



Centers for Medicare & Medicaid Services

State Based Marketplace – CMS Enrollment Processing System Interface Control Document

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1 Purpose

This Interface Control Document (ICD) defines the common set of specifications, rules, formats, methods, and protocols required to implement the policy level enrollment data exchange interface between the Centers for Medicare & Medicaid Services (CMS) and State-Based Marketplaces (SBMs). The ICD specifies the interface requirements each participating system must meet, describes the concept of operations for the interface, and defines the message structure and protocols that govern the interchange of data.

This document establishes the standard rules, requirements, and policies that will govern the interface implementation.

Technical and management personnel at CMS and SBMs who are responsible for the planning, design, development, testing, integration, and implementation of the data exchange interface, are the primary target audience of this document.

2 Policy-Level Enrollment Data

The CMS Marketplace aims to create an end-to-end solution for plan management, eligibility & enrollment, and financial management functions, as required by the Patient Protection and Affordable Care Act (PPACA). The Enrollment and Payment System (EPS) within the Marketplace compiles enrollment data from the Federally-facilitated Marketplace (FFM) and SBMs, and determines advance payments of the premium tax credit (APTC) and advance cost-sharing reduction (CSR) payments to issuers.

To facilitate automated APTC and advance CSR payments to SBM issuers, CMS must receive, and process SBM enrollment data at a policy level each month, in a cycle that coincides with the CMS monthly payment cycle. This ICD describes the implementation details of the proposed monthly SBM enrollment data submission process using XML files. The proposed process is designed to leverage current SBM capabilities to populate and submit XML files to CMS. CMS intends to eventually replace the manual payment and Policy-level Reporting (PLR) process after this monthly policy-level enrollment data and Policy-Based Payment (PBP) process becomes operational. PLR files are currently used to establish a baseline of enrollment data to verify aggregate payments made through the interim payment process. SBMs should submit monthly plan year PLR files dating back to plan year 2014 until CMS is notified that a respective year submission has ceased or CMS notifies the SBM that the PLR process will be replaced by the PBP process for that plan year.

The proposed solution will use three customized XML schemas to exchange data and responses between CMS and the SBMs. Developed with feedback from SBMs, these schemas will support cumulative enrollment record submission with full financial and member date history within each policy record, as well as comprehensive response files with errors, warnings and missing policy identification. Overall features of the overall solution will include monthly issuer payment reporting for the SBMs with summary and detail for each SBM issuer for payment reconciliation purposes.

2.1 Overview

In order to facilitate the transition from manual workbook submission of APTC and CSR payment to policy-based payments, the CMS Enrollment and Payment System (EPS) will be enhanced to support the receipt, validation, processing, response, and approval of comprehensive SBM policy-level enrollment data submissions.

Key aspects of the overall solution that define mutual measures of success are:

- Adherence to submission deadlines to ensure timely payment.
- Secure Electronic File Transfer (EFT) transmission of inbound and outbound files.
- Adherence to schema.
- Monthly submission of cumulative enrollment data (policies) with full financial and member history.
- Flexible submission methodology by state, by state issuer, and/or multiple files per issuer.
- Unique identification of policies.
- Replacement methodology to enable an SBM to correct previous policy submissions without incremental or partial data.
- Validation of QHPID values.
- Accommodation for CSR variant changes for a given policy.
- Accommodation for variable proration rules across the SBMs within one schema.
- Optional prorated nodes in the schema to allow the SBM to report prorated Premium, APTC and CSR amounts according to their own state-specific guidelines.
- Accommodation for policy renewals across coverage years.
- Accommodation for policies that span coverage years.
- Acceptance with warnings for policy records where optional fields violate expected value or length.

- Comprehensive and timely reporting of errors, warnings, and missing policies by CMS for all files received.
- Comprehensive and timely resolution of errors, warnings, and missing policies by an SBM in advance of each monthly payment cycle.
- Approval mechanism.
- Detailed payment reporting by issuer for the SBMs.

The SBMs will submit a cumulative monthly SBM inbound file (SBMI) to CMS via EFT in three possible ways: single state wide file, multiple state files by issuer and/or multi-file submissions by issuer (FileSet). SBMs may change their submission approach between the three options as needed.

CMS will communicate clearly defined submission periods to allow SBMs to submit initial and correction files each month.

After the submission deadline, a 'freeze period' will commence wherein no new SBMI record level processing will occur. The SBM may re-submit a cumulative SBMI to correct previous errors and warnings outside of the freeze period. An SBMI received during the freeze period will receive file-level schema validation, but will not be processed at the record level until the freeze period has concluded.

When an SBM submission is valid and accepted, CMS will confirm the existence of policies received in prior submissions in the new SBMI file, and report missing policies in the SBMR. Warnings will also be provided when one or more members in a policy submitted in a prior submission are missing in the current. Optional prorated nodes in the schema allow the SBM to report prorated APTC and CSR amounts according to their own state-specific guidelines.

All SBMI files will undergo file level validation, and those that pass file level validations will continue to record level validations. Files that fail file level validations will be rejected and no additional processing will occur. CMS will notify the SBMs about the rejection status via an SBM Status (SBMS) file. Files that pass file level validations will proceed to record level validations, after the system confirms the file was received within the agreed submission timeline.

The system will implement a configurable record level error threshold to allow continued processing of a file as long as the error threshold is not exceeded. If the threshold is exceeded, the system will reject the entire file (or file set) and send an SBMR with record level errors and warnings to the SBM.

Each policy record in the SBMI will be matched against policy records in EPS. Any unmatched policy records will create a new policy in EPS. Matching policies that require changes will result in a creation of new policy versions in EPS as long as the record passes business validations. Business validations will be performed on all new policy records to ensure enrollment and payment accuracy.

CMS will independently review and approve all file or file set submissions prior to acceptance in the EPS production system. When the approval mechanism is in place, the SBM will receive an immediate SBMR with all errors & warnings identified once a single file or complete file set is processed and pending approval. Once approved, all new and modified policy records will be committed to EPS and a second SBMR with approval status and summary counts will be sent to the SBM. If CMS disapproves the file or file set, CMS will contact the SBM directly and a second SBMR with disapproval status will be sent. CMS may determine at a later time to turn off the approval mechanism (by SBM) which will result in a single SBMR response file rather than two SBMRs per file submission.

After successfully processing enrollment data, CMS will work with the SBM to determine the appropriate time to transition the entire SBM (or selected SBM Issuers) to automated policy-based payments (PBPs) processing. The PBP process will leverage established capabilities in place for FFM Issuers. Once transitioned, after each PBP cycle concludes, the SBM will receive a Preliminary Payment Report (PPR) via EFT that provides summary issuer and policy-level APTC/CSR payment details for all issuers participating within the SBM that have payments.

The ICD provides the following information for the interface:

- General description of the interface
- Assumptions and Constraints
- Description of the data exchange format and protocol for exchange
- Estimated size and frequency of data exchange

The following appendices provide additional information:

- Preliminary Payment Report (PPR) for SBM

2.2 Overview

CMS will deliver a copy of the monthly PPR to the SBM for each of the SBM's issuers. SBMs may use this copy to be informed about the payments, and consult it during payment dispute resolution and enrollment reconciliation with its issuer(s). The PPR is provided as an informational artifact to the SBMs.

The Preliminary Payment Report (PPR) is a pipe-delimited text artifact that CMS delivers to each issuer during a monthly payment cycle ahead of the actual payment and delivery of the Payment Remittance Advice (HIX 820). During a payment cycle, CMS performs several calculations, adjustments, and aggregations using the latest approved policy-level enrollment data submitted by SBMs, and determines payments to be made to each issuer. The PPR was developed in response to issuers requiring the payment information earlier in the payment cycle in order to provide enough time for issuers to review the data for disputes and timing issues with effectuated enrollments. A PPR for the Issuer is transmitted to their Payee and is similar to their HIX 820 transactions as it provides all the policy-level details as well as any applicable program-level payment information in one transaction. The Issuer PPR estimates the expected payment, while the HIX 820 transaction provides the actual payment or charge. The actual payment or charge is calculated by taking the aggregated current month payment and charges and offsetting them with any prior period accounts receivable and/or any treasury offsets. All Payees will receive one PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month.

Issuers are advised to report any discrepancies observed in the payments reported in the PPR as a payment dispute. While issuers may report payment disputes using the 820, it has been a general practice for the issuers to use the PPR as the basis for payment disputes, as the PPR precedes the 820 by approximately two weeks.

As payments are made directly to issuers, only an issuer may dispute a payment. CMS, upon receipt and processing of the defect, will inform the issuer and the SBM about the cause of the payment discrepancy and provide a disposition that will identify who may be most equipped to correct the underlying enrollment data to resolve the payment discrepancy. In rare instances, a calculation error in EPS may have caused a payment discrepancy, and in such cases CMS will advise remediation strategies.

In line with the CMS policy for delivering reports and artifacts to external partners, the PPR will be transmitted via EFT. An SBM can request retransmission of a PPR file and CMS will be able to resend previously transmitted PPRs to requesting parties.

2.3 Timeline

A payment cycle spans two months. Enrollment data submission and approvals occur during month 1, the data is used for payment calculations between months 1 and 2, and then the actual payments are made in month 2. Below is an outline of a typical payment cycle between months 1 and 2.

Month 2 Payment Cycle	Month/Day	Notes
First Monthly SBMI File Submission	Month 1 1st	SBMS *or* Interim SBMR receipt with 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Last SBMI File Submission	Month1 10th	SBMS *or* Interim SBMR receipt with 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Freeze Period Begins (no new record-level file processing)	Month1 11th	SBMS only during Freeze Period; Interim SBMR resumes after Freeze Period closes
CMS finalizes all SBMI file approvals	Month1 15th	
Payment cycle cutoff for month 2 Payment Cycle	Month1 15th 6PM	
Freeze Period Closes	Month1 16th	Record level file procesing resumes, New SBMI
Preliminary Payment Reports (PPR) for month 2 Payment cycle sent to SBM Issuers & SBMs	Month2 14-18th	
Payment for month 2) and retroactive payment months received by SBM issuers	Month2 20-21st	
HIX 820 transmitted only to SBM Issuers	Month2 27-29th	

Figure 7 : SBM PPR Timeline

2.4 File Naming Convention

All files will follow a consistent naming convention defined as follows:

SBM PPR files will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Sample File Name: TPID(FEPxxxx).SI820.DYYMMDD.THHMMSSmmm.R. OUT

Table 16 : SBM PPR Naming Convention

Section	Comments
SourceID	Trading Partner ID
Function Code	SI820
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

2.5 File Format

The figure below illustrates the format for the SBM PPR pipe delimited file.

[illegible]

Figure 8 : SBM PPR Pipe Delimited File



SBM P820 Element Mapping

Table 17 : SBM PPR Element Definition

Element Name	Definition	Example	Min Field Length	Max Field Length
Header	Contains elements required to identify the file data			
Transaction Set Control Number	ID used to uniquely identify the file	000004930	1	11
Run Date	Date and Time file is created in CCYY-MM-DD HH:MM:SS	2016-08-30 11:05:15	1	19
State	State code for SBM	MD	1	2
Payment Method Code	Default value of: NON	NON or HOLD	1	4
Payment Cycle	Payment month represented in the file. YYYYMM.	201509	1	6
Total Payment(\$)	Net of APTC, CSR and UF amount fields in the file	108338.37	1	18
Trading Partner ID	Trading partner ID for SBM (pulled from SBMI file name)	FEP0023MD	9	9

Detail				
Issuer ID	5 Digit HIOS ID	12345	1	5
Issuer APTC Total(\$)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes APTC, APTCADJ, and APTCMADJ. Will repeat for every policy corresponding to the Issuer ID	4007.55	1	18
Issuer CSR Total(\$)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes CSR, CSRADJ, CSRMADJ. Will repeat for every policy corresponding to the Issuer ID	9056.18	1	18
Issuer UF Total(\$) (Not applicable to SBM)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes UF, UFADJ, UFMADJ. Will repeat for every policy corresponding to the Issuer ID	-225.36	1	18
Last Name	Individual Last Name	Name	1	60
First Name	Individual First Name	Name	1	35
Middle Name	Individual Middle Name	Name	1	25
Name Prefix	Individual Prefix	Prefix	1	10
Name Suffix	Individual Suffix	Suffix	1	10
Exchange Assigned Subscriber ID	Exchange Assigned Subscriber ID	0001503934	1	50
Exchange Assigned QHP ID	16-digit QHP ID	12345VA024000106	1	16
Exchange Assigned Policy ID	Exchange Assigned Policy ID	56291448	1	50
Issuer Assigned Policy ID	Issuer Assigned Policy ID. Provided if available	693816725	1	50
Issuer Assigned Subscriber ID	Issuer Assigned Subscriber ID. Provided if available	492616725	1	50
Policy Total Premium Amount(\$)	Total premium amount. Will repeat for every policy corresponding to the Subscriber ID	36007.55	1	18
Exchange Payment Type	Code list provided at www.wpc.com/reference	APTC	1	50
Payment Amount	Total payment amount that corresponds to the Exchange Payment Type code reflected on the same line	4007.55	1	18
Exchange Related Report Type	Code list provided at www.wpc.com/reference	SHOPUFRPT	1	50
Exchange Report Document Control Number	Provides additional reference information corresponding to the Payment Type Code. Does not apply for SBM PPR	345432654	1	80
Coverage Period Start Date	Format CCYYMMDD	20150901	1	15
Coverage Period End Date	Format CCYYMMDD	20150931	1	15

2.6 Guidelines to Interpret SBM PPR

1. SBM PPRs shall be created per payment cycle.
2. SBM PPRs shall be created in pipe separated format.
3. Only one PPR is created per issuer per payment cycle.
 - If a SBM has 4 issuers, SBM shall receive 4 PPR files.
 - One SBM PPR file shall be prepared for each SBM Issuer ID identified as having Issuer-level and/or Policy-level payment transaction.
4. Only APTC and CSR transactions shall be captured on the SBM PPR.
5. The most recent Approved-status SBMI file record shall be used as the source for the trading partner ID to be used in the SBM PPR. Trading partner ID is used by EFT process to transmit the PPR file to SBMs.
6. A Payment Method Code (Header) value of 'HOLD' shall be assigned in the SBM PPR when the Invoice associated with the Issuer Transaction represented on the SBM PPR is an On Hold invoice.
7. Manual Adjustment (MA) (and other Issuer Transactions without Policy Level transactions) shall be grouped first and listed in the SBM PPR detail.
8. SBM PPR detail records shall be sorted by Exchange Assigned QHP ID for policy-level transactions. For SBMs, the Exchange Assigned QHP ID on the PPR is the same as the QHP ID element in SBMI file layout.
9. Transactions with non-zero amounts shall be included on to the SBM PPR.
10. For all APTC or CSR, program type transaction originating from Manual Adjustment, 'MADJ' shall be appended to the program type in the Exchange Payment Type field of the SBM PPR.
APTC = APTCMADJ
CSR = CSRMAJ
11. For any policy-level APTC, CSR, or transaction designated as Retroactive (R), 'ADJ' shall be appended to the program type in the Exchange Payment Type field of the SBM PPR.
APTC = APTCADJ
CSR = CSRADJ
12. An issuer total of the APTC and CSR payments by program shall be provided in the SBM PPR detail (includes MA and PBP).
13. Since the SBM is not receiving payments, a value of "NON" shall be assigned in the payment method code for SBM PPR.
14. Total Payment field on the SBM PPR shall have positive, negative, or zero amounts.
15. All transaction amounts shall be displayed to 2 decimal places on the SBM PPR.
16. User Fee (UF) components do not apply to SBM issuers so SBMs will not see any values populated for UF elements.

2.7 Example file



Sample_S1820_for
SBM.zip

3 EPS Extract

3.1 Overview

The EPS extract is a snapshot of EPS that will serve as the basis of payments for the upcoming payment cycle. After the payment cycle cutoff date, CMS will create an extract of all policy-level enrollment detail in EPS and forward it to each of the SBM's issuers and their corresponding SBMs. SBMs can use the extract to understand CMS data and payments to their respective issuers. SBMs update the data in EPS through the SBMI submission process and therefore EPS represents a version of the SBM's enrollment data.

