FM Payment Processing Series III

Enrollment Alignment Performance Summary Reports (EAPS) and Payment Dispute Guidance

October 15th, 2018

Division of Financial Transfers and Operations (DFTO)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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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

- Enrollment Alignment Performance Summary Reports (EAPS)
- Payment Dispute Guidance

Enrollment Alignment Performance Summary Reports (EAPS)

Enrollment Alignment Performance Summary Reports (EAPS)

- **What it is:** Monthly summary report published by the FMCC containing performance metrics on Issuer enrollment data quality and alignment activities.

  - Latest versions for PY17 & PY18 were published on Wednesday, September 19th.

- **What it provides:** Report provides summary and detailed performance metrics measuring three key activities Issuers complete to keep their enrollment data aligned:

  - Successful daily submission of inbound 834 transactions to update FFE policies (***see next slide on Inbound 834 Reliance***).

  - Monthly, timely, and accurate submission of RCNI files to make any updates that can't be processed through inbound 834.

  - Timely and accurate reporting of any payment discrepancies via submission of either an enrollment dispute OR payment dispute file.

- **Why it's important:** Report aims to provide a consolidated, comprehensive snapshot on the quality and alignment of Issuer enrollment data using established CMS defined criteria to ensure timely and accurate:

  - FFE and Issuer alignment on consumer benefit coverage

  - Monthly policy-based payments

  - Consumer 1095-As

  - Limiting amount of prior year enrollment data corrections

FMCC Outreach for "Low" Inbound 834 Reliance

- **FMCC contacts a target group of Issuers each month that have demonstrated low inbound 834 reliance during the reporting cycle.**

- **Criteria – Issuers who BOTH:**
  - Demonstrate ability to successfully send inbound 834 transactions (**HIGH** Inbound 834 Update Acceptance Rates).
  - Demonstrate low reliance on inbound 834 to apply a majority of their policy status updates (**LOW** Inbound 834 Reliance).

- **Objective:**
  - Determine any system or process issues impacting Issuers' policy status updates from triggering via an inbound 834.
  - FMCC provides the targeted Issuer(s) with policy IDs so they may investigate why these policies were updated via Recon for a given performance period to determine why IC834s did not trigger for them.

- **Feedback:**
  - Based on previous outreach, Issuers have reported system/technical issues with handling effectuations via inbound 834s and process issues with customer support staff correctly recording cancellations to trigger inbounds 84s.
  - For Issuers who do report or have known issues impacting their reliance scores, your inbound reliance performance metrics in the report may continue to show "low" reliance until issue is resolved.
  - Some scenarios where effectuations or cancellations are applied via an ER&R dispute for policies impacted by HICs cases (e.g., start date changes) or needing to cancel BAR policies ("rejected auto renewals") may lower your inbound reliance as these updates will be counted as "Recon" related – FMCC is aware of this and this is not being held against Issuers.

Inbound 834 Reliance – Policy Data Requests

Want to better understand your inbound 834 reliance performance?

- Issuers can contact the FMCC at FMCC@cms.hhs.gov and request the policies that went into a particular report's calculations.

Payment Dispute Guidance

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Payment Dispute Guidance

Presentation Outline:

I.   Payment Dispute Reminders

II.   New Detail Codes:

- PD545/PY545
- PD632
- PD636

III.   Reminder: Detail Code PY1401

IV.   Avoiding Detail Code FV803

V.   Enrollment Blocker: Introduction

VI.   Enrollment Blocker: Disputes

VII.   Enrollment Blocker: Dispute Comparison

VIII.   Updated Enrollment Dispute Form

IX.   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.

Unexpected Payment with Overlapping Dates

- New Detail Codes: **PD545** and **PY545**
- **PD545** and **PY545** apply to unexpected payment disputes where the dates provided overlap with another policy for that consumer with the same QHPID.
  - **PD545 Issuer Action:** Review all records associated to the consumer and make the necessary corrections to the coverage dates and financial amounts in order to eliminate any overlap in the next RCNI submission.
  - **PY545 Issuer Action:** Use the most recent Pre-Audit file to identify the overlapping coverage span and submit an Enrollment Dispute to make the necessary updates or cancellations.
- **PD545** results in disposition code R9: Mismatched Policy
- **PY545** results in disposition code R11: Mismatched Policy – Prior Year

Timing Issue with Pending Update

- New Detail Code: **PD632**
- **PD632** applies to missing payment disputes where a timing issue occurred due to a pending update to financial information.
    - **PD632 Issuer Action:** Monitor the subsequent 1-2 payment cycles for the adjustment and resubmit the dispute if necessary. Check the member's QHP ID, Total Premium Amount, or CSR Amount and submit a dispute to align those values.
- **PD632** results in disposition code C2: Timing Issue – Update Planned Within Two (2) Cycles.

