

Payments, Invoicing, and HIX 820 Payment Transactions

August 5, 2015

Financial Management Series II

Agenda

- Introduction
 - Series Overview
 - Session Purpose
- Manual Payment Process Overview
- Policy-based Payments Overview
- Next Steps for Policy-based Payment Readiness
- Payments and Invoicing Overview
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- Individual Market HIX 820 Scenarios
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- Q&A
- Closing
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 - Closing Remarks

Series Overview

Series II contains four (4) unique sessions to provide Issuers with an overview of the Financial Management Policy-based Payments Process.

To maximize the learning experience, Qualified Health Plan (QHP) Issuers should attend all sessions.



Series Purpose

The purpose of this series is to provide Issuers with a complete overview of the end-to-end Policy-based Payments Process including:

- Effectuating Enrollments
- Receiving Payments
- 2015 Pilot
- Discrepancy Reporting
- Health Insurance Exchange (HIX) 820 Payment Transactions

Sessions Overview

Session	Target Audience	Date of Session	Session Title
1	FFM and SBM Issuers	July 15, 2015	End-to-End Overview of Policy-based Payments Process
2	FFM and SBM Issuers	July 29, 2015	Preliminary Payment Reports, 2015 Pilot and Discrepancy Reporting
3	FFM and SBM Issuers	August 5, 2015	Payments, Invoices and HIX 820
4	FFM and SBM Issuers	August 19, 2015	2015 to 2016 Transition to Policy-based Payments

Session Guidelines

- This is the second webinar in the four-part series.
- It is a 90-minute webinar session.
- FAQs will be posted to REGTAP 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

Session Purpose

The purpose of this session is to provide an overview of the current Manual Monthly Payment Process, upcoming Policy-based Payments, the Invoicing and Collections Processes, and Payment Reporting (HIX 820 Payment Transactions).

Manual Payment Process Overview

Manual Payment Process Overview

CMS began using the Manual Payment Process in January 2014 to make monthly payments for Advanced Premium Tax Credits (APTCs) and Cost-sharing Reductions (CSRs) and to net FFM User Fees (UF).

Enrollment & Payment Data Workbook (continued)

- As part of the Manual Payment Process, Issuers submit data in the Enrollment & Payment Data Workbook in Excel format.
- Each Workbook is a full enrollment profile organized by enrollment month and represents all known effectuated enrollments for that month in addition to all retroactive enrollment data.
- Currently, Workbooks for the September Payment Cycle represent known effectuation and payment data through August 15, 2015.

Manual Payment Process

- For 2015, submitters have sent production data to CMS on the Enrollment & Payment Data Workbook for the past eight (8) payment months.
- Data submitted via the Workbooks includes the following Issuer identification information:
 - Aggregate premium amounts
 - Aggregate APTC and advance CSR payment amounts
 - Aggregate FFM UF amounts
 - Aggregate enrollment group and enrollee counts
- CMS validates the data submitted for reasonableness.

Manual Payment Process – Update

NEW for August: Reinsurance (RI) payments and Risk Adjustment (RA) charges will be reflected in the August payment report and in all payment reports going forward.

Additional Information

- Issuers may find detailed information about the Manual Payment Process by clicking the link below to view the July 13, 2015 Marketplace Payment Process webinar slides:
 - https://www.regtap.info/uploads/library/FT_MPP_slides_061215_5CR_061815.pdf
- Please refer to the Manual Payment Process Payment Timeline available in the REGTAP Library for key dates in the August – December 2015 submission cycles:
 - https://www.regtap.info/uploads/library/FT_MPP_Timeline_JobAid_5CR_071515.pdf

Policy-based Payments Overview

FFM Policy-based Payments Overview

- CMS is targeting a January 2016 implementation for Policy-based Payments for FFM Issuers.
- With the transition to Policy-Based Payments, CMS will calculate payment amounts based on effectuated enrollment information from the Issuers.

FFM Policy-based Payments

Overview (continued)

- The implementation of Policy-based Payments will include:
 - Payments and invoicing of APTC, CSR, and FFM UF amounts based on effectuated enrollment information derived from the Enrollment and Payment System (EPS).
 - Automated payment reporting providing payment remittance information at the policy-level (HIX 820 Payment Transaction).

Next Steps for Policy-based Payments Readiness

Next Steps for Policy-based Payments Readiness

1. Email by August 1st to confirm readiness to the following: CMS_Issuer_Communications@cms.hhs.gov and CMS_FEPS@cms.hhs.gov with subject line “HIX 820 Testing: Confirm Readiness.” Include all Payee IDs for which you are confirming readiness in the email.
2. Once you receive the 820 Test File in your EFT Single Point of Contact (SPOE) folder, send us back a 999 file. You will receive one file per Payee. If your EFT setup is configured for “PUSH” mechanism, the 820 files would have been delivered to your server folders.
 - 820 files are identified by looking at the second qualifier in the file name, where you will see the function code “F820”. The file naming structure for the HIX 820 files is: [Trading Partner ID]. F820.D150529.T124846968.T.

Next Steps for Policy-based Payments Readiness (continued)

3. Participate in all required activities to submit current and correct enrollment data to the FFM:
 - Submit your monthly reconciliation files. If your file fails to submit one month, submit both files the next month.
 - The first submission due date for Issuers failing the previous run is Thursday, August 6.
 - The submission due date for all Issuers is Thursday, August 20.
4. Submit your Inbound 834 Enrollment Files to the FFM.

Introducing the FMCC

- The Marketplace is establishing a Financial Management Coordination Center (FMCC) to support Issuer onboarding and readiness for Policy-based Payment processing.

