

Financial Management (FM) Payment Processing Overview for 2020 State-Based Exchange (SBE) Issuers



Division of Financial Transfers and Operations (DFTO)

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Agenda

- **Payments Overview**
- **HIOS/Vendor Management**
- **Electronic Data Interchange Onboarding and Testing**
- **Overview of SBE Enrollment Data Collection Process**
- **The Monthly Payment Cycle**
- **Preliminary Payment Report, Payee Information Report, and HIX 820**
- **Invoicing and Collections**
- **2020 Checklist for SBE issuers**

Training Purpose

The purpose of this training is to provide 2020 SBE issuers with a complete overview of the end-to-end Enrollment, Vendor Management (VM), Financial Management (FM) payment and invoicing processes

Intended Audiences

- Associations
- 2020 State Based Exchange (SBE) issuers
- 2020 SBE Stand-Alone Dental Plans (SADP)
- 2020 Vendors/Third Party Administrators (TPAs) and Clearinghouses

Payments Overview

Steps to Receiving Accurate SBE Payments

- Receipt of accurate and timely payment of Advanced Payment Tax Credits (APTTC) involves two (2) major steps:
 - **Onboarding:** Prior to December 2019, ensure connectivity and correct information has been filed with CMS through HIOS, Vendor Management, and the EDI onboarding processes
 - **Receive Payment and Payment Reports** through CMS' monthly payment process

New Issuer Onboarding

New Issuer Onboarding

- HIOS Account Setup & User Roles
- Salesforce/Vendor Management (VM) Tool
- EDI Registration

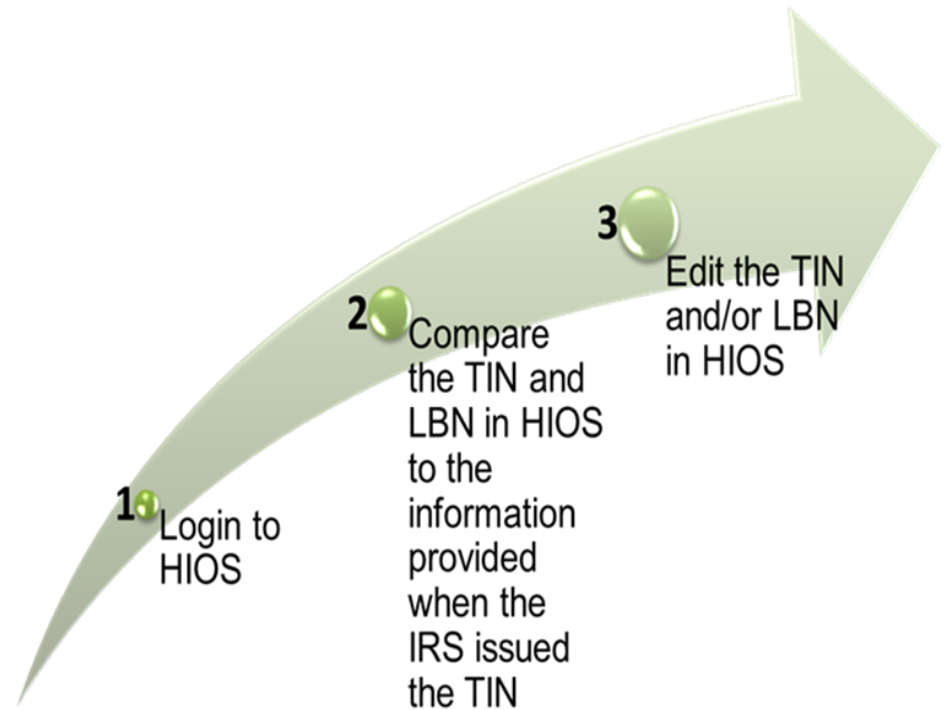
HIOS TIN/LBN Information

To create/edit an Organization's TIN and LBN in HIOS when necessary:

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

For HIOS assistance contact the Marketplace Service Desk

- Call: 1-855-267-1515
- Email: CMS_FEPS@cms.hhs.gov



Salesforce/VM Tool

Salesforce VM Tool Overview

New Issuer Onboarding

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

DATA ACCESS

CMS Enterprise Portal



HIOS

CMS Enterprise Portal



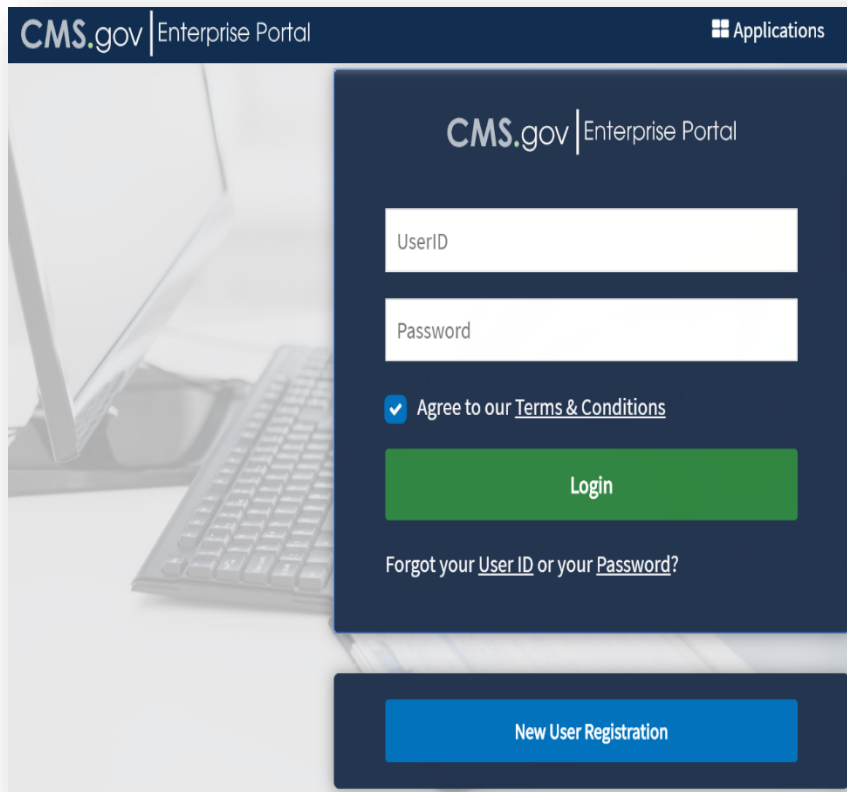
Salesforce



VM Application

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

CMS Enterprise Portal Access



CMS.gov | Enterprise Portal Applications

CMS.gov | Enterprise Portal

User ID

Password

Agree to our [Terms & Conditions](#)

Login

Forgot your [User ID](#) or your [Password](#)?

New User Registration

Register for a CMS EIDM Account (For New User)

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

- Refer to the ***Health Insurance Oversight System Portal User Manual***

HIOS Registration

Request a HIOS Account (New User Registration)



- ❑ User must request a HIOS Role and complete remote identity proofing (for new users)
 - Refer to the **Health Insurance Oversight System Portal User Manual** for additional instructions on HIOS account setup

HIOS Registration (Cont.)

- ❑ Register an organization in HIOS
- ❑ Add Issuers to an organization in HIOS
- ❑ Request HIOS Financial Management roles
 - ✓ User should request the Payee Submitter or Payee Validator roles in HIOS
- Refer to the **Health Insurance Oversight System Portal User Manual** for instructions on HIOS Account Setup

VM User Roles in HIOS

VM User Roles

Two (2) issuer user roles are required for submission and approval of payee data in Vendor Management (VM). These are entered in the HIOS system.

