

Federally-Facilitated Marketplace (FFM) Inbound Enrollment Reconciliation File Specification

Applies to Individual Market Enrollment Reconciliation for all Plan Years

Version 5.12

January 22, 2020

Revision History

Version Number	Date Published	Version Notes
5.12	1/22/2020	Updated description to relax requirements for Issuer-Assigned Policy ID and Issuer Assigned Subscriber ID
5.11	7/25/2019	Added new values to Table 2, Cancellation and Termination Reason Codes
5.1	4/25/2019	- Updated effective date of changes added in v5.0 to August 2019 - Updated Table 2 with clarifying information
5.0	2/28/2019	- Added fields 62, Cancellation Reason and 63, Termination Reason - Added Table 2, Cancellation and Termination Reason Codes
4.1	9/19/2018	- Added notes to Paid Through Date and End of Year Termination Date fields indicating these fields may be left blank at this time. - Deleted Appendix A, Paid Through Date Scenarios
4.0	3/30/2017	Updated specification to break out Agent Broker Name into individual First, Middle, Last, and Suffix elements as a future change
3.6	11/30/2016	Updated to reflect that Issuers are only expected to send value Y or blank on the End of Year Termination Indicator
3.4	8/5/2016	Added clarification that if Agent Broker Name or NPN is sent, both fields are expected to be populated
3.31	5/6/2016	- Minor revisions to finalize updates in draft Version 3.11 - Condensed Agent/Broker name fields into a single field - Added Appendix A regarding Paid Through Date
3.11	4/19/2016	- Draft version for Issuer review and comment - Added Coverage Year, End of Year Termination Indicator, Agent/Broker information, and Paid Through Date
2.3	12/8/2015	Corrected field length of Issuer Extract Time
2.21	12/2/2015	Removed Issuer Extract Time from 02 Record format
2.1	11/24/2015	Updated formatting and description of the specification

Introduction

This document provides the specifications for the Federally-Facilitated Marketplace (FFM) Inbound (Issuer-to-FFM) Enrollment Reconciliation Files. These files are used to convey the Issuer's complete set of Individual Market (On-Exchange) enrollment records for a specific Plan Year to the FFM.

Each FFM Issuer must create an Inbound Enrollment Reconciliation File for each HIOS ID consisting of detailed enrollment records (one per member, per coverage/financial span) designated with an '01' Record Code and a single summary record for the HIOS ID designated with an '02' Record Code. Each set of '01' records with the corresponding '02' record represents a "logical file".

These logical files may be aggregated into a single physical file by Trading Partner ID, per the mapping specified in the Issuer's EDI Registration Form, and transmitted to the FFM via Secure EFT. The Issuer may also choose to send one file per HIOS ID, even if the HIOS IDs have a common Trading Partner ID mapping. Please note that all files ***must*** have a unique, distinct filename. The files should be submitted via the same folder in which Issuers submit their inbound EDI 834 files to the FFM.

Enrollment Reconciliation Files are to be submitted as pipe-delimited flat files. These files can be imported into Excel for manual review prior to submission to CMS, but any formatting or header rows must be removed prior to submission.

Issuers are to submit records for any active enrollments, terminated enrollments (those enrollments that were effectuated and had some period of active coverage), and any cancellations applied *by the Issuer*. The Issuer may choose to also submit cancellation records received from the FFM via EDI 834, but this is optional.

Issuers are required to submit Inbound Enrollment Reconciliation Files per the schedule established by CMS. Additional educational material is available on CMS zONE illustrating how to submit various enrollment scenarios in the Inbound Enrollment Reconciliation File.

