834 Transactions: Fundamentals of 834

August 12, 2013

Financial Management and
Payment Process Series I

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Introduction
- Purpose
- Overview of Enrollment Sub-process
- Getting Started with FFM
- Questions & Answers
- Transactions Sets
- Companion Guide Overview
- Business Uses
- APTC/CSR Loop
- Identifiers
- Enrollment Scenarios in the Individual Market FFM
- Resources
- Closing Remarks

Introduction

- The Financial Management and Payment Process Series will provide Issuers and other entities with program and operational guidance for collection and reconciliation of the Advance Payment of Premium Tax Credit (APTC)/Cost Sharing Reduction (CSR) to support the premium stabilization programs.
- This is the third webinar in this six part series.

Session Guidelines

- This is a ninety (90) minute Webinar session.
- There will be two Q&A periods throughout the webinar session.
- Documented Q&As will be posted in the coming weeks.
- For questions regarding content or logistics, contact the REGTAP Registrar at registrar@regtap.info or (800) 257-9520.

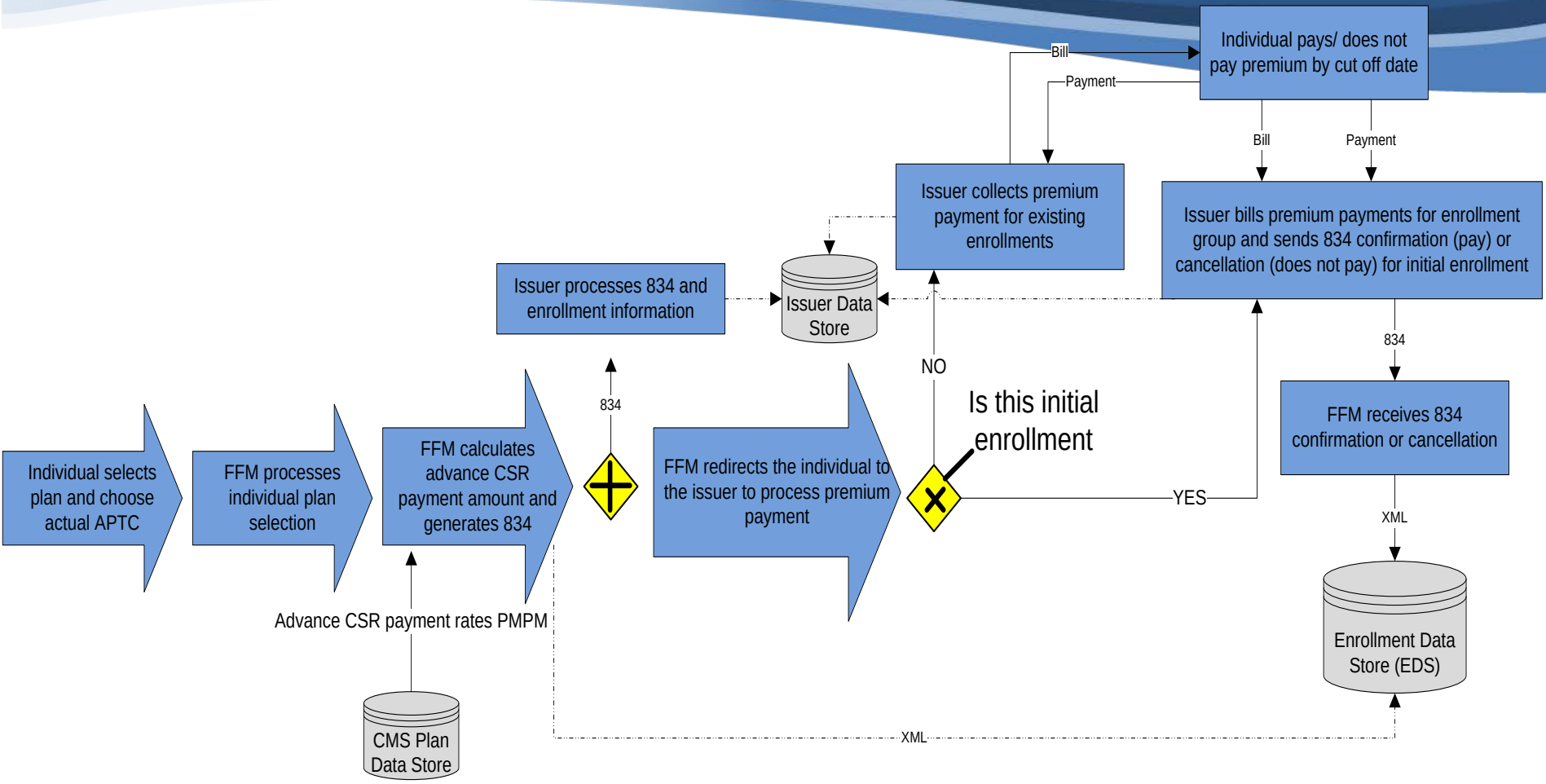
Intended Audience

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

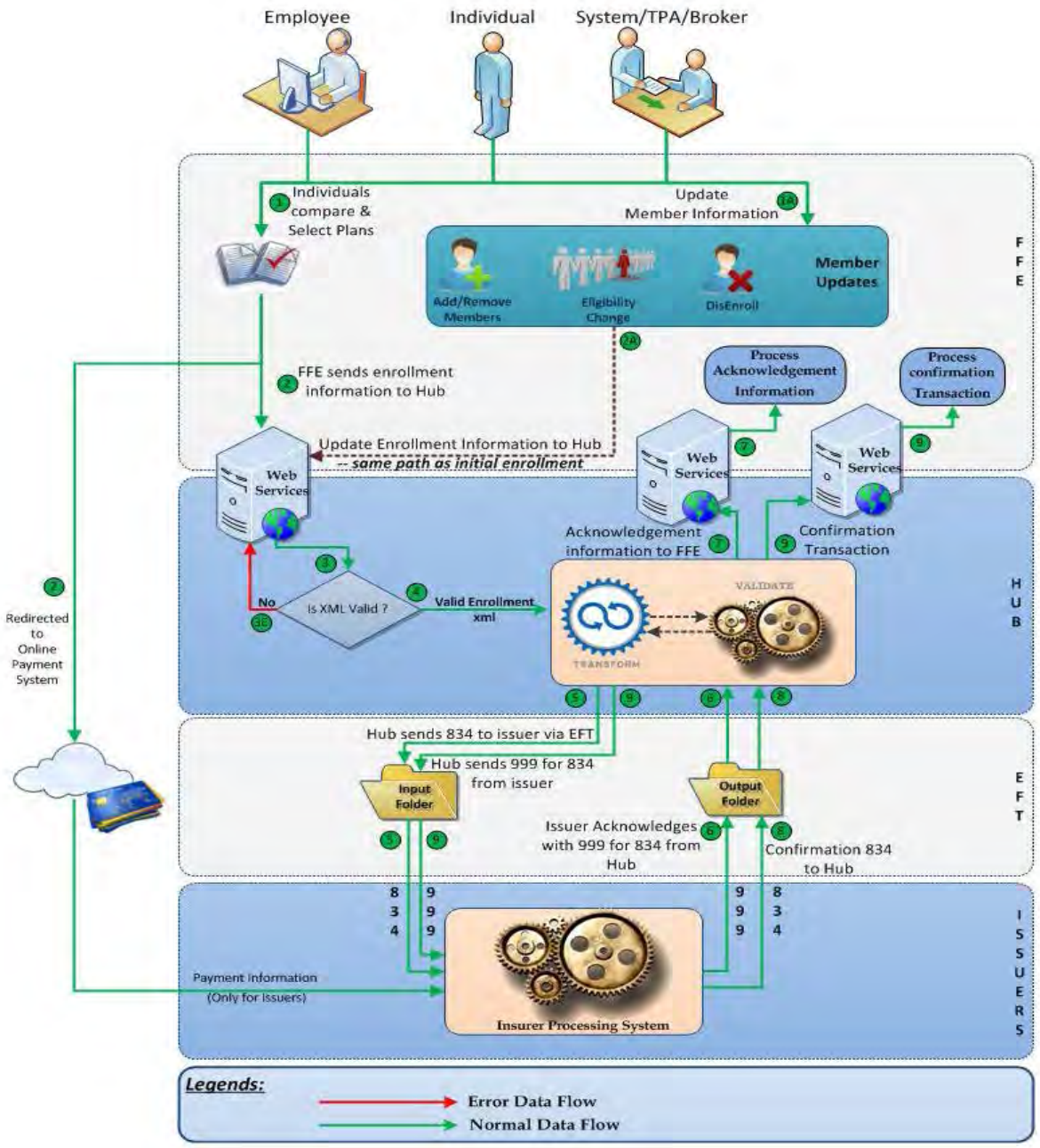
Purpose

