

Financial Management Policy-based Payments Overview and HIX 820 Testing and Implementation

April 22, 2015

Financial Management and
Payment Process Series I

Agenda

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 - o HIX 820 Exchange Related Payment and Report Type Codes
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Introduction

- With the transition to policy-based payments, CMS will be rolling out several trainings over the next few months to prepare for upcoming testing and implementation dates.
- To allow for prompt Issuer feedback and questions, the Financial Management (FM) Team will be participating on the Tuesday all-Issuer technical workgroup call on a regular basis.

Series Overview

- Series I contains four (4) unique sessions to provide Issuers with an overview of financial management policy-based payments and the HIX 820 testing and discrepancy reporting process.

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



Series Overview (Continued)

Session	Target Audience	Date of Session	Session Title
1	FFM and SBM Issuers	April 22, 2015	Financial Management Policy-based-Payments Overview and HIX 820 Testing and Implementation
2	FFM and SBM Issuers	April 29, 2015	Financial Management Policy-based-Payments Overview and HIX 820 Testing and Implementation (Repeat of Session 1)
3	FFM and SBM Issuers	May 2015	HIX 820 Testing and Discrepancy Reporting
4	FFM Issuers	June 2015	Policy-based Payments Pilot Overview

Session Guidelines

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

Intended Audience

- Associations
- Consumer Operated and Oriented Plan (CO-OP) Program
- Stand Alone Dental Plans (SADP)
- Federally-Facilitated Marketplace (FFM) Issuers
- State Based Marketplaces (SBMs)
- SBM Issuers
- Vendors/Third Party Administrators (TPAs)
- Small Business Health Options Program (SHOP) Issuers

Purpose

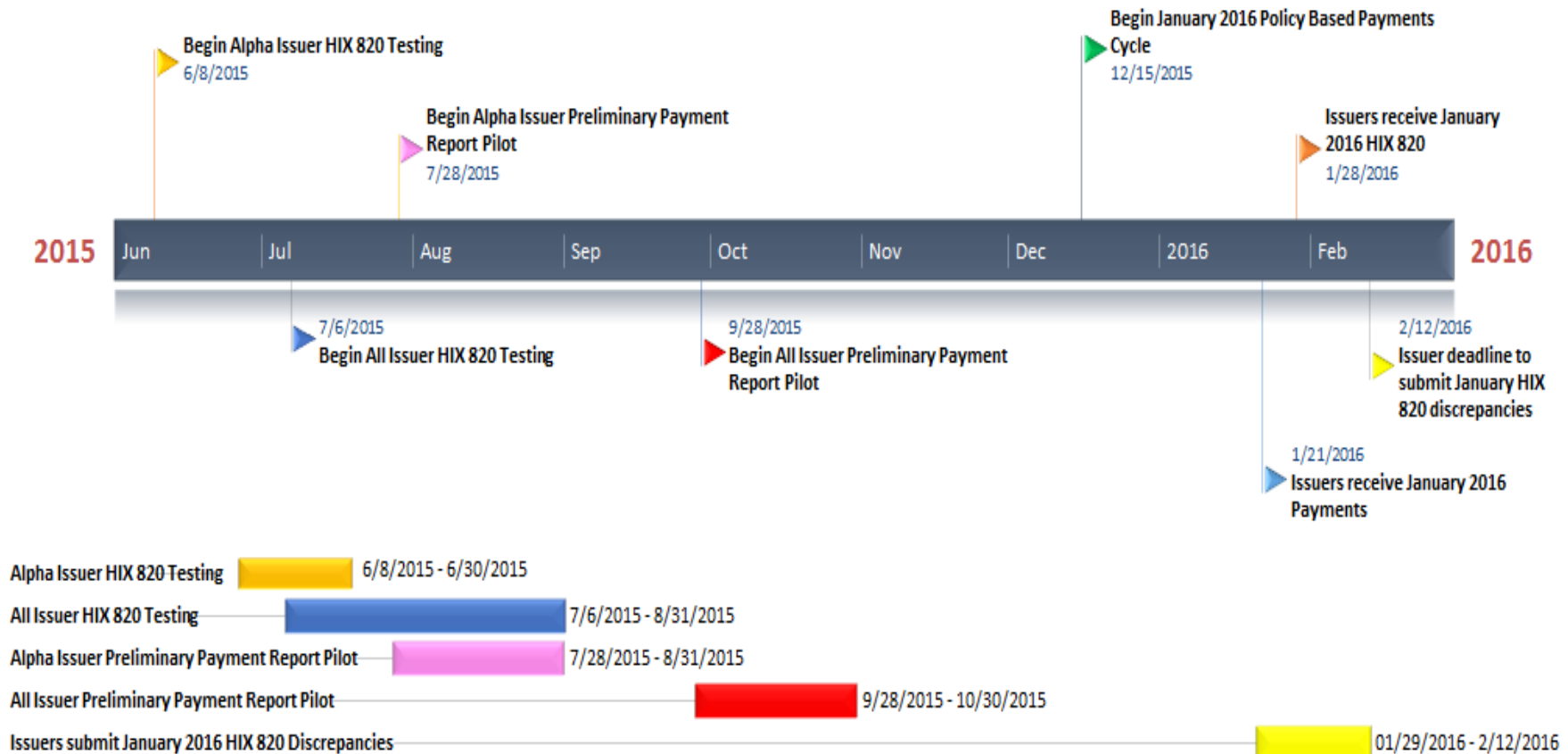
Provide a comprehensive overview of policy-based payments and the HIX 820 including testing, trading partner agreements, CMS companion guide updates and the application of the HIX 820 through scenarios.

FFM Policy-based Payments

FFM Policy-based Payments

- CMS will target a January 2016 implementation date for FFM Policy-based Payments.
 - o Implementation will include the HIX 820 and a discrepancy reporting process.
 - o CMS recognizes that enrollment effectuation and reconciliation processes must be in place prior to the transition to policy-based payments.
- CMS is planning to conduct an onboarding pilot with FFM Issuers later this year to validate 2015 effectuated enrollment and payment data in CMS's system matches Issuers' records.
 - o During the onboarding pilot, Issuers will receive a pipe-delimited payment report with policy-level details and asked to respond with any payment discrepancies.
 - o CMS will provide training on this onboarding pilot including the payment report and discrepancy reporting process in June.