Payee Submitter (VM)	Payee Approver (VM)
<ul style="list-style-type: none">✓ Add a Payee Record for Tax Identification Numbers (TINs) without a Payee Record✓ View and Edit existing Payee Records	<ul style="list-style-type: none">✓ View and Approve Payee Record.✓ Update and Edit Authorizing Delegated Official (ADO) contact info

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

Vendor Management Access

CMS.gov | Enterprise Portal

SalesforceUser

.....

Email ✓

MFA Code Sent 799137

i The Security code for the E-mail will expire in 30 minutes.

[Trouble Accessing Security Code?](#)

Agree to our Terms & Conditions

Login

Forgot your [User ID](#) or your [Password](#)?

Request VM Salesforce Access

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

- Refer to the **Vendor Management Salesforce Request User Guide**

CMS.gov | My Enterprise Portal

Access Catalog Salesforce REQUEST ADMIN ROLE SHOW ALL My Access

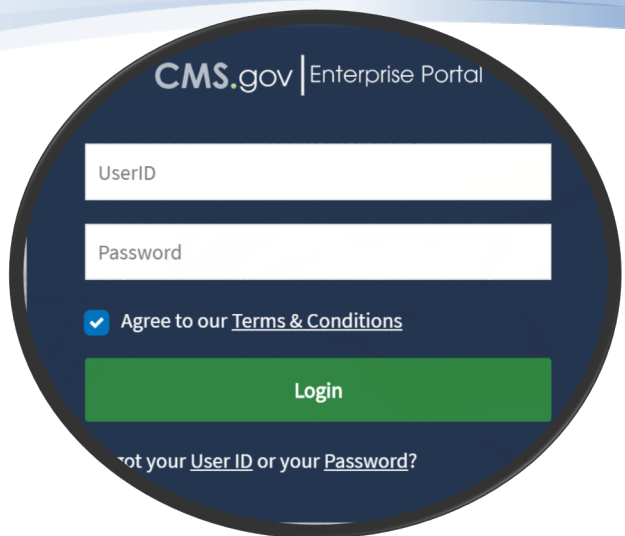
You currently do not have access to any applications. Please use the access catalog to request access to the applications.

Salesforce
CMS business applications on Salesforce Platform
Users include CHS on line
[Salesforce HelpDesk Information](#)

Request Access

My Pending Requests
You do not have any pending requests at this time.

User Account Access (Cont.)



CMS.gov | Enterprise Portal

UserID

Password

Agree to our [Terms & Conditions](#)

Login

Not your [User ID](#) or your [Password](#)?



Access the VM Tool in the CMS Enterprise Portal

- ✓ Once your access to the Vendor Management application has been approved, you are able to access the VM Tool.
- ❑ Follow these steps to access the VM Tool in the CMS Enterprise Portal:
 1. Navigate to the CMS Enterprise Portal at <https://portal.cms.gov>
 2. Log in to the CMS Enterprise Portal by entering your user ID, password, and multi-factor authentication (MFA) code, then select the Login button to navigate to the My Portal page.
 3. Select the Salesforce tile, then select Application from the drop-down menu to open the CMS App Launcher page in a new browser tab.
 4. Select the VM tile to open the VM application.
 - Refer to the ***VM Salesforce Access Request User Guide*** for instructions.

Payee Record

Payee Record Overview

A Payee Record allows your organization to provide the relevant information required to enter into financial transactions with CMS

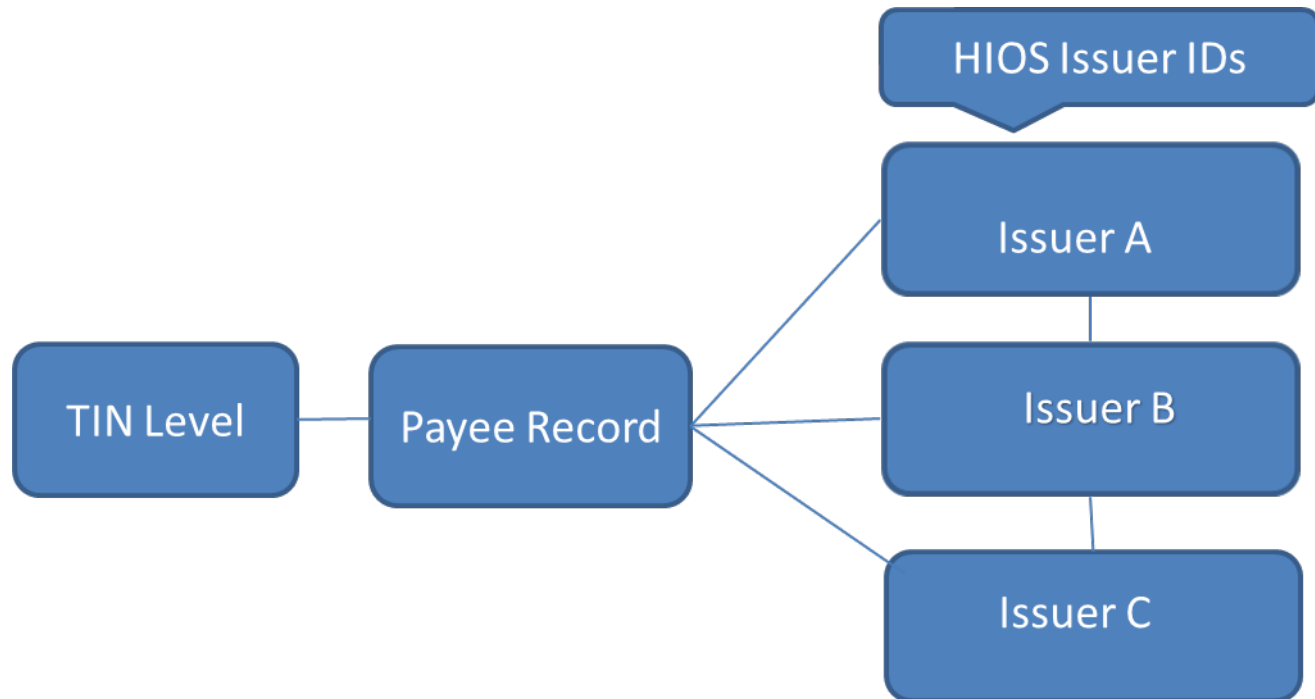
Payee Record Requirements:

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

Payee Record Configuration

A Payee Record has a one-to-one relationship with the TIN

- For example, if a company has three (3) HIOS IDs with the same TIN, all HIOS IDs will be associated to the same Payee Record in VM



Vendor Management Reminders

Records that are not approved or remain in an incomplete status at the time of module closing jeopardize Patient Protection and Affordable Care Act (PPACA) program payments for that cycle.

