DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): ENROLLMENT SUBMISSION

October 1, 2015

Health Insurance Marketplace Program
Training Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content and the DDC program, please contact your Financial Management (FM) Service Representative directly and copy the Centers for Medicare & Medicaid Services (CMS) Help Desk (CMS_FEPS@cms.hhs.gov).
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Intended Audience

- Issuers (Marketplace and Non-Marketplace) new to 2015 data submission.
- Issuers interested in a refresher course in basic External Data Gathering Environment (EDGE) server data submission.
- Third Party Administrators (TPAs) and Support Vendors.

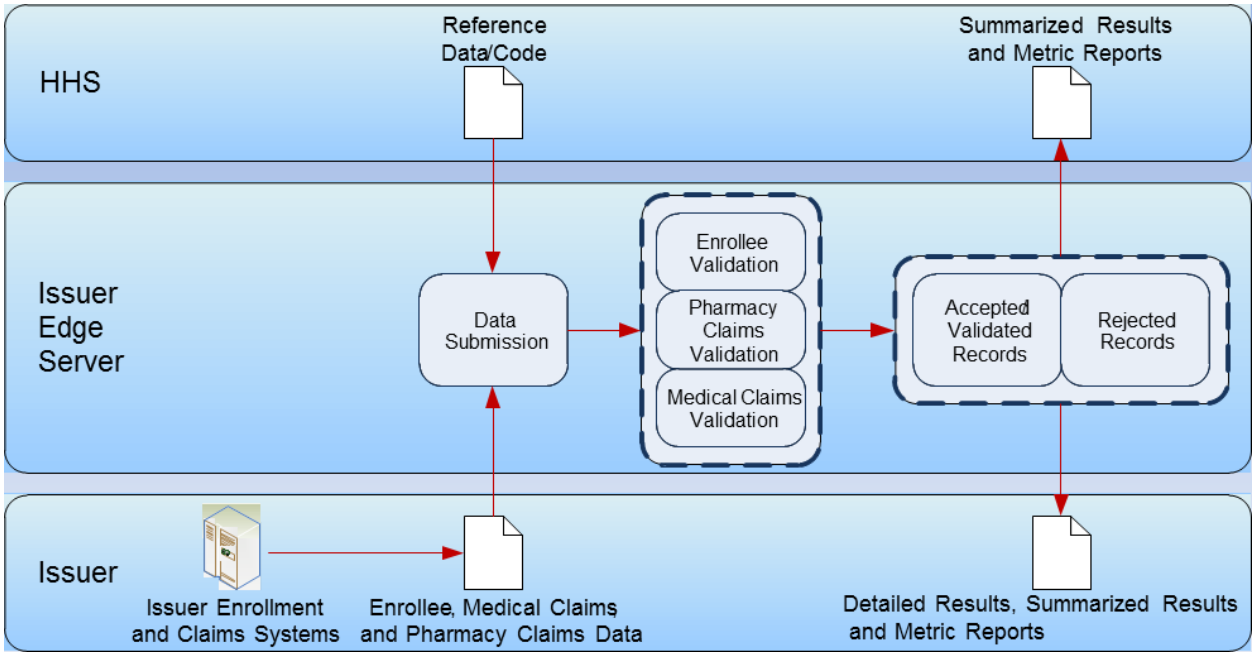
Introduction

- This session will provide issuers and other entities with a brief overview of EDGE server resources and operational guidance for the submission of enrollment data to the EDGE server in support of the RI and RA premium stabilization programs.

Review of General File Submission and Resources

Overview of EDGE Server File Processing

- Data is extracted from issuers proprietary systems, transformed into the necessary data formats and loaded to the EDGE server. This process is known as the Extract Transform Load (ETL) process.



Overview of EDGE Server File Processing (Continued)

- XML is the required format for inbound data files.
- All files undergo a variety of verification edits that are dependent upon the type of file submitted.
- Upon completion of file processing, outbound files are produced with specific results of all records submitted.
  - Issuers receive detail and summary reports.
  - CMS only receives summary reports.
- This session will cover the verification edits and Business Rules for enrollment files.

EDGE Server File Submission Resources

- The following resources are provided and include information for all file type submissions to the EDGE server. They can be found in the REGTAP Library.
  - Interface Control Document (ICD)
  - XML Schema Definition (XSD) and eXtensible Markup Language (XML)
  - EDGE Server Business Rules (ESBR)
- This webinar will focus on enrollment file processing so the content will be limited to those topics.

Interface Control Document

- The ICD describes the interface requirements for the transmission of information between CMS and an issuer's EDGE server, including the detailed data exchange format and protocols.
- There are two (2) sets of tables in the ICD for each inbound file:
  - Data Element and Description
  - Technical Field/Element Characteristic
- Issuers should refer to the EDGE Server Introduction to Data Submission Presentation (9/17/15) published in the Registration of Technical Assistance Portal (REGTAP Library) for more information about the layout of the ICD.

Enrollment XML Basic Structure

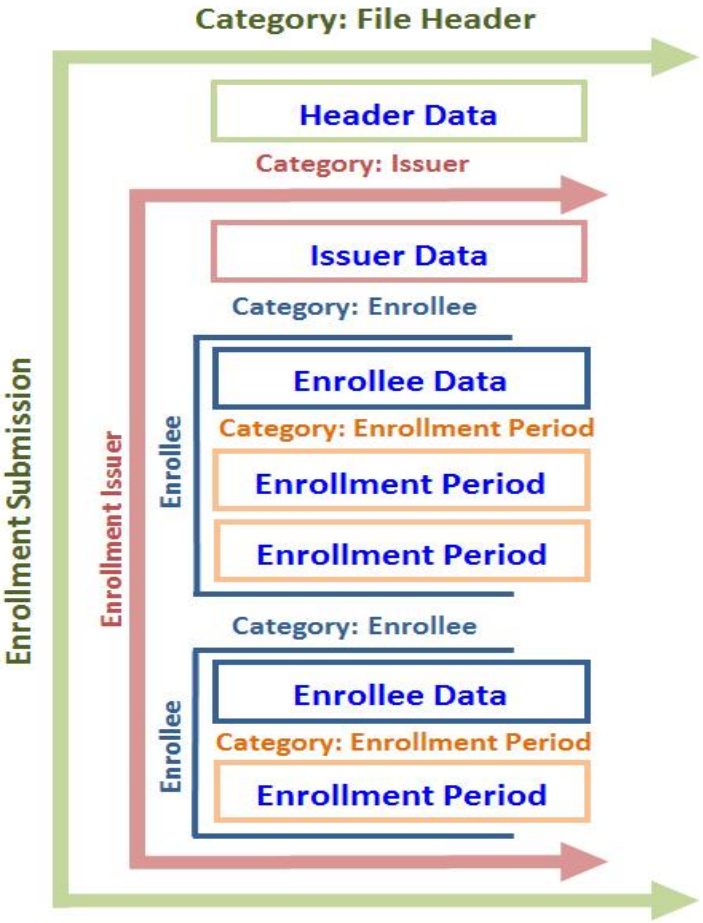
Enrollment XML Basic Structure

- An enrollment XML file is segmented by levels of data as shown in this table.