FFM Policy-based Payments Timeline



HIX 820 Updates and Overview

HIX 820 Updates

- CMS HIX 820 Companion Guide, X12 Scenarios, Payment Type Codes and Report Type Codes will be updated and posted to REGTAP.
- CMS would like to conduct HIX 820 testing with a few Issuers beginning in early-mid June and will work with the associations to solicit volunteers.
- The majority of Issuers have completed their EDI Onboarding Registration. For those who have not, CMS will reach out to the remaining Issuers over the next month to complete the process.

HIX 820 Overview

- CMS uses the HIX 820 transaction to communicate Marketplace-related payment information to Payee Groups, SBMs or their designees.
- The HIX 820 is sent separately from the actual payment transfer.
- In January 2016, CMS will use the HIX 820 to communicate remittance information for the following types of payments and charges related to Marketplace functions:
 - o Advance Payment of the Premium Tax Credits (APTCs)
 - o Cost Sharing Reductions (CSRs)
 - o FFM Individual and SHOP User Fees

HIX 820 Overview (Continued)

- CMS will eliminate and not send the initial (detailed) HIX 820. The Companion Guide will be updated with this change.
- CMS is working to determine if there is a report that CMS could send earlier in the month to provide Issuers with the APTC, CSR and FFM User Fee policy-level detail. We will cover this in the May training.
- CMS will work with SBMs over the next couple months to develop a reporting process.

HIX 820 Overview (Continued)

- Payees will receive one (1) HIX 820 a month per EFT:
 - o HIX 820 includes policy-level information plus any program-level payments, adjustments and other remittance information.
- A payee will receive two (2) separate 820s and two (2) separate EFT payments if:
 - o The payee is set to receive a payment of \$100 million or more; and/or
 - o The payee has one million effectuated policies or more in a month.

Payee Groups

Payee Groups

- Issuers must have completed the Vendor Management process to receive a payment and HIX 820.
- A **Payee Group** is a set of one (1) or more Issuers that have the same Tax ID Number (TIN).
- Insurance companies will create Payee Groups as part of the process for Issuers to receive payments and invoices from CMS.
- All Issuers **must** be part of **one (1)** Payee Group.
- Each month the Payee Group will receive a consolidated payment or invoice and a HIX 820.

Testing and Trading Partner Agreements

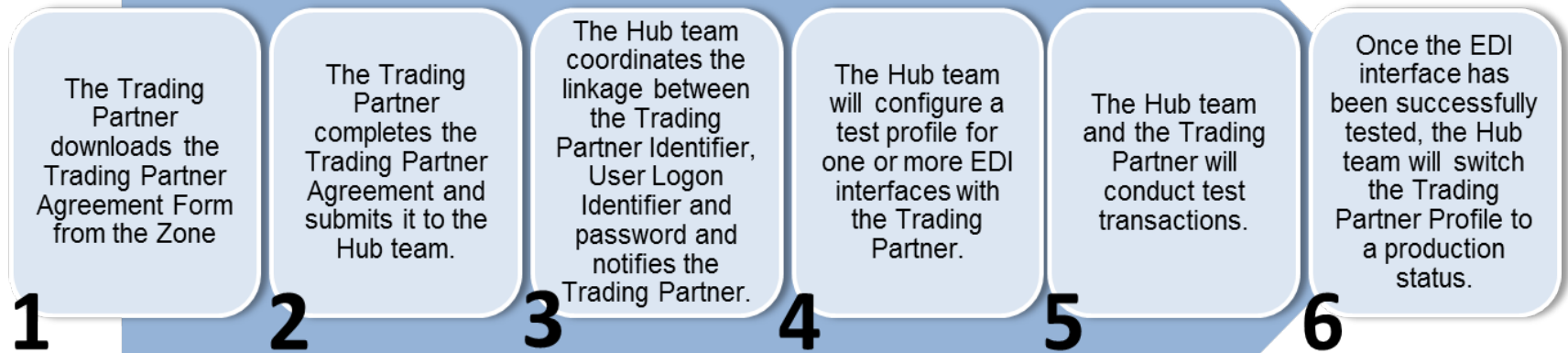
Key Points

- The Hub will facilitate the exchange of transactions from CMS to payees.
- The registration process includes completing a Trading Partner Agreement/EDI Registration Form and establishing connectivity.
- All CMS HIX 820s are outbound only (i.e., from CMS to Payee Groups).
- CMS will not receive inbound HIX 820s.

Testing and Trading Partner Agreements

- In order to receive HIX 820 transactions, Trading Partners (i.e., Payee Groups, SBMs or their designees) must:
 - o Register with the Data Services Hub
 - o Conduct a successful test with the Data Services Hub

Trading Partner Registration Process



Testing Process



Testing occurs at Step 5 of the registration process, but may also occur when the system is upgraded, when business requirements change or when new versions of the Implementation Guide are implemented.

The Hub team provides a limited number of test files to the Trading Partner for processing.

1

The Trading Partner downloads the test files using Secure File Transfer Protocol (SFTP).

2

The Trading Partner processes the test files through its validation process. Failures are reported through acknowledgement transactions.

3

If all the test files successfully pass through the validation process, the Trading Partner notifies Hub that the test was successful. The Trading Partner and the Hub team will work to resolve errors until the test is successful.

4

If the test is successful, the Trading Partner is approved to begin processing in the production environment.

5

HIX 820 Implementation Guide

HIX 820 Implementation Guide

- The ASC X12N Health Insurance Exchange Related Payments (820) **Implementation Guide** (005010X306) provides instructions for the HIX 820 transaction.
 - o Specifically, the Implementation Guide defines the transaction sets used to report Marketplace-related remittance information.
- The Implementation Guide is based on the October 2003 ASC X12 standards referred to as Version 5, Release 1, Sub-release 0 (005010).

HIX 820 Implementation Guide (Continued)

The HIX 820 Implementation Guide provides information and guidance on the following topics related to the HIX 820 transaction:

Purpose and Business Information	Transaction Sets	Other
• Version Information • Implementation Limitations • Business Usage and Terminology • Transaction Acknowledgements • Related Transactions • Trading Partner Agreements • HIPAA Role • Data Overview	• Examples • Implementation Usage • Transaction Set Listing • 820 Segment Detail (description of each segment in the 820 transaction)	• Examples • External Code Sources • Nomenclature • EDI Control Directory • Data Element Glossary

HIX 820 Implementation Guide (Continued)

The HIX 820 Implementation Guide is available for purchase on the ASC X12 website: <http://store.x12.org/store/health-insurance-exchanges>

Health Insurance Exchange Related Payments

CMS will transmit payment related information electronically to Issuers based on the Health Insurance Exchange Related Payments (820) Transaction (005010X306) and associated CMS Companion Guide which is expected to be released soon. Implementers will need to reference both the X306 and related CMS companion guide.



