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# Centers for Medicare & Medicaid Services (CMS)

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## **Standard Companion Guide Transaction Information**

**Instructions related to the ASC X12 820 transaction as  
specified in the ASC X12 005010X306 Health Insurance  
Exchange-related Payments (820) Implementation Guide**

**Companion Guide Version Number: 4.0**

**June, 2017**

## **Preface**

This companion guide meets the ASC X12 Fair Use Requirements.

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**Note:** Chapter 8: Transaction Specifics for Use with Small Business Health Option Issuers (SHOP) is still under ASC X12 intellectual property review.

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## 1. Transaction Instructions

### Companion Guide Limitations

This companion guide to the ASC X12 005010X306 Health Insurance Exchange Related Payments (820) Implementation Guide (HIX 820) clarifies and specifies data content for payment related information transmitted electronically from the Centers for Medicare & Medicaid Services (CMS) as a part of implementation of Health Insurance Exchanges, also known as Affordable Insurance Exchanges, created as a part of the Affordable Care Act. This companion guide is not intended to be used separately; it is based on, and must be used in conjunction with, the HIX 820. The HIX 820 Implementation Guide may be purchased from ASC X12 at <http://store.x12.org>.

If any conflict is unintentionally introduced between this companion guide and the instructions in the HIX 820 Implementation Guide, the HIX 820 Implementation Guide takes precedence.

### Overview of Exchange-Related Payment Activities

The Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) are collectively referred to as the Patient Protection Affordable Care Act (PPACA). The Patient Protection Affordable Care Act creates new competitive private health insurance markets – called a Health Insurance Exchange – that provide millions of Americans and small businesses access to affordable health insurance coverage. These Exchanges help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices.

The Patient Protection Affordable Care Act provides for premium and out-of-pocket cost assistance to enrollees who qualify when they enroll in a qualified health plan through an Exchange. Advance payments of the premium tax credit (APTCs) will assist qualifying individuals enrolled in a qualified health plan with premium payment amounts, while cost-sharing reductions (CSRs) will limit the cost burden for out-of-pocket spending for qualifying individuals when they receive care. In addition, the Affordable Care Act establishes a Small Business Health Options (SHOP) premium aggregation program, a permanent risk adjustment program, a transitional reinsurance program, and a temporary risk corridors program to provide payments to health insurance issuers that cover higher risk populations and to more evenly spread the financial risk borne by issuers. The overall goal of these programs is to provide certainty and protect against adverse selection in the market while stabilizing premiums in the individual and small group markets as market reforms and Exchanges begin in 2014.

Implementation of these programs involves various payments from the CMS to issuers. CMS will use the HIX 820 to communicate Individual, Small Group, and SHOP-related payment information to issuers or their designees (i.e. any entity that has established a trading partner agreement with CMS to receive an HIX 820) and to also provide APTC and CSR payment information to State Based Exchanges (SBE) related to issuers within their state. This document details the data elements CMS will send when issuing an explanation of such payments. The funds transfer function is handled separately and details of the actual funds transfer are not included in this companion guide.

## **Contact Information**

Questions related to the companion guide or implementation of the HIX 820 for Exchange-related payments can be directed to the Exchange Operational Support Center (XOC) at Telephone: 1-855-CMS-1515 or Email: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)

## **2. Getting Started**

Prior to accepting HIX 820 transactions from CMS, trading partners, generally issuers, SBEs or their designees must register and conduct a successful test with the CMS Data Services Hub. The CMS Data Services Hub is a single interface that facilitates information exchange and business functionality in support of Health Insurance Exchange operations. The Hub will facilitate the exchange of transactions from CMS to issuers or SBEs. The issuer and SBE registration process includes completing a trading partner agreement, providing detailed information and establishing connectivity. Section 3 of this companion guide outlines the registration activities trading partners must complete prior to testing.



### 3. Trading Partner Profile and Registration Process

Establishing a Trading Partner Profile is a simple process. The following steps must be taken to ensure a successful trading partner profile setup:

1. The Trading Partner downloads the Trading Partner Enrollment package from <http://zone.cms.gov>.
2. The Trading Partner completes the Exchange EDI Registration form and submits it.
3. The form is verified and approved by various teams including EDI, Hub, EFT and CMS.
4. During the approval stage, The Hub team coordinates the linkage between the Trading Partner Submitter Identifier, User Logon Identifier and password and notifies the Trading Partner.
5. After the form is approved, an Electronic Data Interchange (EDI) interface will be set up and tested with the Trading Partner.

#### Contact Information

Trading Partners that need to interact with the Level One Help Desk will be able to contact the Exchange Operational Support Center at the following number and email address:

Telephone: 1-855-CMS-1515

Email: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)

Hours of Operation: Monday through Friday, 9:00AM to 6:00PM EST

## 4. Testing

### Testing Overview

Testing is conducted to ensure compliance with the HIX 820 TR3 as related to:

- **Syntactical integrity:** EDI files must pass verification checks related to valid segment use, segment order, element attributes, proper transmission of numeric values, validation of ASC X12 syntax, and compliance with ASC X12 rules.
- **Syntactical requirements:** EDI files must pass validation checks for compliance with the HIX 820 implementation guide-specific syntax requirements, such as limits on repeat counts and the use of qualifiers, codes, elements and segments. Testing will also verify intra-segment situational data elements, non-medical code sets and that values and codes are used according to the Implementation Guide instructions.

It is important to know additional testing may be required when the system is upgraded, when business requirements change, or when new versions of the ASC X12 HIX 820 implementation guide are implemented.

### Testing Process

Once the issuer, SBE or its designee establishes a trading partner profile and the trading partner agreement is processed, the issuer, SBE or designee will begin the testing process. Trading Partners may call the Exchange Operational Support Center listed in the Contact Information Section below for help at any point in the testing process. The set-up steps continue as follows:

1. The Hub team provides a limited number of initial test files to the Trading Partner for processing. The Trading Partner downloads the files via Secure File Transfer Protocol (SFTP).
2. The Trading Partner processes the files through its validation process and reports any failure via acknowledgement transactions.
3. If all the test files pass cleanly through the validation process, the Trading Partner notifies the HUB that the test is considered successful and the trading partner is approved to begin processing in the production environment.
4. If issues or errors are identified in steps 1, 2 or 3 above, the test is not considered successful and the Hub team and Trading Partner work together until the issues are resolved and a successful test is completed.

## 5. Connectivity

Trading Partners will connect to the Hub for exchange of EDI transactions (detailed payment report information) via the CMS Enterprise File Transfer (CMS EFT) system, which is a batch system. Real-time Transmissions are not available at this time. Each Trading Partner is assigned a Submitter Identifier in the CMS EFT system which allows access to a mailbox. The Trading Partner and the Hub will use this mailbox to pick up and drop off data files. The CMS EFT Supplement, available at <https://calt.cms.gov> defines the enterprise-wide standard architecture for transferring files between CMS data centers and external partners.

### Transmission Specifics

#### Delimiters

See Table B.5 in Appendix B.1.1.2.5 of the HIX 820 TR3 for ASC X12's requirements related to delimiters. The Exchange is not establishing a requirement or preference for delimiters on acknowledgement transactions.

#### Hub Processing Capabilities

The Hub can accept Acknowledgement transactions with multiple:

- Physical files in multiple submissions in one day.
- ISA-IEA envelopes within a single physical file.
- GS-GE envelopes within a single ISA-IEA interchange.
- ST-SE envelopes within a single GS-GE functional group.

#### File Rejection Reasons

The entire logical structure contained within a physical submission shall be rejected in the following situations:

- Submission of data that is not valid based on the TR3.
- Submission of a segment or data element specified in the TR3 as "Not Used".
- Submission of non-unique values in the ST02 or GS06 Control Number elements.

## 6. CMS Specific Business Rules and Limitations

### Policy-level Payment, Individual Information Included

Detailed information about the subscriber will be included when portions of the payment can be directly attributed to the subscriber's policy information (e.g., APTC, CSR). In that situation, a 2100 Individual Name Loop will be transmitted within the 2000 Remittance Information Loop. The 2100 Individual Name Loop will be followed by one or more 2300 Remittance Detail Loop(s).

### Program-level Payment, No Individual Information Included

If no policy information on the subscriber will be included, the 2100 Individual Name Loop will not be transmitted within the 2000 Remittance Information Loop. Within the 2000 Remittance Information Loop, there will be one or more 2300 Remittance Detail Loop(s).

### Remittance Detail Iterations for Program Level Payments

A 2300 Remittance Detail loop will be generated for each policy and program level Exchange Payment Type code applicable to a HIX 820 transaction. Where applicable, an Exchange-related Report Type Code will also be included.