- At the conclusion of this session, participants will gain a basic knowledge of the fundamentals of the Federally Facilitated Marketplace (FFM) implementation of the 834 transactions. Participants, through the use of different scenarios, will know the procedures for enrolling an individual into a QHP.

Overview of Enrollment Sub-Process



Getting Started with FFM



FFM Enrollment Context Diagram

Getting Started with FFM

- Interaction for Electronic Data Interchange (EDI) traffic with the Federally Facilitated Marketplace will require registration with the Data Services Hub (DSH or HUB).
- In order to send and/or receive transactions from the FFM, Trading Partners and State Based Marketplace must complete the following steps:

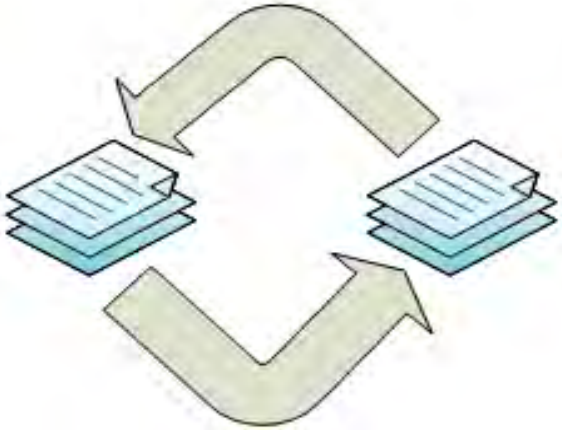
1. Complete a CMS EDI Registration Testing Form
2. Provide Profile Information
3. Establish and Complete Connectivity Testing using Pull Methodology

Getting Started with FFM (continued)

1. Trade Partner Agreement

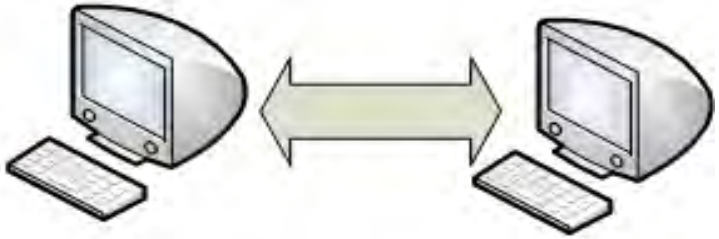
- Complete a Registration form
- Submit Form to CMS via Adobe LiveCycle for Processing
- EDI Interface

2. Provide or exchange Profile Information



- Electronic Data Interchange EDI
  - Notifies FFM to open QHP for enrollment
  - Trading Partner Profile switched to production status

3. Connectivity



- Trading Partners connect to Hub for exchange of Transactions via CMS Enterprise File Transfer
- Trading Partner is assigned a Source ID for the EFT System

