tax Identification Numbers (TINs) without a Payee Record</td>
<td>✓ View and Approve Payee Record</td>
</tr>
<tr>
<td>✓ View and Edit existing Payee Records</td>
<td>✓ Update and Edit Authorizing Delegated Official (ADO) contact info</td>
</tr>
</tbody>
</table>

*An individual user may not hold both the submitter and approver user roles in VM*
Request VM Salesforce Access

In order to request the VM application and access the VM Tool, users must request access to Salesforce

➢ Refer to the Vendor Management Salesforce Request User Guide
Access the VM Tool in the CMS Enterprise Portal

✓ Once your access to the Vendor Management application has been approved, you are able to access the VM Tool.

❑ Follow these steps to access the VM Tool in the CMS Enterprise Portal:
   2. Log in to the CMS Enterprise Portal by entering your user ID, password, and multi-factor authentication (MFA) code, then select the Login button to navigate to the My Portal page.
   3. Select the Salesforce tile, then select Application from the drop-down menu to open the CMS App Launcher page in a new browser tab.
   4. Select the VM tile to open the VM application.
      ➢ Refer to the VM Salesforce Access Request User Guide for instructions.
Payee Record
A Payee Record allows your organization to provide the relevant information required to enter into financial transactions with CMS

**Payee Record Requirements:**

- A Payee Record must include at least one (1) issuer
- Submit a Bank Verification Letter (BVL)
  - Payees must have their financial institution submit a BVL to the CMS VM Team
  - The Bank must submit the BVL directly to CMS via facsimile to (443) 380-5196 to be considered valid
A Payee Record has a one-to-one relationship with the TIN

- For example, if a company has three (3) HIOS IDs with the same TIN, all HIOS IDs will be associated to the same Payee Record in VM
Records that are not approved or remain in an incomplete status at the time of module closing jeopardize Patient Protection and Affordable Care Act (PPACA) program payments for that cycle.

- If your update your records at anytime and edit them to include changes to your banking information, your financial institution is required to fax a BVL directly to CMS at (443) 380-5196 to allow CMS to approve these updates. In the interim, your record is in pending status and payments will not be processed.

- You can reach the CMS Vendor Management Team at Vendor_Management@cms.hhs.gov
EDI Onboarding and Testing
The HUB will facilitate the exchange of Enrollment based, Preliminary Payment Reports (PPR) (I820), HIX 820 (F820), and Payee Information Report (PNR) transactions from CMS to payees and trading partners.

In order to receive HIX 820 transactions or other reports using EFT, Trading Partners (i.e., Payee Groups, SBEs or their designees, and FFE, SBE, and SBE-FP issuers) must register and successfully complete the onboarding process.

Issuers link their Payee Group ID to a registered or new Trading Partner ID and onboard with the HUB.

All issuers and their business associate (clearinghouse or TPA) who receive the payment transactions on their behalf must complete onboarding prior to December 2020.

Issuers may reach out to CMS_FEPS@cms.hhs.gov mailbox if they need any additional information related to form submission.
Testing and EDI Registration Form (continued)

1. The Trading Partner downloads the Trading Partner Onboarding Form from the Zone.
2. The Trading Partner completes the Trading Partner Onboarding form and submits it to the Hub team.
3. Upon form approval, the Hub team links the TPID, User ID and password, and notifies the Trading Partner.
4. The Hub team configures an interface profile for the Trading Partner and deploys the profile to the Production environment.
5. Once the EDI interface is successfully deployed, the Trading Partner can begin receiving Financial Transactions.
Enrollment Data Alignment and Policy-Based Payments
Payment Overview

• All issuers in the individual market receives APTC and User Fee (UF) (as applicable) policy-level payment and charges using the process known as Policy-Based Payments (PBP)

• PBP makes APTC payments to issuers, and collects FFE user fees, based on effectuated enrollment information in the FFE system

• Therefore the exchange of information about consumer enrollment between CMS and FFE issuers or SBE drives payment accuracy
Enrollment Data Alignment
CMS exchanges enrollment information with FFE issuers through three major processes:

1. Outbound and Inbound 834 Transactions, exchanged daily
2. Monthly enrollment reconciliation
3. Discrepancy reporting
834 Outbound and Inbound Transactions
834 Transaction Key Points

- Initial enrollment information is sent for each enrollee or enrollment group to the Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) issuer via an 834 transaction (Outbound 834 transaction)
- Once the enrollee makes the payment to the selected QHP issuer for the individual exchange, the issuer adds the effectuated policy into their system with the correct benefit, plan, etc.
- Once the enrollment processes are complete and coverage is effectuated, the QHP issuer sends an 834 transaction (Inbound 834 transaction) to the FFE confirming enrollment status
- CMS uses the 834 enrollment transaction to collect data on enrollment status and issuer assigned IDs for issuer Assigned Policy ID, issuer Assigned Subscriber ID, issuer assigned assigned Member ID and last paid date
An **Outbound 834 Transaction** is created by the FFE and sent to the QHP issuer after an individual or group has submitted an application, has been determined eligible and selected a QHP.

Upon receipt at the issuer’s EDI platform, the issuer is to generate the TA1 and 999 Acknowledgment transactions which are returned to the FFE EDI platform within 48 hours.

