

834 TRANSACTIONS: ADVANCED SCENARIOS

August 19, 2013

Financial Management and
Payment Process Series I

Agenda

- Series Overview
- Introduction
- Purpose
- Enrollment Scenarios in the Individual Market FFM
- Questions
- Resources
- Closing Remarks

Series Overview

- This series contains a total of six (6) sessions to provide QHP Issuers and other entities with a fundamental understanding of the financial management and payment process.
- Future sessions provide insight to the operational and technical guidance.

To maximize the learning experience, QHP Issuers should attend all sessions.



Series Overview (continued)

Session	Date of Session	Session Title
1	July 30, 2013	Overall Series Description and End to End Payment Flow/Payment Process Timeline
2	August 5, 2013 and August 9, 2013	CSR Advance Payment Rates Calculation and Review/Approval Process
3A	August 12, 2013	834 Transactions: Fundamentals of the 834
3B	August 19, 2013	834 Transactions: Advanced Scenarios
3C	September 17, 2013	834 Transactions: Cumulative Q&A Session
4	September 9, 2013	Payment Processing Overview and Reporting (HIX 820)

Session Guidelines

- This is the fourth webinar in the six-part series.
- It is a 90-minute webinar session.
- Documented Q&As will be posted in the coming weeks.

Intended Audience

- Associations
- CO-OPs
- Stand-Alone Dental Plans
- FFM Issuers
- Pharmacy Benefit Managers
- SBM Issuers
- Vendors/TPAs

Purpose

At the conclusion of this session, participants will gain an understanding of submitting enrollment transactions at various levels of complexity using advanced scenarios designed by CMS. The 834 transaction will be discussed throughout the session in order to provide participants with the transaction flow and process.

Enrollment Scenarios

Enrollment Scenarios

Scenarios Involving APTC/CSR:

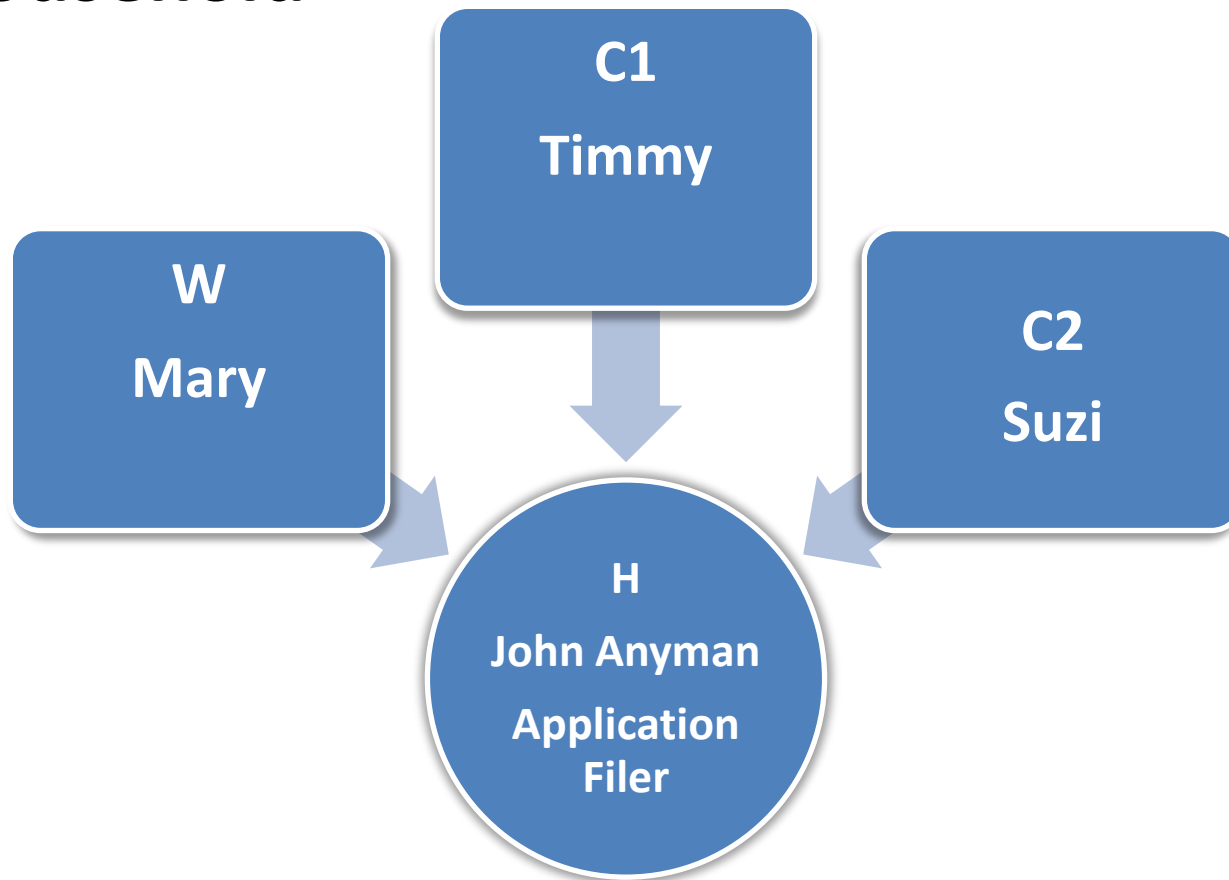
- #1. Child Only Coverage Involving Enrollment with Two Different QHP Issuers
- #2. Family Enrollment Involving Two Enrollment Groups with One QHP Issuer

