HIX 820 – Scenario 1: FFM Only Issuers

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) as well as a new REF Report Type Code of ISSUERIDRPT. 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	Jane Smith	APTC	$600	Policy-Level	n
		CSR	$100	Policy-Level	N
		UF	-$25	Policy-Level	N
5	John Doe	APTC	$400	Policy-Level	N
		CSR	$50	Policy-Level	N
		UF	-$15	Policy-Level	N
	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*20160101-20160131~**

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

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*20160101-20160131~**

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

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*20160101-20160131~**

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

ENT*4~

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*5~

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*43*0002~

Transaction Set Trailer with segment count (43) and Control Number (0002).

HIX 820 – Scenario 2: SBM Only Issuers in Same Payee Group

This scenario is for SBM Only Issuer in the same payee group who participated in 2015 and 2016. This means the Payee Group will not have any FFM Issuers. Included in this example are the 2015 Restatements for SBM Issuer and the new 2016 Payment Information from the SBM Issuer from the Manual Process as Program-Level Amounts (2300 Only) as well as a new REF Report Type Code of ISSUERIDRPT. In the document control number is the 5 digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	600.35	Program-Level	2015 Restatement from Manual Process **SBM Issuer**
2		CSRMADJ	235.78	Program-Level	2015 Restatement from Manual Process **SBM Issuer**
3		APTCMADJ	310.59	Program-Level	2016 Statement from Manual Process **SBM Issuer**
4		CSRMADJ	210.32	Program-Level	2016 Statement from Manual Process **SBM Issuer**
	Net Payment		$1357.04		

Table 1

ST*820*0002*005010X306~

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

BPR*I*1357.04*C*ACH*CCP*****01*000000001*DA*123456772123*20160128~**

Total payment amount is $1357.04. 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*APTCMADJ600.35~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2015 Restatement is $600.35.

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*2~

RMR*ZZ*CSRMADJ235.78~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2015 Restatement is $235.78.

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*3~

RMR*ZZ*APTCMADJ310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Statement is $310..59.

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*4~

RMR*ZZ*CSRMADJ210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2016 Statement is 210.32.

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).

Table 3

SE*23*0002~

Transaction Set Trailer with segment count (23) and Control Number (0002).

HIX 820 – Scenario 3: FFM and SBM Issuers in Same Payee Group|

This scenario is for FFM and SBM Issuers in the same payee group who participated in 2015 and 2016. This means the Payee Group will have both SBM issuers and FFM issuers. Included in this example are the 2015 Restatements for SBM Issuer and FFM Issuer and the new 2016 Payment Information from the SBM Issuer from the Manual Process as Program-Level Amounts (2300 Only) as well as a new REF Report Type Code of ISSUERIDRPT. In the document control number is the 5 digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	600.35	Program-Level	2015 Restatement from Manual Process **SBM Issuer**
2		CSRMADJ	235.78	Program-Level	2015 Restatement from Manual Process **SBM Issuer**
3		APTCMADJ	1500.54	Program-Level	2015 Restatement from Manual Process FFM Issuer
4		CSRMADJ	700.10	Program-Level	2015 Restatement from Manual Process FFM Issuer
5		UFMADJ	-321.85	Program-Level	2015 Restatement from Manual Process FFM Issuer
6		APTCMADJ	310.59	Program-Level	2016 Statement from Manual Process **SBM Issuer**
7		CSRMADJ	210.32	Program-Level	2016 Statement from Manual Process **SBM Issuer**
8	Jane Smith	APTC	$600	Policy-Level	
		CSR	$100	Policy-Level	
		UF	-$25	Policy-Level	

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
9	John Doe	APTC	$400	Policy-Level	
		CSR	$50	Policy-Level	
		UF	-$15	Policy-Level	
	Net Payment		$4345.83		

Transmission Explanation

Table 1

ST*820*0002*005010X306~

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

BPR*I*4345.83*C*ACH*CCP*****01*000000001*DA*123456772123*20160128~**

Total payment amount is $4345.83. 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*APTCMADJ600.35~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2015 Restatement is $600.35.

REF*0N*ISSUERIDRPT*56789~

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 (56789). 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*2~

RMR*ZZ*CSRMADJ235.78~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2015 Restatement is $235.78.