### HIX 820 Code Lists

The current definitive lists of Exchange Payment Type codes and Exchange-related Report Type codes are available at: <http://www.wpc-edi.com/reference/>. Any code posted on the website with "CMS", "CMS SHOP," or "All Markets" in the notes may appear in an HIX 820 transaction from CMS.

Most of the Exchange Payment Type codes posted on the website are used to report positive or negative payment amounts related to specific components of the Exchange program, such as APTC, FFE User Fees, or Risk Adjustment. A specific Exchange Payment Type codes of invoice has been included to ensure that the sum of the remittance detail records for any given payment is greater than or equal to zero.

When the sum of the specific component detail payments transmitted in 2300 Remittance Detail Loops result in a negative total, additional 2300 loop(s) will be included to force the sum of the detail payment information to equal zero.

### Combinations

A single HIX 820 transaction may contain only Policy Level Payments, only Program Level Payments or both types of payments.

### Net Zero Payments

When the sum of the detail payment information transmitted in 2300 Remittance Detail Loops is zero, no corresponding funds transfer will occur.

### Net Positive Payments

When the sum of the detail payment information transmitted in 2300 Remittance Detail Loops is greater than zero, a corresponding funds transfer will occur.

### **Net Negative Payments**

There will never be a net negative payment transaction transmitted to an issuer. The sum of the detail payment information transmitted in 2300 Remittance Detail Loops will always be greater than or equal to zero.

## 7. Transaction Specifics for Use with All Exchange Issuers

HIX 820 transactions will be generated by CMS and transmitted to insurance companies/issuers or their designees. CMS will create and transmit one HIX 820 transaction during each monthly payment cycle, the Final (Summary) HIX 820.

### Final (Summary) HIX 820

The final (summary) HIX 820 will be generated and transmitted at the end of the month and will have a Payment Method Code of ‘NON’ or ‘ACH’ based on the transaction net payment amount at the payee level. Payment method code will be ‘NON’ when net payment amount is either zero or negative and will be ACH otherwise. The final HIX 820 will be transmitted after completion of the payment process once CMS has received Treasury confirmation and the electronic funds transfer (EFT) trace number. The final HIX 820 will include detailed information regarding payments and charges related to a subscriber’s enrollment group (policy) information. It will also include the actual payment amount, Treasury EFT trace number, and any program level related payments or offsets (e.g. invoice, manual adjustments, etc.).

### Multiple Final (Summary) HIX 820s in a payment month

A payee will receive two separate Final HIX 820s and two separate EFT payments in the same payment cycle if

- The payee is set to receive a payment of \$100 million or more in the same payment cycle
- The payee has one million effectuated policies or more in the same payment cycle (ENT01 cannot exceed 6 digits)

**Note:** Detailed syntax examples of the Final HIX 820 can be found in Section 9 of this Companion Guide.

The table below details CMS specific instructions for these HIX 820 transactions sent to Issuers or their designees. Shaded rows represent segments in the transaction. Non-shaded rows represent elements in the transaction.

### HIX 820 FFE and SBE Issuers Supplemental Instructions

Loop	Reference	Name	Code	Exchange Instruction
.null	ISA	Interchange Control Header	.null	Null
	ISA01	Authorization Information Qualifier	00	Null
	ISA03	Security Information Qualifier	00	Null
	ISA05	Interchange ID Qualifier	ZZ	Null
	ISA06	Interchange Sender ID		CMSFFM

Loop	Reference	Name	Code	Exchange Instruction
	ISA07	Interchange ID Qualifier	ZZ	Null
	ISA08	Interchange Receiver ID		This is the Trading Partner Identification Number
	ISA14	Acknowledgment Requested	1	Null
Null	GS	Functional Group Header	Null	Null
	GS02	Application Sender's Code		CMSFFM
	GS03	Application Receiver's Code		This is the Payee Group ID (also known as Payee Group Number)
	BPR	Financial Information		
	BPR04	Payment Method Code	ACH NON	Null
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	This element will always contain the noted qualifier when BPR04 is ACH
Null	REF	Exchange Assigned Qualified Health Plan Identifier	Null	This segment will only be transmitted if payments represent only one QHP. This is also known as the QHP ID.
Null	REF	Issuer Assigned Qualified Health Plan Identifier	Null	The issuer does not assign this identifier, so this segment will never be transmitted.
Null	REF	Exchange Assigned Employer Group Identifier	Null	This segment will not be transmitted.
Null	REF	Issuer Assigned Employer Group Identifier	Null	This segment will not be transmitted.
1000B	N1	Payer Name	Null	Null

Loop	Reference	Name	Code	Exchange Instruction
	N102	Payer Name		This element will always contain "CMS".
	N104	Payer Identifier		This element will always contain "CMS".
1000B	PER	Payer's Administrative Contact Information	Null	This segment will always be transmitted.
2100	NM1	Individual Name	Null	The information transmitted in this loop will match the enrollment information. The 2100 Loop will only be sent if policy level information is available and will not be included for program level payments.
2100	REF	Exchange Assigned Qualified Health Plan Identifier	Null	This segment will always be transmitted if it is not included at the header level.
2100	REF	Issuer Assigned Qualified Health Plan Identifier	Null	The issuer does not assign this identifier, so this segment will never be transmitted.
2100	REF	Exchange Assigned Employer Group Identifier	Null	This segment will not be transmitted.
2100	REF	Issuer Assigned Employer Group Identifier	Null	This segment will not be transmitted.
2100	REF	Exchange Assigned Policy Identifier	Null	This segment will always be transmitted.
2100	REF	Issuer Assigned Policy Identifier	Null	This segment will be transmitted when the information is available.
2100	REF	Exchange Assigned APTC Contributor/Tax Payer Identifier	Null	This segment will not be transmitted.
2100	REF	Issuer Assigned APTC Contributor/Tax Payer Identifier	Null	This segment will not be transmitted.



Loop	Reference	Name	Code	Exchange Instruction
2100	REF	Exchange Assigned Dependent Identifier	Null	This segment will not be transmitted.
2100	REF	Issuer Assigned Dependent Identifier	Null	This segment will not be transmitted.
2100	REF	Issuer Assigned Subscriber Identifier	Null	This segment will be transmitted when the information is available.
2300	RMR	Remittance Detail	Null	Amounts associated with components of the Exchange Payments, such as APTC, CSR and User Fees, will be transmitted in separate iterations of the 2300 loop.  Net-zero amounts will be transmitted in this loop as necessary.
2300	RMR02	Exchange Payment Type	Null	The payment types below are included for illustrative purposes only; the current definitive list of Exchange Payment Type Codes is available at <a href="http://www.wpc-edi.com/reference/codelists/hix/payment-type-codes/">http://www.wpc-edi.com/reference/codelists/hix/payment-type-codes/</a>  RMR02 is "APTC" when RMR04 is an APTC amount.  RMR02 is "CSR" when RMR04 is a CSR amount.  RMR02 is "UF" when RMR04 is a Federally facilitated Exchange User Fee amount.  RMR02 is "INVOICE" when RMR04 is the amount an issuer will be billed based on this HIX 820.
2300	REF	Exchange Report Document Control Number	Null	Null

Loop	Reference	Name	Code	Exchange Instruction
2300	REF02	Exchange Related Report Type Code	Null	<p>This element will be transmitted when additional information is available.</p> <p>The current definitive list of Exchange Related Report Type Codes is available at <a href="http://www.wpc-edi.com/reference/codelists/hix/report-type-codes/">http://www.wpc-edi.com/reference/codelists/hix/report-type-codes/</a></p>
2300	REF03	Exchange Report Document Control Number		<p>This element will be transmitted when additional information is available.</p>

## 8. Transaction Specifics for Use with Small Business Health Option Issuers (SHOP)

The Patient Protection Affordable Care Act requires SHOP to give employers the opportunity to offer employees a choice of all health plans from within an employer-chosen cost-sharing level. The combination of an employee choice of health plan, combined with a defined Employer contribution, requires a Federally Facilitated (FF) SHOP to present multiple issuers' plans in an unbiased way to employees and ensures that funds from the Employer (including both employer contributions and employee withholding) are distributed to the appropriate Issuer.

SHOP HIX 820 transactions will be generated by CMS and transmitted to Issuers to provide Employer, Employee, and Dependent Responsible Premium payment amounts.

The table below details CMS specific instructions for these SHOP HIX 820 transactions sent to Issuers. Shaded rows represent segments in the transaction. Non-shaded rows represent elements in the transaction.