SCENARIO #1:

**Child Only Coverage Involving Enrollment with
Two Different QHP Issuers**

Members Seeking Coverage

Tax Household



Scenario Assumptions

1. Application processing started at the FFM.
2. Initial Health Coverage enrollment is from the FFM to the Issuer.
3. On the application, John Anyman is entered as the contact person.
4. Mary Anyman is entered as Person 1, the tax filer with dependents.
5. John Anyman and family members are determined eligible.
6. John and Mary choose not to enroll.
7. John and Mary file a joint tax return and claim Timmy and Suzi as dependents.
8. Timmy and Suzi are enrolled into separate QHPs covered by different Issuers.
9. They are members of a federally recognized tribe.
10. The IRS Coverage Family is eligible for APTC and CSR.
11. No changes to the enrollment information were made between the time it was sent to the Issuer and the time the Issuer sent back the effectuation transaction confirming enrollment.

Qualified Health Plan (QHP) Enrollment Transaction

On December 2, 2013, John Anyman completes the enrollment application process on the Federally-facilitated Marketplace (FFM) website for himself and the other members of his family.

- The family consists of John, his wife, Mary and their two young children, Timmy and Suzi, and they are all members of a federally recognized tribe.
- Additionally, the family's household income is equal to 275% of the Federal Poverty Level (FPL) for their family size of four.

Qualified Health Plan (QHP) Enrollment Transaction

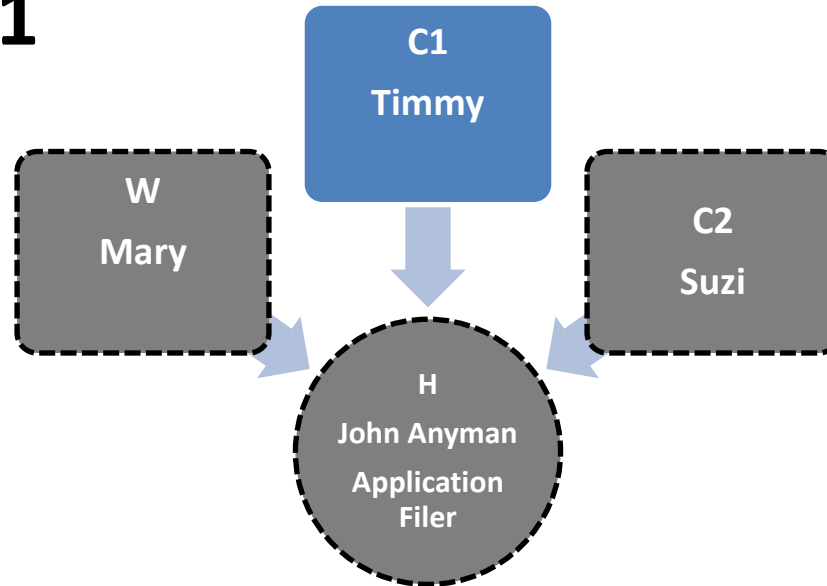
- The family is determined eligible for enrollment in a Qualified Health Plan (QHP) and is determined eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR).