'01' Detail Record Layout

Field	Data Element	Description	Data Type	Length
1	Record Code	Designates the type of record; for a detail record, this value must always be 01	String (Numeric)	2
2	Trading Partner ID	The Trading Partner ID associated with the QHP ID Lookup Key of the enrollment record	String (Alphanumeric)	5-10
3	SPOE ID	This field is to be sent as ten blanks spaces	n/a	10
4	Tenant ID	Two-character state abbreviation plus a zero (e.g. XX0 , where XX is the state code)	String (Alphanumeric)	3
5	HIOS ID	Identifier for the Issuer as assigned via the Health Insurance Oversight System; corresponds to the first 5 characters of the QHP ID	String (Numeric)	5
6	QHPID Lookup Key	First ten characters of the QHP ID associated with the enrollment record; used to map the QHP to a Trading Partner ID on the EDI Registration Form	String (Alphanumeric)	10
7	Issuer Extract Date	Date the enrollment record was extracted from the Issuer's system	Date (YYYYMMDD)	8
8	Issuer Extract Time	Time the enrollment record was extracted from the Issuer's system	Time (HHMMSSmm)	8
Qualified Individual (QI) Information				
9	QI First Name	First name of the qualified individual (member)	String	1-35

Field	Data Element	Description	Data Type	Length
10	QI Middle Name	Middle name of the qualified individual (member)	String	1-25
11	QI Last Name	Last name of the qualified individual (member)	String	1-60
12	QI Birth Date	Birthdate of the qualified individual (member)	Date (YYYYMMDD)	8
13	QI Gender	Member gender; allowed values are F – female or M – male	String (Alphabetical)	1
14	QI Social Security Number (SSN)	Social Security Number of the member	String (Numeric)	9
15	Subscriber Indicator	Indicates whether the member is the subscriber of the enrollment group: Y – Subscriber N – Dependent Member	String	1
16	Individual Relationship Code	Indicates the member's relationship to the subscriber for the enrollment group; use the ASC X12 values in Table 1 Should the Issuer's system not have the ASC X12 code available then the Issuer should crosswalk to the following four values: 01 – Spouse 18 – Self 19 – Child G8 – Other Relative	String (Alphanumeric)	2

Field	Data Element	Description	Data Type	Length
Identifying Information				
17	Exchange-Assigned Subscriber ID	Exchange-Assigned identifier for the subscriber of the enrollment group; if the member in the record is the subscriber, this will be the same as the Exchange-Assigned Member ID Must be 10 characters, including leading zeroes	String (Numeric)	10
18	Exchange-Assigned Member ID	Exchange-Assigned identifier for the member Must be 10 characters, including leading zeroes	String (Numeric)	10
19	Issuer-Assigned Subscriber ID	Issuer-Assigned identifier for the subscriber of the enrollment group; typically, this should be the same as the Issuer-Assigned Member ID of the subscriber	String (Alphanumeric)	1-50
20	Issuer-Assigned Member ID	Issuer-Assigned identifier for the member	String (Alphanumeric)	1-50
21	Exchange-Assigned Policy Number	Identifier for this enrollment policy document, generated by the FFM	String (Numeric)	1-15
22	Issuer-Assigned Policy ID	Policy number for the benefit coverage as assigned by the Issuer Note: It is recommended that this value be unique to the enrollment group and consistent across all members of the enrollment group	String (Alphanumeric)	1-50

Field	Data Element	Description	Data Type	Length
Residential Address Information				
23	Residential Address Line 1	Residential street address of the member (Line 1)	String	1-55
24	Residential Address Line 2	Residential street address of the member (Line 2)	String	1-55
25	Residential City Name	Residential city of the member	String	1-30
26	Residential State Code	State abbreviation for the residential state of the member	String	2
27	Residential ZIP Code	Residential ZIP Code of the member	Integer	9
Mailing Address Information				
28	Mailing Address Line 1	Mailing street address of the member (Line 1)	String	1-55
29	Mailing Address Line 2	Mailing street address of the member (Line 2)	String	1-55
30	Mailing Address City	Mailing city of the member	String	2-30
31	Mailing Address State Code	State abbreviation for the mailing state of the member	String	2
32	Mailing Address ZIP Code	Mailing ZIP Code of the member	Integer	9