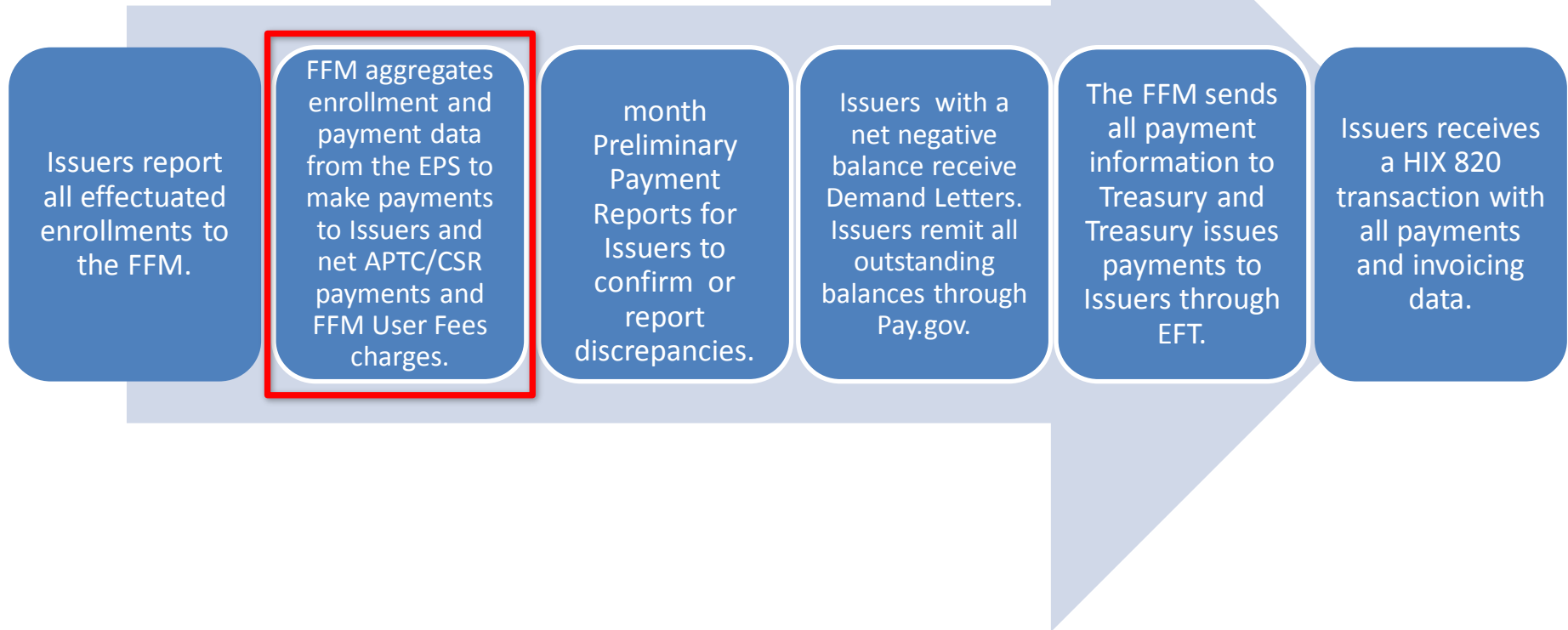
Testing Communication Process

- FMCC will send an e-mail blast to all Payees who are onboarded to confirm their readiness to receive the HIX 820 test files.
- Following the e-mail, the FMCC service representatives will reach out to the Payees to introduce themselves and provide their contact information if the Payees have any questions/issues related to the 820 testing.
- Once, the Payees are ready to receive the 820 test files, an e-mail will be sent to the Payee letting them know the test file has been sent.
- The Payee will communicate with the Service Representative to resolve any question/issues related to the testing.
- For Standard Help Desk questions, please e-mail:
CMS_FEPS@cms.hhs.gov with specific e-mail subject line “820 Testing”.
 - Tickets will be routed to the appropriate party.