The EDI team will perform outreach if the acknowledgment timer exceeds 48 hours.
Inbound 834 Transaction

- An **Inbound 834 Transaction** is created by the QHP or QDP issuer and sent to the Data Services Hub (the HUB) once the initial enrollment transaction is confirmed (effectuated or canceled).

- Inbound 834 Transactions update FFE insurance policies in near “real-time” as issuers report a policy’s change in payment (or non-payment) status.

Except where specified by the 005010X220A1 Technical Report Type 3 (TR3) and the CMS 834 Companion Guide, issuers must re-transmit all appropriate information transmitted on the Outbound 834 Transaction.
The most current 834 resources can be found at the following links:

**Tester’s General Quick Reference Guide:**

**New M834 Consumer Application Test Data Set:**
- [https://zone.cms.gov/document/m834-application-data](https://zone.cms.gov/document/m834-application-data)
- Note: Today tweaked baseline August scenarios (suffixes ending with “1” and “2”)

**M834 Test Scenarios Spreadsheet (all 30 at a glance)**
- (Please note the initial effective dates show 1/1, in contrast to test data set where initial effective dates are for summer months, reflecting current system non-OE period)

**M834 Operations Manual**

**834 Companion Guide:**

**EDI File Naming Guide:**

**Business Application Acknowledgement (BAA) User Guide:**

**New Issuer Onboarding Presentation delivered at April 2019 Plan Management event:**
Enrollment Reconciliation Overview
Overview of Enrollment Pre-Audit File

- CMS produces and distributes pre-audit files to issuers on a monthly basis
  - This pre-audit file also represents the effectuated enrollments for which issuers will receive policy-based payments (as applicable) for the subsequent month
- The pre-audit file will *not* be in the EDI 834 format; it will be a pipe-delimited flat file
- All pre-audit files are year-specific; pre-audit files for 2021 will only contain data pertaining to enrollments effective 1/1/2021 – 12/31/2021
  - This includes effectuated, uneffectuated, and cancelled enrollment records
- Prior Year Pre-Audit Files are incremental
  - These files only provide the difference between the last Pre-Audit and the current one
To ensure consistency between FFE and issuer enrollment data throughout plan year 2021, CMS will be initiating monthly reconciliation of 2021 enrollment data early in December 2020.

Per regulatory requirement, issuers must reconcile enrollment data with CMS *on a monthly basis*.

Issuers will submit an inbound reconciliation file for each Trading Partner ID during each monthly cycle.

CMS will perform an initial validation on the issuer file, match issuer enrollment records to FFE records, and compare on a field-by-field basis for matched records.

- Results of matching and field-by-field comparison are sent to issuers via the outbound reconciliation file.
High-Level Reconciliation Approach

Issuer System → Create and Send Reconciliation (RCNI) File → Receive and Review Result File → Update System as Needed

Enrollment Data Store → Compare Reconciliation File → Enrollment Comparison Data Store

Send Reconciliation Result (RCNO) File → Resolution Determined?

Y → Is FFE Correct?
Y → End Process
N → Determine Appropriate Resolution

N → Update Enrollment Data Store
### Key Data Elements

<table>
<thead>
<tr>
<th>Member Attributes</th>
<th>Coverage Attributes</th>
<th>Financial Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>QHP ID</td>
<td>Tobacco Status</td>
</tr>
<tr>
<td>Last Name</td>
<td>Benefit Start Date</td>
<td>Applied APTC Amount</td>
</tr>
<tr>
<td>DOB</td>
<td>Benefit End Date</td>
<td>APTC Effective / End Dates</td>
</tr>
<tr>
<td>Gender</td>
<td>Effectuation Status</td>
<td>Advance Payment Amount</td>
</tr>
<tr>
<td>SSN</td>
<td>Exchange-Assigned Policy ID</td>
<td>Effective / End Dates</td>
</tr>
<tr>
<td>Subscriber Indicator</td>
<td>Exchange-Assigned Subscriber ID</td>
<td>Total Premium Amount</td>
</tr>
<tr>
<td>Relationship Code</td>
<td>Exchange-Assigned Member ID</td>
<td>Total Premium Effective / End Dates</td>
</tr>
<tr>
<td>Residential Address</td>
<td>Issuer-Assigned Policy ID</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Issuer-Assigned Subscriber ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuer-Assigned Member ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agent/Broker Information</td>
<td></td>
</tr>
</tbody>
</table>
The most current reference materials are available on CMS zONE at:


Materials include:

- Reconciliation Education Suite:

- Pre-Audit File Specification:

- Inbound Reconciliation File Specification:

- Outbound Reconciliation File Specification:

If you have questions on Enrollment Reconciliation, please send them to the Help Desk ([cms_feps@cms.hhs.gov](mailto:cms_feps@cms.hhs.gov)) with the subject line “RECONCILIATION – QUESTION”
Discrepancy Reporting

• Issuers are required to submit timely enrollment and/or payment disputes to CMS to correct any discrepancies not resolved through enrollment reconciliation

• See final section of this presentation for more information
The Monthly Payment Cycle and Policy-Based Payments
Policy-based Payments Overview

The high-level monthly process for making payments includes:

• **10th of prior month**: SBE enrollment submitted by states
• **15th of prior month**: Snapshot of the FFE and SBE enrollment used as basis for the month’s payment
• CMS calculates policy-based payments of APTC and UF and aggregates with any other payments (e.g., RA); nets payments and charges
• ~10th–13th of Payment Month: Payees receive invoices (if applicable)
• ~15th of Payment Month: PPRs and PNRs sent to payees
• ~20-22 of Payment Month: Payees receive payment
• By the End of Payment Month: Payees receive HIX820 (if applicable)
Policy-based Payments Overview (Continued)

End-to-End Policy-based Payment Process

1. Issuers report all effectuated enrollments to the FFE/SBE
   By the 15th of the current month

2. CMS aggregates enrollment and payment data from EPS to make payments to Payees and net APTC payments and FFE User Fee charges

3. CMS sends mid-month Preliminary Payment and Payee Information Reports for Payees to confirm or report discrepancies
   By the 15th of the following month

4. Payees with a net negative balance receive invoices. Payees remit all outstanding balances through Pay.gov
   ~20th of the following month

5. CMS sends all payment information to Treasury and Treasury issues payments to Payees through EFT

6. Payees receive a HIX 820 transaction with all payments and invoicing data
   By the last day of the following month
Preliminary Payment Report, Payee Information Report, and HIX 820
• In the middle of each month, payees will receive a PPR
  • The PPR is a pipe-separated file and contains all the policy-level payment details for a payee
• All payees will receive one PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month. This will include program level payments as well
• Payees will receive one PPR with all their policy-level details and program level details, regardless of payment amount or number of policies
Each field is separated by a pipe character.
A sample PPR can be found in the next few slides and is posted in REGTAP and zONE

<table>
<thead>
<tr>
<th>Issuer ID</th>
<th>Issuer APTC Total</th>
<th>Issuer UF Total</th>
<th>Last Name</th>
<th>First Name</th>
<th>Exchange Assigned</th>
<th>Exchange Assigned Cl</th>
<th>Exchange Assigned CI</th>
<th>Policy Total Premium</th>
<th>Exchange</th>
<th>Payment Amount</th>
<th>Coverage Period Start Date</th>
<th>Coverage Period End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Beekyvar</td>
<td>CHARLE</td>
<td>70221 12482AR000101001</td>
<td>17054371921</td>
<td>174.18</td>
<td>LIFACD</td>
<td>+6.1</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Beekyvar</td>
<td>CHARLE</td>
<td>70221 12482AR000101001</td>
<td>17054371921</td>
<td>null</td>
<td>APTCAD</td>
<td>56.57</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Copelandya</td>
<td>MARTIN</td>
<td>71112 12482AR000102002</td>
<td>17088387812</td>
<td>null</td>
<td>APTCAD</td>
<td>98.99</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Copelandya</td>
<td>MARTIN</td>
<td>71112 12482AR000102002</td>
<td>17088387812</td>
<td>197.47</td>
<td>LIFACD</td>
<td>-6.91</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Landersar</td>
<td>John</td>
<td>74348 12482AR00010000302</td>
<td>18184774340</td>
<td>null</td>
<td>CSRAD</td>
<td>57.18</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Landersar</td>
<td>John</td>
<td>74348 12482AR00010000302</td>
<td>18184774340</td>
<td>null</td>
<td>CSRAD</td>
<td>68.23</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Landersar</td>
<td>John</td>
<td>74348 12482AR00010000302</td>
<td>18184774340</td>
<td>null</td>
<td>CSRAD</td>
<td>68.23</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Kiddhaar</td>
<td>Harold</td>
<td>74289 12482AR00010000302</td>
<td>17423274284</td>
<td>152.52</td>
<td>LIFACD</td>
<td>-5.34</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Kiddhaar</td>
<td>Harold</td>
<td>74289 12482AR00010000302</td>
<td>17423274284</td>
<td>null</td>
<td>CSRAD</td>
<td>58.17</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Whileyar</td>
<td>Randy</td>
<td>71367 12482AR00010000304</td>
<td>18206774878</td>
<td>161.01</td>
<td>LIFACD</td>
<td>-6.34</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Whileyar</td>
<td>Randy</td>
<td>71367 12482AR00010000304</td>
<td>18206774878</td>
<td>null</td>
<td>CSRAD</td>
<td>-5.32</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Whileyar</td>
<td>Randy</td>
<td>71367 12482AR00010000304</td>
<td>18206774878</td>
<td>null</td>
<td>CSRAD</td>
<td>70.05</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
<tr>
<td>12482</td>
<td>256.53</td>
<td>153.46</td>
<td>Barbera</td>
<td>MGESOF</td>
<td>60044 12482AR00010000501</td>
<td>18700730341</td>
<td>171.91</td>
<td>LIFACD</td>
<td>-5.02</td>
<td>20190501</td>
<td>20190532</td>
<td></td>
</tr>
</tbody>
</table>
PPR Transmission

• The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the States or the Payees
• 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.OUT
• CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs
The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the states or the payees.

The function code for the PPRs will be D820.

The file names will be in the following format:

- TradingPartnerID.FunctionCode.Date.Time
- For example:  1234567.D820.D150529.T124846968.P.OUT

CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs.