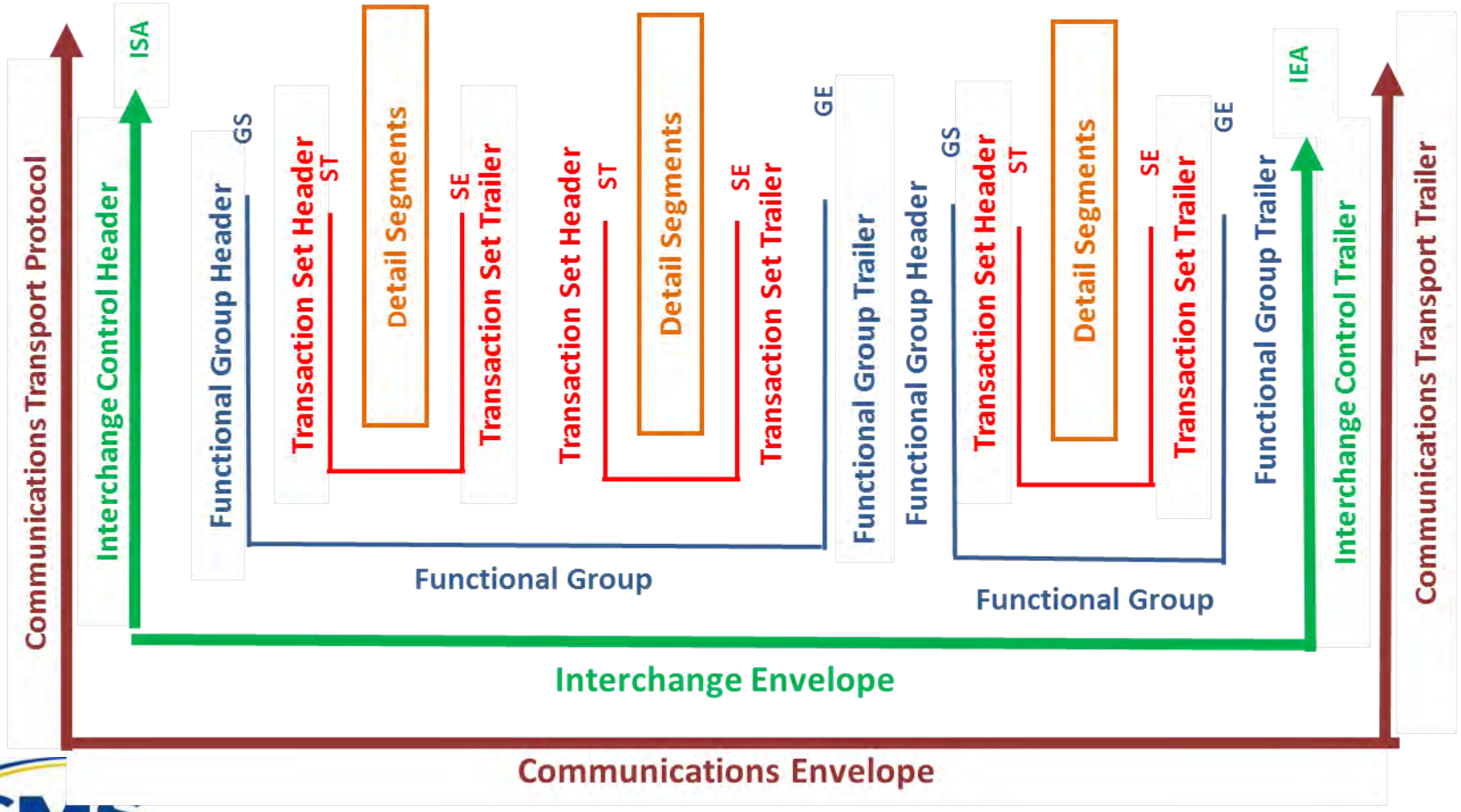
FFM Contact Information

- There is a single point for all IT based contact with the FFM environment.
- The eXchange Operations Support Center (XOC) can be reached for all IT Level One issues at:
  - Telephone: 1-855-CMS-1515
  - Email: CMS_FEPS@cms.hhs.gov

Note: Consumer based issues will be handled elsewhere via a Call Center environment.

Transaction Set

Enveloping and Looping Structure



Acknowledgements

- When organizations are exchanging EDI transactions with the FFM Data Services Hub (HUB) such as an inbound Enrollment transaction, the Accredited Standards Committee (ASC) X12 Acknowledgment Model will be employed.
- Expect to receive:
  - TA1 acknowledges a status for the Interchange Level
  - Implementation Acknowledgment For HealthCare Insurance (999) the Functional Group Level

Companion Guide Overview

CMS Companion Guide for the Enrollment Transaction

Companion Guides:

- To clarify data content requirements in conjunction with the Technical Report Type 3 (TR3) published by the Standards Development Organization (SDO) related to a specific organization's implementation.
- Are used to provide specific, supplemental requirements to trading partners for exchanging transactions.
- Provide information about EDI enrollment, testing and customer support.
- Issuers are required to use the CMS authored Companion Guide when send or receiving the ASC X12 834 enrollment transaction.
- CMS is requiring State Based Marketplaces to use the CMS companion guide as a base for exchanging transactions with the Federal Facilitated Marketplace Data Services Hub.

Business Uses

Reasons for Transaction Exchanges

From the Marketplace to the Issuer or from the Issuer to the Marketplace

Transaction	Reason
New Enrollment from Marketplace	• Initial Enrollment to Issuer • Acknowledgement from Issuer • Enrollment Effectuation from Issuer
Enrollment Changes from Marketplace	• Enrollment Changes to Issuer • Acknowledgement from Issuer • Confirmation of Enrollment Changes from Issuer
Enrollment Changes from Issuer	• Enrollment Changes to Marketplace • Acknowledgement to Issuer
Reconciliation	• Produces a list of discrepancies

Enrollment Transaction Interchange

ISA – Interchange Control Header

- Identifies an interchange of functional groups
- All positions must be filled with positive unsigned number
- Hub accepts multiple ISA-IEA envelopes within a single physical file (Inbound to Data Services HUB)
  - ISA05 (Interchange Sender ID Qualifier) = ZZ
  - ISA06 (Interchange Sender ID) is documented on the EDI Registration form
  - ISA07 (Interchange Receiver ID Qualifier) = ZZ
  - ISA08 (Interchange Receiver ID) = CMSFFM
  - ISA14 = 1
    - TA1 acknowledgement for every outbound Interchange

IEA – Interchange Control Trailer

- Defines the end of an interchange of functional groups
- Required segment
  - IEA01 (Number of Included Functional Groups)
  - IEA02 (Interchange Control Number) must be the same value as ISA13

Enrollment Transaction Functional Group

GS – Functional Group Header

- Identifies beginning of each functional group
- Required segment
- Hub accepts multiple GS-GE envelopes within a single ISA – IEA interchange
- GS02 – Application Sender ID must be the FFM assigned Exchange ID (XX9 – where “XX” – the two character state abbreviation and “9” equals the one character numeric value used. In all cases the value is zero
- GS03 – Application Receiver ID must be the 14 characters of the Qualified Health Plan Id (without variant value)
- GS06 (Group Control Number)
  - To assist in reconciling Implementation Acknowledgement for Health Insurance Transactions (999) CMS strongly recommends the control numbers increment from one day to the next.
  - Must be identical to GE02.

GE – Functional Group Trailer

- Indicates the end of a functional group
- Required segment
  - GE01 (Number of Transaction Sets)
  - GE02 (Group Control Number) identical to GS06

Enrollment Transaction Set

ST – Transaction Set Header

- Identifies beginning of a transaction set
- Required segment
- Hub accepts multiple ST-SE envelopes within a single GS-GE Functional Group.
- ST02 (Transaction Set Control Number)
  - To assist in reconciling Implementation Acknowledgement for Health Insurance Transactions (999) CMS strongly recommends the control numbers increment from one day to the next.
  - Must be identical to SE02.