The EPS extract includes financial and demographic information about policies and members. The EPS Extract will also include a subset of policy-level errors and warnings associated with the processing of SBMI file(s) since the previous EPS extract job execution. The subset is composed of any errors and warnings associated with policies that were not changed by a subsequent SBMI submission after the error or warning occurred. The extract will include a flag to indicate the presence or absence of any activity taking place for the SBM Issuer since the last EPS extract job execution. Activity is defined as any changes made to policies, any new policies created, or any new error or warning messages. It also includes the Trading Partner ID for the SBM and the Issuer who is to receive the extract.

EPS Extract Details:

- CMS Payment cycle cutoff date is on the 15th of every month at 6:00 PM ET.
- The EPS extract will include the most recent SBM enrollment information from SBMI files that are submitted to and approved by CMS prior to the payment cycle cutoff date.
- If an enrollment group submitted by the SBM in the latest monthly submission is rejected, the EPS extract will include the enrollment group information from the last approved policy submission (if available).
- The EPS extract files are coverage year specific and include any enrollment that has or had at least one day of coverage during the coverage year (effectuated, terminated, and cancelled enrollments).
- A separate EPS extract will be created for each of the SBM's issuers which will contain enrollment groups for that issuer only.
- An EPS extract will be created for an issuer irrespective of whether CMS has received a monthly SBMI submission for that issuer for that month.
- The EPS extract will include a two character state code instead of a three character tenant ID.
- Policies that span coverage years will appear on multiple extracts.
- Issuers that are not yet transitioned to PBP will receive EPS extract.
- Cancelled policies will be included in EPS extract.
- Policy level errors or warnings will only be included in EPS extract for matching policy if the policy version date in EPS predates the SBMI file processing that resulted in creation of that policy level error or warning.
- Payee associated to the SBM issuer in vendor management will be included in EPS extract.
- Trading partner ID for SBM state will be included in EPS extract.

3.2 Timeline

EPS extracts will be generated once per month after the payment cycle cut off date and sent to the SBM and each issuer via EFT.

Source	Destination	Timeline	Mode of transmission
CMS	SBM	Around 18 th of a month	EFT
CMS	Issuer		EFT

3.3 File Naming Convention

EPS Extract files will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Table 18: EPS Extract naming convention

Section	Comments
Source ID	Source ID for destination (SBM and Issuers)
Function Code	EPSEXT (EPS Extract)
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

3.4 Record Layout

The record layout for EPS extract is provided below –

Table 19: EPS Extract record layout

No	XSD Element Name	Definition	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
1	EPSExtract	Root element				1	1		
2	FileInformation					1	1	Y	
3	FileId	Unique CMS File ID	Text	1	50	1	1	Y	
4	FileCreateDateTime	Date and Time Extract File Created by CMS	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss
5	StateCd	Two Character State Code	Text	2	2	1	1	Y	
6	CoverageYear	Specified Year of coverage for policies in the file. Those with either a PolicyStart or PolicyEnd in the Coverage Year.	Int	4	4	1	1	Y	2017-2999
6a	PayeeID	Payee ID for the SBM issuer	Text	4	8	1	1	Y	
6b	StateTPID	Trading partner ID for SBM state	Text	1	10	1	1	Y	
7	IssuerId	Five digit HIOS ID for the issuer extract file generated by CMS	Text	5	5	1	1	Y	
8	FileNumber	This field is to be used when splitting EPS extract due to size limitation in multiple files	Text	1	50	0	1	N	File 1 of 2 / File 2 of 2
9	Policy					0	Unbounded	N	
10	OriginalSBMIFileId	FileID of SBMI file provided by SBM to CMS	Text	1	50	1	1	Y	
11	OriginalSBMIExtractDateTime	Extract date and time of original SBMI file provided by SBM to CMS	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss
12	CMSPolicyVersionDateTime	Date and Time Policy record inserted into CMS Payment System	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Definition	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
13	QHPId	First 14 characters of the 16 digit Qualified Health Plan ID - does not include the last two digits which is the CSR Variant ID (captured in a subsequent loop).	Text	14	14	1	1	Y	
14	ExchangeAssignedPolicyId	This ID is generated by the Exchange and uniquely identifies the enrollment group specific to the 14 digit QHP ID.	Text	1	50	1	1	Y	
15	ExchangeAssignedSubscriberId	This ID is generated by the Exchange and uniquely identifies the subscriber of the policy. If the member is the subscriber, generally the member and subscriber IDs should be the same.	Text	1	50	1	1	Y	
16	IssuerAssignedPolicyId	This ID is generated by the issuer to represent the policy.	Text	1	50	0	1	N	
17	IssuerAssignedSubscriberId	This ID is generated by the issuer to represent the subscriber.	Text	1	50	0	1	N	
18	PolicyStartDate	Day Coverage Begins	Date			1	1	Y	YYYY-MM-DD
19	PolicyEndDate	Day Coverage Ends	Date			1	1	Y	YYYY-MM-DD
20	EffectuationInd	Indicates that the policy is in an effectuated status	Text	1	1	1	1	Y	Valid values 'Y' or 'N'
21	InsuranceLineCode	Type of coverage (HLT for Medical or DEN for dental)	Text	3	3	1	1	Y	Valid values 'HLT' or 'DEN'
22	MemberInformation	Contains demographics on all members including subscriber				1	Unbounded	Y	
23	ExchangeAssignedMemberId	This ID is generated by the Exchange and uniquely identifies the member within the Exchange.	Text	1	50	1	1	Y	
24	SubscriberIndicator	Indicates whether the member is the subscriber.	Text	1	1	1	1	Y	Valid values 'Y' or 'N'
25	IssuerAssignedMemberId	This ID is generated by the issuer to represent the member.	Text	1	50	0	1	N	
26	NamePrefix	Name prefix (Example : Mr., Mrs.)	Text	1	10	0	1	N	
27	MemberLastName	The last name of the member	Text	1	60	1	1	Y	
28	MemberFirstName	The first name of the member	Text	1	35	0	1	N	
29	MemberMiddleName	The middle name of the member	Text	1	25	0	1	N	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
30	NameSuffix	Name suffix (Example: Sr., Jr.)	Text	1	10	0	1	N	
31	BirthDate	Date of birth	Date			1	1	Y	YYYY-MM-DD
32	SocialSecurityNumber	Social Security Number, should be sent if available.	Text	9	9	0	1	N	
33	PostalCode	Zip code of the residence address	Text	3	15	1	1	Y	
34	LanguageQualifierCode	Language qualifier code as specified in the 834 TR3*	Text	2	25	0	1	N	LD or LE
		LD – NISO Z39.53 Language Codes							
		LE – ISO 639 Language Codes							
35	LanguageCode	Language - CMS will accept any type although spoken is preferred.	Text	1	25	0	1	N	
36	GenderCode	Gender Indicator (F - Female, M - Male, U - Unknown)	Text	1	25	0	1	N	Valid values – F, M, U
37	RaceEthnicityCode	Race and Ethnicity Code list as provided in the 834 TR3* (2100A DMG05-1)	Text	1	25	0	1	N	
38	TobaccoUseCode	Tobacco use indicator (T – Tobacco use, N - None, U - Unknown)	Text	1	25	0	1	N	Valid values – T, N, U
39	NonCoveredSubscriberInd	Individual identified as the subscriber of the policy yet does not receive coverage.	Text	1	1	0	1	N	Valid value - Y
40	MemberDates	CoverageDates for the Member- Multiple nodes may exist				0	Unbounded	N	
41	MemberStartDate	Member coverage start date.	Date			1	1	Y	YYYY-MM-DD
42	MemberEndDate	Member coverage end date.	Date			1	1	Y	YYYY-MM-DD
43	FinancialInformation	Contains Financial information for the policy- multiple nodes for time periods may exist				1	Unbounded	Y	
44	FinancialEffectiveStartDate	Start date for all financial information provided in the financial information node.	Date			1	1	Y	YYYY-MM-DD
45	FinancialEffectiveEndDate	End date for all financial information provided in the financial information node.	Date			1	1	Y	YYYY-MM-DD
46	MonthlyTotalPremiumAmount	Monthly total premium amount.	Decimal	1	99999999.99	1	1	Y	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
47	MonthlyTotalIndividualResponsibilityAmount	The amount in which the enrollment group is responsible to pay toward the monthly total premium amount.	<i>Decimal</i>	1	99999999.99	1	1	Y	
48	MonthlyAPTCAmount	The monthly advance payment of the premium tax credit amount applied toward the monthly total premium amount for a qualifying individual.	<i>Decimal</i>	1	99999999.99	0	1	N	
49	MonthlyOtherPaymentAmount1	The amount an issuer can expect to be paid by a tribe as a portion of total premium amount.	<i>Decimal</i>	1	99999999.99	0	1	N	
50	MonthlyOtherPaymentAmount2	The amount an issuer can expect to be paid by the state as a portion of total premium amount.	<i>Decimal</i>	1	99999999.99	0	1	N	
51	MonthlyCSRAmount	The monthly advance cost-sharing reduction amount for a qualifying individual.	<i>Decimal</i>	1	99999999.99	0	1	N	
52	CSRVariantId	The last two digits of the 16 digit Qualified Health Plan ID.	<i>Text</i>	2	2	1	1	Y	"01","02","03","04","05","06"
53	RatingArea	Rating area in which the enrollment group receives coverage.	<i>Text</i>	7	7	0	1	N	R-[A-Z][A-Z][0-9][0-9][0-9]
54	PartialMonthPremiumAmount	Premium amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
55	PartialMonthAPTCAmount	Advance premium tax credit amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
56	PartialMonthCSRAmount	Advance cost-sharing reduction amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
57	RecentErrorReporting					0	1	N	
58	ActivityInd	Indicates if there are errors, warnings, new policies or policy updates since last EPSExtract. N means no new activity / rejects since last EPS extract.	<i>Text</i>	1	1	1	1	Y	'Y' or 'N'
59	PolicyError	Identifies the Issuer Policies with error/warnings recorded since last time the EPS Extract was generated.				0	Unbounded	N	
60	SourceFileId	Most recent unique SBMI File ID	<i>Text</i>	1	50	1	1	Y	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
61	SourceFileCreateDateTime	Date and Time inside the most recent source file (SBMI)	<i>DateTime</i>			1	1	Y	YYYY-MM-DDThh:mm:ss
62	RecordControlNumber	Control number that identifies a record in a SBMI file uniquely	<i>Int</i>	1	9	0	1	N	
63	ExchangeAssignedPolicyId	Exchange policy ID submitted by the SBM	<i>Text</i>	1	50	0	1	N	
64	QHPIId	14 chars plan id - does not include variant code - submitted on SBMI	<i>Text</i>	14	14	0	1	N	
65	ExchangeAssignedSubscriberId	Exchange subscriber ID submitted by the SBM	<i>Text</i>	1	50	0	1	N	
66	Error					1	Unbounded	Y	
67	ErrorCode	Error or warning code	<i>Text</i>	6	6	1	1	Y	
68	ErrorDescription	Error description	<i>Text</i>	1	255	1	1	Y	
69	ElementInError	XML elements in error	<i>Text</i>	1	255	0	1	N	
70	AdditionalErrorInfo	Expected element value	<i>Text</i>	1	2000	0	10	N	
71	ExchangeAssignedMemberId	Exchange member ID being submitted by the SBM	<i>Text</i>	1	50	0	1	N	



EPS Extract with
Errors v1

Notes on ActivityInd Field :

- This mandatory field is not at the policy level but it is at the issuer / file level.
- Allowed values for this field are only 'Y' and 'N'.
- A value of Y indicates one or more of the following activities
 - SBM submitted SBMI file - since last EPS extract was created - that may or may not have resulted in validation errors
 - CMS requested a rollback of previously applied changes to EPS.
- A value of N indicates one or more of the following activities
 - SBM did not submit any policies for the issuer.
 - SBM submitted SBMI file that is identical to SBMI submitted for previous payment cycle (or a subset of policies from SBMI submitted for previous payment cycle) that did not result in any validation errors or warnings.

3.5 Financial Node Information Representation

The EPS Extract contains complete financial information for all the policies for a specific coverage year. This financial information will be represented using the following guidelines:

- There will be one discrete node for every time period for each policy.
- Each financial info node will reflect both the full monthly amount and prorated amount, if applicable to the time period.

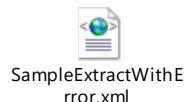


EPS Extract
Financial Node

3.6 XML Schema Definition



3.7 Example file



- Appendix A - Acronyms and Abbreviations
- Appendix B - Referenced Documents
- Appendix C - Record of Changes
- Appendix D – Errors and warnings

3.8 Assumptions, Constraints, and Risks

This section identifies the assumptions, constraints, and risks that apply to the SBM-CMS interface.

3.8.1 Assumptions

The following assumptions apply to the SBM-CMS interface:

1. SBMs that send SBMI files by Issuer will be responsible for ensuring they have transmitted files for all of their issuers. This will not be validated by CMS.
2. SBMs will adhere to the submission cycle deadlines to ensure processing of all files prior to the defined payment cycles.
3. CMS will designate a specified freeze period prior to when payment processing will begin.
4. SBMs acknowledges that effectuated policies sent in one month that are not sent in subsequent monthly submissions will continue to be paid according to the most recent SBMI submission. CMS may, at its own discretion, take additional action to stop payments if necessary.
5. SBMs remains the source of truth for their enrollment data.
6. SBMs will not be restricted in the number of policies that can be included in an SBMI file.
7. SBMs will assign a unique file ID, file create date/time, and issuer file set ID (when applicable) to each SBMI submitted to CMS.
8. Coverage year is equal to the calendar year.
9. Each submitted SBMI will have a coverage year in the file header and will contain cancelled policies that were previously sent as effectuated during the coverage year as well as effectuated and terminated policies with at least one day of coverage in the coverage year specified.
10. SBMs will review response files and address identified errors, warnings, and missing policies in a timely manner to facilitate accurate payment processing.
11. SBMs that use file set to accommodate large issuer enrollments will transmit all component files in the file set within a set timeframe. CMS will define a configurable time in which all files

- specified for a file set must be received. Aged files in an incomplete file set will be rejected with an SBMR requiring submission of a distinct and complete file set from the SBM.
12. SBMs that submit a file set will provide a consistent issuer file set identification and total number of issuer files values across files within the same file set.
 13. Only one instance of an SBMI file for a particular SBM or SBM issuer will be processed at a time. If a new SBMI file is submitted and there is already an existing file record for the SBM or issuer in process or pending approval, the submitted SBMI file will be put on hold until the existing file or file set is complete. System will compare submission type (SBM or Issuer/IssuerFileSet) to determine whether to evaluate against the entire SBM or issuer.
 14. SBMs that encrypt files prior to EFT transmission to CMS will be supported.
 15. CMS assumes that SBMs are performing enrollment reconciliation with their issuers to ensure data sent to CMS is accurate.
 16. SBMs will reflect their issuer's proration practices in the files submitted to CMS so CMS can pay issuers correctly.
 17. SBMs enrollment transactions sent to CMS should reflect actual issuer consumer billing.
 18. SBMs will work closely with issuers to understand the SBM/Issuer rules for proration and either work to incorporate the issuer rules into the SBM database so that the correct information can be sent to CMS, or implement a standard rule across all issuers to avoid issuer-specific rules for partial months of coverage.