Note: NV only receives a supplemental PPR for any retroactive transactions prior to CY 2020, NJ and PA for any transactions in CY 2020, and for ME and VA starting in January 2021.
PPR Resources

- FM Additional Testing PPR Scenarios:

PNR Report Details

Payee Information Report

- Provides a snapshot of payee Accounts Payable (AP) and Accounts Receivable (AR) as of the report run date and includes current payment cycle netting that occurred along with any outstanding AR balances as of the report run date
- Transmitted to payees around same time of month as PPRs
- Generated at payee level for all programs and transmitted in pipe delimited format to the same EFT Folder as other payment reports (i.e. PPR and HIX 820) with function code: PNR

Transaction Details:

- Includes all current payment cycle APs and ARs, similar to the data included on the PPR
- Provides details of any outstanding ARs, their original transaction amount, and amount prior to netting in the current payment cycle
- Shows the netting that occurred in the current payment cycle, payments made through EFT, and any remaining AR balance
- Report will be generated even if current cycle APs/ARs do not exist for payee, as long as payee has outstanding ARs
The Program column of the PNR will display the same program type codes that are found on the PPR and HIX 820, and also included on the Washington Publishing Company (WPC) site. Please note the following exceptions and clarifications to this:

<table>
<thead>
<tr>
<th>Program Type Code on PPR and HIX 820</th>
<th>Program on Payee Information Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD</td>
<td>RA</td>
</tr>
<tr>
<td>UFR, SHOPUF</td>
<td>UF</td>
</tr>
<tr>
<td>CSRN</td>
<td>CSR</td>
</tr>
</tbody>
</table>

Sample PNR (Pipe Delimited Format)

| Parameters: |
| Cycle Date | 20170222 |
| Run Date   | 20170329 11:26:41 |
| Payee ID   | A992001 |
| Payee Name | THE IAM LOCAL 2848 FORD RETIREES |
| Payee Status | NON |

<table>
<thead>
<tr>
<th>Total</th>
<th>Transaction Type</th>
<th>Program</th>
<th>Invoice Number</th>
<th>Invoice Date</th>
<th>Payables Amount</th>
<th>Payables EFT Payment Amount</th>
<th>Receivables Original Amount</th>
<th>Receivables Amount</th>
<th>Prior to Netting</th>
<th>Receivables Netting Amount</th>
<th>Receivables Outstanding Balance as of Run Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Payables</td>
<td>APTC</td>
<td>A1702A992001004</td>
<td>20170222</td>
<td>1000</td>
<td>1000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payables</td>
<td>APTC</td>
<td>A1702A992001009</td>
<td>20170222</td>
<td>9000</td>
<td>8000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receivables</td>
<td>UF</td>
<td>U1702U992001004</td>
<td>20170222</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receivables</td>
<td>UF</td>
<td>U1702U992001009</td>
<td>20170222</td>
<td>900</td>
<td>900</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10000</td>
<td>9000</td>
<td>1000</td>
<td>1000</td>
<td>1000</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
## Sample PNR (Excel Format)

<table>
<thead>
<tr>
<th>Parameters</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle Date</td>
<td>20170222</td>
</tr>
<tr>
<td>Run Date</td>
<td>20170329 11:26:41</td>
</tr>
<tr>
<td>Payee ID</td>
<td>A992001</td>
</tr>
<tr>
<td>Payee Name</td>
<td>THEIAM LOCAL 2848 FORD RETIREES</td>
</tr>
<tr>
<td>Payee Status</td>
<td>NON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Program</th>
<th>Invoice Number</th>
<th>Invoice Date</th>
<th>Payables Amount</th>
<th>Payables EFTP</th>
<th>Receivables Or</th>
<th>Receivables A</th>
<th>Receivables Outstanding Balance as of Run Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>APTC</td>
<td>A1702A9920010</td>
<td>20170222</td>
<td>1000</td>
<td>1000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>APTC</td>
<td>A1702A9920010</td>
<td>20170222</td>
<td>9000</td>
<td>8000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>UF</td>
<td>U1702U9920010</td>
<td>20170222</td>
<td>1000</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>UF</td>
<td>U1702U9920010</td>
<td>20170222</td>
<td>9000</td>
<td>900</td>
<td>900</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>10000</td>
<td>9000</td>
<td>1000</td>
<td>1000</td>
<td>0</td>
</tr>
</tbody>
</table>
The HIX 820 is an X12 remittance advice transaction which includes all of the information provided on the PPR, as well as the Treasury EFT trace number and the date the payment was sent to the payees bank account (if applicable).

CMS uses the HIX 820 to communicate remittance information for the following types of payments and charges related to exchange functions:

- APTCs
- FFE Individual UF (if applicable)
- Risk Adjustment (RA) (if applicable)

The HIX 820 is a separate transaction from the payment transfer and all CMS HIX 820s are outbound only (i.e., from CMS to payee groups).
Payees will receive one (1) HIX 820 per month per EFT:
  • The HIX 820 includes policy-level information including any program-level payments, adjustments and other remittance information
  • A Payee will receive two (2) or more separate HIX 820s and two (2) or more separate EFT payments if the Payee is set to receive a payment of $100 million or more
Netting