Field	Data Element	Description	Data Type	Length
Other Demographic Information				
33	Residential County Code	Residential County (Federal Information Processing Standard – FIPS) Code of the member	String (Numeric)	5
34	Rating Area	Rating area of the enrollment, based on residential address; only applies to subscriber records	String (Alphanumeric)	7
35	Telephone Number	Primary contact telephone number for the member	String (Numeric)	10
Benefit Coverage & Financial Information				
36	Tobacco Use Code	Specifies whether the member has indicated tobacco use in the past six months: 1 – Tobacco Use 2 – No Tobacco Use NOTE: for any individual under 18 years of age, this field should always be sent with a value of 2	Integer	1
37	QHP Identifier	Full 16-character Qualified Health Plan (QHP) identifier, including CSR variant; required for all records	String (Alphanumeric)	16
38	Benefit Start Date	Effective date of benefit coverage associated with this enrollment record; required for all records	Date (YYYYMMDD)	8
39	Benefit End Date	Last date of benefit coverage associated with this enrollment record; a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8

Field	Data Element	Description	Data Type	Length
40	Applied APTC Amount	Amount of Advance Premium Tax Credit <i>applied to the premium monthly</i> , based on the subscriber's election during enrollment; only applies to subscriber records, otherwise blank NOTE: If there is no APTC applied to the enrollment, the Issuer may send the Applied APTC Amount as blank or explicitly as 0.00	Dollars and Cents (#####.##)	4-8
41	Applied APTC Effective Date	Effective date of the monthly applied APTC amount; only applies to subscriber records with a positive Applied APTC Amount, otherwise blank	Date (YYYYMMDD)	8
42	Applied APTC End Date	End date of the monthly applied APTC amount; only applies to subscriber records with a positive Applied APTC Amount, otherwise blank	Date (YYYYMMDD)	8
43	CSR Amount	Monthly Cost Sharing Reduction amount based on plan selection and member eligibility; only applies to subscriber records, otherwise blank NOTE: If there is no CSR applied to the enrollment, the Issuer may send the CSR Amount as blank or explicitly as 0.00	Dollars and Cents (#####.##)	4-8
44	CSR Effective Date	Effective date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank	Date (YYYYMMDD)	8

Field	Data Element	Description	Data Type	Length
45	CSR End Date	End date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank Note: a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8
46	Total Premium Amount	Total monthly premium amount for the enrollment group; only applies to subscriber records, otherwise blank	Dollars and Cents (#####.##)	4-8
47	Total Premium Effective Date	Effective date of the monthly total premium amount; only applies to subscriber records, otherwise blank	Date (YYYYMMDD)	8
48	Total Premium End Date	End date of the monthly total premium amount; only applies to subscriber records, otherwise blank Note: a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8
49	Individual Premium Amount	Monthly premium amount associated with the individual member; sent for both subscriber and dependent member records, if available in the Issuer's system	Dollars and Cents (#####.##)	4-8
50	Individual Premium Effective Date	Effective date of the monthly individual premium amount; sent for both subscriber and dependent member records, if available in the Issuer's system	Date (YYYYMMDD)	8
51	Individual Premium End Date	End date of the monthly individual premium amount; sent for both subscriber and dependent member records, if available in the Issuer's system Note: a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8

