

FM Payment Processing Series III Vendor Management (VM), Policy-base Payments (PBP), & Dispute Guidance

December 17, 2018



**Division of Financial Transfers and Operations
(DFTO)**



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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

- Vendor Management Implementation
- Policy-based Payments (PBP): Upper Bound Adjustments
- Payment Dispute Guidance

Vendor Management Implementation

Vendor Management Module

- Currently, issuers go through the Health Insurance Oversight System (HIOS) to submit and edit their Vendor Management (VM) financial information.
- Starting on December 31st, CMS will be moving vendor data and access to a new Salesforce system hosted in the CMS Enterprise Portal.
 - Users will no longer use the HIOS module to access the VM system.
 - The following slides will review how users access the CMS Enterprise Portal and then proceed to Salesforce.

Requesting Access to Salesforce and VM

For information on requesting access to Salesforce and Vendor Management, refer to the November 19, 2018 webinar slide deck available on REGTAP at:

https://www.regtap.info/reg_librarye.php?i=2717



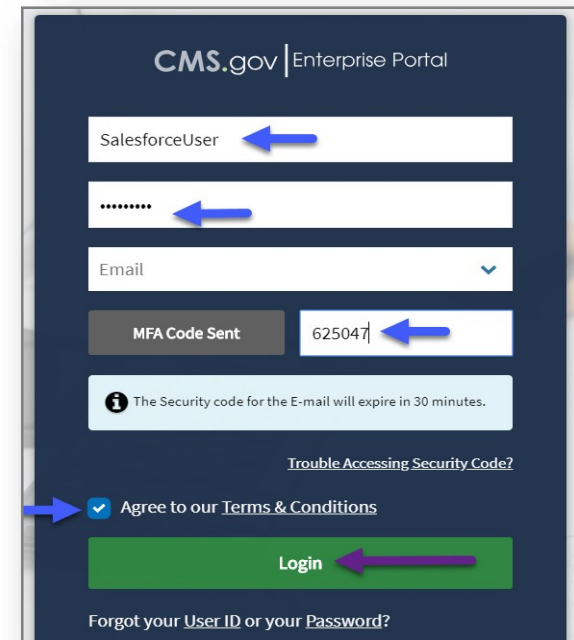
Users only need to request access to Salesforce and the VM application one time. After access is granted, users will access the VM Tool directly by logging into the CMS Enterprise Portal and navigating to the VM Tool.

Accessing the VM Tool

Accessing the VM Tool

Beginning December 31, 2018, after requesting access to both Salesforce and the Vendor Management Application, users can access the VM Tool through the CMS Enterprise Portal.

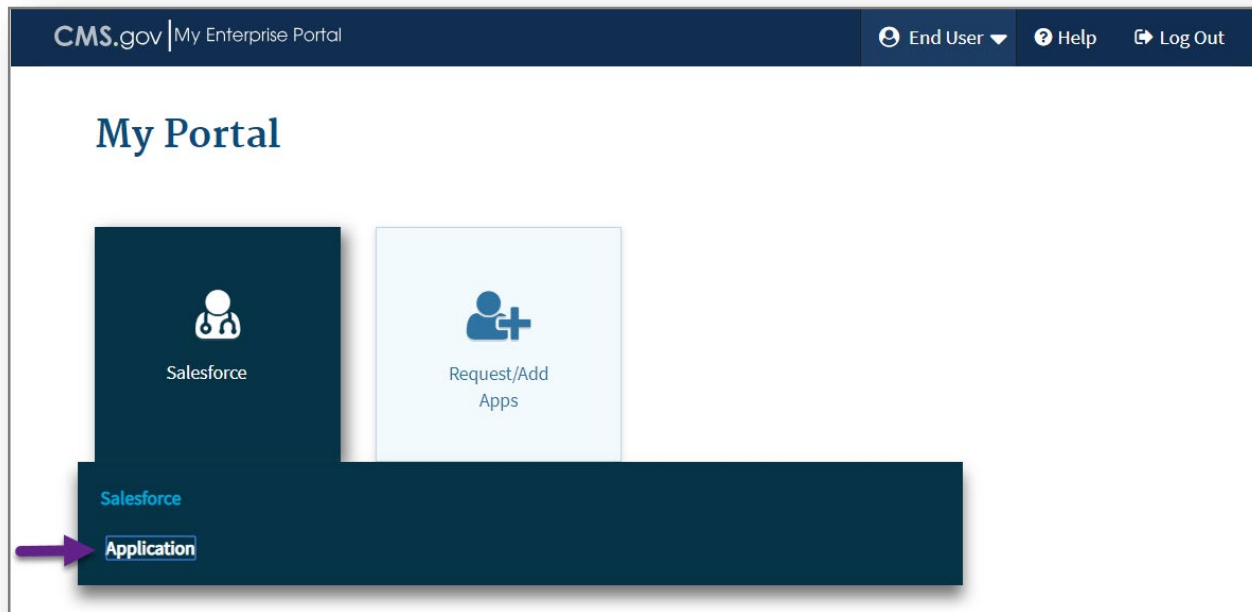
1. Log in to the CMS Enterprise Portal by entering your user ID, password, and multi-factor authentication (MFA) code, then select the **Login** button to navigate to the *My Portal* page.



The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, it says "CMS.gov | Enterprise Portal". Below this are several input fields: "SalesforceUser" (with a blue arrow pointing to the text), a password field (with a blue arrow pointing to the masked characters), an "Email" dropdown menu, and an "MFA Code Sent" field containing the number "625047" (with a blue arrow pointing to the number). Below the MFA code field is a message: "The Security code for the E-mail will expire in 30 minutes." with a link "Trouble Accessing Security Code?". There is a checkbox labeled "Agree to our Terms & Conditions" (with a blue arrow pointing to the checkbox) and a green "Login" button (with a blue arrow pointing to the button). At the bottom, there is a link "Forgot your User ID or your Password?".

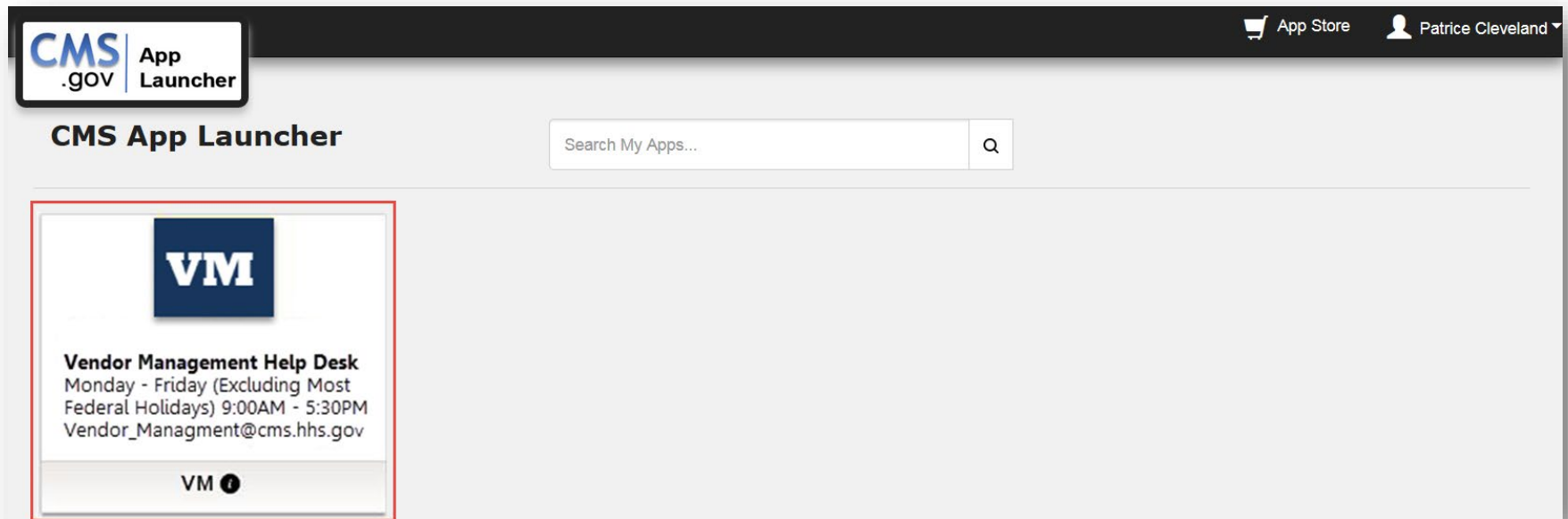
Accessing the VM Tool (continued)

2. Select the **Salesforce** tile, then select **Application** from the drop-down menu to open the *CMS App Launcher* page in a new browser tab.



Accessing the VM Tool (continued)

3. Select the **VM** tile to open the VM Tool.



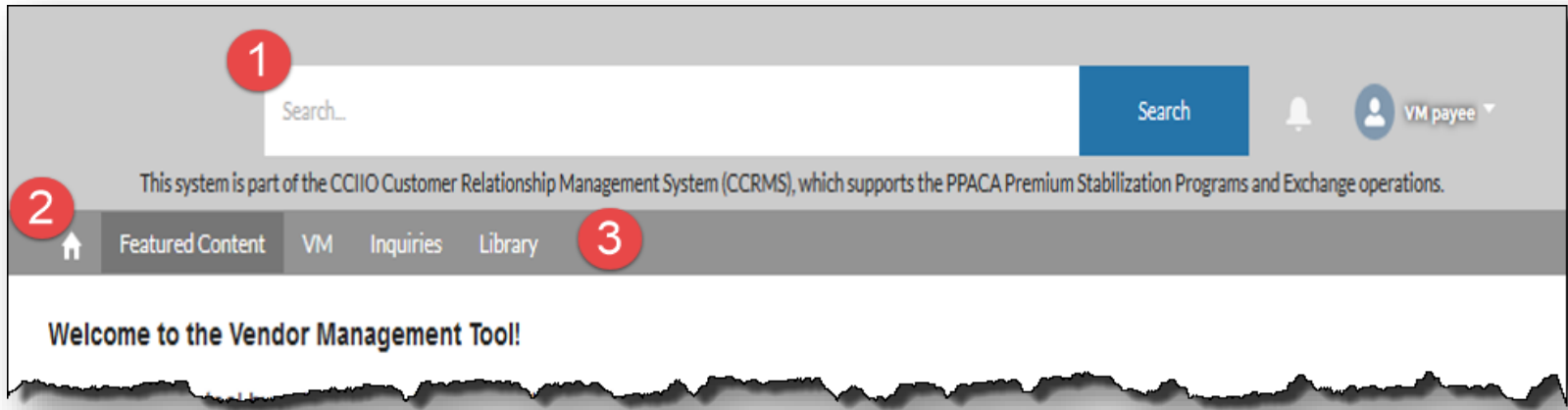
VM Tool Overview

VM Tool Overview

- The VM Tool provides issuers with the ability to submit and approve Payee record information, submit questions to CMS, and access program guidance.
- Access to specific functionality in the VM Tool is determined by each user's assigned role.
 - Although the VM Tool no longer resides within HIOS, VM roles (approver or submitter) are still determined through HIOS.