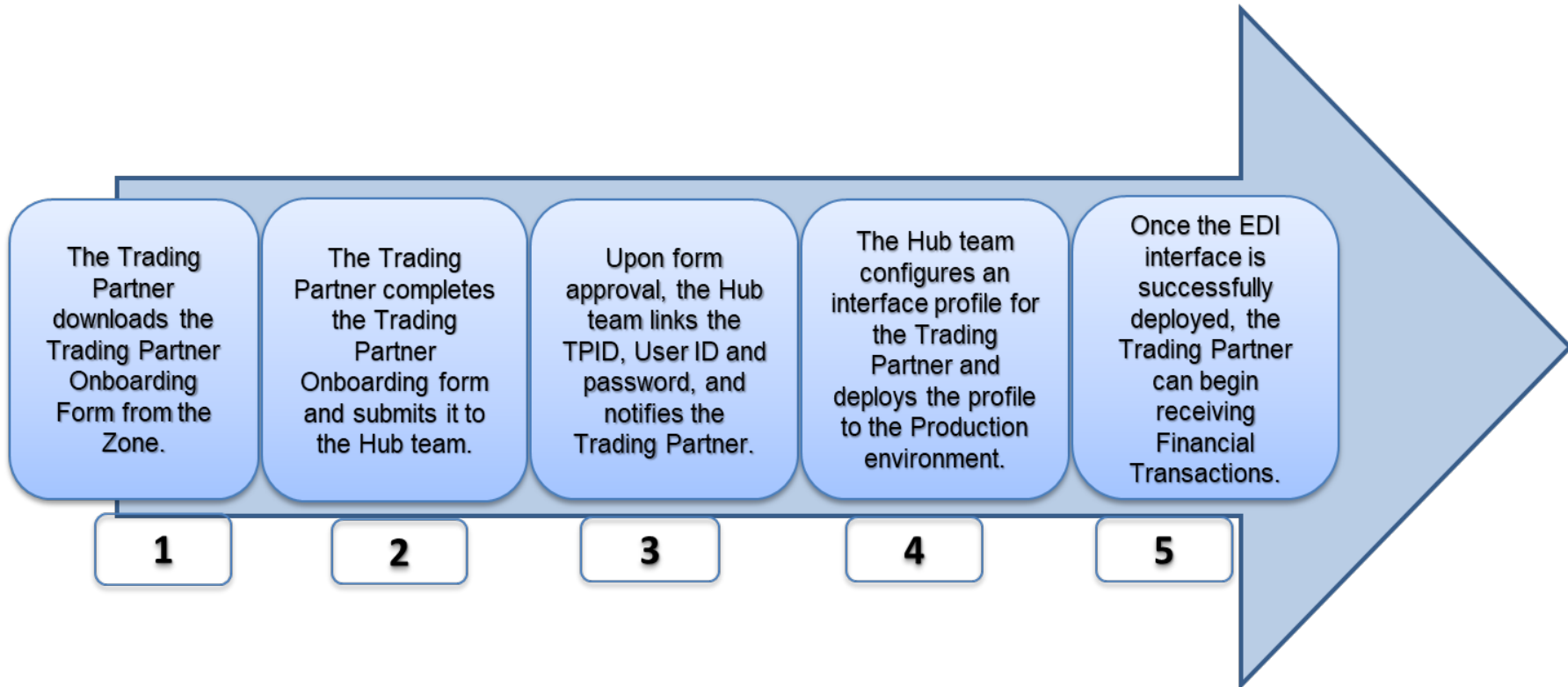
- If your edits include changes to your banking information, your financial institution is required to fax a BVL directly to CMS at (443) 380-5196 to allow CMS to approve these updates. In the interim, your record is in a state of limbo and payments will not be processed.
- You can reach the CMS Vendor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

EDI Onboarding and Testing

EDI Registration and Testing

- The HUB will facilitate the exchange of enrollment based, Preliminary Payment Report (PPR) (I820), HIX 820 (F820), and Payment Information Report (PNR) transactions from CMS to payees and trading partners
- In order to receive HIX 820 transactions or other reports using Electronic File Transfer (EFT), Trading Partners (i.e., Payee Groups, SBEs or their designees, SBE-FPs) must register and successfully complete the onboarding process
- Issuers link their Payee Group ID to a registered or new Trading Partner ID and onboard with the HUB
- All issuers and their business associate (clearinghouse or TPA) who receive the payment transactions on their behalf must complete onboarding prior to December 2019
- Issuers may reach out to CMS_FEPS@cms.hhs.gov mailbox if they need any additional information related to form submission

Testing and EDI Registration Form



Overview of SBE Enrollment Data Collection Process

SBE Enrollment Data Collection for PBP

- High Level Overview

- To facilitate automated APTC payments to SBE issuers, CMS will receive and process SBE enrollment data at a policy level each month in a cycle that integrates with the CMS monthly payment cycle
- Issuers should work with their SBE to reconcile and align enrollment data. This ensures synchronization between issuer, SBEs, and CMS enrollment data systems, reflecting the best-known facts available, based upon the most appropriate entity to provide those facts. Enrollment data alignment is necessary for CMS to accurately pay and invoice issuers

SBE Enrollment Data Collection for PBP

- Key Features

Enrollment data goes from SBE to CMS: SBEs submit their enrollment data via an SBMI file between the 1st and the 10th of each month for the following month's payment

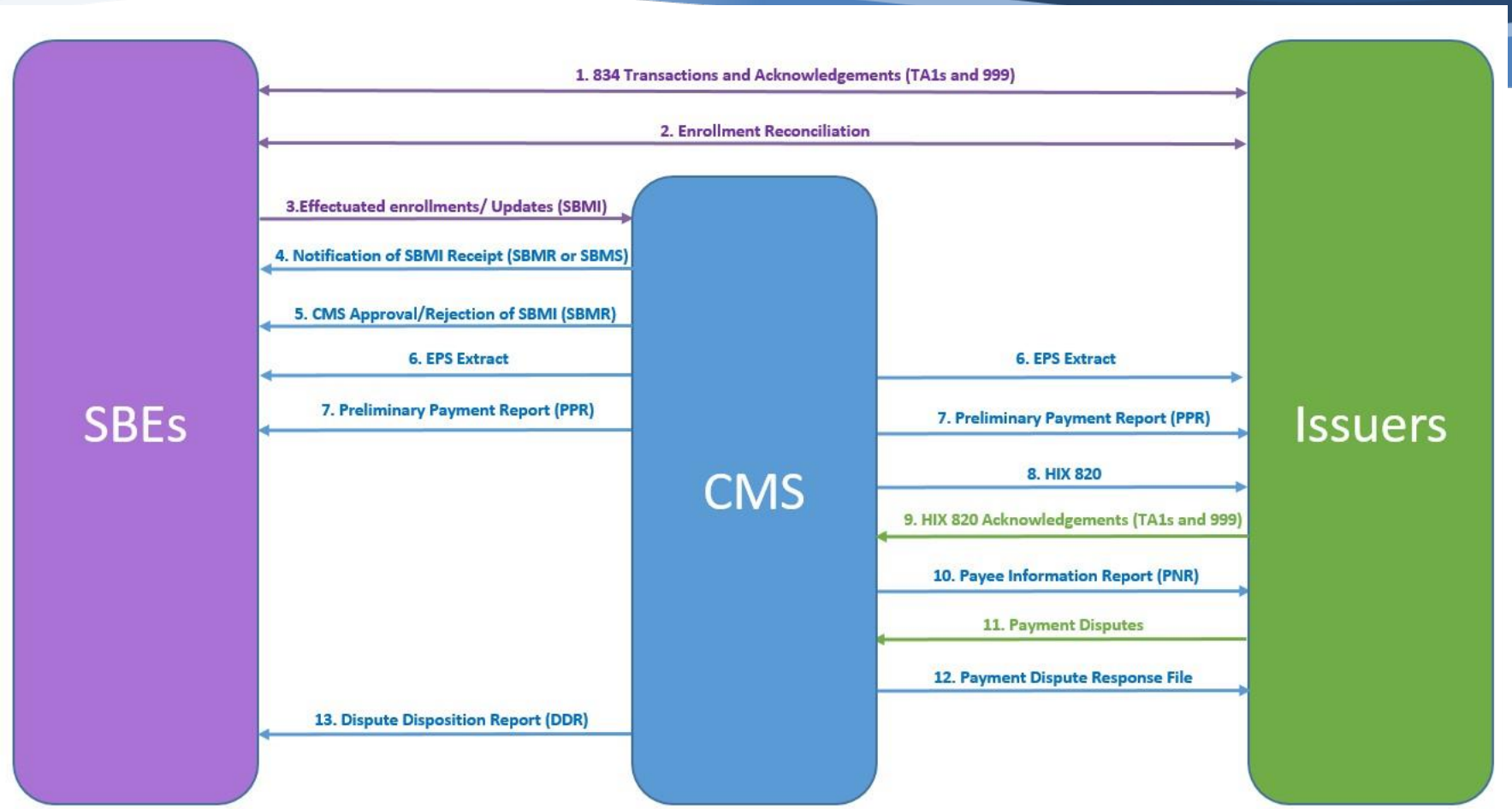
- CMS performs file and record level validations to ensure data integrity, and may require resubmission of a file, or rejection of a policy