ORIGINAL IMPLEMENTATION GUIDES
5010 | Health Insurance Exchange Related Payments
Format: PDF Download

\$525.00 / single user license

[SHOW DETAILS](#)



purchase

The CMS HIX 820 Companion Guide, will be available on the CCIIO website, in the same [Resources page](#) location as the Enrollment Companion Guide.



There are two (2) Implementation Guides listed at the URL above. “Health Insurance Exchange Related Payments” is the HIX 820 Implementation guide.

CMS HIX 820 Companion Guide

CMS HIX 820 Companion Guide

- The CMS HIX 820 **Companion Guide** specifies data content for payment related information transmitted as part of the HIX 820 transaction from CMS.
 - o The Companion Guide provides CMS supplemental instructions for Payee Groups, SBMs or their designees.
 - o Explains what Issuers and SBMs will generally see in the 820s that CMS sends.
- The Companion Guide should not be used separately; it is based on, and must be used in conjunction with, the ASC X12 HIX 820 Implementation Guide.

 **If any conflict is unintentionally introduced between the Companion Guide and the instructions in the Implementation Guide, the Implementation Guide takes precedence.**

CMS HIX 820 Companion Guide (Continued)

The HIX 820 Companion Guide provides information and guidance on the following topics related to the HIX 820 transaction:

Getting Started	CMS Business Rules	Other
• Testing • Connectivity • Contact Information	• CMS Specific Business Rules and Limitations • Transaction Specifics for Use with all Issuers • Optional HIX 820 for use by SBMs	• Examples • Acknowledgements • Acronyms/Glossary

Accredited Standards Committee (ASC) X12 TA1 and Acknowledgment for HealthCare Insurance (999) and Error Reporting

ASC X12 TA1 and 999 Acknowledgements

- When organizations are exchanging EDI transactions, such as the HIX 820 transaction, the Accredited Standards Committee (ASC) employs the X12 Acknowledgment Model.
- The purpose of transaction acknowledgements is to report to the sender whether the transaction was accepted or rejected.
- Payee Groups, SBMs or their designees will need to send a TA1 Acknowledgment and Implementation Acknowledgment for Health Care Insurance (999).
 - o The Hub expects to receive a TA1 acknowledgement for every outbound Interchange in which a HIX 820 transaction set is sent.
 - o The Hub expects to receive a 999 acknowledgement for every functional group in every outbound HIX 820 file sent.

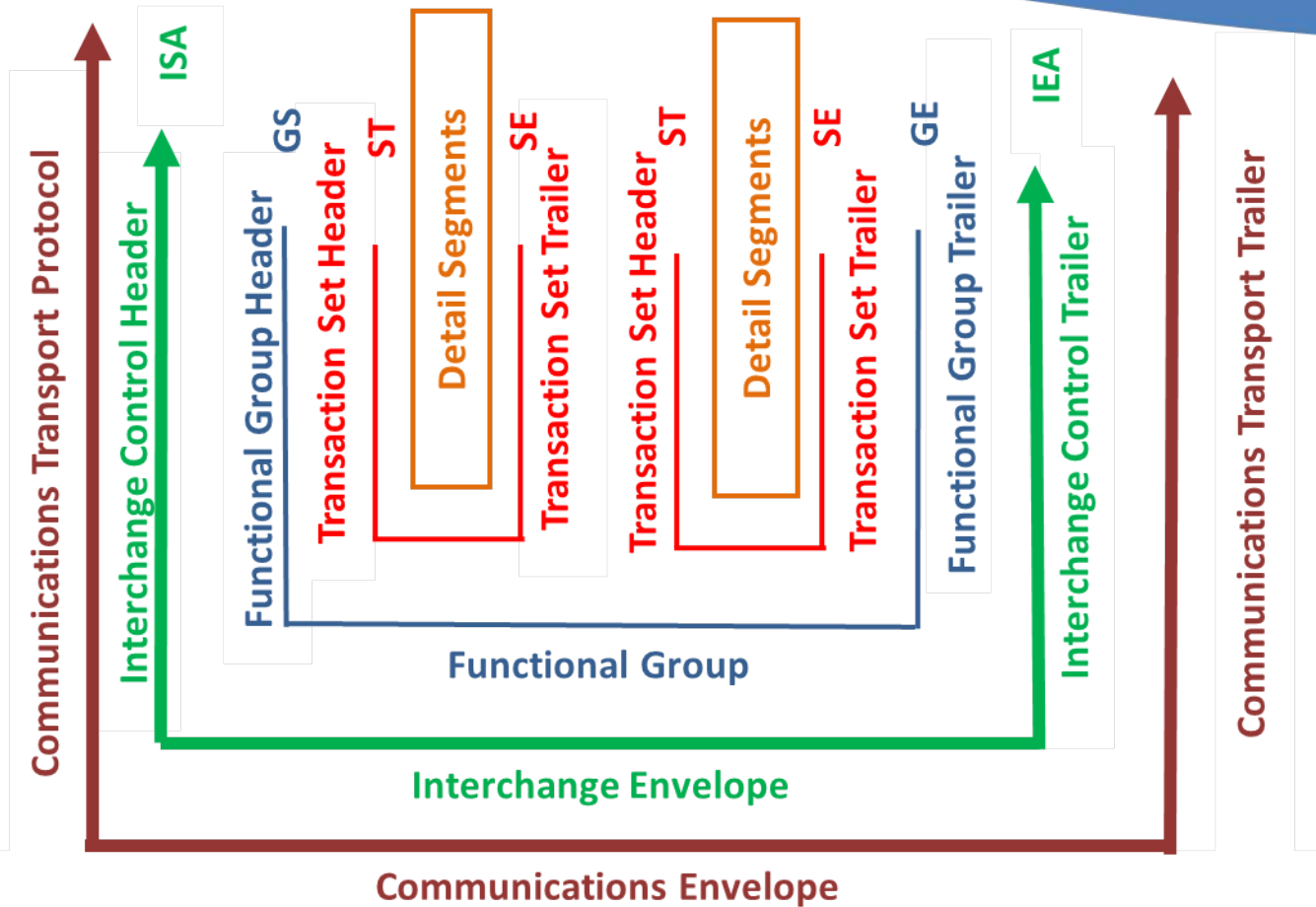
HIX 820 Exchange-related Payment and Report Type Codes

HIX 820 Exchange-related Payment and Report Type Codes

- The HIX 820 Implementation Guide references two (2) CMS maintained code sets:
 - 1. Exchange Payment Type codes**
 - o Most HIX 820 Exchange Payment Type codes are used to report positive or negative payment amounts related to specific components of Marketplace programs (e.g., APTC, CSR or FFM UF amounts).
 - o A few codes are used to “balance” the transaction to ensure the total amount is not less than zero (0) or indicate that an amount will be invoiced or has been paid.
 - 2. Exchange Related Report Type codes**
 - o Most HIX 820 Exchange Related Report Type codes are used to report any additional remittance detail information (e.g., Payee ID, EFT Trace Numbers, etc.).
 - o A few codes are used to provide reference information.
- These code sets can be accessed at <http://www.wpc-edi.com/reference/> under Health Insurance Exchange Code Lists.