SE – Transaction Set Trailer

- Indicates the end of a transaction set
- Required segment
  - SE01 (Number of Transaction Sets)
  - SE02 (Transaction Set Control Number) identical to ST02

Identifiers

Identifiers

- Exchange Assigned Policy ID
  - This is used to link the people of specific Enrollment Group
- Exchange-Assigned Subscriber ID
  - Used as primary identifier to transmit information between the FFM and QHP issuers.
  - Also will be used to identify members on the payment report from CMS to QHP issuers.
- Exchange-Assigned Member ID
  - Identifies other member(s) of the Enrollment Group when information is transmitted between the FFM and QHP issuers.
  - Also will be used to identify members on the payment report from CMS to QHP issuers.
- Issuer-Assigned Policy ID
  - Transmitted from QHP issuer to FFM on confirmation 834
- Issuer-Assigned Subscriber ID
  - Transmitted from QHP issuer to FFM on confirmation 834
- Issuer-Assigned Member ID
  - Transmitted from QHP issuer to FFM on confirmation 834
- Qualified Health Plan ID
  - 16 characters
  - Last two digits used to identify the CSR plan variation

FFM Assigned Identifiers

Member Identifier	Ref ID Qualifier	Notes
Exchange Assigned Policy Identifier	1L	• A number which links together all members to a specific Enrollment Group • Transmitted in the REF02 at the 2300 Health Coverage Loop
Exchange Assigned Subscriber ID	0F	• When transmitted in the Subscriber Identifier REF • Used as primary identifier to transmit information between the FFM and QHP issuers • Also will be used to identify members on the payment report from CMS to QHP issuers.
Exchange Assigned Member ID	17	• When transmitted in the Member Identifier REF • Used as the identifier for additional members of the enrollment group to transmit information between the FFM and QHP issuers
Payment Transaction ID	6O	• This information is transmitted when the individual is redirected from the FFM to the QHP Issuer's portal and is conveyed in the REF02 at the 2000 Member Level Detail

FFM Assigned Identifiers (continued)

Member Identifier	Ref ID Qualifier	Notes
Issuer Assigned Employer Group Identifier (If available)	E8	• SHOP market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element • Sent by the Issuer to the Exchange in the Effectuation Transaction • Transmitted in the Member Supplemental Identifier REF
Exchange Assigned Plan ID	CE	• CE-QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component.

Issuer Assigned Identifiers

Member Identifier	Ref ID Qualifier	Notes
Issuer Assigned Subscriber ID	ZZ	• Subscriber Identifier REF • Transmitted from QHP issuer to FFM on confirmation 834
Issuer Assigned Member ID	23	• When transmitted in the Member Identifier REF • Transmitted from QHP issuer to FFM on confirmation 834
Issuer Assigned Policy ID	X9	• Issuer Assigned Policy ID REF • Transmitted from QHP issuer to FFM on confirmation 834
Issuer Assigned Employer Group ID	E8	• SHOP market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element • Sent by the Issuer to the Exchange in the Effectuation Transaction • Transmitted in the Member Supplemental Identifier REF

Enrollment Scenarios in the Individual Market FFM

Enrollment, Cancellation & Confirmation

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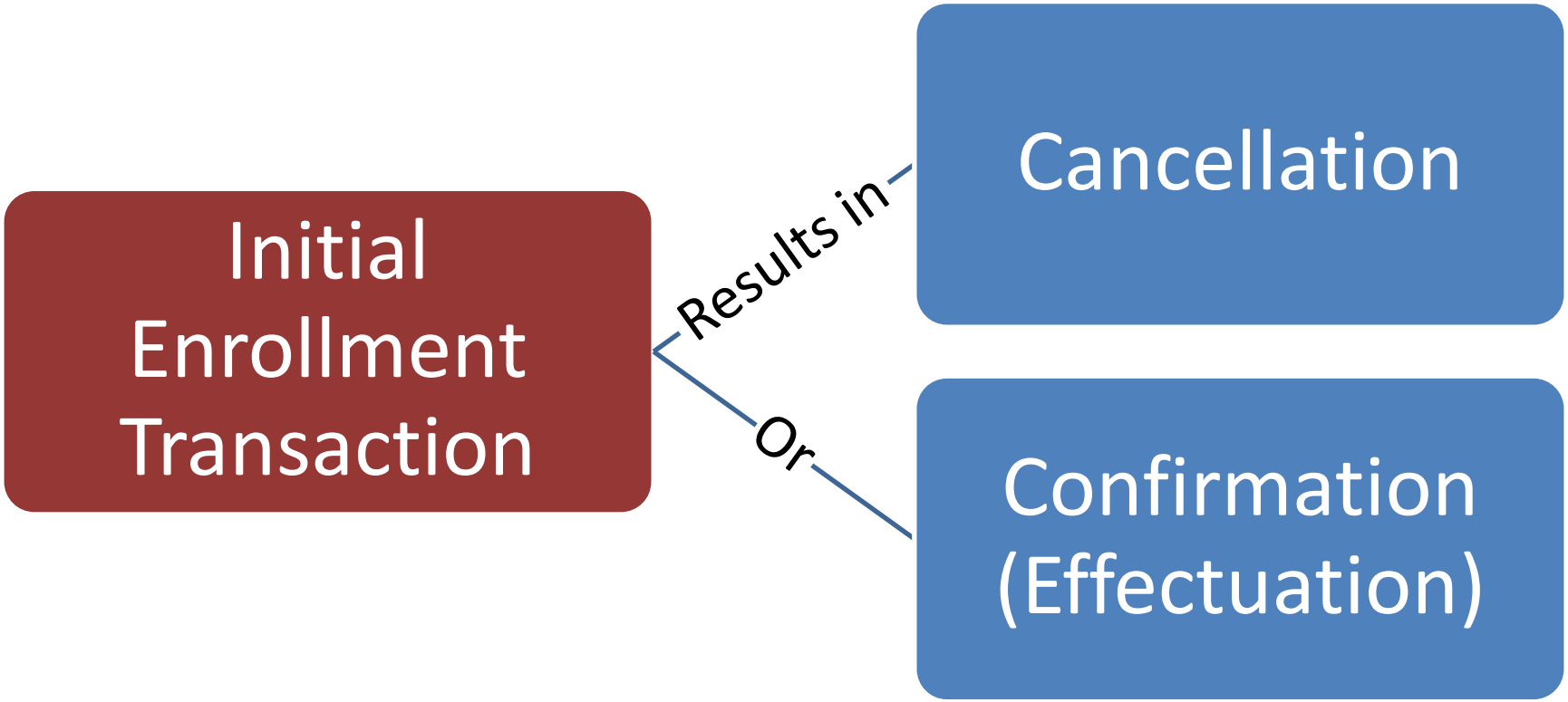
Transaction Overview