- When there are outstanding unpaid receivables from prior months, any payments will net against those receivables per the standard netting order.
- This adjustment to total payment will be reflected in the total payment on the HIX 820.
- The largest AP transaction involved in the current cycle is used to net against the AR according to the netting priority below:
  - If there are multiple ARs for the same program, the oldest AR will net first, and if ARs have the same date, the largest AR will net first.
  - If there is admin and interest associated with a program, the admin and interest for that program will net first before principal.
- Netting Priority:
  - RA > (RA) HCRP > APTC, CSR > FFE UF, RA UF
Example: Netting Oct Cycle Transactions and Outstanding Sept Cycle Receivable

Netting Example:

- September Cycle Receivable: $(10,000.00)$

- October Cycle Transactions: Net Payment Amount = $110,000.00

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA</td>
<td>$(10,000.00)$</td>
</tr>
<tr>
<td>CSRMADJ</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>APTCMADJ</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>CSRN</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>RAUF</td>
<td>$(40,000.00)</td>
</tr>
<tr>
<td>RA (Sept Cycle Outstanding Unpaid Receivable)</td>
<td>$(10,000.00)$</td>
</tr>
</tbody>
</table>
PPR Example

The PPR provides a list of all October cycle transactions by payee prior to netting across programs and the September outstanding receivable.

<table>
<thead>
<tr>
<th>Transaction Set Control Num</th>
<th>Run Date</th>
<th>Payee ID</th>
<th>Payment Method Code</th>
<th>Policy-Based Transition Mt</th>
<th>Total Payment($)</th>
<th>Payee APT($ Total)</th>
<th>Payee CSR Total($)</th>
<th>Payee UFT Total($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/06/2016 6:00</td>
<td>AXXXXX</td>
<td>NDN</td>
<td>201610</td>
<td>120000</td>
<td>50000</td>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issuer ID</th>
<th>Issuer APT($ Total)</th>
<th>Issuer CSR Total($)</th>
<th>Issuer UFT</th>
<th>Exchange</th>
<th>Exchange</th>
<th>Exchange</th>
<th>Issuer Ass</th>
<th>Issuer Ass Policy Total</th>
<th>Exchange Pa</th>
<th>Payment Amt</th>
<th>Exchange</th>
<th>Coverage Period Start</th>
<th>Coverage Period End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>50000</td>
<td>10000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20160101</td>
<td>20160331</td>
</tr>
<tr>
<td>12345</td>
<td>50000</td>
<td>10000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20160101</td>
<td>20160331</td>
</tr>
<tr>
<td>12345</td>
<td>50000</td>
<td>10000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20160901</td>
<td>20160930</td>
</tr>
<tr>
<td>12345</td>
<td>50000</td>
<td>10000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20160901</td>
<td>20160930</td>
</tr>
</tbody>
</table>

Example
HIX 820 Example

The HIX 820 will provide a view of all October cycle transactions and the September offset that occurred due to netting

<table>
<thead>
<tr>
<th>REDUCED</th>
<th>-10000</th>
<th>INVOICERPT</th>
<th>X15XX160912345001</th>
<th>10/01/2020</th>
<th>10/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTCMADJ</td>
<td>50000</td>
<td>ISSUERIDRPT</td>
<td>12345</td>
<td>10/01/2020</td>
<td>10/31/2020</td>
</tr>
<tr>
<td>CSRN</td>
<td>100000</td>
<td>ISSUERIDRPT</td>
<td>12345</td>
<td>09/01/2020</td>
<td>09/30/2020</td>
</tr>
<tr>
<td>9CSRMAJD</td>
<td>-10000</td>
<td>ISSUERIDRPT</td>
<td>12345</td>
<td>10/01/2020</td>
<td>10/31/2020</td>
</tr>
<tr>
<td>RAUF</td>
<td>-40000</td>
<td>ISSUERIDRPT</td>
<td>12345</td>
<td>09/01/2020</td>
<td>09/30/2020</td>
</tr>
</tbody>
</table>
Issuers may find additional information on the HIX 820 Transaction and transition to PBP by clicking the links below:

- FM Policy-based Payments Overview and HIX 820 Testing and Implementation slides

- FM Policy-based Payments Overview and HIX 820 Companion Guide

Additionally, issuers may search the VM, Payments, and Collections program area page at [https://www.REGTAP.info](https://www.REGTAP.info) in the REGTAP library for additional supporting documents related to the HIX 820 transaction
CMS zONE Resources


• These are a subset of CMS individual market HIX 820 X12 scenarios. The full set can be found at X12 Examples. Choose which program to open the file. Users find success opening with notepad. - https://zone.cms.gov/document/cms-individual-market-hix-820-x12-scenarios
Invoicing and Collections
Payments and Invoicing Key Points

• On a monthly basis, payments and charges for Exchange programs are aggregated and netted at the Payee Group level and sent to the CMS accounting system for processing.

• Payees with a net negative balance will receive an initial invoice for each program for which there is an outstanding balance.