VM Tool Features

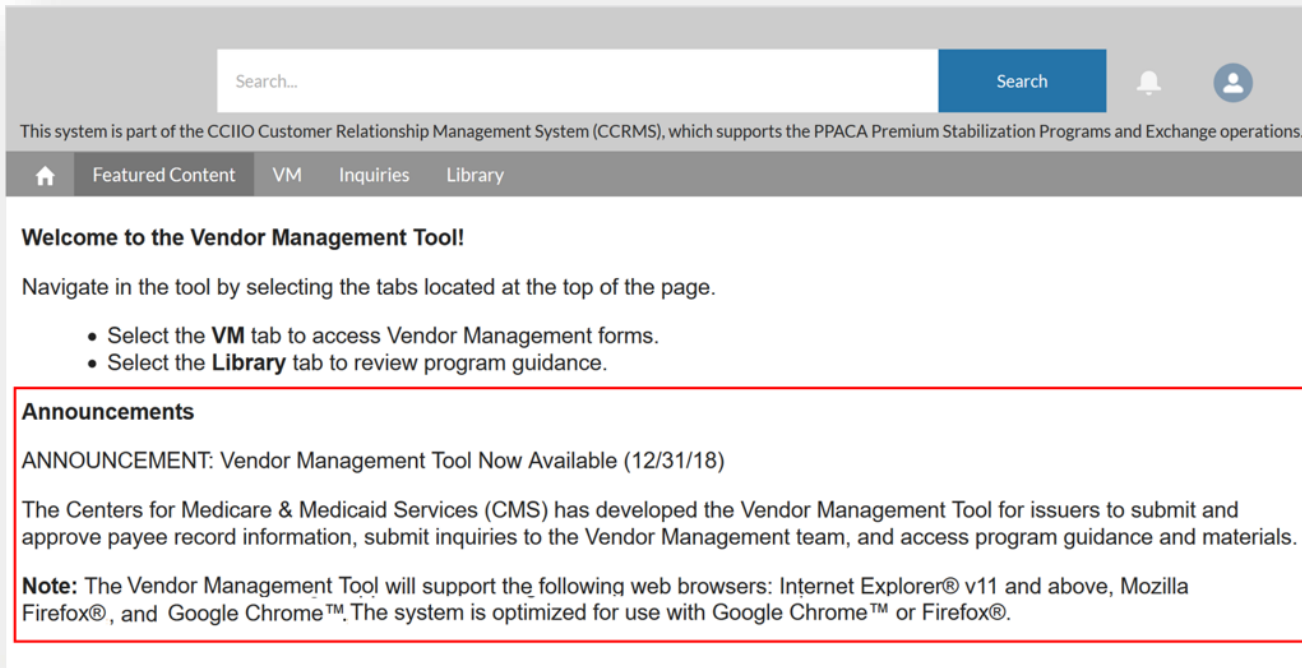
The VM Tool contains the following features:



#	Feature	Description
1	Search Bar	Search for content in the VM Tool
2	Home Button	Return to the <i>Featured Content</i> page
3	Tab Bar	Select tabs to navigate in the VM Tool

VM Tool: Featured Content Page

After selecting the VM tile to navigate to the VM Tool, the *Featured Content* page is displayed. This page contains any current announcements from CMS.



Search... Search

This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations.

Home Featured Content VM Inquiries Library

Welcome to the Vendor Management Tool!

Navigate in the tool by selecting the tabs located at the top of the page.

- Select the **VM** tab to access Vendor Management forms.
- Select the **Library** tab to review program guidance.

Announcements

ANNOUNCEMENT: Vendor Management Tool Now Available (12/31/18)

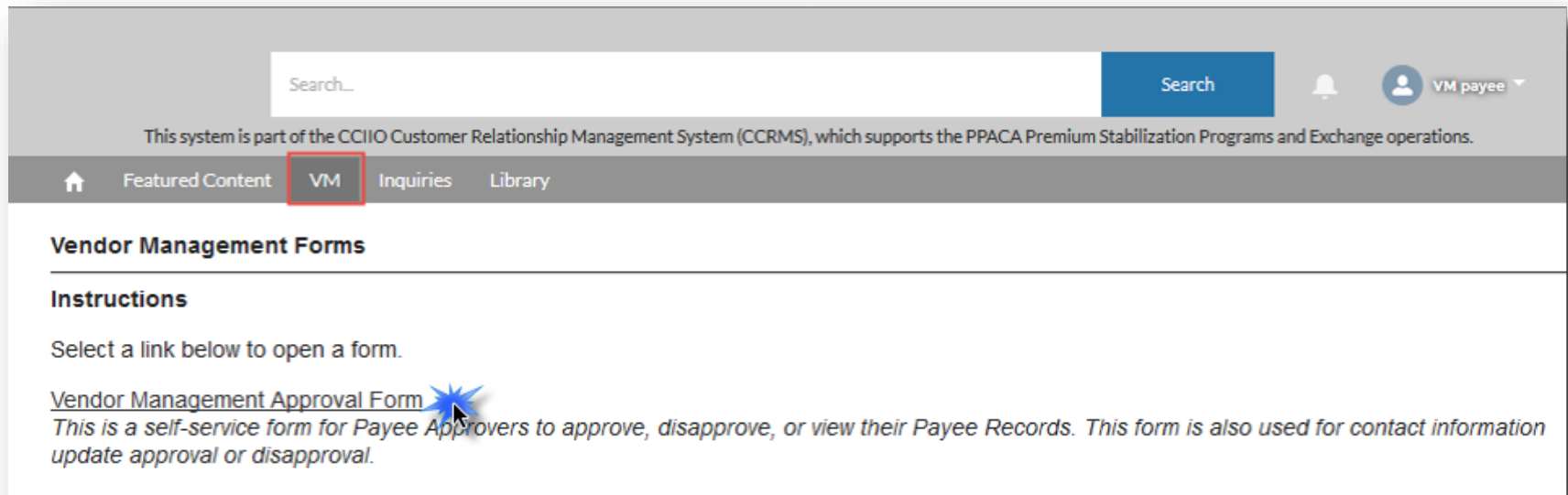
The Centers for Medicare & Medicaid Services (CMS) has developed the Vendor Management Tool for issuers to submit and approve payee record information, submit inquiries to the Vendor Management team, and access program guidance and materials.

Note: The Vendor Management Tool will support the following web browsers: Internet Explorer® v11 and above, Mozilla Firefox®, and Google Chrome™. The system is optimized for use with Google Chrome™ or Firefox®.

VM Tool: VM Tab

The *VM* tab contains a link to the available Vendor Management form, as determined by the user's role.

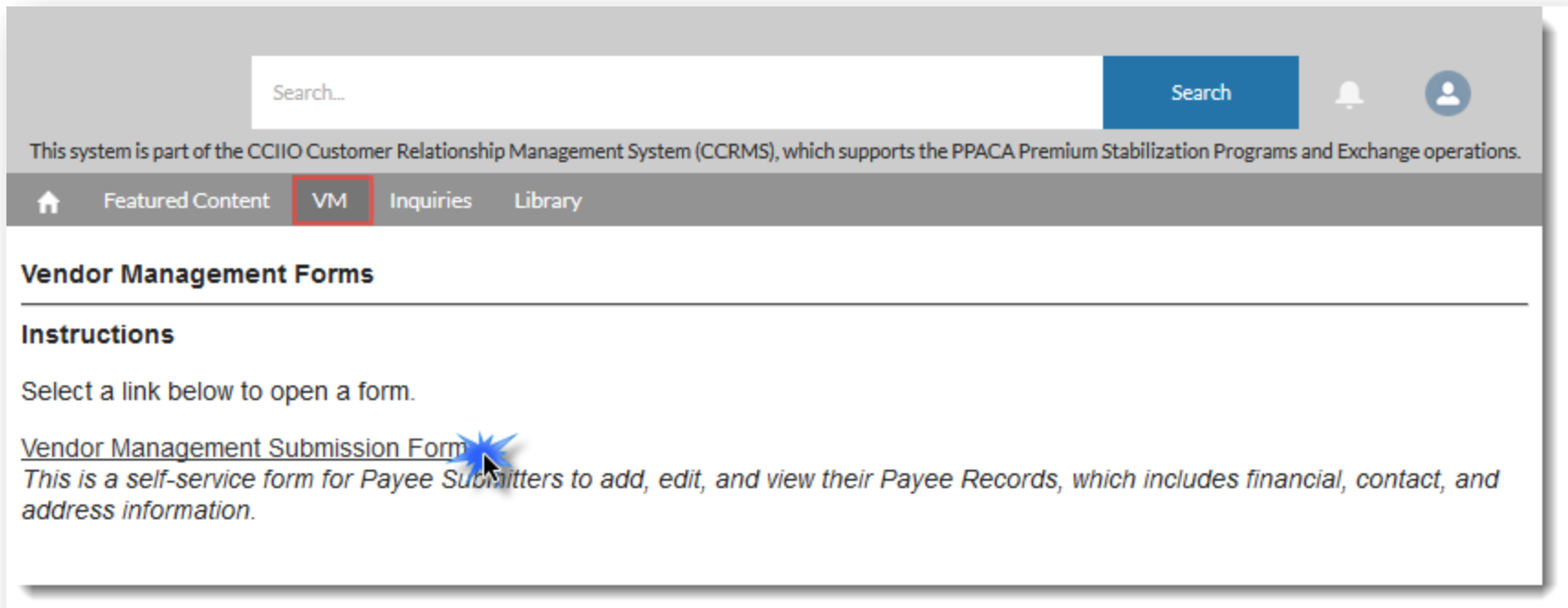
Vendor Management Approval Form link:



The screenshot shows a web application interface. At the top, there is a search bar with the text "Search..." and a blue "Search" button. To the right of the search bar are a notification bell icon and a user profile icon labeled "VM payee". Below the search bar, a message states: "This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations." A navigation bar contains a home icon, "Featured Content", "VM" (highlighted with a red box), "Inquiries", and "Library". The main content area is titled "Vendor Management Forms" and includes a section for "Instructions" with the text: "Select a link below to open a form." Below this, there is a link for "Vendor Management Approval Form" with a blue starburst icon next to it. A descriptive paragraph follows: "This is a self-service form for Payee Approvers to approve, disapprove, or view their Payee Records. This form is also used for contact information update approval or disapproval."