**Note:** Syntax examples of the SHOP HIX 820 can be found in Section 9.

### HIX 820 SHOP Supplemental Instructions

Loop	Reference	Name	Code	Exchange Instruction
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	
	ISA03	Security Information Qualifier	00	
	ISA05	Interchange ID Qualifier	ZZ	
null	ISA06	Interchange Sender ID		CMSFFM
	ISA07	Interchange ID Qualifier	ZZ	
null	ISA08	Interchange Receiver ID		This is the Trading Partner Identification Number.
Null	GS	Functional Group Header	Null	Null
Null	GS02	Application Sender's Code	Null	CMSFFM
Null	GS03	Application Receiver's Code	Null	This is the Payee Group ID (also known as Payee Group Number)
	BPR	Financial Information		Null
	BPR04	Payment Method Code	ACH NON	Null

Loop	Reference	Name	Code	Exchange Instruction
1000B	N1	Payer Name	Null	
1000B	N102	Payer Name	Null	This element will always contain "CMSSHOP".
1000B	N104	Identification Code	CMS	This element will always contain "CMS".
1000B	PER	Payer's Administrative Contact Information		This segment will always be transmitted.
1000B	PER02	Payer Name	EXCHANGE OPERATIONS CENTER	This element will always contain "EXCHANGE OPERATIONS CENTER".
2100	NM1	Individual Name		The information transmitted in this loop will match the enrollment information.
2100	REF	Exchange Assigned Qualified Health Plan Identifier	Null	This segment will always be transmitted if it is not included at the header level.
2100	REF	Issuer Assigned Qualified Health Plan Identifier	Null	The issuer does not assign this identifier, so this segment will never be transmitted.
2100	REF	Exchange Assigned Employer Group Identifier	Null	This segment will not be transmitted.
2100	REF	Issuer Assigned Employer Group Identifier	Null	This segment will be transmitted when the information is available and it is not included at the header level.
2100	REF	Exchange Assigned Policy Identifier	Null	This segment will always be transmitted.
2100	REF	Issuer Assigned Policy Identifier	Null	This segment will be transmitted when the information is available.
2100	REF	Exchange Assigned APTC Contributor/Tax Payer Identifier	Null	This segment will not be transmitted.

Loop	Reference	Name	Code	Exchange Instruction
2100	REF	Issuer Assigned APTC Contributor/Tax Payer Identifier	Null	This segment will not be transmitted.
2100	REF	Exchange Assigned Dependent Identifier	Null	This segment will be transmitted.
2100	REF	Issuer Assigned Dependent Identifier	Null	This segment will be transmitted when the information is available
2100	REF	Issuer Assigned Subscriber Identifier	Null	This segment will be transmitted when the information is available.
2300	RMR	Remittance Detail	Null	Employer, Employee, and Dependent Premiums will be transmitted in this segment.
2300	RMR02	Exchange Payment Type	Null	<p>The payment types below are included for illustrative purposes only; the current definitive list of Exchange Payment Type Codes is available at <a href="http://www.wpc-edi.com/reference/codelists/hix/payment-type-codes/">http://www.wpc-edi.com/reference/codelists/hix/payment-type-codes/</a></p> <p>RMR02 is "EMPLOYERPREM" when RMR04 is an Employer responsible premium amount</p> <p>RMR02 is "EMPLOYEEPREM" when RMR04 is an Employee responsible premium amount</p> <p>RMR02 is "DEPENDENTPREM" when RMR04 is an Dependent responsible premium amount</p>
2300	REF	Exchange Report Document Control Number	Null	This segment will be transmitted when the information is available.

Loop	Reference	Name	Code	Exchange Instruction
2300	REF02	Exchange Related Report Type Code		This field will contain the value "PAYMENTTRANSACTIONID"
2300	REF03	Document Control Number		This code will be used to uniquely tie an employer's Group XML, 834, and 820 transactions.

## 9. Issuer Scenarios

The table of contents below provides the description of the issuer scenarios provided in this section. The Exchange Payment Type Code column provides the Exchange Payment Type Code the scenario is intended to demonstrate.

Additional scenarios can be found at: <http://examples.x12.org>.

Scenario	Description
<b>Scenario 1</b>	New 2017 FFE Issuers
<b>Scenario 2</b>	New 2017 SBE-only Issuers
<b>Scenario 3</b>	PBP-only Issuers
<b>Scenario 4</b>	Final HIX 820 – Payments Exceed Charges
<b>Scenario 5</b>	Charges Exceed Payments (Net Zero HIX 820 with an Invoice line) – FFE SADP with no APTC
<b>Scenario 6</b>	Charges Exceed Payments (Net Zero HIX 820 with an Invoice) - FFE User Fees
<b>Scenario 7</b>	FFE and SBE Issuers in Same Payee Group
<b>Scenario 8</b>	Outstanding Debt Owed by the Payee (REDUCED)
<b>Scenario 9</b>	Issuers with Risk Corridors Payment and Contraceptive User Fee Adjustment
<b>Scenario 10</b>	Financial Change in Circumstances (CIC) Partial Month
<b>Scenario 11</b>	2016 SBE State Transitioning to FFE for 2017
<b>Scenario 12</b>	2016 SBE State Based Exchange Example
<b>Scenario 13</b>	SBE-only Issuers in Same Payee Group
<b>Scenario 14</b>	2016 SBE Payee Leaving the Marketplace
<b>Scenario 15</b>	FFE SHOP Issuers Participating in the Individual Market

Scenario	Description
<b>Scenario 16</b>	SHOP Family Plan (Employee +Dependent) Initial Enrollment Payment with Effectuated Issuer Identifiers
<b>Scenario 17</b>	SHOP Family Plan (Employee +Dependent) Initial Enrollment Premium Payment using Payment Transaction ID and Issuer is yet to Effectuate the 834 Enrollment
<b>Scenario 18</b>	FFE SHOP Death of a Dependent
<b>Scenario 19</b>	Transaction Details Included in the HIX820 Effective in the July 2017 Payment Cycle



## Scenario 1: New 2017 FFE Issuers

This scenario is for FFE issuers who are new to the Individual Market in 2017. This means the Payee Group does not have any SBE issuers in their payee group. This transaction corresponds to **CMS PPR – New 2017 FFE Issuers**.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1	Lucille Knowlesde	APTC	600	Policy-Level	HIOS ID: 29497
		CSR	100	Policy-Level	HIOS ID: 29497
		UF	-25	Policy-Level	HIOS ID: 29497
2	David Langleyde	APTC	400	Policy-Level	HIOS ID: 29497
		CSR	50	Policy-Level	HIOS ID: 29497
		UF	-15	Policy-Level	HIOS ID: 29497
	<b>Net Payment</b>		<b>\$1110.00</b>		

### Transmission Explanation

#### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*1110\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*2017012**

**1~**

Total payment amount is \$1110.00. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*1234567890~**

The EFT Trace number (1234567890).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

**Table 2**

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### Table 3

**SE\*31\*0002~**

Transaction Set Trailer with segment count (31) and Control Number (0002).

## Scenario 2: New 2017 SBE-only Issuers

This scenario is for new 2017 SBE-only Issuers. Included in this example is the new 2017 Payment Information from the SBE Issuer from the Manual Process as Program-Level Amounts (2300 only) as well as a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
		APTCMADJ	310.59	Program-Level	2017 Statement from Manual Process SBE Issuer
		CSRMADJ	210.32	Program-Level	2017 Statement from Manual Process SBE Issuer
	<b>Net Payment</b>		<b>\$520.91</b>		

### Transmission Explanation

#### Table 1

**ST\*820\*124930286\*005010X306~**

Beginning of an HIX 820 transaction set, Control Number (124930286).

**BPR\*I\*520.91\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$520.91. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

#### Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2017 Statement is \$310.59.

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2017 Statement is 210.32.

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### **Table 3**

**SE\*15\*124930286~**

Transaction Set Trailer with segment count (15) and Control Number (124930286).

### Scenario 3: PBP Issuers Only

The Payee Group has FFE Issuers on PBP but the SBE issuers have not yet converted to PBP and are being paid using the Manual process. Included in this example are the 2016 Restatements from the Manual Process as Program-Level Amounts (2300 Loop only) as well as a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	1500.54	Program-Level	2016 Restatement from Manual Process for HIOS ID: 29497
2		CSRMADJ	700.10	Program-Level	2016 Restatement from Manual Process for HIOS ID: 29497
3		UFMADJ	-321.85	Program-Level	2016 Restatement from Manual Process for HIOS ID: 29497
4	Lucille Knowlesde	APTC	600	Policy-Level	
		CSR	100	Policy-Level	
		UF	-25	Policy-Level	
5	David Langleyde	APTC	400	Policy-Level	
		CSR	50	Policy-Level	
		UF	-15	Policy-Level	
	<b>Net Payment</b>		<b>\$2988.79</b>		

#### Transmission Explanation

**Table 1**

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*2988.79\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20160121~**

Total payment amount is \$2988.79. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2016.

