Federally-Facilitated Exchange (FFE)
Payment Dispute Disposition and Detail Code List, v27
June 15, 2020

Introduction

All issuer submitted Payment Disputes are investigated by the Centers for Medicare & Medicaid Services (CMS) and the Enrollment Resolution & Reconciliation (ER&R) and outreach contractors. In response to an issuer's dispute form submission, issuers should expect to receive a Response File. For each dispute submitted, the Response File reports the results of the dispute ingestion process. The validation process ensures that the disputes conform to the prescribed syntax and semantic guidelines detailed on the Instructions tab of the dispute form, that the disputes are logical and complete, and that they correctly reflect PPR/820 and issuer data (as corroborated against their most recent RCNI files). For each dispute submitted on the dispute form, the Response File provides a CMS Dispute Control Number (tracking number for the dispute), a disposition code (a code describing the status of the dispute), and up to five applicable detail codes (codes that identify specific non-conformance with form instructions or convey information based on business rules). Issuers can expect to receive a response for all disputes reported that pass validation and are ingestible.

Detail codes are assigned to provide information about the resulting disposition. All R1 and some R2 disposition codes have detail codes that pinpoint a specific field and category of syntax error. A leading H or F followed by a field number (as enumerated in the Instructions tab of the dispute form) indicates that an error has been found in the corresponding header record field or detail record field, respectively. These detail codes may also indicate which of four syntax rules has not been satisfied. For example, H1SR2 means header field 1 does not meet length requirements, and F1SR1 means detail field 1 does not meet format requirements.

- H – Header field
- F – Detail field
- SR – Syntax rule:
    - SR1 – Format of value
    - SR2 – Length of value
    - SR3 – Required value
    - SR4 – Conditional requirement (e.g., non-zero dollar amounts require a date value)

The remaining detail codes are structured using a format of two leading characters and a one- to four-digit number that uniquely identifies the information ER&R needs to convey about the results of dispute processing.

- FV – Form validation (e.g., dates must be valid dates – no days > 31, no month > 12, etc.)
- PD – Payment Dispute detail code
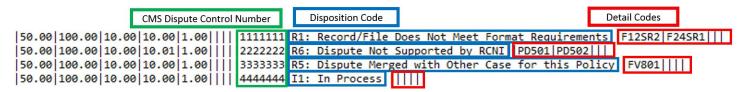- PY – Prior year detail code

The Response File, in a pipe-separated value (PSV) format, is routed to the same Inbound folder/directory (Inbound30) that issuers currently use but with the following file naming convention:

- TPID.ERRP.DYYMMDD.THHMMSSmmm.P.OUT
- Syntax:
    - TPID – Issuer's Trading Partner ID (TPID), also known as the Source ID
    - ERRP – The function code for the Payment Dispute process
    - DYYMMDD – Date, the first character, D, is static
    - THHMMSSmmm – Timestamp, the first character, T, is static
    - P – Environment (P for Production)
    - OUT – The direction (Outbound from CMS)
- Example:
    - 12345.ERRP.D160215.T181523808.P.OUT

Figure 1 shows an excerpt of the PSV Response File where the CMS Dispute Control Number, disposition code, and any applicable detail codes appear. These fields are appended to the end of each detail record from the issuer's dispute form submission.

Figure 1: Example PSV Response File

A Semi-Monthly Detailed Report is created on the 1st and 16th of each month (or the next business day thereafter) detailing the updated status of all impacted Payment Disputes. Two versions of the report are sent. An Excel version is sent using the ERRD function code, and a PSV version is sent using the ERRZ function code. Issuers should refer to the Technical Reference Guide (TRG) on zONE for further details.

The detail code explanations supplied in this document will help issuers remediate discrepancies.

Disposition Codes

Table 1: Disposition Codes

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

Detail Codes

Table 2: Detail Codes

Detail Code	Detail Code Explanation	Disposition Code
H1SR2	File Control Number (Issuer) – The File Control Number (Issuer) field has a min/max length of 1–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H1SR3	File Control Number (Issuer) – The File Control Number value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H2SR2	Point of Contact Name – The Point of Contact Name field has a min/max length of 1–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H2SR3	Point of Contact Name – The Point of Contact Name value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H3SR1	Point of Contact Telephone Number – Telephone numbers without extensions must be numeric without a leading one or dashes. Telephone numbers with extensions must be Alpha/Numeric with "EXT" between the telephone number and extension without a leading one or dashes. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H3SR2	Point of Contact Telephone Number – The Point of Contact Telephone Number field has a min/max length of 10–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H3SR3	Point of Contact Telephone Number – The Point of Contact Telephone Number value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H4SR2	Point of Contact Email Address – The Point of Contact Email Address field has a min/max length of 1–256 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H4SR3	Point of Contact Email Address – The Point of Contact Email Address value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H5SR1	Date Submitted – The Date Submitted value must be a date in the YYYYMMDD format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H5SR2	Date Submitted – The Date Submitted field has a min/max length of eight characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1

Detail Code	Detail Code Explanation	Disposition Code
H6SR1	Time Submitted – The Time Submitted value must be in the HHMMSS format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H6SR2	Time Submitted – The Time Submitted field has a min/max length of six characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H7SR1	PPR Transaction Set Control Number – The PPR Transaction Set Control Number value must be a Numeric value. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H7SR2	PPR Transaction Set Control Number – The PPR Transaction Set Control Number field has a min/max length of 2–20 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H8SR1	HIX 820 EFT Trace Number – The HIX 820 EFT Trace Number value must be an Alpha/Numeric value. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H8SR2	HIX 820 EFT Trace Number – The HIX 820 EFT Trace Number field has a min/max length of 2–20 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H9SR1	Payee ID – The Payee ID value must be an Alpha/Numeric value in the ANNNNNNN format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
H9SR2	Payee ID – The Payee ID field has a min/max length of 7–8 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F1SR1	Issuer (HIOS) ID – The Issuer (HIOS) ID value must be a Numeric value and is the first five digits of the QHP ID. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F1SR2	Issuer (HIOS) ID – The Issuer (HIOS) ID field has a min/max length of five characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F1SR3	Issuer (HIOS) ID – The Issuer (HIOS) ID value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F2SR2	Issuer Assigned Dispute Control Number – The Issuer Assigned Dispute Control Number field has a min/max length of 1–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F3SR1	Exchange Assigned Subscriber ID – The Exchange Assigned Subscriber ID value must be a Numeric value with leading zeros. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1

Detail Code	Detail Code Explanation	Disposition Code
F3SR2	Exchange Assigned Subscriber ID – The Exchange Assigned Subscriber ID field has a min/max length of 10 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F3SR3	Exchange Assigned Subscriber ID – The Exchange Assigned Subscriber ID value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F4SR1	Exchange Assigned Policy ID – The Exchange Assigned Policy ID must be a Numeric value. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F4SR2	Exchange Assigned Policy ID – The Exchange Assigned Policy ID field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F4SR3	Exchange Assigned Policy ID – The Exchange Assigned Policy ID value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F5SR1	Payment Cycle Month – The Payment Cycle Month value must be a date in the YYYYMM format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F5SR2	Payment Cycle Month – The Payment Cycle Month field has a min/max length of six characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F5SR3	Payment Cycle Month – The Payment Cycle Month value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F6SR2	Issuer Assigned Subscriber ID – The Issuer Assigned Subscriber ID field has a min/max length of 1–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F7SR2	Issuer Assigned Policy ID – The Issuer Assigned Policy ID field has a min/max length of 1–50 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F8SR1	Coverage Period Start Date (FFM) – The Coverage Period Start Date (FFM) value must be a date in the YYYYMMDD format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F8SR2	Coverage Period Start Date (FFM) – The Coverage Period Start Date (FFM) field has a min/max length of eight characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1

Detail Code	Detail Code Explanation	Disposition Code
F8SR4	Coverage Period Start Date (FFM) – The Coverage Period Start Date value is required for any record that has an FFM non-zero dollar amount value populated in the Payment Dispute.	R2
F9SR1	Coverage Period Start Date (Issuer) – The Coverage Period Start Date (Issuer) value must be a date in the YYYYMMDD format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F9SR2	Coverage Period Start Date (Issuer) – The Coverage Period Start Date (Issuer) field has a min/max length of eight characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F9SR4	Coverage Period Start Date (Issuer) – The Coverage Period Start Date (Issuer) value is required for any record that has an issuer non-zero dollar amount value populated in the Payment Dispute.	R2
F10SR1	Coverage Period End Date (FFM) – The Coverage Period End Date (FFM) value must be a date in the YYYYMMDD format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F10SR2	Coverage Period End Date (FFM) – The Coverage Period End Date (FFM) field has a min/max length of eight characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F10SR4	Coverage Period End Date (FFM) – The Coverage Period End Date (FFM) value is required for any record that has an FFM non-zero dollar amount value populated in the Payment Dispute.	R2
F11SR1	Coverage Period End Date (Issuer) – The Coverage Period End Date (Issuer) value must be a date in the YYYYMMDD format. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F11SR2	Coverage Period End Date (Issuer) – The Coverage Period End Date (Issuer) field has a min/max length of eight characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F11SR4	Coverage Period End Date (Issuer) – The Coverage Period End Date (Issuer) value is required for any record that has an issuer non-zero dollar amount value populated in the Payment Dispute.	R2
F12SR1	Policy Total Premium Amount (FFM) – The Policy Total Premium Amount (FFM) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F12SR2	Policy Total Premium Amount (FFM) – The Policy Total Premium Amount (FFM) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1

Detail Code	Detail Code Explanation	Disposition Code
F13SR1	Policy Total Premium Amount (Issuer) – The Policy Total Premium Amount (Issuer) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F13SR2	Policy Total Premium Amount (Issuer) – The Policy Total Premium Amount (Issuer) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F14SR1	APTC Amount (FFM) – The APTC Amount (FFM) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F14SR2	APTC Amount (FFM) – The APTC Amount (FFM) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F15SR1	APTC Amount (Issuer) – The APTC Amount (Issuer) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F15SR2	APTC Amount (Issuer) – The APTC Amount (Issuer) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F16SR1	CSR Amount (FFM) – The CSR Amount (FFM) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F16SR2	CSR Amount (FFM) – The CSR Amount (FFM) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F17SR1	CSR Amount (Issuer) – The CSR Amount (Issuer) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F17SR2	CSR Amount (Issuer) – The CSR Amount (Issuer) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F18SR1	UF Amount (FFM) – The UF Amount (FFM) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F18SR2	UF Amount (FFM) – The UF Amount (FFM) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1

Detail Code	Detail Code Explanation	Disposition Code
F19SR1	UF Amount (Issuer) – The UF Amount (Issuer) value must be a Numeric value and must exclude the dollar sign ($). The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F19SR2	UF Amount (Issuer) – The UF Amount (Issuer) field has a min/max length of 1–15 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F20SR1	HICS Case Number – The HICS Case Number value must be an Alpha/Numeric value beginning with an E and followed by 10 numeric characters. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F20SR2	HICS Case Number – The HICS Case Number field has a min/max length of 11 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F21SR1	Recurring – The Recurring field expects a Y (Yes) or N (No) value. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F21SR2	Recurring – The Recurring field has a min/max length of one character. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F22SR1	Existing CMS Dispute Control Number – The Existing CMS Dispute Control Number value must be an Alpha/Numeric value. The issuer must check the field format, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F22SR2	Existing CMS Dispute Control Number – The Existing CMS Dispute Control Number field has a min/max length of 1–11 characters. The issuer must check the field length, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
F23SR2	(Informational) Comments – The Comments field has a min/max length of 1–255 characters. The issuer should constrain comments to the maximum field length. Any content beyond the maximum field length is omitted and not considered by the ER&R Contractor.	N/A
FV1	Exchange Assigned Subscriber ID – The Exchange Assigned Subscriber ID value must not be all zeros, all ones or all nines. The issuer will need to make the necessary corrections and resubmit the dispute to the ER&R Contractor.	R2
FV100	The dispute specifies an SBE HIOS but uses the FFE file naming convention. SBE Payment Disputes must be submitted using the ERRSBM function code, as indicated in the SBE dispute form's instructions. Please make the necessary corrections and resubmit the dispute to the ER&R Contractor. For assistance with FFE Payment Disputes, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com. For assistance with SBE Payment Disputes, please contact the SBE ER&R Support Center at SBEERRSupportCenter@Cognosante.com.	R2