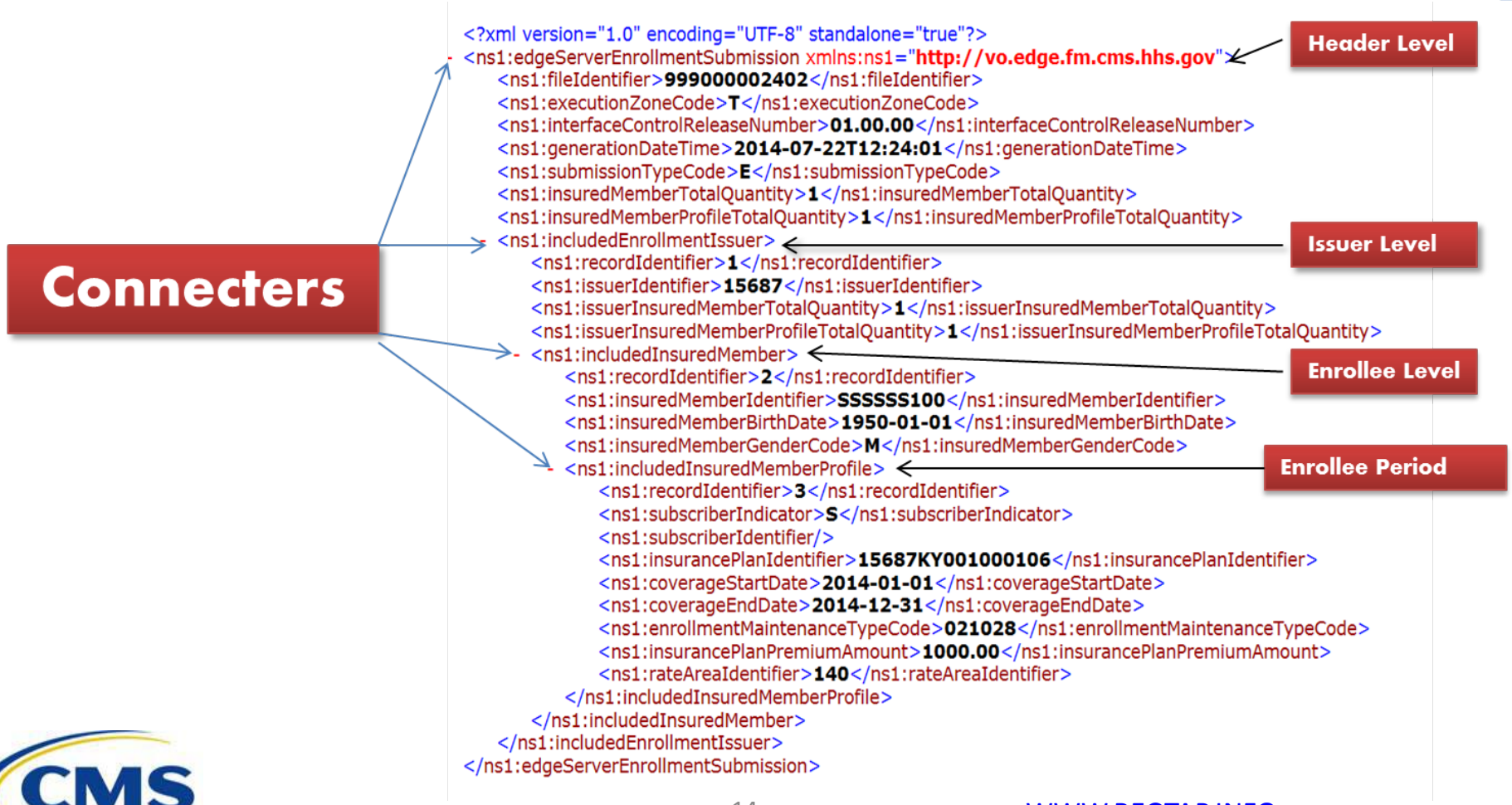
File Level	Enrollee File
Header	X
Issuer	X
Enrollee	X
Enrollment Period	X

Enrollment XML Basic Structure
(Continued)

- XML levels are joined by connectors which serve to link related data.
- These connectors have no business meaning and no data element is required.
- All files contain a header level and an issuer level.
- Enrollment files also contain an enrollee level and enrollment period level.



Enrollment XML Example



General Enrollment File Submission

General Enrollment File Processing

- Enrollment files must be submitted at least quarterly.
  - CMS recommends issuers submit enrollment files monthly.
- When submitting enrollment files, issuers should refer to CMS published submission timelines in the REGTAP Library.

Rule	The initial enrollment file will be a cumulative file of all of the issuer's enrollees and enrollment periods.
Rule	Subsequent enrollment file submissions must be a COMPLETE REPLACEMENT FILE inclusive of all enrollees and enrollment periods. Issuers should continue to submit prior year enrollment data, each year, until CMS notifies issuers to cease such submissions.
Rule	If any data element fails verification at the enrollee level, then all associated enrollment periods for that enrollee will be rejected.
Rule	If all enrollment periods for a given enrollee fail, then the enrollee record will be rejected, even if the enrollment period record passed all data element verifications.

Excluded Enrollees

- Every submitted enrollee and enrollment period that passes the verification edits is stored in the enrollment data table.
- Issuers should make certain to always submit full enrollment files that include all enrollees and enrollment periods so the records are correctly stored.

Rule	An enrollee or associated enrollment period that is no longer included on a newly submitted file will be inactivated. Inactivated enrollee records and the associated enrollment periods will no longer be eligible for consideration in the RA or RI programs. In addition, any claims associated with that enrollee or enrollment periods will become orphaned claims and will not be included in RA or RI calculations.

Unique Enrollee ID, Duplicate IDs, Subscribers and Non-Subscriber/Dependents

Enrollees and the Unique Enrollee ID

- An enrollee submitted to the EDGE server is an individual who has signed up to receive healthcare under a Non-Grandfathered Small Group or Individual Market plan that is available either on or off the Marketplace.
  - An enrollee can be a subscriber or non-subscriber.
- A Unique Enrollee ID is defined as a unique identifier for each individual in an enrollment file.
  - A Unique Enrollee ID must be masked.

Unique Enrollee ID

- The Unique Enrollee ID represents a masked identifier for an enrollee. The Unique Enrollee ID is not a medical record number, Social Security Number (SSN), driver's license number or cardholder ID (45 CFR § 153.720).
  - Issuers may use an existing internal ID provided the ID was not used for Marketplace enrollment transaction or on the enrollee membership cards.
  - Issuers must establish their own method of de-identifying an Enrollee ID.
    - CMS suggests that issuers only use alpha-numeric characters in the masking of Unique Enrollee IDs, as special characters may cause technical failures.
  - Issuers must use the same Unique Enrollee ID if the enrollee switches plans within the issuer.

Duplicate Enrollee IDs

- Duplicate Unique Enrollee IDs are not permitted and will be rejected.

Rule	A duplicate enrollee is identified when the same Unique Enrollee ID is reported at the enrollee level by a single issuer multiple times on a single enrollment file submission. If a Unique Enrollee ID appears on multiple records at the enrollee level within an enrollment file submission for the same issuer, then the first Unique Enrollee ID record will be passed to the verification steps and will be accepted or rejected based on the results of the verifications. All subsequent records with the same Unique Enrollee ID at the enrollee level within the same file will reject as duplicates.

Subscriber and Non-Subscriber/Dependents

- A subscriber is an enrollee with a reported charged premium on the enrollment period.
  - A subscriber does not need to be a parent or guardian if the parent or guardian is not enrolled in the plan.
- A non-subscriber/dependent is an enrollee that is affiliated with another enrollee who has been identified as the subscriber.

Subscriber and Non-Subscriber/Dependents (Continued)

- A Unique Enrollee ID is either designated as a subscriber or as a non-subscriber/dependent with an associated subscriber.

Rule	A subscriber is identified when the Subscriber Indicator “S” is present on the enrollment period record and the Subscriber ID is null. Unique enrollee B33h97 is submitted with: a Subscriber Indicator = S and a Subscriber ID = “null” Premium Amount = $500.00

Subscriber and Non-Subscriber/Dependents (Continued)

- The subscriber must be included in the enrollment file with the affiliated non-subscriber/dependent.
- The non-subscriber/dependent will only be accepted if the subscriber is accepted during file processing.

Rule	A non-subscriber/dependent is identified when the Subscriber Indicator is null and the Subscriber ID is populated. The Subscriber ID indicates the Unique Enrollee ID to whom the non-subscriber/dependent is affiliated with under the same plan. Unique enrollee A15Lu9b is submitted with: a Subscriber Indicator = “null” and a Subscriber ID = B33h97 Premium Amount = $0.00

Reporting Premiums

Reporting Premium Amounts

- The Premium Amount is the monthly total rated premium charged for a subscriber's policy, including the Advanced Premium Tax Credit (APTC) amount.
  - The Premium Amount may include more than the amount billed directly to a subscriber.
  - The monthly Premium Amount does not necessarily represent the amount billed directly to the subscriber.
- The Premium Amount is only reported on the enrollee record when the enrollee is identified as the subscriber with a Subscriber Indicator of "S".
- Any change in a specific subscriber enrollee's premium rating requires the issuer to report a new enrollment period for that subscriber.

Changes in Premium

- Changes in premium must be reported.

Rule	If a subscriber has a change in premium, a new enrollment period reflecting the change must be submitted.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
7700	B33h97	1970-03-05	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
7701	S	NULL	02114NY001000103	2014-01-01	2014-05-31	450.00	004
7702	S	null	02114NY001000103	2014-06-01	2014-12-31	525.00	004

Partial Month Enrollment Period

- Partial month enrollment periods with premium and zero ($0) dollar premiums are permitted.
- Partial month enrollment periods should include the monthly Premium Amount.
- The method of calculating and reporting a partial month premium should be based on how the issuer sets rates and charges premiums; therefore, a partial month premium could be a partial premium charged, a full premium charged or $0.