Issuer End Date Earlier than FFE

- New Detail Code: **PD636**
- **PD636** applies to unexpected payment disputes where the Issuer Benefit End Date is earlier than the FFE Benefit End Date and the change will create an intentional gap because the Issuer effectuated other coverage spans for the disputed policy.

  - **PD636 ER&R Action:** Change the FFE Benefit End Date to match the Issuer Benefit End Date.

  - **PD636 Issuer Action:** Monitor the subsequent 1-2 payment cycles for the adjustment and resubmit the dispute if necessary.

- **PD636** results in disposition code I1: In Process

Reminder: Disposition Code FV803

- **FV803** occurs when an Issuer submits multiple disputes for the same HIOS, policy, and month with conflicting values.
- **Disposition Code:** R8 – Multiple Conflicting Disputes for Same Policy.
- **Issuer Action:** Verify the data for this policy and submit a single dispute or a set of consistent disputes.

HIOS	FFE Subscriber ID	FFE Policy_ID	Issuer Subscriber ID	Issuer Policy ID	FFM Start Date	Issuer Start Date	FFM End Date	Issuer End Date	FFM Premium	Issuer Premium	FFM APTC Amount	Issuer APTC Amount
XXX60	0000123450	XXXXXX56	XXXXXXXX81	XXXX567	20170201	20170201	20170228	20170228			104.58	43.33
XXX60	0000123450	XXXXXX56	XXXXXXXX81	XXXX321	20170201	20170201	20170228	20170228			104.58	0.00

- The first dispute is for an incorrect payment, with the Issuer reporting that the APTC was $43.33 instead of the FFE amount of $104.58.
- The second dispute is for an unexpected payment, with the Issuer reporting that there was no APTC for this policy.
- This discrepancy will cause the dispute to receive an FV803 disposition code.

Enrollment Blockers: Introduction

- An Enrollment Blocker occurs when a consumer submits an updated eligibility application to the FFE but a technical issue prevents the enrollment data from being updated.

- The Issuer will receive a HICS case that contains "Enrollment Blocker", "confirmation blocker", or error code "500.300588" in the Case Narrative. The case may also contain "Issuer Action" to request assistance specifically related to updating demographic information.

- The Issuer should review the Case Narrative and update their records accordingly. Then, make changes to the FFE data to bring it into alignment.

  - The subsequent RCNI submissions should reflect this updated data and in some cases, will correct the FFE data, as Reconciliation business rules allow Issuers to apply the update to FFE data. These include:
    - Start and end date
    - Gender
    - Mailing address

  - Other changes require a dispute in addition to proper submission on the RCNI file in order to update FFE data.

Enrollment Blockers: Disputes

- Issuers can file a HICS Direct Dispute or an Enrollment Dispute when the changes require a dispute in addition updating the RCNI file.
    - If the HICS case is open, the Issuer should submit the case for ER&R review using the HICS Direct Dispute process.
    - If the HICS case is closed and has been resolved for less than 30 days, the Issuer can request to reopen the HICS case through their Lead Caseworker and submit the case for ER&R review using the HICS Direct Dispute process.
    - If the HICS case is closed and has been resolved for more than 30 days, the Issuer should submit a dispute using the Enrollment Blocker tab of the Enrollment Dispute Form.
- Prior to submitting an Enrollment Blocker, the Issuer should review the detailed instructions in the HICS Direct Dispute Master Guidance presentation at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation
- More information regarding Enrollment Blockers is also available on CMS zONE in the new Enrollment Blocker Cheat Sheet and the 09/20/2018 Recon slide deck.