• The Payee uses the invoice to pay the amount(s) owed through Pay.gov.
Due Dates for Initial Invoices

- Payments of APTC and user fee invoices, as well as contributing entities, issuers of reinsurance-eligible plans, issuers of RA-covered plans, and Qualified Health Plan (QHP) issuers paying RC charges must pay initial invoices **within 15 calendar days from the date of the initial invoices**
  - Interest and fees will not accrue until **30 calendar days from the date of the initial invoices**
  - An administrative fee of $15 will be added to the unpaid balance not paid within 30 calendar days from the date of the initial invoice

- Invoices are due on the 15th day from the date on the initial invoice to eliminate any timing overlap where initial invoices are due at the same time CMS begins the subsequent month’s netting process, pursuant to 45 CFR 156.1215(b)

- CMS will net any outstanding invoices in the subsequent payment cycle
  - Additional information can be found on REGTAP: [https://www.regtap.info/reg_librarye.php?i=2120](https://www.regtap.info/reg_librarye.php?i=2120)
Timing of Invoice and Intent to Refer Letters

- Initial invoices are emailed to the Billing and Payment Contact (BPC) in VM and mailed to issuers via USPS between the 10th and 13th of the month if the total charges owed by the issuer exceed payments due to the issuer in a given month
  - Issuers will receive an initial invoice for each program for which there is an outstanding balance
  - Issuers must remit payments within 15 calendar days of the date of the initial invoice
- The Intent to Refer Letter (ITR) will be sent 60 calendar days after the date of the initial invoice if payment is not received by the initial invoice deadline.
- If no payment has been submitted 140 calendar days after the date of the initial invoice, the debt will be referred to the U.S. Department of Treasury for collection
### INITIAL INVOICE

<table>
<thead>
<tr>
<th>Description</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re: Program</td>
<td>APTC</td>
</tr>
<tr>
<td>Entity ID</td>
<td>A123456</td>
</tr>
<tr>
<td>Invoice Number</td>
<td>A1111A011001001</td>
</tr>
<tr>
<td>Invoice Date</td>
<td>13-JUL-2018</td>
</tr>
<tr>
<td>Invoice Amount</td>
<td>$101.99</td>
</tr>
<tr>
<td>Payment Due Date</td>
<td>28-JUL-2018</td>
</tr>
</tbody>
</table>

- **Program** – The program specific Exchange and Premium Stabilization program for which a balance due is identified.
- **Entity ID** – The Entity ID is the Payee ID that is generated in the Financial Management Application.
- **Invoice Number** – The invoice number will be used to submit payment in Pay.gov.
- **Invoice Date** – The invoice date is the date of the invoice and the date that is used to calculate the invoice due date.
- **Invoice Amount** – The invoice amount is the amount due for the specific invoice number.
- **Payment Due Date** – The payment due date is the day that the invoice is due and is calculated as the date that is 15 days after the invoice date.
Five (5) Business Day Outreach

- As a way to ensure that invoices have been received, CMS makes phone calls to issuers five business days after an Invoice is sent.
- These are courtesy calls to confirm that issuers have received their invoice(s).
- CMS will be reaching out via phone to the contact listed in the Vendor Management module.
- If you have any questions about invoices, please email CMS at CCIIOInvoices@cms.hhs.gov.
If payment is not submitted by the initial invoice deadline, an ITR is generated 60 days after the date of the initial invoice.

The ITR is the final request for payment before CMS refers the debt to Treasury and reflects administrative charges and accrued interest in addition to the original balance owed at the time.

If you want to make a payment, but you are unsure the balance owed, please email CCIIOInvoices@cms.hhs.gov.

A sample ITR can be found in the appendix of this presentation.
Debts that remain unpaid 140 days from the date of the initial invoice will be referred to the Department of the Treasury.

Treasury will collect all required penalty charges and fees (including interest and administrative fees).

Treasury will use all tools at its disposal to collect debt, including offsets of other government payments and/or referral to the Department of Justice for litigation.

CMS has no knowledge or involvement in the Treasury offset process and/or the offset amount. The Notification (letter) will be generated by Treasury as part of their offset program.

To learn of the details, please contact the U.S. Department of the Treasury hotline at (800)-304-3107 or visit the website at https://fiscal.treasury.gov/fscontact/fs_contact.htm
• Pay.gov is the portal to access the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form, which allows for the submission of payments for exchange-related charges

• The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (Exchange Payment Form) is accessible directly through Pay.gov

• Access Pay.gov at https://pay.gov/public/home

For Pay.gov customer service, concerns, or technical issues contact:

• Call: (800) 624-1373 (Toll free, Option #2) or (216) 579-2112 (Option #2)
• Email: pay.gov.clev@clev.frb.org
Issuers should:

• Submit payment as early as possible
• Register in Pay.gov so a record of all completed transactions will exist within the Pay.gov account in the payment activity section under “My Account”
• Utilize the invoice to complete the payment form
• Retain the confirmation email transmitted once payment is submitted

For more information about making payments on pay.gov, see slides 31-39 available at: https://www.regtap.info/reg_librarye.php?i=2969
• Issuers may find detailed information regarding the collections and invoicing process by clicking the link below to view the July 22nd, 2019 Collections and Invoicing webinar slides:
  • https://www.regtap.info/reg_librarye.php?id=2969

• For questions about the payment process, issuers may also search the REGTAP library under the Vendor Management, Payments, and Collections program area for supporting documents.