Rule	When a subscriber has a partial month enrollment period or zero ($0) dollar premium, issuers must create a distinct enrollment period representing the partial or zero ($0) dollar premium. An additional enrollment period(s) representing the full month premium charged would also be created and submitted.

Partial Month Enrollment Period (Continued)

- For a partial month enrollment period, the EDGE server will prorate the premium.

  Example: 12 days divided by 30 = 0.4; 0.4 * $500 = $200

- For subscribers charged a premium for a partial month enrollment period, issuers should submit a full month premium.
- For subscribers not charged a premium for a partial month enrollment, issuers should submit a zero ($0) dollar premium.
- If subscribers are charged a per day premium, issuers should calculate the per day enrollment using 30 days regardless of the number of days in a given month.

Partial Month Enrollment Examples

- A subscriber who enrolls in a policy with a start date of 7/15/15 and a policy end date of 12/31/15 must be broken into two (2) separate enrollment periods.
- A subscriber is charged a prorated Premium Amount. The EDGE server will calculate the proration amount, therefore the issuer should report the full monthly Premium Amount.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
9210	X5541jom	1955-04-12	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
9211	S	null	02114NY001000103	2015-07-15	2015-07-31	425.00	004
9212	S	null	02114NY001000103	2015-08-01	2015-12-31	425.00	004

Zero Dollar ($0) Month Premium Example

- A subscriber who enrolls in a policy with a start date of 7/15/15 and a policy end date of 12/31/15 must be broken into two (2) separate enrollment periods.
- A subscriber is not charged a premium for the partial month, therefore the issuer should report a zero (0) value.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
436	g4v3u99	1986-06-02	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
437	S	Nullull	02114NY001000103	2015-07-15	2015-07-31	0.00	004
438	S	null	02114NY001000103	2015-08-01	2015-12-31	425.00	004

Partial Month/Per Day Enrollment Example

- A subscriber is charged a certain amount per day enrolled for the partial month. Issuers should calculate the amount per day for the full month to report as the charged premium, then the EDGE server will prorate the Premium Amount for the partial month.
- Issuers charge a daily rate for partial month enrollments of $14.00.
  - A member who is enrolled for 16 days at $14.00/day for a total Premium Amount billed to the member of $224.00. The issuer should report the monthly total Premium Amount charged for the policy which would be $420.00 ($14.00/day x 30 days).

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
2208	M13ds00	1968-01-17	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
2209	S	null	02114NY001000103	2015-06-14	2015-06-30	420.00	004
2210	S	null	02114NY001000103	2015-07-01	2015-12-31	425.00	004

Disenrollment

Disenrollment

Rule	When an enrollee is disenrolled, issuers must continue to submit the enrollee on the enrollment file in order for that enrollee to be considered in RA and RI. CMS will notify issuers when enrollment for a given benefit year no longer needs to be submitted.

- Note: General Enrollment File Processing Rules state:
  - The initial enrollment file will be a cumulative enrollment file of the issuer's enrollees and enrollment periods.
  - Subsequent enrollment file submissions must be a complete replacement file inclusive of all enrollees and enrollment periods.

Disenrollment (Continued)

Rule	If a subscriber is disenrolled and there is an associated non-subscriber/dependent that remains enrolled, then the non-subscriber/dependent either must be associated to another subscriber or become a subscriber.

- A non-subscriber/dependent will be rejected if the subscriber is not included in the enrollment file.
  - The subscriber record must also pass all verification edits and be accepted for the associated non-subscriber/depended to be accepted.
- A non-subscriber/dependent that either changes subscribers or becomes the subscriber must have a new enrollment period.

Disenrollment Example 1

- Subscriber M11Kd04 is disenrolled on May 31, 2015, and dependent N22Le05, who was the non-subscriber/dependent of M11Kd04, becomes the subscriber.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8500	M11Kd04	1955-04-11	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
8501	S	null	02114NY001000103	2015-01-01	2015-05-31	450.00	004

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8502	N22Le05	1958-09-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
8503	null	M11Kd04	02114NY001000103	2015-01-01	2015-05-31	0.00	004
8504	S	null	02114NY001000103	2015-06-01	2015-12-31	300.00	004

Disenrollment Example 2

- Subscriber M11Kd04 is disenrolled from the plan on May 31, 2015, and dependent N22Le05, who was the non-subscriber/dependent of M11Kd04, becomes the non-subscriber/dependent of O33Mf06.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8500	M11Kd04	1955-04-11	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
8501	S	null	02114NY001000103	2015-01-01	2015-05-31	450.00	004

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8502	N22Le05	1958-09-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
8503	null	M11Kd04	02114NY001000103	2015-01-01	2015-05-31	0.00	004
8504	null	O33Mf06	02114NY001000103	2015-06-01	2015-12-31	0.00	004

Plan IDs, Overlapping Enrollment Periods and Dual Coverage

Plan ID – General Information

- A Plan ID on the EDGE server is a 16-digit unique identifier for an insurance plan offered by an issuer, either on or off the Marketplace, under which an insured enrollee is covered.
  - 16-digit plan ID = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901)

Rule	Subscribers and their associated non-subscriber/dependents must be enrolled in the same 16-digit plan.

Overlapping Enrollment Periods

- A subscriber or non-subscriber/dependent may be enrolled in two (2) *different* 16-digit plans for the same coverage period.
- An enrollee may not be enrolled, more than once, in the *same* 16-digit plan for any period of time unless:
  - The enrollee is identified as the subscriber on one (1) enrollment and a non-subscriber/dependent on the other enrollment, or
  - The enrollee is a non-subscriber/dependent enrolled under two (2) different Subscriber IDs in the same plan.
- If one (1) of the two (2) conditions above is not present and an enrollee has two (2) overlapping enrollment periods in the same 16-digit plan, then both enrollment periods will be rejected.

Dual Coverage

- There are two (2) types of dual coverage:
  - A Unique Enrollee ID enrolled as a subscriber and non-subscriber/dependent under the same issuer and 16-digit Plan ID.
  - A non-subscriber/dependent associated with two (2) different Subscriber IDs under the same issuer and 16-digit Plan ID.

Rule	If an enrollee has dual enrollment, the enrollee must have at least two (2) enrollment periods, one (1) for each of the plan enrollments.

Dual Coverage (Continued)

- When an individual enrollee is both a subscriber and non-subscriber/dependent under the same 16-digit plan, issuers must:
  - Submit one (1) enrollment period indicating the enrollee is a subscriber and,
  - A second enrollment period indicating the enrollee is a non-subscriber/dependent.
- When an individual enrollee is a non-subscriber/dependent and is covered under two (2) different enrollee subscribers, issuers must:
  - Submit one (1) enrollment period for each subscriber to whom the non-subscriber/dependent is associated.

Dual Coverage and Overlapping Enrollment Examples

Dual Coverage – Subscriber and Non-Subscriber/Dependent

- Scenario: enrollee Rj001mq8 has dual coverage in the same 16-digit plan for the same period but is the subscriber on one (1) plan and a non-subscriber/dependent on the other.
  - These enrollment periods would be accepted.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
2216	Rj001mq8	1945-08-21	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
2217	S	null	55121AL001000100	2014-01-01	2014-12-31	355.00	001
2218		B5Yen67	55121AL001000100	2014-04-01	2014-12-31	0.00	001

Dual Coverage – Non-Subscriber/Dependent with Multiple Subscribers

- Enrollee A3pw88R has dual coverage in the same plan for the same period under two (2) different subscribers.
  - These enrollment records would be accepted.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
648131	A3pw88R	2005-02-04	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
648132	null	d02we77m	74005KS005000703	2014-01-01	2014-12-31	0.00	002
648133	null	M6k3o99r	74005KS005000703	2014-04-01	2014-12-31	0.00	002

Overlapping Enrollment – Subscriber in 2 Different Plans

- Enrollee A3pw88R is enrolled as a subscriber in two (2) different 16-digit plans for the same coverage period.
  - These enrollment periods would be accepted.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
1104	A3pw88R	1955-04-11	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
1105	S	null	21890KY0010000104	2014-01-01	2014-12-31	355.00	003
1106	S	null	30412KY0010000103	2014-06-01	2014-12-31	275.00	003

Overlapping Enrollment – Subscriber Enrolled in Same Plan

- Enrollee M11Kd04 has two (2) enrollments in the same 16-digit plan with overlapping coverage periods, and is identified as the subscriber on each enrollment period.
  - Both enrollment periods would be rejected.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8054	M11Kd04	1977-07-20	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
8055	S	Null	21890KY001000104	2014-01-01	2014-12-31	275.00	002
8056	S	null	21890KY001000104	2014-06-01	2014-08-30	275.00	002

Note: If both enrollment periods were for a non-subscriber/dependent with the same Subscriber ID, the records would also be rejected.