3.8.2 Constraints

The following constraints apply to the SBM-CMS interface:

1. File exchange between CMS and the SBMs must be through EFT. SBMs may not email or deliver files to CMS via other mechanisms.
2. EFT encryption is all or nothing. Either all file exchanges between CMS and the SBM are encrypted or none. CMS cannot selectively encrypt certain files/routes.
3. Per the EFT guidelines, the SBMI file size shall be limited to 100 gigabytes.
4. Routing protocol between each trading partner and CMS must be established in order to properly transmit and receive SBMI and SBMS/SBMR files, respectively.
5. All SBMI files must conform to the SBMI schema.
6. EFT file naming constraints will apply to all file exchanges and cannot be relaxed.
7. Sufficient SBM testing of production-like SBMI submissions in advance of production deployment is necessary to achieve desired goals.
8. Success is strongly linked with CMS and SBMs implementing and integrating their systems in a timely manner.
9. Only SBMs or their designated vendors are authorized to submit SBMI files.
10. CMS requires that SBMs use distinct Exchange Assigned Policy IDs to identify policies in their SBMI submissions.
11. The Exchange Assigned Policy ID must be unique across all policies in an SBM. The Exchange Assigned Policy ID can not be reused in future coverage years except for renewals where the start date remains the same.
12. SBMs should not change the policy start date on a distinct Exchange Assigned Policy ID, unless strictly for correction to the policy start date.
13. SBMs must have submitted their 2017 qualified health plan (QHP) reference data to CMS via SERFF.

3.8.3 Risks

The following risks apply to the SBM-CMS interface:

1. One or more SBMs' inability to implement their portion of the interface in the agreed timeframe.
2. SBMs deprioritizing this interface development work until a later period.

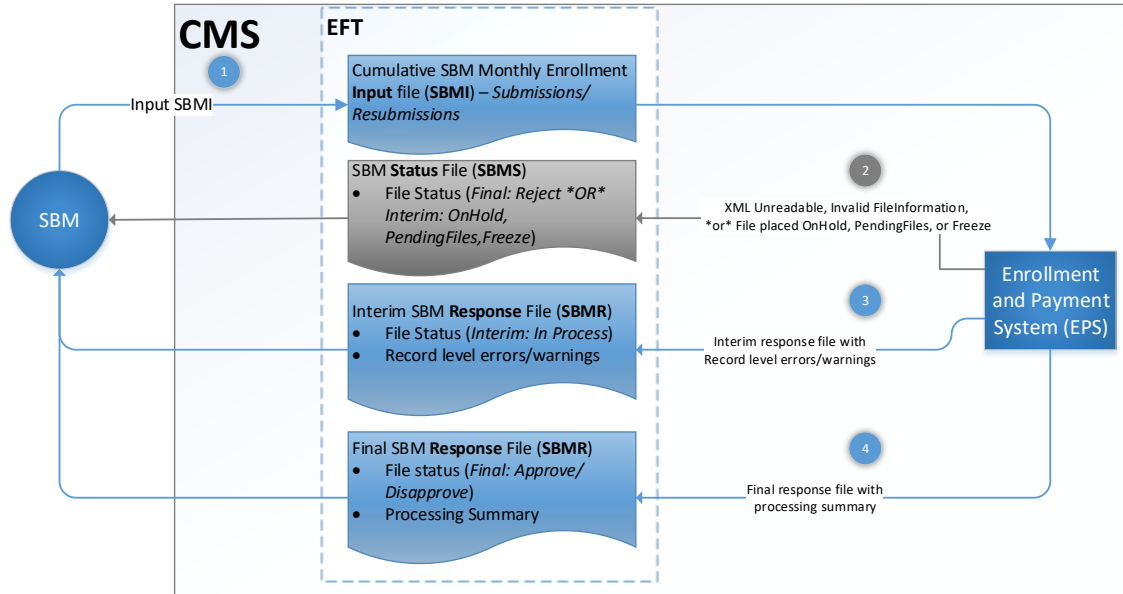
3. The integration testing phase coincides with the open enrollment 2017, which may result in SBM resource constraints causing delays in a SBM's ability to begin testing with CMS.
4. Prolonged integration testing with one or more SBMs because of unanticipated data issues, resulting in additional development work for both CMS and the SBMs.
5. Unanticipated or undisclosed SBM scenarios may result in policy records being inadvertently rejected and/or result in overpayment or underpayment to SBM Issuers.
6. SBMs that intend to maintain the same Exchange Assigned Policy ID across issuers cannot be accommodated by the existing system functionality.
7. SBMs that modify the policy start date for an established Exchange Assigned Policy ID risk reversal of all payments prior to the newly assigned start date.
8. EFT connections and file folders between CMS, SBMs, and EPS need to be established and configured in order to exchange SBMI, SBMS, SBMR, and approval files.
9. SBMI file submission may not be completed prior to the resubmission deadline and freeze period to ensure that all enrollment records anticipated to be paid during the payment cycle are included.
10. CMS will continue to make APTC and/or CSR payments for a policy until the SBM communicates that the policy is cancelled/terminated. Inadvertent or intentional cessation of an effectuated policy information transmission, resulting in missing policies, will not automatically change APTC and/or CSR payments.
11. If the SBMs allow issuers to do their own proration but aren't receiving updates made by the issuers, SBMs and CMS will be out of sync for policy based payments. This may result in payment disputes.
12. Without accurate reporting from SBM on prorated amounts, CMS payment to the issuer will vary from consumer billing, causing payment discrepancies and 1095-A errors.

3.9 General Interface Requirements

This section presents the general interface requirements for the data exchanged between CMS and the SBM.

3.9.1 CMS–SBM Interface

Figure 1 depicts the overview of the interface between CMS and SBM.



No.	File	Type	Source	Description
1	SBMI	SBM Inbound File	SBM	Input Cumulative SBM Monthly Enrollment file (XML).
2	SBMS	SBM Status File	CMS	CMS Status file only sent to SBM if: 1) SBMI XML is not well formed, preventing preparation of SBMR **OR** 2) SBMI contains invalid FileInformation (Duplicate File, Invalid Coverage Year, Invalid IssuerFileSet information) **OR** 3) The SBMI File is received but will be delayed in processing due to one of the following: a) OnHold- Other files for the same State or Issuer are already in process or pending approval with CMS b) Freeze- File was received during the Freeze Period c) PendingFiles- Remaining SBMI files for the specified IssuerFileSet are outstanding.
3	SBMR	SBM Response File (Interim)	CMS	First CMS response file sent to SBM when the records in the SBMI are processed. This file reports all errors and warnings discovered during processing. File status is interim and indicates an in progress status.
4	SBMR	SBM Response File (Final)	CMS	Second CMS response file sent to SBMs when CMS approves/rejects acceptance of enrollment data in SBMI. This file reports the SBMI file processing summary information. File status is final indicating acceptance or rejection.

Figure 1 : File Processing Flow Diagram

3.9.2 Functional Allocation

SBMI, SBMS and SBMR files will be transmitted via secure Electronic File Transfer (EFT).

SBM	CMS
Submit cumulative monthly enrollment XML file(s) (SBMI).	Receive, validate, and communicate errors and warnings to SBMs via SBM Status XML files (SBMS) and/or SBM Response XML files (SBMR).
Receive SBMS files and either a) Address the File level failure and resubmit new SBMI or b) receive notification that the SBMI file was received and processing will be delayed	Complete review and approval of SBMI processing for previous SBMI files for the same Issuer or State so that subsequent files may be processed.
Receive SBMR, make data corrections, and submit updated SBMI (If necessary).	Process validated enrollment records and update EPS to reflect new, updated, cancelled, or terminated policies.
	Process policy level payments to SBM issuers.
	Generate and transmit Preliminary Payment Reports at the conclusion of the payment cycle for each SBM issuer.

3.9.3 Data Transfer

SBMs shall transmit monthly SBMI files through established Electronic File Transfer (EFT).

- SBMs that have not undergone the onboarding process yet will be assigned a source ID and Single Point of Entry (SPoE) ID to access the CMS EFT server.
- Inbound monthly SBM submissions will use function code 'SBMI'.
- Outbound *response files* from CMS to the SBM will use function code 'SBMR'.
- Outbound *status files* from CMS to the SBM will use function code 'SBMS'
- SBMs are responsible for submitting files that are compliant with CMS requirements. CMS will validate the files and communicate identified errors directly back to the SBMs. Since some errors may block complete processing of files, the submission process may be iterative until all files are processed successfully.
- When test files are transmitted to CMS, the SBMs are required to send an email containing the file name to sbmenrollment@cms.hhs.gov. This is not required once the SBM is submitting files into production.
- As trusted partners, all SBMs will assume responsibility to ensure their files are virus and malware free and pose no security threat to CMS systems. Likewise, CMS will transmit virus and malware free response files.

3.9.4 File Naming Convention

All files will follow a consistent naming convention (including files within a zipped file) defined as follows:

File Name =TradingPartnerID.AppId.FuncCode.Date.Time.EnvCode.Direction

SBMI files must be named according to the EFT file naming convention below.

Table 1 : SBMI naming convention

Section	Comments
Trading Partner ID	SBM Source ID (for source)
App ID	EPS
Function Code	SBMI
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	IN

SBMR files will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Table 2 : SBMR naming convention

Section	Comments
Trading Partner ID	SBM Source ID (for destination)
Function Code	SBMR
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

SBMS file will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Table 3 : SBMS naming convention

Section	Comments
Trading Partner ID	SBM Source ID (for destination)
Function Code	SBMS
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

3.9.5 Errors/Warnings Reporting

Errors and Warnings encountered while processing SBMI files may occur at either the file or record level.

File level errors that prevent the processing of the SBMI at the record level will have errors communicated via the SBMS XML file. The SBMS will also be used to communicate when the processing of a submitted SBMI will be delayed due to other circumstances related to the submission.

When an SBMI has no file level errors and can be processed at the record level, CMS will report all policy-level errors and warnings encountered on the SBMR via EFT. The SBMR is a response to the SBMI and specifies the error code, error description, and element in error.

Record-level errors indicate the record had one or more mandatory elements that failed schema validation or failed business validation and the policy record will not be processed into EPS. The SBM shall review and remedy the reason for error and resubmit file(s) with corrections in a timely manner to ensure proper payment to issuers.

Record-level warnings indicate the policy record had an optional element that failed validation but the policy was accepted despite the warning. In most of these cases, the policy record is modified prior to insertion into EPS. CMS recommends the SBM review and remedy the reason for such warning and submit corrections in subsequent submissions, if necessary.

SBMs must correct and resubmit the SBMI with all corrected records in a timely fashion keeping into consideration the timeframes previously mentioned.

CMS will validate as many elements as possible in each record to allow comprehensive error reporting to SBMs. For missing policies, CMS expects the SBM to include those missing policies in all future file submissions.

3.10 Detail Interface Requirements

This section describes technical details about the SBM enrollment data submission interface. Below, is a list of key interface requirements:

1. SBMs will submit SBMI files using one (or more) of the defined options:
 - a) A single state-wide file that includes all issuers
 - b) A single file submitted by HIOS Issuer ID (one per issuer)
 - c) Multiple files submitted by HIOS Issuer ID (more than one per issuer)
 - i. SBMs may use a combination of b and c, but never a combination with a.

2. SBMs are able to change the way they submit their SBMI files from month-to-month between defined options.
3. CMS requests that any SBM who changes their file submission option from one month to the next notify CMS of that change via the SBM enrollment mailbox (SBMEnrollment@cms.hhs.gov).
4. SBM file submissions will be cumulative for a coverage year and include all previously reported policies and members (by state or by state Issuer) that have coverage for any period during the specified coverage year.
5. SBMs with policies that span two years of coverage will provide an SBMI XML file for each coverage year reflecting the policy in both coverage years.
6. SBMs will only submit data for effectuated policies. Policies that were never effectuated shall not be included in the SBMI file.
7. SBMs will maintain and provide unique Exchange Assigned Policy IDs in the SBMI files for use in reporting and payment.
8. CMS requires a new Exchange Assigned Policy ID when a plan or product changes within a specific issuer, because that will change the 14 digit QHP ID.
9. SBMs will create a new policy with a new Exchange Assigned Policy ID when the 14 digit QHP ID changes for a policy that was previously submitted on an SBMI, and terminate or cancel the old policy with the old Exchange Assigned Policy ID.
10. The 14 digit QHP ID is not inclusive of CSR variant ID. A change in CSR variant ID will not require a new policy with a new Exchange Assigned Policy ID.
11. Any change in the 14 digit QHPID for a previously sent Exchange Assigned Policy ID will result in a record level rejection.
12. The Exchange Assigned Policy IDs cannot be identical for both a medical QHP and a standalone dental QHP within the same SBM. If the same enrollment group is enrolled in both a medical and a standalone dental QHP, the Exchange Assigned Policy ID must be unique for both policies.
13. Once sent, an Exchange Assigned Policy ID cannot be changed in a subsequent file submission. If a correction to the Exchange Assigned Policy ID is required, the SBM must cancel the first policy with the old Exchange Assigned Policy ID and send a new policy record with a new Exchange Assigned Policy ID.
14. SBMs will only include individual market major medical and standalone dental QHP enrollments in SBMI submissions. SBMs will not send SHOP enrollment data to CMS in the SBMI.
15. QHP IDs sent will only be for variants 01 through 06; 00 variant (off-exchange) QHPs will not be sent to CMS
16. Since CSR amount is related to premium, if SBMs are prorating premium for partial month coverage SBMs are required to prorate CSR as well.
17. SBMs maintain their own proration rules. CMS expects SBMs to send prorated nodes when applicable. CMS will pay prorated amounts if the prorated node is sent with those amounts.
18. Policy CANCELLATION is indicated by setting the fields in the following way –
 - a) EffectuationIndicator to a value of N
 - b) PolicyEndDate is less than or equal to policy start date.
 - c) SBM must continue to submit records for cancelled policies until CMS no longer requires records to be sent for that coverage year.
19. Policy TERMINATION is indicated by setting the fields in the following way –
 - a) EffectuationIndicator remains with value of Y
 - b) PolicyEndDate is updated accordingly and is greater than or equal to policy start date.

- c) SBM must continue to submit records for terminated policies until CMS no longer requires records to be sent for that coverage year.
20. Policy REINSTATEMENT is indicated by setting the fields in the following way –
- a) EffectuationIndicator Remains Y (if previously Terminated), or is updated from N to value of Y (if previously Cancelled)
 - b) PolicyEndDate is updated accordingly and is greater than or equal to policy start date.
 - c) SBM must continue to submit records for reinstated policies until CMS no longer requires records to be sent for that coverage year.
21. SBMs will receive and review SBMS and SBMR files sent by CMS via EFT.
22. SBMs will adhere to the file naming conventions specified.
23. Policies submitted in an SBMI file will not have a policy start date greater than the coverage year specified. (e.g. 1/1/18 start date in file that contains CoverageYear=2017)
24. All SBMI files intended to be reflected in the upcoming payment cycle must be submitted prior to the freeze period.
25. CSR amount will be calculated by CMS using the Premium, CSR Variant, and QHP ID provided and rounded using half-up rounding modality. A mismatch in the SBMI and CMS-calculated CSR amount will result in inserting the CMS-calculated CSR amount into EPS and logging a warning on the SBMR file.

Example -

Input Number	Half Up Rounding
5.998	6.00
2.595	2.60
1.963	1.96
1.110	1.11
1.031	1.03

CMS does not differentiate between original submission and resubmission because the files have cumulative data for the benefit year. Therefore each submission is essentially considered new.

The SBMs may resubmit files multiple times as long as the file ID and state code (first two characters of tenant ID) is unique for each submission. Every resubmission must have a new date and time.

- Example – When an SBM submits an issuer file set with 4 files and the 3rd file fails file level validation. Once corrected, the SBM should resubmit only the 3rd file and not the entire file set. The resubmitted 3rd file should have same file set ID but a different FileId and FileCreateDateTime .

If the SBM would like to send corrections to a previously submitted SBMI file, submission of another complete SBMI file, in lieu of a delta file, is the preferred approach. This is applicable when the SBMR indicates that either some of the previously submitted policies are not included in SBMI or some of the policy records were rejected as part of record validation. Not submitting another complete SBMI file at the state or issuer level would result in large volumes of missing policy notifications in the corresponding SBMR.

3.10.1 Transactions

SBMIs sent from SBMs will be processed by a scheduled job that executes on a predetermined schedule, not in real time.

CMS will perform validations on each SBMI submission to verify payments can be made for submitted enrollment records.