VM Tool: VM Tab (continued)

Vendor Management Submission Form link:



The screenshot displays the CCRMS web application interface. At the top, there is a search bar with the placeholder text "Search..." and a blue "Search" button. To the right of the search bar are a notification bell icon and a user profile icon. Below the search bar, a message states: "This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations." A navigation menu below this message includes a home icon, "Featured Content", "VM" (highlighted with a red box), "Inquiries", and "Library". The main content area is titled "Vendor Management Forms" and contains a section for "Instructions" which reads: "Select a link below to open a form." Below the instructions, there is a link for "Vendor Management Submission Form" with a blue starburst icon next to it. A mouse cursor is pointing at this link. The text below the link reads: "This is a self-service form for Payee Submitters to add, edit, and view their Payee Records, which includes financial, contact, and address information."

VM Tool: Inquiries Tab

The *Inquiries* tab allows users to submit a question to CMS by selecting the **Submit Inquiry** button. Users can also review submitted inquiries in the Inquiry Status table.

The screenshot shows the VM Tool interface. At the top, there is a search bar with the text "Search..." and a blue "Search" button. To the right of the search bar is a user profile icon labeled "VM payee". Below the search bar, a message states: "This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations." The navigation menu includes "Featured Content", "VM", "Inquiries" (highlighted with a red box), and "Library". The main content area contains the text: "The following is a list of your inquiry cases. Select the Submit Inquiry button to submit a new question." Below this text is a blue "Submit Inquiry" button with a mouse cursor hovering over it. At the bottom, there is a table with the following headers: "CASE NUMBER", "SUBJECT", "STATUS", "DATE/TIME OPENED", and "DATE/TIME CLOSED". The table body contains the text "No Inquiries to display".

VM Tool: Inquiries Tab (continued)

After selecting the **Submit Inquiry** button, the form navigates to the *Submit Inquiry* page. Complete the following fields, then select the **Submit** button.

- Subject
- Description
- Payee ID(s) – if inquiry is related to multiple Payee IDs, separate the Payee IDs by a comma.
- Add Attachment Link (optional) – select to add an attachment as needed.

VM Tool: Inquiries Tab (continued)

Search

🔔

👤

This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations.

🏠

Featured Content

VM

Inquiries

Library

Note: You will not be able to edit an inquiry case after it has been submitted.

Submit Inquiry

*** Subject**

*** Description**

Question description question description question description question description question description question description
question description question description question description question description question description question description
question description question description question description .

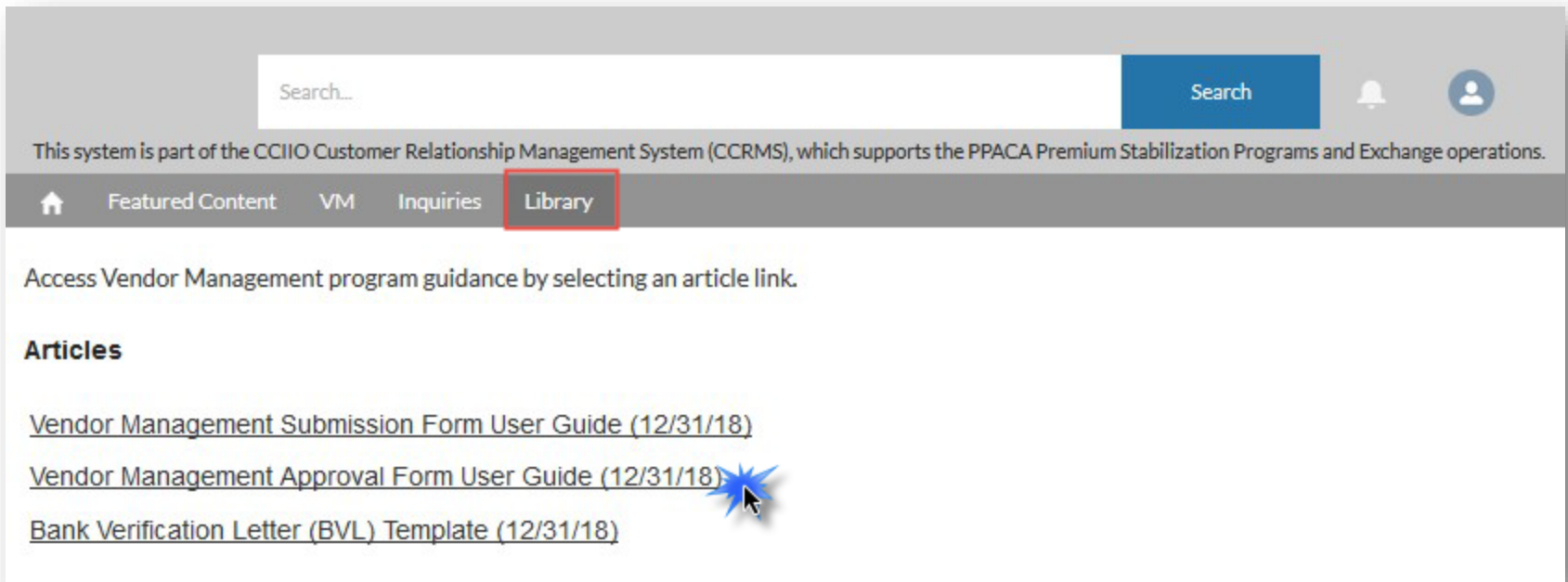
Payee ID(s) *If applicable, enter related Payee ID's separated by a comma.*

[📎 Add Attachment](#)

Submit

VM Tool: Library Tab

The *Library* tab contains article links to program guidance and resources.



The screenshot shows the user interface of the VM Tool. At the top, there is a search bar with the placeholder text "Search..." and a blue "Search" button. To the right of the search bar are icons for a notification bell and a user profile. Below the search bar, a message states: "This system is part of the CCIIO Customer Relationship Management System (CCRMS), which supports the PPACA Premium Stabilization Programs and Exchange operations." A navigation menu is located below the message, with options: "Featured Content", "VM", "Inquiries", and "Library". The "Library" option is highlighted with a red rectangular box. Below the navigation menu, the text reads: "Access Vendor Management program guidance by selecting an article link." Underneath, the section is titled "Articles" and lists three links: "[Vendor Management Submission Form User Guide \(12/31/18\)](#)", "[Vendor Management Approval Form User Guide \(12/31/18\)](#)", and "[Bank Verification Letter \(BVL\) Template \(12/31/18\)](#)". A blue starburst icon with a mouse cursor is positioned over the second link.

Vendor Management Forms

Vendor Management Forms Overview

- The Vendor Management Submission and Approval forms allow issuers to submit and edit their Vendor Management (VM) financial information.
 - **Payee Submitters** access the Vendor Management Submission form to add, edit, or view Payee record information.
 - **Payee Approvers** access the Vendor Management Approval form to approve, disapprove, or view Payee record information in order to authorize financial transactions between the Payee and CMS and to approve updates to contacts or addresses. They can also replace or edit Authorizing Delegated Official (ADO) information.

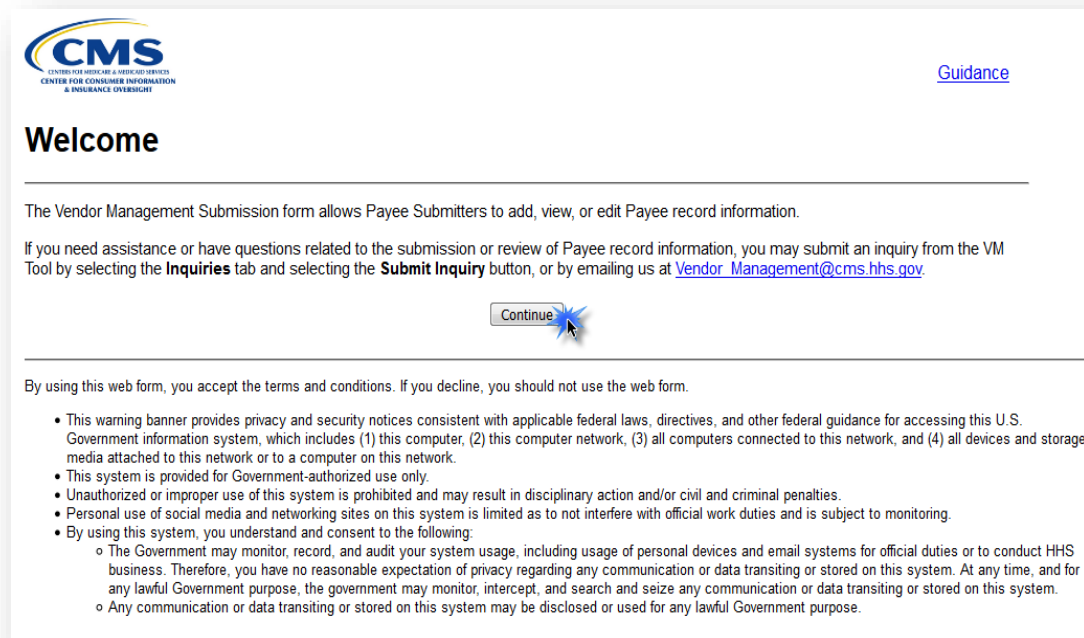
Updating Information Outside of the System

- The Vendor Management Submission form accesses data from HIOS to provide the user's specific information including their:
 - **Tax Identification Numbers (TINs)**
 - **Legal Business Names (LBNs)**
 - **HIOS IDs.**
- If this information is incorrect, you must exit the Vendor Management form and update the information in HIOS.

Vendor Management Submission Form

Welcome Page

Selecting the link to the Vendor Management Submission form on the *VM* tab navigates to the *Welcome* page of the web form. Select the **Continue** button to proceed.



The screenshot shows the CMS logo in the top left corner, with the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT" below it. In the top right corner, there is a blue link labeled "Guidance". The main heading is "Welcome". Below this, a horizontal line separates the header from the main content. The text reads: "The Vendor Management Submission form allows Payee Submitters to add, view, or edit Payee record information." followed by "If you need assistance or have questions related to the submission or review of Payee record information, you may submit an inquiry from the VM Tool by selecting the **Inquiries** tab and selecting the **Submit Inquiry** button, or by emailing us at Vendor_Management@cms.hhs.gov." Below this text is a button labeled "Continue" with a mouse cursor pointing to it. Another horizontal line follows. The text reads: "By using this web form, you accept the terms and conditions. If you decline, you should not use the web form." This is followed by a bulleted list of terms and conditions.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
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[Guidance](#)

Welcome

The Vendor Management Submission form allows Payee Submitters to add, view, or edit Payee record information.