Issuers should review data to identify problems: SBEs and SBE issuers receive an EPS Extract containing enrollment data used for payment around the 23rd of the submission month (one [1] month prior to the PPR and payment) to aid in data alignment before the next SBMI submission

Fixing data problems: Issuers must resolve enrollment discrepancies with their SBE. Issuers can also submit payment disputes to CMS.

- Issuers will receive payment dispute response files with dispositions from CMS within one or two business days, which can assist the issuer in researching the cause of the discrepancy
- CMS will send payment disputes to SBEs and work with SBEs on persistent disputes

High Level SBE Payment Process



EPS Extract

- **Enrollment and Payment System (EPS) Extract:** A monthly extract of SBE Enrollment from EPS
 - **Source:** CMS EFT
 - **Recipients:** SBEs and issuers
 - **Frequency:** Monthly (around the 20th to the 23rd of each month at the start of the payment cycle)
 - **Format:** XML
 - **Purpose:** One month before payments are made, provides issuers and SBEs a snapshot of the policy-level enrollment data in EPS, including the complete coverage history for the year, that will form the basis for payments. The files can aid issuers in the early detection of payment discrepancies. Issuers can use this information to determine whether or not to file payment disputes with CMS and to work through data discrepancies with their SBE

EPS Extract

- Issuers should build a monthly process where they review the data in the EPS Extract and identify discrepancies with their own enrollment data. After discrepancies are identified issuers can:
 - Review the errors and warnings included on the EPS Extract to determine if the discrepancies could be the result of the SBE's SBMI submission
 - Use the policy level <OriginalSBMIExtractDateTime> fields to determine if the discrepancy may be the result of a time lag
 - Analyze discrepancies to determine root causes and communicate with the SBE to improve enrollment reconciliation processes

SBE Issuer Payment Disputes

- SBE issuers can submit payment disputes for any total premium, APTC, start date, or end date value found on a PPR or HIX 820 that indicates one of the following discrepancies:
 - Missing payment
 - Unexpected payment
 - Incorrect payment
- SBE issuers must use the SBE Payment Dispute Form, reference the PPR or HIX 820 values in dispute, and submit the form using EFT
- The dispute form and a detailed explanation on submission can be found in the Technical Reference Guide and on the instructions tab of the SBE Payment Dispute Form

SBE Issuer Payment Disputes

- The automated dispute process compares the disputed records against CMS's current data, determines a disposition for each dispute, and returns these dispositions to the issuer in a dispute response file
- CMS collects all valid dispute records and sends them to the SBEs on the monthly Dispute Disposition Reports (DDR+)
- Dispositions include:
 - Timing Issue: The disputed coverage dates and/or amounts matched the current EPS Extract record. The subsequent payment adjustment should be processed within 1-2 payment cycles
 - Discrepancy Confirmed between EPS and Issuer: The mismatch between EPS and issuer data may be a result of an error in the SBE's SBMI submission, or in reconciliation between the SBE and issuer. CMS recommends further issuer and SBE communication to resolve this discrepancy
 - In Process: This is a payment dispute that CMS must investigate

SBE ISSUER zONE PAGE

- Information on the SBE data submission is available on zONE
- To register please visit: zone.cms.gov
 - This is a multi step process. See the appendix section for details on registration
- SBE Issuer Information page
 - To access the Issuer wiki: <https://zone.cms.gov/wiki/sbm-issuer-information>

The Monthly Payment Cycle

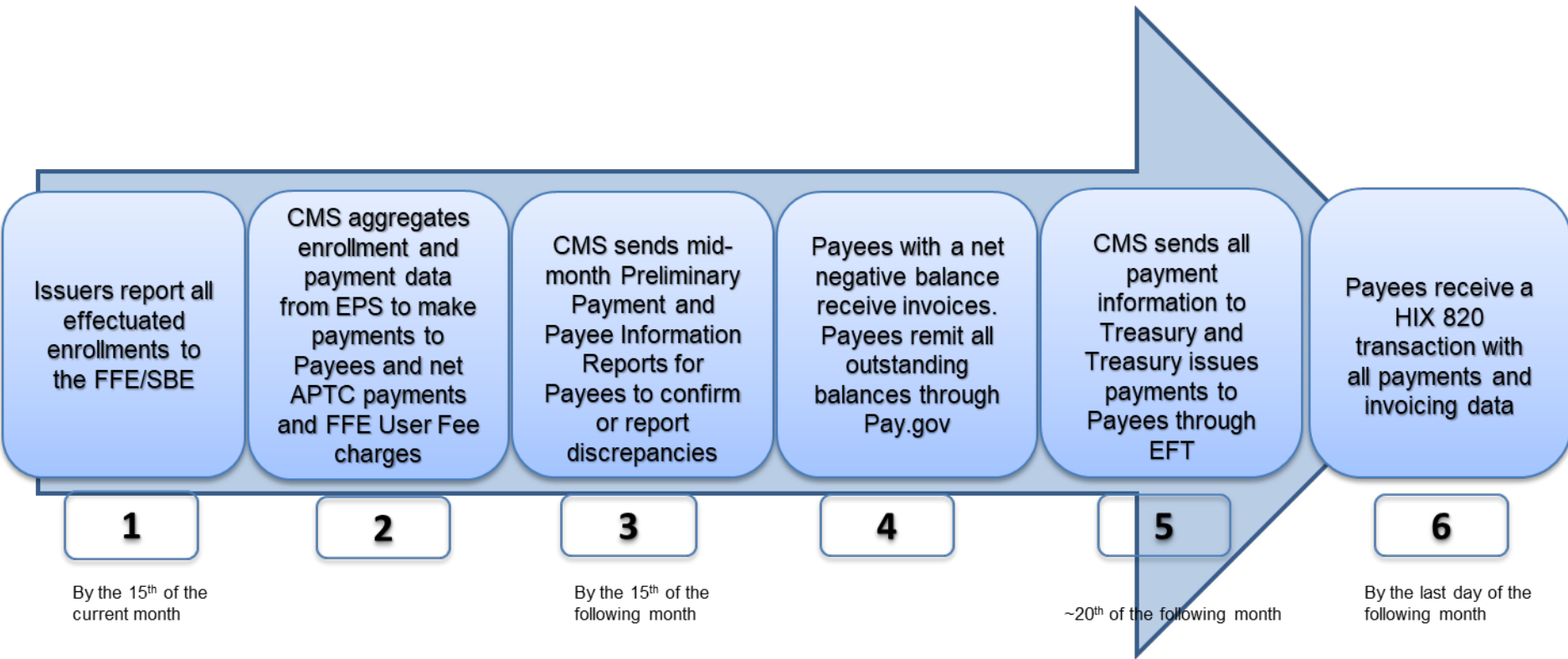
Policy-based Payments Overview

The high-level monthly process for making payments includes:

- **10th of prior month:** SBE enrollment submitted by States
- **15th of prior month:** Snapshot of the Federally Facilitated Exchange (FFE) and SBE enrollment used as basis for the month's payment
- CMS calculates policy-based payments of APTC and aggregates with any other payments (e.g., Risk Adjustment [RA], User Fees [UF]); nets payments and charges
- **~10th–13th of Payment Month:** Payees receive invoices (if applicable)
- **~15th of Payment Month:** Preliminary Payment and Payee Information Reports sent to payees
- **~20-22 of Payment Month:** Payees receive payment
- **By the End of Payment Month:** Payees receive HIX 820 (if applicable)

Policy-based Payments Overview

End-to-End Policy-based Payment Process



Preliminary Payment Report, Payee Information Report, and HIX 820

PPRs

- Once policies have been effectuated, reconciled and submitted through the SBE, the Enrollment Payment System (EPS) takes key financial elements from those enrollment profiles and aggregates policy data to the payee level
- This mid-month process will result in payees receiving a PPR
- The PPR is a pipe-separated file and contains all the policy-level payment details for a payee
- All SBE issuer payees will receive one (1) PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month. This will include program level payments (e.g., Risk Adjustment payments or charges) as well
- Payees will receive one PPR with all their policy-level details and program level details, regardless of payment amount or number of policies

Pipe-separated File Example

After Pipe-separating:

11	Issuer ID	Issuer APTC Total(\$)	Issuer CSR Total(\$)	Issuer UF Total(\$)	Last Name	First Name	Middle Name	Name Prefix	Name Suffix	Exchange Assigned	Subscriber										
12	12482	398.14	418.88	-69.83	Brockyaar	CHARLES	null	null	null	0000071021	12482AR001000101	000017054371021	null	null	174.19	UF	-6.1	null	null	20150801	2015
13	12482	398.14	418.88	-69.83	Brockyaar	CHARLES	null	null	null	0000071021	12482AR001000101	000017054371021	null	null	null	APTC	56.57	null	null	20150801	2015
14	12482	398.14	418.88	-69.83	Copelandyaar	MARTIN	null	null	null	0000071112	12482AR001000201	000017088371112	null	null	null	APTC	99.99	null	null	20150801	2015
15	12482	398.14	418.88	-69.83	Copelandyaar	MARTIN	null	null	null	0000071112	12482AR001000201	000017088371112	null	null	197.47	UF	-6.91	null	null	20150801	2015
16	12482	398.14	418.88	-69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	null	CSR	68.72	null	null	20150801	2015
17	12482	398.14	418.88	-69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	197.53	UF	-6.91	null	null	20150801	2015
18	12482	398.14	418.88	-69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	null	CSR	63.82	null	null	20150801	201508
19	12482	398.14	418.88	-69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	null	CSR	57.18	null	null	20150801	2015083
20	12482	398.14	418.88	-69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	169.1	UF	-5.92	null	null	20150801	2015083
21	12482	398.14	418.88	-69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	null	APTC	0	null	null	20150801	20150831
22	12482	398.14	418.88	-69.83	Landersar	John	null	null	null	0000074340	12482AR001000302	000018184774340	null	null	null	APTC	0	null	null	20150801	20150831
23	12482	398.14	418.88	-69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	204.26	UF	-7.15	null	null	20150801	20150
24	12482	398.14	418.88	-69.83	Egglestonar	Betty	null	null	null	0000074352	12482AR001000302	000018197974352	null	null	null	APTC	0	null	null	20150801	2015083
25	12482	398.14	418.88	-69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	152.52	UF	-5.34	null	null	20150801	201508
26	12482	398.14	418.88	-69.83	Nicholasar	Linda	null	null	null	0000074343	12482AR001000302	000018188074343	null	null	null	APTC	0	null	null	20150801	20150831
27	12482	398.14	418.88	-69.83	Kiddnaar	Harold	null	null	null	0000074269	12482AR001000302	000017423274269	null	null	null	CSR	66.23	null	null	20150801	201508
28	12482	398.14	418.88	-69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	null	CSR	70.05	null	null	20150801	201508
29	12482	398.14	418.88	-69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	null	APTC	99.97	null	null	20150801	20150
30	12482	398.14	418.88	-69.83	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	238.03	UF	-8.33	null	null	20150801	2015
31	12482	398.14	418.88	-69.83	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	null	CSR	92.88	null	null	20150801	20150
32	12482	398.14	418.88	-69.83	Bookerar	RUSSIAN	null	null	null	0000060088	12482AR001000304	000016719460088	null	null	null	APTC	74.78	null	null	20150801	2015
33	12482	398.14	418.88	-69.83	Whitleyar	Randy	null	null	null	0000074367	12482AR001000304	000018206774367	null	null	181.01	UF	-6.34	null	null	20150801	20150
34	12482	398.14	418.88	-69.83	Fincheraldyaar	HELEN	null	null	null	0000071199	12482AR001000401	000017120671199	null	null	152.86	UF	-5.35	null	null	20150801	2015

Each field is separated by a pipe character



PPR Example



A sample preliminary payment report can be found in the next few slides and is posted in REGTAP and zONE

Transaction Set Control	54													
Run Date	06/23/2015 3:06													
Payee ID	K012001													
Payment Method Code	NON													
Policy-Based Transition M	201505													
Total Payment(\$)	413.36													
Payee APTC Total(\$)	258.53													
Payee CSR Total(\$)	193.46													
Payee UF Total(\$)	-36.63													

Issuer ID	Issuer APTC Tot	Issuer CS	Issuer UF Total	Last Name	First N	Exchange Assigned	Exchange Assigned Q	Exchange Assigned	Policy Total Premium	Exch	Payment Amount	Coverage Period Start Da	Coverage Period End Da
12482	258.53	193.46	-36.63	Brookyaar	CHARLE	71021	12482AR001000101	17054371021	174.19	UFADJ	-6.1	20150501	2015053
12482	258.53	193.46	-36.63	Brookyaar	CHARLE	71021	12482AR001000101	17054371021	null	APTCAD	56.57	20150501	2015053
12482	258.53	193.46	-36.63	Copelandyaa	MARTIN	71112	12482AR001000201	17088371112	null	APTCAD	99.99	20150501	2015053
12482	258.53	193.46	-36.63	Copelandyaa	MARTIN	71112	12482AR001000201	17088371112	197.47	UFADJ	-6.91	20150501	2015053
12482	258.53	193.46	-36.63	Landersar	John	74340	12482AR001000302	18184774340	null	CSRADJ	57.18	20150501	2015053
12482	258.53	193.46	-36.63	Kiddnaar	Harold	74269	12482AR001000302	17423274269	152.52	UFADJ	-5.34	20150501	2015053
12482	258.53	193.46	-36.63	Kiddnaar	Harold	74269	12482AR001000302	17423274269	null	CSRADJ	66.23	20150501	2015053
12482	258.53	193.46	-36.63	Landersar	John	74340	12482AR001000302	18184774340	169.1	UFADJ	-5.92	20150501	2015053
12482	258.53	193.46	-36.63	Whitleyar	Randy	74367	12482AR001000304	18206774367	181.01	UFADJ	-6.34	20150501	2015053
12482	258.53	193.46	-36.63	Whitleyar	Randy	74367	12482AR001000304	18206774367	null	APTCAD	99.97	20150501	2015053
12482	258.53	193.46	-36.63	Whitleyar	Randy	74367	12482AR001000304	18206774367	null	CSRADJ	70.05	20150501	2015053
12482	258.53	193.46	-36.63	Barberar	INGEBOF	60041	12482AR001000501	16700760041	171.91	UFADJ	-6.02	20150501	2015053