Scenarios: CMS Sends HIX 820 to Payee Groups

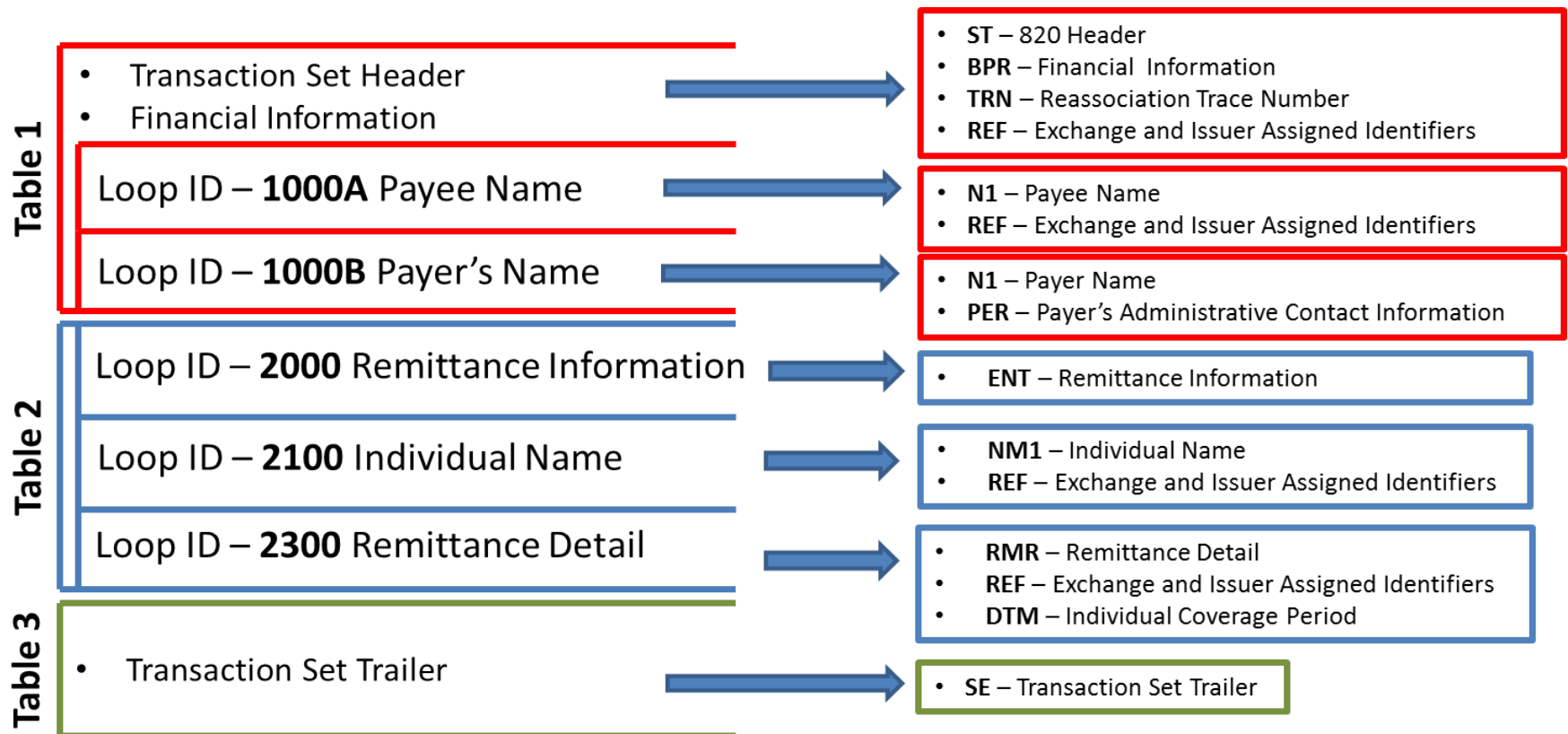
Enveloping and Looping Structure



HIX 820 Report Structure

Table Number	Description
Table 1 – Header	• Table 1 contains information related to the total payment: ◦ The party receiving the payment (Payee Group, SBM or their designee) ◦ The party sending the HIX 820 (CMS) • Table 1 also contains the necessary information for the Payee Group, SBM or their designee to relate the EFT to the HIX 820.
Table 2 – Detail, Organization Summary Remittance	• Table 2 provides remittance information associated with a subscriber (policy) or Payee Group (program) level payment: ◦ Subscriber Payment: The 2100 Loop – Individual Name identifies these payments are policy-specific. ◦ Payee Group Level Payment: The absence of the 2100 Loop – Individual name identifies these payments as Payee Group level payments. Payee Group level payments are program payments (e.g., manual adjustments, invoicing, balancing loops, etc.). These payments are not specific to a particular policy and appear as a lump sum within the remittance.
Table 3 - Summary	• Table 3 provides summary information. Generally, the summary includes: ◦ A total segment count for the HIX 820 ◦ A control number

HIX 820 Report Structure: Segment Detail



Sources of Identifiers

- In the FFM model, the Issuer provides the FFM with a list of the Qualified Health Plans (QHPs) that will be offered to enrollees through the FFM.
- Identifiers are assigned to each subscriber by the FFM and Issuers in order to establish and maintain reliable linkages between the FFM and the Issuer transactions.