REF*0N*ISSUERIDRPT*56789~

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 (56789). 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*3~

RMR*ZZ*APTCMADJ1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC 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*20160101-20160131~**

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

ENT*4~

RMR*ZZ*CSRMADJ700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF 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*20160101-20160131~**

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

ENT*5~

RMR*ZZ*UFMADJ-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF 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*20160101-20160131~**

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

ENT*6~

RMR*ZZ*APTCMADJ310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Statement is $310.59.

REF*0N*ISSUERIDRPT*56789~

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 (56789). 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*7~

RMR*ZZ*CSRMADJ210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2016 Statement is $210.32.

REF*0N*ISSUERIDRPT*56789~

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 (56789). 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*8~

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*9~

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*59*0002~

Transaction Set Trailer with segment count (59) and Control Number (0002).

HIX 820 – Scenario 4: FFM SHOP Issuers participating in the Individual Market|

This scenario is for FFM issuers who also participate in the SHOP Marketplace. Included in this example are the 2015 Restatements for FFM Issuer and the 2016 SHOP User Fee charges at the program level. Included is a new REF Report Type Code of ISSUERIDRPT. In the document control number is the 5 digit HIOS Issuer ID. Included as well is a new REF Report Type Code of SHOPUFRPT. In the document control number is the EFT Trace Number from the corresponding SHOP HIX 820 that was used to make the calculations.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	1500.54	Program-Level	2015 Restatement from Manual Process FFM Issuer
2		CSRMADJ	700.10	Program-Level	2015 Restatement from Manual Process FFM Issuer
3		UFMADJ	-321.85	Program-Level	2015 Restatement from Manual Process FFM Issuer
4		SHOPUF	-310.59	Program-Level	SHOP UF for 1st week of Jan for FFM Issuer
5		SHOPUF	-210.32	Program-Level	SHOP UF for 2nd week of Jan for FFM Issuer
6	Jane Smith	APTC	$600	Policy-Level	
		CSR	$100	Policy-Level	
		UF	-$25	Policy-Level	
7	John Doe	APTC	$400	Policy-Level	

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
N	N	CSR	$50	Policy-Level	
N	N	UF	-$15	Policy-Level	
	Net Payment		$2467.88		

Transmission Explanation

Table 1

ST*820*0002*005010X306~

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

BPR*I*2467.88*C*ACH*CCP*****01*000000001*DA*123456772123*20160128~**

Total payment amount is $2467.88. 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 APTC 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*20160101-20160131~**

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

ENT*2~

RMR*ZZ*CSRMADJ700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF 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*20160101-20160131~**

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

ENT*3~

RMR*ZZ*UFMADJ-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF 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*20160101-20160131~**

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

ENT*4~

RMR*ZZ*SHOUF-310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The SHOPUF payment amount for the 2016 Statement is -$310.59.

REF*0N*ISSUERIDRPT*56789~

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 (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

REF*0N*SHOPUFRPT*8374575~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (SHOPUFRPT) and the Exchange Report Document Control Number (8374575). The Exchange Report Document Control Number references Issuer's SHOP 820 that corresponds to the 1st week of January on which the calculation was made. For each week, there will be a separate ENT and REF that will correspond to the SHOP HIX 820 EFT Trace Numbers.

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

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

ENT*5~

RMR*ZZ*SHOPUF-210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The SHOPUF payment amount for the 2016 Statement is -$210.32.

REF*0N*ISSUERIDRPT*56789~

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 (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

REF*0N*SHOPUFRPT*736495~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (SHOPUFRPT) and the Exchange Report Document Control Number (736495). The Exchange Report Document Control Number references Issuer's SHOP 820 that corresponds to the 2nd week of January on which the calculation was made. For each week, there will be a separate ENT and REF that will correspond to the SHOP HIX 820 EFT Trace Numbers.

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*52*0002~

Transaction Set Trailer with segment count (52) and Control Number (0002).

HIX 820 – Scenario 5: Charges Exceed Payments (Net Zero HIX 820 with an Invoice line) – SADP

This scenario is for the January 2016 payment month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 777223. Payment Type Code: Invoice Amount to bring the BPR02 field to $0.

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

Transmission Explanation

Table 1

ST*820*0002*005010X306~

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

BPR*I*0*C*NON********20160128~**

Total payment amount is $0. No payment was made. The date the 820 was created is January 28, 2016.