Detail Code	Detail Code Explanation	Disposition Code
FV110	The issuer submitted disputes for a prior year. The disputes were received after the issuer's Account Manager approval effective end date. Please submit a request to your Account Manager to continue submitting prior year disputes.	R2
FV111	The issuer submitted disputes for a prior year. There is no record of an Account Manager approval for the issuer to submit prior year disputes. Please submit a request to your Account Manager.	R2
FV2	The PPR Transaction Set Control Number or HIX 820 EFT Trace Number value is missing; this is a required value. The issuer must check the field requirements, make the necessary corrections, and resubmit the dispute to the ER&R Contractor.	R1
FV201	Payment Dispute based on a HIX 820 cannot dispute Total Premium Amount	R2
FV202	Coverage Period Start Date value and Coverage Period End Date value are not in the same calendar month	R2
FV203	Coverage dates must be greater than or equal to 20160101	R2
FV204	Payment Cycle Month value must be greater than or equal to 201601	R2
FV205	The Coverage Period End Date (Issuer) value must be equal to or later than the Coverage Period Start Date (Issuer) value.	R2
FV206	The Coverage Period End Date (FFM) value must be equal to or later than the Coverage Period Start Date (FFM) value.	R2
FV207	Neither the Coverage Period Start Date (FFM) value nor the Coverage Period Start Date (Issuer) value on the Payment Dispute Form can be later than the last day of the payment cycle month.	R2
FV208	Payment Cycle Month value cannot be later than the month the file was received	R2
FV209	Neither the Coverage Period Start Date (FFM) value nor the Coverage Period Start Date (Issuer) value on the Payment Dispute Form can be later than the date the file was received.	R2
FV501	The FFM and issuer coverage dates and amounts matched. The Payment Dispute does not reflect a discrepancy in these values, so there is no valid dispute.	R2
FV600	There were no disputed amounts with an absolute value difference greater than two cents.	R2
FV701	No additional action is necessary. The Payment Dispute record is a duplicate record within the current file submission and will not be processed. Only the first Payment Dispute record received for this policy ID within the current file submission will be processed.	R4
FV702	No additional action is necessary. This Payment Dispute record was found to be a duplicate of a previously reported Payment Dispute that is currently in process (Ix dispositions), and only the first Payment Dispute record received will be processed.	R4
FV801	The ER&R Contractor received another dispute for this policy within this submission. This dispute will be merged with the first Payment Dispute record received for this policy ID.	R5

Detail Code	Detail Code Explanation	Disposition Code
FV803	The Payment Dispute record submitted was matched to another dispute submitted on the same file for the same field, but the data in the disputed fields do not match. The ER&R Contractor is not able to resolve this dispute. Please review the information and resubmit the corrected dispute to the ER&R Contractor. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R8
FV9	The ER&R Contractor was not able to match this dispute to a record on the PPR or HIX 820. Please verify the Exchange Assigned Policy ID and coverage period for this dispute, correct the dispute, and resubmit.	R3
FV900	The issuer is disputing a missing payment, but PPR records for the disputed policy and payment month, or a partial match, were found using the disputed FFM Coverage Period Start and End Dates. The issuer will need to review the most recent Pre-Audit file and the PPR records received for this policy. If the issuer disagrees with the coverage period and amounts, the issuer will need to submit a dispute using the Payment Month, FFM Coverage Period Start and End Dates, and amounts as reported in the PPR. Provide the related HICS Case ID in the HICS Case Number field for APTC or Total Premium Amount disputes.	R3
FV905	The Policy Total Premium Amount (FFM) value provided in the Payment Dispute does not match the PPR Total Premium Amount. The issuer will need to correct the Policy Total Premium Amount (FFM) value on the dispute form and resubmit.	R3
FV908	The APTC Amount (FFM) value does not match the APTC amount reported in the PPR. The issuer will need to correct the APTC Amount (FFM) value on the Payment Dispute Form and resubmit.	R3
FV909	The CSR Amount (FFM) value does not match the CSR Amount reported in the PPR. The issuer will need to correct the CSR Amount (FFM) value on the Payment Dispute Form and resubmit.	R3
FV910	The UF Amount (FFM) value does not match the UF amount reported in the PPR. The issuer will need to correct the UF Amount (FFM) value on the Payment Dispute Form and resubmit.	R3
FV11	The ER&R Contractor was unable to locate the HICS case provided in the Payment Dispute. Please verify the information on the Payment Dispute Form and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R2
PD3	This Payment Dispute will be investigated further. The issuer will need to refer to the Semi-Monthly Detailed Report to see if there has been a change in status since the initial response from the ER&R Contractor.	I2
PD4	The disputed coverage dates and/or amounts matched the current values in the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	C2

Detail Code	Detail Code Explanation	Disposition Code
PD5	The ER&R Contractor was unable to locate this policy on the current RCNO using the issuer identifying information on the Payment Dispute. Please verify the information on the Payment Dispute Form and/or RCNI and make any necessary corrections. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R6
PD500	The Issuer Initial Premium Paid Status field in the current RCNI file was not a value of Y (Yes). The issuer will need to send an Issuer Initial Premium Paid Status value of Y (Yes) to effectuate the policy ID that is being disputed before the ER&R Contractor can resolve. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD501	The APTC Amount (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD502	The CSR Amount (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD503	The UF Amount (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer should check the member's QHP ID and Total Premium Amount to calculate the UF Amount and make the necessary corrections in the next RCNI file. If the issuer disagrees with the Total Premium Amount, the issuer should submit a dispute for the Total Premium Amount and provide the related HICS Case ID in the HICS Case Number field. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD504	The Coverage Period Start Date (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD505	The Coverage Period End Date (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD506	The Total Premium Amount (Issuer) value reported in the Payment Dispute does not match the current RCNI file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD507	The disputed policy contains a field-level flag value of U (Unprocessable) on the most recent RCNO file. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD508	The disputed amount is being investigated further by the ER&R Contractor. The issuer will need to refer to the Semi-Monthly Detailed Report to see if there has been a change in status since the initial response from the ER&R Contractor.	I4
PD511	The Payment Dispute has been resolved by one or more original or adjusted payments in a recent PPR /HIX 820 record. The issuer may refer to a recent PPR/HIX 820 record for the policy and coverage period for confirmation.	C5
PD513	The current RCNO file reflects that an update to some or all the financial amounts in the FFM is pending and should resolve this dispute. The update should be reflected in the issuer's payment within 1–2 payment cycles. The issuer should resubmit the Payment Dispute if the issue is not resolved after two payment cycles.	C3
PD517	The disputed value contains a field-level flag value of I (Non-match, issuer to update to FFM value) on the most recent RCNO file. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I1
PD518	The disputed value contains a field-level flag value of D (Did not compare, no action required) on the most recent RCNO file. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I4
PD519	The RCNO record that best matches the disputed policy contains a record-level flag value indicating that it is an unaffiliated record on the most recent RCNO file. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I4
PD521	The issuer is disputing an unexpected payment. The FFM reflects that the disputed policy is cancelled or terminated in the recent RCNO file for the disputed coverage dates. The payment reversal should be reflected in the issuer's payment within 1–2 payment cycles. The issuer should resubmit the Payment Dispute if the issue is not resolved after two payment cycles.	C3
PD522	The ER&R Contractor reviewed the RCNO and found that the issuer value does not match the FFM value for Exchange Assigned Policy ID. It is possible that the policy in question has been effectuated and paid based on the policy ID in the FFM. The issuer will need to review the RCNO and determine if the policy in the FFM needs to be cancelled or effectuated and send a dispute identifying the appropriate policy that should be updated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD528	The policy identified in the issuer's dispute is no longer effective for the coverage dates in the dispute. On the issuer's RCNI, the issuer's value does not match the FFM's value for Benefit End Date, and the field flag is C, indicating a change in circumstance. The issuer will need to review the current RCNO file and make the necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD529	The policy identified in the issuer's dispute is not effective for the coverage dates in the dispute. On the issuer's RCNI, the issuer's value does not match the FFM's value for Benefit Start Date, and the field flag is C, indicating a change in circumstance. The issuer will need to review the current RCNO file and make the necessary corrections in the next RCNI file. The issuer may also refer to PPR/HIX 820 records for this subscriber and coverage period. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD530	The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy for the same member and overlapping coverage dates with an Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the affected policy. Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD531	The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy for the same member and overlapping coverage dates with a different QHP ID and an Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the affected policy. Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD532	The issuer is disputing a missing payment. The ER&R Contractor will process this request, and the policy will be effectuated. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD533	The Payment Dispute is indicating an unexpected payment. The policy will be cancelled by the FFM. The RCNO record that best matches the disputed policy contains a record-level flag value of F, G, or V, indicating that it is an FFM uneven record, or W or L, indicating that it is an extra record, on the most recent RCNO file. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1