Issuer Assigned Identifiers

Loop	Segment	Segment Name	Notes
2100 Loop	REF	Issuer Assigned Qualified Health Plan Identifier	The Issuer does not assign this identifier, so this segment will never be transmitted.
2100 Loop	REF	Issuer Assigned Employer Group Identifier	This segment will be transmitted when the information is available.
2100 Loop	REF	Issuer Assigned Policy Identifier	This segment will be transmitted when the information is available.
2100 Loop	REF	Issuer Assigned APTC Contributor/Tax Payer Identifier	This segment will not be transmitted.
2100 Loop	REF	Issuer Assigned Dependent Identifier	This segment will not be transmitted.
2100 Loop	REF	Issuer Assigned Subscriber Identifier	This segment will be transmitted when the information is available.

Exchange Assigned Identifiers

Loop	Segment	Segment Name	Notes
2100 Loop	REF	Exchange Assigned Qualified Health Plan Identifier	This segment will always be transmitted.
2100 Loop	REF	Exchange Assigned Employer Group Identifier	This segment will not be transmitted.
2100 Loop	REF	Exchange Assigned Policy Identifier	This segment will always be transmitted.
2100 Loop	REF	Exchange Assigned APTC Contributor/Tax Payer Identifier	This segment will not be transmitted.
2100 Loop	REF	Exchange Assigned Dependent Identifier	This segment will not be transmitted.

Scenarios

- The following scenarios are a subset of a larger list of scenarios provided on the ASC X12 website. For additional scenarios, please refer to <http://examples.x12.org/005010X306/>.

Scenarios (Continued)

Scenario #	Description
Scenario 1	Payments Exceed Charges
Scenario 2	Charges Exceed Payments
Scenario 3	APTC Retroactive Enrollment Adjustments
SBM Scenario	CMS sends APTC and CSR Payment Information to a SBM

Scenario 1: HIX 820 Payments Exceed Charges

- This scenario is for the January 2014 coverage month.
- **Subscriber: Jane Smith**
 - o Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - o Exchange Assigned Subscriber Identifier: 777223

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Jane Smith	APTC	\$600
	CSR	\$100
	UF	-\$25
John Doe	APTC	\$400
	CSR	\$50
	UF	-\$15
Net Payment		\$1,110

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Table 1

ST*820*0002*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0002).
BPR*I*1110*C*ACH*CCP*****01*000000001*DA*123456772123*20140128~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$1,110. The payee's bank transit routing number is 000000001 and the bank account is 123456772123. The EFT effective date is 01/28/2014.
TRN*3*123456789123459~	TRN indicates the EFT Trace number for the transaction set and is used to re-associate payments and remittances. The treasury EFT number is 123456789123459.
Loop 1000A – Payee Name	
N1*PE*NATIONAL*FI*121231233~	N1 indicates the payee's name. The payee's name is NATIONAL with Tax ID number (121231233).
Loop 1000B – Payer Name	
N1*RM*CMS*58*CMS~	N1 indicates the payer's name. The payer's name and identifier are both CMS.
PER*IC*EXCHANGE OPERATIONS CENTER*EM*CMS_FEPS@cms.hhs.gov*TE*18002671515 ~	PER indicates the payer's administrative contact information. Here, the payer's contact email is CMS_FEPS@cms.hhs.gov and the telephone number is 1-800-267-1515.

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Table 2

Loop 2000 – Remittance Information	
ENT*1~	ENT indicates the start of detail loop for first detailed payment record.
Loop 2001 – Individual Name	
NM1*IL*1*SMITH*JANE****C1*777222~	NM1 indicates the enrollee's name. Here, the enrollee's name is JANE SMITH and the Exchange Assigned Subscriber Identifier is 777222.
REF*38*12345MD000011221~	The REF segment indicates various identifiers. Here, the REF is Exchange Assigned Qualified Health Plan Identifier (12345MD000011221).
REF*POL*4567~	The REF is Exchange Assigned Policy Identifier (4567).
REF*AZ*PLAN1~	The REF is Issuer Assigned Policy Identifier (PLAN1).

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Table 2 (Continued)

<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*APTC**600~	RMR indicates the detail remittance payment amounts. One (1) or more occurrences is required. Here, the APTC payment amount for this policy is \$600.
DTM*582****RD8*20140101-20140131~	DTM indicates the individual coverage period. Here, the transaction period is 01/01/2014 – 01/31/2014.
RMR*ZZ*CSR**100~	The CSR payment amount for this policy is \$100.

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Table 2 (Continued)

DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).
RMR*ZZ*UF**-25~	The UF amount for this policy is -\$25.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).
ENT*2~	Start of the detail loop for second detailed payment record.
NM1*IL*1*DOE*JOHN****C1*777223~	The subscriber's name is JOHN DOE and the Exchange Assigned Subscriber Identifier is 777223.
REF*38*12346MD000011232~	REF is Exchange Assigned Qualified Health Plan Identifier (12346MD000011232).
REF*POL*5678~	REF is the Exchange Assigned Policy Identifier (5678).
REF*AZ*PLAN2~	REF is Issuer Assigned Policy Identifier (PLAN2).
REF*0F*SUB234~	REF is Issuer Assigned Subscriber Identifier (SUB234).
RMR*ZZ*APTC**400~	The APTC payment amount for this policy is \$400.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).

Scenario 1: HIX 820 Payments Exceed Charges (Continued)

Table 2 (Continued)

RMR*ZZ*CSR**50~	The CSR payment amount for this policy is \$50.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).
RMR*ZZ*UF**-15~	The UF amount for this policy is -\$15.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).

Table 3

SE*31*0002~	SE indicates the Transaction Set Trailer which provides summary information with the number of segments in the report and the control number established in the Header (Table 1). Here, the segment count is 31 and the Control Number is 0002.
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Scenario 2: HIX 820 Invoice

- This scenario is for the January 2014 coverage month.
- **Subscriber: Jane Smith**
 - Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - Exchange Assigned Subscriber Identifier: 777223
- **Program:** Invoice Amount to bring the net payment amount (BRP02) field to \$0.

Scenario 2: HIX 820 Invoice (Continued)

Jane Smith	UF	\$-25
John Doe	UF	\$-15
Program	INVOICE	\$40
Net Payment		\$0

Scenario 2: HIX 820 Invoice (Continued)

Table 1

ST*820*0001*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0001).
BPR*I*0*C*NON*****20140128~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$0. No payment was made. The date the 820 was created is 01/28/2014.
TRN*3*123456789123567~	TRN indicates the trace number for the transaction set and is used to re-associate payments and remittances. Here, the unique remittance identification number is 123456789123567.
Loop 1000A – Payee Name	
N1*PE*USINS*FI*121231234~	N1 indicates the payee's name. The payee's name is USINS with Tax ID number (121231234).
Loop 1000B – Payer Name	
N1*RM*CMS*58*CMS~	N1 indicates the payer's name. The payer's name and identifier are both CMS.
PER*IC*EXCHANGE OPERATIONS CENTER*EM*CMS_FEPS@cms.hhs.gov*TE*18002671515~	PER indicates the payer's administrative contact information. Here, the payer's contact email is CMS_FEPS@cms.hhs.gov and the telephone number is 1-800-267-1515.