Payments and Invoicing Overview

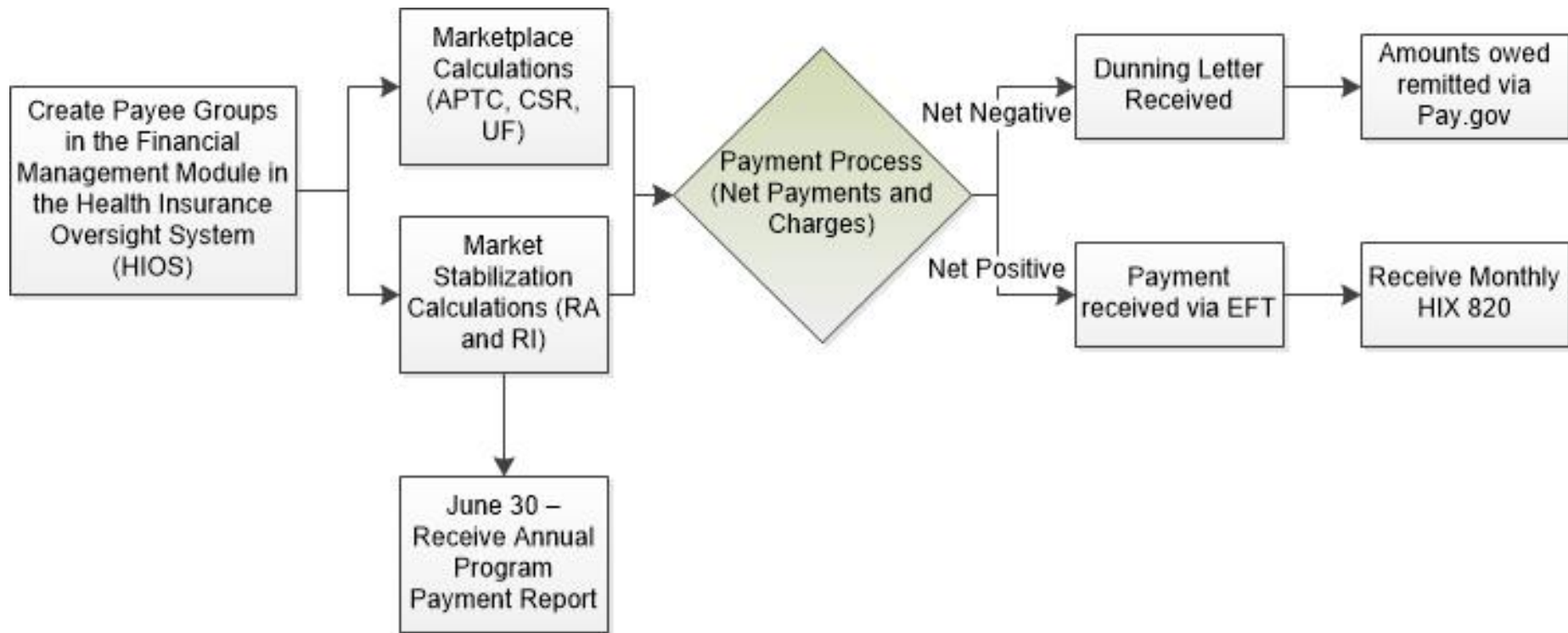
Payments and Invoicing Overview

End-to-End Policy-based Payment Process



Payments and Invoicing Overview

(continued)



Payment and Collection Overview – Enrollment and Payment Data Aggregation

- CMS aggregates enrollment and payment data from the EPS and performs calculations for Marketplace Programs (APTC, CSR, FFM UF).
- For the RA and RI Programs, CMS calculates RI payments and RA payments and charges using claims and enrollment data submitted through an Issuer's dedicated distributed data environment (EDGE server).

Payment and Collection Process Overview – Payment Processing/Netting

- During each month, payments and charges for all programs for each Payee (APTC, CSR, FFM UF, RA, RI) are processed together.
- Payments and charges are netted, resulting in a single transaction that is either a payment or an amount owed. Payments are then processed by Treasury and remitted to the Payee.
- CMS uses Dunning Letters to communicate amounts owed to Issuers.

Preliminary Payment Reports

End-to-End Policy-based Payment Process

Issuers report all effectuated enrollments to the FFM.

FFM aggregates enrollment and payment data from the EPS to make payments to Issuers and net APTC/CSR payments and FFM User Fees charges.

FFM sends mid-month Preliminary Payment Reports for Issuers to report discrepancies.

Issuers with a net negative balance receive Demand Letters. Issuers remit all outstanding balances through Pay.gov.

The FFM sends all payment information to Treasury and Treasury issues payments to Issuers through EFT.

Issuers receives a HIX 820 transaction with all payments and invoicing data.

Preliminary Payment Reports (continued)

- Once policies have been effectuated and reconciled, the EPS will take key financial elements from those enrollment profiles and aggregate policy data to the Payee level.
- This mid-month process will result in a Preliminary Payment Report (PPR).
 - The PPR is a pipe-separated file and contains all the policy-level payment details for a Payee.