The following table lists transactions between the CMS and SBMs.

Table 4 : Interface Processing Steps

No	Processing Steps	Responsible Organization	Description
1	Deliver SBMI XML to CMS using EFT	SBM	SBM to send cumulative monthly SBMI to CMS using EFT.
2	Deliver SBMS (file rejects or delayed processing)	CMS	CMS status file sent to SBMs when the SBMI is not well formed, fails file level schema validation, file information validation, or will be delayed in processing.
3	EFT details	CMS	EFT validates file name. Conforming files are routed to EPS for processing. Non-conforming files are placed in an error folder
4	Deliver SBMR (Interim)	CMS	First CMS response file sent to SBMs when the records in the SBMI are processed. This file reports all errors and warnings discovered during processing. File status is interim and indicates an in progress status.
5	Deliver SBMR (Final)	CMS	Second CMS response file sent to SBMs when CMS approves or rejects the SBMI. This file reports the SBMI file processing summary information. File status is final indicating acceptance or rejection.

3.10.2 File Submission Options

States can submit SBMI files to CMS in one of the following formats :

- Single state wide file that contains enrollment records for all issuers for the SBM.
- Single SBMI file per issuer – The SBM can send one SBMI for each issuer within their SBM. If the SBM is planning to submit a single file per issuer, IssuerID field of IssuerFileInformation XML tag is required. SBMI should not include an XML tag for IssuerFileSet.
 - The SBM will have the responsibility to ensure all issuer's files have been submitted. CMS will not notify the SBM of any missing issuer files.
 - A record where issuer ID in the QHP ID element does not match the issuer ID in the SBMI file metadata will be rejected and will not be processed.
- Multiple SBMI files by issuer – This option can be used by SBMs who need to split large issuers into multi-file sets.
 - Issuer File set is a collection of files that makes up a complete issuer submission. All files received for the Issuer File Set will be processed in a single batch process.
 - File set identifier shall be used to identify files that belong to a single file set and will be used to aggregate records from multiple SBMI files.
 - Aggregated files will only be processed after all files in a file set are received by CMS. CMS will use the value in TotalIssuerFiles in the file header to track and verify if all files in the file set have been received.
 - File set identifier is required to be unique across issuer monthly submissions.

- A record where issuer ID in the QHP ID element does not match the issuer ID in the SBMI file metadata will be rejected and will not be processed.

A state can choose to select a combination approach with options 2 and 3. A state can submit a single file for some issuers while submitting multiple files for other issuers. Metadata information in file header shall be used by CMS to determine when an inbound file can be picked up for further processing.

CMS recommends testing all file submission options during testing phase and work with CMS to determine the best file submission approach.

The following table summarizes different state options for file submission.

Table 5 : SBM File submission options

No	File submission option	Number of submitted files	Number of SBMR
1	Single state wide file	1 per SBM	1 SBMR per SBM
2	Single file per issuer	Number of issuers for state	1 SBMR per issuer
3	Multiple files per issuer	Determined by SBM's needs	1 SBMR per issuer

Additional considerations for monthly submission files –

1. CMS will support production submissions as early as January 7, 2017.
2. CMS will support coverage year 2016 files for testing, however only coverage year 2017 and greater will be allowed in the production environment.
3. Monthly submissions should be cumulative and include monthly data from preceding months. For example, the May 2017 submission should include policies included in all monthly submissions from January 2017 through the present month. The figure below provides a sample month-over-month SBMI file submission that illustrates the cumulative nature of each monthly submission.

Month1 SBMI File	Status	Activity	Month2 SBMI File	Status	Activity	Month3 SBMI File	Status	Activity		
ExchangePolicy 1	Effectuated	New Policy	ExchangePolicy 1	Effectuated	Termination*	ExchangePolicy 1	Effectuated*	No Change		
ExchangePolicy 2	Effectuated	New Policy	ExchangePolicy 2	Effectuated	Policy Changes**	ExchangePolicy 2	Effectuated	No Change		
ExchangePolicy 3	Effectuated	New Policy	ExchangePolicy 3	Non-Effectuated	Canceled***	ExchangePolicy 3	Non-Effectuated***	No Change		
			ExchangePolicy 4	Effectuated	New Policy	ExchangePolicy 4	Effectuated	No Change		
						ExchangePolicy5	Effectuated	New Policy		
* Termination is conveyed in SBMI by identifying a new PolicyEndDate along with updated FinancialEffectiveEndDates. Terminated Policies continue to be sent in subsequent SBMI files ** Could be any change applied (ex. Demographic, new financial period/APTC). This version of ExchangePolicy2 replaces the previous version of the policy in EPS and contains the full history *** To convey a canceled policy, the EffectuationIndicator is set=N and PolicyEndDate is set <= PolicyStartDate. *** This scenario reflects the continued inclusion of previously canceled policies in subsequent SBMI files.										

Figure 2 : SBMI Month-over-month Example

3.10.3 File Level Validation

3.10.3.1 Well-formed XML Validation

All SBMI files will be subject to file level XML schema validations upon receipt in CMS. This schema validation will verify that SBMI is a well formed XML document (all required tags as well as opening and closing tags are present). The incidence of one or more errors during schema validation will result in file rejection and a SBMS status file

Only file level validations will be performed on SBMIs submitted during the freeze period. Record-level validations will not be performed until after the freeze period.

File level error messages are covered in [Appendix D](#). This may be updated to include additional validations identified during design and development stages.

3.10.3.2 FileInformation Metadata Validation

CMS will perform the following validations with regards to the file metadata in the header:

- Validate coverage year
- Validate the appropriate data fields are present for the file submission option (single state-wide file, one file per issuer, issuer multi-file submission). The option chosen is determined by the existence of specific attributes in the file header. Files submitted with invalid combinations will not be processed and will be rejected.
- For SBMs submitting files by issuer, every file must have a Tenant ID and issuer ID.
- For SBMs submitting multi-file submission for issuers, each file must have a tenant ID, issuer ID, file set ID, individual file number (e.g. 1 of 2) and total number of files in the file set (2 in this example).
- Validate that it is not a duplicate file submission (identical FileId and Tenant ID).
- Validate the value of total issuer files (TotalIssuerFiles) is the same across a file set for an issuer.
 - Example 1 – SBM sends first SBMI for an issuer file set with TotalIssuerFiles specified as 3. SBM sends second SBMI for the *same* file set with TotalIssuerFiles specified as 4. The second and any additional SBMI files will be rejected because the total number of issuer files in these files is different than what was reported in first SBMI for the file set. The TotalIssuerFiles specified for an IssuerFileSet may not change. If the SBM has encountered an issue and must modify the total issuer files for an Issuer File Set, the SBM should use new file set identifier to correct total issuer files to 4 and resubmit all SBMI files that make up the file set. The first file submitted with total issuer files equal to 3 may be disapproved by CMS (if they are already processed by EPS)upon a request from the SBM or the files will be eventually rejected as a dated file set. A SBMR will be sent to the SBM to communicate the disposition of the earlier file set.
 - Example 2 - SBM sends first SBMI for an issuer file set with TotalIssuerFiles specified as 3. SBM sends second SBMI for the *same* file set with TotalIssuerFiles specified as 4. Second SBMI file will be rejected because the total number of issuer files in these files is different than what was reported in the first SBMI for the file set. The SBM can resubmit second SBMI file with a file set of 3. This file will be accepted and processed by CMS.
- Validate the File set ID is not duplicated across file sets for issuer and state.

File failing the metadata validation will be rejected. This error must be corrected and the file resubmitted by the SBM.

Metadata level error messages are covered in [Appendix D](#). This may be updated later to include additional validations identified during design and development stages.

3.10.4 Record level validations

3.10.4.1 Schema Validation

CMS will validate the SBMI XML files provided by SBM based on the XSD provided by CMS in this ICD. This validation will focus only on the structure of the files, not the specific values in the data elements. Examples of schema level validations include:

- Validate all required XML tags are present
- Validate data in the file meets specified data types and length requirements
- Validate tenant ID
- Validate CSR variant ID
- Validate subscriber indicator
- Validate effectuation indicator
- Validate insurance line code

All record level schema validation errors and warnings for each record in a file or file set will be logged in EPS. SBMRs will contain information to uniquely identify filename, record identifier and all record level errors. Records that pass these validation without any errors will be considered for further business rules validation.

A record control number (a counter unique to the file) must be provided by the SBM for every policy record provided in an SBMI. This will be used to identify any record-level schema failures

Schema level validation error messages and warnings are covered in [Appendix D](#). This may be updated later to include additional validations identified during design and development stages.

3.10.4.2 Business Validation

System will not perform any business level validation on a SBMI file designated as part of a file set until all files in the file set have been received and are determined to be schema compliant.

CMS will apply a set of business rules to each mandatory element in each policy record to ensure only valid and accurate data is accepted in EPS. A complete list of business rules validation is available in [Appendix D](#).

EPS will perform a policy match between SBM monthly file and policy records in EPS. Different business rules validation will be applied depending on whether a policy match is found or not found.

If a policy is matched within EPS, further comparison of all elements in the record will be completed to identify if any changes are required to EPS records.

If a policy is not matched within EPS, a new policy record will be created in EPS.

All record level business rules validation errors and warnings for each record will be logged in EPS. The SBMR will contain information to uniquely identify file name, record identifier and all record level errors and warnings. Records that passed these validation will be considered for payment processing.

Business validation error messages and warnings are covered in [Appendix D](#). This may be updated later to include additional validations identified during design and development stages.

3.10.5 Interface Processing Time Requirements

1. SBMI Files may be submitted any day or time, however the preferred SBMI file submission window is between 12.00 AM Eastern time on the 1st to 11.59 PM Eastern time on 10th of every month. This cutoff is not determined by timestamp in filename or FileCreateDate time within the file.
2. CMS processing freeze window is between 12.00 AM Eastern time on the 11th to 11.59 PM Eastern time on 15th of every month.
3. Files picked up for processing before freeze period begins will be processed completely. Files picked up after the freeze window begins will be processed after freeze period concludes.
4. SBMI file submission window, CMS processing freeze window, and SBMI file aging duration will be implemented as configurable properties.
5. The SBMs should submit their monthly files during the monthly submission window. This is necessary to meet CMS' approval process and EPS processing requirements before payment processing cycle begins.
6. SBMI files received by CMS are not processed in real time. Files will be processed in pre-defined intervals, which will depend on system load and EFT routing efficiencies.
7. SBMI files in a file set are not processed for record level edits until all files within a file set (e.g. 1 of 2 and 2 of 2) are received by CMS.
8. SBMI files submitted during the freeze period will be put on freeze. During the freeze, file level validations will be performed. Record level validations will be performed after the freeze period ends.
9. One SBMR for each complete file is generated and transmitted to the SBM upon completion of inbound file(s) processing. For example, if an issuer file set is made up of twelve files, one record level SBMR will be generated after all twelve files from that file set are received and processed.
10. All SBMI files sent by SBMs will initially be approved by CMS' prior to being inserted into EPS. If an SBMI file or file set is approved by CMS, an SBMR containing processing counts by transaction types is transmitted to SBMs and CMS. CMS will determine when an SBM's SBMI files no longer require approval.
11. The CMS review and approval process will take approximately 5 business days from the date on which an Interim SBMR is generated in response to the SBMI file or IssuerFileSet submission. The CMS review and approval process timelines are built into and reflected in the proposed submission schedule. Submitting the first round of SBMI on or before the 1st will enable error reporting on the 2nd with approval on or before the 7th. Any corrections submitted following your evaluation of SBMR received on the 2nd that are submitted by the 10th will be reviewed and approved before the payment cycle cutoff (15th).
12. While previously submitted SBMI file(s) are waiting for CMS approval, any new state submissions at the same level as the original submission option will be placed on hold and will not go through record level schema and business validation. Such files will be released from hold as soon as previously submitted SBMI are either approved or disapproved by CMS. In such a case, SBM will receive SBMR with summary counts for previously submitted SBMI and then will receive SBMR for newly submitted SBMI that will contain record level errors and warnings for the latest SBMI submission. If the CMS approval decision extends into freeze period, newly submitted SBMI will not be picked up before processing of current payment cycle.
13. SBMs may correct record level errors and warnings and resubmit corrected file(s) before the freeze period begins.
14. SBMs can send an email notification to CMS @ SBMEnrollment@cms.hhs.gov or contact CMS by phone if any of the submitted SBMI files needs to be rejected.

15. Files received by CMS will be processed in the order in which they are received.
16. If the rejected file is part of a file set, processing of other files for that file set will remain on hold in Pending Files status until CMS receives all corrected SBMI filefiles. Files submitted for different issuers for the SBM will continue to process.

The following table summarizes a sample timeline for SBMI submission and SBMS and SBMR generation.

Table 6 : File processing timeline

Step	Activity	Timeline	Number of files
1 – SBMI submission	SBM submits SBMI	By 1 st of every month. Can be sent earlier.	Depends on state
2 – SBMS (file level)	CMS generates file level status report (if applicable.) for file level rejections or warnings on delayed processing of submitted file.	Within 24 hours of file submission	1 per each file. Not at IssuerFileSet level
3 – SBMR (Interim)	CMS generates record level errors and warnings report for the SBMI inbound file	Within 24 hours of file or full file set submission as long as previous file submission is not pending CMS approval	1 per each complete file / file set.
4 – SBMR (Final)	CMS generates summary report	Goal is to provide within five business days from file processing/Interim SBMR delivery	1 per each file/ complete file set
5 – SBMI resubmissions/ corrections	SBM submits corrections to previously submitted files (if applicable)	Monthly submission window. By 11.59 PM Eastern time on 10th of every month.	Depends on state
8 – Freeze period	State submitted files remain unprocessed by CMS until the freeze period end.	Freeze window. 12.00 AM Eastern time on the 11th to 12.00 AM Eastern time on 16th of every month.	None

Payments to issuers for a particular month are based on monthly data submitted by the deadline. The figure below serves as a sample SBMI and Policy-based timeline for a hypothetical July Payment cycle. Note that the July Payment cycle would include prospective payments for July, as well as any retroactive payments for previous coverage months requiring adjustment transactions.

Table 7 : Sample SBMI Policy-Based Payment Cycle

Sample SBMI and Policy-Based Payment Timeline		
July Payment Cycle	Day of Month	Notes
First monthly SBMI file submission for state	June 1st	SBMS * or * interim SBMR receipt within 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Last SBMI file submission for state	June 10th	SBMS * or * interim SBMR receipt within 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Freeze period begins (no nw record-level file processing)	June 11th	SBMS only during freeze; Interim SBMR resumes after freeze period closes.
CMS finalizes all SBMI file approvals	June 15th	
Payment cycle cutoff for July payment cycle	June 15th 6pm	
Freeze period closes	June 16th	Record level file processing resumes, New SBMI
Preliminary payment reports for July payment cycle sent to issuers and SBM	July 13-15th	
Payments for current month (July) which may include any retroactive adjustments to previous payments made in past cycles to account for retroactive enrollment information received.	July 20-22nd	

3.10.6 SBMI Record Layout

SBMI XML schema is provided in the following attachment.



SBMI.zip

Example SBMI XML files are included in the ICD that cover the following scenario –

Table 8 : SBMI example files

File name	Description
SampleSBMI.xml	First file of File set submission. Single member policy for full coverage year of 2017
SampleSBMI -by State.xml	State wide single file submission
SampleSBMI_MidMonth_Policy.xml	First file of File set submission. Single member policy with mid-month start and mid-month end date. Prorated financial nodes for partial months of coverage
SampleSBMI_2_FinancialNodes.xml	First file of File set submission. Child added mid-month to an existing policy with full year coverage. Prorated financial nodes in the month of policy change.
SampleSBMI_MidMonth_Policy_2financialNodes.xml	First file of File set submission. Child added to existing policy with mid-month start and mid-month end date. Prorated financial nodes in the month of policy change.

Sample SBMI files are provided in the following attachment.



SBMI Examples.zip

The following section describes the field/element definition of the monthly SBMI files.

Rules concerning data elements as enforced in the schema and beyond are covered in the following table.