Initial Enrollment – Family

- Family Initial Enrollment:
  - One Issuer (Individually Rated), with APTC and CSR
  - ***Enrollment Transaction***
  - FFM to QHP Issuer

Initial Enrollment Case Facts – Family Scenario

- On December 2nd, during an initial or annual open enrollment period, John Anyman completes the enrollment application process on the FFM website for himself and his family.
  - The family consists of John, his wife Mary, and their two young children, Timmy and Suzi.
- The FFM determines that the family is eligible for enrollment in a QHP.
- The FFM determines that John and his family are eligible for Advance Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs).

Initial Enrollment Case Facts – Family Scenario (continued)

- The FFM determines that John and his family are eligible for $100 maximum APTC per month and for the 73% AV silver plan variation.
- John chooses to enroll in a 73% AV silver plan variation and to take $80 in actual APTC per month.
- John asks for an enrollment effective date of January 1.
- The FFM sends an initial enrollment transaction to the issuer with an enrollment effective date of January 1.
- The issuer confirms receipt of the transaction by sending an acknowledgement to the FFM.

Initial Enrollment Instructions

Loop	Reference	Name	Code	Exchange Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	EC	Will transmit when the member has selected a QHP.
2000	REF	Subscriber Identifier		
	REF02			Will transmit the Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Will transmit when the Exchange Assigned Member ID will be conveyed in REF02.
			6O	Individual market: will transmit when a Transaction ID was created because the individual was redirected from the FFM to the QHP Issuer's portal and will be conveyed in REF02.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification	CE	QHP ID purchased. The Assigned Plan ID (Standard Component ID (14 characters)) Plus the Variation Component (2 Characters).
			1L	Exchange Assigned Policy ID

Initial Enrollment - Transaction Segment Summary

ST
Table 1 – Header Information
Table 2 – Detail

Subscriber – John Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- PER – Member Communication Numbers
- N3 – Member Residence, Street Address
- N4 – Member City, State, ZIP code
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Dependent 1 – Mary Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Initial Enrollment – Transaction Segment Summary (continued)

Dependent 2 – Timmy Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

SE

Initial Enrollment - X12 834 (continued)

ST*834*0023*005010X220A1~

BGN*00*0023*20131202*223239*ET***2~

DTP*303*D8*20131202~

QTY*TO*4~

QTY*DT*3~

N1*P5*John Anyman*FI*685047635~

N1*IN*World's Best Health Plan*XV*3568915783~

N1*BO*Mickey and Associates Insurance Sales*94*NPN123456~

- Transaction Set Header
- Beginning Segment
- File Effective Date
- Total Number of INS segments in the ST/SE
- Total Number of dependents in the ST/SE
- Sponsor
- Payer
- Broker Name

Initial Enrollment - X12 834 (continued)

GS*BE*MI0*99999MI1230001*20131202*160059*907654321*X005010X220A1~
ST*834*0023*005010X220A1~
BGN*00*0023*20131202*223239*ET***2~
DTP*303*D8*20131202~
QTY*TO*4~
QTY*DT*3~
N1*P5*John ANYMAN*FI*685047635~
N1*IN*WORLD'S BEST HEALTH PLAN*XV*3568915783~
N1*BO*MICKEY AND ASSOCIATES INSURANCE SALES*94*NPN123456~
INS*Y*18*021*EC*A*AC~** — Subscriber – John Anyman
REF*0F*1234567890~
REF*17*1234567890~ — Exchange Subscriber ID
REF*6O*MI12345678901~ — Exchange Member ID
DTP*356*D8*20140101~
NM1*IL*1*ANYMAN*JOHN*MATHEW*MR*SR*34*685047635~ — Redirect Transaction ID
PER*IP**TE*4102548099*AP*4102549099*EM*JOHN.ANYMAN@GMAIL.COM~
N3*3001 LAKE VILLAGE BLVD~
N4*DETROIT*MI*48360**CY*26039~
DMG*D8*19720720*M*M*:RET:2106-3~
HLH*N~
LUI*LD*SPA**7~ — Health Coverage, Family Medical Coverage
HD*021**HLT~
DTP*348*D8*20140101~ — Benefit Begin Date
REF*1L*887654321~ — Exchanged Assigned Policy ID
REF*CE*99999MI123000104~ — QHP purchased

Initial Enrollment - X12 834 (continued)

LS*2700~
LX*1~
N1*75*APTC AMT~
REF*9V*80.00~
DTP*007*D8*20140101~
LX*2~
N1*75*CSR AMT~
REF*9V*25.00~
DTP*007*D8*20140101~
LX*3~
N1*75*PRE AMT 1~
REF*9X*300.00~
DTP*007*D8*20140101~
LX*4~
N1*75*PRE AMT TOTAL~
REF*9X*900.00~
DTP*007*D8*20140101~
LX*5~
N1*75*TOT RES AMT~
REF*9V*820.00~
DTP*007*D8*20140101~

Name	Definition
APTC AMT	The amount the QHP Issuer can expect to receive as the amount of actual APTC toward the total premium amount. This amount is depicted at the subscriber level for the enrollment group.
CSR AMT	The amount the QHP Issuer can expect to receive as the advance CSR payment. This amount is depicted at the subscriber level for the enrollment group. *Note: the CMS approved per member per month (PMPM) advance CSR payment amount must be totaled for the enrollment group. Ex: PMPM amount for 73% silver plan variation ($10) x 3 members in enrollment group = $30 advance CSR payment amount.*
PRE AMT 1	Individual member rated portion of the premium in individually rated States. This amount will be depicted at the member level.
PRE AMT TOTAL	The amount the QHP Issuer can expect to receive from all payment sources for the enrollment group. PRE AMT TOT = Sum of all PRE AMT 1 for the enrollment group. This amount is depicted at the subscriber level.
TOT RES AMT	The amount the covered individuals owe toward the total premium amount. This amount is depicted at the subscriber level for the enrollment group.