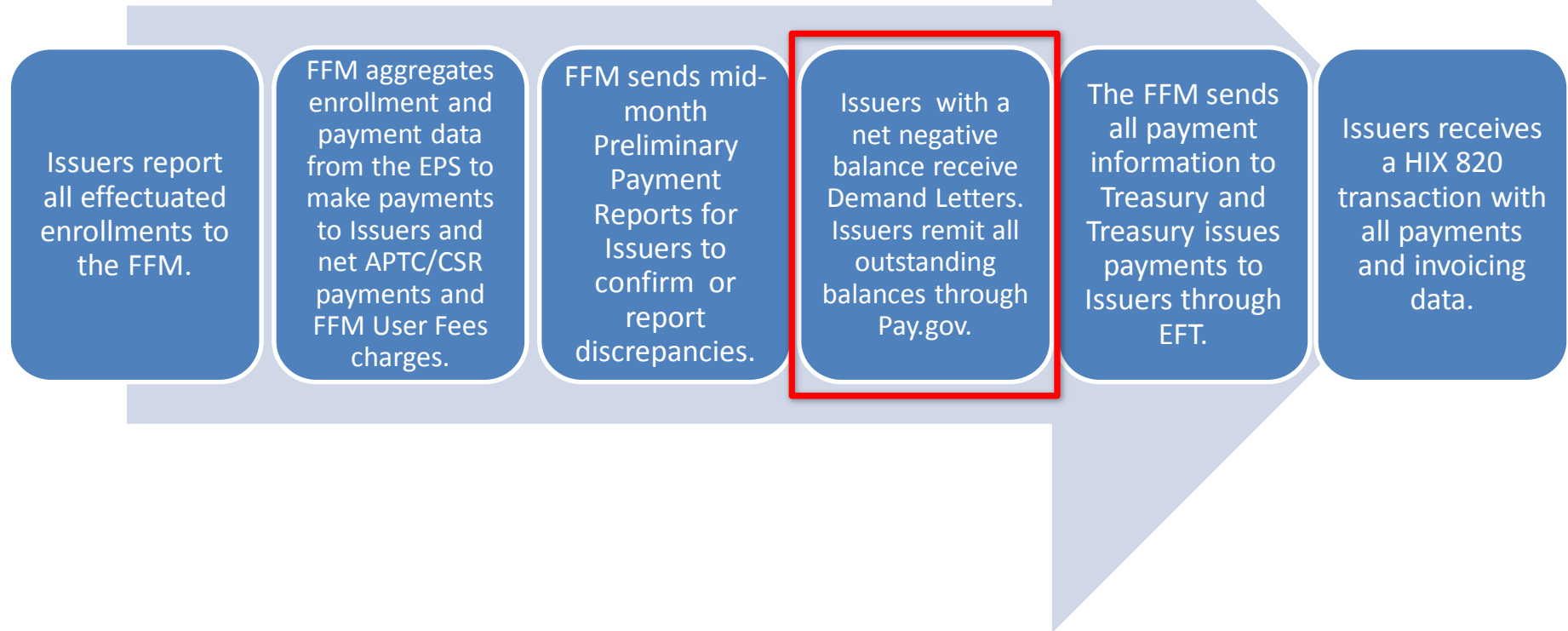
Additional Information

- Issuers may find additional information on the Preliminary Payment Report in the slides at the links below:
 - https://www.regtap.info/uploads/library/FT_HIX820_slides_071515_v1_5CR_080515.pdf
 - https://www.regtap.info/uploads/library/FT_HIX820_slides_072915_v1_5CR_080515.pdf
- Additionally, Issuers may search the Payments – Remittance Message (HIX 820) program area at <https://www.REGTAP.info> in the REGTAP Library for additional supporting documents related to the Policy-based Payments Process.

Invoicing Overview

Payment and Collection Process Overview

End-to-End Policy-based Payment Process



Payment and Collection Process – Dunning Letters

- CMS will generate Dunning Letters (i.e., invoice) for each program for which a balance is owed.
- There are two (2) types of Dunning Letters:
 - **Initial Dunning Letter** – the initial bill or Invoice that will give the Issuers for APTC, CSR, FFM User Fee 15 days, and 3Rs Issuers 30 days to pay the amount due.
 - **Intent to Refer (ITR) Letter** – the final letter requesting payment is sent 60 days after the Invoice Date on the Initial Dunning Letter.

Dunning Letter Timeline: Illustration

Date	Event
August 15	Initial Dunning Letters transmitted if program-level charges exceed payments
August 30	Deadline for FFM Issuers to submit Initial Dunning Letter payments via Pay.gov
August 22 – 24	August payments disbursed from U.S. Treasury
September 15	Deadline for 3Rs to submit Initial Dunning Letter payments via Pay.gov
October 15	ITR Letter transmitted if there is an outstanding balance
November 15	Outstanding debt referred to U.S. Treasury



The timeline above illustrates an example timeframe of the Payments, Invoicing and Collections Processes; exact dates are subject to change. For more information, refer to January 30, 2015 Collections and Invoicing webinar slides: https://www.regtap.info/uploads/library/FT_CollectionsInvoicing_slides_013015_5_CR_051215.pdf

Failure to Submit Payment Upon First Request

- Any amounts owed to CMS and not paid within 30 calendar days from the date of Initial Dunning Letter will be assessed interest starting from the date of delinquency (i.e., from the date of the Initial Dunning Letter.)



CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 9.875 percent per year.

Payment and Collection Process – Dunning Letters

- After all transactions are netted:
 - Payees who have a net positive balance will receive a Payment from Treasury via EFT.
 - Payees who have a net negative balance will receive a Dunning Letter(s).



Payees with net positive balance will receive remittance information on the Summary Payment Report as part of the Manual Payment Process. The Summary Payment Report will be replaced by the Preliminary Payment Report and the HIX 820 Payment Transaction as part of the transition to Policy-based Payments beginning Jan 2016.

Pay.gov

- Pay.gov is the portal to access the CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form (Payment Form), which allows for the submission of payments for Marketplace charges.
- The Payment Form is accessible directly through Pay.gov.
- Access Pay.gov at <https://pay.gov/public/home>

Additional Information

- Issuers may find detailed information regarding the Collections and Invoicing Process by clicking the link below to view the January 30, 2015 Collections and Invoicing webinar slides:
 - https://www.regtap.info/uploads/library/FT_CollectionsInvoicing_slides_013015_5CR_051215.pdf
- For questions about the invoicing and collections process, Issuers may also search the REGTAP Library under the Payments–Remitting Amounts Due program areas for supporting documents.

HIX 820 Transaction

HIX 820 Overview

End-to-End Policy-based Payment Process

Issuers report all effectuated enrollments to the FFM.

FFM aggregates enrollment and payment data from the EPS to make payments to Issuers and net APTC/CSR payments and FFM User Fees charges.

FFM sends mid-month Preliminary Payment Reports for Issuers to confirm or report discrepancies.

Issuers with a net negative balance receive Demand Letters. Issuers remit all outstanding balances through Pay.gov.

The FFM sends all payment information to Treasury and Treasury issues payments to Issuers through EFT.

Issuers receives a HIX 820 transaction with all payments and invoicing data.

HIX 820 Overview – Payee Groups



Reminder

- Each health insurance company must have created a Payee Group using 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).
- Each Issuer must be part of one (1) Payee Group and all Issuers under a TIN must be part of the same Payee Group.
- Each month the Payee Group will receive a consolidated payment or invoice and a HIX 820.

HIX 820 Overview (continued)

- CMS uses the HIX 820 Payment Transaction to communicate all types of Marketplace-related payment information to Payee Groups including APTC, CSR, FFM SHOP and Individual Market User Fees and the 3Rs
- The HIX 820 is sent separately from the Electronic Funds Transfer (EFT).