Field	Data Element	Description	Data Type	Length
52	Initial Premium Paid Status	Indicates if the initial binder payment has been made for the enrollment, leading to effectuated coverage: Y – Effectuated (active or terminated coverage) N – Uneffectuated (awaiting binder payment) C – Cancelled (no binder payment received, no period of coverage) This value is to be sent with the subscriber of the enrollment group and will apply to <i>all</i> members of the enrollment group	String (Alphabetical)	1
53	Issuer-Assigned Record Trace Number	Optional Issuer-Assigned identifier for the reconciliation record to track the specific record through the process; this value will be carried through to the corresponding record on the Outbound Enrollment Reconciliation File	String (Alphanumeric)	1-50
54	Coverage Year	Relevant 4-digit Plan Year represented by the enrollment record; this value should be consistent for all records in the file	String (Numeric)	4
55	Paid Through Date	Date through which the member has made payment for benefit coverage (as provided by the Issuer); only applies to subscriber records, otherwise blank. Note: This information is not currently being reported to the IRS. Therefore, Issuers may submit a value in this field or leave it blank for all records.	Date (YYYYMMDD)	8

Field	Data Element	Description	Data Type	Length
56	End of Year Termination Indicator	Indicates if the enrollment record will be terminated effective December 31st of the given plan year and should be ineligible for reenrollment through Batch Auto-Renewal; 'Y' indicates terminated 12/31 of the plan year, otherwise blank Note: FFM is not updating with Issuer information at this time. Therefore, Issuers may submit a value in this field or leave it blank for all records.	String (Alphabetical)	1
Agent/Broker Information				
57	Agent/Broker NPN	The National Producer Number of the agent/broker, if applicable Note: This field must be populated if Agent/Broker First and Last Name are populated, otherwise no updates will be made to Agent/Broker information on the FFM	String (Numeric)	1 – 10
58	Agent/Broker First Name	First name (or first part of company name) of the agent/broker associated with the enrollment, if applicable Note: This field must be populated if Agent/Broker NPN and Agent/Broker Last Name are populated, otherwise no updates will be made to Agent/Broker information on the FFM	String	1 - 25
59	Agent/Broker Middle Initial	Middle initial of the agent/broker associated with the enrollment, if applicable Note: This field is optional if other Agent/Broker information is provided, otherwise blank	String	1

Field	Data Element	Description	Data Type	Length
60	Agent/Broker Last Name	Last name (or second part of company name) of the agent/broker associated with the enrollment, if applicable Note: This field must be populated if Agent/Broker NPN and Agent/Broker First Name are populated, otherwise no updates will be made to Agent/Broker information on the FFM	String	1 - 25
61	Agent/Broker Suffix	Suffix of the agent/broker associated with the enrollment, if applicable Allowed values are: II, III, IV, V, Jr., Sr. Note: This field is optional if other Agent/Broker information is provided, otherwise blank	String	2-3
Cancellation and Termination Reason (Do Not Add to Submitted Files Until Summer 2019 – Exact Date TBD)				
62	Cancellation Reason Code	Indicates the reason for cancellation of the policy; use the values in Table 2 Note: This field should be left blank if the policy is not cancelled in the Issuer system	String (Numeric)	1-2
63	Termination Reason Code	Indicates the reason for termination of the policy; use the values in Table 2 Note: This field should be left blank if the policy is not terminated in the Issuer system	String (Numeric)	1-2

'02' Summary Record Layout

Field	Data Element	Description	Data Type	Length
1	Record Code	Designates the type of record; for a summary record, this value must always be 02	String (Numeric)	2
2	Trading Partner ID	The Trading Partner ID associated with each QHP ID Lookup Key in the corresponding '01' detail records	String (Alphanumeric)	5-10
3	SPOE ID	This field is to be sent as ten blanks spaces	n/a	10
4	Tenant ID	Two-character state abbreviation plus a zero (e.g. XX0 , where XX is the state code)	String (Alphanumeric)	3
5	HIOS ID	Identifier for the Issuer as assigned via the Health Insurance Oversight System; corresponds to the first 5 characters of the QHP ID	String (Numeric)	5
6	QHPID Lookup Key	First ten characters of the QHP ID associated with the last '01' detail record in the file; used to map the QHP to a Trading Partner ID on the EDI Registration Form	String (Alphanumeric)	10
7	Issuer Extract Date	Date the record set was extracted from the Issuer's system	Date (YYYYMMDD)	8
8	Total Number of Records	The total number of '01' and '02' records associated with the HIOS ID in the logical file	Integer	