**TRN\*3\*1234567890~**

The EFT Trace number (1234567890).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

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

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20162131~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSRMADJ payment amount for the 2016 Restatement is \$700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*UFMADJ\*\* -321.85~**

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

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

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

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

**RMR\*ZZ\*CSR\*\*100~**

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

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

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

**RMR\*ZZ\*UF\*\*-25~**

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

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

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



**ENT\*5~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

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

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

**RMR\*ZZ\*CSR\*\*50~**

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

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

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

**RMR\*ZZ\*UF\*\*-15~**

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

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

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

### Table 3

**SE\*43\*0002~**

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

## Scenario 4: Final HIX 820 – Payments Exceed Charges

This scenario is for the January 2014 coverage month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 777223.

Member	Payment Type	Amount Type (\$)
Jane Smith	APTC	600
Null	CSR	100
Null	UF	-25
John Doe	APTC	400
Null	CSR	50
Null	UF	-15
<b>Net Payment</b>		<b>\$1,110</b>

### Transmission Explanation

#### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*1110\*C\*ACH\*CCP\*\*\*\*\*01\*000000001\*DA\*123456772123\*20140128~**

Total payment amount is \$1,110. The payee's bank transit routing number is 000000001 and their bank account is 123456772123. The EFT effective date is January 28, 2014.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

#### Table 2

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*SMITH\*JANE\*\*\*\*C1\*12345677222~**

The subscriber's name (JANE SMITH) and Exchange Assigned Subscriber Identifier (12345677222).

**REF\*38\*12345MD000011202~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011202).

**REF\*POL\*4567~**

The Exchange Assigned Policy Identifier (4567).

**REF\*AZ\*PLAN1~**

The Issuer Assigned Policy Identifier (PLAN1).

**REF\*0F\*SUB123~**

The Issuer Assigned Subscriber Identifier (SUB123).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*DOE\*JOHN\*\*\*\*C1\*12345677223~**

The subscriber's name (JOHN DOE) and Exchange Assigned Subscriber Identifier (12345677223).

**REF\*38\*12346MD000011202~**

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011202).

**REF\*POL\*5678~**

The Exchange Assigned Policy Identifier (5678).

**REF\*AZ\*PLAN2~**

The Issuer Assigned Policy Identifier (PLAN2).

**REF\*OF\*SUB234~**

The Issuer Assigned Subscriber Identifier (SUB234).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

### **Table 3**

**SE\*31\*0002 ~**

Transaction Set Trailer with segment count (31) and Control Number (0002).

## Scenario 5: Charges Exceed Payments (Net Zero HIX 820 with an Invoice line) – FFE SADP with no APTC

This scenario is for the January 2017 payment month for a FFE Stand Alone Dental Plan with No APTC payment. Payment Type Code: Invoice Amount to bring the BPR02 field to \$0. This transaction corresponds to **CMS PPR – Charges Exceed Payments Net Zero HIX 820 with an Invoice line – FFE SADP with no APTC.**

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		INVOICE	140.50	Program-Level	Payee will receive dunning letter for this amount via mail
2		UF	-100.50	Program-Level	2016 Statement from Manual Process for HIOS ID: 29497
3	Lucille Knowlesde	UF	-25	Policy-Level	HIOS ID: 29497
4	David Langleyde	UF	-15	Policy-Level	HIOS ID: 29497
	<b>Net Payment</b>		<b>\$0</b>		

### Transmission Explanation

**Table 1**

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*0\*C\*NON\*\*\*\*\*20170128~**

Total payment amount is \$0. No payment was made. The date the 820 was created is January 28, 2017.

**TRN\*3\*123456789123567~**

The unique remittance identification number (123456789123567).

**N1\*PE\*USINS\*FI\*121231234~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

### ENT\*1~

Entity 1 is an example of a transaction at the program level, an Invoice amount. No policy information (2100 Loop) is provided for program level transactions.

### RMR\*ZZ\*INVOICE\*\*140.50~

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The INVOICE payment type code indicates the amount (\$140.50) that will be invoiced / billed to the payee since the total charges for the period have exceeded the total payments. The positive amount in this segment increases the overall BPR02 net payment amount to zero.

### DTM\*582\*\*\*RD8\*20170101-20170131~

The coverage period for this transaction is (01/01/2017 – 01/31/2017).

### ENT\*2~

Entity 2 is an example of a transaction at the program level. No policy information (2100 Loop) is provided for program level transactions.

### RMR\*ZZ\*UF\*\*-100.50~

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The UF payment type code indicates the amount for the 2016 restatement is (-\$100.50).

### REF\*0N\*ISSUERIDRPT\*29497~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

### DTM\*582\*\*\*RD8\*20161201-20161231~

The coverage period for this transaction is (12/01/2016 –12/31/2016).

### ENT\*3~

Start of detail loop for first detailed payment record.

### NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

### REF\*38\*29497DE006000602~

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

### REF\*POL\*000018209074370~

The Exchange Assigned Policy Identifier (000018209074370).

### REF\*AZ\*000018209074370~

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*4~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### Table 3

**SE\*30\*0002~**

Transaction Set Trailer with segment count (30) and Control Number (0002).

## Scenario 6: Final HIX 820 – Charges Exceed Payments (Net Zero HIX 820 with an Invoice) - FFE User Fees

This scenario is for the January 2014 coverage month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 123456777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 123456777223. Program: Invoice Amount to bring the BPR02 field to \$0.

Member	Payment Type	Amount (\$)
Jane Smith	UF	-25
John Doe	UF	-15
Program	INVOICE	40
<b>Net Payment</b>		<b>\$0</b>

### Transmission Explanation

**Table 1**

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*0\*C\*NON\*\*\*\*\*20140128~**

Total payment amount is \$0. No payment was made. The date the 820 was created is January 28, 2014.

**TRN\*3\*123456789123567~**

The unique remittance identification number (123456789123567).

**N1\*PE\*USINS\*FI\*121231234~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

**Table 2**

**ENT\*1~**

Start of detail loop for first detailed payment record

**NM1\*IL\*1\*SMITH\*JANE\*\*\*C1\*123456777222~**

The subscriber's name (JANE SMITH) and Exchange Assigned Subscriber Identifier (123456777222).



**REF\*38\*12345MD000011202~**

Exchange Assigned Qualified Health Plan Identifier (12345MD000011202).

**REF\*POL\*4567~**

Exchange Assigned Policy Identifier (4567).

**REF\*AZ\*PLAN1~**

Issuer Assigned Policy Identifier (PLAN1).

**REF\*0F\*SUB123~**

Issuer Assigned Subscriber Identifier (SUB123).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*DOE\*JOHN\*\*\*\*C1\*123456777223~**

The subscriber's name (JOHN DOE) and Exchange Assigned Subscriber Identifier (123456777223).

**REF\*38\*12346MD000011202~**

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011202).

**REF\*POL\*5678~**

The Exchange Assigned Policy Identifier (5678).

**REF\*AZ\*PLAN2~**

The Issuer Assigned Policy Identifier (PLAN2)

**REF\*0F\*SUB234~**

The Issuer Assigned Subscriber Identifier (SUB234).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**ENT\*3~**

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

**RMR\*ZZ\*INVOICE\*\*40~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The INVOICE payment type code indicates the amount (\$40) that will be invoiced / billed to the payee since the total charges for the period have exceeded the total payments. The positive amount in this segment increases the overall BPR02 net payment amount to zero.