Detail Code	Detail Code Explanation	Disposition Code
PD535	On the issuer's RCNI, the issuer's value is later than the FFM's value for Benefit Start Date, and there is another policy with an earlier start date that was cancelled by the FFM. Payment has been made on the disputed policy ID for the full coverage month instead of the disputed partial period. The issuer will need to review the current RCNO file and make any necessary corrections in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD536	The issuer is disputing an unexpected payment. The FFM Initial Premium Paid Status field in the current RCNO file is a value of Y (Yes), and the Issuer Initial Premium Paid Status field is a value of N (No). If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD538	The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy for the same member and overlapping coverage dates in a different HIOS with an Initial Premium Paid Status value of Y (Yes). The ER&R Contractor is unable to update the policy as requested because of the coverage with a different HIOS. Please update your records with this policy to match the FFM data on the RCNO. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD539	The disputed policy has more than one coverage span in the RCNO. The disputed policy coverage spans have issuer overlapping coverage dates and Issuer Initial Premium Paid Status values of Y (Yes). Please check the RCNI to determine which segment needs to be cancelled, updated, or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD540	The dispute is for a partial coverage period, but the disputed APTC, CSR, and/or UF amounts were not submitted as prorated amounts on the Payment Dispute Form. The issuer will need to correct the amounts and resubmit the dispute. If the issuer disagrees with the values, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD541	The RCNO record that best matches the disputed policy does not have any FFM data and has an overall record flag of R, which represents an extra issuer record for the consumer. There is another RCNO combined record, with both FFM and issuer data, that does not match the dispute on coverage dates. The issuer is submitting two RCNI records for a policy the FFM has only one record for. The issuer needs to determine which record should be effectuated and cancel the other record or remove the extra issuer record and update the information on the combined record for this policy. If the issuer is requesting a later Benefit End Date, the dispute will need to be resubmitted once this is corrected so that the ER&R Contractor can appropriately apply the correct changes to the FFM policy. Please review the RCNI file and ensure the coverage period/amount is appropriately reflected in a combined record. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD543	The issuer is disputing an incorrect or missing payment. The ER&R Contractor is unable to complete the update for the dates provided by the issuer. The dates provided are overlapping the dates for another record for the same member and QHP ID with an Issuer Initial Premium Paid Status value of Y (Yes). Please review all records associated to the consumer. Ensure that each record is reporting the correct coverage period and financial amounts and that the dates are not overlapping. This may require updating the dates or cancelling the incorrect record and updating the effectuation status on the correct record. Please also take note of any subscriber ID changes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD544	The RCNO record that best matches the disputed policy does not have any FFM data, and there is another RCNO combined record, with both FFM and issuer data, present for the member. The issuer needs to determine which record should be effectuated and cancel the other record or remove the extra issuer record and update the information on the combined record for this policy. Please review the RCNI file and ensure the coverage period/amount is appropriately reflected in a combined record.	R9
PD545	The issuer is disputing an incorrect or missing payment. The ER&R Contractor is unable to complete the update for the dates provided by the issuer. The dates provided are overlapping the dates for another record for the same member and QHP ID, with an Issuer Initial Premium Paid Status value of Y (Yes). Please review all records associated to the consumer. Ensure that each record is reporting the correct coverage period and financial amounts and that the dates are not overlapping. This may require updating the dates or cancelling the incorrect record and updating the effectuation status on the correct record. Please also take note of any subscriber ID changes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD546	The disputed policy has a status of terminated in the FFM. There is another policy for the same member and QHP ID that has overlapping coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD547	The disputed policy has a status of terminated in the FFM. There is another policy for the same member and overlapping coverage dates with a different QHP ID and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD548	The disputed policy has a status of terminated in the FFM. There is another policy for the same member and overlapping coverage dates in a different HIOS with an Issuer Initial Premium Paid Status value of Y (Yes). The ER&R Contractor is unable to update the policy as requested because of the coverage with a different HIOS. Please update your records with this policy to match the FFM data on the RCNO. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD549	The issuer is an SBM-FP with no UFs, and the policy does not have APTC or CSR. There is no PPR generated; therefore, there is no Payment Dispute to resolve. If the issuer determines that their enrollment data is incorrect, the issuer should check the RCNO file and submit an Enrollment Dispute.	R6
PD552	The issuer is disputing an unexpected payment; however, an RCNI record was found with issuer values that reflected member coverage for the disputed coverage dates and the Issuer Initial Premium Paid Status value of Y (Yes). If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD553	The dispute contains a policy ID that is for an earlier coverage year than what the disputed coverage year indicates. The matched RCNO record is an Unaffiliated Issuer Enrollment (UIE) with an overall record flag of I. The issuer will need to review the most recent Unmatched "I" Record (UIR) report for specific guidance in resolving the "I" record. UIRs must be resolved through consumer outreach, Reconciliation, or ER&R disputes for the issuer to receive payment. The UIR Master Guidance and other reference documents can be found on zONE at: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD554	The dispute contains a policy ID that is for an earlier coverage year than what the disputed coverage year indicates. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD556	The disputed policy has a status of terminated in the FFM. There is another policy for the same member and QHP ID that has FFM overlapping coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD557	The disputed policy has a status of terminated in the FFM. There is another policy for the same member that has FFM overlapping coverage dates with a different QHP ID and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD558	The disputed policy has a status of terminated in the FFM. There is another policy for the same member that has FFM overlapping coverage dates in a different HIOS and an Issuer Initial Premium Paid Status value of Y (Yes). The ER&R Contractor is unable to update the policy as requested because of the coverage with a different HIOS. Please update your records for this policy to match the FFM data on the RCNO. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD559	The issuer is disputing an unexpected payment. The FFM showed the policy was effectuated with an Initial Premium Paid Status of Y (Yes). The issuer never submitted an Issuer Initial Premium Paid Status of C to cancel the policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD560	The ER&R Contractor is unable to process the dispute because the issuer is using the incorrect FFM Exchange Assigned Subscriber ID for the disputed policy. The issuer will need to review the current Pre-Audit or RCNO file and make the necessary corrections in their next RCNI file. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R6
PD561	The issuer is disputing a missing payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD563	The issuer is disputing an incorrect or missing payment. The ER&R Contractor is unable to complete the update for the dates provided by the issuer. The dates provided are overlapping the dates for another policy for the same member with a different QHP ID and an Issuer Initial Premium Paid Status value of Y (Yes). Please review all policies associated to the consumer and ensure each policy is reporting the correct coverage period and financial amounts. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD564	The issuer is disputing an incorrect or missing payment. The ER&R Contractor is unable to complete the update for the dates provided by the issuer. The dates provided are overlapping the dates for another policy for the same member in a different HIOS with an Issuer Initial Premium Paid Status value of Y (Yes). The ER&R Contractor is unable to update the policy as requested because of the coverage with a different HIOS. Please update your records with this policy to match the FFM data on the RCNO. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD565	The issuer is disputing an incorrect payment. The FFM will update the Total Premium Amount to reflect the value provided by the issuer. No HICS case is required. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD566	The issuer is disputing the CSR Amount. The QHP ID and Total Premium Amount reported in the RCNO match between the FFM and the issuer, and the calculated CSR Amount reported by the FFM is correct. The issuer should check the member's QHP ID and Total Premium Amount to calculate the CSR Amount. If the issuer disagrees with the values that are used to calculate the CSR Amount, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD567	The current RCNO file reflects that the FFM Benefit End Date is pending an update. The FFM Benefit End Date will be updated by the FFM for this policy. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD568	The disputed CSR Amount is being investigated further by the ER&R Contractor. The issuer will need to refer to the Semi-Monthly Detailed Report to see if there has been a change in status since the initial response from the ER&R Contractor.	I4
PD572	The issuer is disputing a missing or incorrect payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute. The issuer should check the member's QHP ID, Total Premium Amount, or CSR Amount to align with the FFM. If the issuer disagrees with the values, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes.	I1

Detail Code	Detail Code Explanation	Disposition Code
PD573	The issuer is disputing a missing payment. The issuer is attempting to update the Benefit Start Date to a later date than the FFM's Benefit End Date. The disputed policy contains field-level flags on both the Benefit Start and End Dates on the most recent RCNO file, indicating that both dates should be updated. ER&R reviews the dispute further to determine whether the policy is eligible for an FFM update. Any eligible payment adjustments will be reflected in a subsequent PPR. If the dates are still discrepant, the issuer should submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	I1
PD575	The ER&R Contractor will process this request and update the FFM Benefit End Date to reflect the value provided by the issuer. The issuer needs to update one or more financial amounts in the next RCNI file to align with the FFM reported financial amounts. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1
PD576	There is another policy for the same member and QHP ID that has overlapping coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please review all policies associated to the consumer. Ensure that each policy is reporting the correct coverage period and financial amounts and that the dates are not overlapping. This may require updating the dates or cancelling the incorrect policy and updating the effectuation status on the correct policy. Please also take note of any subscriber ID changes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD577	There is another policy for the same member and overlapping coverage dates with a different QHP ID and an Issuer Initial Premium Paid Status value of Y (Yes). Please review all policies associated to the consumer. Ensure that each policy is reporting the correct coverage period and financial amounts and that the dates are not overlapping. This may require updating the dates or cancelling the incorrect policy and updating the effectuation status on the correct policy. Please also take note of any subscriber ID changes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD578	There is another policy for the same member and overlapping coverage dates in a different HIOS with an Issuer Initial Premium Paid Status value of Y (Yes). The ER&R Contractor is unable to update the policy as requested because of the coverage with a different HIOS. Please update your records for this policy to match the FFM data on the RCNO. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD579	The issuer is disputing a missing payment. The ER&R Contractor will process this request and the policy will be effectuated. ER&R has also updated the Benefit End Date in the FFM to reflect the Benefit End Date provided by the issuer. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD580	The issuer is disputing a missing payment. The issuer is attempting to update the Benefit Start and End Date to an earlier date than the FFM dates. The disputed policy contains field-level flags on both the Benefit Start and End Dates on the most recent RCNO file, indicating that both dates should be updated. ER&R will review the dispute further to determine whether the policy is eligible for an FFM update. Any eligible payment adjustments will be reflected in a subsequent PPR. If the dates are still discrepant, the issuer should submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	I1
PD581	The issuer is disputing an unexpected payment. The issuer reported the member(s) as enrolled in the disputed policy with an Issuer Initial Premium Paid Status of Y (Yes) in a prior batch but never submitted an Issuer Initial Premium Paid Status of C to cancel the policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD582	The issuer is disputing a missing payment. After researching the dispute and RCNO, it was determined that both Benefit Start and End Dates should be updated. The ER&R Contractor will update these policy dates in the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1
PD583	The issuer is disputing a missing payment; however, there was a payment made for this policy. After researching the RCNO, it was found that the issuer did not match on the CSR Amount. If the issuer disagrees with the CSR Amount only, the issuer should submit a dispute for just the CSR Amount. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD585	The ER&R Contractor is unable to process this dispute. The RCNO record that best matches the disputed policy contains a record-level flag of L or W, indicating that it is an unaffiliated record on the most recent RCNO file with values that do not support the dispute. Please check the RCNI to determine which policy needs to be cancelled or effectuated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD586	The issuer is disputing an unexpected payment. The issuer reported the member(s) as enrolled in the disputed policy with an Issuer Initial Premium Paid Status of Y (Yes) in a prior batch but never submitted an Issuer Initial Premium Paid Status of C to cancel the policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD588	The issuer is reporting overlapping coverage date spans. There is another record for the same member and QHP ID that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which record needs to be cancelled or updated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD589	The issuer is reporting overlapping coverage date spans. There is another policy for the same member with a different QHP ID that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or updated. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD590	The issuer is reporting overlapping coverage date spans. There is another policy for the same member in a different HIOS that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). Please check the RCNI to determine which policy needs to be cancelled or updated. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD591	The issuer submitted an invalid Benefit Start and End Date. The end date cannot be before the start date in the FFM. Please ensure your RCNI is appropriately reporting the start and end date, as most start and end date corrections can be resolved through the monthly Reconciliation process. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD592	The RCNO record that best matches the disputed policy does not have any FFM data and has an overall record flag of R or I, which represents an extra issuer record for the consumer. The issuer is disputing a missing payment. There is a cancelled FFM enrollment record that will be reinstated. The ER&R Contractor will process this request and update the FFM Benefit End Date to reflect the value provided by the issuer. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1

Detail Code	Detail Code Explanation	Disposition Code
PD593	The issuer is disputing a missing or incorrect payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute. The QHP ID and Total Premium Amount reported in the RCNO match between the FFM and the issuer, and the calculated CSR Amount reported by the FFM is correct. The issuer should check the member's QHP ID and Total Premium Amount to calculate the CSR Amount. If the issuer disagrees with the values used to calculate the CSR Amount, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes.	I1
PD594	The ER&R Contractor is unable to process this dispute. This dispute contains records where there is a one-to-many, many-to-one, or many-to-many relationship. The best match cannot be determined until corrections are made to the RCNI. Please check the RCNI to determine which policy needs to be cancelled or effectuated. Once the RCNI is updated, the issuer should use the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD595	The issuer is disputing a missing payment. The ER&R Contractor identified an enrollment record in the FFM that is currently cancelled and will be reinstated. ER&R will process this reinstatement with the Benefit Start and/or End Date value provided by the issuer. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1
PD596	The disputed policy was addressed through the UIE Manual Payment Adjustment process, so this Payment Dispute is being closed. The issuer should see the adjustment in the June payment month. For assistance with resolving this Payment Dispute record, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD597	The RCNO record that best matches the disputed policy does not have any FFM data and has an overall record flag of R, which represents an extra issuer record for the consumer. There is another RCNO combined record, with both FFM and issuer data, that does not match the dispute on coverage dates. The issuer needs to determine which record should be effectuated and cancel the other record or remove the extra issuer record and update the information on the combined record for this policy. If the issuer is requesting a later Benefit End Date, the dispute will need to be resubmitted once this is corrected so that the ER&R Contractor can appropriately apply the correct changes to the FFM policy. Please review the RCNI file and ensure the coverage period/amount is appropriately reflected in a combined record. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9