John and Mary do not seek coverage for themselves on the application, but decide to enroll Timmy into one QHP with Issuer 1 and to enroll Suzi in another QHP with Issuer 2.

- The family qualifies as Indians in a federally recognized tribe and their income is equal to 275% of the FPL. Timmy and Suzi are both enrolled into bronze level zero cost-sharing plan variations with Issuer 1 and Issuer 2.

Members Seeking Coverage

QHP – Issuer 1



Qualified Health Plan (QHP) Enrollment Transaction

- Subscriber (Timmy) Enrollment Transaction – Timmy is enrolled into one Qualified Health Plan (QHP) with Issuer #1. The transaction is sent December 2, 2013 with the Member Level Date: Begin January 1, 2014.

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
54321MI124000102 Eff:1/1/2014	120.00 Eff: 1/1/2014	MIO Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
R-MI005 Eff: 1/1/2014	30.00 Eff: 1/1/2014	120.00 Eff: 1/1/2014	N/A	120.00 Eff: 1/1/2014	0.00 Eff: 1/1/2014

Initial Enrollment Transaction Overview – Outbound – Issuer #1

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – *Timmy Anyman*

2000 – Member Level Detail

2100A – Member Name

2100C – Member Mailing Address

2100F – Custodial Parent - *John Anyman*

2100G – Responsible Person – *Mary Anyman*

2300 – Health Coverage

LS

2700 – Member Reporting Categories

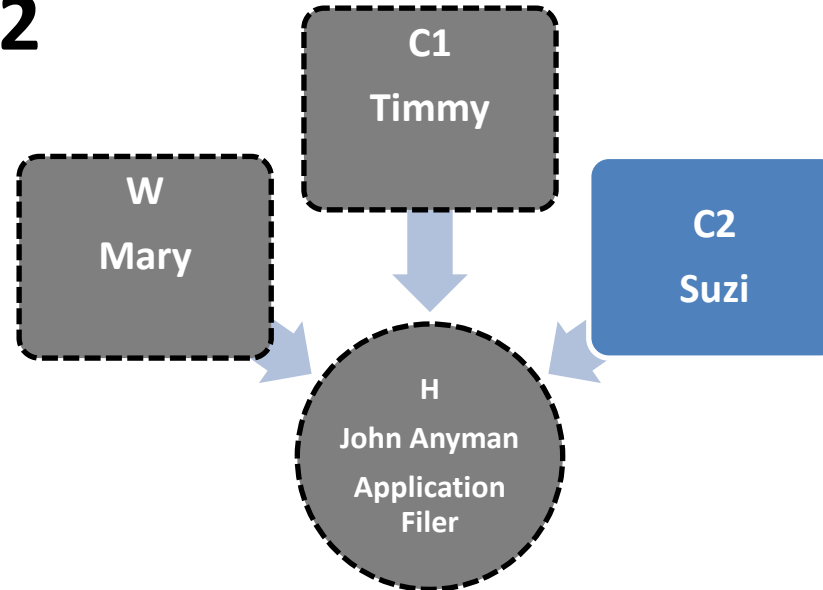
2750 – Reporting Category

LE

SE

Members Seeking Coverage

QHP – Issuer 2



Qualified Health Plan (QHP) Enrollment Transaction

- Subscriber (Suzi) Enrollment Transaction – Suzi is enrolled into another QHP with Issuer #2. The transaction was sent on December 2, 2013 with a Member Level Date: Begin January 1, 2014