HIX 820 Overview (continued)

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

Testing and EDI Registration Form

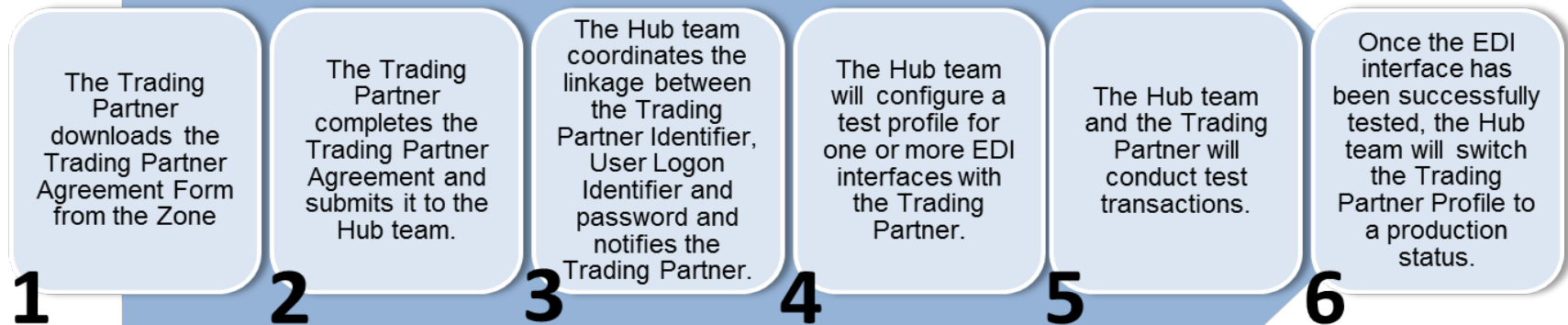
- The HUB will facilitate the exchange of HIX 820 transactions from CMS to Payees.
- In order to receive HIX 820 transactions, Trading Partners (i.e., Payee Groups, SBMs or their designees) must register and conduct a successful test (*onboard*) with the HUB.
- Issuers link their Payee Group ID to a registered or new Trading Partner ID and onboard with the HUB.
- All Issuers (or their Business Associate [e.g., clearinghouse or TPA]) must complete the onboarding process prior to the implementation of Policy-based Payments in 2016.

 **Most 2015 FFM Issuers have completed the onboarding process. SBM Issuers must also complete this process.**

Testing and EDI Registration Form

(continued)

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

- The ASC X12N Health Insurance Exchange Related Payments (820) **Implementation Guide** (005010X306) provides instructions for the HIX 820 transaction.
 - 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 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](#)



The CMS HIX 820 Companion Guide, will be available on the CCIO 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

- The CMS HIX 820 **Companion Guide** specifies data content for payment related information transmitted as part of the HIX 820 transaction from CMS.
 - The Companion Guide provides CMS supplemental instructions for Payee Groups, SBMs or their designees.
 - The Companion Guide also 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
<ul style="list-style-type: none">• Testing• Connectivity• Contact Information	<ul style="list-style-type: none">• CMS Specific Business Rules and Limitations• Transaction Specifics for Use with all Issuers• Optional HIX 820 for use by SBMs	<ul style="list-style-type: none">• Examples• Acknowledgements• Acronyms/Glossary

HIX 820 Exchange-related Payment Type Codes

- **Exchange Payment Type codes**
 - 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).
 - 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.

HIX 820 Exchange-related Report Type Codes

- **Exchange Related Report Type codes**
 - 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.).
 - A few codes are used to provide reference information.

Policy-Level Payment Type Codes vs Program-Level Payment Type Codes

Policy-Level Payment Type Codes (Includes 2100+2300 Loops)	Program-Level Payment Type Codes (Includes 2300 Loop Only)
APTC	APTCMADJ
APTCADJ	CSRMADJ
CSR	UFMADJ
CSRADJ	SHOPUF
UF	SHOPUFMADJ
UFADJ	INVOICE
	REDUCED
	ALL 3Rs (RA, RI, Risk Corridors [RC]) Codes

Policy-Level Payment Type Codes vs Program-Level Payment Type Codes (continued)



These code sets can be accessed at <http://www.wpc-edl.com/reference/> under Health Insurance Exchange Code Lists.

Estimated Timing of HIX 820

Preliminary
Payment Report
distributed near
the beginning of
the month

Treasury EFT
Payment

HIX 820
distributed near
the end of the
month

January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

This calendar is for illustrative purposes only and does not represent the actual January 2016 HIX 820 cycle.

Additional Information

- Issuers may find additional information on the HIX 820 Transaction and transition to Policy-based Payments by clicking the links below:
 - FM Policy-based Payments Overview and HIX 820 Testing and Implementation slides – https://www.regtap.info/uploads/library/FT_HIX820_SeriesI_slides_042215_5CR_051915.pdf
 - FM Policy-based Payments Overview and HIX 820 Companion Guide Updates slides – https://www.regtap.info/uploads/library/FT_HIX820_SeriesI_slides_042915_5CR_051915.pdf
 - FM Policy-based Payments HIX 820 Testing and Scenarios slides – https://www.regtap.info/uploads/library/FT_HIX820_slides_052715_5CR_060415.pdf
- Additionally, Issuers may search the Payments – Remittance Message (HIX 820) program area at <https://www.REGTAP.info> in the REGTAP Library for additional supporting documents related to the HIX 820 transaction.

Individual Market HIX 820 Scenarios

Scenarios

- The following scenarios are a subset of a larger list of scenarios provided on the X12 website at <http://examples.x12.org/005010X306/>
- The scenarios on the website will be updated to reflect these examples.