Scenario 2: HIX 820 Invoice (Continued)

Table 2

Loop 2000 – Remittance Information	null
ENT*1~	ENT indicates the start of detail loop for first detailed payment record.
Loop 2001 – Individual Name	null
NM1*IL*1*SMITH*JANE****C1*777222~	NM1 indicates the enrollee's name. Here, the enrollee's name is JANE SMITH and the Exchange Assigned Subscriber Identifier is 777222.
REF*38*12345MD000011222~	The REF segment indicates various identifiers. Here, the REF is Exchange Assigned Qualified Health Plan Identifier (12345MD000011222).
REF*1L*987654~	The REF is Issuer Assigned Employer Group Identifier (987654).
REF*POL*4567~	The REF is Exchange Assigned Policy Identifier (4567).
REF*AZ*PLAN1~	The REF is Issuer Assigned Policy Identifier (PLAN1).
REF*OF*SUB123~	The REF is Issuer Assigned Subscriber Identifier (SUB123).

Scenario 2: HIX 820 Invoice (Continued)

Table 2 Continued

<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*UF**-25~	RMR indicates the detail remittance payment amounts. The FFM User Fee mount for this policy is -\$25.
DTM*582****RD8*20140101-20140131~	DTM indicates the individual coverage period. Here, the transaction period is 01/01/2014 – 01/31/2014.

Scenario 2: HIX 820 Invoice (Continued)

Table 2 (Continued)

ENT*2~	Start of the detail loop for second detailed payment record.
NM1*IL*1*DOE*JOHN****C1*777223~	The subscriber's name is JOHN DOE and the Exchange Assigned Subscriber Identifier is 777223.
REF*38*12346MD000011237~	REF is Exchange Assigned Qualified Health Plan Identifier (12346MD000011237).
REF*1L*678910~	The REF is Issuer Assigned Employer Group Identifier (678910).
REF*POL*5678~	REF is the Exchange Assigned Policy Identifier (5678).
REF*AZ*PLAN2~	REF is Issuer Assigned Policy Identifier (PLAN2).
REF*OF*SUB234~	REF is Issuer Assigned Subscriber Identifier (SUB234).
RMR*ZZ*UF**-15~	The FFM User Fee amount for this policy is -\$15.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014)

Scenario 2: HIX 820 Invoice (Continued)

Table 2 (Continued)

ENT*3~	Entity 3 is an example of a transaction at the program level: BAL is a balancing loop which brings the BRP02 total amount to \$0 for NON Payment Method Code types. No policy information (2100 Loop) is provided for program level transactions.
RMR*ZZ*INVOICE**40~	The INVOICE payment type code indicates the amount (\$40) that will be invoiced / billed to the payee since the total charges for the period have exceeded the total payments. The positive amount in this segment increases the BRP02 net payment amount to zero (0).
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).

Table 3

SE*28*0002~	SE indicates the Transaction Set Trailer which provides summary information with the number of segments in the report and the control number established in the Header (Table 1). Here, the segment count is 28 and the Control Number is 0002.
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Scenario 3: HIX 820 APTC Retro Enrollment Adjustment

- This scenario is for the February 2014 coverage month.
- **Subscriber: Jane Smith**
 - o Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - o Exchange Assigned Subscriber Identifier: 777223

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Jane Smith	APTC	\$500
	CSR	\$100
	UF	-\$25
	APTCADJ	-\$600
	APTCADJ	\$500
John Doe	APTC	\$400
	CSR	\$50
	UF	-\$15
Net Payment		\$910

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 1

ST*820*0002*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0002).
BPR*I*910*C*ACH*CCP*****01*00000001*DA*12345677 2123*20140228~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$910. The payee's bank transit routing number is 000000001 and the bank account is 123456772123. The EFT effective date is 02/28/2014.
TRN*3*123456789123459~	TRN indicates the trace number for the transaction set and is used to re-associate payments and remittances. Here, the EFT Trace number is 123456789123459.
Loop 1000A – Payee Name	
N1*PE*NATIONAL*FI*121231233~	N1 indicates the payee's name. The payee's name is NATIONAL with Tax ID number (121231233).
Loop 1000B – Payer Name	
N1*RM*CMS*58*CMS~	N1 indicates the payer's name. The payer's name and identifier are both CMS.
PER*IC*EXCHANGE OPERATIONS CENTER*EM*CMS_FEPS@cms.hhs.gov*TE*18002671515~	PER indicates the payer's administrative contact information. Here, the payer's contact email is CMS_FEPS@cms.hhs.gov and the telephone number is 1-800-267-1515.

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 2

<i>Loop 2000 – Remittance Information</i>	
ENT*1~	ENT indicates the start of detail loop for first detailed payment record.
<i>Loop 2001 – Individual Name</i>	
NM1*IL*1*SMITH*JANE****C1*777222~	NM1 indicates the enrollee’s name. Here, the enrollee’s name is JANE SMITH and the Exchange Assigned Subscriber Identifier is 777222.
REF*38*12345MD000011221~	The REF segment indicates various identifiers. Here, the REF is Exchange Assigned Qualified Health Plan Identifier (12345MD000011221).
REF*POL*4567~	The REF is Exchange Assigned Policy Identifier (4567).
REF*AZ*PLAN1~	The REF is Issuer Assigned Policy Identifier (PLAN1).
REF*OF*SUB123~	The REF is Issuer Assigned Subscriber Identifier (SUB123).

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 2 (Continued)

<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*APTC**500~	RMR indicates the detail remittance payment amounts. One (1) or more occurrences is required. Here, the APTC payment amount for this policy is \$500.
DTM*582****RD8*20140201-20140228~	DTM indicates the individual coverage period. Here, the transaction period is 02/01/2014 – 02/28/2014.
RMR*ZZ*CSR**100~	The CSR payment amount for this policy is \$100.