Detail Code	Detail Code Explanation	Disposition Code
PD598	The ER&R Contractor is unable to process this dispute. The issuer submitted a dispute using an FFM Exchange Assigned Policy ID from a prior coverage year but with Benefit Start and End dates for the current year in the dispute. Please verify the information on the Payment Dispute Form and/or RCNI and make any necessary corrections. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R6
PD600	The current RCNO file reflects that an update to the coverage date(s) and/or amount(s) is pending and may resolve this dispute. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I6
PD615	The ER&R Contractor has received a Payment Dispute and an Enrollment Dispute for the same FFM Internal Inventory Record/data anomaly. ER&R will resolve the dispute with the Enrollment Dispute submitted by the issuer. If you have any questions, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD617	Partial Duplicate Dispute – The dispute has been merged with another case found for this policy. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute and policy.	R5
PD618	The issuer is disputing an unexpected payment. The FFM showed the policy was effectuated with an Initial Premium Paid Status of Y (Yes). The issuer never submitted an Issuer Initial Premium Paid Status of C to cancel the policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD619	The ER&R Contractor is unable to process the dispute because the coverage period start/end date in dispute is after the issuer's contract end date with CMS. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD620	The ER&R Contractor is unable to complete the update for the policy provided by the issuer. The FFM Exchange Assigned Policy ID does not exist in the FFM for the reported HIOS and FFM Exchange Assigned Subscriber ID. Please review all policies associated to the consumer and ensure the correct policy is reported. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD622	The ER&R Contractor is unable to accept the issuer value for the disputed record. If ER&R were to accept the issuer value, the wrong QHP ID would be updated. Please review the most recent RCNO data. If the issuer disagrees with the QHP ID, the issuer will need to submit an Enrollment Dispute and provide a valid HICS case on the dispute form. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD623	The issuer is disputing an unexpected payment. The FFM showed the policy was effectuated with an Initial Premium Paid Status of Y (Yes). The ER&R Contractor is unable to process this dispute. This dispute contains records where there is a one-to-many, many-to-one, or many-to-many relationship. The best match cannot be determined until corrections are made to the RCNI. Please check the RCNI to determine which policy needs to be cancelled, termed, or effectuated. Once the RCNI is updated, the issuer should use the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD625	The issuer is disputing an unexpected payment and appears to have termed the disputed policy. The FFM has an unaffiliated record for the disputed policy. Please review the RCNO data and submit an Enrollment Dispute to resolve the segments for the disputed policy. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R6
PD626	The ER&R Contractor was not able to validate the change to the APTC amount via HICS; therefore, the APTC amount was not changed in the FFM. The issuer needs to provide a valid HICS case on the dispute form or update their records to match the APTC amount in the FFM, which is provided on the RCNO file. The ER&R Contractor will update to the value provided in the HICS case if the HICS Case ID is annotated on the dispute form and the ER&R Contractor is able to locate the HICS case to validate the APTC amount. The ER&R Contractor must use the APTC amount in the HICS case. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R6
PD627	The disputed financial value contains a field-level flag value of I (Non-match, issuer to update to FFM value) on the most recent RCNO file. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I1
PD628	The issuer is disputing a missing payment. A payment was made by the FFM for the disputed coverage period. If the issuer disagrees with the payment, please resubmit the dispute using the FFM values provided in the PPR and provide the related HICS Case ID in the HICS Case Number field for APTC or Total Premium Amount disputes.	C6
PD629	ER&R is unable to process the dispute. The issuer is disputing a missing payment; however, the issuer needs to align the coverage dates before the FFM reinstates the policy. The issuer will need to review the Pre-Audit file and determine if the discrepancy requires a Benefit Start Date and/or Benefit End Date dispute and submit the appropriate dispute type on the Enrollment Dispute Form. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD630	The issuer is disputing an unexpected payment. The policy/coverage span will be cancelled by the FFM. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1
PD631	The issuer is disputing a missing or incorrect payment. The ER&R Contractor is unable to update the policy as requested because there is a discrepancy with the subscriber's Residential County Code or Rate Area ID, which affects the Total Premium and CSR Amounts. The issuer will need to file a ticket with the Marketplace Service Desk by emailing cms_feps@cms.hhs.gov.	R6
PD632	The current FFM data reflects that an update to some or all the financial amounts is forthcoming. The update should be reflected in the issuer's payment within 1–2 payment cycles. The issuer should check the member's QHP ID, APTC amount, Total Premium Amount, or CSR Amount to align with the FFM. If the issuer disagrees with the values, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes.	C2
PD633	The ER&R Contractor was unable to locate this policy on the current RCNO using the issuer identifying information in the Payment Dispute. Please verify the information on the Payment Dispute Form and/or RCNI and make any necessary corrections. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R9
PD634	The issuer is disputing a missing payment. The ER&R Contractor is unable to process the dispute because the issuer is using the incorrect member ID for the disputed policy. The issuer will need to review the current Pre-Audit or RCNO file and make the necessary corrections in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD635	The disputed financial value contains a field-level flag value of I (Non-match, issuer to update to FFM value) on the most recent RCNO file. A HICS Case ID was present on the dispute form. The dispute is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Dispute report to check for any changes to the status of this dispute.	I1
PD637	The issuer is disputing an unexpected payment. The disputed policy has more than one coverage span in the RCNI and at least one span has an Issuer Initial Premium Paid Status value of N (No). The issuer is attempting to terminate the policy with an earlier Benefit End Date than the FFM. The issuer will need to cancel the record with the Issuer Initial Premium Paid Status value of N and input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD638	The current FFM data reflects that an update to some or all the financial amounts should resolve this dispute. The update should be reflected in the issuer's payment within 1–2 payment cycles. The issuer should check the member's Total Premium Amount, APTC amount, CSR Amount, or UF Amount to align with the FFM. If the issuer disagrees with the values, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes.	C2
PD639	The issuer is disputing an incorrect payment. The ER&R Contractor is unable to update the policy as requested because there is a discrepancy with the Total Premium Amount that is used to calculate the UF and CSR Amounts. The issuer will need to review the current RCNI file and make the necessary corrections in the next RCNI file. If the issuer disagrees with the Total Premium Amount, the issuer should submit a dispute for the Total Premium Amount and provide the related HICS Case ID in the HICS Case Number field. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD641	The issuer is disputing an unexpected payment. The issuer has either never reported the disputed policy or has reported the policy with an Issuer Initial Premium Paid Status of C; however, the latest FFM records show multiple segments for the disputed policy. The issuer will need to review the most recent Pre-Audit file for the affected policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field for the appropriate segments in the next RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD642	The issuer is disputing an unexpected payment. The issuer submitted an invalid Benefit Start Date on the disputed policy. The start date cannot be after the start date in the FFM. Please ensure the RCNI is appropriately reporting the start and end dates, as most start and end date corrections can be resolved through the monthly Reconciliation process. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD644	The issuer is disputing a missing or unexpected payment; however, the issuer needs to align the coverage dates. The issuer will need to determine if the discrepancy requires a Benefit Start Date and/or Benefit End Date dispute and submit the appropriate dispute type on the Enrollment Dispute Form. If the issuer disagrees with any of the financial values, the issuer should submit a dispute for those items and provide the related HICS Case ID in the HICS Case Number field for APTC or Total Premium Amount disputes. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6

Detail Code	Detail Code Explanation	Disposition Code
PD645	The issuer is disputing an unexpected payment. The issuer did not submit an Issuer Initial Premium Paid Status value of C (Cancel) for the disputed policy. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field on their next RCNI submission. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD646	The ER&R Contractor is unable to process the dispute because the RCNO record that best matches the disputed policy has an overall record flag of Q, which suppressed updates to the FFM due to a data condition specified in the Footnotes field. For more information on Footnotes resulting in a Q record flag, the issuer should refer to the Enrollment Reconciliation Education Suite. The issuer will need to review the data conditions specified in the Footnotes field and submit the necessary correction in the next RCNI file. If the issuer disagrees with the FFM values, the issuer will need to submit an Enrollment Dispute. Remember to provide the HICS Case ID for disputes related to QHP ID, APTC, Total Premium Amount, and RCNO records with a Q overall record flag. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R6
PD656	The dispute contains a policy ID that is for a later coverage year than what the disputed coverage year indicates. The matched RCNO record is an Unaffiliated Issuer Enrollment (UIE) with an overall record flag of I. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD657	The dispute contains a policy ID that is for a later coverage year than what the disputed coverage year indicates. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R9
PD801	The issuer is suppressed on the current Suppressed Issuer List. The ER&R Contractor is not able to resolve Payment Disputes for issuers that are currently suppressed. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R7
PD803	The dispute contains an invalid HIOS ID and cannot be processed. The issuer needs to review the HIOS ID in their dispute and make any necessary corrections. If needed, the issuer should review the current RCNO file and make any necessary corrections in the next RCNI file.	R2
PD804	This issuer's disputes cannot be resolved because the issuer did not successfully submit an RCNI file. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R7
PD900	The dispute referenced a HICS case; however, the HICS case does not support the dispute. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1

Detail Code	Detail Code Explanation	Disposition Code
PD901	The dispute referenced a HICS case; however, the policy ID noted in the HICS case does not match the disputed policy ID. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD903	The dispute referenced a HICS case; however, the HICS case references an Enrollment Blocker issue. Please submit this dispute using the Enrollment Blocker tab on the Enrollment Dispute Form which can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD904	The dispute referenced a HICS case. The policy ID in the dispute matches the policy ID in the HICS case, but the dispute is denied. Please resubmit the dispute with detailed information or submit an Enrollment Dispute Form. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD905	The dispute referenced a HICS case, and issuer outreach was performed, but no response was received. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD906	The dispute referenced a HICS case; however, the HICS case cannot be located. Please update and resend the dispute with the correct HICS Case ID in the HICS Case Number field. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD920	The dispute referenced a HICS case. The policy ID in the dispute matches the policy ID in the HICS case, and the dispute was approved. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C4
PD930	The disputed policy is being addressed through the UIE Manual Payment Adjustment process, so this Payment Dispute is being closed. The issuer should see the payment in June. If the Issuer has questions regarding the UIE Manual Payment process, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD940	This Payment Dispute was reviewed and has been denied. Please refer to the Feedback to Issuer field of the Response File for additional information. For assistance with resolving this Payment Dispute record, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	C1
PD941	This Payment Dispute was reviewed and has been approved. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	C4
PD942	The issuer is disputing a missing payment. A payment was made by the FFM for the disputed coverage period. If the issuer disagrees with the payment, the issuer should resubmit the dispute using the FFM values provided in the PPR and provide the related HICS Case ID in the HICS Case Number field for QHP ID, APTC, or Total Premium Amount disputes.	C6