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
22333MI0789123402 Eff:1/1/2014	125.00 Eff: 1/1/2014	MI0 Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
R-MI005 Eff: 1/1/2014	35.00 Eff: 1/1/2014	125.00 Eff: 1/1/2014	N/A	120.00 Eff: 1/1/2014	5.00 Eff: 1/1/2014

Initial Enrollment Transaction Overview – Outbound – Issuer #2

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – *Suzi Anyman*

2000 – Member Level Detail

2100A – Member Name

2100C – Member Mailing Address

2100F – Custodial Parent - *John Anyman*

2100G – Responsible Person – *Mary Anyman*

2300 – Health Coverage

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

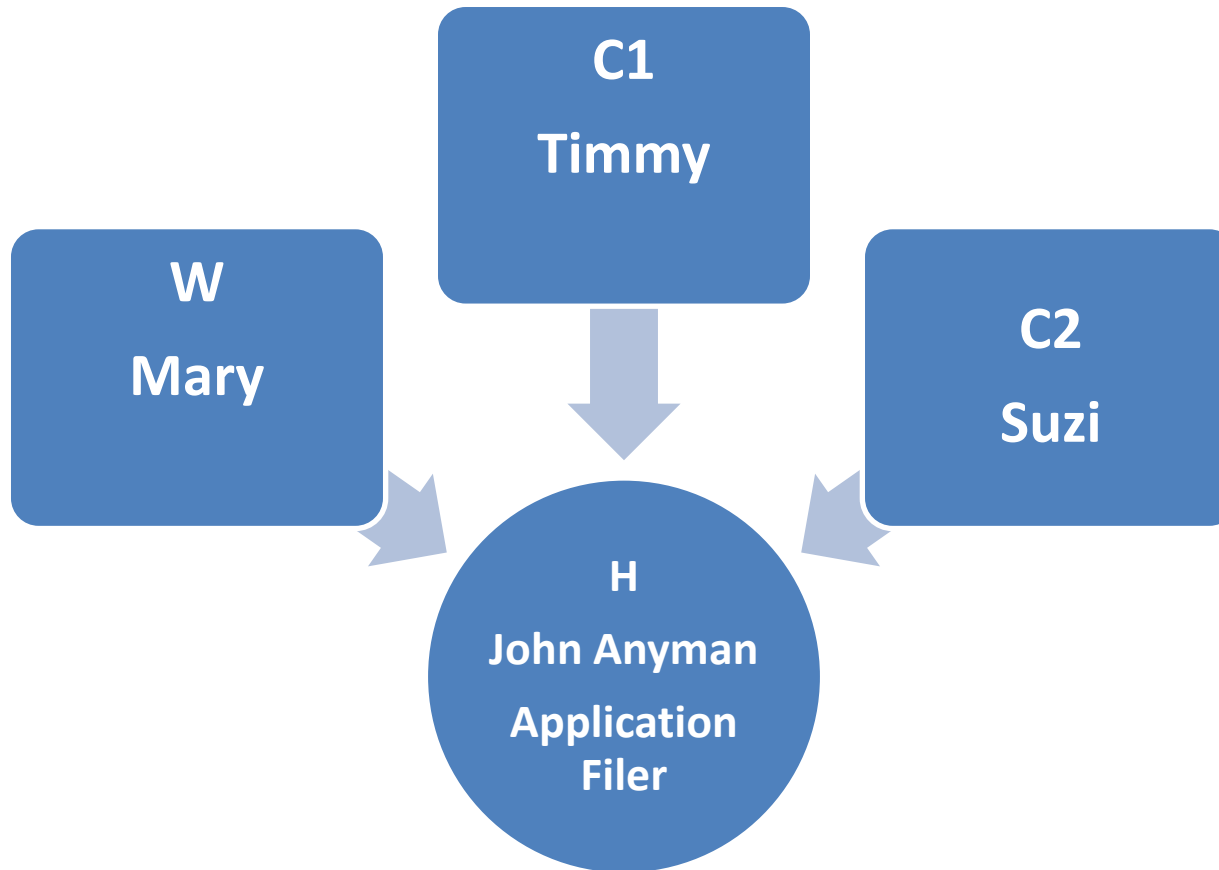
SE

SCENARIO #2

**Family Enrollment Involving Two
Enrollment Groups with One QHP Issuer**

Members Seeking Coverage

Tax Household



Scenario Assumptions

1. Application processing started at the FFM.
2. Initial Health Coverage enrollment is from the FFM to the Issuer.
3. John Anyman is entered as the contact person on the application.
4. John Anyman is entered as Person 1, the tax filer with dependents.
5. John Anyman and family members are determined eligible.
6. The IRS Coverage Family is eligible for APTC and CSR.
7. The family enrolls in a QHP where premium is individual rated.
8. No changes to the enrollment information were made between the time it was sent to the Issuer and the time the Issuer sent back the effectuation transaction confirming enrollment.
9. Timmy, the youngest child, is the subscriber on the stand-alone dental plan.
10. CSR cannot be applied to the stand-alone dental plan.
11. Once the consumer has selected how much APTC to use for premium discount (major medical and stand-alone dental), the Marketplace uses a business rule described in 155.340(f) to allocate/distribute the amount used for premium discount among the various enrollment groups' selections.

Qualified Health Plan (QHP) Enrollment Transaction

On December 2, 2013, during the initial open enrollment period, John Anyman completes the enrollment application process on the Federally-facilitated Marketplace (FFM) website for himself and the other members of his family.

- The family consists of John, his wife, Mary and their two young children, Timmy and Suzi.
- Additionally, the family's household income is equal to 235% of the Federal Poverty Level (FPL) for their family size.

Qualified Health Plan (QHP) Enrollment Transaction

- The family is determined eligible for enrollment in a Qualified Health Plan (QHP) and is determined eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR).