Initial Enrollment - X12 834 (continued)

LX*6~
N1*75*RATING AREA~
REF*9X***R-MI105**~
DTP*007*D8*20140101~
LX*7~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*8~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LE*2700~

- Rating Area
- Source Exchange ID
- Request Submit Timestamp

Initial Enrollment - X12 834 (continued)

INS*N*01*021*EC*A~

REF*0F*1234567890~

REF*17*2345678901~

DTP*356*D8*20140101~

NM1*IL*1*Anyman*Mary*Margaret***34*685047636~

DMG*D8*19760702*F**O~

HLH*N~

LUI*LD*ENG**8~

HD*021**HLT~

DTP*348*D8*20140101~

REF*1L*887654321~

REF*CE*99999MI123000104~

LS*2700~

- Spouse – Mary

Initial Enrollment - X12 834 (continued)

LX*1~
N1*75*PRE AMT 1~
REF*9X*300.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LE*2700~

- Mary's individual premium amount

Initial Enrollment - X12 (continued)

```
INS*N*19*021*EC*A~
REF*0F*1234567890~
REF*17*3456789123~
DTP*356*D8*20140101~
NM1*IL*1*Anyman*Timmy*Andre***34*687456012~
DMG*D8*20000101*M**O~
HLH*N~
LUI*LD*ENG**8~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~
LS*2700~
LX*1~
N1*75*PRE AMT 1~
REF*9X*150.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LE*2700~
```

- Timmy

- Individual premium amount for dependent

Initial Enrollment - X12 834 (continued)

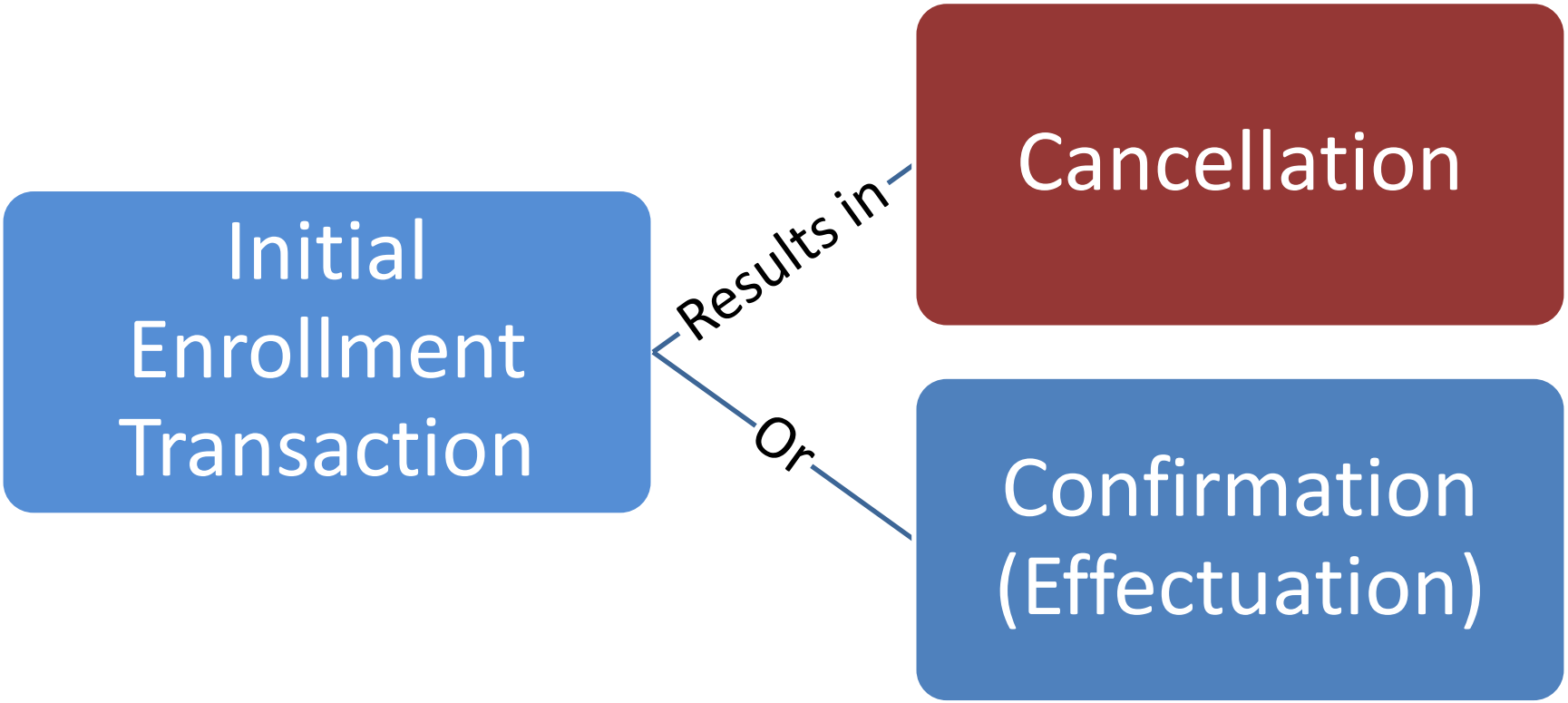
```
INS*N*19*021*EC*A~
REF*0F*1234567890~
REF*17*4567891234~
DTP*356*D8*20140101~
NM1*IL*1*Anyman*Suzi*Q***34*687456014~
DMG*D8*20040101*F**O~
HLH*N~
LUI*LD*ENG**8~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~
LS*2700~
LX*1~
N1*75*PRE AMT 1~
REF*9X*150.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LE*2700~
SE*133*0023~
```

- Suzi

- Individual premium amount for dependent

Questions?

Transaction Overview



Cancellation – Issuer to FFM for Non-Payment

- Family Initial Enrollment:
  - One Insurer (Family Rated) with APTC and CSR
- ***Cancellation Transaction***
- Issuer to FFM

Cancellation – Case Facts Scenario

- John fails to pay his premium by the last day of the month prior to the effective date.
- The issuer sends a cancellation transaction to the FFM cancelling coverage.
  - A cancellation takes place when the enrollment is ended with no coverage having been in place.

