HIX 820 – Scenario 5: FFM Only Issuers with Risk Corridors Payment and User Fee Reserve Adjustment

This scenario is for FFM Issuers who participated in 2015 and 2016. This means the Payee Group does not have any SBM Issuers in their Payee Group. Included in this example are the 2015 Restatements from the Manual Process as program-level amounts (2300 Only) **with a 12/1/2015-12/31/2015 coverage date** as well as a new REF Report Type Code of ISSUERIDRPT. This scenario also reflects a User Fee reduction related to contraceptive care coverage. In the document control number is the 5 digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	$1500.54	Program-Level	2015 Restatement from Manual Process
2		CSRMADJ	$700.10	Program-Level	2015 Restatement from Manual Process
3		UFMADJ	-$321.85	Program-Level	2015 Restatement from Manual Process
4		**RC**	**$200.10**	**Program-Level**	**Risk Corridors Payment**
5		**UFR**	**$100**	**Program-Level**	**User Fee Reserve Adjustment**
6	Jane Smith	APTC	$600	Policy-Level	
		CSR	$100	Policy-Level	
		UF	-$25	Policy-Level	
7	John Doe	APTC	$400	Policy-Level	
		CSR	$50	Policy-Level	
		UF	-$15	Policy-Level	
	Net Payment		$2988.79		

Transmission Explanation

Table 1

ST*820*0002*005010X306~

Beginning of an HIX 820 transaction set, Control Number (0002).

BPR*I*2988.79*C*ACH*CCP*****01*000000001*DA*123456772123*20160128~**

Total payment amount is $2988.79. The payee's bank transit routing number is 000000001 and their bank account is 123456772123. The EFT effective date is January 28, 2016.

TRN*3*123456789123459~

The EFT Trace number (123456789123459).

N1*PE*NATIONAL*FI*121231233~

The payee's name (NATIONAL) with Tax ID number (121231233).

N1*RM*CMS*58*CMS~

Payer's name and identifier are both CMS.

PER*IC*EXCHANGE OPERATIONS CENTER*EM*CMS_FEPS@cms.hhs.gov*TE*8002671515~

The Payer's informational contact email (CMS_FEPS@cms.hhs.gov) and telephone number (1-800-267-1515).

Table 2

ENT*1~

RMR*ZZ*APTCMADJ1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTCMADJ payment amount for the 2015 Restatement is $1500.54.

REF*0N*ISSUERIDRPT*12345~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (12345). The Exchange Report Document Control Number references Issuer's HIOS ID.

DTM*582**RD8*20151201-20151231~**

The coverage period for this transaction (12/01/2015 – 12/31/2015) because it's a 2015 restatement. All 2015 restatements will have a 12/1/2015-12/31/2015 coverage period.

ENT*2~

RMR*ZZ*CSRMADJ700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSRMADJ payment amount for the 2015 Restatement is $700.10.

REF*0N*ISSUERIDRPT*12345~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (12345). The Exchange Report Document Control Number references Issuer's HIOS ID.

DTM*582**RD8*20151201-20151231~**

The coverage period for this transaction (12/01/2015 – 12/31/2015) because it's a 2015 restatement. All 2015 restatements will have a 12/1/2015-12/31/2015 coverage period.

ENT*3~

RMR*ZZ*UFMADJ-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UFMADJ payment amount for the 2015 Restatement is -$321.85.

REF*0N*ISSUERIDRPT*12345~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (12345). The Exchange Report Document Control Number references Issuer's HIOS ID.

DTM*582**RD8*20151201-20151231~**

The coverage period for this transaction (12/01/2015 – 12/31/2015) because it's a 2015 restatement. All 2015 restatements will have a 12/1/2015-12/31/2015 coverage period.

ENT*4~

RMR*ZZ*RC200.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Risk Corridors (RC) payment amount is $200.10.

REF*0N*ISSUERIDRPT*12345~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (12345). The Exchange Report Document Control Number references Issuer's HIOS ID.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

ENT*5~

RMR*ZZ*UFR100~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The User Fee Reserve (UFR) Adjustment amount is $100.00.

REF*0N*ISSUERIDRPT*12345~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (12345). The Exchange Report Document Control Number references Issuer's HIOS ID.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

ENT*6~

Start of detail loop for first detailed payment record.

NM1*IL*1*SMITH*JANE**C1*777222~**

The subscriber's name (JANE SMITH) and Exchange Assigned Subscriber Identifier (777222).

REF*38*12345VA000011221~

The Exchange Assigned Qualified Health Plan Identifier (12345VA000011221).

REF*POL*4567~

The Exchange Assigned Policy Identifier (4567).

REF*AZ*PLAN1~

The Issuer Assigned Policy Identifier (PLAN1).

REF*0F*SUB123~

The Issuer Assigned Subscriber Identifier (SUB123).

RMR*ZZ*APTC600~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for this policy is $600.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

RMR*ZZ*CSR100~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR payment amount for this policy is $100.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

RMR*ZZ*UF-25~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF amount for this policy is -$25.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

ENT*7~

Start of the detail loop for second detailed payment record.

NM1*IL*1*DOE*JOHN**C1*777223~**

The subscriber's name (JOHN DOE) and Exchange Assigned Subscriber Identifier (777223).

REF*38*12345VA000011232~

The Exchange Assigned Qualified Health Plan Identifier (12345VA000011232).

REF*POL*5678~

The Exchange Assigned Policy Identifier (5678).

REF*AZ*PLAN2~

The Issuer Assigned Policy Identifier (PLAN2).

REF*0F*SUB234~

The Issuer Assigned Subscriber Identifier (SUB234).

RMR*ZZ*APTC400~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for this policy is $400.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

RMR*ZZ*CSR50~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR payment amount for this policy is $50.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

RMR*ZZ*UF-15~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF amount for this policy is -$15.

DTM*582**RD8*20160101-20160131~**

The coverage period for this transaction (01/01/2016 – 01/31/2016).

Table 3

SE*51*0002~

Transaction Set Trailer with segment count (47) and Control Number (0002).