Detail Code	Detail Code Explanation	Disposition Code
PD1599	The current RCNO file reflects that an update to the coverage date(s) and/or amount(s) in the FFM is pending and should resolve this dispute. The update should be reflected in the issuer's payment within 1–2 payment cycles. The issuer should resubmit the Payment Dispute if the issue is not resolved after two payment cycles.	C3
PY5	The ER&R Contractor was unable to locate this policy on the RCNO using the issuer identifying information. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY500	The issuer did not submit an effectuation for the disputed policy. The issuer will need to review the most recent Pre-Audit file for the disputed policy to determine if the discrepancy necessitates a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY501	To correct an APTC amount discrepancy, the issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate dispute type on the Enrollment Dispute Form. Remember to include the HICS case, as it is a required field. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY502	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY503	The UF is calculated using the Total Premium Amount. The issuer will need to review the most recent Pre-Audit file for the disputed policy. If there is a Total Premium Amount discrepancy, the issuer will need to submit a Total Premium Amount dispute on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY504	The issuer will need to review the most recent Pre-Audit file for the disputed policy. If there is a Benefit Start Date discrepancy, the issuer will need to submit a Benefit Start Date dispute on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY505	The issuer will need to review the most recent Pre-Audit file for the disputed policy. If there is a Benefit End Date discrepancy, the issuer will need to submit a Prior Year – End Date dispute on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY506	The issuer will need to review the most recent Pre-Audit file for the disputed policy. If there is a Total Premium Amount discrepancy, the issuer will need to submit a Total Premium Amount dispute on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY507	The field-level flag indicates that the record is unprocessable. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY522	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY528	This case is pending further research. Issuer guidance will be provided once the case has been resolved. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I4
PY529	This case is pending further research. Issuer guidance will be provided once the case has been resolved. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	I4
PY530	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R11
PY531	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R11
PY535	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY536	The issuer did not report the policy as cancelled. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy necessitates a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY538	The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy for the same member and overlapping coverage dates in a different HIOS with an Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11
PY539	The disputed policy has more than one coverage span in the RCNO with issuer overlapping coverage dates and Issuer Initial Premium Paid Status values of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R11
PY540	The dispute is for a partial coverage period, but the disputed APTC, CSR, and/or UF amounts were not submitted as prorated amounts on the Payment Dispute Form. To correct an amount discrepancy, the issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. Remember to include the HICS case, as it is a required field. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY541	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY543	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY544	The RCNO record that best matches the disputed policy does not have any FFM data, and there is another RCNO combined record, with both FFM and issuer data, present for the member. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY545	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY546	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY547	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY548	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY549	The issuer is an SBM-FP with no UFs, and the policy does not have APTC or CSR. There is no PPR generated; therefore, there is no Payment Dispute to resolve. If the issuer determines their enrollment data is incorrect, the issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed: therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY552	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY553	The dispute contains a policy ID that is for an earlier coverage year than what the disputed coverage year indicates. The matched RCNO record is an Unaffiliated Issuer Enrollment (UIE) with an overall record flag of I. The issuer will need to review the most recent Unmatched "I" Record (UIR) report for specific guidance in resolving the "I" record. UIRs must be resolved through consumer outreach, Reconciliation, or ER&R disputes for the issuer to receive payment. The UIR Master Guidance and other reference documents can be found on zONE at: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11
PY554	The dispute contains a policy ID that is for an earlier coverage year than what the disputed coverage year indicates. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11
PY556	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY557	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY558	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY559	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY560	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY563	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY564	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY566	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY575	The ER&R Contractor will process this request and update the FFM Benefit End Date to reflect the value provided by the issuer. The issuer needs to update one or more financial amounts to align with the FFM financial amounts. If the issuer determines that the FFM financial amounts are incorrect, the issuer will need to submit the dispute on the Enrollment Dispute Form and remember to include the HICS case, as it is required to make most financial updates. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	I1
PY576	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY577	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY578	The consumer has more than one FFM Exchange Assigned Policy ID. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY581	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY583	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY584	The ER&R Contractor is unable to resolve this request via the Payment Dispute process. This policy was updated through the 1095-A process, and the requested updates cannot be processed through the ER&R Issuer Dispute process. Any additional changes or updates will need to be initiated by the consumer via the 1095-A process. If you have any questions, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R10
PY585	The ER&R Contractor is unable to process this dispute. The RCNO record that best matches the disputed policy contains a record-level flag of L or W, indicating that it is an unaffiliated record the most recent RCNO file with values that do not support the dispute. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY586	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY588	The issuer is reporting overlapping coverage date spans. There is another policy for the same member and QHP ID that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the affected policies to determine which policy needs to be cancelled or updated. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer needs to submit these corrections through the ER&R Enrollment Dispute process. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R11
PY589	The issuer is reporting overlapping coverage date spans. There is another policy for the same member with a different QHP ID that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the affected policies to determine which policy needs to be cancelled or updated. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer needs to submit these corrections through the ER&R Enrollment Dispute process. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R11
PY590	The issuer is reporting overlapping coverage date spans. There is another policy for the same member in a different HIOS that has overlapping issuer coverage dates and an Issuer Initial Premium Paid Status value of Y (Yes). The issuer will need to review the most recent Pre-Audit file for the affected policies to determine which policy needs to be cancelled or updated. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer needs to submit these corrections through the ER&R Enrollment Dispute process. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY591	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY594	The ER&R Contractor is unable to process this dispute. This dispute contains records where there is a one-to-many, many-to-one, or many-to-many relationship. The issuer will need to review the most recent Pre-Audit file for the affected policies to determine which policy needs to be cancelled or updated. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY595	The ER&R Contractor identified an enrollment record in the FFM that is currently cancelled and will be reinstated. ER&R will process this reinstatement with the Benefit Start and/or End Date value provided by the issuer. The subsequent payment adjustment should be processed within 1–2 payment cycles.	I1
PY597	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY598	The ER&R Contractor was unable to locate this policy on the RCNO using the issuer identifying information. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY618	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY619	The ER&R Contractor is unable to process the dispute because the coverage period start/end date in dispute is after the issuer's contract end date with CMS. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R10
PY620	The ER&R Contractor is unable to complete the update for the policy provided by the issuer. The FFM Exchange Assigned Policy ID does not exist in the FFM for the reported HIOS and FFM Exchange Assigned Subscriber ID. Please review all policies associated to the consumer and ensure the correct policy is reported. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11
PY622	The ER&R Contractor is unable to accept the issuer value for the disputed record. If ER&R were to accept the issuer value, the wrong QHP ID would be updated. If the issuer disagrees with the QHP ID, the issuer will need to submit an Enrollment Dispute. Remember to include the HICS case, as it is a required field. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY623	The issuer previously reported the policy as effectuated. The issuer will need to review the most recent Pre-Audit file for the disputed policy. The issuer will need to determine if the discrepancy is a Prior Year – End Date or Initial Premium Paid Status dispute and submit the appropriate dispute type on the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY625	The issuer is disputing an unexpected payment and appears to have termed the disputed policy. There is also an unaffiliated FFM record. The issuer will need to review the most recent Pre-Audit file to resolve the segments for the disputed policy. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY626	To correct an APTC amount discrepancy, the issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. Remember to include the HICS case, as it is a required field. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY629	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY631	The issuer is disputing a missing or incorrect payment. The ER&R Contractor is unable to update the policy as requested because there is a discrepancy with the subscriber's Residential County code or Rate Area ID, which affects the Total Premium and CSR Amounts. The issuer will need to file a ticket with the Marketplace Service Desk by emailing cms_feps@cms.hhs.gov.	R10
PY633	The ER&R Contractor was unable to locate this policy on the RCNO using the issuer identifying information. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY634	The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY637	The disputed policy has more than one coverage span in the RCNI and at least one span has an Issuer Initial Premium Paid Status value of N (No). The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for this year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY639	The issuer is disputing an incorrect payment. The ER&R Contractor is unable to update the policy as requested because there is a discrepancy with the Total Premium Amount that is used to calculate the UF and CSR Amounts. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY641	The issuer is disputing an unexpected payment. The issuer has either never reported the disputed policy or has reported the policy with an Issuer Initial Premium Paid Status of C; however, the latest FFM records show multiple segments for the disputed policy. The issuer will need to review the most recent Pre-Audit file for the affected policy. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY642	This dispute is for a prior coverage year. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY644	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY645	The issuer is disputing an unexpected payment. The issuer did not submit an Issuer Initial Premium Paid Status value of C (Cancel) for the disputed policy. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer should submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY646	The ER&R Contractor is unable to process the dispute because the RCNO record that best matches the disputed policy has an overall record flag of Q, which suppressed updates to the FFM due to a data condition specified in the Footnotes field. For more information on Footnotes resulting in a Q record flag, the issuer should refer to the Enrollment Reconciliation Education Suite. The issuer will need to review the data conditions specified in the Footnotes field. The issuer will also need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. Remember to provide the HICS Case ID for disputes related to QHP ID, APTC, Total Premium Amount, and RCNO records with a Q overall record flag. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation. For assistance, please contact Recon Issuer Support at recon_issuer_support@bah.com.	R10
PY656	The dispute contains a policy ID that is for a later coverage year than what the disputed coverage year indicates. The matched RCNO record is an Unaffiliated Issuer Enrollment (UIE) with an overall record flag I. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11

Detail Code	Detail Code Explanation	Disposition Code
PY657	The dispute contains a policy ID that is for a later coverage year than what the disputed coverage year indicates. The issuer will need to review the current Pre-Audit, align the coverage dates in the dispute with the policy, and resubmit. For assistance, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R11
PY803	The dispute form contains an invalid HIOS ID and cannot be processed. The issuer needs to review the HIOS ID on their dispute form. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY1401	The issuer is disputing the CSR Amount only for a prior year. ER&R cannot process CSR disputes for prior years. Please refer to https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html for guidance related to CSR.	R10
PY1402	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY1403	The ER&R Contractor was unable to identify the appropriate resolution for the Payment Dispute based on the last RCNO. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10
PY1404	ER&R is unable to process this request. The FFM data has been updated since the last RCNO file for the coverage year was generated. The issuer will need to review the disputed values and use the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10

Detail Code	Detail Code Explanation	Disposition Code
PY1405	ER&R is unable to process this request because an Enrollment Dispute was submitted for this policy since the last RCNO file for the coverage year was generated. ER&R may resolve the dispute with the Enrollment Dispute submitted by the issuer. If the Benefit Start and End Date or financial values are still discrepant, the issuer will need to review the most recent Pre-Audit file resubmit the Enrollment Dispute for those items. If you have any questions, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.	R10
PY1406	Informational – The issuer is disputing the CSR Amount for a prior year. ER&R cannot process CSR disputes for prior years. Please refer to https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html for guidance related to CSR. This informational code does not impact processing of other values in dispute.	N/A

Table 3: Deactivated Detail Codes

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
F6SR1	Time Submitted- Did not meet expected format.	R1	5/18/2016
F7SR1	PPR Transaction Set Control Number- Did not meet expected format.	R1	5/18/2016
FV10	(Informational) The Payment Dispute contains a HICS case that is being investigated further by the ER&R Contractor. The issuer should refer to the Semi-Monthly Detailed Report to check for any changes to the status of this dispute.	N/A	5/6/2019
FV601	(Informational) APTC Amount - A dispute submitted for a discrepancy between the FFM and Issuer APTC Amounts must exceed two cents rounding difference.	N/A	1/19/2017
FV602	(Informational) CSR Amount - A dispute submitted for a discrepancy between the FFM and Issuer CSR Amounts must exceed two cents rounding difference.	N/A	1/19/2017
FV603	(Informational) UF Amount - A dispute submitted for a discrepancy between the FFM and Issuer UF Amounts must exceed two cents rounding difference.	N/A	1/19/2017
FV604	(Informational) Total Premium Amount - A dispute submitted for a discrepancy between the FFM and Issuer Total Premium Amounts must exceed two cents rounding difference.	N/A	1/19/2017
FV7	The current RCNO file reflects this information will be updated in the FFM and should be reflected in the issuer's payment within 1-2 payment cycles. The issuer will need to resubmit the Payment Dispute if the issue is not resolved after two PPR cycles.	I1	1/19/2017
FV906	The Payment Dispute FFM Coverage Period Start Date does not match the PPR Coverage Period Start Date. The issuer will need to review the PPR, correct the FFM Coverage Period Start Date, and resubmit.	R3	5/18/2016
FV907	The Payment Dispute FFM Coverage Period End Date does not match the PPR Coverage End Start Date. The issuer will need to review the PPR, correct the FFM Coverage Period End Date, and resubmit.	R3	5/18/2016
PD512	The Payment Dispute pertains to a PPR Record that reflects an Adjusted Payment Type. The dispute is being investigated further by the ERR Contractor. The issuer should refer to the Bi-Monthly Payment Dispute report to check for any changes to the status of this dispute.	I1	1/19/2017
PD520	The dispute has FFM updates pending but contains a Record level flag value indicating that it is part of an uneven match on the most recent RCNO file. The dispute is being investigated further by the ERR Contractor. The issuer should refer to the Semi-Monthly Detailed Dispute report to check for any changes to the status of this dispute.	I1	7/21/2017

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
PD523	On the RCNI, the issuer's value does not match the FFM's value for exchange assigned policy number. The policy identified in the issuer's dispute is not cancelled in the FFM. There is another policy, for this subscriber, effectuated in the FFM. Please check the RCNI to determine which policy needs to be cancelled or effectuated, accordingly.	R9	10/4/2017
PD524	On the RCNI, the issuer's value does not match the FFM's value for exchange assigned policy number. The policy identified in the issuer's dispute is not cancelled in the FFM. There is another policy, for this subscriber, that is not effectuated in the FFM. Please check the RCNI to determine which policy should be effectuated.	R9	10/4/2017
PD525	On the RCNI, the issuer's value does not match the FFM's value for exchange assigned policy number. The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy, for this subscriber, effectuated in the FFM. Please check the RCNI to determine which policy needs to be cancelled or effectuated, accordingly.	R9	10/4/2017
PD526	On the RCNI, the issuer's value does not match the FFM's value for exchange assigned policy number. The policy identified in the issuer's dispute is cancelled in the FFM. There is another policy, for this subscriber, that is not effectuated in the FFM. Please check the RCNI to determine which policy should be effectuated.	R9	10/4/2017
PD527	On the RCNI, the issuer's value does not match the FFM's value for exchange assigned policy number. The policy identified in the issuer's dispute is cancelled in the FFM, replaced by another effectuated policy for the same coverage period, and payment has been made on the replacement policy. Please check the RCNI to determine which policy needs to be cancelled or effectuated, accordingly. Issuer may refer to recent PPR/HIX 820 records for the policy and coverage period for confirmation.	R9	10/4/2017
PD542	The issuer is disputing an unexpected payment for a policy not reported by the issuer in the most recent batch. If this policy needs to be cancelled, the issuer will need to input C in the Issuer Initial Premium Paid Status field in their next RCNI file. For assistance with resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov.	R6	8/8/2019
PD569	The disputed CSR amount is being investigated further by the ERR Contractor. The issuer will need to refer to the Semi-Monthly Detailed Dispute report to see if there has been a change in status since the initial response from the ERR Contractor.	I1	6/19/2017

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
PD570	The issuer is disputing a missing payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1-2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment dispute.	I1	3/20/2017
PD571	The issuer is disputing a missing payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1-2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment dispute.	I1	3/20/2017
PD574	The issuer is disputing an unexpected payment. The ER&R Contractor will process this request and update the FFM Benefit End Date. The subsequent payment adjustment should be processed within 1-2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1	3/11/2019
PD587	The issuer is disputing a missing payment. This policy will be effectuated by the FFM. The subsequent payment adjustment should be processed within 1-2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment dispute. There is also a discrepancy in the reported CSR Amount. The QHP ID and Total Premium reported in the RCNO matches between the FFM and the issuer and the calculated CSR Amount reported by the FFM is correct. The issuer should check the member's QHP ID and Total Premium Amount to calculate the CSR Amount. If the issuer disagrees with the values that are used to calculate the CSR Amount, the issuer should submit a dispute for those items. For assistance with resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov.	I1	7/21/2017
PD599	(Informational) Subject to a review of the issuer's status on the current Suppressed Issuer List, this dispute is possibly a timing issue.	N/A	4/13/2016
PD616	The issuer is disputing an unexpected payment. The issuer reported the member(s) as enrolled in the disputed policy with an Issuer Initial Premium Paid Status of Y in a prior batch but stopped submitting the disputed policy in subsequent batches. The issuer will need to review the current RCNO file and submit the disputed policy, with the term date, in the next RCNI file. If this policy needs to be cancelled, the issuer should use the Rejected Enrollments tab of the Enrollment Dispute Form. For assistance with resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov.	R6	8/18/2017