New Report Type Codes

- SHOPUFRPT
- ISSUERIDRPT

Scenarios

Scenario #	Description	Receive Prelim Payment Report?	Receive HIX 820 from Individual Market?
Scenario 1	SBM Only Issuer – Program-Level Only Loops	Y	Y
Scenario 2	SHOP Only Issuer	Y	N
Scenario 3	SHOP and Individual Issuer	Y	Y
Scenario 4	SBM Issuer and FFM Issuer in Same Payee Group	Y	Y

Scenario 1: SBM-Only Issuer

- This scenario is for the January 2016 coverage month.
- **This is a SBM-Only Issuer (Payee)**

Issuer ID	12346	
Program	APTC	\$600
	CSR	\$100
Net Payment		\$700

Scenario 1: SBM-Only Issuer

Table 1

ST*820*0002*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0002).
BPR*I*700*C*ACH*CCP*****01*000000001*DA*123456772123*20160128~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$700. The payee's bank transit routing number is 000000001 and the bank account is 123456772123. The EFT effective date is January 28, 2016.
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: SBM-Only Issuer

Loop 2000 – Remittance Information

ENT*1~ ENT indicates the start of detail loop for first detailed payment record.

Loop 2300 – Remittance Detail

RMR*ZZ*APTC600~** RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the APTC payment amount for this SBM Issuer is \$600.

REF*0N*ISSUERIDRPT*12346 REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346

DTM*582**RD8*20160101-20160131~** DTM indicates the individual coverage period. Here, the transaction period is 01/01/2016 – 01/31/2016.

ENT*2~ Start of the detail loop for second detailed payment record.

RMR*ZZ*CSR100~** The CSR payment amount for this SBM Issuer is \$100.

REF*0N*ISSUERIDRPT*12346 REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346

DTM*582**RD8*20160101-20160131~** The coverage period for this transaction (01/01/2016 – 01/31/2016).

SE*15*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 13 and the Control Number is 0002.

Scenario 2: SHOP Only Issuer

- A SHOP-Only Issuer who does not participate in the Individual Market **will** receive a Preliminary Payment Report
- A SHOP-Only Issuer will **not** receive a HIX 820 from the Individual Market

Scenario 3: SHOP and FFM Issuer

- A SHOP-Only Issuer who is in both the Individual and SHOP Market will receive a Preliminary Payment Report and a HIX 820

Scenario 3: SHOP and FFM Issuer

- This scenario is for the January 2016 coverage month.
- **Subscriber: Jane Smith**
 - Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - Exchange Assigned Subscriber Identifier: 777223

Scenario 3: SHOP and FFM Issuer

Jane Smith	APTC	\$600
	CSR	\$100
	UF	-\$25
John Doe	APTC	\$400
	CSR	\$50
	UF	-\$15
Program	SHOPUF	-25
	SHOPUF	-25
	SHOPUF	-25
	SHOPUF	-25
Net Payment		\$1,010

Scenario 3: SHOP and FFM Issuer

Table 1

ST*820*0002*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0002).
BPR*I*1010*C*ACH*CCP*****01*000000001*DA*12345677 2123*20160128~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$1,010. The payee's bank transit routing number is 000000001 and the bank account is 123456772123. The EFT effective date is January 28, 2016.
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 3: SHOP and FFM Issuer

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*0F*SUB123~	The REF is Issuer Assigned Subscriber Identifier (SUB123).
<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*APTC**600~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the APTC payment amount for this policy is \$600.
DTM*582****RD8*20160101-20160131~	DTM indicates the individual coverage period. Here, the transaction period is 01/01/2016 – 01/31/2016.
RMR*ZZ*CSR**100~	The CSR payment amount for this policy is \$100.

Scenario 3: SHOP and FFM Issuer

Table 2 (continued)

DTM*582****RD8*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).
RMR*ZZ*UF**-25~	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*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*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).

Scenario 3: SHOP and FFM Issuer

Table 2 (continued)

RMR*ZZ*CSR**50~	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~	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).

Scenario 3: SHOP and FFM Issuer

Table 3

<i>Loop 2000 – Remittance Information</i>	
ENT*3~	ENT indicates the start of detail loop for third detailed payment record.
<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*SHOPUF*-25~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the SHOP User Fee amount for this SHOP Issuer is -\$25.
REF*0N*ISSUERIDRPT*12346	REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346
REF*0N*SHOPUFRPT*79374	REF indicates a Report-Type Code of SHOPUFRPT and includes the SHOP HIX 820 EFT Trace Number in the Exchange Report Document Control Number (79374) in which the total user fee calculation was based on
DTM*582****RD8*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).

Scenario 3: SHOP and FFM Issuer

(Continued)

Table 3 (continued)

ENT*4~	Start of the detail loop for fourth detailed payment record.
RMR*ZZ*SHOPUF**-25~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the SHOP User Fee amount for this SHOP Issuer is -\$25.
REF*0N*ISSUERIDRPT*12346	REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346
REF*0N*SHOPUFRPT*79375	REF indicates a Report-Type Code of SHOPUFRPT and includes the SHOP HIX 820 EFT Trace Number in the Exchange Report Document Control Number (79375) in which the total user fee calculation was based on
DTM*582****RD8*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).

Scenario 3: SHOP and FFM Issuer

Table 3 (Continued)

<i>Loop 2000 – Remittance Information</i>	
ENT*5~	ENT indicates the start of detail loop for fifth detailed payment record.
<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*SHOPUF**-25~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the SHOP User Fee amount for this SHOP Issuer is -\$25.
REF*0N*ISSUERIDRPT*12346	REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346
REF*0N*SHOPUFRPT*79377	REF indicates a Report-Type Code of SHOPUFRPT and includes the SHOP HIX 820 EFT Trace Number in the Exchange Report Document Control Number (79377) in which the total user fee calculation was based on
DTM*582****RD8*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).