If you need assistance or have questions related to the submission or review of Payee record information, you may submit an inquiry from the VM Tool by selecting the **Inquiries** tab and selecting the **Submit Inquiry** button, or by emailing us at Vendor_Management@cms.hhs.gov.

[Continue](#)

By using this web form, you accept the terms and conditions. If you decline, you should not use the web form.

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Vendor Management Submission Status Page

- The *Vendor Management Submission Status* page allows Payee Submitters to **add**, **edit**, and **view** Payee record information.
- Refer to the Vendor Management Submission Process – Payee Submitter Web Form Guide for explanations of possible statuses in the Payee Approver Signoff Status and Submission Status columns.

Vendor Management Submission Status Page (continued)



[Guidance](#)

Vendor Management Submission Status

Vendor Management Submission Instructions

To add, view, or edit Payee record information, select the appropriate Action link in the Submission Status table. You can view the history of the submission and approval steps for the associated TIN by selecting the View History link.

Note: When adding new Payee record information, the Payee Approver Signoff Status is updated when the information is submitted. If you save but do not submit, a Payee ID is created and the Payee Approver Signoff Status is listed as Pending Submission. Select the Edit Payee link and submit the Payee record information for the record to be processed.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Payee Contact Email	Billing and Payee Contact Email	Payee Approver Signoff Status	Submission Status
Add Payee	34-5678912	Placid, Inc.				Pending Submission	✘

Exit



Vendor Management Submission Status Page (continued)

- Users may also view the history of the submission and approval steps for the associated TIN by selecting the **View History** link shown in the Action column.

Add a Payee Record Page

- The *Add Payee Record* page allows the Payee Submitter to enter new information for a Payee record so that a Payee can enter into financial transactions with CMS.
- Select the **Add Payee** link in the Submission Status table on the *Vendor Management Submission Status* page to navigate to the *Add Payee Record* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Payee Contact Email	Billing and Payee Contact Email	Payee Approver Signoff Status	Submission Status
Add Payee	34-5678912	Placid, Inc.				Pending Submission	✘

Exit

Add a Payee Record Page (continued)

- Enter the Payee Contact information, and the Billing and Payment Contact information.
 - **Payee Contact:** the individual who can answer questions regarding the payee record including financial information
 - **Billing and Payment Contact:** receives invoices via email and is authorized by the insurance company's CEO or CFO to discuss payment and billing issues with CMS



NOTE

Warning: The Payee Contact and Billing and Payment Contact must be different.

Add a Payee Record Page (continued)

87683, 87684

Payee Contact

The Payee Contact is the individual who can answer questions regarding the payee record including financial information. The Payee Contact and Billing and Payment contact must be different.

* FIRST NAME: Nancy	* LAST NAME: Miller
* EMAIL ADDRESS: Placidtest@email.com	* JOB TITLE: Data Analyst
* PHONE NUMBER: (111) 111-1111	PHONE EXTENSION:

Billing and Payment Contact

Billing and Payment Contact

The Billing and Payment Contact is authorized by the insurance company's Chief Executive Officer (CEO) or Chief Financial Officer (CFO) to discuss payment and billing issues with CMS. The Payee Contact and Billing and Payment contact must be different.

* FIRST NAME: William	* LAST NAME: Meeks
* EMAIL ADDRESS: Testplacid@email.com	* JOB TITLE: Actuary
* PHONE NUMBER: (222) 222-2222	PHONE EXTENSION:

Organization 1099 and Billing Address

The Organization 1099 and Billing Address is the address where the organization receives the add...

Add a Payee Record Page (continued)

- The Organization's 1099 Address fields will be pre-populated with the Domiciliary Address entered in the HIOS Portal.
- Select **Yes** or **No** to indicate if your Organization's 1099 Address and Billing Address are the same. If **No** is selected, the Billing Address fields are required.

Add a Payee Record Page (continued)

If the ATTN field is left blank, the system will populate this field with the first and last name of the Billing and Payment Contact, and any physical correspondence will be sent to the attention of this contact.

Organization's 1099 Address

* STREET ADDRESS:

123 Main Street

* CITY:

Anytown

* STATE:

DE

* ZIP CODE:

00001

* IS YOUR ORGANIZATION'S 1099 ADDRESS ALSO YOUR BILLING ADDRESS?

Yes No

Billing Address

ATTN:

Kelly Strong

* STREET ADDRESS:

456 Any Street

* CITY:

Sometown

* STATE:

PA

* ZIP CODE:

00002

Financial Institution Information

Add a Payee Record (continued)

- Enter the Financial Institution information.

Financial Institution Information

The Financial Institution Information includes the name, address, and account details for your organization's financial institution.


* FINANCIAL INSTITUTION NAME: Big Bank, Inc.		
* CITY: Gotham	* STATE: AK	* ZIP CODE: 00003
* ACH ROUTING TRANSIT NUMBER: 123456789	* CONFIRM ACH ROUTING TRANSIT NUMBER: 123456789	
* ACCOUNT NUMBER: 0987654321	* CONFIRM ACCOUNT NUMBER: 0987654321	
* TYPE OF ACCOUNT: <input checked="" type="radio"/> Checking <input type="radio"/> Savings		

This system may contain sensitive information. Unauthorized disclosure of this information may result in civil or criminal penalties. Do not copy, disseminate, disclose, or discuss the information contained in this system with anyone else unless they have a legitimate need-to-know in the performance of their official duties.

- Select the **Submit** button to proceed to Address Verification, or the Save & Return button to complete the web form later.

Address Verification Page

- Review the *Address Verification* page. The form will suggest United States Postal Service formatted address(es) that match. Select the most accurate address, then select the **Submit** button to submit.

 [Guidance](#)

Address Verification

Instructions

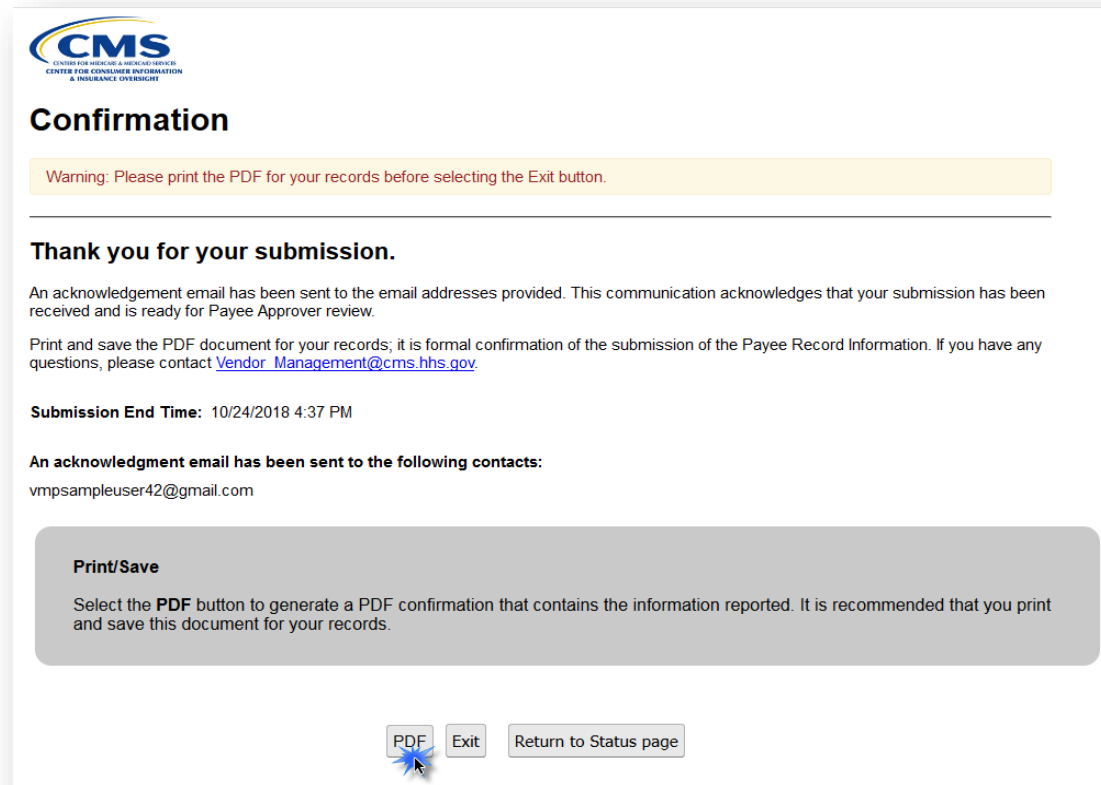
Review the address(es) below to choose between the value entered on the Add/Edit Payee Record page and the suggested address(es) provided.

1099 Address

Entered Address:	Suggested Address:
<input type="radio"/> 168 SOUTH LOS ROBLES AVENUE Pasadena, CA 91101	<input checked="" type="radio"/> 168 S LOS ROBLES AVE PASADENA, CA 91101-2430

Confirmation Page

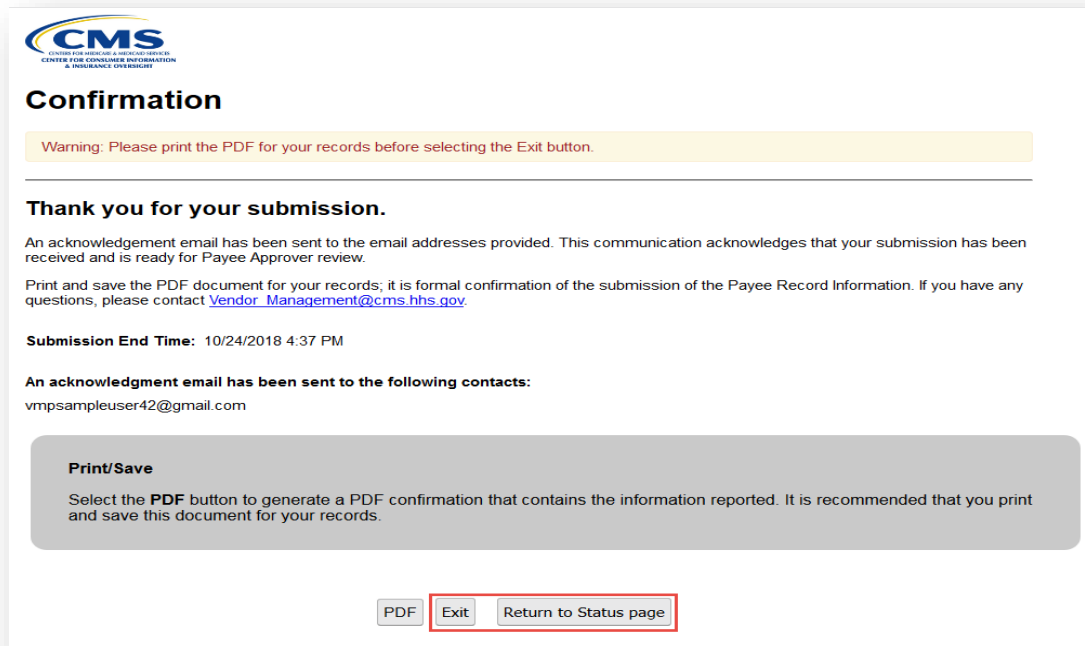
- Select the **PDF** button to print/save the confirmation for your records.