Notation followed for 'Required?' column :

Y – This field or node should always be sent in the SBMI.

N – This field or node should be sent in the SBMI when applicable and/or when the data element is available.

XSD Element Name	Definition	Data Type	Min	Max	Required ?	Valid values
			Length	Length		
Enrollment	Root Element					
FileInformation	Contains the elements required to identify the file.				Y	
FileId	Unique file identifier assigned by SBM that can never be repeated in subsequent files.	<i>Text</i>	1	50	Y	
FileCreateDateTime	DateTime Stamp when the data was extracted by the SBM for creation of the SBMI	<i>DateTime</i>			Y	YYYY-MM-DDTHH:MM:SS format
TenantID	Two character state code plus 1 digit for the state submitting the file	<i>Text</i>	3	3	Y	ST[0-9], where ST= CA, CO, CT, DC, ID, KY, MD, MA, MN, NY, RI, VT, or WA
CoverageYear	Specifies the year of coverage for policies included in file	<i>Int</i>	4	4	Y	2017-2999
IssuerFileInformation	Contains Issuer-specific file information if state is splitting submission by issuer				N	
IssuerId	Five digit HIOS ID for the issuer file being submitted by the SBM	<i>Text</i>	5	5	Y	
IssuerFileSet	Contains file set information if state is splitting the issuer submission into many files				N	
IssuerFileSetId	Identifier for a distinct set of files to be provided by the SBM for the specified IssuerID	<i>Text</i>	7	10	Y	IssuerID+99999
FileNumber	Identifier for a file within the IssuerFileSet	<i>Int</i>	1	3	Y	
TotalIssuerFiles	Total number of files in IssuerFileSet	<i>Int</i>	1	3	Y	
Policy	Contains policy-level information				Y	
RecordControlNumber	Unique identifier for each record in the SBMI file.	<i>Int</i>	1	9	Y	

SBM-CMS Interface Control Document

XSD Element Name	Definition	Data Type	Min	Max	Required ?	Valid values
			Length	Length		
QHPIId	First 14 characters of the 16 digit Qualified Health Plan ID - does not include the last two digits which is the CSR Variant ID (captured in a subsequent loop).	Text	14	14	Y	
ExchangeAssignedPolicyId	This ID is generated by the Exchange and uniquely identifies the enrollment group specific to the 14 digit QHP ID.	Text	1	50	Y	
ExchangeAssignedSubscriberId	This ID is generated by the Exchange and uniquely identifies the subscriber of the policy. If the member is the subscriber, generally the member and subscriber IDs should be the same.	Text	1	50	Y	
IssuerAssignedPolicyId	This ID is generated by the issuer to represent the policy.	Text	1	50	N	
IssuerAssignedSubscriberId	This ID is generated by the issuer to represent the subscriber.	Text	1	50	N	
PolicyStartDate	Day Coverage Begins	Date			Y	YYYY-MM-DD
PolicyEndDate	Day Coverage Ends	Date			Y	YYYY-MM-DD
EffectuationIndicator	Indicates that the policy is in an effectuated status	Text	1	1	Y	Y/N
InsuranceLineCode	type of coverage – either medical or dental	Text	3	3	Y	HLT, DEN
MemberInformation	Contains demographics on all members including subscriber				Y	
ExchangeAssignedMemberId	This ID is generated by the Exchange and uniquely identifies the member within the Exchange.	Text	1	50	Y	
SubscriberIndicator	Indicates whether the member is the subscriber.	Text	1	1	Y	Y/N
IssuerAssignedMemberId	This ID is generated by the issuer to represent the member.	Text	1	50	N	
NamePrefix	Name prefix (Example : Mr., Mrs.)	Text	1	10	N	
MemberLastName	The last name of the member	Text	1	60	Y	
MemberFirstName	The first name of the member	Text	1	35	N	
MemberMiddleName	The middle name of the member	Text	1	25	N	
NameSuffix	Name suffix (Example: Sr., Jr.)	Text	1	10	N	
BirthDate	Date of birth	Date			Y	YYYY-MM-DD
SocialSecurityNumber	Social Security Number, should be sent if available.	Text	9	9	N	[0-9]{9}
PostalCode	Zip code of the residence address	Text	3	15	Y	

SBM-CMS Interface Control Document

XSD Element Name	Definition	Data Type	Min	Max	Required ?	Valid values
			Length	Length		
LanguageQualifierCode	Language qualifier code as specified in the 834 TR3* LD – NISO Z39.53 Language Codes LE – ISO 639 Language Codes	Text	25	25	N	LD / LE
LanguageCode	Language - CMS will accept any type although spoken is preferred.	Text	25	25	N	One of the values from the list of codes under LE/LD
GenderCode	Gender Indicator (F - Female, M - Male, U - Unknown)	Text	25	25	N	F,M,U
RaceEthnicityCode	Race and Ethnicity Code list as provided in the 834 TR3* (2100A DMG05-1)	Text	25	25	N	
TobaccoUseCode	Tobacco use indicator (T – Tobacco use, N - None, U - Unknown)	Text	25	25	N	T,N,U
NonCoveredSubscriberInd	Individual identified as the subscriber of the policy yet does not receive coverage. This will only apply to select SBMs. If not applicable, do not send.	Text	1	1	N	Y
MemberDates	CoverageDates for the Member- Multiple nodes may exist				N	This element can occur multiple times.
MemberStartDate	Member coverage start date. Required unless NonCoveredSubscriberIndicator is present and ="Y".	Date			Y	YYYY-MM-DD
MemberEndDate	Member coverage end date. Required unless NonCoveredSubscriberIndicator is present and ="Y".	Date			Y	YYYY-MM-DD
FinancialInformation	Contains Financial information for the policy- multiple nodes for time periods may exist				Y	
FinancialEffectiveStartDate	Start date for all financial information provided in the financial information node.	Date			Y	YYYY-MM-DD
FinancialEffectiveEndDate	End date for all financial information provided in the financial information node.	Date			Y	YYYY-MM-DD
MonthlyTotalPremiumAmount	Monthly total premium amount.	Decimal			Y	99999999.99
MonthlyTotalIndividualResponsibilityAmount	The amount in which the enrollment group is responsible to pay toward the monthly total premium amount.	Decimal			Y	99999999.99

SBM-CMS Interface Control Document

XSD Element Name	Definition	Data Type	Min	Max	Required ?	Valid values
			Length	Length		
MonthlyAPTCAmount	The monthly advance payment of the premium tax credit amount applied toward the monthly total premium amount for a qualifying individual.	<i>Decimal</i>			N	99999999.99
MonthlyOtherPaymentAmount1	The amount an issuer can expect to be paid by a tribe as a portion of total premium amount.	<i>Decimal</i>			N	99999999.99
MonthlyOtherPaymentAmount2	The amount an issuer can expect to be paid by the state as a portion of total premium amount.	<i>Decimal</i>			N	99999999.99
MonthlyCSRAmount	The monthly advance cost-sharing reduction amount for a qualifying individual.	<i>Decimal</i>			N	99999999.99
CSRVariantId	The last two digits of the 16 digit Qualified Health Plan ID.	<i>Text</i>	2	2	Y	"01", "02", "03", "04", "05", "06"
RatingArea	Rating area in which the enrollment group receives coverage.	<i>Text</i>	7	7	N	R-[A-Z][A-Z][0-9][0-9][0-9]
ProratedAmount	Contains Prorated financial information for partial months of coverage. Sent when the SBM has prorated information available.				N	
PartialMonthEffectiveStartDate	Financial effective start date for the partial month of coverage.	Date			Y	YYYY-MM-DD
PartialMonthEffectiveEndDate	Financial effective end date for the partial month of coverage.	Date			Y	YYYY-MM-DD
PartialMonthPremiumAmount	Premium amount for partial month of coverage.	Decimal			Y	99999999.99
PartialMonthAPTCAmount	Advance premium tax credit amount for partial month of coverage.	Decimal			N	99999999.99
PartialMonthCSRAmount	Advance cost-sharing reduction amount for partial month of coverage.	Decimal			N	99999999.99

Figure 3 : SBMI Schema Element Definition

Notes –

* - Refer to the Technical Report 3 (TR3): ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

All Nodes and Elements indicated as required will be enforced for presence during schema validation. Note that some data elements are not required in schema but will be conditionally enforced for presence during CMS business validation. Notable elements that fall into this category include:

- MemberStartDate- Required for all policies except those where NonCoveredSubscriberIndicator is present and ="Y"
- MemberEndDate - Required for all policies except those where NonCoveredSubscriberIndicator is present and ="Y"
- MonthlyCSRAmount- Required for all FinancialInformation nodes where CSRVariantID value is 02, 03, 04, 05, or 06.

PolicyEndDate, FinancialEffectiveEndDate and PartialMonthEffectiveEndDate are required date fields. The CMS system will not default to any specific end date (such as end of the year date). SBMs must provide correct values for these date fields. As with all required elements, not providing valid values for these date fields will result in record rejection.

Optional text fields will be enforced through business validation rather than schema validation. This will allow the process to capture all warnings and errors in a single pass and not cause a record to reject on schema validation failure. For all optional Text datatype field values that exceed maxLength values specified in the table above, the submitted value will be truncated to maxLength prior to insertion into the CMS system. The SBMR will reflect a record-level warning if any submitted value is truncated. Similarly, all optional elements provided in a file that do not meet expected values will be nullified while storing in the system. For example, an unexpected value of 'S' in the TobaccoUseCode which expects only T,N, or U as valid values will be nullified prior to insertion into the CMS system, and a record level warning will be specified in the SBMR. CMS will accept only upper case values for the following demographic data elements – LanguageQualifierCode, LanguageCode, GenderCode, RaceEthnicityCode, and TobaccoUseCode.

When SBMs do not have values for optional elements, SBMs should not include XML tags for such optional elements. If required, the SBMI file may alternatively specify a value of 0 for numeric data type optional amount fields if they must be sent by the SBM. If the SBMI includes data for optional code type text fields, it will be validated against a set of valid values. List of valid values or code sets are included in the figure 4 above.

An SBM choosing to send state-wide files will not include the IssuerFileInformation node, while an SBM choosing to send Issuer files would include the IssuerFileInformation node and all required elements therein. An SBM choosing to further split their Issuer submission into a multi- file IssuerFileSet would include the IssuerFileSet node within the IssuerFileInformation node along with all required elements. All of the individual files in an IssuerFileSet should share the same Issuer, IssuerFileSetID and TotalIssuerFiles value and have a unique FileNumber. SBMs cannot combine records for multiple issuer IDs in a single issuer file or file set. Business validation will enforce that only QHPIDs for the Issuer specified are contained within the file. Only state wide single submission files can have multiple issuers represented in a single file.

An SBM that sends an IssuerFileSet, once the files are completely processed by CMS, will receive one SBMR that represents the record level errors and warnings across all separate files provided for the IssuerFileSet. By default, because IssuerFileSets are at the Issuer level, SBMs may consider the SBMR to be a response for the Issuer provided.

3.10.7 SBMS Record layout

The SBMS XML schema is provided in the following attachment.



SBMS.zip

Table 9 : SBMS example files

File name	Description
SampleSBMS_On hold.xml	Status file when submitted SBMI is put on hold from processing.
SampleSBMS_Rejected.xml	Status file when submitted SBMI is missing required segment.

Sample SBMS files are provided in the following attachment.



SBMS Examples.zip

Notation followed for 'Required?' column :

Y – This field or node will always be included in XML.

N – This field or node will be conditionally provided in XML.

XSD Element Name	Definition	Data Type	Required?	Valid values
FileName	SBMI Source File name	Text	Y	
Status	Status of the file	Text	Y	Rejected, Pending Files, On Hold, or Freeze
Error	Describes errors encountered			
ErrorCode	Error or warning code	Text	Y	See Appendix D
ErrorDescription	Error description	Text	Y	
ElementInError	SBMI data element / tag in error	Text	N	
AdditionalErrorInfo	Additional detailed message for the error, this could include the actual invalid value or additional message to help describe the error.	Text	N	

Figure 4 : SBMS Schema Element Definition

The SBM Status file (SBMS) will serve as a handshake for any SBMI file that either:

- 1) Fails file-level schema validation (XML is unreadable) ****OR****
- 2) Fails FileInformation validation (Duplicate File, Invalid CoverageYear, Duplicate File, or Invalid IssuerFileSet information) ****OR****
- 3) Passes file-level validations but will be delayed in processing due to one of the following:
 - a. OnHold- Other files for the same State or Issuer are already in process or pending approval with CMS.
 - b. Freeze- File was received during the Freeze Period.

c. PendingFiles- Remaining SBMI files for the specified IssuerFileSet are outstanding.

- An SBMI file meeting any of the above conditions will cause an SBMS file to be sent to the SBM within 24 hours of submission.
- When SBMI file is submitted as an unzipped file, SBMI file name included in SBMS 'FileName' tag will NOT match the original SBMI filename submitted by SBM. This is because of file name transformations happening in CMS EFT system before it gets validated by EPS system. The value in 'FileName' tag in SBMS will look like this - SBMI.FEP1234MD.DYYMMDD.THHMMSSmmm.T
- When SBMI file is submitted as a zipped file, SBMI file name included in SBMS 'FileName' tag will match the original SBMI filename in the zipped file submitted by SBM. This is because the CMS EFT system does not open zip file for any validations before the zip file is passed on to EPS for processing.
- SBMI Files that do not meet the above conditions will cause an SBMR file to be sent to the SBM within 24 hours of submission, which specifies file processing status and any policy-level errors or warnings.

The Table below describes the file status values possible in the SBMS and the scenario in which the SBMS would be received.

Table 10 : SBMS status description

Status Code	Description
Rejected	SBMI file is rejected.
On Hold	The SBMI submitted is on hold until a previously submitted file for the same State or Issuer is fully processed or approved by CMS. Record level Processing will begin and a SBMR will be sent once the pending CMS activity is complete.
Pending Files	The SBMI submitted is for an IssuerFileSetID that does not yet have all of the Issuer Files specified (incomplete file set). Once all files in the file set have been received, processing will begin and an SBMR will be returned to the SBM.
Freeze	The SBMI was submitted during the Freeze period and will not be processed until the freeze period is over.

The full list of Error and Warning codes possible in the SBMS to align with the above status codes are referenced in [Appendix D](#).

3.10.8 SBMR Record layout

SBMI files will undergo schema/metadata/business rules validation and then a CMS review/approval process.

The SBMR report template in XML format will be used to report various record level errors, warnings, and summary counts to SBMs.

For SBMI files that are part of an Issuer file set, a single SBMR will be prepared and provided to SBMs.

Assuming that the SBMI is a valid XML file that passes schema validation, the SBM will receive two SBMRs from CMS. The first SBMR (Interim) will contain record level validation errors and warning messages. The second (Final) SBMR will contain CMS' review decision. If the SBMI is approved, the SBMR will contain processing summary counts by transaction type. If the file is disapproved, processing summary counts will not be included in the final SBMR.

IssuerFileSetId is an optional XML tag in SBMR schema. IssuerFileSetId is required to be unique across an issuer file set submission. For state wide SBMI or single issuer files, this tag will not be present on the SBMR file.

File processing status field on the SBMR will contain one of the following values to indicate the status of the currently processed SBMI.

Table 11 : SBMR File processing status values

File processing status	Description
Rejected	Includes the scenarios for ThresholdReject (number of record level errors exceeds the threshold level established by CMS. File set threshold applies across file set in aggregate)
Accepted	Submitted file is processed without any errors or warnings. This status indicates that submitted data is awaiting CMS review and approval.
Accepted with errors	Submitted file is processed with errors. This includes files processed with errors and warnings (if applicable). This status indicates that submitted data is awaiting CMS review and approval.
Accepted with warnings	Submitted file is processed with warnings only. This status indicates that submitted data is awaiting CMS review and approval.
Approved	CMS approved the submission and data is loaded for payment processing. No errors or warnings were found.
Approved with errors	CMS approved the submission and data is loaded for payment processing. There were record level errors and warnings (if applicable) that should be corrected in a future SBMI submission. The records with errors were not loaded to EPS.
Approved with warnings	CMS approved the submission and data is loaded for payment processing. There were record level warnings only that should be corrected in a future SBMI submission. The records with warnings were loaded to EPS.
Disapproved	CMS disapproved the file submission. An outreach team will contact you.