Scenario 3: SHOP and FFM Issuer

Table 3 (continued)

ENT*6~	Start of the detail loop for sixth detailed payment record.
RMR*ZZ*SHOPUF**-25~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the SHOP User Fee amount for this SHOP Issuer is -\$25.
REF*0N*ISSUERIDRPT*12346	REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346
REF*0N*SHOPUFRPT*79378	REF indicates a Report-Type Code of SHOPUFRPT and includes the SHOP HIX 820 EFT Trace Number in the Exchange Report Document Control Number (79378) in which the total user fee calculation was based on
DTM*582****RD8*20160101-20160131~	The coverage period for this transaction (01/01/2016 – 01/31/2016).

Scenario 3: SHOP and FFM Issuer

Table 3 (continued)

SE*51*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 51 and the Control Number is 0002.
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Scenario 4: SBM and FFM Issuer in Same Payee Group

- This scenario is for the February 2016 coverage month.
- **Subscriber: Jane Smith**
 - Exchange Assigned Subscriber Identifier: 777222
- **Subscriber 2: John Doe**
 - Exchange Assigned Subscriber Identifier: 777223

Scenario 4: SBM and FFM Issuer in Same Payee Group

Jane Smith	APTC	\$500
	CSR	\$100
	UF	-\$25
	APTCADJ	-\$600
	APTCADJ	\$500
John Doe	APTC	\$400
	CSR	\$50
	UF	-\$15
SBM Issuer 12346	APTC	\$600
	CSR	\$100
Net Payment		\$1610

Scenario 4: SBM and FFM Issuer in Same Payee Group

Table 1

ST*820*0002*005010X306~	ST indicates the beginning of a HIX 820 transaction set and assigns a Control Number (0002).
BPR*I*1610*C*ACH*CCP*****01*00000001*DA*123456772 123*20160228~	BPR indicates the total amount being paid to the receiver from the payer. The total payment amount is \$1610. The payee's bank transit routing number is 000000001 and the bank account is 123456772123. The EFT effective date is February 28, 2016.
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 4: SBM and FFM Issuer in Same Payee Group

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*0F*SUB123~	The REF is Issuer Assigned Subscriber Identifier (SUB123).
<i>Loop 2300 – Remittance Detail</i>	
RMR*ZZ*APTC**500~	RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the APTC payment amount for this policy is \$500.
DTM*582****RD8*20160201-20160228~	DTM indicates the individual coverage period. Here, the transaction period is 02/01/2016 – 02/28/2016.
RMR*ZZ*CSR**100~	The CSR payment amount for this policy is \$100.

Scenario 4: SBM and FFM Issuer in Same Payee Group

Table 2 (continued)

DTM*582****RD8*20160201-20160228~	The coverage period for this transaction (02/01/2016 – 02/28/2016).
RMR*ZZ*UF**-25~	The UF amount for this policy is -\$25.
DTM*582****RD8*20160201-20160228~	The coverage period for this transaction (02/01/2016 – 02/28/2016).
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*20160101-20160131~	The coverage period for this adjustment transaction is (01/01/2016 – 01/31/2016).
RMR*ZZ*APTCADJ**500~	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*20160101-20160131~	The coverage period for this adjustment transaction is (01/01/2016 – 01/31/2016).

Scenario 4: SBM and FFM Issuer in Same Payee Group

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*12345MD000011232~	REF is Exchange Assigned Qualified Health Plan Identifier (12345MD000011232).
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*20160201-20160228~	The coverage period for this transaction (02/01/2016 – 02/28/2016).

Scenario 4: SBM and FFM Issuer in Same Payee Group

Table 2 (Continued)

RMR*ZZ*CSR**50~	The CSR payment amount for this policy is \$50.
DTM*582****RD8*20160201-20160228~	The coverage period for this transaction (02/01/2016 – 02/28/2016).
RMR*ZZ*UF**-15~	The UF amount for this policy is -\$15.
DTM*582****RD8*20160201-20160228~	The coverage period for this transaction (02/01/2016 – 02/28/2016).

Scenario 4: SBM and FFM Issuer in Same Payee Group

Loop 2000 – Remittance Information

ENT*3~ ENT indicates the start of detail loop for third detailed payment record.

Loop 2300 – Remittance Detail

RMR*ZZ*APTC600~** RMR indicates the detail remittance payment amounts. One or more occurrences is required. Here, the APTC payment amount for this SBM Issuer is \$600.

REF*0N*ISSUERIDRPT*12346 REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346

DTM*582**RD8*20160201-20160228~** DTM indicates the individual coverage period. Here, the transaction period is 02/01/2016 – 02/28/2016.

ENT*4~ Start of the detail loop for fourth detailed payment record.

RMR*ZZ*APTC400~** The APTC payment amount for this policy is \$400.

REF*0N*ISSUERIDRPT*12346 REF indicates a Report-Type Code of ISSUERIDRPT and includes the Issuer ID in the Exchange Report Document Control Number of 12346

DTM*582**RD8*20160201-20160228~** The coverage period for this transaction (02/01/2016 – 02/28/2016).

SE*42*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 42 and the Control Number is 0002.

Policy-Based Payments: Are You Ready?