Overlapping Enrollment – Off-Marketplace Plans

- Issuers who have enrollees in off-Marketplace plans who do not meet the dual coverage definition and have overlapping coverage in the same 16-digit plan must combine the enrollment periods for the overlapping period and report the full charged premium.
  - Dual coverage in the same plan in on-Marketplace plans is not permitted. Issuers who receive overlapping enrollments from either the Federally-facilitated Marketplace (FFM) or State-based Marketplace (SBM), should contact the appropriate source to research and resolve such issues.

Overlapping Enrollment – Off Marketplace Example

- Enrollee M11Kd04 has dual coverage as a subscriber in the same off-Marketplace 16-digit plan.
  - They are a subscriber from 1/1/14–12/31/14 and have dual coverage from 6/1/14–8/3014.
  - The enrollee is charged $200 in Premium Amount for each enrollment.
  - The overlap period, from 6/1–8/30/14, must be reported as a single enrollment period.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
33621	M11Kd04	1977-07-20	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area
33622	S	Null	60632IL0040000100	2014-01-01	2014-05-31	200.00	001
33623	S	Null	60632IL0040000100	2014-06-01	2014-08-30	400.00	001
33624	S	null	60632IL0040000100	2014-09-01	2014-12-31	200.00	001

Subscriber and Non-Subscriber/Dependent Associations

Establishing a Subscriber Policy

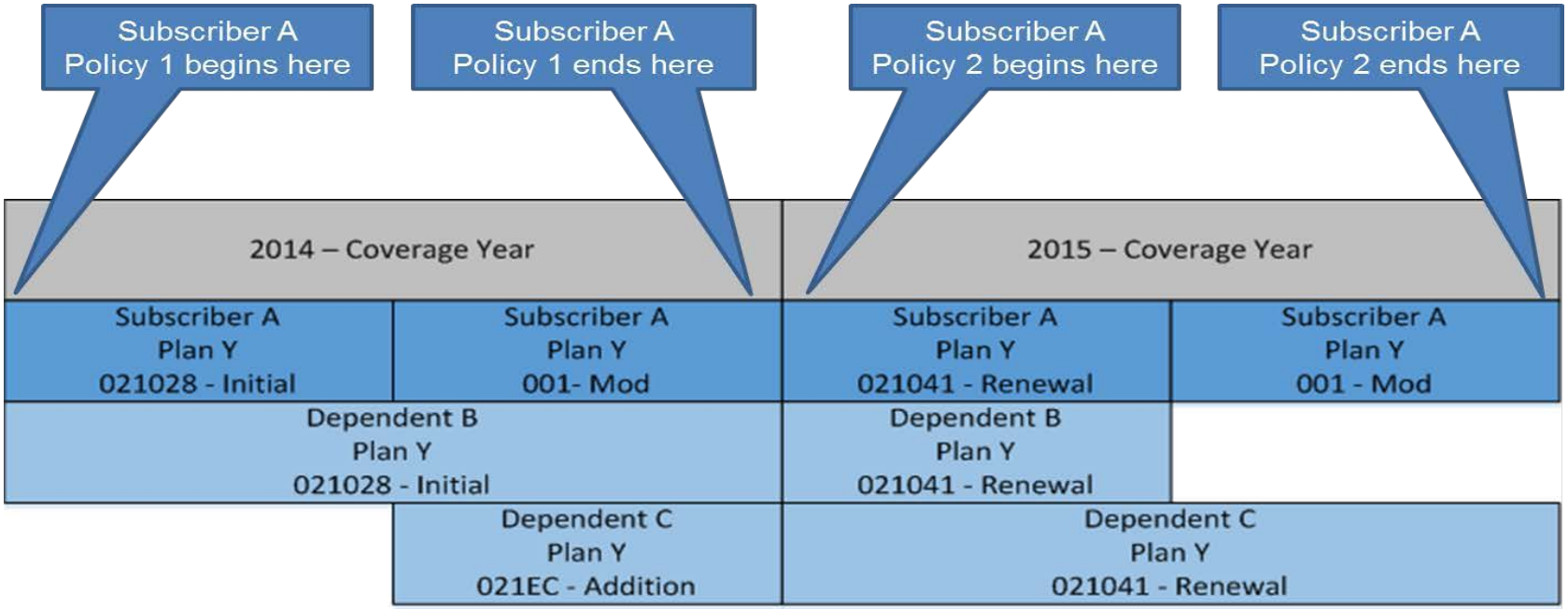
- Verification edits are performed between subscribers and their associated non-subscriber/dependents.
  - Enrollment Start and End Date verifications.
  - Plan and Rating Area verifications.
- Since a subscriber can have multiple enrollment periods, a subscriber policy must be established to perform the necessary verifications.

Establishing a Subscriber Policy (Continued)

- A *subscriber policy* is defined as:
  - A subscriber's initial issuance or renewal and any additional enrollment periods that represent a subscriber modification.
    - An initial or renewal is reported using an EPAI code of 021028 or 021041, respectively.
    - A modification is reported using an EPAI code of 001 and is associated with an initial issuance or renewal if the following conditions are met:
      - The modification is for the same Enrollee ID and Plan ID as the initial issuance or renewal.
      - The modification has a Subscriber Indicator = 'S'.
      - The start date of the modification is either:
        - » The day after the end date of the initial issuance or renewal.
        - » The day after the end date of a previous modification for the policy.

Subscriber Policy Example

- Below are examples of a *subscriber policy* where:
  - Policy 1 – Initial and a modification.
  - Policy 2 – Renewal and a modification.