Record level warnings:

1. Monthly CSR amount submitted on the SBMI file is not correct and has been corrected by CMS.
2. Optional field in the input file exceeds maximum length allowed for the field. Data is truncated to maximum allowed length for the field.
3. Optional field in the input file contains invalid value and is nullified (data value is replaced with a null, missing value). An example is 'Gender' field contains value 'Male' when valid values are only M/F/U.

SBMR XML schema is provided in the following attachment.



Some example SBMR XML files are included in the ICD that cover following scenario –

Table 12 : SBMR example file

File name	Description
SBMR_Summary.xml	First file of File set submission. Single member policy for full coverage year of 2017.
SBMR_File Rejection.xml	SBMI file at issuer level rejected due to number of errors exceeding threshold level. Example assumes a threshold level is set for 1 error.
SBMR_F - CMS Disapproved.xml	CMS disapproved a file set submission.
SBMR_Record level errors and warnings.xml	Record level errors and warnings for a file set made up of 4 issuer files. Report includes missing policies not submitted during current submission.
SBMR_1_No-Errors.xml	Response file for a issuer level single SBMI with no errors / warnings or missing policies.

Sample SBMR files are provided in the following attachment.



SBMR Examples.zip

Notation followed for 'Required?' column :

Y – This field or node will always be included in XML.

N – This field or node will be conditionally provided in XML.

XSD Element Name	Definition	DataType	Required?	Valid values
FileAcceptanceRejection	Root Element			
SBMRHeader			Y	
FileControlNumber	Process generated control number to uniquely identify the SBMR file	<i>Int</i>	Y	
FileCreateDate	Date/Time Stamp when the SBMR file creation was initiated	<i>DateTime</i>	Y	
TenantID	Two character state code plus 1 digit for the state	<i>Text</i>	Y	
CoverageYear	Specifies the year of coverage for policies included in the file	<i>Int</i>	Y	2016-2999
IssuerId	Five digit HIOS ID for the issuer file being submitted by the SBM	<i>Text</i>	N	
IssuerFileSetId	Identifier for a distinct set of files to be provided by the SBM for the specified IssuerID	<i>Text</i>	N	
TotalIssuerFiles	Total number of files in IssuerFileSet	<i>Int</i>	N	
SBMIPROCSUM			N	
TotalPreviousPoliciesNotSubmitted	Number of records not submitted for policies that exist in EPS for the specified coverage year. Rows 12 through 14 provide a breakdown for policies not submitted.	<i>Int</i>	Y	
NotSubmittedEffectuated	Count of not submitted policies currently in Effectuated status in CMS system	<i>Int</i>	Y	
NotSubmittedTerminated	Count of not submitted policies currently in Terminated status in CMS system	<i>Int</i>	Y	
NotSubmittedCancelled	Count of not submitted policies currently in Cancelled status in CMS system	<i>Int</i>	Y	
FinalRecordsProcessedSummary			N	

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XSD Element Name	Definition	DataType	Required?	Valid values
TotalRecordsProcessed	Number of records processed by CMS from the submitted SBMI file (includes number of records in entire file set)	<i>Int</i>	Y	
TotalRecordsRejected	Number of records rejected due to XSD or business logic validation failure	<i>Int</i>	Y	
TotalApproved			N	
TotalPolicyRecordsApproved	Number of records that passed XSD and business logic validation (with Warnings only- no Errors)	<i>Int</i>	Y	
MatchingPoliciesNoChangeRequired	Number of matching records in which no changes were applied to EPS due to no changes to the record since last SBMI submission	<i>Int</i>	Y	
MatchingPoliciesChangeApplied	Number of matching records in which changes were applied	<i>Int</i>	Y	
MatchingPoliciesCorrectedChangeApplied	Number of matching records in which changes were applied after an EPS correction (ex. CSR amt)	<i>Int</i>	Y	
NewPoliciesCreatedAsSent	Number of new policy records created in EPS (no corrections)	<i>Int</i>	Y	
NewPoliciesCreatedWithCorrectionApplied	Number of new policy records created in EPS (with corrections applied)	<i>Int</i>	Y	
CountofEffecuatedPoliciesCancelled	Number of policies cancelled by the SBM.	<i>Int</i>	Y	
SBMIFileInfo	Contains the elements required to identify the file.		Y	
SourceFileId	State submitted file identifier	<i>Text</i>	Y	
FileCreateDateTime	Creation Date/Time stamp from the SBMI file	<i>DateTime</i>	Y	
FileNumber	Identifier for the current file within the IssuerFileSet	<i>Int</i>	N	
FileProcessingStatus	File processing status	Text	Y	Rejected, Accepted, Accepted with errors, Accepted with warnings, Approved, Approved with errors, Approved with warnings, Disapproved
FileError			N	
ErrorCode	Error or warning code	<i>Text</i>	Y	See Appendix D
ErrorDescription	Error description	<i>Text</i>	Y	
ElementInError	SBMI data element / tag in error	<i>Text</i>	N	
AdditionalErrorInfo	Additional detailed message for the error, this could include the actual invalid value or additional message to help describe the error.	<i>Text</i>	N	
SBMIDetail	XSD and business logic validation error details		N	

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XSD Element Name	Definition	Data Type	Required?	Valid values
RecordControlNumber	Record ID / Row number	<i>Int</i>	Y	
ExchangeAssignedPolicyId	This ID is generated by the Exchange and uniquely identifies the enrollment group	<i>Text</i>	Y	
QHPIId	14 character Qualified Health Plan ID - does not include variant ID	<i>Text</i>	Y	
ExchangeAssignedSubscriberId	This ID is generated by the Exchange and uniquely identifies the member (who happens to be the subscriber of a policy) within the Exchange	<i>Text</i>	Y	
Error			Y	
ErrorCode	Error or warning code	<i>Text</i>	Y	
ErrorDescription	Error description	<i>Text</i>	Y	
ElementInError	SBMI data element / tag in error	<i>Text</i>	N	
AdditionalErrorInfo	Additional detailed message for the error, this could include the actual invalid value or additional message to help describe the error.	<i>Text</i>	N	
ExchangeAssignedMemberId	This ID is generated by the Exchange and uniquely identifies the member within the Exchange. Provided to identify a specific member error or when a member is expected and is missing from the SBMI.	<i>Text</i>	N	
MissingPolicy			N	
ExchangeAssignedPolicyId	This ID is generated by the Exchange and uniquely identifies the enrollment group.	<i>Text</i>	Y	
QHPIId	14 character Plan ID - does not include variant ID	<i>Text</i>	Y	
CurrentCMSPolicyStatus	Effectuated, Terminated, Cancelled	<i>Text</i>	Y	Effectuated, Cancelled, Terminated

Figure 5 : SBMR Schema Element Definition

When a value reported in a key field on the SBMI fails schema validation, CMS will report a default value as follows in the SBMR -

SBMR field	Field length	Default Value on SBMR for invalid SBMI value sent	Comments
RecordControlNumber	Up to 9 digits	999999999	Store nine 9's, max allowed value
ExchangeAssignedPolicyId	Min length = 1, Max length = 50	INVALID99999999	Value consistent with other field values
QHPIId	14 characters	INVALID99999999	Value consistent with other field values
ExchangeAssignedSubscriberId	Min length = 1, Max length = 50	INVALID99999999	Value consistent with other field values

Figure 6 : SBMR Default Values for SBMI Elements that fail schema validation

- Default values only apply to RecordControlNumber, ExchangeAssignedPolicyID, QHPID and ExchangeAssignedSubscriberID when the value provided in the SBMI fails schema validation.
 - For example, if QHP ID is the only field that fails schema validation, the QHPID value in the SBMR will be the only one containing a default value

3.10.9 Future Option for CMS to turn off Approval

In the future, CMS at its own discretion, may determine to no longer require SBMs to undergo the established approval process prior to insertion of data into the CMS Production system. If this were to be determined for a given SBM, the only procedural change that will result for the SBM is that the number of SBMR files received for each SBMI file/IssuerFileSet would decrease from 2 to 1. In this case, the SBM would receive just one Final SBMR for each SBMI File or IssuerFileSet submitted. The Final SBMR contains all of the record-level errors and warnings, as well as the full processing summary and final approval status. CMS will communicate in advance with the SBM affected by this change.

The following table indicates applicable file processing status values to be included in the SBMR if an SBM is no longer required to go through the CMS approval process.

Table 13 : Possible SBMR file processing status values when approval is not required

File processing status (only one status can occur per SBMI submission)	SBMR sent	Part of SBMR
Rejected	Yes	File level rejection, including threshold rejection.
Approved	Yes	Processing summary counts by transaction type, after CMS approval. Includes record-level errors and warnings.
Approved with errors	Yes	
Approved with warnings	Yes	
Accepted	No	Record level errors and warnings, pending CMS approval (SBMR creation is turned off for these steps, as well as for Disapproved).
By Accepted with errors	No	
Accepted with warnings	No	
Disapproved	No	File level rejection after CMS review.

The following table describes the various data elements in the SBMR that will be sent to the SBM based on CMS's approval workflow.

Table 14 : XML elements on SBMR

XSD Element Name	Definition	DataType	Required?	CMS Approval Process			Non Approval Process
				Interim	Final (Approved)	Final (Disapproved)	Inclusive
FileAcceptanceRejection	Root Element			X	X	X	X
SBMRHeader			Y	X	X	X	X
FileControlNumber	Process generated control number to identify file uniquely	Int	Y	X	X	X	X
FileCreateDate	Time Stamp when the file was first created	DateTime	Y	X	X	X	X
TenantID	TenantID for the state submitting the file	Text	Y	X	X	X	X
CoverageYear	Specifies the year of coverage for policies included in file	Int	Y	X	X	X	X
IssuerId	Issuer ID in state submitted file	Text	N	X	X	X	X
IssuerFileSetId	FileSet Identifier for the Issuer sent by the state	Text	N	X	X	X	X
TotalIssuerFiles	Total number of files in IssuerFileSet	Int	N	X	X	X	X
SBMIPROCSUM			N	X	X		X
TotalPreviousPoliciesNotSubmitted	Number of records not submitted for policies that exist in EPS	Int	Y	X	X		X
NotSubmittedEffectuated	Count of not submitted policies currently in Effectuated status in CMS system	Int	Y	X	X		X
NotSubmittedTerminated	Count of not submitted policies currently in Terminated status in CMS system	Int	Y	X	X		X
NotSubmittedCancelled	Count of not submitted policies currently in Cancel status in CMS system	Int	Y	X	X		X
FinalRecordsProcessedSummary	Not included when file is disapproved by CMS		N	X	X		X
TotalRecordsProcessed	Number of records in submitted file	Int	Y	X	X		X
TotalRecordsRejected	Number of records rejected for XSD and BLE validation failure	Int	Y	X	X		X
TotalApproved			N		X		X
TotalPolicyRecordsApproved	Number of records that passed XSD and BLE validation (with Warnings only- no Errors)	Int	Y		X		X
MatchingPoliciesNoChangeRequired	Number of policies requiring no change in CMS system	Int	Y		X		X
MatchingPoliciesChangeApplied	Number of matching policies that had changes applied	Int	Y		X		X

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				CMS Approval Process			Non Approval Process
XSD Element Name	Definition	DataType	Required?	Interim	Final (Approved)	Final (Disapproved)	Inclusive
MatchingPoliciesCorrectedChangeApplied	Number of matching policies with changes applied after correction (ex. CSR amt)	Int	Y		X		X
NewPoliciesCreatedAsSent	Number of new policy records created in EPS (no corrections)	Int	Y		X		X
NewPoliciesCreatedWithCorrectionApplied	Number of new policy records created in EPS (with corrections applied)	Int	Y		X		X
CountofEffecuatedPoliciesCanceled	Provides a separate count of the number of policies canceled by the state submission.	Int	Y	X	X		X
SBMIFileInfo	Contains the elements required to identify the file.		Y	X	X	X	X
SourceFileId	State submitted file identifier	Text	Y	X	X	X	X
FileCreateDateTime	Time stamp for SBMI file	DateTime	Y	X	X	X	X
FileNumber	Identifier for the current file within the IssuerFileSet	Int	N	X	X	X	X
FileProcessingStatus	File processing status	Text	Y	X	X	X	X
FileError			N	X			X
ErrorCode	Error or warning code	Text	Y	X			X
ErrorDescription	Error description	Text	Y	X			X
ElementInError	XML elements in error	Text	N	X			X
AdditionalErrorInfo	Expected element value	Text	N	X			X
SBMIDetail	XSD and BLE validation error details		N	X			X
RecordControlNumber	Control number that identifies a record in a file uniquely	Int	Y	X			X
ExchangeAssignedPolicyId	Exchange policy ID submitted by the SBM	Text	Y	X			X
QHPIId	14 chars plan id - does not include variant code	Text	Y	X			X
ExchangeAssignedSubscriberId	Exchange subscriber ID submitted by the SBM	Text	Y	X			X
Error			Y	X			X
ErrorCode	Error or warning code	Text	Y	X			X
ErrorDescription	Error description	Text	Y	X			X
ElementInError	XML elements in error	Text	N	X			X
AdditionalErrorInfo	Expected element value	Text	N	X			X
ExchangeAssignedMemberId	Exchange member ID being submitted by the SBM	Text	N	X			X
MissingPolicy			N	X			X
ExchangeAssignedPolicyId	Exchange policy ID submitted by the SBM	Text	Y	X			X

XSD Element Name	Definition	DataType	Required?	CMS Approval Process			Non Approval Process
				Interim	Final (Approved)	Final (Disapproved)	Inclusive
QHPIId	14 char plan id - not including variant	<i>Text</i>	Y	X			X
CurrentCMSPolicyStatus	Effectuated,Term,Cancel	<i>Text</i>	Y	X			X

3.10.10 Security and Integrity

This section covers the details about EFT encryption handling and routing of SBMI and SBMR to ensure data security and integrity.

3.10.10.1 Encryption handling

File exchanges between CMS and the SBMs occurs using Electronic File Transfer (EFT) protocol.

To send and receive files to/from CMS, SBM SBMs must work with the CMS EFT team to establish a source ID and an EFT client that supports Secure Shell (SSH) 2 keys.

EFT optionally supports encryption at rest. Encrypted file must be digitally signed before they are submitted to CMS. To enable bidirectional encrypted file transmission, the participating SBM and CMS must exchange PGP encryption keys.

EFT will decrypt the SBM-submitted encrypted file and deliver it to EPS.

For outbound files, EPS will deliver the standard SBMR file unencrypted to EFT. EFT will encrypt the file before sending to the SBM. The SBM will then use their digital certificate to decrypt the file on their side.

CMS EFT currently only supports one type of encryption, Pretty Good Privacy (PGP). If the SBM decides to use PGP encryption, the file should be exchanged using the HTTPS protocol and not SFTP.

EFT is currently setup to use PGP encryption with the HTTPS protocol. If an SBM must submit files using the SFTP/SSH protocol, it must work with CMS EFT to establish SFTP/SSH protocol for SBMI submissions.

3.10.10.2 Routing of SBMI file to EPS and SBMS/SBMR file to SBM

SBM-submitted SBMI files will be routed to a designated EPS folder. Application ID of EPS in the SBMI file name indicates to EFT that the SBMI files are intended for EPS application.

CMS-generated SBMS/SBMR files are routed to the appropriate SBM based on trading partner ID, which is the first node in SBMS/SBMR file name. The SBM source ID will be used by CMS as the trading partner ID. Source ID is not the same as HIOS ID or issuer ID. Based on SPoE assignment for SBM, these SBMS/SBMR files will be placed on directories that are specific to each SBM. Only those user IDs associated with the source ID for a SBM will have access to these directories. This will prevent data sharing across SBMs.