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 2 (Continued)

DTM*582****RD8*20140201-20140228~	The coverage period for this transaction (02/01/2014 – 02/28/2014).
RMR*ZZ*UF**-25~	The UF amount for this policy is -\$25.
DTM*582****RD8*20140201-20140228~	The coverage period for this transaction (02/01/2014 – 02/28/2014).
RMR*ZZ*APTCADJ**-600~	The APTC Adjustment (APTCADJ) amount is -\$600 for this policy because the APTC amount paid for January was determined to be incorrect. This completely reverses the APTC amount paid for this subscriber for the month of January.
DTM*582****RD8*20140101-20140131~	The coverage period for this adjustment transaction is (01/01/2014 – 01/31/2014).
RMR*ZZ*APTCADJ**500~ null	The APTC Adjustment (APTCADJ) amount is \$500 for this policy because the APTC amount paid for January was determined to be incorrect; this amount is the corrected January APTC.
DTM*582****RD8*20140101-20140131~	The coverage period for this adjustment transaction is 01/01/2014 – 01/31/2014.

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 2 (Continued)

ENT*2~	Start of the detail loop for second detailed payment record.
NM1*IL*1*DOE*JOHN****C1*777223~	The subscriber's name is JOHN DOE and the Exchange Assigned Subscriber Identifier is 777223.
REF*38*12346MD000011232~	REF is Exchange Assigned Qualified Health Plan Identifier (12346MD000011232).
REF*POL*5678~	REF is Exchange Assigned Policy Identifier (5678).
REF*AZ*PLAN2~	REF is Issuer Assigned Policy Identifier (PLAN2).
REF*0F*SUB234~	REF is Issuer Assigned Subscriber Identifier (SUB234).
RMR*ZZ*APTC**400~	The APTC payment amount for this policy is \$400.
DTM*582****RD8*20140201-20140228~	The coverage period for this transaction (02/01/2014 – 02/28/2014)

Scenario 3: HIX 820 APTC Retro Enrollment Adjustment (Continued)

Table 2 (Continued)

RMR*ZZ*CSR**50~	The CSR payment amount for this policy is \$50.
DTM*582****RD8*20140201-20140228~	The coverage period for this transaction (02/01/2014 – 02/28/2014).
RMR*ZZ*UF**-15~	The UF amount for this policy is -\$15.
DTM*582****RD8*20140201-20140228~	The coverage period for this transaction (02/01/2014 – 02/28/2014).

Table 3

SE*35*0002~	SE indicates the Transaction Set Trailer which provides summary information with the number of segments in the report and the control number established in the Header (Table 1). Here, the segment count is 35 and the Control Number is 0002.
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Scenario: CMS Sends HIX 820 to SBM

HIX 820 to SBMs

- This scenario is for when CMS generates and sends a HIX 820 to a SBM.
 - o The HIX 820 sent to SBMs on a monthly basis include APTC and CSR payments made to Issuers within the SBM state.
 - o SBMs will need to establish a trading partner agreement and conduct testing to receive a HIX 820.

HIX 820 to SBMs (Continued)

- This scenario is for the January 2014 coverage month.
- **Subscriber: Jane Smith**
 - Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - Exchange Assigned Subscriber Identifier: 777223
- **Program:** Balancing Amount to bring the net payment amount (BRP 02) field to \$0.

HIX 820 to SBMs (Continued)

Jane Smith	APTC	\$600
	CSR	\$100
John Doe	APTC	\$400
	CSR	\$50
Program	BAL	-\$1150
Net Payment		\$0

HIX 820 to SBMs (Continued)

Table 1

ST*820*0001*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0001).
BPR*I*0*C*NON*****20140128~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$0. No payment was made. The date the 820 was created is 01/28/2014.
TRN*3*MD2014013101~	TRN indicates the trace number for the transaction set and is used to re-associate payments and remittances. Here, the unique remittance identification number is MD2014013101.
Loop 1000A – Payee Name <i>.null</i>	
N1*PE*XYZ SBM*FI*12123123~	N1 indicates the payee's name. The payee's name is XYZ SBM with Tax ID number (12123123).
Loop 1000B – Payer Name <i>.null</i>	
N1*RM*CMS*58*CMS~	N1 indicates the payer's name. The payer's name and identifier are both CMS.
PER*IC*EXCHANGE OPERATIONS CENTER*EM*CMS_FEPS@cms.hhs.gov*TE*18002671515~	PER indicates the payer's administrative contact information. Here, the payer's contact email is CMS_FEPS@cms.hhs.gov and the telephone number is 1-800-267-1515.

HIX 820 to SBMs (Continued)

Table 2

Loop 2000 – Remittance Information	
ENT*1~	ENT indicates the start of detail loop for first detailed payment record.
Loop 2001 – Individual Name	
NM1*IL*1*SMITH*JANE****C1*777222~	NM1 indicates the enrollee's name. Here, the enrollee's name is JANE SMITH and the Exchange Assigned Subscriber Identifier is 777222.
REF*38*12345MD0020011~	The REF segment indicates various identifiers. Here, the REF is Exchange Assigned Qualified Health Plan Identifier (12345MD0020011).
REF*POL*4567~	The REF is Exchange Assigned Policy Identifier (4567).
REF*AZ*PLAN1~	The REF is Issuer Assigned Policy Identifier (PLAN1).
REF*OF*SMITHJ123~	The REF is Issuer Assigned Subscriber Identifier (SMITHJ123).

HIX 820 to SBMs (Continued)

Table 2 (Continued)

<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*APTC**600~	RMR indicates the detail remittance payment amounts. One (1) or more occurrences is required. Here, the APTC payment amount for this policy is \$600.
DTM*582****RD8*20140101-20140131~	DTM indicates the individual coverage period. Here, the transaction period is 01/01/2014 – 01/31/2014.
RMR*ZZ*CSR**100~	The CSR payment amount for this policy is \$100.

HIX 820 to SBMs (Continued)

Table 2 (Continued)

DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).
ENT*2~	Start of the detail loop for second detailed payment record.
NM1*IL*1*DOE*JOHN****C1*777223~	The subscriber's name is JOHN DOE and the Exchange Assigned Subscriber Identifier is 777223.
REF*38*12346MD0020055~	REF is Exchange Assigned Qualified Health Plan Identifier (12346MD0020055).
REF*POL*5678~	REF is the Exchange Assigned Policy Identifier (5678).
REF*AZ*PLAN2~	REF is Issuer Assigned Policy Identifier (PLAN2).
REF*0F*DOEJ234~	REF is Issuer Assigned Subscriber Identifier (DOEJ234).
RMR*ZZ*APTC**400~	The APTC payment amount for this policy is \$400.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).