Netting Order

- The largest Accounts Payable (AP) transaction involved in the current cycle is used to net against the Accounts Receivable (AR) according to the netting priority below
 - If there are multiple ARs for the same program, the oldest AR will net first, and if ARs have the same date, the largest AR will net first
 - If there is admin and interest associated with a program, the admin and interest for that program will net first before principal
- Netting Priority
 - RA > (RA) HCRP > RC > RI > APTC > FFE UF, RA UF

PPR Transmission

- The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the States or the Payees
- The function code for the PPRs for Issuer Payees is I820
 - for SBE-FPs this code is both I820 and D820 (informational PPRs with User Fee information)
 - for SBEs this code is SI820
- The file names will be in the following format: For example:
 - TradingPartnerID.FunctionCode.Date.Time
 - For example: 1234567.I820.D150529.T124846968.P.OUT
 - CMS does not expect a TA1/999 or any electronic acknowledgment for the PPRs



PPR Example -
Excel format



PPR FFE-SBE Pipe delimited Sample.Txt

PPR Business Rules for SBE issuers ONLY

- APTC, CSR, and any other payment type codes except User Fee (UF) will appear on the SBE Issuer PPR or on the PPR for issuers who are in one of the SBE-FP States [New Mexico (NM), Nevada (NV), and Pennsylvania (PA) and New Jersey (NJ) (as of January 2020)] where the FP user fee is billed to your state
- If you are an SBE issuer in SBE-FP state of “Arkansas (AR)”, “Kentucky (KY)”, or “Oregon (OR)”, you will see APTC, CSR, UF, and any other payment type code transactions in your PPR

PPR (For AR, NM and NV issuers Only)

- All SBE issuer Payees will receive one PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month. This will include program level payments as well as the policy level payments for APTC for SBE-FP states and APTC and UF policy level details for all FFE States
- If you are an issuer within one of the SBE-FP states (NM and NV, and PA and NJ (as of January 2020)), you will get an additional PPR with the function code of D820. This informational PPR will only have policy level details for UF billing that has been invoiced to your State. In this case the State will collect the issuer UF from the issuers and will remit the payments to CMS. For AR, the State will receive a D820 informational PPR displaying policy level details for UF billing that has been invoiced to the issuers
- Note: If you are a NV issuer, starting in the January 2020 payment cycle, you will receive a D820 (in addition to an I820) only for any retroactive User Fee adjustments prior to January 2020
- SBE-FP (NM and NV, and PA and NJ (as of January 2020)) States will only get one (1) PPR (I820) near the middle of the month and will have the UF policy level details of the effectuated policies for all the issuers in their states. The UF policy level details for AR Issuers will be displayed on their I820

PPR Transmission - Supplemental Informational PPR for AR, NM and NV

- The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the States or the payees
- The function code for the PPRs will be D820.
- The file names will be in the following format:
 - TradingPartnerID.FunctionCode.Date.Time
 - For example: 1234567.D820.D150529.T124846968.P.OUT
- CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs
- Note - If you are a NV issuer, starting in the January 2020 payment cycle, you will receive a D820 (in addition to an I820) only for any retroactive User Fee adjustments prior to January 2020



D820 Sample -
Excel format

PPR Resources

- FM Additional Testing PPR Scenarios:
- FFE PPR Schema:
https://www.regtap.info/uploads/library/FT_HIX8_20_1820Schema_020617_5CR_020617.xlsx

PNR Details

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

Transaction Details:

- Includes all current payment cycle APs and ARs, similar to the data included on the PPR
- Provides details of any outstanding ARs, their original transaction amount, and amount prior to netting in the current payment cycle
- Shows the netting that occurred in the current payment cycle, payments made through EFT, and any remaining AR balance
- Report will be generated even if current cycle APs/ARs do not exist for payee, as long as payee has outstanding ARs

PNR Program Information

- The program column of the PNR will display the same program type codes that are found on the PPR and HIX 820, and also included on the Washington Publishing Company (WPC) site. Please note the following exceptions and clarifications to this:

Program Type Code on PPR and HIX 820	Program on Payee Information Report
RAD	RA
UFR, SHOPUF	UF
CSRN	CSR

*For more information, please see <http://www.wpc-edi.com/reference/>

Sample PNR (Pipe Delimited Format)

||Centers for Medicare & Medicaid Services
||Payee Information Report

Parameters :

Cycle Date|20170222

Run Date|20170329 11:26:41

Payee ID|A992001

Payee Name|THE IAM LOCAL 2848 FORD RETIREES

Payee Status|NON

Total|Transaction Type|Program|Invoice Number|Invoice
Date|Payables Amount|Payables EFT Payment
Amount|Receivables Original Amount|Receivables Amount
Prior to Netting|Receivables Netting Amount|Receivables
Outstanding Balance as of Run Date
|Payables|APTC|A1702A992001004|20170222|1000|1000||
||
|Payables|APTC|A1702A992001009|20170222|9000|8000||
||
|Receivables|UF|U1702U992001004|20170222|||100|100|1
00|0
|Receivables|UF|U1702U992001009|20170222|||900|900|9
00|0
Total|||||10000|9000|1000|1000|1000|0

Sample PNR (Excel Format)

Centers for Medicare & Medicaid Services											
Payee Information Report											
Parameters :											
Cycle Date	20170222										
Run Date	20170329 11:26:41										
Payee ID	A992001										
Payee Name	THE IAM LOCAL 2848 FORD RETIREES										
Payee Status	NON										
Total	Transaction Typ	Program	Invoice Numbe	Invoice Date	Payables Amou	Payables EFT Pa	Receivables Or	Receivables A	mReceivables	Receivables	Outstanding Balance as of Run Date
									Ne		
	Payables	APTC	A1702A99200 10	20170222	1000	1000					
	Payables	APTC	A1702A99200 10	20170222	9000	8000					
	Receivables	UF	U1702U99200 10	20170222			100	100	100		0
	Receivables	UF	U1702U99200 10	20170222			900	900	900		0
Total					10000	9000	1000	1000	1000		0



HIX 820 Payment Reports

- The HIX 820 is an X12 remittance advice transaction which includes all of the information provided on the PPR, as well as the Treasury EFT Trace Number and the date the payment was sent to the Payee's bank account (if applicable)
- CMS uses the HIX 820 to communicate remittance information for the following types of payments and charges related to Exchange functions:
 - APTCs
 - FFE Individual User Fees (UF) (if applicable)
 - Reinsurance (RI), Risk Adjustment (RA) and Risk Corridors (RC) (if applicable)



The HIX 820 is a separate transaction from the payment transfer and all CMS HIX 820s are outbound only (i.e., from CMS to Payee Groups)

HIX 820 Payment Reports (continued)

- Payees will receive one (1) HIX 820 per month per EFT (electronic file transfer):
 - The HIX 820 includes policy-level information including any program-level payments, adjustments and other remittance information
- A Payee will receive two (2) or more separate HIX 820s and two (2) or more separate EFT (electronic funds transfer) payments if the Payee is set to receive a payment of \$100 million or more