3.10.10.3 EFT Error handling for invalid file name

EFT assigns a Single Point of Entry (SPoE) ID and a corresponding Source ID to all participant systems/users. The SPoE ID is a user id that participants use to login to EFT to submit and retrieve files. The Source ID is usually an extension of the SPoE ID, and is used as a part of the file name to identify the source or target entity for the file exchange.

All SBMs participated in the boundary testing last year, and were assigned SPoE and Source IDs.

EFT validation occurs in two parts. The first part is a basic credential validation, which ensures only authorized SPoE IDs can login into EFT. The second part checks if the files submitted to EFT conform to the file naming standards, and confirms that the SPoE ID / Source ID combination is valid. Then the file name is parsed to evaluate each part against the information in the routing table for the given Source ID. If any of these validations fail, the inbound file will be placed in the SBMs error folder with an additional error log file containing appropriate error message.

File validations and rejections typically occur within two minutes of file submission. The SBM is expected to check their folders for errors during file submission. No notification is sent to SBM to indicate the file rejection.

Inbound files are immediately moved to an internal staging folder to prevent any unauthorized access to the file contents; and the SBM will no longer be able to see the file using 'list' command used to list the files in a directory.

3.10.10.4 Support for ZIP files

CMS will support submissions of SBMI files in zip file format. If the SBM is planning to send SBMI files in zip format, the SBM must inform CMS about their choice. Zip file formats that can be supported are WinZip and GZip. SBMs may choose to submit SBMI files using only one of these formats.

The CMS file naming convention in section 2.3.4 must be followed for all files contained in a zipped file.

SBMS and SBMR files sent from CMS to SBM will not be in zipped format.

3.11 Qualification Methods

The SBM and CMS jointly verify integration and interface requirements for major design components of the system. Design component interfaces progress through different phases, or types, of testing (test types) ranging from basic connectivity to more complex scenarios involving business logic. The various test types this section presents use test scenarios, test cases, synthetic (i.e., manufactured) test data, and expected results CMS supplies, as appropriate. The team uses test results (expected and actual) to verify system requirements. The use of a shared or common Test Environment (PROD-R) will ideally mirror a Production Environment (PROD).

Testing for each business service and multiple combinations of business services determines that the service performs as follows:

- Performs in accordance with documented specifications
- Responds correctly to all business conditions presented by incoming data
- Moves data correctly from one business event to the next
- Initiates business events in the order required to meet the business objectives of the system

Test scenarios include positive and negative scenarios to verify the system correctly processes data when data is both correct and incorrect. The SBM and CMS should agree on the procedures and data to collect for each test, and should agree on specific criteria for success and failure. The Testing scope and schedule, below, is draft and subject to change. Connectivity and Schema testing using test data will be required at first. Once all round-trips are established, the testing focus will shift to production simulation testing. Once enrollment processing is fully validated, payment processing simulation will also occur in which the SBM would receive output from a draft payment cycle that corresponds to the production data.

Table 15 : Major Test Types

Test Type	Test Definition	Key Details	Environments
1 st test application connectivity test	Ensure that CMS can react to file that is loaded into the HP EFT file folder. i.e., mechanics test	SBM would need to send a SBMI test file	IMPL (Test). Files designated with .T extension.
2 nd test functional test	Ensure that CMS retrieve the file, process, and then return a valid response. i.e., functionality test	CMS will need to send a SBMR xml file using EFT to SBM.	TBD
Network Connectivity	SBM end to end testing	TBD	TBD
Functional	SBM end to end testing	TBD	TBD
Formal Functional and Performance	SBM-to-CMS Performance/Stress Test	TBD	TBD
Pre-Production	TBD	TBD	TBD

4 Preliminary Payment Report (PPR) for SBM

4.1 Overview

CMS will deliver a copy of the monthly PPR to the SBM for each of the SBM's issuers. SBMs may use this copy to be informed about the payments, and consult it during payment dispute resolution and enrollment reconciliation with its issuer(s). The PPR is provided as an informational artifact to the SBMs.

The Preliminary Payment Report (PPR) is a pipe-delimited text artifact that CMS delivers to each issuer during a monthly payment cycle ahead of the actual payment and delivery of the Payment Remittance Advice (HIX 820). During a payment cycle, CMS performs several calculations, adjustments, and aggregations using the latest approved policy-level enrollment data submitted by SBMs, and determines payments to be made to each issuer. The PPR was developed in response to issuers requiring the payment information earlier in the payment cycle in order to provide enough time for issuers to review the data for disputes and timing issues with effectuated enrollments. A PPR for the Issuer is transmitted to their Payee and is similar to their HIX 820 transactions as it provides all the policy-level details as well as any applicable program-level payment information in one transaction. The Issuer PPR estimates the expected payment, while the HIX 820 transaction provides the actual payment or charge. The actual payment or charge is calculated by taking the aggregated current month payment and charges and offsetting them with any prior period accounts receivable and/or any treasury offsets. All Payees will receive one PPR near the middle of the month that corresponds to HIX 820 transaction(s) provided near the end of the same month

Issuers are advised to report any discrepancies observed in the payments reported in the PPR as a payment dispute. While issuers may report payment disputes using the 820, it has been a general practice for the issuers to use the PPR as the basis for payment disputes, as the PPR precedes the 820 by approximately two weeks.

As payments are made directly to issuers, only an issuer may dispute a payment. CMS, upon receipt and processing of the defect, will inform the issuer and the SBM about the cause of the payment discrepancy and provide a disposition that will identify who may be most equipped to correct the underlying enrollment data to resolve the payment discrepancy. In rare instances, a calculation error in EPS may have caused a payment discrepancy, and in such cases CMS will advise remediation strategies.

In line with the CMS policy for delivering reports and artifacts to external partners, the PPR will be transmitted via EFT. An SBM can request retransmission of a PPR file and CMS will be able to resend previously transmitted PPRs to requesting parties.

4.2 Timeline

A payment cycle spans two months. Enrollment data submission and approvals occur during month 1, the data is used for payment calculations between months 1 and 2, and then the actual payments are made in month 2. Below is an outline of a typical payment cycle between months 1 and 2.

Month 2 Payment Cycle	Month/Day	Notes
First Monthly SBMI File Submission	Month 1 1st	SBMS *or* Interim SBMR receipt with 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Last SBMI File Submission	Month1 10th	SBMS *or* Interim SBMR receipt with 24 hours; Final SBMR within appx. 5 business days of interim SBMR
Freeze Period Begins (no new record-level file processing)	Month1 11th	SBMS only during Freeze Period; Interim SBMR resumes after Freeze Period closes
CMS finalizes all SBMI file approvals	Month1 15th	
Payment cycle cutoff for month 2 Payment Cycle	Month1 15th 6PM	

Month 2 Payment Cycle	Month/Day	Notes
Freeze Period Closes	Month1 16th	Record level file procesing resumes, New SBMI
Preliminary Payment Reports (PPR) for month 2 Payment cycle sent to SBM Issuers & SBMs	Month2 14-18th	
Payment for month 2) and retroactive payment months received by SBM issuers	Month2 20-21st	
HIX 820 transmitted only to SBM Issuers	Month2 27-29th	

Figure 7 : SBM PPR Timeline

4.3 File Naming Convention

All files will follow a consistent naming convention defined as follows:

SBM PPR files will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Sample File Name: TPID(FEPxxxx).SI820.DYYMMDD.THHMMSSmmm.R. OUT

Table 16 : SBM PPR Naming Convention

Section	Comments
SourceID	Trading Partner ID
Function Code	SI820
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

4.4 File Format

The figure below illustrates the format for the SBM PPR pipe delimited file.

Transaction Set Control Number																				
Run Date																				
State																				
Payment Method Code																				
Payment Cycle																				
Total Payment(\$)																				
Trading Partner ID																				
Issuer ID	Issuer APTC Total(\$)	Issuer CSR Total(\$)	Issuer UF Total(\$)	Last Name	First Name	Middle Name	Name Prefix	Name Suffix	Exchange Assigned Subscriber ID	Exchange Assigned QHP ID	Exchange Assigned Policy ID	Issuer Assigned Policy ID	Issuer Assigned Subscriber ID	Policy Total Premium Amount(\$)	Exchange Payment Type	Payment Amount(\$)	Exchange Related Report Type	Exchange Report Document Control Number	Coverage Period Start Date	Coverage Period End Date

Figure 8 : SBM PPR Pipe Delimited File



SBM P820 Element Mapping

Table 17 : SBM PPR Element Definition

Element Name	Definition	Example	Min Field Length	Max Field Length
Header	Contains elements required to identify the file data			
Transaction Set Control Number	ID used to uniquely identify the file	000004930	1	11
Run Date	Date and Time file is created in CCYY-MM-DD HH:MM:SS	2016-08-30 11:05:15	1	19
State	State code for SBM	MD	1	2
Payment Method Code	Default value of: NON	NON or HOLD	1	4
Payment Cycle	Payment month represented in the file. YYYYMM.	201509	1	6
Total Payment(\$)	Net of APTC, CSR and UF amount fields in the file	108338.37	1	18
Trading Partner ID	Trading partner ID for SBM (pulled from SBMI file name)	FEP0023MD	9	9

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Detail				
Issuer ID	5 Digit HIOS ID	12345	1	5
Issuer APTC Total(\$)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes APTC, APTCADJ, and APTCMADJ. Will repeat for every policy corresponding to the Issuer ID	4007.55	1	18
Issuer CSR Total(\$)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes CSR, CSRADJ, CSRMAJ. Will repeat for every policy corresponding to the Issuer ID	9056.18	1	18
Issuer UF Total(\$) (Not applicable to SBM)	Sum of all policies for Issuer ID's amounts for Exchange Payment Type Codes UF, UFADJ, UFMADJ. Will repeat for every policy corresponding to the Issuer ID	-225.36	1	18
Last Name	Individual Last Name	Name	1	60
First Name	Individual First Name	Name	1	35
Middle Name	Individual Middle Name	Name	1	25
Name Prefix	Individual Prefix	Prefix	1	10
Name Suffix	Individual Suffix	Suffix	1	10
Exchange Assigned Subscriber ID	Exchange Assigned Subscriber ID	0001503934	1	50
Exchange Assigned QHP ID	16-digit QHP ID	12345VA024000106	1	16
Exchange Assigned Policy ID	Exchange Assigned Policy ID	56291448	1	50
Issuer Assigned Policy ID	Issuer Assigned Policy ID. Provided if available	693816725	1	50
Issuer Assigned Subscriber ID	Issuer Assigned Subscriber ID. Provided if available	492616725	1	50
Policy Total Premium Amount(\$)	Total premium amount. Will repeat for every policy corresponding to the Subscriber ID	36007.55	1	18
Exchange Payment Type	Code list provided at www.wpc.com/reference	APTC	1	50
Payment Amount	Total payment amount that corresponds to the Exchange Payment Type code reflected on the same line	4007.55	1	18
Exchange Related Report Type	Code list provided at www.wpc.com/reference	SHOPUFRPT	1	50
Exchange Report Document Control Number	Provides additional reference information corresponding to the Payment Type Code. Does not apply for SBM PPR	345432654	1	80
Coverage Period Start Date	Format CCYYMMDD	20150901	1	15
Coverage Period End Date	Format CCYYMMDD	20150931	1	15

4.5 Guidelines to Interpret SBM PPR

17. SBM PPRs shall be created per payment cycle.
18. SBM PPRs shall be created in pipe separated format.
19. Only one PPR is created per issuer per payment cycle.
 - If a SBM has 4 issuers, SBM shall receive 4 PPR files.
 - One SBM PPR file shall be prepared for each SBM Issuer ID identified as having Issuer-level and/or Policy-level payment transaction.
20. Only APTC and CSR transactions shall be captured on the SBM PPR.
21. The most recent Approved-status SBMI file record shall be used as the source for the trading partner ID to be used in the SBM PPR. Trading partner ID is used by EFT process to transmit the PPR file to SBMs.
22. A Payment Method Code (Header) value of 'HOLD' shall be assigned in the SBM PPR when the Invoice associated with the Issuer Transaction represented on the SBM PPR is an On Hold invoice.
23. Manual Adjustment (MA) (and other Issuer Transactions without Policy Level transactions) shall be grouped first and listed in the SBM PPR detail.
24. SBM PPR detail records shall be sorted by Exchange Assigned QHP ID for policy-level transactions. For SBMs, the Exchange Assigned QHP ID on the PPR is the same as the QHP ID element in SBMI file layout.
25. Transactions with non-zero amounts shall be included on to the SBM PPR.
26. For all APTC or CSR, program type transaction originating from Manual Adjustment, 'MADJ' shall be appended to the program type in the Exchange Payment Type field of the SBM PPR.
APTC = APTCMADJ
CSR = CSRMAJ
27. For any policy-level APTC, CSR, or transaction designated as Retroactive (R), 'ADJ' shall be appended to the program type in the Exchange Payment Type field of the SBM PPR.
APTC = APTCADJ
CSR = CSRADJ
28. An issuer total of the APTC and CSR payments by program shall be provided in the SBM PPR detail (includes MA and PBP).
29. Since the SBM is not receiving payments, a value of "NON" shall be assigned in the payment method code for SBM PPR.
30. Total Payment field on the SBM PPR shall have positive, negative, or zero amounts.
31. All transaction amounts shall be displayed to 2 decimal places on the SBM PPR.
32. User Fee (UF) components do not apply to SBM issuers so SBMs will not see any values populated for UF elements.

4.6 Example file



Sample_SI820_for
SBM.zip

5 EPS Extract

5.1 Overview

The EPS extract is a snapshot of EPS that will serve as the basis of payments for the upcoming payment cycle. After the payment cycle cutoff date, CMS will create an extract of all policy-level enrollment detail in EPS and forward it to each of the SBM's issuers and their corresponding SBMs. SBMs can use the extract to understand CMS data and payments to their respective issuers. SBMs update the data in EPS through the SBMI submission process and therefore EPS represents a version of the SBM's enrollment data.

The EPS extract includes financial and demographic information about policies and members. The EPS Extract will also include a subset of policy-level errors and warnings associated with the processing of SBMI file(s) since the previous EPS extract job execution. The subset is composed of any errors and warnings associated with policies that were not changed by a subsequent SBMI submission after the error or warning occurred. The extract will include a flag to indicate the presence or absence of any activity taking place for the SBM Issuer since the last EPS extract job execution. Activity is defined as any changes made to policies, any new policies created, or any new error or warning messages. It also includes the Trading Partner ID for the SBM and the Issuer who is to receive the extract.

EPS Extract Details:

- CMS Payment cycle cutoff date is on the 15th of every month at 6:00 PM ET.
- The EPS extract will include the most recent SBM enrollment information from SBMI files that are submitted to and approved by CMS prior to the payment cycle cutoff date.
- If an enrollment group submitted by the SBM in the latest monthly submission is rejected, the EPS extract will include the enrollment group information from the last approved policy submission (if available).
- The EPS extract files are coverage year specific and include any enrollment that has or had at least one day of coverage during the coverage year (effectuated, terminated, and cancelled enrollments).
- A separate EPS extract will be created for each of the SBM's issuers which will contain enrollment groups for that issuer only.
- An EPS extract will be created for an issuer irrespective of whether CMS has received a monthly SBMI submission for that issuer for that month.
- The EPS extract will include a two character state code instead of a three character tenant ID.
- Policies that span coverage years will appear on multiple extracts.
- Issuers that are not yet transitioned to PBP will receive EPS extract.
- Cancelled policies will be included in EPS extract.
- Policy level errors or warnings will only be included in EPS extract for matching policy if the policy version date in EPS predates the SBMI file processing that resulted in creation of that policy level error or warning.
- Payee associated to the SBM issuer in vendor management will be included in EPS extract.
- Trading partner ID for SBM state will be included in EPS extract.

5.2 Timeline

EPS extracts will be generated once per month after the payment cycle cut off date and sent to the SBM and each issuer via EFT.

Source	Destination	Timeline	Mode of transmission
CMS	SBM	Around 18 th of a month	EFT
CMS	Issuer		EFT

5.3 File Naming Convention

EPS Extract files will be named according to the EFT file naming convention below.