Enrollment Blockers: Dispute Comparison

Criteria	HICS Direct Dispute	Enrollment Dispute Form
HICS Case Status	▶ Open	▶ Open or Closed
Case Processing Time	▶ Faster processing – ER&R can communicate with the Issuer if clarification or additional information is needed ▶ Timer related to case resolution SLA is placed on hold while the case is under ER&R review and resumes when the case is sent back to the Issuer	▶ Slower processing – ER&R must communicate with the Issuer via Issuer outreach to obtain additional information ▶ Timer related to case resolution SLA is not placed on hold
Accuracy of Information	▶ Updates are more accurate because the HICS case is recent and related to the dispute	▶ ER&R may not have the most up-to-date or accurate information due to the age of the HICS case
Bulk Upload	▶ Issuers do not have the option to bulk upload cases	▶ Issuers can bulk upload cases via the Enrollment Dispute Form
Response Time	▶ After processing, the Issuer receives an immediate response regarding the outcome of the dispute	▶ The Issuer must wait to review the outcome of the dispute on the Semi-Monthly Detailed Report

Updated Enrollment Dispute Form

- An updated version of the Enrollment Dispute Form v11 has been published to CMS zONE. The following update were applied:
  - Several tool tips on the Enrollment Blocker tab fields were changed from Required to Optional, which coincides with guidance presented on recent CMS calls.
  - Text updates to the Examples and How To Guide tabs based on the Enrollment Blocker tab changes.
  - Correction of a typo in the "Prior Year – End Date" category
    - If using Excel Add-ins, it's important to download this new version, as it will impact submissions of Prior Year – End Date disputes.
  - ER&R recommends that all Issuers download the updated form; however, the previous form version 11 will continue to be accepted.
- Issuers can obtain enrollment_dispute_form_v11_20180926.xlsx on CMS zONE:
  - https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

zONE Publications

- The HICS Direct Dispute Master Guidance version 2.4 is available on CMS zONE. The new version includes the following:
  - Guidance on handling missing information
  - Updated process flow
  - Updates regarding requested and required information for Issuer comments
  - Additional information on avoiding disposition code HU22
  - Removal of obsolete slides
- The Combined Enrollment and Payment Disputes TRG v5.0 is available on CMS zONE. The new version includes the following:
  - Updates for Enrollment Dispute Form v11
  - Revised information requirements for HICS Direct Disputes
  - Additional guidance regarding avoiding common errors
- Access the new publications on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

APPENDIX

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*)
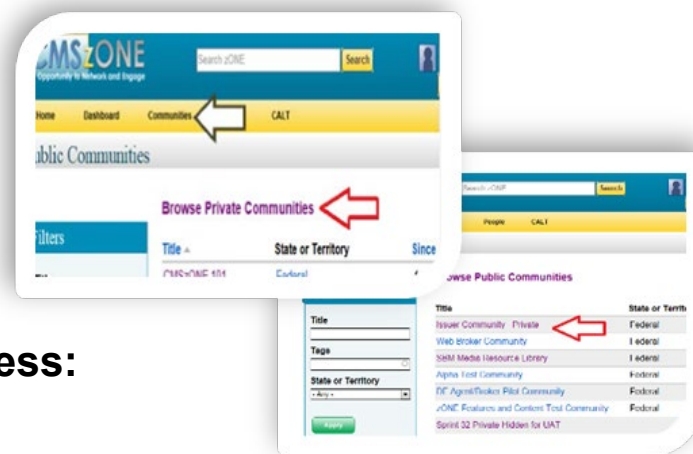
Reference Documents

- 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

- PBP Transition FAQ: https://zone.cms.gov/document/policy-based-payments-transition-faq

- SBE Payment Disputes Technical Reference Guide: https://www.regtap.info/reg_librarye.php?i=2664.