PPR/HIX 820 Business Rules

- If a Payee exceeds 100 million dollars, they will receive one (1) PPR with all their policy-level details and program level details. However, the Payee will receive two (2) or more corresponding HIX 820 transactions as the X12 transaction cannot be 100 million dollars or more
- If a Payee has an existing exchange-related debt that offsets the current payment, the HIX 820 will include a "REDUCED" Program-Type code not provided on the PPR. This "REDUCED" Program-Type provided on the HIX 820 will result in a reduction in the Total Payment Amount. As a result, the PPR sent earlier in the month may not match the Total Payment Amount provided in the HIX 820 transaction
- If a Payee is net negative in a payment cycle, the PPR will allow the Total Payment Amount to go below zero (0). However, the corresponding HIX 820 Transactions will instead have an "INVOICE" Payment Type Code in the 2300 Loop with the absolute sum to bring the Total Payment Amount to \$0

HIX 820 Transaction Process

HIX 820 Transaction Process

1. CMS extracts, calculates and records APTC payment amounts

2. CMS approves aggregated payment amounts to issuers

3. CMS sends all Marketplace-approved payment amounts to Treasury

3a. Treasury processes the EFT, sends payments to issuers and sends payment confirmation to CMS

4. Issuers receive ACH wire transfer

4.a. CMS receives payment confirmation from Treasury, then generates and sends the HIX 820 Transaction

5. Issuer receives HIX 820 from CMS

Invoicing and Collections

Payments and Invoicing Key Points

- On a monthly basis, payments and charges for Exchange programs are aggregated and netted at the Payee Group level and sent to the CMS accounting system for processing
- Payees with a net negative balance will receive an Initial Invoice for each program for which there is an outstanding balance
- The Payee Group uses the invoice to pay the amount(s) owed through Pay.gov

Due Dates for Initial Invoices

- Payments of APTC and user fee invoices, as well as contributing entities, issuers of reinsurance-eligible plans, issuers of RA-covered plans, and Qualified Health Plan (QHP) issuers paying RC charges must pay initial invoices **within 15 calendar days from the date of the initial invoices**
 - Interest and fees will not accrue until **30 calendar days from the date of the initial invoices**
 - An administrative fee of \$15 will be added to the unpaid balance not paid within 30 calendar days from the date of the initial invoice
- Invoices are due on the 15th day from the date on the initial invoice to eliminate any timing overlap where initial invoices are due at the same time CMS begins the subsequent month's netting process, pursuant to 45 CFR 156.1215(b)
- CMS will net any outstanding invoices in the subsequent payment cycle
 - Additional information can be found on REGTAP:
https://www.regtap.info/reg_librarye.php?i=2120

Timing of Invoice and Intent to Refer Letters

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

Sample Initial Invoice

INITIAL INVOICE

Re: Program	:	Advance Payments of the Premium Tax Credit
Entity ID	:	A123456
Invoice Number	:	A1111A011001001
Invoice Date	:	13-JUL-2018
Invoice Amount	:	\$101.99
Payment Due Date	:	28-JUL-2018

- Program – The program specific Exchange and Premium Stabilization program for which a balance due is identified
- Entity ID – The Entity ID is the Payee ID that is generated in the FM application
- Invoice Number – The invoice number will be used to submit payment in Pay.gov
- Invoice Date – The invoice date is the date of the invoice and the date that is used to calculate the invoice due date
- Invoice Amount – The invoice amount is the amount due for the specific invoice number
- Payment Due Date – The payment due date is the day that the invoice is due and is calculated as the date that is 15 days after the invoice date

Five (5) Business Day Outreach

- As a way to ensure that invoices have been received, CMS makes a courtesy call to issuers five (5) business days after an invoice is sent
- CMS will be reaching out via phone to the contact listed in the vendor management module
- If you have any questions about invoices, please email CMS at CCIIOInvoices@cms.hhs.gov

ITR Overview

- If payment is not submitted by the initial invoice deadline, an ITR letter is generated 60 days after the date of the initial invoice
- The ITR Letter is the final request for payment before CMS refers the debt to Treasury and reflects administrative charges and accrued interest in addition to the original balance owed at the time
- If you want to make a payment, but you are unsure the balance owed, please email CCIIOInvoices@cms.hhs.gov.
- A sample ITR Letter can be found in the appendix of this presentation

Failure to Submit Payment to Intent to Refer Letter

- Debts that remain unpaid 140 days from the date of the initial invoice will be referred to the Department of the Treasury
- Treasury will collect all required penalty charges and fees (including interest and administrative fees)
- Treasury will use all tools at its disposal to collect debt, including offsets of other government payments and/or referral to the Department of Justice for litigation
- CMS has no knowledge or involvement in the Treasury offset process and/or the offset amount. The notification (letter) will be generated by Treasury as part of their offset program
- To learn of the details, please contact the U.S. Department of the Treasury hotline at (800)-304-3107 or visit the website at https://fiscal.treasury.gov/fscontact/fs_contact.htm

Pay.gov

- Pay.gov is the portal to access the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form, which allows for the submission of payments for Exchange-related charges
- The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (Exchange Payment Form) is accessible directly through Pay.gov
- Access Pay.gov at <https://pay.gov/public/home>
- For Pay.gov customer service, concerns, or technical issues contact:
 - Call: (800) 624-1373 (Toll free, Option #2) or (216) 579-2112 (Option #2)
 - Email: pay.gov.clev@clev.frb.org

Pay.gov: Helpful Hints

Issuers should:

- Submit payment as early as possible
- Register in Pay.gov so a record of all completed transactions will exist within the Pay.gov account in the Payment Activity section under “MyAccount”
- Utilize the Invoice to complete the payment form
- Retain the confirmation email transmitted once payment is submitted. For more information about making payments on pay.gov, see slides 57-85 available at:
https://www.regtap.info/reg_librarye.php?i=2233

Additional Information

- Issuers may find detailed information regarding the collections and invoicing process by clicking the link below to view the July 22nd, 2019 Collections and Invoicing webinar slides:
 - https://protect2.fireeye.com/url?k=39b6e40d-65e2fd71-39b6d532-0cc47adc5fa2-a1670f07d7abd32c&u=https://www.regtap.info/reg_librarye.php?i=2969
- For questions about the payment process, issuers may also search the REGTAP library under the Vendor Management, Payments, and Collections program area for supporting documents
- Issuers should send questions related to their Invoice to the Invoice and Collections Team at CCIIInvoices@cms.hhs.gov
- Please follow the escalation path below for issues related to the transfer of the monthly PPR, PNR, and HIX 820 payment files:
 - Contact the CMS help desk and request a remedy ticket for the issue. The help desk will assign the ticket to the appropriate support team who will reach out to issuers to resolve
 - Email: CMS_FEPS@cms.hhs.gov
- Questions pertaining to the enrollment & payment data workbook may be referred to Marketplacepayments@cms.hhs.gov

Payment Activity Key Dates

2020 Payment Activity Key Dates

Key Payment Activities	January	February	March
Initial Invoice sent to Issuers	January 10 th -14 th	February 10 th -12 th	March 11 th -13 th
Preliminary Payment and Payee Information Reports sent to Issuers	January 13 th -15 th	February 12 th -14 th	March 11 th -13 th
Treasury issues payments to Issuers	January 22 nd	February 20 th	March 20 th
HIX 820 Payment transactions sent to Issuers	January 31 st	February 28 th	March 31 st