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
PD621	The issuer is disputing an unexpected payment. The issuer reported the member(s) as enrolled in the disputed policy with an Issuer Initial Premium Paid Status of Y (Yes) in a prior batch but stopped submitting the disputed policy in subsequent batches. The issuer will need to review the current RCNO file and submit the disputed policy in the next RCNI file. If this policy needs to be cancelled, the issuer should use the Rejected Enrollments tab of the Enrollment Dispute Form. For assistance with resolving this Payment Dispute record, please contact the FMCC help desk at fmcc@cms.hhs.gov.	R6	8/8/2019
PD624	The issuer is disputing an unexpected payment. The ER&R Contractor will process this request and update the FFM Benefit End Date. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1	1/27/2020
PD636	The issuer is disputing an unexpected payment. The ER&R Contractor will process this request and update the FFM Benefit End Date. The subsequent payment adjustment should be processed within 1–2 payment cycles. If the payment is not resolved within two payment cycles, the issuer will need to resubmit the Payment Dispute.	I1	1/27/2020
PD950	ER&R has received a Payment Dispute and an Enrollment Dispute for the same FFM Internal Inventory/data anomaly. ER&R will resolve the dispute with the Enrollment dispute submitted by the issuer. If you have any questions, please contact the ER&R Support Center at errsupportcenter@cognosante.com.	C1	8/14/2017
PY523	The consumer has more than one FFM Exchange assigned Policy ID. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R11	10/4/2017

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
PY524	The consumer has more than one FFM Exchange assigned Policy ID. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R11	10/4/2017
PY525	The consumer has more than one FFM Exchange assigned Policy ID. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R11	10/4/2017
PY526	The consumer has more than one FFM Exchange assigned Policy ID. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R11	10/4/2017
PY527	The consumer has more than one FFM Exchange assigned Policy ID. The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R11	10/4/2017

Deactivated Detail Code	Deactivated Detail Code Explanation	Disposition Code	Deactivation Date
PY542	The issuer is disputing an unexpected payment, and there is an unaffiliated FFM record with an effectuated status in the most recent batch. The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10	8/8/2019
PY616	The issuer will need to review the most recent Pre-Audit file and submit the appropriate data discrepancy correction using the Enrollment Dispute form. The monthly reconciliation process for this year has been closed; therefore, the issuer should submit these corrections through the ERR Enrollment dispute process for proper resolution. The Enrollment Dispute form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation-dispute-form.	R10	8/18/2017
PY621	The issuer will need to review the most recent Pre-Audit file for the disputed policy and submit the appropriate data discrepancy correction using the Enrollment Dispute Form. The monthly Reconciliation process for the coverage year has been closed; therefore, the issuer must submit these corrections through the ER&R Enrollment Dispute process for proper resolution. The Enrollment Dispute Form and instructions can be found on zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.	R10	8/8/2019

Revision History

Table 4: Revision History

Version	Revision	Details
v11	PD540	Added New Detail Code
v11	PD563	Added New Detail Code
v11	PD564	Added New Detail Code
v11	PD567	Added New Detail Code
v11	PD574	Added New Detail Code
v11	PD575	Added New Detail Code
v11	PD576	Added New Detail Code
v11	PD577	Added New Detail Code
v11	PD578	Added New Detail Code
v11	PD579	Added New Detail Code
v11	PD580	Added New Detail Code
v11	PD581	Added New Detail Code
v11	PD582	Added New Detail Code
v11	PD583	Added New Detail Code
v11	PY540	Added New Detail Code
v11	PY543	Added New Detail Code
v11	PY563	Added New Detail Code
v11	PY564	Added New Detail Code
v11	PY575	Added New Detail Code
v11	PY576	Added New Detail Code
v11	PY577	Added New Detail Code
v11	PY578	Added New Detail Code
v11	PY581	Added New Detail Code
v11	PY583	Added New Detail Code
v11	PY1401	Added New Detail Code
v11	PD543	Modified Disposition Code and Detail Code Verbiage
v11	PY502	Modified Disposition Code and Detail Code Verbiage
v11	PY566	Modified Disposition Code and Detail Code Verbiage
v11	F12SR2	Modified Detail Code Verbiage
v11	F13SR2	Modified Detail Code Verbiage
v11	F14SR2	Modified Detail Code Verbiage
v11	F15SR2	Modified Detail Code Verbiage
v11	F16SR2	Modified Detail Code Verbiage
v11	F17SR2	Modified Detail Code Verbiage
v11	F18SR2	Modified Detail Code Verbiage

Version	Revision	Details
v11	F19SR2	Modified Detail Code Verbiage
v11	F22SR2	Modified Detail Code Verbiage
v11	FV801	Modified Detail Code Verbiage
v11	PD519	Modified Detail Code Verbiage
v11	PD523	Modified Detail Code Verbiage
v11	PD524	Modified Detail Code Verbiage
v11	PD525	Modified Detail Code Verbiage
v11	PD526	Modified Detail Code Verbiage
v11	PD527	Modified Detail Code Verbiage
v11	F6SR1	Deactivated Detail Code
v11	F7SR1	Deactivated Detail Code
v11	FV601	Deactivated Detail Code
v11	FV602	Deactivated Detail Code
v11	FV603	Deactivated Detail Code
v11	FV604	Deactivated Detail Code
v11	FV7	Deactivated Detail Code
v11	FV906	Deactivated Detail Code
v11	FV907	Deactivated Detail Code
v11	PD512	Deactivated Detail Code
v11	PD599	Deactivated Detail Code
v12	Introduction	"Semi Monthly Issuer Report is created on the 1st and 16th of each month"
v12	PD544	Added New Detail Code
v12	PD572	Added New Detail Code
v12	PD585	Added New Detail Code
v12	PD586	Added New Detail Code
v12	PD588	Added New Detail Code
v12	PD589	Added New Detail Code
v12	PD590	Added New Detail Code
v12	PD591	Added New Detail Code
v12	PD592	Added New Detail Code
v12	PD593	Added New Detail Code
v12	PD594	Added New Detail Code
v12	PD595	Added New Detail Code
v12	PD596	Added New Detail Code
v12	PD597	Added New Detail Code
v12	PD598	Added New Detail Code
v12	PD615	Added New Detail Code

Version	Revision	Details
v12	PD616	Added New Detail Code
v12	PD617	Added New Detail Code
v12	PD619	Added New Detail Code
v12	PD620	Added New Detail Code
v12	PY544	Added New Detail Code
v12	PY585	Added New Detail Code
v12	PY586	Added New Detail Code
v12	PY588	Added New Detail Code
v12	PY589	Added New Detail Code
v12	PY590	Added New Detail Code
v12	PY591	Added New Detail Code
v12	PY594	Added New Detail Code
v12	PY595	Added New Detail Code
v12	PY597	Added New Detail Code
v12	PY598	Added New Detail Code
v12	PY616	Added New Detail Code
v12	PY619	Added New Detail Code
v12	PY620	Added New Detail Code
v12	PY1402	Added New Detail Code
v12	PY1403	Added New Detail Code
v12	FV207	Modified Detail Code Verbiage
v12	FV208	Modified Detail Code Verbiage
v12	FV209	Modified Detail Code Verbiage
v12	PD559	Modified Detail Code Verbiage
v12	PD519	Changed Disposition Code
v12	PD520	Deactivated Detail Code
v12	PD569	Deactivated Detail Code
v12	PD570	Deactivated Detail Code
v12	PD571	Deactivated Detail Code
v12	PD587	Deactivated Detail Code
v13	PD621	Added New Detail Code
v13	PD622	Added New Detail Code
v13	PD625	Added New Detail Code
v13	PD626	Added New Detail Code
v13	PY584	Added New Detail Code
v13	PY621	Added New Detail Code
v13	PY622	Added New Detail Code
v13	PY625	Added New Detail Code

Version	Revision	Details
v13	PY626	Added New Detail Code
v13	PD518	Changed Disposition Code
v13	PD522	Modified Detail Code Verbiage
v13	PD543	Modified Detail Code Verbiage
v13	PD563	Modified Detail Code Verbiage
v13	PD564	Modified Detail Code Verbiage
v13	PD576	Modified Detail Code Verbiage
v13	PD577	Modified Detail Code Verbiage
v13	PD578	Modified Detail Code Verbiage
v13	PD588	Modified Detail Code Verbiage
v13	PD523	Deactivated Detail Code
v13	PD524	Deactivated Detail Code
v13	PD525	Deactivated Detail Code
v13	PD526	Deactivated Detail Code
v13	PD527	Deactivated Detail Code
v13	PD616	Deactivated Detail Code
v13	PY523	Deactivated Detail Code
v13	PY524	Deactivated Detail Code
v13	PY525	Deactivated Detail Code
v13	PY526	Deactivated Detail Code
v13	PY527	Deactivated Detail Code
v13	PY616	Deactivated Detail Code
v14	Introduction	Added explanation of Detail Code naming conventions
v14	R4	Modified Disposition Code Verbiage
v14	C6	Added New Disposition Code
v14	PD623	Added New Detail Code
v14	PD627	Added New Detail Code
v14	PD628	Added New Detail Code
v14	PD629	Added New Detail Code
v14	PD630	Added New Detail Code
v14	PD940	Added New Detail Code
v14	PD941	Added New Detail Code
v14	PY623	Added New Detail Code
v14	FV10	Modified Detail Code Verbiage
v14	PD3	Modified Detail Code Verbiage
v14	PD508	Modified Detail Code Verbiage
v14	PD517	Modified Detail Code Verbiage
v14	PD518	Modified Detail Code Verbiage

Version	Revision	Details
v14	PD519	Modified Detail Code Verbiage
v14	PD568	Modified Detail Code Verbiage
v14	PD594	Modified Detail Code Verbiage
v14	PD600	Modified Detail Code Verbiage
v14	PD622	Modified Detail Code Verbiage
v14	PD623	Modified Detail Code Verbiage
v14	PD625	Modified Detail Code Verbiage
v14	PD903	Modified Detail Code Verbiage
v14	PY5	Modified Detail Code Verbiage
v14	PY500	Modified Detail Code Verbiage
v14	PY501	Modified Detail Code Verbiage
v14	PY502	Modified Detail Code Verbiage
v14	PY503	Modified Detail Code Verbiage
v14	PY504	Modified Detail Code Verbiage
v14	PY505	Modified Detail Code Verbiage
v14	PY506	Modified Detail Code Verbiage
v14	PY507	Modified Detail Code Verbiage
v14	PY522	Modified Detail Code Verbiage
v14	PY528	Modified Detail Code Verbiage
v14	PY529	Modified Detail Code Verbiage
v14	PY530	Modified Detail Code Verbiage
v14	PY531	Modified Detail Code Verbiage
v14	PY535	Modified Detail Code Verbiage
v14	PY536	Modified Detail Code Verbiage
v14	PY538	Modified Detail Code Verbiage
v14	PY540	Modified Detail Code Verbiage
v14	PY541	Modified Detail Code Verbiage
v14	PY543	Modified Detail Code Verbiage
v14	PY544	Modified Detail Code Verbiage
v14	PY546	Modified Detail Code Verbiage
v14	PY547	Modified Detail Code Verbiage
v14	PY548	Modified Detail Code Verbiage
v14	PY549	Modified Detail Code Verbiage
v14	PY552	Modified Detail Code Verbiage
v14	PY553	Modified Detail Code Verbiage
v14	PY554	Modified Detail Code Verbiage
v14	PY556	Modified Detail Code Verbiage
v14	PY557	Modified Detail Code Verbiage