- 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/sbm-pbp-files-chart

Reference Documents Continued

- 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 state of limbo 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

Resources

WWW.REGTAP.INFO

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/cciio
Consumer website on Health Reform	http://www.healthcare.gov/
ASC X12 Store	http://store.x12.org/store/health-insurance-exchanges
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
CMS zONE – reference material	https://zone.cms.gov

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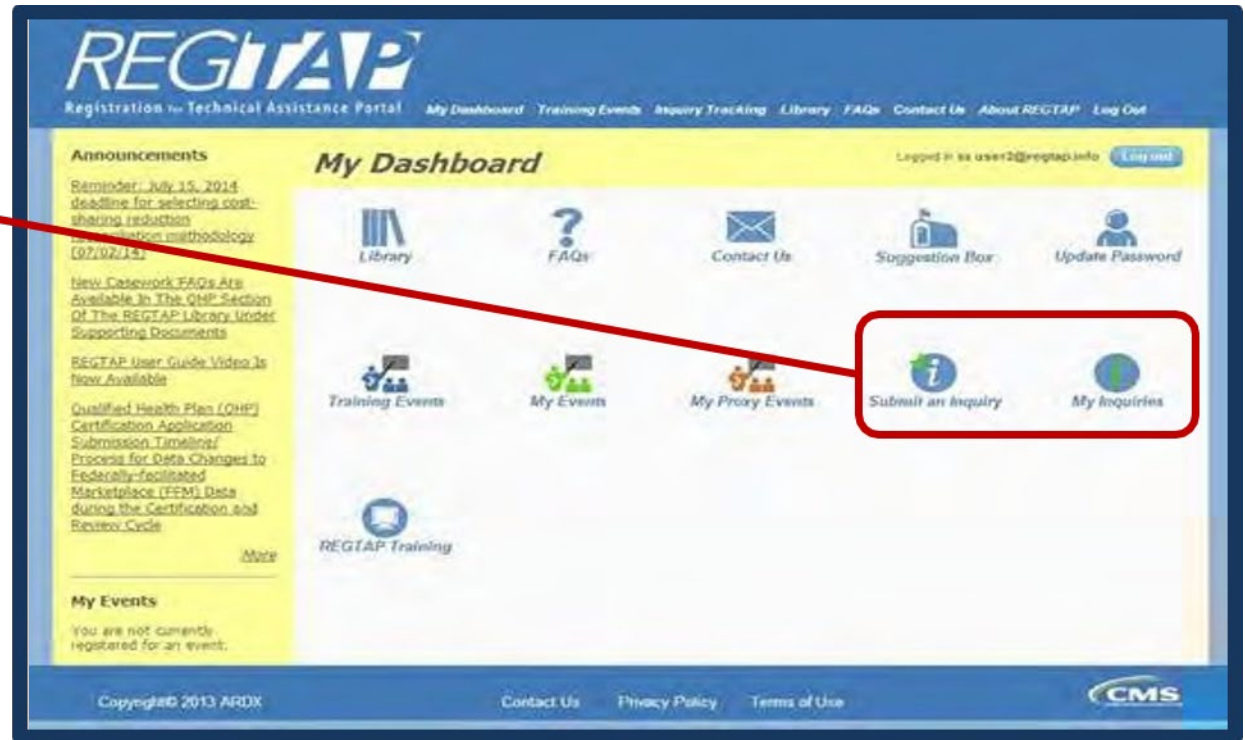
FAQ Database on REGTAP
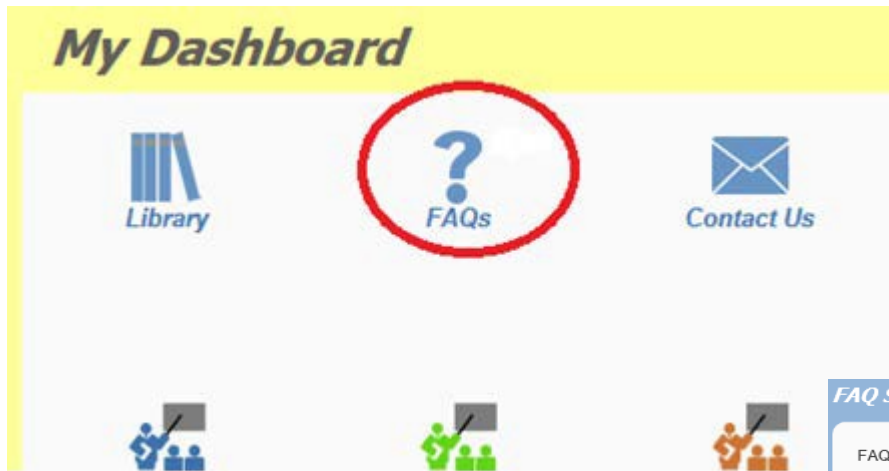
The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs, and Publish Date.

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

Closing Remarks