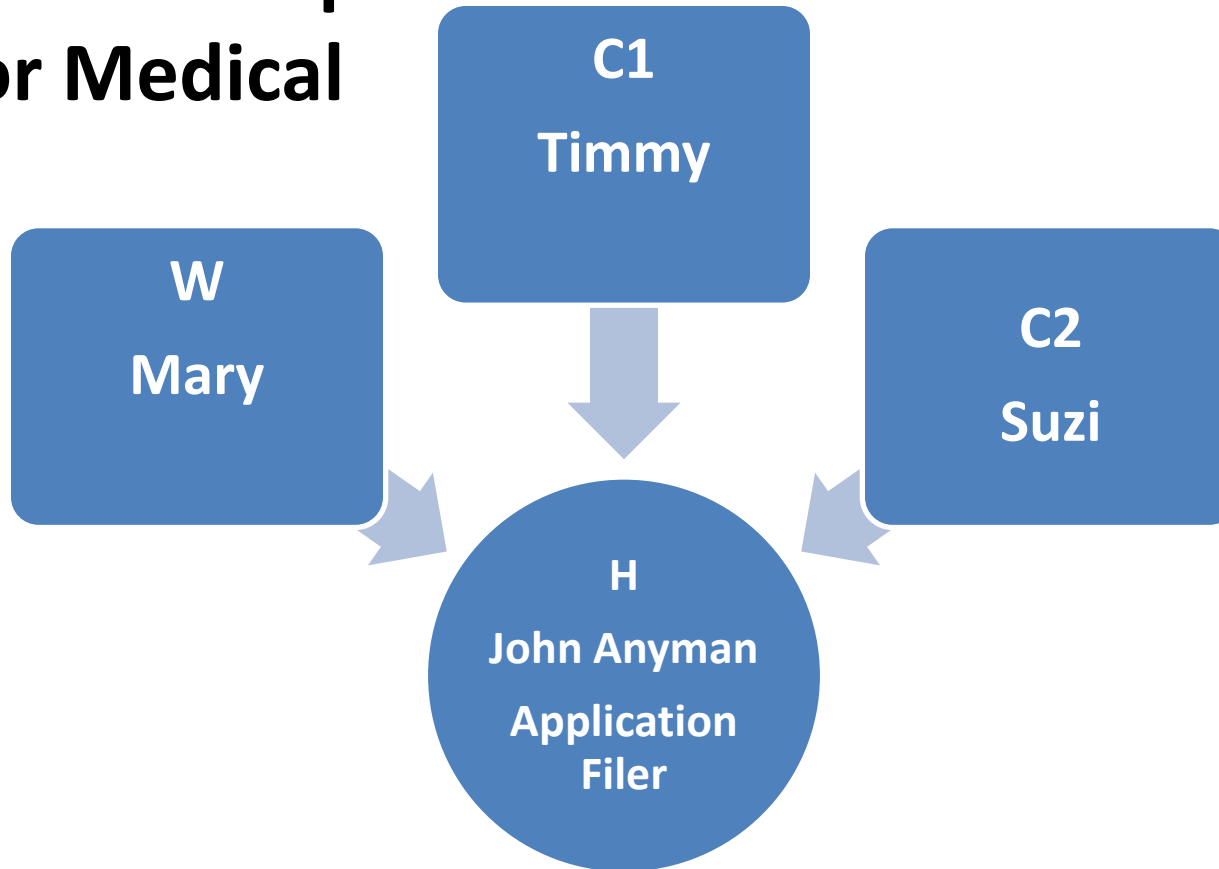
John and Mary enroll the family into one major medical QHP and the children into a separate stand-alone dental plan with the same issuer.

- The entire family is enrolled in a 73% silver plan variation and Timmy and Suzi are also enrolled in a stand-alone dental plan with the same Issuer.

Covered Members

Enrollment Group 1

- Major Medical



Major Medical Plan Enrollment Transaction

- Subscriber (John)/Dependents (Mary, Timmy, Suzi): Enrollment transaction – All family members are enrolled into a major medical plan. The transaction is sent December 2, 2013 with a Member Level Date: Begin January 1, 2014.

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
22333MI0789123404 Eff: 1/1/2014	150.00 Eff: 1/1/2014	MIO Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
R-MI005 Eff: 1/1/2014	40.00 Eff: 1/1/2014	500.00 Eff: 1/1/2014	N/A	160.00 Eff: 1/1/2014	340.00 Eff: 1/1/2014

Major Medical Plan Enrollment Transaction (continued)

- For Mary, Timmy and Suzi of the same family:

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
22333MI0789123404 Eff: 1/1/2014	150.00 (Mary) 100.00 (Timmy) 100.00 (Suzi) Eff: 1/1/2014	MIO Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
N/A	N/A	N/A	N/A	N/A	N/A

Initial Enrollment – Transaction Overview – Outbound – Group 1

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – John Anyman

2000 – Member Level Detail

2100A – Member Name

2100C – Member Mailing Address

2300 – Health Coverage – *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 1 – Mary Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage – *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 2 – Timmy Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage – *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage – *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

SE

Effectuation Transaction Overview – Inbound – Group 1

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – John Anyman

2000 – Member Level Detail

2100A – Member Name

2100C – Member Mailing Address

2300 – Health Coverage - *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 1 – Mary Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage - *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 2 – Timmy Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage - *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail

2100A – Member Name

2300 – Health Coverage - *HD03 = HLH*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