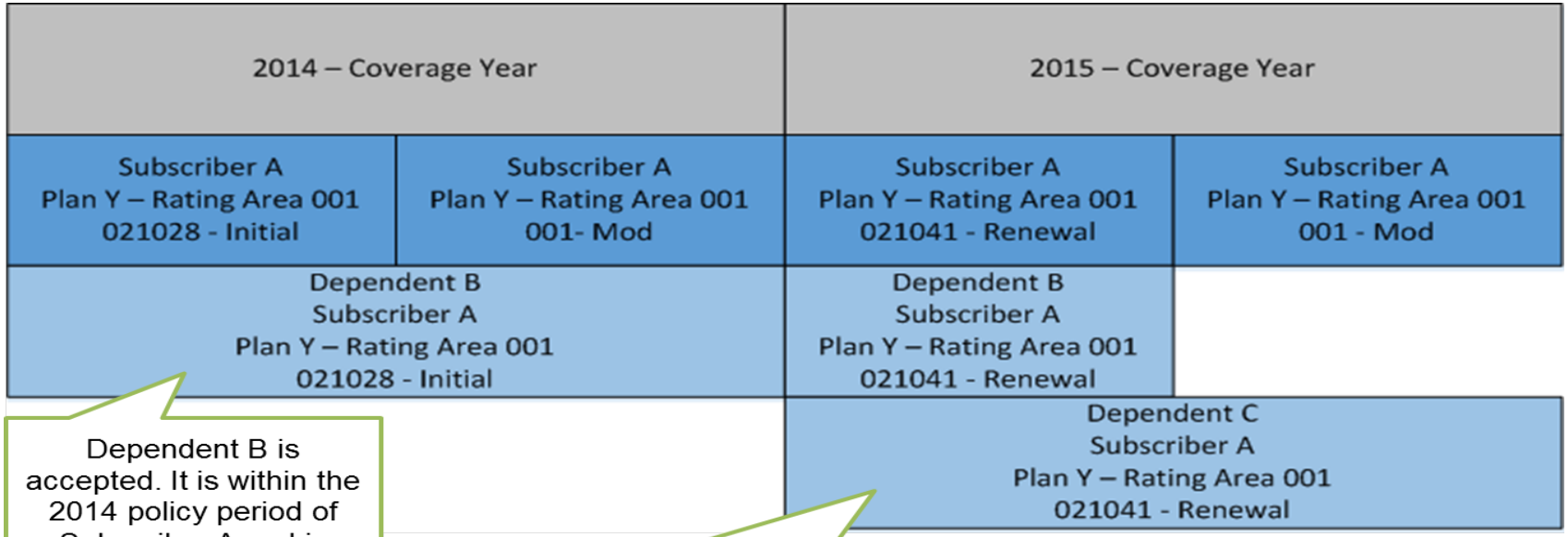


Association of a Non-Subscriber/Dependent to a Subscriber

- Non-subscriber/dependents are associated with a subscriber policy.
  - The verification edits applied take into consideration all enrollment periods in the subscriber enrollment record.
- Non-subscriber/dependents enrollment periods are associated to a *subscriber policy* when:
  - The Subscriber ID on the non-subscriber/dependent enrollment period matches an Enrollee ID on the subscriber enrollment period.
    - The 16-digit Plan ID and Rating Area on the non-subscriber/dependent enrollment period matches the 16-digit Plan ID and Rating Area on the subscriber enrollment period.
    - The Enrollment Start Date of the non-subscriber/dependent record is >= the earliest Enrollment Start Date of the *subscriber policy*.
    - The Enrollment End Date of the non-subscriber/dependent record is <= the latest Enrollment End Date of the *subscriber policy*.

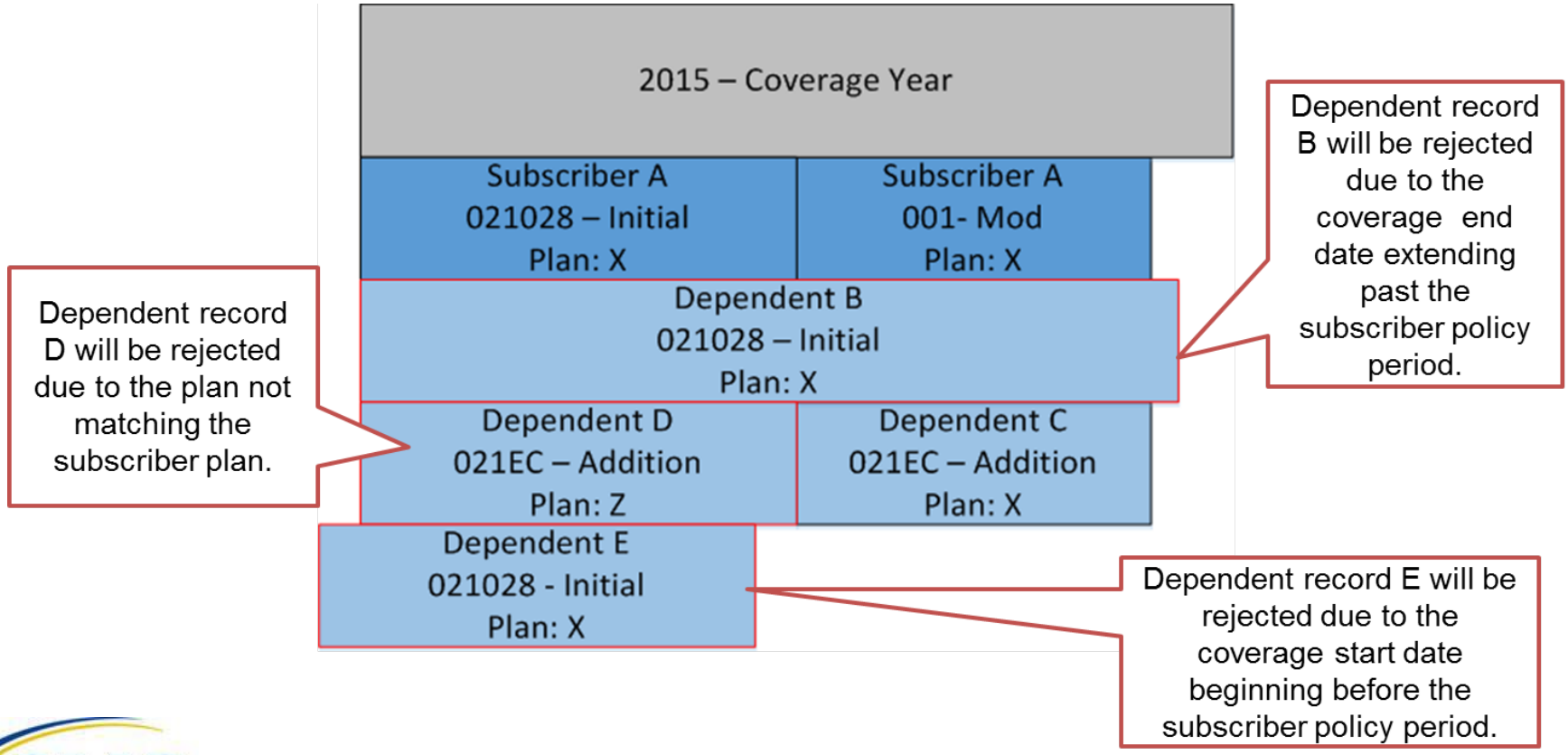
Non-Subscriber/Dependent and Subscriber Association Example

- Recall the *subscriber policy* periods in this example.
  - Policy 1 – Initial and a modification.
  - Policy 2 – Renewal and a modification.



Incorrect Non-Subscriber/Dependent and Subscriber Associations

- The subscriber policy is the initial enrollment and the modification.



Enrollment Period Activity Indicator (EPAI)

EPAI Overview

- The EPAI explains why the issuer created a specific enrollment period for a specific enrollee.
- The EDGE server will use effective dates associated with specific indicators to determine the age that the issuer used to rate the enrollee for the RA program.
- There are four (4) EPAI code indicators:
  - 021028 – Initial issuance
  - 001 – Modification (subscriber only)
  - 021EC – Addition of dependent (non-subscriber/dependent only)
  - 021041 – Renewal

Purpose of EPAI

- Risk Adjustment (RA) requires the assignment of an appropriate Allowable Rating Factor (ARF) for all billable members on a policy. RA specifically uses the EPAI code to determine the enrollee ARF.
- Reinsurance (RI) does not utilize the EPAI code for calculation of RI payments.

EPAI 021028 – Initial Issuance

- 021028 – indicates the enrollment period is an initial issuance.
  - Used to indicate the initial issuance of a policy during the first year of enrollment in an Affordable Care Act (ACA) compliant, RA covered and/or RI eligible health plan.
  - Used for the first subscriber enrollment period in a policy.
  - Used for both subscriber and non-subscriber/dependent enrollment periods.
  - Subscriber and non-subscriber/dependent enrollment periods with this code trigger an ARF based on age at the time of the Enrollment Start Date.

EPAI 001 - Modification

- 001 - indicates the enrollment period is a modification or change at the subscriber level to an existing policy.
  - Used for subscriber enrollment periods only.
  - This EPAI code will only be accepted if the preceding enrollment period includes a 021028, 021041 or 001.
  - Subscriber enrollment periods with this code will not trigger a new ARF factor based on age.
- Examples when EPAI code 001 should be used to represent a change:
  - A change in the monthly Premium Amount.
  - A change in the subscriber's Rating Area (that does not result in a new policy issuance).
  - A change in the 2-digit variant.
  - The addition of a new policy member.

EPAI 021EC – Addition of Non-Subscriber/Dependent

- 021EC - indicates the enrollment period is an addition of a new member.
  - Used for non-subscriber/dependent enrollment periods only.
  - Indicates a non-subscriber/dependent has been added to a subscriber's policy.
  - Non-subscriber/dependent enrollment periods with this code trigger an ARF based on age at the time of the Enrollment Start Date.
  - Whenever this EPAI code is used to add a new member to the subscriber's policy, there should be a corresponding enrollment period for the subscriber with an EPAI code 001 indicating a modification to the policy.

EPAI 021041 – Renewal

- 021041 - indicates the enrollment period is a renewal to an existing policy.
  - Used to indicate policy renewal for continuous enrollment in an ACA complaint, RA covered and/or RI eligible health plan from one (1) year to the next year.
  - Used for subscriber and non-subscriber dependent enrollment periods.
    - For a non-subscriber/dependent renewal 021041 to be accepted there must be an accepted renewal 021041 for the same coverage period for the subscriber in the enrollment file.
  - Subscriber and non-subscriber/dependent enrollment periods with this code trigger an ARF based on age at the time of the Enrollment Start Date.