To be ready to receive Policy-Based Payments, all Issuers must currently:

1. Email to confirm readiness to receive an 820 test file (no later than August 1st).
2. Send TA1 / 999 response to the 820 test file (no later than **8/15**).
3. Be successfully participating in submitting complete, current enrollment data to the FFM (**already underway**).
 1. Submit successful monthly recon files EVERY MONTH; submit twice in any month after a failed submission.
 2. Successfully submit IC834s to the FFM.

Additional Information

- Issuers may find additional information on the HIX 820 Transaction and transition to Policy-based Payments by clicking the links below:
 - FM Policy-based Payments Overview and HIX 820 Testing and Implementation slides – https://www.regtap.info/uploads/library/FT_HIX820_SeriesI_slides_042215_5CR_051915.pdf
 - FM Policy-based Payments Overview and HIX 820 Companion Guide Updates slides – https://www.regtap.info/uploads/library/FT_HIX820_SeriesI_slides_042915_5CR_051915.pdf
 - FM Policy-based Payments HIX 820 Testing and Scenarios slides – https://www.regtap.info/uploads/library/FT_HIX820_slides_052715_5CR_060415.pdf
- Additionally, Issuers may search the Payments – Remittance Message (HIX 820) program area at <https://www.REGTAP.info> in the REGTAP Library for additional supporting documents related to the HIX 820 transaction.

Frequently Asked Questions (FAQs)

FAQ 1

Question: Will the FFM HIX 820 include Federally-facilitated Small Business Health Options Program (FF-SHOP) User Fees?

Answer: The Individual HIX 820 Payment Transaction will include User Fees for Issuers that participate in both the FFM and the FF-SHOP Marketplace. User Fees will be sent at the Program-Level

FAQ 2

Question: Will the information in the PPR correspond to the data in the HIX 820 transaction?

Answer: Yes, the PPR will provide policy-level details indicating to the Issuer which policies would receive payment and payment amount. The HIX 820 will also contain this information as well as the Electronic Funds Transfer (EFT) trace number that will allow Issuers to link policies to deposits.

FAQ 3

Question: Which payment type codes correspond to the FFM and which correspond to the FF-SHOP Marketplace?

Answer: The WPC website at <http://www.wpc-edi.com> displays both FF-SHOP and FFM payment type codes.

FAQ 4

Question: Do Issuers who have previously completed EDI registration need to resubmit the EDI registration form?

Answer: An Issuer must connect a Payee ID to a Trading Partner in order to receive HIX 820 transactions from CMS. To complete this process, the Issuer must send an email to CMS_FEPS@cms.hhs.gov and complete the Electronic Data Interchange (EDI) registration and establish a Trading Partner Agreement. The Trading Partner Agreement will connect their Payee ID to a Trading Partner.

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*

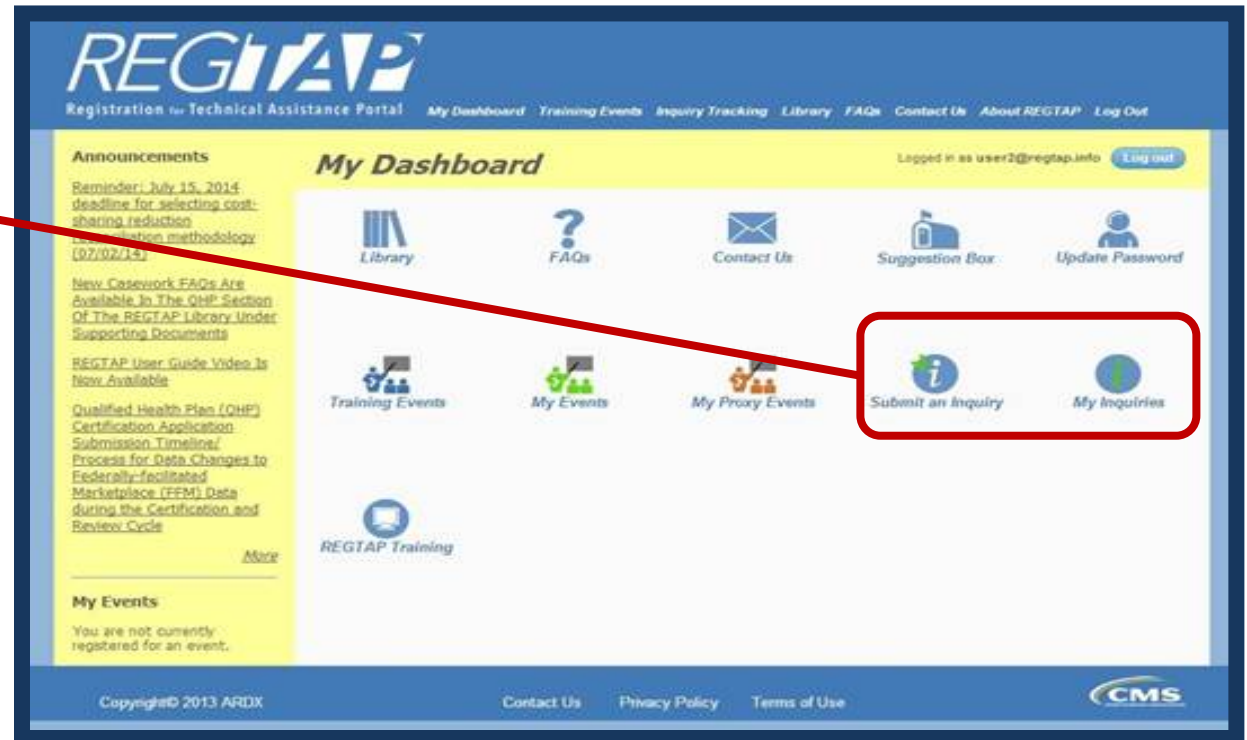
Resources

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