The screenshot shows the CMS Confirmation Page. At the top left is the CMS logo with the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT". Below the logo is the heading "Confirmation". A yellow warning box contains the text: "Warning: Please print the PDF for your records before selecting the Exit button." Below this is a horizontal line, followed by the heading "Thank you for your submission." and a paragraph: "An acknowledgement email has been sent to the email addresses provided. This communication acknowledges that your submission has been received and is ready for Payee Approver review." Another paragraph follows: "Print and save the PDF document for your records; it is formal confirmation of the submission of the Payee Record Information. If you have any questions, please contact Vendor_Management@cms.hhs.gov." Below that is the text "Submission End Time: 10/24/2018 4:37 PM". Another paragraph states: "An acknowledgment email has been sent to the following contacts:" followed by the email address "vmpsampleuser42@gmail.com". A grey box contains the heading "Print/Save" and the text: "Select the PDF button to generate a PDF confirmation that contains the information reported. It is recommended that you print and save this document for your records." At the bottom of the page are three buttons: "PDF", "Exit", and "Return to Status page". A mouse cursor is pointing at the "PDF" button.

Confirmation Page (continued)

- Once your confirmation is printed and/or saved, select the **Exit** button to exit the web form or the **Return to Status page** button to navigate to the *Vendor Management Submission Status* page.



The screenshot shows the CMS Confirmation Page. At the top left is the CMS logo with the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE COVERAGE". Below the logo is the heading "Confirmation". A yellow warning box contains the text: "Warning: Please print the PDF for your records before selecting the Exit button." Below this is a section titled "Thank you for your submission." which contains the following text: "An acknowledgement email has been sent to the email addresses provided. This communication acknowledges that your submission has been received and is ready for Payee Approver review. Print and save the PDF document for your records; it is formal confirmation of the submission of the Payee Record Information. If you have any questions, please contact Vendor_Management@cms.hhs.gov." Below this is the text "Submission End Time: 10/24/2018 4:37 PM" and "An acknowledgment email has been sent to the following contacts: vmpsampleruser42@gmail.com". At the bottom of the page is a grey box titled "Print/Save" with the text: "Select the PDF button to generate a PDF confirmation that contains the information reported. It is recommended that you print and save this document for your records." At the very bottom of the page are three buttons: "PDF", "Exit", and "Return to Status page". The "Exit" and "Return to Status page" buttons are highlighted with a red border.

Edit Payee Record Page


- The *Edit Payee Record* page allows the Payee Submitter to update a Payee record.
- Select **Edit Payee** link in the Submission Status table on the *Vendor Management Submission Status* page to navigate to the *Edit Payee Record* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Payee Contact Email	Billing and Payee Contact Email	Payee Approver Signoff Status	Submission Status
View Payee Edit Payee View History	34-5678912	Placid, Inc.	A1285001	placidtest@email.com	testplacid@email.com	Pending Submission	✘

Exit

Edit Payee Record Page (continued)



CENTERS FOR MEDICARE & MEDICAID SERVICES
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& INSURANCE OVERSIGHT

[Guidance](#)

Edit Payee Record

Instructions

Review the Payee Record fields and edit as necessary.

Select the **Submit** button to submit the Payee record for Payee Approver signoff.

To return to the Vendor Management Submission Status page without saving changes, select the **Cancel** button.

The red asterisk (*) indicates required fields.

TIN: 35-4235646	LEGAL BUSINESS NAME: 123_lbn
HIOS ID(S): 65009, 65003	
PAYEE ID: A1256001	

Payee Contact

The Payee Contact is the individual who can answer questions regarding the payee record including financial information. The Payee Contact and Billing and Payment contact must be different.

View Payee Record Page

- The *Edit Payee Record* page allows the Payee Submitter to update a Payee record.
- Select the **View Payee** link in the Submission Status table on the *Vendor Management Submission Status* page. The form navigates to the *View Payee Record Information* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Payee Contact Email	Billing and Payee Contact Email	Payee Approver Signoff Status	Submission Status
View Payee Edit Payee View History	34-5678912	Placid, Inc.	A1285001	placidtest@email.com	testplacid@email.com	Pending Submission	✖

Exit

Payee Record Information Event History

- The *Payee Record Information Event History* page lists each event associated with the Payee record.
- Select the **View History** link in the Submission Status table on the *Vendor Management Submission Status* page. The form navigates to the *Payee Record Information Event History* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Payee Contact Email	Billing and Payee Contact Email	Payee Approver Signoff Status	Submission Status
View Payee Edit Payee View History	34-5678912	Placid, Inc.	A1285001	placidtest@email.com	testplacid@email.com	Pending Submission	✘

Payee Record Information Event History

(continued)



[Guidance](#)

Payee Record Information Event History

TIN:
34-5678912

LEGAL BUSINESS NAME:
Placid, Inc.

HIOS ID(S):
87683, 87684

PAYEE ID:
A1285001

Event	Timestamp	User
Record Submitted	10/24/2018 4:37 PM	Jane Smith
Record Saved	10/24/2018 4:09 PM	Jane Smith
Record Saved	10/24/2018 3:53 PM	Jane Smith

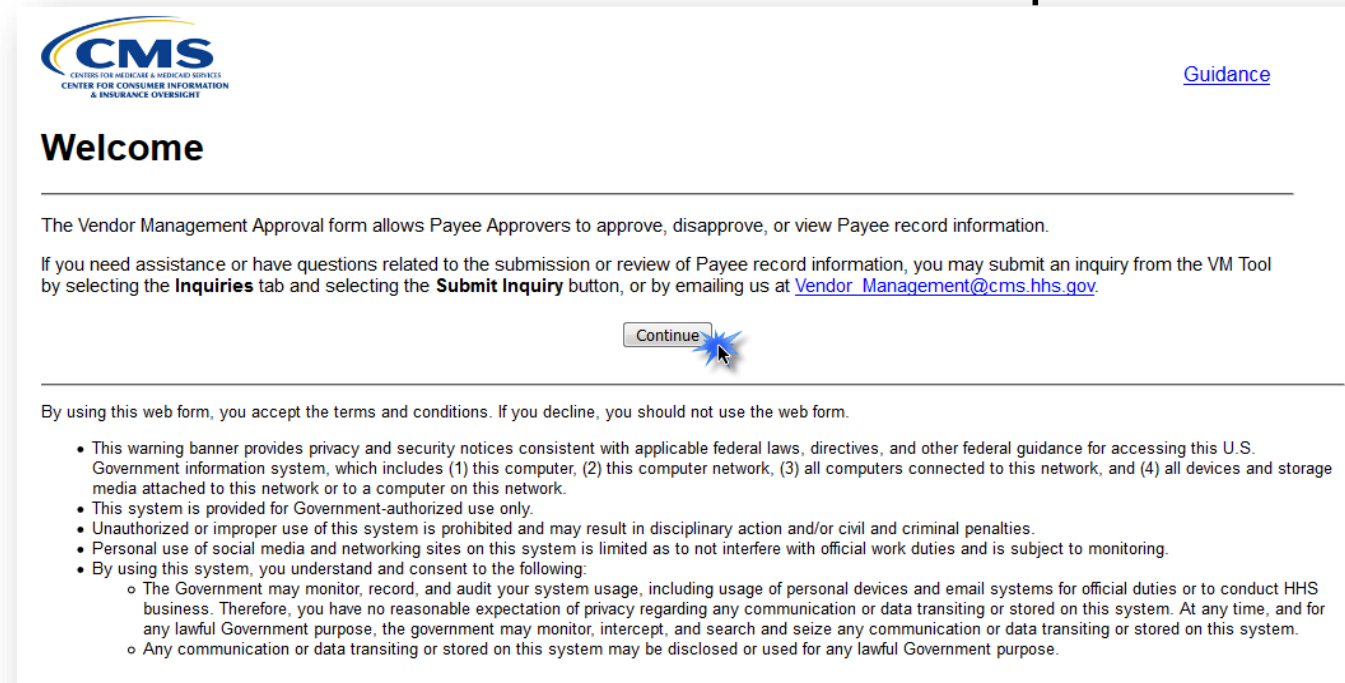
[Return to Status page](#)



Vendor Management Approval Form

Welcome Page

- Selecting the link to the Vendor Management Approval form on the *VM* tab navigates to the *Welcome* page of the web form. Select the **Continue** button to proceed.



The screenshot shows the CMS logo at the top left, with the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT". A "Guidance" link is in the top right. The main heading is "Welcome". Below it, a horizontal line separates the header from the main content. The text reads: "The Vendor Management Approval form allows Payee Approvers to approve, disapprove, or view Payee record information." followed by "If you need assistance or have questions related to the submission or review of Payee record information, you may submit an inquiry from the VM Tool by selecting the **Inquiries** tab and selecting the **Submit Inquiry** button, or by emailing us at Vendor_Management@cms.hhs.gov." Below this text is a "Continue" button with a mouse cursor pointing to it. Another horizontal line follows. The text states: "By using this web form, you accept the terms and conditions. If you decline, you should not use the web form." This is followed by a bulleted list of terms and conditions.

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Welcome

The Vendor Management Approval form allows Payee Approvers to approve, disapprove, or view Payee record information.

If you need assistance or have questions related to the submission or review of Payee record information, you may submit an inquiry from the VM Tool by selecting the **Inquiries** tab and selecting the **Submit Inquiry** button, or by emailing us at Vendor_Management@cms.hhs.gov.

By using this web form, you accept the terms and conditions. If you decline, you should not use the web form.

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Vendor Management Submission Status Page

- The Vendor Management Submission Status page allows Payee Approvers to **view**, **approve**, or **disapprove** Payee record information.
- Refer to the Vendor Management Submission Process – Payee Approver Web Form Guide for explanations of possible statuses in the Payee Approver Signoff Status and Submission Status columns.