Definition of Renewal for EDGE Server

- Renewal means that a subscriber is renewing a policy with the issuer for the subsequent benefit year and continuing coverage in the same 14-digit Plan ID.
- In this case, the renewal EPAI code 021041 must be used.

EPAI Summary

- EPAI codes acceptable for a *subscriber* enrollment record:
  - Initial Issuance (021028)
  - Modification (001)
  - Renewal (021041)
- Note: If a subscriber's enrollment record uses an EPAI code 021EC (addition of a new member), the enrollment period will be rejected.

EPAI Summary (Continued)

- EPAI codes acceptable for a non-subscriber/dependent enrollment record:
  - Initial Issuance (021028)
  - Addition of a New Member (021EC)
  - Renewal (021041)
- Note: If a non-subscriber/dependent enrollment record uses an EPAI code 001 (modification), then the enrollment period will be rejected.

EPAI Examples

EPAI – Initial Enrollment Example

New subscriber M11Kd04 enrolled on 1/1/2014.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8054	M11Kd04	1977-07-20	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
8055	S	null	21890KY001000104	2014-01-01	2014-12-31	600.00	003	021028

EPAI – Subscriber Modification Example

Subscriber M11Kd04 has a residential move which makes a change in Rating Area, so a modification is made to the enrollment record.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
8054	M11Kd04	1977-07-20	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
8055	S	null	21890KY001000104	2014-01-01	2014-06-30	600.00	003	021028
8056	S	null	21890KY001000104	2014-07-01	2014-12-31	600.00	002	001

Note: If the EPAI code is 001, then the Enrollment Period Start Date must be one (1) day after the end date of an existing subscriber enrollment period for the same enrollee and plan.

EPAI – Subscriber Renewal Example

Subscriber W4bj509 renews in the same plan.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
11548	W4bj509	1982-06-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
11549	S	Null	55121AL001000100	2014-01-01	2014-12-31	325.00	001	021028
11550	S	null	55121AL001000100	2015-01-01	2015-12-31	325.00	001	021041

Note: If the EPAI code is 021041 for a subscriber, then the Enrollment Start Date must be one (1) day after the Enrollment End Date of an enrollment period for the same Enrollee ID and Plan ID that is also a subscriber.

EPAI – Non-Subscriber/Dependent Renewal Example

Subscriber and non-subscriber/dependent renews in the same plan.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
1104	B5Yen67	1983-06-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
1105	S	null	55121AL001000100	2014-01-01	2014-12-31	450.00	001	021028
1106	S	null	55121AL001000100	2015-01-01	2015-12-31	450.00	001	021041

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
1107	N4Gur89	2013-06-29	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
1108	null	B5Yen67	55121AL001000100	2014-01-01	2014-12-31	0.00	001	021028
1109	null	B5Yen67	55121AL001000100	2015-01-01	2015-12-31	0.00	001	021041

Note: If the EPAI code is 021041 for a non-subscriber/dependent, then the Subscriber ID must match a subscriber enrollment period with an EPAI code equal to 021041 or 001 and the same Enrollment Start Date and Plan ID.

EPAI – Addition of Non-Subscriber /Dependent Example

Enrollee Rj001mq8 is being added as a non-subscriber/dependent.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88542	W4bj509	1994-08-25	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88543	S	null	11563NY001000201	2014-01-01	2014-06-30	450.00	001	021028
88544	S	null	11563NY001000201	2014-07-01	2014-12-31	525.00	001	001

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88545	Rj001mq8	2014-07-01	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88546	null	W4bj509	11563NY001000201	2014-07-01	2014-12-31	0.00	001	021EC

Note: If EPAI code 021EC is used, then both the non-subscriber/dependent's Enrollment Start Date and Enrollment End Date must fall within the subscriber's Enrollment Start and End Date.

EPAI – Change in 2-Digit Variant

Subscriber and non-subscriber/dependent have a change in the 2-digit variant.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
1104	B5Yen67	1983-06-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
1105	S	null	55121AL001000101	2014-01-01	2014-04-30	450.00	001	021028
1106	S	null	55121AL001000103	2015-05-01	2015-12-31	475.00	001	001

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
1107	N4Gur89	2013-06-29	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
1108	null	B5Yen67	55121AL001000101	2014-01-01	2014-04-30	0.00	001	021028
1109	null	B5Yen67	55121AL001000103	2015-05-01	2015-12-31	0.00	001	021028

Note: All non-subscriber/dependents on a subscriber's policy must have the same 16-digit Plan ID as the subscriber.

EPAI Scenario: Non-subscriber/Dependent Becomes the Subscriber

Enrollee Rj001mq8 is a non-subscriber/dependent in 2014 and becomes the subscriber of the same plan for the 2015 policy year.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88542	W4bj509	1981-08-25	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88543	S	null	11563NY001000201	2014-01-01	2014-12-31	450.00	001	021028

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88545	Rj001mq8	1983-07-01	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88546	null	W4bj509	11563NY001000201	2014-01-01	2014-12-31	0.00	001	021028
88547	S	null	11563NY001000201	2015-01-01	2015-12-31	475.00	001	021028

Note: If the subscriber changes, then a new subscriber policy is established, and a new issuance EPAI code 021028 must be used for the subscriber enrollment period and all associated non-subscriber/dependent enrollment periods.

EPAI Scenario: Reporting Partial Month Enrollment

Subscriber W4bj509 enrolls in a plan January 15, 2015 and terminates from the plan July 15, 2015.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
11548	W4bj509	1982-06-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
11549	S	Null	55121AL001000100	2015-01-15	2015-01-31	325.00	001	021028
11550	S	Null	55121AL001000100	2015-02-01	2015-06-30	325.00	001	001
11551	S	null	55121AL001000100	2015-07-01	2015-07-15	325.00	001	001

Note: The EDGE server will prorate the premium for the partial month enrollments. Issuers should not submit prorated premiums.

EPAI Scenario: Reporting Re-Enrollment after a Termination

Subscriber W4bj509 enrolls in a plan January 01, 2015 and terminates from the plan February 28, 2015, then re-enrolls in that same plan with an effective date of March 1, 2015.

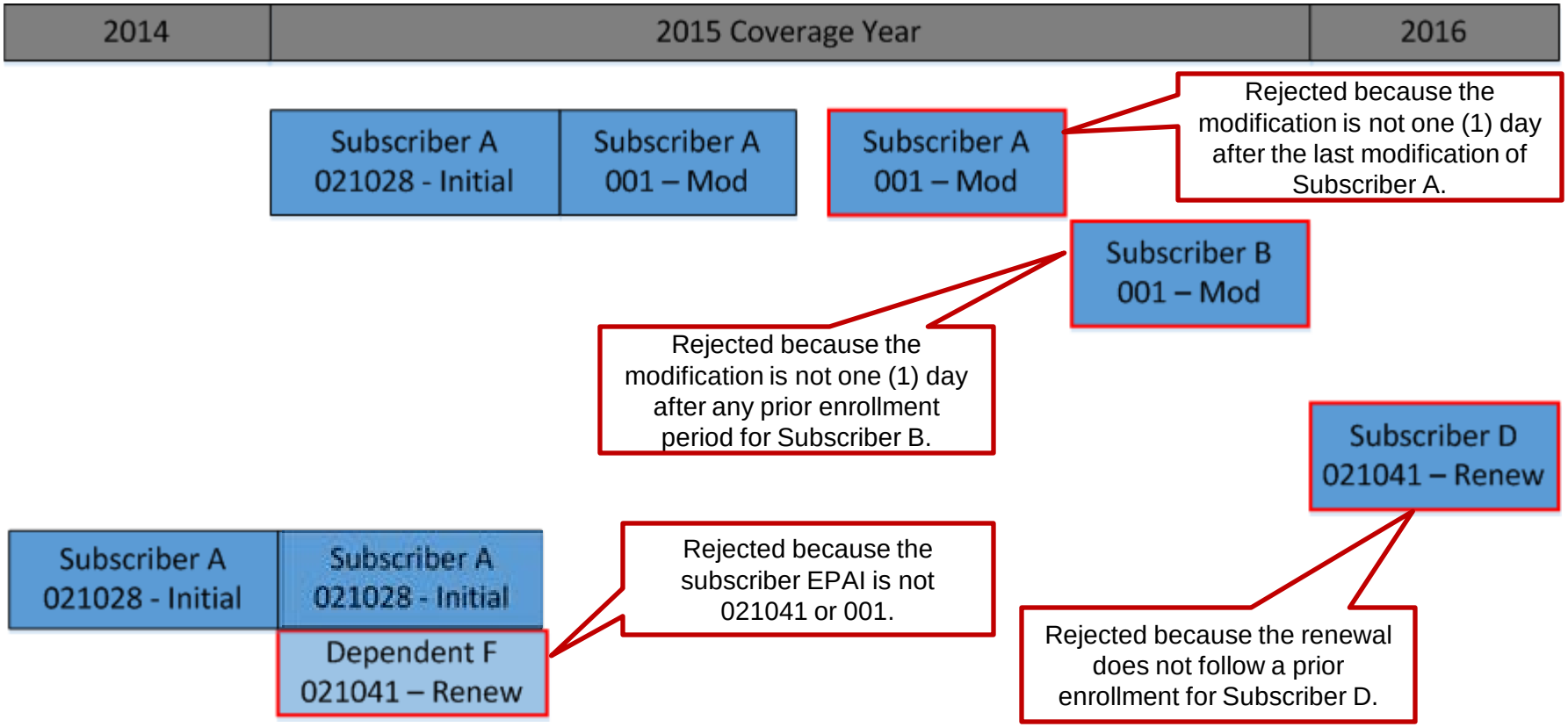
Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
11548	W4bj509	1982-06-12	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
11549	S	Null	55121AL001000100	2015-01-01	2015-02-28	325.00	001	021028
11550	S	null	55121AL001000100	2015-03-01	2015-12-31	325.00	001	021028