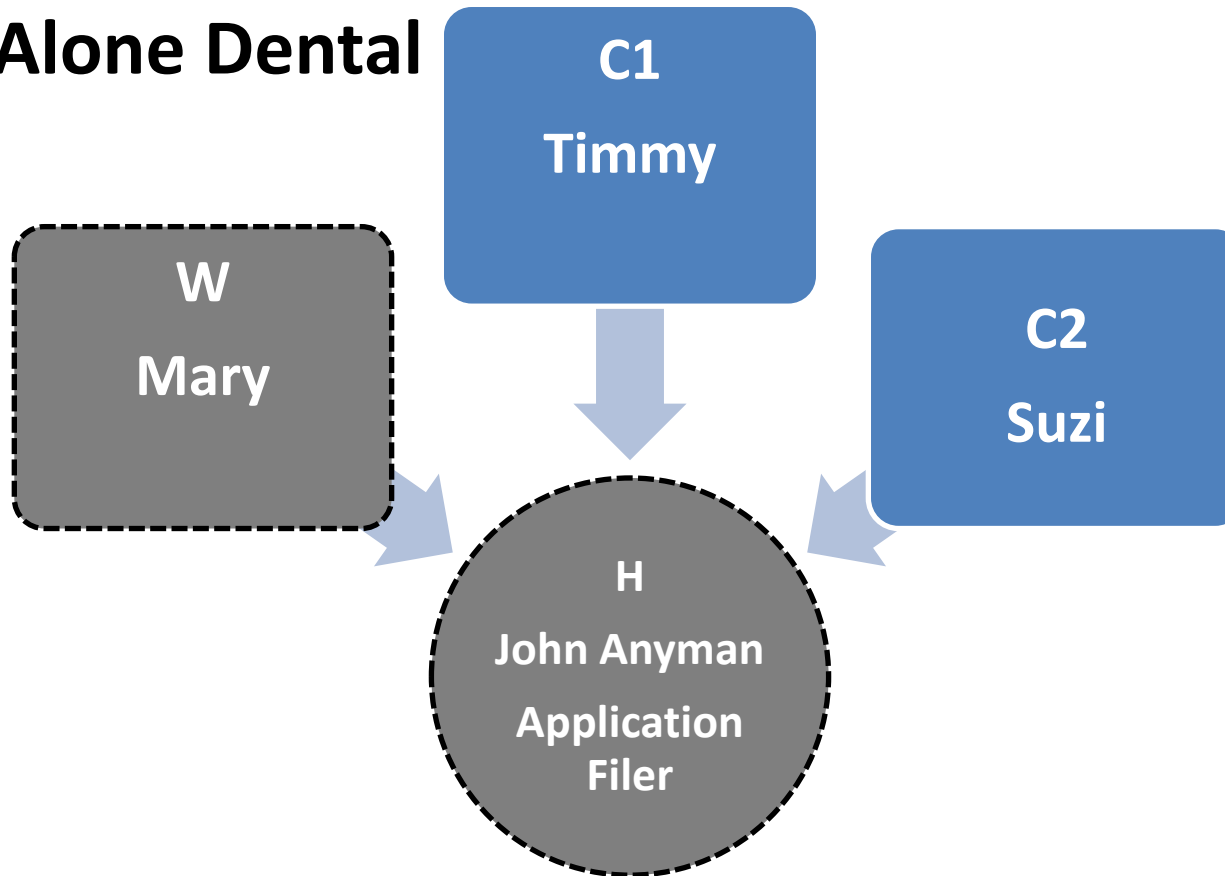
SE



Covered Members

Enrollment Group 2

- Stand-Alone Dental



Stand-Alone Dental Plan Enrollment Transaction

- Subscriber (Timmy)/Dependent (Suzi): Enrollment transaction – Timmy and Suzi are enrolled into a stand-alone dental plan. The transaction was sent December 2, 2013 with a Member Level Date: Begin January 1, 2014. This is the transaction for Timmy:

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
01234MI124000101 Eff: 1/1/2014	50.00 Eff: 1/1/2014	MIO Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
R-MI005 Eff: 1/1/2014	N/A	100.00 Eff: 1/1/2014	N/A	N/A	100.00 Eff: 1/1/2014