Enrollment Cancellation Instructions – Issuer to FFM

Loop	Reference	Name	Code	Exchange Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	59	QHP Issuer to the FFM: This qualifier must be used because the only valid reason for cancellation is non- payment of premium.
2000	REF	Subscriber Identifier		
	REF02			The Exchange Assigned ID of the Subscriber
2000	REF	Member Policy Number		
	REF02			Issuer Assigned Policy ID
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17 23 ZZ	Exchange Assigned Member ID will be conveyed in REF02. QHP Issuer Assigned Member ID will be conveyed in REF02. QHP Issuer Assigned Subscriber ID will be conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP03	Status Information Effective Date	357	The eligibility end date of the cancellation must match the benefit begin date sent on the initial enrollment.
2750	N1	Reporting Categories		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"

Cancellation - Transaction Segment Summary

ST
Table 1 – Header Information
Table 2 – Detail
- **Subscriber – John Anyman**
- 2000 – Member Level Detail
  - INS – Member Level Detail
  - REF – Subscriber Identifier
  - REF – Member Supplemental Identifier
  - DTP – Member Level Dates
- 2100A – Member Name
  - NM1 – Member Name
  - DMG – Member Demographics
- LS
- 2700 – Member Reporting Categories
  - LX – Member Reporting Categories
- 2750 – Reporting Category
  - N1 – Reporting Category
  - REF – Reporting Category Reference
  - DTP – Reporting Category Date
- LE

SE

Explicit transaction, cancellation of entire enrollment group.

This is accomplished by sending information only for the Subscriber.

There is no information required for the additional members linked in the Enrollment Group to be sent.

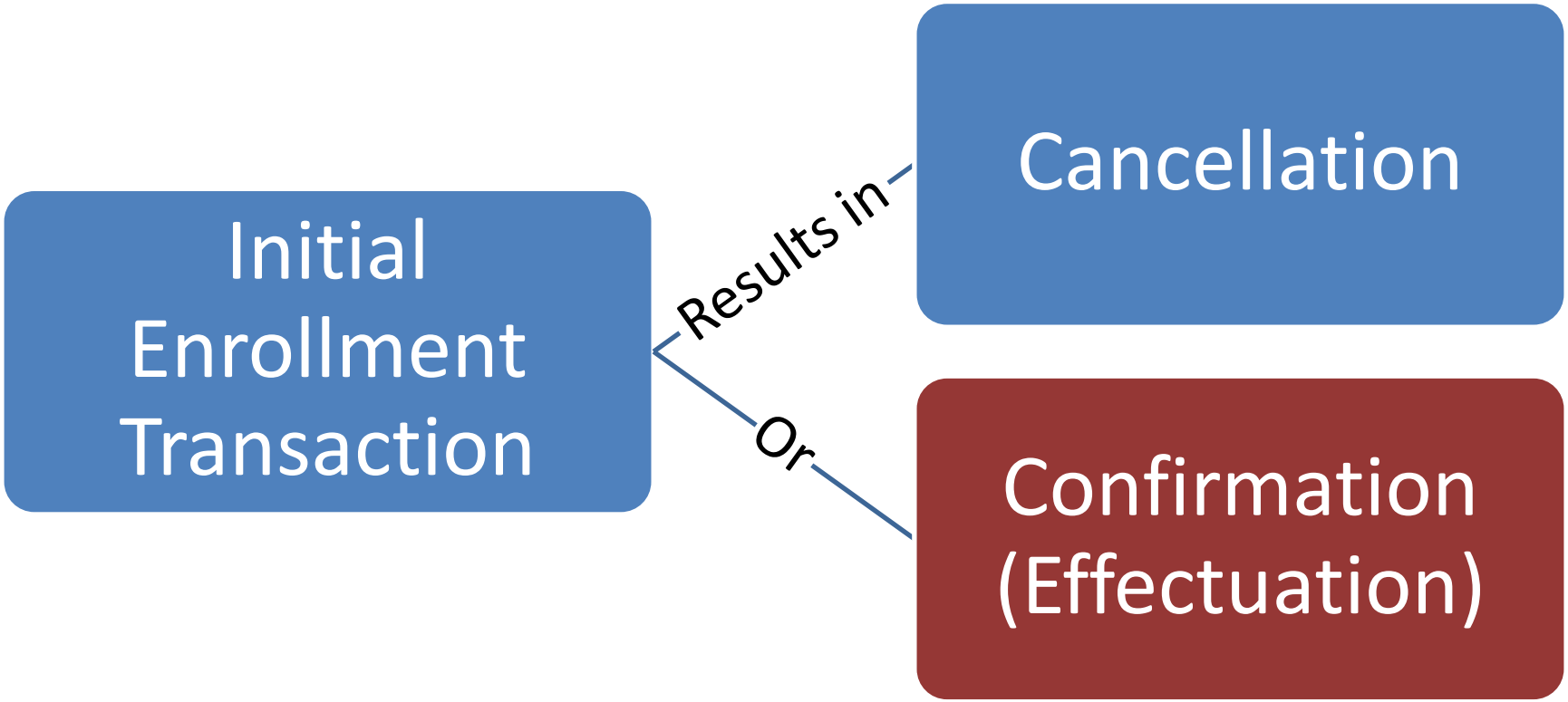
Cancellation - 834 Example

```
ST*834*0023*005010X220A1~
BGN*00*0023*20140101*223215*ET***2~
DTP*303*D8*20140101~
QTY*TO*1~
N1*P5*John Anyman*FI*685047635~
N1*IN*World's Best Health Plan*XV*3568915783~
INS*Y*18*024*59*A***TE~
REF*0F*1234567890~
REF*1L*ISSUERPOLICY234~
REF*17*1234567890~
REF*ZZ*SUBSCRIBERID1~
REF*23*00~
DTP*357*D8*20140101~
NM1*IL*1*Anyman*John*Mathew*Mr*Sr~
DMG*D8*19720720*M*M*O~
LS*2700~
LX*1~
N1*75*ADDL MAINT REASON~
REF*17*CANCEL~
DTP*007*D8*20140101~
LE*2700~
SE*22*0023~
```

- Subscriber – John Anyman
- Exchange Subscriber ID
- Exchange Member ID
- Issuer Assigned Subscriber ID, if available
- Issuer Assigned Member ID, if available

- Additional Maintenance Reason Code, “CANCEL”
- ***Returning the Issuer Assigned Policy Number not the Exchange Assigned Policy number.***

Transaction Overview



Confirmation Case Facts – Initial Enrollment

- Family Initial Enrollment:
  - One Insurer (Individually Rated), with APTC and CSR
- ***Confirmation (Effectuation) Transaction***
- Issuer to FFM

Confirmation Case Facts Scenario

- John Anyman makes the first premium payment to the issuer by the last day of the month prior to the effective date.
- The Issuer sends a confirmation transaction to the FFM confirming enrollment effective January 1.