HIX 820 to SBMs (Continued)

Table 2 (continued)

RMR*ZZ*CSR**50~	The CSR payment amount for this policy is \$50.
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).
ENT*3~	Entity 3 is an example of a transaction at the program level: BAL is a balancing loop which brings the BRP02 total amount to \$0 for NON Payment Method Code types. No policy information (2100 Loop) is provided for program level transactions.
RMR*ZZ*BAL**-1150~	The BAL payment type code indicates the balancing amount (-\$1,150) that is used to bring the BRP02 net payment amount to zero (0).
DTM*582****RD8*20140101-20140131~	The coverage period for this transaction (01/01/2014 – 01/31/2014).

Table 3

SE*30*0001~	SE indicates the Transaction Set Trailer which provides summary information with the number of segments in the report and the control number established in the Header (Table 1). Here, the segment count is 30 and the Control Number is 0001.
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Summary

Summary

- The HIX 820 transaction is used by CMS to communicate Marketplace-related payment information to Issuers, SBMs or their designees.
- There are two (2) guides which provide instruction and guidance on the HIX 820 transaction:
 - o The HIX 820 **Implementation Guide** provides instructions for the HIX 820 transaction.
 - o The CMS HIX 820 **Companion Guide** specifies data content for payment related information transmitted from CMS as part of the HIX 820 transaction.

Summary (Continued)

- CMS will not send Detailed HIX 820s and will be updating the Companion Guide to reflect this change.
- CMS will be working with SBMs in the upcoming months on HIX 820 requirements.

Summary (Continued)

- CMS publishes and maintains the list of HIX 820 Exchange Payment Type codes and HIX 820 Exchange Related Report Type codes. These lists can be found <http://www.wpc-edi.com/reference/>.
- Payee Groups, SBMs or their designees must register and complete a successful test with the Hub prior to receiving the HIX 820.
- The HIX 820 transaction is an EDI transaction; therefore, the Accredited Standards Committee (ASC) X12 Acknowledgment Model will be employed.
 - o The Hub expects to receive a TA1 acknowledgement for every outbound Interchange in which a HIX 820 transaction set is sent.
 - o The Hub expects to receive a 999 acknowledgement for every functional group in every outbound HIX 820 file sent.

Next Steps

- CMS is in the process of:
 - Updating the CMS HIX 820 Companion Guide, Code Lists and Examples
- CMS will provide future HIX 820 trainings in May and June on the following topics:
 - Testing and Connectivity Process
 - HIX 820 Testing Scenarios Walkthrough
 - Discrepancy Reporting

Questions?

To submit questions by phone:

- *dial '14' on your phone's keypad*
 - *dial '13' to withdraw your question*

To submit questions by webinar:

- *type your question in the text box under the 'Q&A' tab*

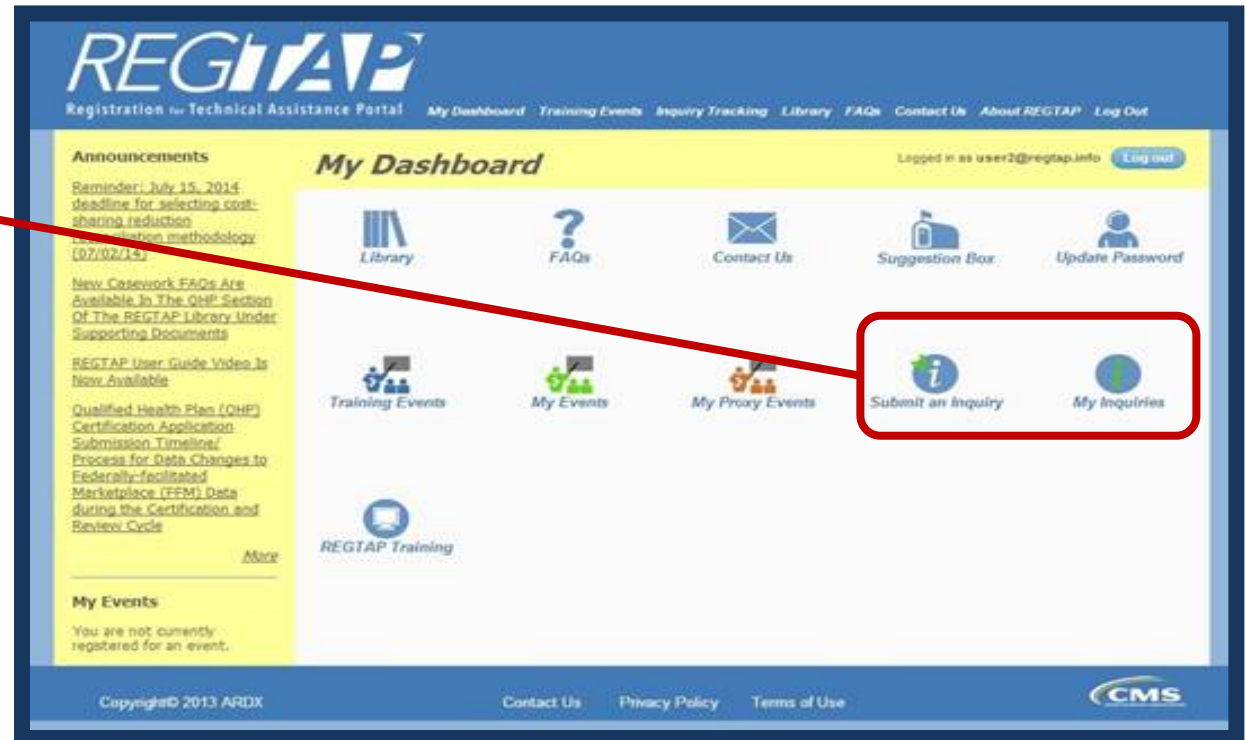
Resources

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://www.cms.gov/ccio
Consumer website on Health Reform	http://www.healthcare.gov/
ASC X12 Store	http://store.x12.org/store/health-insurance-exchanges
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

Inquiry Tracking and Management System (ITMS)

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

Select “Submit an Inquiry” from My Dashboard.



FAQ Database on REGTAP

My Dashboard



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
<https://www.regtap.info/>

FAQ Search

FAQ ID Enter numeric FAQ ID only

Keyword/Phrase

Program Area

Select All
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility
Event Registration and Logistics

Primary Category

Secondary Category

Publish Date

Start Date

End Date

Search

Clear Search

Closing Remarks