Stand-Alone Dental Plan Enrollment Transaction (continued)

This is the transaction for Suzi:

QHP	2750 – PRE AMT 1	2750 – Source Exchange ID	2750 – SEP	2750 – Maint Reason Code	2750 – REQ SUB TIMESTAMP
01234MI12400010 Eff: 1/1/2014	50.00 Eff: 1/1/2014	MIO Eff: 1/1/2014	N/A	N/A	20131202112730

2750 - RATING AREA	2750 – CSR AMT	2750 – PRE AMT TOT	2750 - OTH PAY AMT	2750 - APTC	2750 – TOT RES AMT
N/A	N/A	N/A	N/A	N/A	N/A

Initial Enrollment – Transaction Overview – Outbound – Group 2

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – Timmy Anyman
2000 – Member Level Detail
2100A – Member Name
2100C – Member Mailing Address
2100F – Custodial Parent
2100G – Responsible Person
2300 – Health Coverage - *HD03 = DEN*
LS
2700 – Member Reporting Categories
2750 – Reporting Category
LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail
2100A – Member Name
2100F – Custodial Parent
2100G – Responsible Person
2300 – Health Coverage - *HD03 = DEN*
LS
2700 – Member Reporting Categories
2750 – Reporting Category
LE

SE

Effectuation Transaction Overview – Inbound – Group 2

ST

Table 1 – Header Information

Table 2 - Detail

Subscriber – Timmy Anyman

2000 – Member Level Detail

2100A – Member Name

2100C – Member Mailing Address

2100F – Custodial Parent

2100G – Responsible Person

2300 – Health Coverage - *HD03 = DEN*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail

2100A – Member Name

2100F – Custodial Parent

2100G – Responsible Person

2300 – Health Coverage - *HD03 = DEN*

LS

2700 – Member Reporting Categories

2750 – Reporting Category

LE

SE

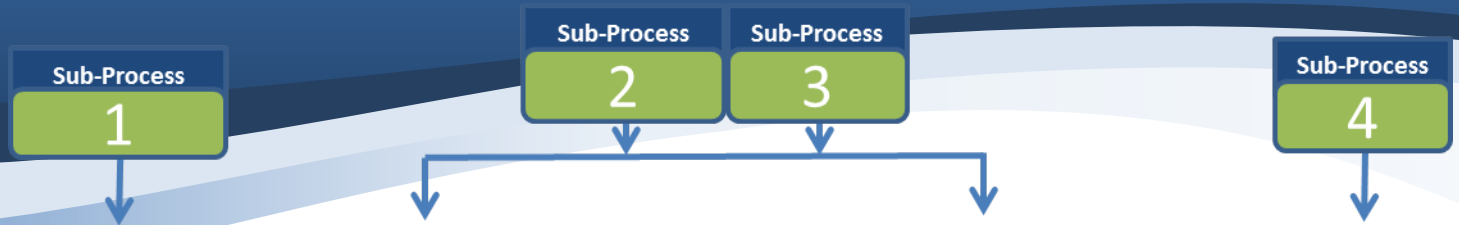
Questions



Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services	http://www.hhs.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://cciio.cms.gov/
Consumer website on Health Reform	http://www.healthcare.gov/
CFR 9977 or 9975 Final Rule for Payment with the details on enrollment dates	
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	www.REGTAP.info

Financial Management and Payment Process Series I



Session	2	3A	3B	3C	4
Date of Session	August 5, 2013 and August 9, 2013	August 12, 2013	August 19, 2013	September 17, 2013	September 9, 2013
Session Title	CSR Advance Payment Rates Calculation and Review/ Approval Process	834 Transactions: Fundamentals of the 834	834 Transactions: Advanced Scenarios	834 Transactions: Cumulative Q&A Session	Payment Processing Overview and Reporting (HIX 820)

Closing Remarks