Enrollment Confirmation/Effectuation Instructions – Issuer to FFM

Loop	Reference	Name	Code	Exchange Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	28	Transmit when the member has effectuated coverage with the QHP Issuer.
2300	DTP	Health Coverage Dates		Two iterations are required.
	DTP03	Coverage Period	348	The actual enrollment begin date must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
	DTP03	Coverage Period	543	The Last Premium Paid Date must be transmitted.
	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the Issuer assigned Health Coverage Purchased Policy Number conveyed in REF02.
2750	N1	Reporting Categories		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CONFIRM"

Confirmation – Transaction Segment Summary

ST
Table 1 – Header Information
Table 2 – Detail

Subscriber – John Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- PER – Member Communication Numbers
- N3 – Member Residence, Street Address
- N4 – Member City, State, ZIP code
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Dependent 1 – Mary Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Confirmation – Transaction Segment Summary (continued)

Dependent 2 – Timmy Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

Dependent 3 – Suzi Anyman

2000 – Member Level Detail
- INS – Member Level Detail
- REF – Subscriber Identifier
- REF – Member Supplemental Identifier
- DTP – Member Level Dates

2100A – Member Name
- NM1 – Member Name
- DMG – Member Demographics
- HLH – Member Health Information
- LUI – Member Language (if applicable)

2100C – Member Mailing Address (If applicable)

2300 – Health Coverage
- HD – Health Coverage
- DTP – Health Coverage Dates
- REF – Health Coverage Policy Number

LS

2700 – Member Reporting Categories
- LX – Member Reporting Categories

2750 – Reporting Category
- N1 – Reporting Category
- REF – Reporting Category Reference
- DTP – Reporting Category Date

LE

SE

Confirmation – X12 Example (continued)

ST*834*0023*005010X220A1~

BGN*00*0023*20131215*233232*ET***2~

DTP*303*D8*20131215~

QTY*TO*4~

QTY*DT*3~

- Transaction Set Header
- Beginning Segment
- File Effective Date
- Total Number of INS segments in ST/SE
- Total Number of dependents in ST/SE

N1*P5*John Anyman*FI*685047635~

N1*IN*World's Best Health Plan*XV*3568915783~

- Sponsor
- Payer

Confirmation – X12 Example (continued)

INS*Y*18*021*28*A*AC~**
REF*0F*1234567890~
REF*17*1234567890~
REF*6O*MI12345678901~
DTP*356*D8*20140101~
NM1*IL*1*ANYMAN*JOHN*MATHEW*MR*SR*34*685047635~
PER*IP**TE*4102548099*AP*4102549099*EM*JOHN.ANYMAN@GMAIL.COM~
N3*3001 LAKE VILLAGE BLVD~
N4*DETROIT*MI*48360**CY*26039~
DMG*D8*19720720*M*M*:RET:2106-3~
HLH*N~
LUI*LD*SPA**7~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~

- Subscriber – John Anyman
- Exchange Subscriber ID
- Exchange Member ID
- Redirect Transaction ID
- Issuer Assigned Subscriber ID
- Issuer Assigned Member ID

Confirmation – X12 Example (continued)

HD*021**HLT**FAM~
DTP*348*D8*20140101~
DTP*543*D8*20131213~
REF*1L*887654321~
REF*CE*99999MI123000104~
REF*X9*ISSUERPOLICY234~

- Health Coverage, Family Medical Coverage
- Benefit Begin Date
- Last Payment Date
- Exchanged Assigned Policy ID
- QHP purchased
- Issuer Assigned Policy ID

Confirmation – X12 Example (continued)

```
LS*2700~
LX*1~
N1*75*APTC AMT~
REF*9V*80.00~
DTP*007*D8*20140101~
LX*2~
N1*75*CSR AMT~
REF*9V*25.00~
DTP*007*D8*20140101~
LX*3~
N1*75*PRE AMT 1~
REF*9X*300.00~
DTP*007*D8*20140101~
LX*4~
N1*75*PRE AMT TOTAL~
REF*9X*900.00~
DTP*007*D8*20140101~
LX*5~
N1*75*TOT RES AMT~
REF*9V*820.00~
DTP*007*D8*20140101~
```

- Member Reporting Categories

Confirmation – X12 Example (continued)

LX*6~
N1*75*RATING AREA~
REF*9X*R-MI105~
DTP*007*D8*20140101~
LX*7~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*8~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LX*9~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
LE*2700~

- Additional Maintenance Reason Code, "CONFIRM".

Confirmation – X12 Example (continued)

```
INS*N*01*021*28*A~
REF*0F*1234567890~
REF*17*2345678901~
DTP*356*D8*20140101~
NM1*IL*1*Anyman*Mary*Margaret***34*685047636~
DMG*D8*19760702*F**O~
HLH*N~
LUI*LD*ENG**8~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~
LS*2700~
LX*1~
N1*75*PRE AMT 1~
REF*9X*300.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LX*4~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
LE*2700~
```

- Spouse

Confirmation – X12 Example (continued)

```
INS*N*19*021*28*A~
REF*0F*1234567890~
REF*17*3456789123~
DTP*356*D8*20140101~
NM1*IL*1*Anyman*Timmy*Andre***34*687456012~
DMG*D8*20000101*M**O~
HLH*N~
LUI*LD*ENG**8~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~
LS*2700~
LX*1~
N1*75*PRE AMT 1~
REF*9X*150.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LX*4~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
LE*2700~
```

- Timmy

Confirmation – X12 Example (continued)

```
INS*N*19*021*28*A~
REF*0F*1234567890~
REF*17*4567891234~
DTP*356*D8*20140101~
NM1*IL*1*Anyman*Suzi*Q***34*687456014~
DMG*D8*20040101*F**O~
HLH*N~
LUI*LD*ENG**8~
HD*021**HLT~
DTP*348*D8*20140101~
REF*1L*887654321~
REF*CE*99999MI123000104~
LS*2700~
LX*1~
N1*75*PRE AMT 1~
REF*9X*150.00~
DTP*007*D8*20140101~
LX*2~
N1*75*SOURCE EXCHANGE ID~
REF*17*MI0~
DTP*007*D8*20140101~
LX*3~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20131202112730~
LE*2700~
SE*162*0023~
```

- Suzi

Questions?

Webinar/User Group Dates

- Log on to https://www.REGTAP.info to register for the upcoming Training Series:

Financial Management and Payment Process Series I	
Date	**Topic**
August 19, 2013	– Session 3B: 834 Transactions: Advanced Scenarios

- Access information regarding additional training series and resources beneficial to Issuers.

Closing Remarks