TRN*3*123456789123567~

The unique remittance identification number (123456789123567).

N1*PE*USINS*FI*121231234~

The payee's name (USINS) with Tax ID number (121231234).

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~

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*12345MD000011222~

Exchange Assigned Qualified Health Plan Identifier (12345MD000011222).

REF*POL*4567~

Exchange Assigned Policy Identifier (4567).

REF*AZ*PLAN1~

Issuer Assigned Policy Identifier (PLAN1).

REF*0F*SUB123~

Issuer Assigned Subscriber Identifier (SUB123).

RMR*ZZ*UF-25~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The FFM 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 (JOHN DOE) and Exchange Assigned Subscriber Identifier (777223).

REF*38*12346MD000011237~

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011237).

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*UF-15~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. 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).

ENT*3~

Entity 3 is an example of a transaction at the program level, an Invoice amount. No policy information (2100 Loop) is provided for program level transactions.

RMR*ZZ*INVOICE40~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. 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 overall BPR02 net payment amount to zero.

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

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

Table 3

SE*26*0002~

Transaction Set Trailer with segment count (26) and Control Number (0002).

HIX 820 – Scenario 6: Outstanding Debt Owed by Payee

This scenario is for the February 2016 payment month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 777223. Payment Type Code: REDUCED used to show a reduction in payment to cover an outstanding debt amount owed by a payee.

Jane Smith	APTC	$600
	CSR	$100
	UF	-$25
John Doe	APTC	$400
	CSR	$50
	UF	-$15
Program	REDUCED	-$125
Net Payment		$985

Transmission Explanation

Table 1

ST*820*0002*005010X306~

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

BPR*I*985*C*ACH*CCP*****01*000000001*DA*123456772123*20160228~**

Total payment amount is $985. The payee's bank transit routing number is 000000001 and their bank account is 123456772123. The EFT effective date is February 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~

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*12345MD000011221~

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011221).

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*20160102-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

ENT*2~

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*12346MD000011232~

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011232).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

ENT*3~

Entity 3 is an example of a transaction at the program level: a payment reduction to cover an outstanding debt amount owed by the payee (REDUCED). No policy information (2100 Loop) is provided for program level transactions.

RMR*ZZ*REDUCED-125~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The REDUCED payment type code indicates the amount of the payment was reduced (-$125) to pay for an outstanding debt owed by the Payee. The negative amount in this segment decreases the overall BPR02 net payment amount.

REF*0N*INVOICERPT*U1401B0051001001~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (INVOICERPT), and the Exchange Report Document Control Number (U1401B0051001001), which represents the invoice number from the Dunning Letter.

DTM*582**RD8*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

Table 3

SE*35*0002~

Transaction Set Trailer with segment count (35) and Control Number (0002).

HIX 820 – Scenario 7: Financial Change in Circumstances (CIC) Partial Month

This scenario is for the February 2016 payment month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 777223.

In this scenario the APTC for the January coverage month has been reversed in the amount of -$600 for this policy (4567) due to a mid-month newborn. The subscriber, Jane Smith, has a new exchange policy ID (1234) that includes a new dependent with a DOB of January 10th. For the month of January, the APTC $600 will be prorated across the two policies. The new policy (1234) that includes the additional dependent is effective Jan 10- Jan 31st with a new APTC amount of $650 prorated.

Subscriber Name	Payment Code	Amount	Exchange Assigned Policy ID	Exchange Assigned Subscriber ID	Coverage Dates
Jane Smith	APTCADJ	-$600	4567	777222	Jan 1- Jan 31
	CSRADJ	-$100	4567	777222	Jan 1- Jan 31
	UFADJ	$25	4567	777222	Jan 1- Jan 31
	APTCADJ	$174.19	4567	777222	Jan 1-Jan 9
	CSRADJ	$29.03	4567	777222	Jan 1-Jan 9
	UFADJ	-$7.26	4567	777222	Jan 1-Jan 9
	APTCADJ	$461.29	1234	777222	Jan 10-Jan 31
	CSRADJ	$88.71	1234	777222	Jan 10-Jan 31
	UFADJ	-$21.29	1234	777222	Jan 10-Jan 31
	APTC	$650	1234	777222	Feb 1-Feb 28
	CSR	$125	1234	777222	Feb 1-Feb 28
	UF	-$30	1234	777222	Feb 1-Feb 28
John Doe	APTC	$400	5678	777223	Feb 1-Feb 28
	CSR	$50	5678	777223	Feb 1-Feb 28
	UF	-$15	5678	777223	Feb 1-Feb 28