• Issuers should send questions related to their Invoice to the Invoice and Collections Team at CCII0Invoices@cms.hhs.gov

• Please follow the escalation path below for issues related to the transfer of the monthly PPR, Payee Information Report, and HIX 820 payment files:
  • 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

• Questions pertaining to the enrollment & payment data workbook may be referred to Marketplacepayments@cms.hhs.gov
Discrepancy Reporting
Key Points

- Once payees receive their PPR, they can identify discrepancies between their expected payments and the incoming payments from CMS.
- Issuers use an Excel template to submit discrepancies to Enrollment Resolution & Reconciliation (ER&R).
- CMS, in coordination with ER&R, investigates the discrepancies and provides a report to issuers containing the status of each dispute.
- Any changes to a payment or charge will reflect in a future month’s PPR and HIX 820 transaction.
- The Combined Enrollment and Payment Dispute TRG, which explains how to effectively utilize all types of disputes, is on CMS zONE at: [https://zone.cms.gov/system/files/documents/combinedenrollmentandpaymenttrg_0.docx](https://zone.cms.gov/system/files/documents/combinedenrollmentandpaymenttrg_0.docx)
Identifying a Payment Discrepancy

• Issuers must compare the expected PBP based on the issuer’s internal data with the PBP identified in the PPR or HIX 820 to identify discrepancies.

• The discrepancies fall into one (1) of three (3) categories:
  • Missing payments in which the issuer expected a PBP that is not present
  • Unexpected payments in which the issuer did not expect a PBP and one is present
  • Incorrect payments in which the issuer received a PBP, but the payment differs by more than $0.02 from the issuer expected amount

• For each discrepancy, issuers submit a dispute to ER&R containing issuer enrollment data values and the FFM values present on the PBP.
Payment Disputes

• Issuers can dispute one (1) or more of the following items on the PPR-820 Dispute Form:
  • Benefit Start Date
  • Benefit End Date
  • Total Premium Amount
  • APTC
  • UF
• Issuers will receive a response file within one (1) business day of submitting a dispute form
• The PPR-820 Dispute Form v2.0 is on CMS zONE at: https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xlsx
Enrollment Disputes

- Most payment discrepancies are caused by FFE enrollment data that needs to be corrected
- Issuers can also submit an Enrollment Dispute to correct FFE enrollment data. In addition to the fields on the Payment Dispute form, Enrollment Disputes can be used to address:
  - Enrollment Blocker issues
  - Prior Year Disputes (may require AM approval)
  - Rejected Enrollments
  - Reinstatements and date change disputes
  - Newborn Premium disputes
  - Term and Cancel Reason Codes
  - Disputes for other enrollment values not associated to payments
- The Enrollment Dispute Form v13 is on CMS zONE at: https://zone.cms.gov/system/files/documents/enrollmentdisputeformv13_0.xlsx
HICS Direct Disputes

- Issuers can also submit HICS cases directly to ER&R that involve:
  - Enrollment Blockers that are not for demographic updates
  - Changes to the APTC
  - Premium updates that require a HICS case
  - Term No Longer Eligible (NLE) appeals
  - Removing a member or changing a subscriber
  - Changes to the QHP ID/Variant ID
  - Changes to the date of death of a member

- Guidance documents for HICS Direct Disputes are on CMS zONE at:
Disputes Outcome Codes

• CMS assigns a disposition code to each dispute that conveys to issuers if the dispute will process or if issuers must take further action to reconcile the discrepancy
  • Payment Disputes use general disposition codes paired with one or more detail codes, which contain additional guidance for the issuer
• The Payment Disposition and Detail Code List v27 is on CMS zONE at: https://zone.cms.gov/system/files/documents/ffedispositionanddetailcodes27.xlsx
• The current Enrollment Disposition and Detail Code List is on CMS zONE at: https://zone.cms.gov/system/files/documents/cciio_enrollment_dispositions_zo ne_2.xlsx
Semi-Monthly Detail Reports

- Issuers receive a Semi-Monthly Detail Report with details for new, pending, and existing disputes that received a new disposition code since the preceding report.
- CMS distributes the report twice a month on the 1st and 16th, or the next business day afterward if the expected distribution date falls on a weekend or holiday.
- Issuers should use the Issuer Assigned Dispute Control Number they submitted on the dispute or the Dispute Case ID to identify each record on the Semi-Monthly Detail Report.
  - Issuers must use the disposition code and detail codes to identify the appropriate follow-up action for disputes ER&R could not process.
  - Following successful disputes, issuers should monitor future RCNO files and Pre-audit reports to ensure that updates are present within 1–2 cycles.
Disputes - Resources

• Issuers having trouble submitting disputes, locating a response file, or using the Semi-Monthly Detail Report should call or email the ER&R Support Center at:
  • (855) 591-7113
  • ERRsupportcenter@Cognosante.com
• For assistance with a Payment Dispute on the Semi-Monthly Detail Report, issuers should contact the helpdesk provided in the Detail Code verbiage
• Please contact the Federal Enrollment and Payment System (FEPS) help desk at CMS_FEPS@cms.hhs.gov with any:
  • Questions or concerns around the Payment Dispute process
  • Requests for technical assistance
• All documentation related to dispute processing can be found on CMS zONE at: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation
Payment Activity Key Dates
# 2021 Payment Activity Key Dates

<table>
<thead>
<tr>
<th>Key Payment Activities</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Invoice sent to Issuers</td>
<td>1/12-1/14</td>
<td>2/10-2/12</td>
<td>3/11-3/15</td>
</tr>
<tr>
<td>Preliminary Payment and Payee Information Reports sent to Issuers</td>
<td>1/15</td>
<td>2/12</td>
<td>3/15</td>
</tr>
<tr>
<td>Treasury issues payments to Issuers</td>
<td>1/22</td>
<td>2/22</td>
<td>3/22</td>
</tr>
<tr>
<td>HIX 820 Payment transactions sent to Issuers</td>
<td>1/29</td>
<td>2/26</td>
<td>3/31</td>
</tr>
</tbody>
</table>

*Dates are subject to change*
Questions?