**Dates are subject to change*



APPENDIX

Access To CMSzONE

Step 1: CMS Secure Portal Registration Process:

(Pre-requisite to CMSzONE Access)

1. Register for access at CMS Secure Portal Here: <https://portal.cms.gov/>
2. Click on “New User Registration” under CMS Secure Portal
3. Complete information and create User ID and Password

Step 2: CMS zONE Access Request:

1. Log in at <https://portal.cms.gov/> with your CMS Secure Portal credentials
2. Click on “Request Access Now”
3. Scroll down the page to find “zONE” and click on “RequestAccess”
4. Complete information and wait for confirmation email
5. Once confirmation email is received, user may log-in to CMSzONE

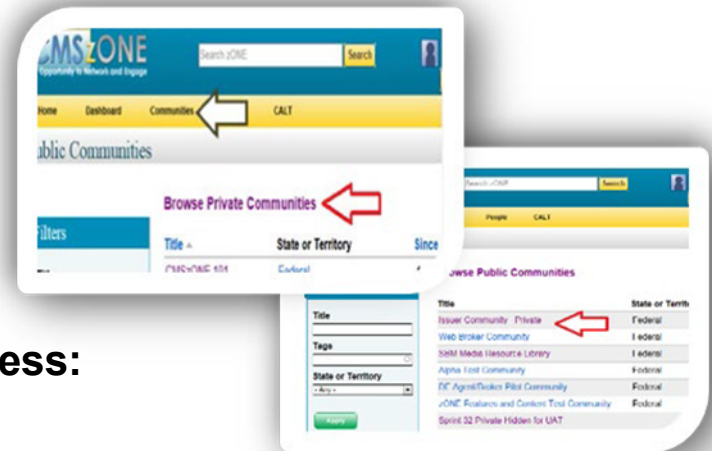
Step 3: CMSzONE Private Issuer Community Access:

(After being granted CMS zONE access)

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

User Access Quick Guide

A copy of the comprehensive User Access Quick Guide is posted on zONE @:
<https://zone.cms.gov/document/zone-end-user-access-quick-guide> (pre-log in required to access zONE links)



Reference Documents

Reference	Reference Link
SBE Issuer Information page (all of the following documents are available on this page)	https://zone.cms.gov/wiki/sbm-issuer-information
SBE Issuer ICD	https://zone.cms.gov/document/sbe-issuer-icd
SBE Issuer PBP FAQ	https://zone.cms.gov/document/policy-based-payments-transition-faq
Monthly Batch Cycle Calendars	https://zone.cms.gov/wiki/sbm-issuer-information
Managed File Transfers (MFT) Thin Client Help Guide	https://www.regtap.info/uploads/library/FT_MFTHelpGuide_081016_v1_5CR_081016.pdf



Reference Documents Continued

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

Reference Documents Continued

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

Sample Intent to Refer Letter

DUNNING LETTER- FINAL REQUEST

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

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

Contacting FMCC



When contacting the FMCC, issuers should include their five (5)-digit Health Insurance Oversight System (HIOS) ID and their seven (7)-character Payee ID, along with their request.

Acronyms

Acronym	Definition
HUB/DSH	Data Services Hub
EDI	Electronic Data Interchange
EPS	Enrollment and Payment System
FFE	Federally-facilitated Exchange
FMCC	Financial Management Coordination Center
HIOS	Health Insurance Oversight System
HIX	Health Insurance Exchange
XML	Extensible Markup Language
PNR	Payee Information Report
PPR	Preliminary Payment Report
PSV	Pipe-separated value
SBE	State-based Exchange
SHOP	Small Business Health Options Program

Resources

Resources

Dispute Submission Resource	Resource Link
Payment Dispute Form	https://zone.cms.gov/system/files/documents/ft_ppr_820_dispute_form_002.xlsx
Combined Enrollment and Payment Dispute Technical Reference Guide	https://zone.cms.gov/system/files/documents/combined_enrollment_and_payment_trg_v_1_0_20170417_0.pdf
ER&R Support Center	Email: errsupportcenter@cognosante.com Phone (855) 591-7113

Combined Enrollment and Payment Dispute Technical Reference Guide

- The Combined Enrollment and Payment Dispute Technical Reference Guide (TRG) provides guidelines for issuers regarding how to submit Payment Disputes.
- Issuers can access the TRG at the following links:
 - https://www.regtap.info/uploads/library/FT_TRG_v1_5CR_101416.pdf
 - https://zone.cms.gov/system/files/documents/combined_enrollment_and_payment_disputes_trg_v3.2.docx

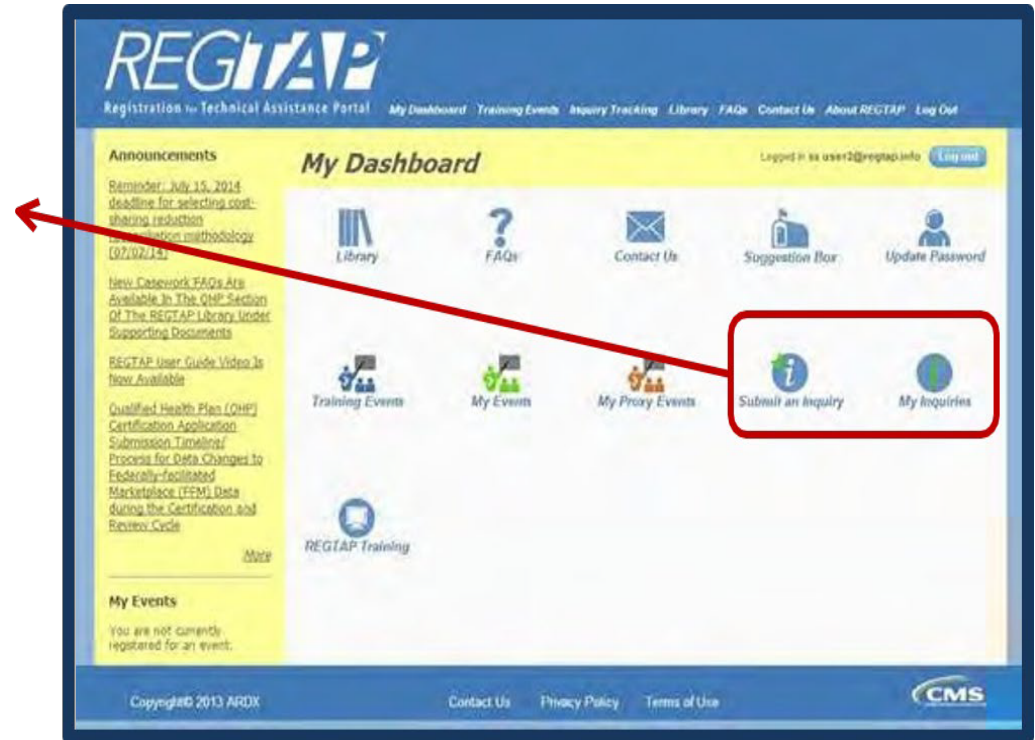
Resources

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

Inquiry Tracking and Management System (ITMS)

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

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



FAQ Database on REGTAP



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

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

FAQ Search

FAQ ID Enter single FAQ ID or multiple IDs (1-10 or 15,18,87)

Keyword/Phrase

Program Area
Select All
ACA Financial Appeals
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility

Primary Category

Secondary Category

Benefit Year Select All

Publish Date
Start Date End Date

FAQs to Display: Current FAQs Only
 Retired FAQs Only
 All FAQs (Current and Retired)