OR: Combine the two (2) enrollment periods into one (1) since there was no gap in coverage.

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
11549	S	null	55121AL001000100	2015-01-01	2015-12-31	325.00	001	021028

EPAI – Incorrect EPAI Submissions



Rating Area Validations

Rating Area Overview

- The Rating Area of a non-subscriber/dependent enrollment period must match all subscriber enrollment periods on the policy for which there are one (1) or more days of coverage overlap between the subscriber and non-subscriber/dependent.

EPAI – Addition of Non-Subscriber/Dependent and Rating Area Change Example

Subscriber W4bj509 was initially enrolled in Rating Area 001. On 5/1/2014, the subscriber added a dependent **(blue)** and on 10/1/14 the subscriber changed Rating Areas and added another dependent **(red)**.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
648131	W4bj509	1970-09-20	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
648132	S	Null	12345MD123456789	2014-01-01	2014-04-30	450.00	001	021028
648133	S	Null	12345MD123456789	**2014-05-01**	**2014-09-30**	**525.00**	**001**	001
688134	S	Null	12345MD123456789	**2014-10-01**	**2014-12-31**	**600.00**	**002**	001

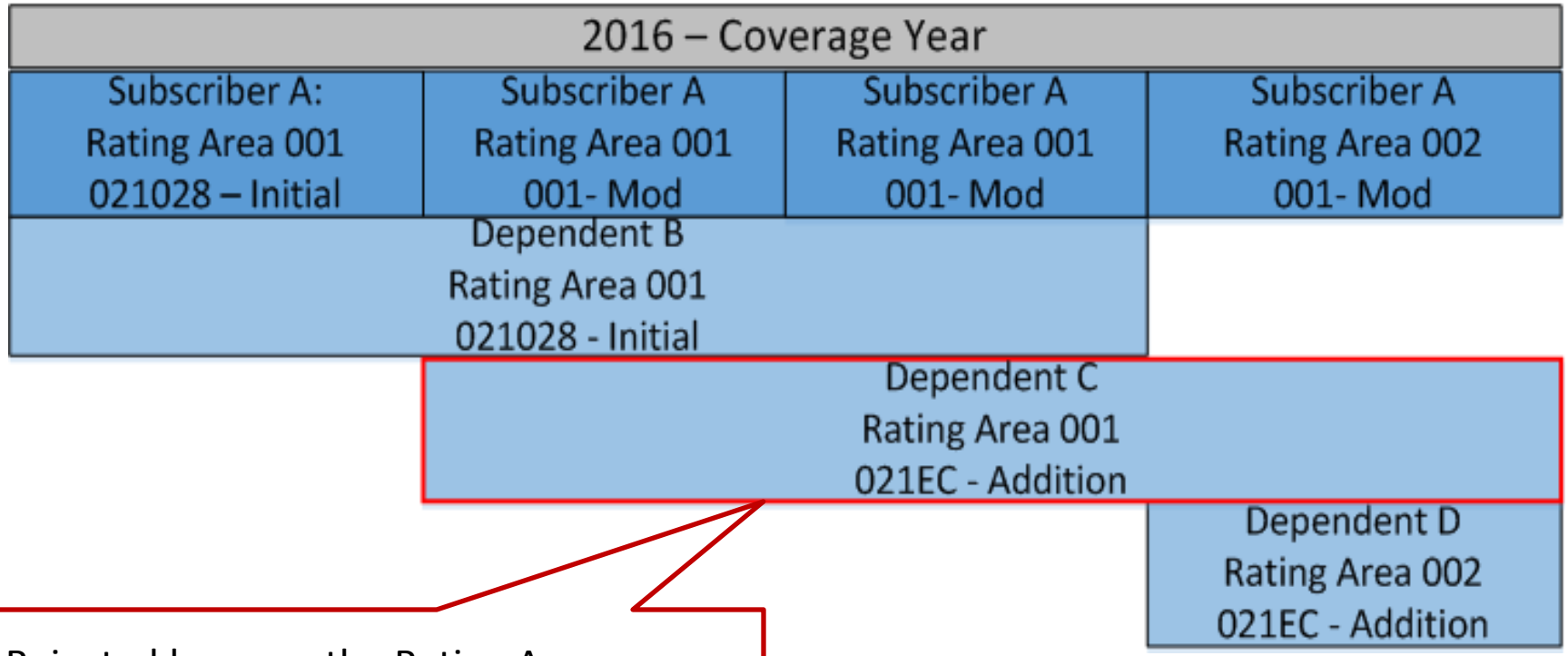
Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
648135	X5ck610	2014-05-01	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
648136	Null	W4bj509	12345MD123456789	**2014-05-01**	**2014-09-30**	**0.00**	**001**	021EC
648137	Null	W4bj509	12345MD123456789	**2014-10-01**	**2014-12-31**	**0.00**	**002**	021EC

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
648138	Y6dl721	2014-10-01	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
648140	Null	W4bj509	12345MD123456789	**2014-10-01**	**2014-12-31**	**0.00**	**002**	021EC

Incorrect Rating Area Submissions



Mandated Coverage

Mandated Coverage Overview

- The enrollment period requirements outlined in the preceding sections apply to enrollees with mandated coverage.
- Under circumstances where issuers are required to cover newborn or other enrollees for a defined period of time, regardless of whether a premium is collected, issuers may submit such enrollees and the incurred claims for consideration in RA and RI.
  - Mandated coverage periods are different on and off the Marketplace. Refer to the ESBR for more details.

Mandated Coverage Overview
(Continued)

Rule	Issuers who are required to provide benefits and cover claims for enrollees for a defined amount of time should submit the enrollee details and an enrollment period that reflects the span of coverage that was required under the mandate.
Rule	A Premium Amount for a subscriber record must be included, and is the amount that would have been charged had the person been enrolled.

- For specific coverage and reporting requirements, issuers should review the mandated coverage section of the ESBR.

Mother and Baby Enrollment

Mother and Baby Enrollment

- A baby must have its own Unique Enrollee ID.
- If the issuer is responsible for covering a baby, a separate enrollment record must be created for the baby.
  - If the baby is not enrolled, issuers should still submit the mandated enrollment coverage period for the baby, if applicable.

Baby Enrollment – Add to Existing Subscriber – Example 1

Mother (W4bj509) is already enrolled in the plan and is designated as subscriber. The baby (Rj001mq8) is added as a new member, non-subscriber/dependent to the mother's plan.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88542	W4bj509	1994-08-25	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88543	S	Null	11563NY001000201	2014-01-01	2014-06-30	450.00	001	021028
88544	S		11563NY001000201	2014-07-01	2014-12-31	525.00	001	001

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88545	Rj001mq8	2014-07-01	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88546		W4bj509	11563NY001000201	2014-07-01	2014-12-31	0.00	001	021EC

Baby Enrollment – Add to Existing Subscriber – Example 2

Mother's spouse (X5ck610) is the subscriber of the plan; mother (W4bj509) is already a non-subscriber/dependent under spouse's plan. Baby (Rj001mq8) is an additional member, non-subscriber/dependent added to mother's spouse's plan.