Vendor Management Submission Status Page (continued)



[Guidance](#)

Vendor Management Submission Status

Vendor Management Submission Instructions

Select [View/Approve](#) to navigate to the Payee Record Information page to view, approve, or disapprove Payee record information. You can view the history of the submission and approval steps for the associated TIN by selecting the [View History](#) link.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Authorizing Delegated Official Email	Payee Approver Signoff Status	Submission Status
View/Approve View History	12-3456789	Frenetic, Co.	A1289001		Pending Approval 10/25/2018	☒
View/Approve View History	34-5678912	Placid, Inc.	A1285001		Pending Approval 10/24/2018	☒

Exit



Vendor Management Submission Status Page (continued)

- Users may also view the history of the submission and approval steps for the associated TIN by selecting the **View History** link.
- Payee Approvers can also **edit** and **replace** ADOs.

Payee Record Information Page

- The *Payee Record Information* page allows Payee Approvers to review Payee record information prior to approval/disapproval.
- Select the **View/Approve** link in the Submission Status table on the Vendor Management Submission Status page to navigate to the *Payee Record Information* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Authorizing Delegated Official Email	Payee Approver Signoff Status	Submission Status
View/Approve View History	12-3456789	Frenetic, Co.	A1289001		Pending Approval 10/25/2018	✘
View/Approve View History	34-5678912	Placid, Inc.	A1285001		Pending Approval 10/24/2018	✘

Exit

Payee Record Information Page

- Review the content of the Payee Record Information page, then select the Continue to Signoff button to navigate to the Payee Record Information Signoff page.

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Payee Record Information

Select the **Continue to Signoff** button to approve or disapprove the Payee Record Information.

TIN: 34-5678912	LEGAL BUSINESS NAME: Placid, Inc.
HIOS ID(S): 87683, 87684	
PAYEE ID: A1285001	
PAYEE APPROVER SIGNOFF STATUS: Pending Approval 10/24/2018	SUBMISSION STATUS:

Payee Submitter Contact Information

FIRST NAME: Jane	LAST NAME: Smith
EMAIL ADDRESS: vmpsampleuser42@gmail.com	JOB TITLE: Coordinator
PHONE NUMBER: (333) 333-3333	PHONE EXTENSION:

Payee Contact

FIRST NAME: Nancy	LAST NAME: Miller
EMAIL ADDRESS: placidtest@email.com	JOB TITLE: Data Analyst

Payee Record Information Signoff Page - Approval

- To approve the Payee record, select the **Approve** radio button.

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Payee Record Information Signoff

Instructions

Select the Approve or Disapprove radio button.

If Disapprove is selected, enter comments explaining the reason for the disapproval.

If Approve is selected, the Payee Approver must select the check box accepting the authorization agreement and complete the Authorizing Delegated Official Details.

The red asterisk (*) indicates required fields.

TIN: 34-5678912	LEGAL BUSINESS NAME: Placid, Inc.
HIOS ID(S): 87683, 87684	
PAYEE ID: A1285001	

Payee Approver Contact Information

FIRST NAME: Jane	LAST NAME: Smith
EMAIL ADDRESS: sampleuser78@gmail.com	JOB TITLE: Coordinator
PHONE NUMBER: (333) 333-3333	PHONE EXTENSION:

* DO YOU WANT TO APPROVE OR DISAPPROVE THE PAYEE RECORD INFORMATION? :

Approve Disapprove

DISAPPROVAL COMMENTS:

Payee Record Information Signoff Page – Approval (continued)

- Review the Financial Information Authorization Agreement and select the check box next to the agreement.

Financial Information Authorization Agreement

* The authorization agreement is effective as of 10/25/2018. I hereby authorize the Centers for Medicare & Medicaid (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named to credit and/or debit the same to such account.

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

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

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

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

Authorizing Delegated Official Details

The Authorizing Delegated Official (ADO) is the individual who can authorize the use of the financial information submitted to CMS. This contact should be the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or hold an equivalent role.

Payee Record Information Signoff Page – Approval (continued)

- Enter the ADO information, then select the **Submit** button.

Authorizing Delegated Official Details

The Authorizing Delegated Official (ADO) is the individual who can authorize the use of the financial information submitted to CMS. This contact should be the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or hold an equivalent role.

* FIRST NAME: Albus	* LAST NAME: Dumbledore
* EMAIL ADDRESS: DecisionMaker@email.com	* JOB TITLE: CEO
* PHONE NUMBER: (777) 777-7777	PHONE EXTENSION:
* SIGNATURE: Albus Dumbledore	

This system may contain sensitive information. Unauthorized disclosure of this information may result in civil or criminal penalties. Do not copy, disseminate, disclose, or discuss the information contained in this system with anyone else unless they have a legitimate need-to-know in the performance of their official duties.

Privacy Act Advisory Statement: You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government, under certain circumstances, to verify the information you provide by way of computer matches.

By selecting the Submit button, your data will be saved and your payee record information signoff will be submitted.



Note: The ADO must be an individual who can authorize the use of the financial information submitted to CMS. This contact should be the CEO, CFO, or hold an equivalent role.

Payee Record Information Signoff Page – Disapproval (continued)

- To disapprove the Payee record, select the **Disapprove** radio button.

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Payee Record Information Signoff

Instructions

Select the Approve or Disapprove radio button.

If Disapprove is selected, enter comments explaining the reason for the disapproval.

If Approve is selected, the Payee Approver must select the check box accepting the authorization agreement and complete the Authorizing Delegated Official Details.

The red asterisk (*) indicates required fields.

TIN: 34-5678912	LEGAL BUSINESS NAME: Frenetic, Co.
HIOS ID(S): 87683, 87684	
PAYEE ID: A1285001	

Payee Approver Contact Information

FIRST NAME: Jane	LAST NAME: Smith
EMAIL ADDRESS: sampleuser78@gmail.com	JOB TITLE: Coordinator
PHONE NUMBER: (333) 333-3333	PHONE EXTENSION:

* DO YOU WANT TO APPROVE OR DISAPPROVE THE PAYEE RECORD INFORMATION? :

Approve Disapprove

* DISAPPROVAL COMMENTS:

Disapprove Payee Record Information – Reason for Disapproval

- Enter the reason for disapproval in the Disapproval Comments field. Select the **Submit** button.

DO YOU WANT TO APPROVE OR DISAPPROVE THE PAYEE RECORD INFORMATION? :

Approve Disapprove

* DISAPPROVAL COMMENTS: 63 of 5000 characters.

This is disapproved because of this, that, and the other thing.

Financial Information Authorization Agreement

The authorization agreement is effective as of 10/25/2018. I hereby authorize the Centers for Medicare & Medicaid (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution to debit and/or credit the same to such account.

By selecting the Submit button, your data will be saved and your payee record information signoff will be submitted.

Payee Record Information Event History

- The *Payee Record Information Event History* page lists each event associated with the Payee record.
- Select the **View History** link in the Submission Status table on the *Vendor Management Submission Status* page. The form navigates to the *Payee Record Information Event History* page.

Submission Status

Action	TIN	Legal Business Name	Payee ID	Authorizing Delegated Official Email	Payee Approver Signoff Status	Submission Status
View/Approve View History	12-3456789	Frenetic, Co.	A1289001		Disapproved 10/25/2018 ✘	✘
View/Approve View History	34-5678912	Placid, Inc.	A1285001	decisionmaker@email.com	Approved 10/25/2018 ✔	CMS Pending Approval 10/25/2018

Exit

Payee Record Information Event History

(continued)



[Guidance](#)

Payee Record Information Event History

TIN:
34-5678912

LEGAL BUSINESS NAME:
Placid, Inc.

HIOS ID(S):
87683, 87684

PAYEE ID:
A1285001

Event	Timestamp	User
Payee Approver Approved	10/25/2018 12:13 PM	Jane Smith
Record Submitted	10/24/2018 4:37 PM	Polly Birdman
Record Saved	10/24/2018 4:09 PM	Polly Birdman
Record Saved	10/24/2018 3:53 PM	Polly Birdman

[Return to Status page](#)



Next Steps & Key Dates

Activity	Timing
Carry out steps to Request Salesforce Access	Immediately
Carry out steps to Request the Vendor Management Application	Starting November 30 th
Learn more about the new Vendor Management Tool	December 17, 2018
Start accessing the Vendor Management Tool through Salesforce	December 31, 2018



Note: While the Vendor Management Application can be requested beginning November 30th, the request will not be approved until December 31, 2018.

Policy-based Payments (PBP): Upper Bound Adjustments

Temporary Manual Adjustments for FFE and SBE-FP Issuer

January and February 2019 Policy-based Payments (PBP):

- Historically, advance payments in the January and February monthly payment cycles experience a lag caused by premium collection and reporting of policy effectuations beyond the December 15th cutoff for payment reporting.
- Centers for Medicare & Medicaid Services (CMS) will make a temporary manual adjustment (Upper Bound) to the January and February 2019 PBP for Federally-facilitated Exchange (FFE) Issuers and Issuers in State-based Exchanges using the Federal platform (SBE-FP) offering major medical plans.
- This adjustment is intended to mitigate the cash flow impact of the transition to 2019 for FFE and SBE-FP Issuers on PBP.
- The Upper Bound adjustments will be applicable to only Advanced Premium Tax Credit (APTC) and UF payments and charges and will not apply to CSR which has been discontinued as of October 2017 payment cycle.
- Adjustment(s) will show on the Issuers' Preliminary Payment Report (PPR) and HIX-820s as two separate manual adjustments to APTC and User Fees.
- **Note:** CMS will also be making payment adjustments to some State-based Exchange (SBE) issuers that have transitioned to policy-based payments as established through CMS discussions with each SBE. CMS will notify issuers in each state of planned adjustments for their state.

Temporary Manual Adjustments for FFE and SBE-FP Issuers (continued)

January and February 2019 PBP Upper Bound Adjustment:

- CMS will calculate this adjustment using a payment estimate equal to 80 percent of the estimated PBP on effectuated enrollment plus enrollment still in “initial” status (i.e., “Upper Bound”).
- If the Issuer’s calculated PBP are less than 80 percent of this amount, CMS will apply an adjustment to increase the Issuer’s advance payment, net of FFE user fees, up to the 80 percent threshold.
- CMS will not make any downward payment adjustments to Issuers whose total calculated Policy-based Payments equal or are above the 80 percent threshold.



CMS defines the Payment Upper Bound as the payment that would be due for all non-cancelled enrollment (regardless of effectuation status)

Temporary Manual Adjustments for FFE and SBE-FP Issuer Transition (continued)

Reversing Upper Bound Manual Adjustments:

February 2019:

- If there was an Upper Bound Adjustment for January 2019, CMS will reverse this temporary manual adjustment in February 2019 payment cycle and recalculate the Upper Bound to see if the year-to-date total Policy-based Payment reached the 80 percent threshold.
 - If the 80 percent threshold is reached, no other temporary adjustments will be made and Issuer will be paid on system calculated PBP amounts only from this point forward.
 - If the 80 percent threshold is not reached, one last temporary Upper Bound adjustment will be made for February 2019 payment cycle which will be reversed in March 2019 payment cycle.