Email questions to marketplacepayments@cms.hhs.gov
Step 1: CMS Secure Portal Registration Process:

(Pre-requisite to CMSzONE Access)
1. Register for access at CMS Secure Portal Here: https://portal.cms.gov/
2. Click on “New User Registration” under CMS Secure Portal
3. Complete information and create User ID and Password

Step 2: CMS zONE Access Request:
2. Click on “Request Access Now”
3. Scroll down the page to find “zONE” and click on “Request Access”
4. Complete information and wait for confirmation email
5. Once confirmation email is received, user may log-in to CMSzONE

Step 3: CMSzONE Private issuer Community Access:
(After being granted CMS zONE access)
1. Log into zONE; click on the Communities tab
2. Click Browse Private Communities
3. Click Issuer Community – Private
4. Click Join Community
5. Provide explanation of why you need access to this community; Include:
   • name and contact information
   • issuer POC contacts
   • specific work for issuer (i.e. fill out QHP templates, processing 834’s, etc.)

User Access Quick Guide
A copy of the comprehensive User Access Quick Guide is posted on zONE @:
https://zone.cms.gov/document/zone-end-user-access-quick-guide (pre-log in required to access zONE links)
SBE Issuer Information page (all of the following documents are available on this page): [https://zone.cms.gov/wiki/sbm-Issuer-information](https://zone.cms.gov/wiki/sbm-Issuer-information)


Reference Documents (Continued)

Sample Intent to Refer Letter

Initial Invoice FINAL REQUEST

Re: Program : Advance Payments of the Premium Tax Credit
Entity ID : A123456
Invoice Number : A1111A011001001
Invoice Date : 13-JUL-2018
Invoice Amount : $101.99
Interest Charge : $10.01
Administrative Fee : $15.00
TotalAmount Due : $127.00

• The Program, Entity ID, Invoice Number, Invoice Date, and Invoice Amount are the same fields transmitted in the Initial Invoice.
• Interest Charge – The interest charge is the interest owed and is calculated based on the original invoice amount, number of months outstanding, and the current interest rate
  • Interest is assessed on a monthly basis
• Administrative Fee – The administrative fee is a fixed fee of $15 that is applied only once when an invoice is over 30 days old
• Total Amount Due – The total amount due is the sum of the invoice amount, interest charge, and administrative fee
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.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSH/HUB</td>
<td>Data Services Hub</td>
</tr>
<tr>
<td>EFT</td>
<td>Electronic File Transfer/Electronic Funds Transfer</td>
</tr>
<tr>
<td>EPS</td>
<td>Enrollment and Payment System</td>
</tr>
<tr>
<td>FFE</td>
<td>Federally-facilitated Exchange</td>
</tr>
<tr>
<td>FMCC</td>
<td>Financial Management Coordination Center</td>
</tr>
<tr>
<td>HIOS</td>
<td>Health Insurance Oversight System</td>
</tr>
<tr>
<td>HIX</td>
<td>Health Insurance Exchange</td>
</tr>
<tr>
<td>PBP</td>
<td>Policy-based Payments</td>
</tr>
<tr>
<td>PNR</td>
<td>Payee Information Report</td>
</tr>
<tr>
<td>PPR</td>
<td>Preliminary Payment Report</td>
</tr>
<tr>
<td>PSV</td>
<td>Pipe-separated value</td>
</tr>
<tr>
<td>SBE</td>
<td>State-based Exchange</td>
</tr>
<tr>
<td>SHOP</td>
<td>Small Business Health Options Program</td>
</tr>
</tbody>
</table>
Resources
Inbound 834 Process (CMS zOne Dedicated Page):
• Production Overview, Technical Specifications, Reporting
• For further assistance, please contact: Inbound834@bah.com

Enrollment Reconciliation:
• For further assistance, please contact: recon_issuer_support@bah.com

Dispute submission:
• Resources
  • Payment dispute form: https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xls
  • For further assistance, please contact the ER&R Support Center at errsupportcenter@cognosante.com or (855) 591-7113
• The Combined Enrollment and 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://zone.cms.gov/system/files/documents/combined_enrollment_and_payment_disputes_trg_v3.2.docx
# Resource Links

<table>
<thead>
<tr>
<th>Resource</th>
<th>Resource Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC X12 Store</td>
<td><a href="http://store.x12.org/store/health-insurance-exchanges">http://store.x12.org/store/health-insurance-exchanges</a></td>
</tr>
<tr>
<td>Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs</td>
<td><a href="https://www.REGTAP.info">https://www.REGTAP.info</a></td>
</tr>
<tr>
<td>CMS zONE – reference material</td>
<td><a href="https://zone.cms.gov">https://zone.cms.gov</a></td>
</tr>
</tbody>
</table>
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