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88542	X5ck610	1992-02-05	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88543	S		11563NY001000201	2014-01-01	2014-06-30	450.00	001	021028
88544	S		11563NY001000201	2014-07-01	2014-12-31	525.00	001	001

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88545	W4bj509	1994-08-25	F

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88546		X5ck610	11563NY001000201	2014-01-01	2014-12-31	0.00	001	021028

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Gender
88547	Rj001mq8	2014-07-01	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premium	Rating Area	EPAI
88548		X5ck610	11563NY001000201	2014-07-01	2014-12-31	0.00	001	021EC

Upcoming Webinars

Upcoming Webinars

- Upcoming webinar presentations will:
  - Highlight important Business Rules as they relate to a specific inbound file type.
  - Provide information on outbound files.
  - Explain data management and data retention requirements.
- CMS staff will be available at the end of each webinar presentation to answer questions on the material covered in each session.

Upcoming Webinars

Webinar	Scheduled Event Date
Pharmacy Claim Submission	October 8, 2015
Medical Claim Submission	October 15, 2015
Supplemental Diagnosis Submission	October 22, 2015

Questions?

To submit questions by phone:

- ❑ Dial ‘14’ on your phone’s keypad
- ❑ Dial ‘13’ to exit the phone queue

Resources

WWW.REGTAP.INFO

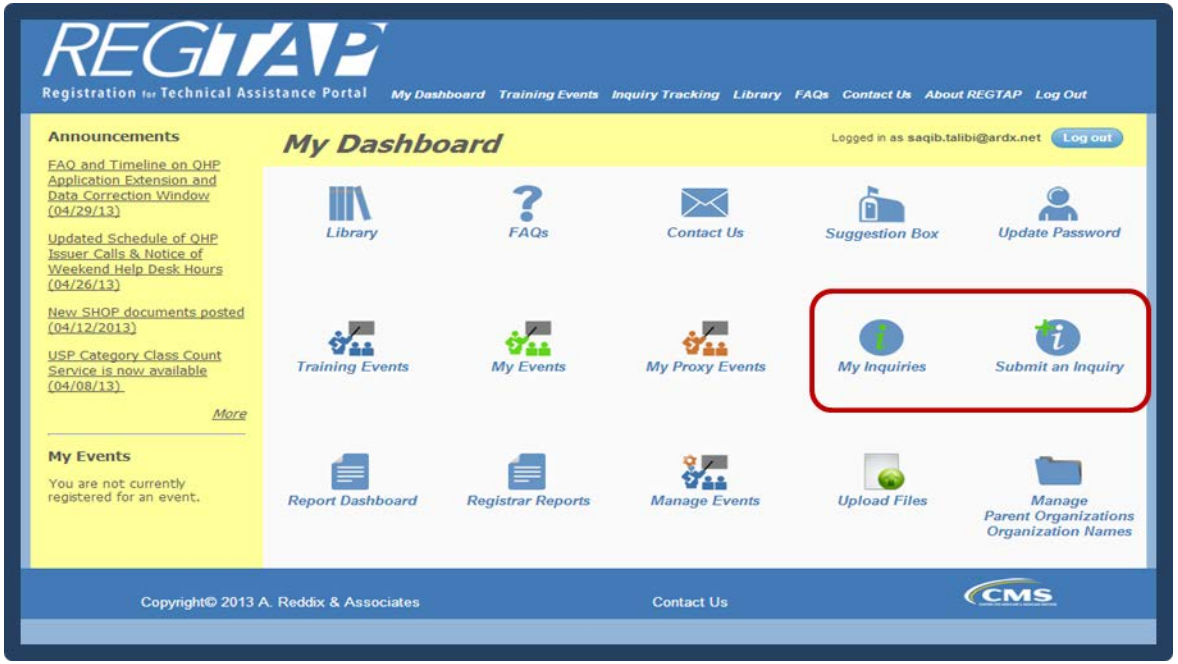
Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/cciio/
Registration for Technical Assistance Portal (REGTAP) • Registration • Inquiry Tracking and Management System (ITMS) • Resource Library • Frequently Asked Questions (FAQs)	https://www.REGTAP.info/

Inquiry Tracking and Management System (ITMS)

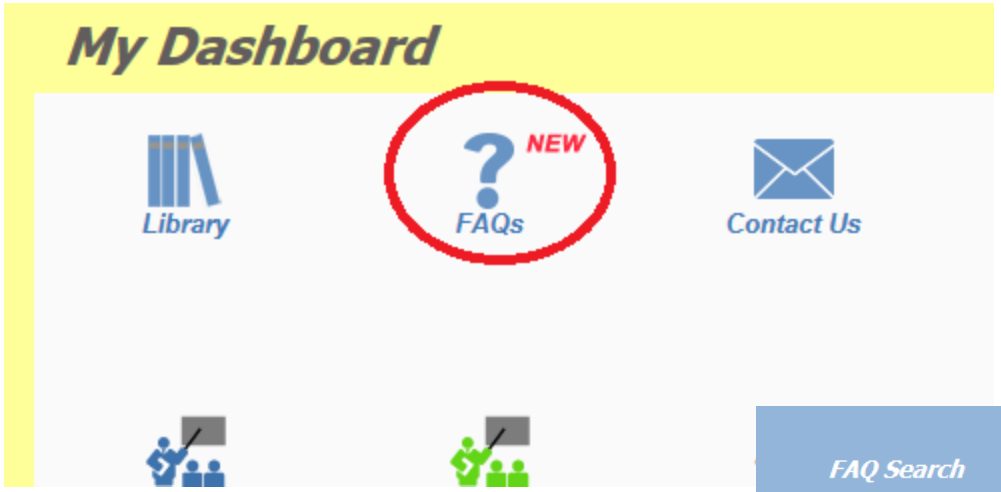
ITMS is available at http://www.REGTAP.info.

Users can submit questions after the User Group by selecting “Submit an Inquiry” from My Dashboard.



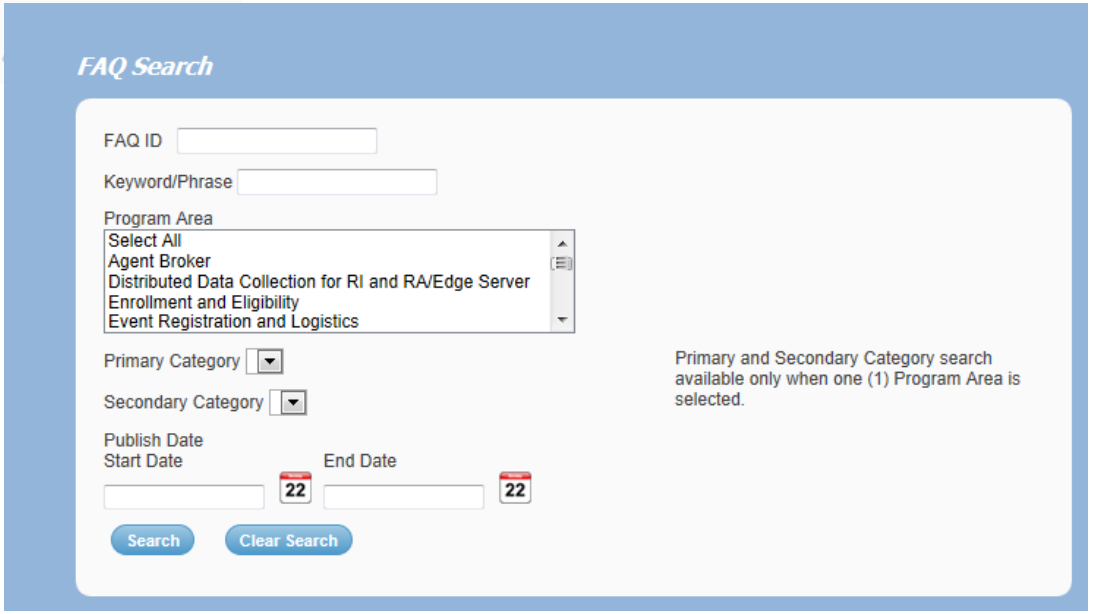
Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

FAQ Database is available at http://www.REGTAP.info.



Closing Remarks