Temporary Manual Adjustments for FFE and SBE-FP Issuer Transition (continued)

Reversing Upper Bound Manual Adjustments

March 2019:

- If there was an Upper Bound Adjustment for the February, 2019 Payment cycle, CMS will reverse this temporary Upper Bound manual adjustment in the March 2019 Payment cycle. This would be the last Upper Bound reversal. All future payments will be made on system calculated PBP amounts only.
- All Issuers from this point will be paid based on system calculated PBP amounts.
- Adjustment(s) will show on the Issuers' Preliminary Payment Report (PPR) and HIX-820s as two separate manual adjustments to APTC and User Fees.

Upper Bound Payment Cycle: 80% Cap

Examples: Year to Date APTC Payments:

Scenario	PBP APTC Amount (YTD)	Upper bound APTC Amount (YTD)	80% of Capped APTC Upper Bound Amount	PBP APTC Amount < 80 % of Capped APTC Upper Bound Amount?	Temporary Adjustment applied to Payment	Total APTC Amount Paid YTD
1	\$90.00	\$110.00	\$88.00	No	\$0.00	\$90.00
2	\$70.00	\$110.00	\$88.00	Yes	\$18.00	\$88.00
3	\$40.00	\$100.00	\$80.00	Yes	\$40.00	\$80.00
4	\$65.00	\$80.00	\$64.00	No	\$0.00	\$65.00

Note: The same calculation will apply to User Fees

Upper Bound Example



Upper Bound Adjustment example

Exchange Payment Type Codes for FFE/SBE-FP Policy-based Payments

Year	Issuer Type	Process	Transaction Type	Exchange Payment Type	Coverage Period Start Date	Coverage Period End Date
2018	FFE and SBE-FP Issuers	PBP	Retroactive Adjustments – APTC, CSR, UF	APTCADJ, CSRADJ, UFADJ	2018MMDD	2018MMDD
2018	FFE/SBE-FP UFR and SHOPUF adjustments	MA, Manual workbooks	APTC, CSR, UF, SHOPUF, UFR	UFRMADJ, APTCMADJ, CSRMADJ, UFMADJ, SHOPUFMADJ	2018MMDD	2018MMDD
2019	FFE and SBE-FP Issuers	PBP	Prospective and Retroactive Adjustments – APTC, CSR, UF	APTC, CSR, UF APTCADJ, CSRADJ, UFADJ	2019MMDD	2019MMDD
2019	FFE/SBE-FP UFR, SHOPUF, and January temporary manual adjustments	MA, Manual workbooks	APTC, CSR, UF, SHOPUF, UFR	UFRMADJ, APTCMADJ, CSRMADJ, UFMADJ, SHOPUFMADJ	2019MMDD	2019MMDD

References

Reference	Reference Link
2019 Manual Adjustments Guidance	https://www.regtap.info/reg_librarye.php?i=2731
Enrollment, Payment Processing, and Invoicing New Issuer Training (FFE's)	https://zone.cms.gov/document/cms-individual-market-hix-820-x12-scenarios
Early Year Payment Adjustment Issuer Slides	https://zone.cms.gov/document/november-9th-2018-issuer-meeting-slides
Financial Management Overview for 2019 SBE Issuers	https://www.regtap.info/reg_librarye.php?i=2734

Payment Dispute Guidance

Payment Dispute Guidance

Presentation Outline:

- I. Payment Dispute Reminders
- II. New Detail Code:
 - PD638
- III. Common Errors: R6 Disposition Code
- IV. UIR Report Format Change
- V. Unaffiliated Issuer Enrollments (UIE) Records will not Batch Auto-Reenrollment (BAR)
- VI. New APTC Amount Enrollment Dispute Disposition
- VII. 2019 Enrollment Dispute Acceptance
- VIII. zONE Publications

Payment Dispute Reminders

Please submit your Payment Disputes!

- Submit a Payment Dispute for any record perceived to be incorrect.
- Issuers may submit large volumes of Payment Disputes without impeding processing time.

Payment Dispute Support

- As a reminder, the FMCC team is the primary point of contact for resolving rejected Payment Disputes. Please reach out to the FMCC team at (FMCC@cms.hhs.gov) with any questions regarding rejected Payment Disputes.

New Timing Issue Disposition Code

- New Detail Code: **PD638**
- **PD638** applies to “incorrect payment” disputes that experience a timing issue with adjustments slated for the subsequent PPR.
 - **PD638 Issuer Action:** Monitor the subsequent PPR for the appropriate adjustments. Also, check the member’s Total Premium Amount, APTC amount, and User Fee amount in the next RCNO file and submit disputes for those items as needed.
- **PD638** results in disposition code C2: Timing Issue – Update Planned within 2 Cycles.

Common Errors: R6 Disposition Code

Disputes are rejected with an R6 Disposition Code if the disputed value is not supported by the issuer values within the RCNI file.

The most common Detail Code resulting in an R6 disposition is **PD5** and **PD552**:

- **PD5**: The issuer has submitted a payment dispute; however, no matching RCNO record was found with the identifying information provided by the issuer.
 - *Verify that the HIOS and FFE Exchange Policy ID for the Subscriber information on the dispute matches the values found in the most recent RCNO file.*
- **PD552**: The issuer is disputing an unexpected payment; however, a matching RCNI record was found with the Issuer Premium Paid Indicator set to Y.
 - *To cancel the policy, the issuer must input “C” in the Issuer Premium Paid Indicator Field on their next RCNI submission.*

UIR Report Format Change

- As announced on 07/12/2018, Enrollment Reconciliation and Resolution (ER&R) changed the format of the UIR Report as of November 9th. The new report format will:
 - Provide a simplified, more useful version of the UIR Report.
 - Improve communications with issuers regarding UIR records.
- The following images depict the columns in the new UIR Report header row.
 - The headers in blue will provide the information applied by ER&R.
 - The green headers will replicate RCNO data.

UIR_CASE_ID	FIL_TP_ID	HIOS_ID	QHPID_LKP_KEY	COVERAGE_YEAR	FTI_INTERNAL_BATCH_ID	FFM_INTERNAL_INVENTORY_NUMBER	ISSUER_PRSN_1ST_NAME	ISSUER_PRSN_LAST_NAME	ISSUER_PRSN_BIRTH_DT	ISSUER_BENE_SSN_KEY	ISSUER_BENE_SBS_EXCHG_ASG_ID	ISSUER_BENE_EXCHG_ASG_NED_ID	ISS_PLAN_EXCHG_ASG_PL_CY_NUM
ISSUER_PLAN_ISSR_ASG_PL_CY_NUM	ISSUER_PLAN_PLCY_ID	ISSUER_PLAN_BNFT_STRT_DT	ISSUER_PLAN_BNFT_END_DT	ISSUER_PLCY_APTC_AMT	ISSUER_PLCY_TOT_PRM_AMT	ISSUER_PRM_PD_IND	ENROLLMENT_CATEGORY	MATCHED_FF_M_INTERNAL_INVENTORY_RECORD	APPLICATION_ID	HICS_CASE_ID	NUMBER_OF_MONTHS_REPORTED	MATCHED_FF_M_BENE_SBS_EXCHG_ASG_ID	MATCHED_FF_M_BENE_EXCHG_ASG_ID

- The new report was sent on 11/09/2018 using the ERRUIR function code.



UIE Records will not BAR

- UIEs will not BAR due to lack of an FFE record.
- Issuers with UIEs listed on UIR Report should perform consumer outreach to encourage those consumers to enroll during open enrollment (OE).
- UIEs include any record assigned one of the following UIR Report Categories:
 - Ineligible Newborns
 - FFE Timing Issue
 - FFE Enrollment Blocker
 - Prior Year
 - Prior Year BAR Failure
 - Persistent UIE
 - No Records Found
 - Dental Prior Year

New APTC Amount Enrollment Dispute Disposition

- Beginning with the 12/03/2018 Semi-Monthly Detailed Reports, issuers may receive a new disposition code for APTC Enrollment Disputes:
 - **BU96:** *To resolve the financial dispute, ER&R has cancelled associated FFE records and created a new coverage span in order to reflect the correct coverage period and financials as indicated in the HICS case.*
- The BU96 disposition code will only be returned for disputes submitted on the Enrollment Dispute Form when the disputed coverage span has an FFE APTC amount of \$0.00.
 - This change allows CMS to better report tax information to the consumer on the 1095-A
 - APTC disputes for coverage spans that do not have an FFE APTC amount of \$0.00 will continue to be resolved through adjustments to the APTC of the disputed span.

NOTE: This disposition will not be used for HICS Direct Dispute cases and will only be applied to financial disputes submitted via the Enrollment Dispute Form.

2019 Enrollment Dispute Acceptance

- Issuers received their first BAR files on 10/15/2018 containing records of the 2019 policies.
- Issuers may submit Rejected Enrollment and Reinstatement 12/31 disputes for 2019 coverage after receiving the first 2019 Extract file on 11/16/2018.
- Issuers needing to submit any other types of Enrollment Disputes for 2019 policies must wait until the first 2019 RCNO cycle is complete.

zONE Publications

- Updated versions of the UIR TRG and UIR Master Guidance are available on CMS zONE. The new versions include details on the new UIR Report format and other minor improvements.
- CCIO Enrollment Dispositions List V14 is available on CMS zONE. The new versions includes new & updated Disposition Codes.
- Issuers can review the updated documentation on CMS zONE:
 - <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

Questions?

To submit or withdraw questions by phone:

- Dial *# (star-pound) on your phone's keypad to ask a question.
- Dial *# (star-pound) on your phone's keypad to withdraw your question.

To submit questions by webinar:

- Type your question in the text box under the 'Q&A' tab.