Field	Data Element	Description	Data Type	Length
9	Total Number of Subscribers	Basic count of all '01' records associated with the HIOS ID that have a value of Y in the Subscriber Indicator field Please note this is not a count of unique subscribers	Integer	
10	Total Number of Dependent Members	Basic count of all '01' records associated with the HIOS ID that have a value of N in the Subscriber Indicator field Please note this is not a count of unique dependent members	Integer	
11	Total Premium Amount	Basic sum of the Total Premium Amount in all '01' records associated with the HIOS ID Please note this is not a sum of active or current premium values only; all records are to be included in the sum	Dollars and Cents (#####.##)	
12	Total Applied APTC Amount	Basic sum of the Applied APTC Amount in all '01' records associated with the HIOS ID Please note this is not a sum of active or current APTC values only; all records are to be included in the sum	Dollars and Cents (#####.##)	

Table 1 – Relationship Code Mapping From FFM Policy and FFM Application to ASC X12 Format

FFM Internal Value	Description	ASC X12 Value
1	Self	18
2	Spouse	01
3	Parent	03
4	Son/Daughter	19
5	Stepson/Stepdaughter	17
6	Grandchild	05
7	Sibling	14
8	Domestic Partner	53
9	Child of Domestic Partner	19
10	Unrelated	G8
11	Other Relative	G9
12	Step-parent	16
13	Aunt/Uncle	06
14	Nephew/Niece	07
15	Grandparent	04
16	First Cousin	08
17	Parent's Domestic Partner	G8
18	Tax Filer	G8
19	Tax Dependent	G8
20	Other	G8

FFM Internal Value	Description	ASC X12 Value
21	Adopted Child	09
22	Annuitant	60
23	Brother-in-law/Sister-in-law	12
24	Collateral Dependent	38
25	Court-Appointed Guardian	31
26	Daughter-in-law/Son-in-law	11
27	Former Spouse	25
28	Foster Child	10
29	Guardian	26
30	Mother-in-law/Father-in-law	13
31	Trustee	D2
32	Ward	15

Table 2 – Cancellation or Termination Reason Code

Includes mapping to Additional Maintenance Reason Code (AMRC) values used in EDI 834 transactions

Reference Code	Description	Inbound/ Outbound	Cancel AMRC	Termination AMRC
1	Voluntary Withdrawal	Outbound	CANCEL	TERM
2	No Longer Eligible (NLE) Due to Unresolved Data Matching Issue (DMI)	Outbound	CANCEL-NLE	TERM-NLE
3	Change in Circumstance (CIC)	Outbound	CANCELCIC	TERMCIC

Reference Code	Description	Inbound/ Outbound	Cancel AMRC	Termination AMRC
4	Stop QHP Due to Other Coverage	Outbound	n/a	TERM-OTH-COVERAGE
5	BAR Carry-Forward Cancel	Outbound	CANCEL-CARRYFORWARD	n/a
6	Non-Payment	Inbound	CANCEL	TERM
7	Free Look Cancel	Inbound	CANCEL-FLC	n/a
8	HICS	Inbound	CANCEL-HICS	TERM-HICS
9	Fraud	Inbound	CANCEL-FRD	TERM-FRD
10	Anti-Duplication	Inbound	CANCEL-ANTIDUPLICATION	TERM-ANTIDUPLICATION
11	Out of Area	Inbound	CANCEL-OUT-OF-AREA	n/a
12	Other	Inbound	CANCEL-OTH	TERM-OTH
13	Death	Outbound	CANCEL-PDM	TERM-PDM
14	Rescind Coverage	Inbound	CANCEL-RESCIND	n/a

Note: “Outbound” indicates the reason code is used on transactions from the FFM to the Issuer; “Inbound” indicates the Issuer has initiated the cancellation or termination.