Version	Revision	Details
v14	PY558	Modified Detail Code Verbiage
v14	PY559	Modified Detail Code Verbiage
v14	PY560	Modified Detail Code Verbiage
v14	PY563	Modified Detail Code Verbiage
v14	PY564	Modified Detail Code Verbiage
v14	PY566	Modified Detail Code Verbiage
v14	PY575	Modified Detail Code Verbiage
v14	PY576	Modified Detail Code Verbiage
v14	PY577	Modified Detail Code Verbiage
v14	PY578	Modified Detail Code Verbiage
v14	PY581	Modified Detail Code Verbiage
v14	PY583	Modified Detail Code Verbiage
v14	PY585	Modified Detail Code Verbiage
v14	PY586	Modified Detail Code Verbiage
v14	PY588	Modified Detail Code Verbiage
v14	PY589	Modified Detail Code Verbiage
v14	PY590	Modified Detail Code Verbiage
v14	PY591	Modified Detail Code Verbiage
v14	PY594	Modified Detail Code Verbiage
v14	PY597	Modified Detail Code Verbiage
v14	PY598	Modified Detail Code Verbiage
v14	PY620	Modified Detail Code Verbiage
v14	PY621	Modified Detail Code Verbiage
v14	PY622	Modified Detail Code Verbiage
v14	PY623	Modified Detail Code Verbiage
v14	PY625	Modified Detail Code Verbiage
v14	PY626	Modified Detail Code Verbiage
v14	PY803	Modified Detail Code Verbiage
v14	PY1402	Modified Detail Code Verbiage
v14	PY1403	Modified Detail Code Verbiage
v15	Introduction	Edited and expanded explanation of Semi Monthly Payment Report
v15	C2	Modified Disposition Code Verbiage
v15	FV100	Added New Detail Code
v15	PD631	Added New Detail Code
v15	PD633	Added New Detail Code
v15	PD634	Added New Detail Code
v15	PY631	Added New Detail Code
v15	PY633	Added New Detail Code

Version	Revision	Details
v15	PY634	Added New Detail Code
v15	H1SR2	Modified Detail Code Verbiage
v15	H1SR3	Modified Detail Code Verbiage
v15	H2SR2	Modified Detail Code Verbiage
v15	H2SR3	Modified Detail Code Verbiage
v15	H3SR1	Modified Detail Code Verbiage
v15	H3SR2	Modified Detail Code Verbiage
v15	H3SR3	Modified Detail Code Verbiage
v15	H4SR2	Modified Detail Code Verbiage
v15	H4SR3	Modified Detail Code Verbiage
v15	H5SR1	Modified Detail Code Verbiage
v15	H5SR2	Modified Detail Code Verbiage
v15	H6SR1	Modified Detail Code Verbiage
v15	H6SR2	Modified Detail Code Verbiage
v15	H7SR1	Modified Detail Code Verbiage
v15	H7SR2	Modified Detail Code Verbiage
v15	H8SR1	Modified Detail Code Verbiage
v15	H8SR2	Modified Detail Code Verbiage
v15	H9SR1	Modified Detail Code Verbiage
v15	H9SR2	Modified Detail Code Verbiage
v15	F1SR1	Modified Detail Code Verbiage
v15	F1SR2	Modified Detail Code Verbiage
v15	F1SR3	Modified Detail Code Verbiage
v15	F2SR2	Modified Detail Code Verbiage
v15	F3SR1	Modified Detail Code Verbiage
v15	F3SR2	Modified Detail Code Verbiage
v15	F3SR3	Modified Detail Code Verbiage
v15	F4SR1	Modified Detail Code Verbiage
v15	F4SR2	Modified Detail Code Verbiage
v15	F4SR3	Modified Detail Code Verbiage
v15	F5SR1	Modified Detail Code Verbiage
v15	F5SR2	Modified Detail Code Verbiage
v15	F5SR3	Modified Detail Code Verbiage
v15	F6SR2	Modified Detail Code Verbiage
v15	F7SR2	Modified Detail Code Verbiage
v15	F8SR1	Modified Detail Code Verbiage
v15	F8SR2	Modified Detail Code Verbiage
v15	F9SR1	Modified Detail Code Verbiage

Version	Revision	Details
v15	F9SR2	Modified Detail Code Verbiage
v15	F9SR4	Modified Detail Code Verbiage
v15	F10SR1	Modified Detail Code Verbiage
v15	F10SR2	Modified Detail Code Verbiage
v15	F11SR1	Modified Detail Code Verbiage
v15	F11SR2	Modified Detail Code Verbiage
v15	F11SR4	Modified Detail Code Verbiage
v15	F12SR1	Modified Detail Code Verbiage
v15	F12SR2	Modified Detail Code Verbiage
v15	F13SR1	Modified Detail Code Verbiage
v15	F13SR2	Modified Detail Code Verbiage
v15	F14SR1	Modified Detail Code Verbiage
v15	F14SR2	Modified Detail Code Verbiage
v15	F15SR1	Modified Detail Code Verbiage
v15	F15SR2	Modified Detail Code Verbiage
v15	F16SR1	Modified Detail Code Verbiage
v15	F16SR2	Modified Detail Code Verbiage
v15	F17SR1	Modified Detail Code Verbiage
v15	F17SR2	Modified Detail Code Verbiage
v15	F18SR1	Modified Detail Code Verbiage
v15	F18SR2	Modified Detail Code Verbiage
v15	F19SR1	Modified Detail Code Verbiage
v15	F19SR2	Modified Detail Code Verbiage
v15	F20SR1	Modified Detail Code Verbiage
v15	F20SR2	Modified Detail Code Verbiage
v15	F21SR1	Modified Detail Code Verbiage
v15	F21SR2	Modified Detail Code Verbiage
v15	F22SR1	Modified Detail Code Verbiage
v15	F22SR2	Modified Detail Code Verbiage
v15	F23SR2	Modified Detail Code Verbiage
v15	FV1	Modified Detail Code Verbiage
v15	FV2	Modified Detail Code Verbiage
v15	FV501	Modified Detail Code Verbiage
v15	FV803	Modified Detail Code Verbiage
v15	FV9	Modified Detail Code Verbiage
v15	FV905	Modified Detail Code Verbiage
v15	FV908	Modified Detail Code Verbiage
v15	FV909	Modified Detail Code Verbiage

Version	Revision	Details
v15	FV910	Modified Detail Code Verbiage
v15	FV10	Modified Detail Code Verbiage
v15	PD3	Modified Detail Code Verbiage
v15	PD4	Modified Detail Code Verbiage
v15	PD5	Modified Detail Code Verbiage
v15	PD500	Modified Detail Code Verbiage
v15	PD501	Modified Detail Code Verbiage
v15	PD502	Modified Detail Code Verbiage
v15	PD503	Modified Detail Code Verbiage
v15	PD504	Modified Detail Code Verbiage
v15	PD505	Modified Detail Code Verbiage
v15	PD506	Modified Detail Code Verbiage
v15	PD507	Modified Detail Code Verbiage
v15	PD508	Modified Detail Code Verbiage
v15	PD511	Modified Detail Code Verbiage
v15	PD513	Modified Detail Code Verbiage
v15	PD517	Modified Detail Code Verbiage
v15	PD518	Modified Detail Code Verbiage
v15	PD519	Modified Detail Code Verbiage
v15	PD521	Modified Detail Code Verbiage
v15	PD528	Modified Detail Code Verbiage
v15	PD529	Modified Detail Code Verbiage
v15	PD530	Modified Detail Code Verbiage
v15	PD531	Modified Detail Code Verbiage
v15	PD532	Modified Detail Code Verbiage
v15	PD533	Modified Detail Code Verbiage
v15	PD535	Modified Detail Code Verbiage
v15	PD536	Modified Detail Code Verbiage
v15	PD538	Modified Detail Code Verbiage
v15	PD540	Modified Detail Code Verbiage
v15	PD541	Modified Detail Code Verbiage
v15	PD543	Modified Detail Code Verbiage
v15	PD544	Modified Detail Code Verbiage
v15	PD546	Modified Detail Code Verbiage
v15	PD547	Modified Detail Code Verbiage
v15	PD548	Modified Detail Code Verbiage
v15	PD549	Modified Detail Code Verbiage
v15	PD552	Modified Detail Code Verbiage

Version	Revision	Details
v15	PD553	Modified Detail Code Verbiage
v15	PD554	Modified Detail Code Verbiage
v15	PD559	Modified Detail Code Verbiage
v15	PD560	Modified Detail Code Verbiage
v15	PD561	Modified Detail Code Verbiage
v15	PD563	Modified Detail Code Verbiage
v15	PD564	Modified Detail Code Verbiage
v15	PD565	Modified Detail Code Verbiage
v15	PD566	Modified Detail Code Verbiage
v15	PD567	Modified Detail Code Verbiage
v15	PD568	Modified Detail Code Verbiage
v15	PD572	Modified Detail Code Verbiage
v15	PD573	Modified Detail Code Verbiage
v15	PD574	Modified Detail Code Verbiage
v15	PD575	Modified Detail Code Verbiage
v15	PD579	Modified Detail Code Verbiage
v15	PD580	Modified Detail Code Verbiage
v15	PD581	Modified Detail Code Verbiage
v15	PD582	Modified Detail Code Verbiage
v15	PD583	Modified Detail Code Verbiage
v15	PD586	Modified Detail Code Verbiage
v15	PD588	Modified Detail Code Verbiage
v15	PD589	Modified Detail Code Verbiage
v15	PD590	Modified Detail Code Verbiage
v15	PD592	Modified Detail Code Verbiage
v15	PD593	Modified Detail Code Verbiage
v15	PD595	Modified Detail Code Verbiage
v15	PD596	Modified Detail Code Verbiage
v15	PD597	Modified Detail Code Verbiage
v15	PD598	Modified Detail Code Verbiage
v15	PD600	Modified Detail Code Verbiage
v15	PD615	Modified Detail Code Verbiage
v15	PD617	Modified Detail Code Verbiage
v15	PD620	Modified Detail Code Verbiage
v15	PD621	Modified Detail Code Verbiage
v15	PD622	Modified Detail Code Verbiage
v15	PD623	Modified Detail Code Verbiage
v15	PD625	Modified Detail Code Verbiage

Version	Revision	Details
v15	PD627	Modified Detail Code Verbiage
v15	PD629	Modified Detail Code Verbiage
v15	PD801	Modified Detail Code Verbiage
v15	PD803	Modified Detail Code Verbiage
v15	PD804	Modified Detail Code Verbiage
v15	PD905	Modified Detail Code Verbiage
v15	PD930	Modified Detail Code Verbiage
v15	PD940	Modified Detail Code Verbiage
v15	PD941	Modified Detail Code Verbiage
v15	PD950	Modified Detail Code Verbiage
v15	PD1599	Modified Detail Code Verbiage
v15	PY5	Modified Detail Code Verbiage
v15	PY500	Modified Detail Code Verbiage
v15	PY501	Modified Detail Code Verbiage
v15	PY502	Modified Detail Code Verbiage
v15	PY503	Modified Detail Code Verbiage
v15	PY504	Modified Detail Code Verbiage
v15	PY505	Modified Detail Code Verbiage
v15	PY506	Modified Detail Code Verbiage
v15	PY507	Modified Detail Code Verbiage
v15	PY522	Modified Detail Code Verbiage
v15	PY528	Modified Detail Code Verbiage
v15	PY529	Modified Detail Code Verbiage
v15	PY530	Modified Detail Code Verbiage
v15	PY531	Modified Detail Code Verbiage
v15	PY535	Modified Detail Code Verbiage
v15	PY536	Modified Detail Code Verbiage
v15	PY538	Modified Detail Code Verbiage
v15	PY540	Modified Detail Code Verbiage
v15	PY541	Modified Detail Code Verbiage
v15	PY543	Modified Detail Code Verbiage
v15	PY544	Modified Detail Code Verbiage
v15	PY546	Modified Detail Code Verbiage
v15	PY547	Modified Detail Code Verbiage
v15	PY548	Modified Detail Code Verbiage
v15	PY549	Modified Detail Code Verbiage
v15	PY552	Modified Detail Code Verbiage
v15	PY553	Modified Detail Code Verbiage