APPENDIX

Payment Activity Key Dates

Key Payment Activities	December	January	February
Initial Invoice sent to Issuers	December 11 th -13 th	January 9 th -11 th	February 8 th -12 th
Preliminary Payment and Payee Information Reports sent to Issuers	December 11 th -14 th	January 11 th -15 th	February 13 th -15 th
Treasury issues payments to Issuers	December 20 th	January 22 nd	February 20 th
HIX 820 Payment transactions sent to Issuers	December 31 st	January 31 st	February 28 th

ACCESS TO CMSzONE

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

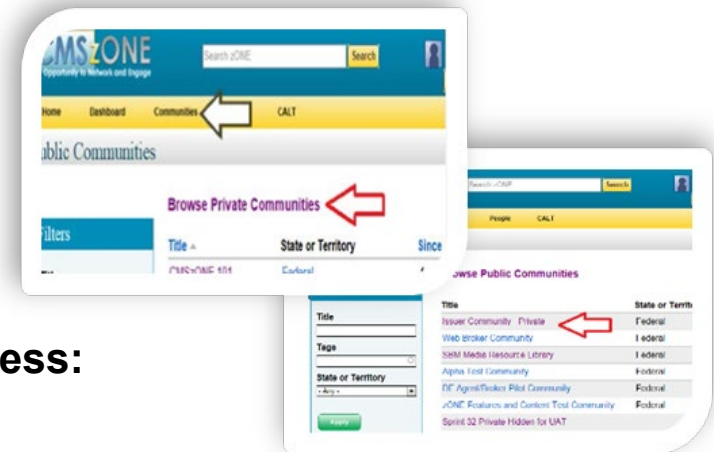
Step 2: CMS zONE Access Request:

1. Log in at <https://portal.cms.gov/> with your CMS Secure Portal credentials
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)

Reference Documents

Reference	Reference Link
SBE Issuer Information page (all of the following documents are available on this page)	https://zone.cms.gov/wiki/sbm-issuer-information
SBE Issuer ICD	https://zone.cms.gov/document/sbe-issuer-icd
SBE PBP Transition Guide	https://zone.cms.gov/document/sbe-issuer-transition-guide
SBE Issuer PBP FAQ	https://zone.cms.gov/document/policy-based-payments-transition-faq
CSR Operations FAQ	https://zone.cms.gov/document/csr-operations-faq
Monthly Batch Cycle Calendars	https://zone.cms.gov/wiki/sbm-issuer-information

Reference Documents Continued

Reference	Reference Link
PBP Transition FAQ	https://zone.cms.gov/document/policy-based-payments-transition-faq
SBE Payment Disputes Technical Reference Guide	https://zone.cms.gov/document/sbe-payment-disputes-technical-reference-guide
Issuer Dispute Form	https://zone.cms.gov/document/issuer-dispute-form
SBE Disputes Disposition and Detail Code List	https://zone.cms.gov/document/sbm-disputes-disposition-and-detail-code-list
Enrollment and Payment Files Chart	https://zone.cms.gov/document/csr-operations-faq

Reference Documents Continued

Reference	Reference Link
CMS HIX 820 Companion Guide	https://zone.cms.gov/document/hix-820-companion-guide-version-august-2017
CMS Individual Market HIX 820 X12 Scenarios	https://zone.cms.gov/document/cms-individual-market-hix-820-x12-scenarios
Payee Information Report (Function code: PNR) for Payee	https://zone.cms.gov/document/payee-information-report
Temporary Manual Adjustment Scenarios	https://zone.cms.gov/document/temporary-manual-adjustments-scenarios



Vendor Management Reminders

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 edits include changes to your banking information, your financial institution is required to fax a Bank Verification Letter (BVL) directly to CMS at (443) 380-5196 to allow CMS to approve these updates. In the interim, your record is in a pended status and payments will not be processed
- You can reach the CMS Vendor Management Team at Vendor_Management@cms.hhs.gov

Sample Intent to Refer Letter

DUNNING LETTER- 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
Total Amount 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.

Points of Contact

- CMS directs Issuers to contact the Federal Enrollment and Payment System (FEPS) Helpdesk with technical questions or issues. Issuers can contact the FEPS Helpdesk at CMS_FEPS@cms.hhs.gov.
- CMS directs Issuers to contact the Marketplace Payments Team with questions related to the Manual Payment Process. Issuers can contact Marketplace Payments at marketplacepayments@cms.hhs.gov.
- CMS directs Issuers to contact the Financial Management Coordination Center (FMCC) with questions regarding the PBP process. Issuers can contact the FMCC at FMCC@cms.hhs.gov.
- CMS directs Issuers to contact the Enrollment Reconciliation and Resolution (ER&R) contractor with questions regarding the discrepancy reporting process, as well with dispute form submissions. Issuers can contact the ER&R contractor at errsupportcenter@cognosante.com.

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.

Documents Available on REGTAP

The ***Managed File Transfers (MFT) Thin Client Help Guide*** and ***Manual Payment and Enrollment Data Workbook User Guide*** are currently available in the REGTAP Library at the following links:

- https://www.regtap.info/reg_librarye.php?i=1778
- https://www.regtap.info/reg_librarye.php?i=1758

Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
PY	Policy Year or Prior Year
FFE	Federally-facilitated Exchange
FMCC	Financial Management Coordination Center
HIOS	Health Insurance Oversight System
HIX	Health Insurance Exchange
PBP	Policy-based Payments
PNR	Payee Information Report
PPR	Preliminary Payment Report
RCNI	Reconciliation Inbound
SBE	State-based Exchange
ER&R	Enrollment Reconciliation and Resolution

Acronyms

Acronym	Definition
HICS	Health Insurance Caseworker System
QHPID	Qualified Health Plan ID
PNR	Payee Information Report
CSR	Cost-sharing Reduction
BAR	Batch Auto-Reenrollment
UIE	Unaffiliated Issuer Enrollments
RNCO	Reconciliation Outbound

Resources

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
 - Enrollment dispute form:
https://zone.cms.gov/system/files/documents/enrollment_dispute_form_v10_20170901_1.xlsx
 - Payment dispute form:
https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xlsx
 - Combined Enrollment and Payment Dispute Technical Reference Guide:
https://www.regtap.info/reg_librarye.php?i=2664.
 - For further assistance, please contact the ER&R Support Center at errsupportcenter@cognosante.com or (855) 591-7113

Combined Enrollment and Payment Dispute Technical Reference Guide

- 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://www.regtap.info/reg_librarye.php?i=2664
 - https://zone.cms.gov/system/files/documents/combined_enrollment_and_payment_disputes_trg_v3.2.docx

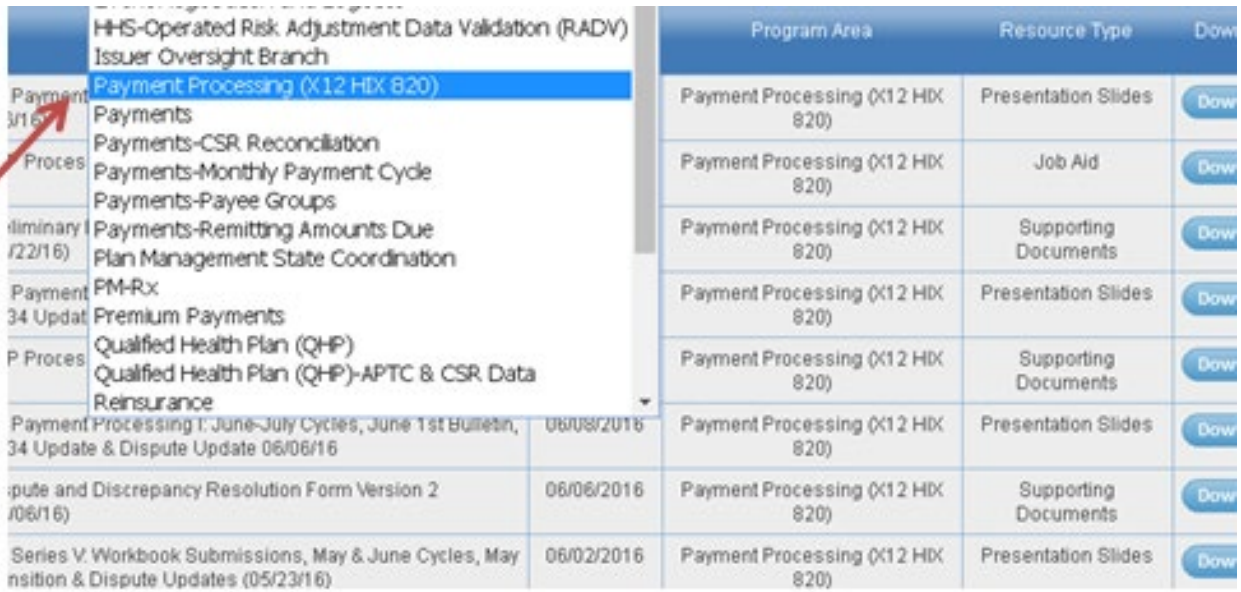
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciiio
Consumer website on Health Reform	http://www.healthcare.gov/
ASC X12 Store	http://store.x12.org/store/health-insurance-exchanges
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
CMS zONE – reference material	https://zone.cms.gov

Document Location

Additional Materials for FM Payment Processing II are available in the REGTAP Library at <https://www.REGTAP.info>.

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



Program Area	Resource Type	Download
Payment Processing (X12 HIX 820)	Presentation Slides	Download
Payment Processing (X12 HIX 820)	Job Aid	Download
Payment Processing (X12 HIX 820)	Supporting Documents	Download
Payment Processing (X12 HIX 820)	Presentation Slides	Download
Payment Processing (X12 HIX 820)	Supporting Documents	Download
Payment Processing I: June-July Cycles, June 1st Bulletin, 34 Update & Dispute Update 06/06/16	Presentation Slides	Download
Dispute and Discrepancy Resolution Form Version 2 (06/16)	Supporting Documents	Download
Series V Workbook Submissions, May & June Cycles, May Position & Dispute Updates (05/23/16)	Presentation Slides	Download



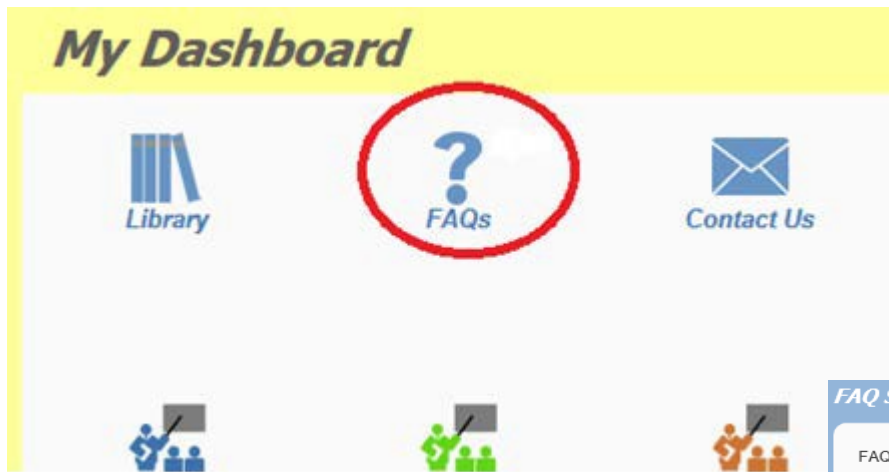
Inquiry Tracking and Management System (ITMS)

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

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



FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs, and Publish Date.

FAQ Database is available at <https://www.regtap.info/>.

Closing Remarks