**DTM\*582\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction is (01/01/2014 – 01/31/2014).

### **Table 3**

**SE\*26\*0002~**

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

## Scenario 7: FFE and SBE Issuers in Same Payee Group

This scenario is for FFE and SBE Issuers in the same payee group who participated in 2016 and 2017. This means the Payee Group will have both SBE issuers and FFE issuers. Included in this example are the 2016 Restatements for SBE Issuer and FFE Issuer and the new 2017 Payment Information from the SBE Issuer from the Manual Process as Program-Level Amounts (2300 only) as well as a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID. This transaction corresponds to **CMS PPR – Scenario 4: FFE and SBE Issuers in Same Payee Group**.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	600.35	Program-Level	2016 Restatement from Manual Process SBE Issuer
2		CSRMADJ	235.78	Program-Level	2016 Restatement from Manual Process SBE Issuer
3		APTCMADJ	1500.54	Program-Level	2016 Restatement from Manual Process FFE Issuer
4		CSRMADJ	700.10	Program-Level	2016 Restatement from Manual Process FFE Issuer
5		UFMADJ	-321.85	Program-Level	2016 Restatement from Manual Process FFE Issuer
6		APTCMADJ	310.59	Program-Level	2017 Statement from Manual Process SBE Issuer
7		CSRMADJ	210.32	Program-Level	2017 Statement from Manual Process SBE Issuer
8	Lucille Knowlesde	APTC	600	Policy-Level	
		CSR	100	Policy-Level	
		UF	-25	Policy-Level	
9	David Langleyde	APTC	400	Policy-Level	
		CSR	50	Policy-Level	
		UF	-15	Policy-Level	
	<b>Net Payment</b>		<b>\$4345.83</b>		

## Transmission Explanation

### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*4345.83\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$4345.83. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

### Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*600.35~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Restatement is \$600.35.

**REF\*0N\*ISSUERIDRPT\*56789~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*235.78~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2016 Restatement is \$235.78.

**REF\*0N\*ISSUERIDRPT\*56789~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Restatement is \$1500.54.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is 700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*5~**

**RMR\*ZZ\*UFMADJ\*\*321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is -\$321.85.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*6~**

**RMR\*ZZ\*APTCMADJ\*\*310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2017 Statement is \$310.59.

**REF\*0N\*ISSUERIDRPT\*56789~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*7~**

**RMR\*ZZ\*CSRMADJ\*\*210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2017 Statement is \$210.32.

**REF\*0N\*ISSUERIDRPT\*56789~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (56789). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*8~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*9~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

**The coverage period for this transaction (01/01/2017 – 01/31/2017).**

### **Table 3**

**SE\*59\*0002~**

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



## Scenario 8: Outstanding Debt Owed by the Payee (REDUCED)

This scenario is for the February 2017 payment month. The Payment Type Code: REDUCED is used to show a reduction in payment to cover an outstanding debt amount owed by a payee.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		REDUCED	-125.00	Program-Level	Issuers payment reduced due to previous Marketplace debt owed
2		APTC	1500.54	Program-Level	2016 Restatement from Manual Process
3		CSR	700.10	Program-Level	2016 Restatement from Manual Process
4		UF	-321.85	Program-Level	2016 Restatement from Manual Process
5	Lucille Knowlesde	APTC	600	Policy-Level	
		CSR	100	Policy-Level	
		UF	-25	Policy-Level	
6	David Langleyde	APTC	400	Policy-Level	
		CSR	50	Policy-Level	
		UF	-15	Policy-Level	
	<b>Net Payment</b>		<b>\$2863.79</b>		

### Transmission Explanation

**Table 1**

ST\*820\*0002\*005010X306~

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

**BPR\*I\*2863.79\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*2017  
0222~**

Total payment amount is \$2863.79. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is February 22, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

**ENT\*1~**

Entity 1 is an example of a transaction at the program level: a payment reduction to cover an outstanding debt amount owed by the payee (REDUCED). No policy information (2100 Loop) is provided for program level transactions.

**RMR\*ZZ\*REDUCED\*\*-125~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The REDUCED payment type code indicates the amount of the payment was reduced (-\$125) to pay for an outstanding debt owed by the Payee. The negative amount in this segment decreases the overall BPR02 net payment amount. This reduced amount will not appear on the corresponding PPR sent earlier in the month.

**REF\*0N\*INVOICERPT\*U1401B0051001001~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**ENT\*2~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

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

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is 700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

**RMR\*ZZ\*UFMADJ\*\*-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is -\$321.85.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*5~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*RD8\*20170102-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**ENT\*6~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).

### **Table 3**

**SE\*47\*0002~**

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

## Scenario 9: Issuers with Risk Corridors Payment and Contraceptive User Fee Adjustment

This scenario is for FFE issuers who participated in 2016 and 2017. This means the Payee Group does not have any SBE issuers in their payee group. Included in this example are the 2016 Restatements from the Manual Process as Program-Level Amounts (2300 Only) with a 12/1/2016-12/31/2016 coverage date as well as a new REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID. CMS PPR –Issuers with Risk Corridors Payment and Contraceptive User Fee Adjustment

This scenario also reflects a user fee reduction related to contraceptive care coverage and a Risk Corridors payment. These codes can apply to any type of issuer expecting these payments.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	1500.54	Program-Level	2016 Restatement from Manual Process HIOS ID: 29497
2		CSRMADJ	700.10	Program-Level	2016 Restatement from Manual Process HIOS ID: 29497
3		UFMADJ	-321.85	Program-Level	2016 Restatement from Manual Process HIOS ID: 29497
4		RC	200.10	Program-Level	Risk Corridors Payment HIOS ID: 29497
5		UFR	100	Program-Level	Contraceptive User Fee Adjustment HIOS ID: 29497
6	Lucille Knowlesde	APTC	600	Policy-Level	HIOS ID: 29497
		CSR	100	Policy-Level	HIOS ID: 29497
		UF	25	Policy-Level	HIOS ID: 29497
7	David Langleyde	APTC	400	Policy-Level	HIOS ID: 29497
		CSR	50	Policy-Level	HIOS ID: 29497
		UF	-15	Policy-Level	HIOS ID: 29497
	<b>Net Payment</b>		<b>\$3288.89</b>		

## Transmission Explanation

### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*3288.89\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*2017  
0121~**

Total payment amount is \$3288.89. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*1234567890~**

The EFT Trace number (1234567890).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

### Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTCMADJ payment amount for the 2016 Restatement is \$1500.54.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20162131~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSRMADJ payment amount for the 2016 Restatement is \$700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*UFMADJ\*\*-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UFMADJ payment amount for the 2016 Restatement is -\$321.85.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

**RMR\*ZZ\*RC\*\*200.10~**

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

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*5~**

**RMR\*ZZ\*UFR\*\*100~**

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

**REF\*0N\*ISSUERIDRPT\*29497~**



REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*6~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-\$25~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*7~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### **Table 3**

**SE\*51\*0002~**

Transaction Set Trailer with segment count (51) and Control Number (0002).

### Scenario 10: Financial Change in Circumstances (CIC) Partial Month

This scenario is for the February 2017 payment month. In this scenario the APTC for the January coverage month represented in Scenario 1 has been reversed in the amount of - \$600 for this policy (000018209074370) due to a mid-month new born. The subscriber, Lucille Knowlesde, has a new exchange policy ID (00001820906438) that includes a new dependent with a DOB of January 10th. For the month of January, the APTC \$600 will be prorated across the two policies. The new policy (00001820906438) that includes the additional dependent is effective Jan 10 - Jan 31st with a new APTC amount of \$650 prorated.

ENT	Subscriber Name	Payment Code	Amount	Exchange Assigned Policy ID	Exchange Assigned Subscriber ID	Coverage Dates
1	2016 Restatement	APTCMADJ	2000.00			Dec 1-Dec 31, 2016
2	2016 Restatement	CSRMADJ	700.00			Dec 1-Dec 31, 2016
3	2016 Restatement	UFMADJ	-300.00			Dec 1-Dec 31, 2016
4	Lucille Knowlesde	APTCADJ	-600	000018209074370	0000074370	Jan 1- Jan 31
		CSRADJ	-100	000018209074370	0000074370	Jan 1- Jan 31
		UFADJ	25	000018209074370	0000074370	Jan 1- Jan 31
		APTCADJ	174.19	000018209074370	0000074370	Jan 1-Jan 9
		CSRADJ	29.03	000018209074370	0000074370	Jan 1-Jan 9
		UFADJ	-7.26	000018209074370	0000074370	Jan 1-Jan 9
5	Lucille Knowlesde	APTCADJ	461.29	00001820906438	0000074370	Jan 10-Jan 31
		CSRADJ	88.71	00001820906438	0000074370	Jan 10-Jan 31
		UFADJ	-21.29	00001820906438	0000074370	Jan 10-Jan 31
		APTC	650	00001820906438	0000074370	Feb 1-Feb 28
		CSR	125	00001820906438	0000074370	Feb 1-Feb 28
		UF	-30	00001820906438	0000074370	Feb 1-Feb 28
6	David Langleyde	APTC	400	000018210174371	0000074371	Feb 1-Feb 28

ENT	Subscriber Name	Payment Code	Amount	Exchange Assigned Policy ID	Exchange Assigned Subscriber ID	Coverage Dates
		CSR	50	000018210174371	0000074371	Feb 1-Feb 28
		UF	-15	000018210174371	0000074371	Feb 1-Feb 28
	<b>Net Payment</b>		<b>\$3540.96</b>			

### Transmission Explanation

#### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*3540.96\*C\*ACH\*CCP\*\*\*\*\*01\*000000001\*DA\*123456772123\*20170228~**

Total payment amount is \$3540.96. The payee's bank transit routing number is 000000001 and their bank account is 123456772123. The EFT effective date is February 28, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

#### Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*2000~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Restatement is \$2000.00.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*700~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2016 Restatement is \$700.00.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*UFMADJ\*\*-300~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The User Fee Manual Adjustment payment amount for the 2016 Restatement is -\$300.00.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTCADJ\*\*-600~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The APTC Adjustment (APTCADJ) amount is -\$600 and is reversed due to the policy change in January. This completely reverses the APTC amount paid for this subscriber for the month of January.