Version	Revision	Details
v15	PY554	Modified Detail Code Verbiage
v15	PY556	Modified Detail Code Verbiage
v15	PY557	Modified Detail Code Verbiage
v15	PY558	Modified Detail Code Verbiage
v15	PY559	Modified Detail Code Verbiage
v15	PY560	Modified Detail Code Verbiage
v15	PY563	Modified Detail Code Verbiage
v15	PY564	Modified Detail Code Verbiage
v15	PY566	Modified Detail Code Verbiage
v15	PY575	Modified Detail Code Verbiage
v15	PY576	Modified Detail Code Verbiage
v15	PY577	Modified Detail Code Verbiage
v15	PY578	Modified Detail Code Verbiage
v15	PY581	Modified Detail Code Verbiage
v15	PY583	Modified Detail Code Verbiage
v15	PY585	Modified Detail Code Verbiage
v15	PY586	Modified Detail Code Verbiage
v15	PY588	Modified Detail Code Verbiage
v15	PY589	Modified Detail Code Verbiage
v15	PY590	Modified Detail Code Verbiage
v15	PY591	Modified Detail Code Verbiage
v15	PY594	Modified Detail Code Verbiage
v15	PY595	Modified Detail Code Verbiage
v15	PY597	Modified Detail Code Verbiage
v15	PY598	Modified Detail Code Verbiage
v15	PY619	Modified Detail Code Verbiage
v15	PY620	Modified Detail Code Verbiage
v15	PY621	Modified Detail Code Verbiage
v15	PY622	Modified Detail Code Verbiage
v15	PY623	Modified Detail Code Verbiage
v15	PY625	Modified Detail Code Verbiage
v15	PY626	Modified Detail Code Verbiage
v15	PY803	Modified Detail Code Verbiage
v15	PY1401	Modified Detail Code Verbiage
v15	PY1402	Modified Detail Code Verbiage
v15	PY1403	Modified Detail Code Verbiage
v16	R3	Modified Disposition Code Verbiage
v16	R5	Modified Disposition Code Verbiage

Version	Revision	Details
v16	PD618	Added New Detail Code
v16	PY618	Added New Detail Code
v16	FV803	Modified Detail Code Verbiage
v16	PD522	Modified Detail Code Verbiage
v16	PD532	Modified Detail Code Verbiage
v16	PD543	Modified Detail Code Verbiage
v16	PD563	Modified Detail Code Verbiage
v16	PD564	Modified Detail Code Verbiage
v16	PD579	Modified Detail Code Verbiage
v16	PD582	Modified Detail Code Verbiage
v16	PD585	Modified Detail Code Verbiage
v16	PD594	Modified Detail Code Verbiage
v16	PD595	Modified Detail Code Verbiage
v16	PD615	Modified Detail Code Verbiage
v16	PD619	Modified Detail Code Verbiage
v16	PD622	Modified Detail Code Verbiage
v16	PD623	Modified Detail Code Verbiage
v16	PD626	Modified Detail Code Verbiage
v16	PD629	Modified Detail Code Verbiage
v16	PD801	Modified Detail Code Verbiage
v16	PY584	Modified Detail Code Verbiage
v16	PY585	Modified Detail Code Verbiage
v16	PY594	Modified Detail Code Verbiage
v16	PY595	Modified Detail Code Verbiage
v16	PY619	Modified Detail Code Verbiage
v16	PY622	Modified Detail Code Verbiage
v16	PD950	Deactivated Detail Code
v17	FV900	Modified Detail Code Verbiage
v17	PD560	Modified Detail Code Verbiage
v17	PD592	Modified Detail Code Verbiage
v17	PD631	Modified Detail Code Verbiage
v17	PY631	Modified Detail Code Verbiage
v17	PY1401	Modified Detail Code Verbiage
v18	PD539	Added New Detail Code
v18	PD542	Added New Detail Code
v18	PD624	Added New Detail Code
v18	PY539	Added New Detail Code
v18	PY542	Added New Detail Code

Version	Revision	Details
v18	PD4	Modified Detail Code Verbiage
v19	PD545	Added New Detail Code
v19	PD632	Added New Detail Code
v19	PD635	Added New Detail Code
v19	PD636	Added New Detail Code
v19	PD637	Added New Detail Code
v19	PY545	Added New Detail Code
v19	PY637	Added New Detail Code
V20	PD629	Modified Detail Code Verbiage and changed from I1 to R6
V20	PY629	Added New Detail Code
V20	PD638	Added New Detail Code
V20	PD639	Added New Detail Code
V20	PY639	Added New Detail Code
V20	PY1402	Modified Detail Code Verbiage
V20	PY588	Modified Detail Code Verbiage
V20	PY589	Modified Detail Code Verbiage
V20	PY590	Modified Detail Code Verbiage
V20	PY594	Modified Detail Code Verbiage
V20	PY625	Modified Detail Code Verbiage
V20	PD503	Modified Detail Code Verbiage
V20	PD536	Modified Detail Code Verbiage
V20	PD542	Modified Detail Code Verbiage
V20	PD552	Modified Detail Code Verbiage
V20	PD559	Modified Detail Code Verbiage
V20	PD560	Modified Detail Code Verbiage
V20	PD581	Modified Detail Code Verbiage
V20	PD586	Modified Detail Code Verbiage
V20	PD618	Modified Detail Code Verbiage
V20	PD634	Modified Detail Code Verbiage
V20	PD637	Modified Detail Code Verbiage
V21	FV110	Added New Detail Code
V21	FV111	Added New Detail Code
V21	PD640	Added New Detail Code
V21	PD641	Added New Detail Code
V21	PY641	Added New Detail Code
V21	PD642	Added New Detail Code
V21	PY642	Added New Detail Code
V21	PD644	Added New Detail Code

Version	Revision	Details
V21	PY644	Added New Detail Code
V21	PD645	Added New Detail Code
V21	PY645	Added New Detail Code
V22	Introduction	Expand what CMS stands for "the Centers for Medicare & Medicaid Services (CMS)"
V22	Introduction	Modified definition of Syntax ERRP
V22	Introduction	Modified definition of Syntax OUT
V22	FV10	Deactivated Detail Code
V22	FV11	Added New Detail Code
V22	PD640	Removed Detail Code Verbiage; Addressed by PD632
V23	FV900	Modified Detail Code Verbiage
V23	PD573	Modified Detail Code Verbiage
V23	PD580	Modified Detail Code Verbiage
V23	PD629	Modified Detail Code Verbiage
V23	PD803	Changed Disposition Code
V23	PY538	Modified Detail Code Verbiage
V23	PY1404	Added New Detail Code
V23	PY1405	Added New Detail Code
V24	PD519	Modified Detail Code Verbiage
V24	PD533	Reactivated Detail Code; Modified Detail Code Verbiage
V24	PD542	Deactivated Detail Code
V24	PD566	Modified Detail Code Verbiage
V24	PD572	Modified Detail Code Verbiage
V24	PD585	Modified Detail Code Verbiage
V24	PD593	Modified Detail Code Verbiage
V24	PD621	Deactivated Detail Code
V24	PD632	Modified Detail Code Verbiage
V24	PD638	Modified Detail Code Verbiage
V24	PD645	Modified Detail Code Verbiage
V24	PD942	Added New Detail Code
V24	PY542	Deactivated Detail Code
V24	PY585	Modified Detail Code
V24	PY621	Deactivated Detail Code
V24	PY645	Modified Detail Code Verbiage
V25	PY1406	Added New Detail Code
V25	PD530	Modified Detail Code Verbiage
V25	PD531	Modified Detail Code Verbiage
V26	PD646	Added New Detail Code

Version	Revision	Details
V26	PY646	Added New Detail Code
V26	PD540	Modified Detail Code Verbiage
V26	PD572	Modified Detail Code Verbiage
V26	PD626	Modified Detail Code Verbiage
V26	PD593	Modified Detail Code Verbiage
V26	PD624	Deactivated Detail Code
V26	PD636	Deactivated Detail Code
V27	**FV803**	**Modified Detail Code Verbiage**
V27	**FV9**	**Modified Detail Code Verbiage**
V27	**FV900**	**Modified Detail Code Verbiage**
V27	**FV11**	**Modified Detail Code Verbiage**
V27	**PD5**	**Modified Detail Code Verbiage**
V27	**PD500**	**Modified Detail Code Verbiage**
V27	**PD501**	**Modified Detail Code Verbiage**
V27	**PD502**	**Modified Detail Code Verbiage**
V27	**PD503**	**Modified Detail Code Verbiage**
V27	**PD504**	**Modified Detail Code Verbiage**
V27	**PD505**	**Modified Detail Code Verbiage**
V27	**PD506**	**Modified Detail Code Verbiage**
V27	**PD507**	**Modified Detail Code Verbiage**
V27	**PD522**	**Modified Detail Code Verbiage**
V27	**PD528**	**Modified Detail Code Verbiage**
V27	**PD529**	**Modified Detail Code Verbiage**
V27	**PD530**	**Modified Detail Code Verbiage**
V27	**PD531**	**Modified Detail Code Verbiage**
V27	**PD535**	**Modified Detail Code Verbiage**
V27	**PD536**	**Modified Detail Code Verbiage**
V27	**PD538**	**Modified Detail Code Verbiage**
V27	**PD539**	**Modified Detail Code Verbiage**
V27	**PD540**	**Modified Detail Code Verbiage**
V27	**PD541**	**Modified Detail Code Verbiage**
V27	**PD543**	**Modified Detail Code Verbiage**
V27	**PD544**	**Modified Detail Code Verbiage**
V27	**PD545**	**Modified Detail Code Verbiage**
V27	**PD546**	**Modified Detail Code Verbiage**
V27	**PD547**	**Modified Detail Code Verbiage**
V27	**PD548**	**Modified Detail Code Verbiage**
V27	**PD552**	**Modified Detail Code Verbiage**

Version	Revision	Details
V27	PD553	Modified Detail Code Verbiage
V27	PD554	Modified Detail Code Verbiage
V27	PD556	Modified Detail Code Verbiage
V27	PD557	Modified Detail Code Verbiage
V27	PD558	Modified Detail Code Verbiage
V27	PD559	Modified Detail Code Verbiage
V27	PD560	Modified Detail Code Verbiage
V27	PD563	Modified Detail Code Verbiage
V27	PD564	Modified Detail Code Verbiage
V27	PD566	Modified Detail Code Verbiage
V27	PD572	Modified Detail Code Verbiage
V27	PD576	Modified Detail Code Verbiage
V27	PD577	Modified Detail Code Verbiage
V27	PD578	Modified Detail Code Verbiage
V27	PD581	Modified Detail Code Verbiage
V27	PD583	Modified Detail Code Verbiage
V27	PD585	Modified Detail Code Verbiage
V27	PD586	Modified Detail Code Verbiage
V27	PD588	Modified Detail Code Verbiage
V27	PD589	Modified Detail Code Verbiage
V27	PD590	Modified Detail Code Verbiage
V27	PD591	Modified Detail Code Verbiage
V27	PD593	Modified Detail Code Verbiage
V27	PD594	Modified Detail Code Verbiage
V27	PD597	Modified Detail Code Verbiage
V27	PD598	Modified Detail Code Verbiage
V27	PD618	Modified Detail Code Verbiage
V27	PD619	Modified Detail Code Verbiage
V27	PD620	Modified Detail Code Verbiage
V27	PD623	Modified Detail Code Verbiage
V27	PD626	Modified Detail Code Verbiage
V27	PD628	Modified Detail Code Verbiage
V27	PD629	Modified Detail Code Verbiage
V27	PD632	Modified Detail Code Verbiage
V27	PD633	Modified Detail Code Verbiage
V27	PD634	Modified Detail Code Verbiage
V27	PD637	Modified Detail Code Verbiage
V27	PD638	Modified Detail Code Verbiage

Version	Revision	Details
V27	PD639	Modified Detail Code Verbiage
V27	PD641	Modified Detail Code Verbiage
V27	PD642	Modified Detail Code Verbiage
V27	PD644	Modified Detail Code Verbiage
V27	PD645	Modified Detail Code Verbiage
V27	PD646	Modified Detail Code Verbiage
V27	PD656	Added New Detail Code
V27	PD657	Added New Detail Code
V27	PD801	Modified Detail Code Verbiage
V27	PD804	Modified Detail Code Verbiage
V27	PD900	Modified Detail Code Verbiage
V27	PD901	Modified Detail Code Verbiage
V27	PD903	Modified Detail Code Verbiage
V27	PD904	Modified Detail Code Verbiage
V27	PD905	Modified Detail Code Verbiage
V27	PD906	Modified Detail Code Verbiage
V27	PD920	Modified Detail Code Verbiage
V27	PD942	Modified Detail Code Verbiage
V27	PY530	Modified Detail Code Verbiage
V27	PY531	Modified Detail Code Verbiage
V27	PY538	Modified Detail Code Verbiage
V27	PY539	Modified Detail Code Verbiage
V27	PY553	Modified Detail Code Verbiage
V27	PY554	Modified Detail Code Verbiage
V27	PY588	Modified Detail Code Verbiage
V27	PY589	Modified Detail Code Verbiage
V27	PY590	Modified Detail Code Verbiage
V27	PY619	Modified Detail Code Verbiage
V27	PY646	Modified Detail Code Verbiage
V27	PY656	Added New Detail Code
V27	PY657	Added New Detail Code
V27	PY1404	Modified Detail Code Verbiage