File Name : SourceID.FuncCode.Date.Time.EnvCode.Direction

Table 18: EPS Extract naming convention

Section	Comments
Source ID	Source ID for destination (SBM and Issuers)
Function Code	EPSEXT (EPS Extract)
Date	DYYMMDD where the first character 'D' is static text and the rest is the date in 'YYMMDD' format
Time	THHMMSSmmm where the first character 'T' is a static text and the rest is the time in 'HHMMSSmmm' format
Environment Code	P for production, T for testing, R for production readiness
Direction	OUT

5.4 Record Layout

The record layout for EPS extract is provided below –

Table 19: EPS Extract record layout

No	XSD Element Name	Definition	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
1	EPSExtract	Root element				1	1		
2	FileInformation					1	1	Y	
3	FileId	Unique CMS File ID	Text	1	50	1	1	Y	
4	FileCreateDateTime	Date and Time Extract File Created by CMS	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss
5	StateCd	Two Character State Code	Text	2	2	1	1	Y	
6	CoverageYear	Specified Year of coverage for policies in the file. Those with either a PolicyStart or PolicyEnd in the Coverage Year.	Int	4	4	1	1	Y	2017-2999
6a	PayeeID	Payee ID for the SBM issuer	Text	4	8	1	1	Y	
6b	StateTPID	Trading partner ID for SBM state	Text	1	10	1	1	Y	
7	IssuerId	Five digit HIOS ID for the issuer extract file generated by CMS	Text	5	5	1	1	Y	
8	FileNumber	This field is to be used when splitting EPS extract due to size limitation in multiple files	Text	1	50	0	1	N	File 1 of 2 / File 2 of 2
9	Policy					0	Unbounded	N	
10	OriginalSBMIFileId	FileID of SBMI file provided by SBM to CMS	Text	1	50	1	1	Y	
11	OriginalSBMIExtractDateTime	Extract date and time of original SBMI file provided by SBM to CMS	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss
12	CMSPolicyVersionDateTime	Date and Time Policy record inserted into CMS Payment System	DateTime			1	1	Y	YYYY-MM-DDThh:mm:ss

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Definition	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
13	QHPId	First 14 characters of the 16 digit Qualified Health Plan ID - does not include the last two digits which is the CSR Variant ID (captured in a subsequent loop).	Text	14	14	1	1	Y	
14	ExchangeAssignedPolicyId	This ID is generated by the Exchange and uniquely identifies the enrollment group specific to the 14 digit QHP ID.	Text	1	50	1	1	Y	
15	ExchangeAssignedSubscriberId	This ID is generated by the Exchange and uniquely identifies the subscriber of the policy. If the member is the subscriber, generally the member and subscriber IDs should be the same.	Text	1	50	1	1	Y	
16	IssuerAssignedPolicyId	This ID is generated by the issuer to represent the policy.	Text	1	50	0	1	N	
17	IssuerAssignedSubscriberId	This ID is generated by the issuer to represent the subscriber.	Text	1	50	0	1	N	
18	PolicyStartDate	Day Coverage Begins	Date			1	1	Y	YYYY-MM-DD
19	PolicyEndDate	Day Coverage Ends	Date			1	1	Y	YYYY-MM-DD
20	EffectuationInd	Indicates that the policy is in an effectuated status	Text	1	1	1	1	Y	Valid values 'Y' or 'N'
21	InsuranceLineCode	Type of coverage (HLT for Medical or DEN for dental)	Text	3	3	1	1	Y	Valid values 'HLT' or 'DEN'
22	MemberInformation	Contains demographics on all members including subscriber				1	Unbounded	Y	
23	ExchangeAssignedMemberId	This ID is generated by the Exchange and uniquely identifies the member within the Exchange.	Text	1	50	1	1	Y	
24	SubscriberIndicator	Indicates whether the member is the subscriber.	Text	1	1	1	1	Y	Valid values 'Y' or 'N'
25	IssuerAssignedMemberId	This ID is generated by the issuer to represent the member.	Text	1	50	0	1	N	
26	NamePrefix	Name prefix (Example : Mr., Mrs.)	Text	1	10	0	1	N	
27	MemberLastName	The last name of the member	Text	1	60	1	1	Y	
28	MemberFirstName	The first name of the member	Text	1	35	0	1	N	
29	MemberMiddleName	The middle name of the member	Text	1	25	0	1	N	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
30	NameSuffix	Name suffix (Example: Sr., Jr.)	Text	1	10	0	1	N	
31	BirthDate	Date of birth	Date			1	1	Y	YYYY-MM-DD
32	SocialSecurityNumber	Social Security Number, should be sent if available.	Text	9	9	0	1	N	
33	PostalCode	Zip code of the residence address	Text	3	15	1	1	Y	
34	LanguageQualifierCode	Language qualifier code as specified in the 834 TR3*	Text	2	25	0	1	N	LD or LE
		LD – NISO Z39.53 Language Codes							
		LE – ISO 639 Language Codes							
35	LanguageCode	Language - CMS will accept any type although spoken is preferred.	Text	1	25	0	1	N	
36	GenderCode	Gender Indicator (F - Female, M - Male, U - Unknown)	Text	1	25	0	1	N	Valid values – F, M, U
37	RaceEthnicityCode	Race and Ethnicity Code list as provided in the 834 TR3* (2100A DMG05-1)	Text	1	25	0	1	N	
38	TobaccoUseCode	Tobacco use indicator (T – Tobacco use, N - None, U - Unknown)	Text	1	25	0	1	N	Valid values – T, N, U
39	NonCoveredSubscriberInd	Individual identified as the subscriber of the policy yet does not receive coverage.	Text	1	1	0	1	N	Valid value - Y
40	MemberDates	CoverageDates for the Member- Multiple nodes may exist				0	Unbounded	N	
41	MemberStartDate	Member coverage start date.	Date			1	1	Y	YYYY-MM-DD
42	MemberEndDate	Member coverage end date.	Date			1	1	Y	YYYY-MM-DD
43	FinancialInformation	Contains Financial information for the policy- multiple nodes for time periods may exist				1	Unbounded	Y	
44	FinancialEffectiveStartDate	Start date for all financial information provided in the financial information node.	Date			1	1	Y	YYYY-MM-DD
45	FinancialEffectiveEndDate	End date for all financial information provided in the financial information node.	Date			1	1	Y	YYYY-MM-DD
46	MonthlyTotalPremiumAmount	Monthly total premium amount.	Decimal	1	99999999.99	1	1	Y	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
47	MonthlyTotalIndividualResponsibilityAmount	The amount in which the enrollment group is responsible to pay toward the monthly total premium amount.	<i>Decimal</i>	1	99999999.99	1	1	Y	
48	MonthlyAPTCAmount	The monthly advance payment of the premium tax credit amount applied toward the monthly total premium amount for a qualifying individual.	<i>Decimal</i>	1	99999999.99	0	1	N	
49	MonthlyOtherPaymentAmount1	The amount an issuer can expect to be paid by a tribe as a portion of total premium amount.	<i>Decimal</i>	1	99999999.99	0	1	N	
50	MonthlyOtherPaymentAmount2	The amount an issuer can expect to be paid by the state as a portion of total premium amount.	<i>Decimal</i>	1	99999999.99	0	1	N	
51	MonthlyCSRAmount	The monthly advance cost-sharing reduction amount for a qualifying individual.	<i>Decimal</i>	1	99999999.99	0	1	N	
52	CSRVariantId	The last two digits of the 16 digit Qualified Health Plan ID.	<i>Text</i>	2	2	1	1	Y	"01","02","03","04","05","06"
53	RatingArea	Rating area in which the enrollment group receives coverage.	<i>Text</i>	7	7	0	1	N	R-[A-Z][A-Z][0-9][0-9]
54	PartialMonthPremiumAmount	Premium amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
55	PartialMonthAPTCAmount	Advance premium tax credit amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
56	PartialMonthCSRAmount	Advance cost-sharing reduction amount for partial month of coverage.	Decimal	1	99999999.99	0	1	N	
57	RecentErrorReporting					0	1	N	
58	ActivityInd	Indicates if there are errors, warnings, new policies or policy updates since last EPSExtract. N means no new activity / rejects since last EPS extract.	<i>Text</i>	1	1	1	1	Y	'Y' or 'N'
59	PolicyError	Identifies the Issuer Policies with error/warnings recorded since last time the EPS Extract was generated.				0	Unbounded	N	
60	SourceFileId	Most recent unique SBMI File ID	<i>Text</i>	1	50	1	1	Y	

CMS SBM_Issuers Interface Control Document

No	XSD Element Name	Defintion	Data	Min	Max	Min	Max	Required?	Format / Valid values
			Type	Length	Length	Occ	Occ		
61	SourceFileCreateDateTime	Date and Time inside the most recent source file (SBMI)	<i>DateTime</i>			1	1	Y	YYYY-MM-DDThh:mm:ss
62	RecordControlNumber	Control number that identifies a record in a SBMI file uniquely	<i>Int</i>	1	9	0	1	N	
63	ExchangeAssignedPolicyId	Exchange policy ID submitted by the SBM	<i>Text</i>	1	50	0	1	N	
64	QHPIId	14 chars plan id - does not include variant code - submitted on SBMI	<i>Text</i>	14	14	0	1	N	
65	ExchangeAssignedSubscriberId	Exchange subscriber ID submitted by the SBM	<i>Text</i>	1	50	0	1	N	
66	Error					1	Unbounded	Y	
67	ErrorCode	Error or warning code	<i>Text</i>	6	6	1	1	Y	
68	ErrorDescription	Error description	<i>Text</i>	1	255	1	1	Y	
69	ElementInError	XML elements in error	<i>Text</i>	1	255	0	1	N	
70	AdditionalErrorInfo	Expected element value	<i>Text</i>	1	2000	0	10	N	
71	ExchangeAssignedMemberId	Exchange member ID being submitted by the SBM	<i>Text</i>	1	50	0	1	N	



EPS Extract with
Errors v1

Notes on ActivityInd Field :

- This mandatory field is not at the policy level but it is at the issuer / file level.
- Allowed values for this field are only 'Y' and 'N'.
- A value of Y indicates one or more of the following activities
 - SBM submitted SBMI file - since last EPS extract was created - that may or may not have resulted in validation errors
 - CMS requested a rollback of previously applied changes to EPS.
- A value of N indicates one or more of the following activities
 - SBM did not submit any policies for the issuer.
 - SBM submitted SBMI file that is identical to SBMI submitted for previous payment cycle (or a subset of policies from SBMI submitted for previous payment cycle) that did not result in any validation errors or warnings.

5.5 Financial Node Information Representation

The EPS Extract contains complete financial information for all the policies for a specific coverage year. This financial information will be represented using the following guidelines:

- There will be one discrete node for every time period for each policy.
- Each financial info node will reflect both the full monthly amount and prorated amount, if applicable to the time period.



EPS Extract
Financial Node

5.6 XML Schema Definition



EPExtractWithError
s_v1.xsd

5.7 Example file



SampleExtractWithE
rror.xml

Appendix A - Acronyms and Abbreviations

Acronym / Abbreviation	Definition
APTC	Advanced Premium Tax Credit
CMS	Centers for Medicare & Medicaid Services
CONOP	Concept Of Operations
CSR	Cost Sharing Reduction
EFT	Electronic File Transfer
EPS	Enrollment and Processing System
FFM	Federally-facilitated Marketplace
HTTPS	Hypertext Transfer Protocol Secure
ICD	Interface Control Document
PBP	Policy Based Payment
PLR	Policy-level Reporting
PPACA	Patient Protection and Affordable Care Act
PPR	Preliminary Payment Report
QHP	Qualified Health Plan
SBM	State Based Marketplace
SBMI	SBM Inbound file
SBMR	SBM Response file
SBMS	SBM Status file
SDD	System Design Document
SERFF	System For Electronic Rate and Form Filing
SFTP	Secure File Transfer Protocol
SLA	Service Level Agreement
SPoE	Single Point of Entry
SSH	Secure SHell
TB	Terabyte
TP	Trading Partner
XML	eXtensible Markup Language
MA	Manual adjustment
PBP	Policy Based Payments

Appendix B - Referenced Documents

This section lists documents and standards this document references or that are applicable to the development of this document.

Table 20 : Referenced Documents

Document Name	Document Number and/or URL	Date
CMS XLC ICD Template	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Artifacts.html	April 30, 2012
Making Documents Section 508 Compliant	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index.html	April 26, 2012
Patient Protection and Affordable Care Act	http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf	March 23, 2010
Plain Writing Act of 2010	http://www.plainlanguage.gov/plLaw/law/index.cfm	April 13, 2011
File naming convention document link from CMS	https://zone.cms.gov/document/eft-file-naming-conventions	
U.S. Government Printing Office (GPO) Style Manual (30th Edition)	https://www.gpo.gov/fdsys/pkg/GPO-STYLEMANUAL-2008/pdf/GPO-STYLEMANUAL-2008.pdf	2008

Appendix C - Record of Changes

Table 15 - Record of Changes

Version	Date	Author / Owner	Revision/Change Description
1.0	May 2016	CMS	Revision to include CMS feedback
2.0	June 2016	CMS	<p>Revisions made to include SBM feedback.</p> <ul style="list-style-type: none"> Updated 5.1 Figure 1 to include new SBMS file type. Added SBMS schema and context throughout Addressed SBM Feedback requesting clarity on month-over-month submissions. Added 6.8.1, 6.8.2, and 6.8.3 sections Added 6.9 on future changes to approval process and pulled content from elsewhere in the ICD. Revised SBMI and SBMR schema Added SBMR example for no errors and warnings in SBMI Added appendix D
2.1	July 2016	CMS	Updated SBMI schema documentation for MemberDate, added new environment code, and updated appendix D
2.2	August 2016	CMS	<p>Updated SBMS schema and appendix D</p> <p>Modified description for ER-001, ER-003, ER-997</p> <p>Removed error codes ER-002, ER-005, ER-007, ER-015</p> <p>Added error code ER-064</p> <p>Modified SBMS example files to accommodate for schema change and modified error descriptions</p> <p>Modified SBMR example files to accommodate for modified error descriptions</p>
2.3	October 2016	CMS	<p>Section 6.6, Figure 3 : Changed definition for FileCreateDateTime.</p> <p>Section 6.8 Figure 5 - Corrected data type for SourceFileID from integer to text on SBMR. No schema change but just an update to the embedded table in ICD.</p> <p>Section 6.8, Figure 6 : Default values for key fields when values submitted on SBMI are invalid.</p> <p>Section 6.9, Table 14 - New table to identify XML elements on SBMRs (Interim / Final)</p>

Version	Date	Author / Owner	Revision/Change Description
2.4	December 2016	CMS	<p>Reorganized the document structure as follows –</p> <p>Section 2 – SBMI/SBMS/SBMR now grouped in section 2 (Policy-Level Enrollment Data) which includes all sections from original ICD version 2.3. No major modifications made to content.</p> <p>Section 2 – Added description about transition from PLR and manual payments to PBP process.</p> <p>Section 2.4.6 – Modified to include clarification on submission of demographic data elements</p> <p>Section 2.4.10.4 - Modified to include clarification on submission of SBMI files in ZIP format</p> <p>Section 3 – New section added for SBM Preliminary Payment Report (PPR).</p>
2.5	April 2017	CMS	<p>Section 2.4.7 - Correction to 'FileName' tag in SBMS xml file for SBMI rejection</p> <p>Section 4 – New section added for EPS extract</p>
2.6	July 2017	CMS	<p>Appendix D – Addition of new error codes ER-065 and ER-066, Updated description for ER-046</p> <p>Section 2.4.6 – Updated SBMI schema to account for 5 digit year submission.</p>

Appendix D – Errors and warnings

This document covers the schema level and business validation errors and warning messages. The document may be revised if we find scenarios not covered at this time. CMS anticipates providing additional details about the data to be included in the AdditionalErrorInfo element at a later date.



Appendix D