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this adjustment transaction is (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSRADJ\*\*-100~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UFADJ\*\*25~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*APTCADJ\*\*174.19~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170109~**

The coverage period for this adjustment transaction is (01/01/2017 – 01/09/2017).

**RMR\*ZZ\*CSRADJ\*\*29.03~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170109~**

The coverage period for this transaction (01/01/2017 – 01/09/2017).

**RMR\*ZZ\*UFADJ\*\* -7.26~**

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

**DTM\*582\*\*\*RD8\*20170101-20170109~**

The coverage period for this transaction (01/01/2017 – 01/09/2017).

**ENT\*5~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (00001820906438).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (00001820906438).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTCADJ\*\*461.29~**

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

**DTM\*582\*\*\*RD8\*20170110-20170131~**

The coverage period for this adjustment transaction is (01/10/2017 – 01/31/2017).

**RMR\*ZZ\*CSRADJ\*\*88.71~**

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

**DTM\*582\*\*\*RD8\*20170110-20170131~**

The coverage period for this transaction (01/10/2017 – 01/31/2017).

**RMR\*ZZ\*UFADJ\*\* -21.29~**

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

**DTM\*582\*\*\*RD8\*20170110-20170131~**

The coverage period for this transaction (01/10/2017 – 01/31/2017).

**RMR\*ZZ\*APTC\*\*650~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**RMR\*ZZ\*CSR\*\*125~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**RMR\*ZZ\*UF\*\*-30~**

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

**DTM\*582\*\*\*RD8\*20170201-20170228~**

The coverage period for this transaction (02/01/2017 – 02/28/2017).

**ENT\*6~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).



**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*RD8\*20170201-20170229~**

The coverage period for this transaction (02/01/2017 – 02/29/2017).

### **Table 3**

**SE\*67\*0002~**

Transaction Set Trailer with segment count (67) and Control Number (0002).

## Scenario 11: 2016 SBE State Transitioning to FFE for 2017

This scenario is for SBE state transitioning to FFE for 2017. Included in this example are the 2016 Restatements from the Manual Process as Program-Level Amounts (2300 Loop only) as well as a new REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID. This transaction corresponds to **CMS PPR –2016 SBE State Transitioning to FFE for 2017**.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	1500.54	Program-Level	2016 Restatement from Manual Process HIOS ID: 29497
2		CSRMADJ	700.10	Program-Level	2016 Restatement from Manual Process HIOS ID: 29497
3	Lucille Knowlesde	APTC	600	Policy-Level	HIOS ID: 29497
		CSR	100	Policy-Level	HIOS ID: 29497
4	David Langleyde	APTC	400	Policy-Level	HIOS ID: 29497
		CSR	50	Policy-Level	HIOS ID: 29497
	<b>Net Payment</b>		\$3350.64		

### Transmission Explanation

**Table 1**

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*3350.64\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$3350.64. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*1234567890~**

The EFT Trace number (1234567890).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTCMADJ payment amount for the 2016 Restatement is \$1500.54.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20162101-20162131~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSRMADJ payment amount for the 2016 Restatement is \$700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497OR006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497OR006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*OF\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*4~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497OR006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497OR006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*OF\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**Table 3**

**SE\*35\*0002~**

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

## Scenario 12: State Based Exchange Example

The example below describe the information that will be sent to “XYZ SBE” for the following scenario: This scenario is for the January 2014 coverage month. Subscriber 1: Jane Smith, Exchange Assigned Subscriber Identifier 777222. Subscriber 2: John Doe, Exchange Assigned Subscriber Identifier 777223. Program: This is a Balancing Loop to bring the BPR02 field to \$0.

Member	Payment Type	Amount (\$)
Jane Smith	APTC	600
	CSR	100
John Doe	APTC	400
	CSR	50
Program	BAL	-1,150
<b>Net Payment</b>		<b>\$0</b>

### Transmission Explanation

#### Table 1

**ST\*820\*0001\*005010X306~**

Beginning of an 820 transaction set. Control number (0001).

**BPR\*I\*0\*C\* NON\*\*\*\*\*20140128~**

This is an informational 820 only. No payment was made. The total amount is \$0. The date the 820 was created is January 28, 2014.

**TRN\*3\*MD2014013101~**

The unique remittance identification number (MD2014013101)

**N1\*PE\*XYZ SBE\*FI\*12123123~**

The payee name (XYZ SBE) with Tax ID number\* (12-123123). Note that an 820 sent to an SBE will reflect payments made to issuers.

**N1\*RM\*CMS\*58\*CMS~**

Payer’s name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

The Payer’s informational contact email (CMS\_FEPS@cms.hhs.gov) and telephone number (800-267-1515).

**Table 2**

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*SMITH\*JANE\*\*\*\*C1\*12345677222~**

The subscriber's name (JANE SMITH) and Exchange Assigned Subscriber Identifier (12345677222).

**REF\*38\* 12345MD0020002~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD0020002).

**REF\*POL\*4567~**

The Exchange Assigned Policy Identifier (4567).

**REF\*AZ\*PLAN1~**

The Issuer Assigned Policy Identifier (PLAN1).

**REF\*0F\*SMITHJ123~**

The Issuer Assigned Subscriber Identifier (SMITHJ123).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction is (01/01/2014 – 01/31/2014).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*DOE\*JOHN\*\*\*\*C1\*12345677223~**

The subscriber's name (JOHN DOE) and Exchange Assigned Subscriber Identifier (12345677223).

**REF\*38\*12346MD0020002~**

The Exchange Assigned Qualified Health Plan Identifier (12346MD0020002).

**REF\*POL\*5678~**

The Exchange Assigned Policy Identifier (5678).

**REF\*AZ\*PLAN2~**

The Issuer Assigned Policy Identifier (PLAN2)

**REF\*0F\*DOEJ234~**

The Issuer Assigned Subscriber Identifier (DOEJ234).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction (01/01/2014 – 01/31/2014).

**ENT\*3~**

Entity 3 is an example of a transaction at the program level, BAL is a balancing loop which brings the BPR02 total amount to \$0 for NON Payment Method Code types.

**RMR\*ZZ\*BAL\*\*-1150~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Balancing Adjustment (BAL) transaction amount for this payee is -\$1,150. This brings the BPR02 total to \$0.

**DTM\*582\*\*\*\*RD8\*20140101-20140131~**

The coverage period for this transaction is (01/01/2014 – 01/31/2014).

**Table 3**

**SE\*30\*0001 ~**

Transaction Set Trailer with Segment Count (30) and Control Number (0001).



### Scenario 13: SBE-only Issuers in Same Payee Group

This scenario is for SBE Only Issuers in the same payee group who participated in 2016 and 2017. This means the Payee Group will not have any FFM Issuers. Included in this example are the 2016 Restatements for SBE Issuer and the new 2017 Payment Information from the SBE Issuer from the Manual Process as Program-Level Amounts (2300 only) as well as a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID. This transaction corresponds to **CMS PPR – Scenario 2: SBE-only Issuers in Same Payee Group.**

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	600.35	Program-Level	2016 Restatement from Manual Process SBE Issuer – 12345
2		CSRMADJ	235.78	Program-Level	2016 Restatement from Manual Process SBE Issuer - 12345
3		APTCMADJ	310.59	Program-Level	2017 Statement from Manual Process SBE Issuer - 23456
4		CSRMADJ	210.32	Program-Level	2017 Statement from Manual Process SBE Issuer - 23456
	<b>Net Payment</b>		<b>\$1357.04</b>		

#### Transmission Explanation

**Table 1**

**ST\*820\*124930288\*005010X306~**

Beginning of an HIX 820 transaction set, Control Number (124930288).