Subscriber Name	Payment Code	Amount	Exchange Assigned Policy ID	Exchange Assigned Subscriber ID	Coverage Dates
Net Payment		$1230			

Transmission Explanation

Table 1

ST*820*0002*005010X306~

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

BPR*I*1230*C*ACH*CCP*****01*000000001*DA*123456772123*20160228~**

Total payment amount is $1230. The payee's bank transit routing number is 000000001 and their bank account is 123456772123. The EFT effective date is February 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~

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*12345MD000011221~

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011221).

REF*POL*4567~

Exchange Assigned Policy Identifier (4567).

REF*AZ*PLAN1~

Issuer Assigned Policy Identifier (PLAN1).

REF*0F*SUB123~

Issuer Assigned Subscriber Identifier (SUB123).

RMR*ZZ*APTCADJ-600~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The APTC Adjustment (APTCADJ) amount is -$600 and is reversed due to the policy change in January. 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*CSRADJ-100~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR Adjustment (CSRADJ) amount is -$100 and is reversed due to the policy change in January. This completely reverses the CSR amount paid for this subscriber for the month January.

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

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

RMR*ZZ*UFADJ25~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF Adjustment (UFADJ) amount is $25 and is reversed due to the policy change in January. This completely reverses the UF amount for this subscriber for the month of January.

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

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

RMR*ZZ*APTCADJ174.19~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The APTC Adjustment (APTCADJ) amount is $174.19 for this policy because the APTC amount is prorated from January 1st to January 9th.

DTM*582**RD8*20160101-20160109~**

The coverage period for this adjustment transaction is (01/01/2016 – 01/09/2016).

RMR*ZZ*CSRADJ29.03~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR Adjustment (CSRADJ) amount is $29.03 for this policy because the CSR amount is prorated from January 1st to January 9th.

DTM*582**RD8*20160101-20160109~**

The coverage period for this transaction (01/01/2016 – 01/09/2016).

RMR*ZZ*UFADJ-7.26~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF Adjustment (UFADJ) amount is -$7.26 and is reversed due to the policy change in January.

DTM*582**RD8*20160101-20160109~**

The coverage period for this transaction (01/01/2016 – 01/09/2016).

ENT*2~

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*12345MD000011221~

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011221).

REF*POL*1234~

Exchange Assigned Policy Identifier (1234).

REF*AZ*PLAN1~

Issuer Assigned Policy Identifier (PLAN1).

REF*0F*SUB123~

Issuer Assigned Subscriber Identifier (SUB123).

RMR*ZZ*APTC650~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for this policy is $650.

DTM*582**RD8*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

RMR*ZZ*CSR125~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR payment amount for this policy is $125.

DTM*582**RD8*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

RMR*ZZ*UF-30~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF amount for this policy is -$30.

DTM*582**RD8*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

RMR*ZZ*APTCADJ461.29~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The APTC (APTCADJ) amount is $461.29 for this policy because the APTC amount is prorated from January 10th to January 31st.

DTM*582**RD8*20160110-20160131~**

The coverage period for this adjustment transaction is (01/10/2016 – 01/31/2016).

MR*ZZ*CSRADJ88.71~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The CSR (CSRADJ) amount is $88.71 for this policy because the CSR amount is prorated from January 10th to January 31st.

DTM*582**RD8*20160110-20160131~**

The coverage period for this transaction (01/10/2016 – 01/31/2016).

RMR*ZZ*UFADJ-21.29~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF (UFADJ) amount is -$21.29 for this policy because the UF amount is prorated from January 10th to January 31st.

DTM*582**RD8*20160110-20160131~**

The coverage period for this transaction (01/10/2016 – 01/31/2016).

ENT*3~

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*12346MD000011232~

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011232).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

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*20160201-20160229~**

The coverage period for this transaction (02/01/2016 – 02/29/2016).

Table 3

SE*55*0002~

Transaction Set Trailer with segment count (55) and Control Number (0002).