**BPR\*I\*1357.04\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$1357.04. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*600.35~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Restatement is \$600.35.

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*235.78~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The CSR payment amount for the 2016 Restatement is \$235.78.

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*APTCMADJ\*\*310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2017 Statement is \$310.59.

**REF\*0N\*ISSUERIDRPT\*23456~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (23456). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 –01/31/2017).

**ENT\*4~**

**RMR\*ZZ\*CSRMADJ\*\*210.32~**

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

**REF\*0N\*ISSUERIDRPT\*23456~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (23456). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### **Table 3**

**SE\*23\*124930288~**

Transaction Set Trailer with segment count (23) and Control Number (124930288).

## Scenario 14: 2016 SBE Payee Leaving the Marketplace

This scenario is for 2016 Payees leaving the Individual Marketplace. Included in this example is the 2016 Payment Information from the Issuer from the Manual Process as Program-Level Amounts (2300 only) as well as a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID.

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	310.59	Program-Level	2016 Restatement from Manual Process SBE Issuer
2		CSRMADJ	210.32	Program-Level	2016 Restatement from Manual Process SBE Issuer
	<b>Net Payment</b>		<b>\$520.91</b>		

### Transmission Explanation

#### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*520.91\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$520.91. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*310.59~**

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

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*210.32~**

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

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

## Table 3

**SE\*15\*0002~**

Transaction Set Trailer with segment count (15) and Control Number (0002).

## Scenario 15: FFE SHOP Issuers Participating in the Individual Market

This scenario is for FFE issuers who also participate in the SHOP Marketplace. Included in this example are the 2016 Restatements for FFE Issuer and the 2017 SHOP User Fee charges at the program level. Included is a REF Report Type Code of ISSUERIDRPT. In the document control number is the 5-digit HIOS Issuer ID. Included as well is a REF Report Type Code of SHOPUFRPT. In the document control number is the EFT Trace Number from the corresponding SHOP HIX 820 that was used to make the calculations. This transaction corresponds to **CMS PPR – Scenario 5: FFE SHOP Issuers Participating in the Individual Market.**

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
1		APTCMADJ	1500.54	Program-Level	2016 Restatement from Manual Process FFM Issuer
2		CSRMADJ	700.10	Program-Level	2016 Restatement from Manual Process FFM Issuer
3		UFMADJ	-321.85	Program-Level	2016 Restatement from Manual Process FFM Issuer
4		SHOPUF	-310.59	Program-Level	SHOP UF for 1 <sup>st</sup> week of Jan for FFM Issuer
5		SHOPUF	-210.32	Program-Level	SHOP UF for 2 <sup>nd</sup> week of Jan for FFM Issuer
6	Lucille Knowlesde	APTC	600	Policy-Level	
		CSR	100	Policy-Level	
		UF	-25	Policy-Level	
7	David Langleyde	APTC	400	Policy-Level	
		CSR	50	Policy-Level	
		UF	-15	Policy-Level	

ENT	Subscriber Name	Program	Amount	Policy-Level or Program	Notes
	Net Payment		\$2467.88		

### Transmission Explanation

#### Table 1

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*2467.88\*C\*ACH\*CCP\*\*\*\*\*01\*066033492\*DA\*123456789123456000\*20170121~**

Total payment amount is \$2467.88. The payee's bank transit routing number is 066033492 and their bank account is 123456789123456000. The EFT effective date is January 21, 2017.

**TRN\*3\*123456789123459~**

The EFT Trace number (123456789123459).

**N1\*PE\*NATIONAL\*FI\*121231233~**

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

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

#### Table 2

**ENT\*1~**

**RMR\*ZZ\*APTCMADJ\*\*1500.54~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTC payment amount for the 2016 Restatement is \$1500.54.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016– 12/31/2016).

**ENT\*2~**

**RMR\*ZZ\*CSRMADJ\*\*700.10~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is 700.10.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*3~**

**RMR\*ZZ\*UFMADJ\*\*-321.85~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The UF payment amount for the 2016 Restatement is -\$321.85.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**DTM\*582\*\*\*RD8\*20161201-20161231~**

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

**RMR\*ZZ\*SHOUF\*\*-310.59~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The SHOPUF payment amount for the 2017 Statement is -\$310.59.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**REF\*0N\*SHOPUFRPT\*8374575~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (SHOPUFRPT) and the Exchange Report Document Control Number (8374575). The Exchange Report Document Control Number references Issuer's SHOP 820 that corresponds to the 1st week of January on which the calculation



was made. For each week, there will be a separate ENT and REF that will correspond to the SHOP HIX 820 EFT Trace Numbers.

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*5~**

**RMR\*ZZ\*SHOPUF\*\*-210.32~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The SHOPUF payment amount for the 2017 Statement is -\$210.32.

**REF\*0N\*ISSUERIDRPT\*29497~**

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (29497). The Exchange Report Document Control Number references Issuer's HIOS ID.

**REF\*0N\*SHOPUFRPT\*736495~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*6~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*KNOWLESDE\*LUCILLE\*R\*\*IV\*C1\*0000074370~**

The subscriber's name (LUCILLE KNOWLESDE) and Exchange Assigned Subscriber Identifier (0000074370).

**REF\*38\*29497DE006000602~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000602).

**REF\*POL\*000018209074370~**

The Exchange Assigned Policy Identifier (000018209074370).

**REF\*AZ\*000018209074370~**

The Issuer Assigned Policy Identifier (000018209074370).

**REF\*0F\*0000074370~**

The Issuer Assigned Subscriber Identifier (0000074370).

**RMR\*ZZ\*APTC\*\*600~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*100~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-25~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**ENT\*7~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LANGLEYDE\*DAVID\*\*\*C1\*0000074371~**

The subscriber's name (DAVID LANGLEYDE) and Exchange Assigned Subscriber Identifier (0000074371).

**REF\*38\*29497DE006000603~**

The Exchange Assigned Qualified Health Plan Identifier (29497DE006000603).

**REF\*POL\*000018210174371~**

The Exchange Assigned Policy Identifier (000018210174371).

**REF\*AZ\*000018210174371~**

The Issuer Assigned Policy Identifier (000018210174371).

**REF\*0F\*0000074371~**

The Issuer Assigned Subscriber Identifier (0000074371).

**RMR\*ZZ\*APTC\*\*400~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*CSR\*\*50~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

**RMR\*ZZ\*UF\*\*-15~**

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

**DTM\*582\*\*\*RD8\*20170101-20170131~**

The coverage period for this transaction (01/01/2017 – 01/31/2017).

### **Table 3**

**SE\*53\*0002~**

Transaction Set Trailer with segment count (53) and Control Number (0002).

## Scenario 16: SHOP Family Plan (Employee + Dependent) Initial Enrollment Payment with Effectuated Issuer Identifiers

This scenario is for the February 2015 coverage month. Subscriber 1: Jane Lopez, Exchange Assigned Subscriber Identifier 123450006777222. Dependent: John Lopez, Exchange Assigned Dependent Identifier 123450000879455.

ENT	Payment Code	Amount (\$)
Jane Lopez	EMPLOYEEPREM	100
	EMPLOYERPREM	200
John Lopez	DEPENDENTPREM	50
	EMPLOYERPREM	200
<b>Net Payment</b>		<b>\$550</b>

### Transmission Explanation

#### Table 1

**ST\*820\*0001\*005010X306~**

Beginning of an HIX 820 transaction set, Control Number (0001).

**BPR\*I\*550\*C\*ACH\*CCP\*\*\*\*\*01\*777770000\*DA\*65996655\*20150228~**

Total payment amount is \$550. The payee's bank transit routing number is 777770000 and their bank account is 65996655. The EFT effective date is February 28, 2015.

**TRN\*3\*5678332~**

The EFT Trace number (5678332).

**N1\*PE\*HUMANA OF DC\*FI\*121231233~**

The payee's name (HUMANA OF DC) with Tax ID number (121231233).

**N1\*RM\*CMSSHOP\*58\*CMS~**

Payer's name is CMSSHOP and identifier is CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

#### Table 2

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JANE\*\*\*\*C1\*123450006777222~**

The subscriber's name (JANE LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222)).

**REF\*38\*12345MD000011201~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011201).

**REF\*1L\*3259250~**

The Issuer Assigned Employer Group Identifier (3259250).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**REF\*AZ\*PLAN1~**

The Issuer Assigned Policy Identifier (PLAN1).

**REF\*0F\*SUB123~**

The Issuer Assigned Subscriber Identifier (SUB123).

**RMR\*ZZ\*EMPLOYEEPREM\*\*100~**

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

**REF\*0N\*PAYMENTTRANSACTIONID\*DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction (02/01/2015 – 02/28/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*200~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Employer Premium payment amount for this subscriber is \$200.

**DTM\*582\*\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction is (02/01/2015 – 02/28/2015).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JOHN\*\*\*\*C1\*123450006777222~**

The subscriber's name (JOHN LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222).

**REF\*38\*12345MD000011201~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011201).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**REF\*60\*123450000879455~**

The Exchange Assigned Dependent Identifier (123450000879455).

**REF\*1W\*DEP12~**

The Issuer Assigned Dependent Identified (DEP12).

**RMR\*ZZ\*DEPENDENTPREM\*\*50~**

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

**REF\*0N\*PAYMENTTRANSACTIONID\*DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction is (02/01/2015 – 02/28/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*200~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Employer Premium payment amount for this dependent is \$200.

**DTM\*582\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction is (02/01/2015 – 02/28/2015).

### **Table 3**

**SE\*30\*0001~**

Transaction Set Trailer with segment count (30) and Control Number (0001).

## Scenario 17: SHOP Family Plan (Employee + Dependent) Initial Enrollment Premium Payment using Payment Transaction ID and Issuer is yet to Effectuate the 834 Enrollment

This scenario is for the January 2015 coverage month. Subscriber 1: Jane Lopez, Exchange Assigned Subscriber Identifier 123450006777222. Dependent: John Lopez, Exchange Assigned Dependent Identifier 123450000879455. FF SHOP is paying issuer (HUMANA OF DC) before receiving employee effectuation from issuer and using Payment Transaction ID (DC9999999999) as key identifier to uniquely tie an employer's Group XML, 834, and 820 transactions.

ENT	Payment Code	Amount (\$)
Jane Lopez	EMPLOYEEPREM	\$100
	EMPLOYEEPREM	\$200
John Lopez	DEPENDENTPREM	\$50
	EMPLOYERPREM	\$200
<b>Net Payment</b>		<b>\$550</b>

### Transmission Explanation

**Table 1**

**ST\*820\*0002\*005010X306~**

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

**BPR\*I\*550\*C\*ACH\*CCP\*\*\*\*\*01\*777770000\*DA\*65996655\*20150102~**

Total payment amount is \$550. The payee's bank transit routing number is 777770000 and their bank account is 65996655. The EFT effective date is January 2, 2015.

**TRN\*3\*5678333~**

The EFT Trace number (5678333).

**N1\*PE\*HUMANA OF DC\*FI\*121231233~**

The payee's name (HUMANA OF DC) with Tax ID number (121231233).

**N1\*RM\*CMSSHOP\*58\*CMS~**

Payer's name is CMSSHOP and identifier is CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

**Table 2**

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JANE\*\*\*\*C1\*123450006777222~**

The subscriber's name (JANE LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222).

**REF\*38\*12345MD0000112201~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011201).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**RMR\*ZZ\*EMPLOYEEPREM\*\*100~**

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

**REF\*0N\*PAYMENTTRANSACTIONID\*DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*\*RD8\*20150101-20150131~**

The coverage period for this transaction (01/01/2015 – 01/31/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*200~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Employer Premium payment amount for this subscriber is \$200.

**DTM\*582\*\*\*\*RD8\*20150101-20150131~**

The coverage period for this transaction is (01/01/2015 – 01/31/2015).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JOHN\*\*\*\*C1\*123450006777222~**

The subscriber's name (JOHN LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222).

**REF\*38\*12345MD0000112201~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011201).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**REF\*60\*123450000879455~**

The Exchange Assigned Dependent Identifier (123450000879455).



**RMR\*ZZ\*DEPENDENTPREM\*\*50~**

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

**REF\*0N\*PAYMENTTRANSACTIONID\* DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*RD8\*20150101-20150131~**

The coverage period for this transaction (01/01/2015 – 01/31/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*200~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Employer Premium payment amount for this dependent is \$200.

**DTM\*582\*\*\*RD8\*20150101-20150131~**

The coverage period for this transaction is (01/01/2015 – 01/31/2015).

**Table 3**

**SE\*26\*0002~**

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

## Scenario 18: FFE SHOP Death of a Dependent

This scenario is for the March 2015 coverage month. Subscriber 1: Jane Lopez, Exchange Assigned Subscriber Identifier 123450006777222. Dependent: John Lopez, Exchange Assigned Dependent Identifier 123450000879455.

Employer notified that John Lopez is deceased on Feb 14,

Negative amount used to show a reduction in payment to prorate February. In this case, February 2015 has 28 days and the dependent premium is only due for 14 days due to the untimely death of the dependent.

ENT	Payment Code	Amount (\$)
Jane Lopez	EMPLOYEEPREM	100
	EMPLOYERPREM	200
John Lopez	DEPENDENTPREMADJCANCEL	-50
	EMPLOYERPREMADJCANCEL	-200
(prorated amount previous month)	DEPENDENTPREM	25
(prorated amount previous month)	EMPLOYERPREM	100
<b>Net Payment</b>		<b>\$175</b>

### Transmission Explanation

**Table 1**

**ST\*820\*0004\*005010X306~**

Beginning of an HIX 820 transaction set, Control Number (0004).

**BPR\*I\*175\*C\*ACH\*CCP\*\*\*\*\*01\*777770000\*DA\*65996655\*20150331~**

Total payment amount is \$350. The payee's bank transit routing number is 777770000 and their bank account is 65996655. The EFT effective date is March 31, 2015.

**TRN\*3\*5678332~**

The EFT Trace number (5678332).

**N1\*PE\*HUMANA OF DC\*FI\*121231233~**

The payee's name (HUMANA OF DC) with Tax ID number (121231233).

**N1\*RM\*CMSSHOP\*58\*CMS~**

Payer's name is CMSSHOP and identifier is CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

**Table 2**

**ENT\*1~**

Start of detail loop for first detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JANE\*\*\*\*C1\*123450006777222~**

The subscriber's name (JANE LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222).

**REF\*38\*12345MD000011201~**

The Exchange Assigned Qualified Health Plan Identifier (12345MD000011201).

**REF\*1L\*3259250~**

The Issuer Assigned Employer Group Identifier (3259250).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**REF\*AZ\*PLAN1~**

The Issuer Assigned Policy Identifier (PLAN1).

**REF\*0F\*SUB123~**

The Issuer Assigned Subscriber Identifier (SUB123).

**RMR\*ZZ\*EMPLOYEEPREM\*\*100~**

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

**REF\*0N\*PAYMENTTRANSACTIONID\*DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*RD8\*20150301-20150331~**

The coverage period for this adjustment transaction is (03/01/2015 – 03/31/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*200~**

RMR02 refers to a code list published and maintained by CMS representing the Exchange Payment Type. The Employer Premium payment amount for this subscriber is \$200.

**DTM\*582\*\*\*RD8\*20150301-20150331~**

The coverage period for this transaction is (03/01/2015 – 03/31/2015).

**ENT\*2~**

Start of the detail loop for second detailed payment record.

**NM1\*IL\*1\*LOPEZ\*JOHN\*\*\*\*C1\*123450006777222~**

The dependent's name (JOHN LOPEZ) and Exchange Assigned Subscriber Identifier (123450006777222).

**REF\*38\*12346MD000011201~**

The Exchange Assigned Qualified Health Plan Identifier (12346MD000011201).

**REF\*POL\*175687498825178~**

The Exchange Assigned Policy Identifier (175687498825178).

**REF\*60\*123450000879455~**

The Exchange Assigned Dependent Identifier (123450000879455).

**REF\*1W\*DEP123~**

The Issuer Assigned Dependent Identified (DEP123).

**RMR\*ZZ\*DEPENDENTPREMADJCANCEL\*\*-50~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Dependent Premium payment amount for this policy to be recouped is -\$50.

**REF\*0N\*PAYMENTTRANSACTIONID\*DC9999999999~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction (02/01/2015 – 02/28/2015).

**RMR\*ZZ\*EMPLOYERPREMADJCANCEL\*\*-200~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Employer Premium payment amount for this policy to be recouped is -\$200.

**DTM\*582\*\*\*\*RD8\*20150201-20150228~**

The coverage period for this transaction (02/01/2015 – 02/28/2015).

**RMR\*ZZ\*DEPENDENTPREM\*\*25~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Dependent Premium payment amount prorated for the previous month is \$25.

**REF\*0N\*PAYMENTTRANSACTIONID\*DC999999999910~**

REF02 refers to the exchange related report type code list published and maintained by CMS. The Payment transaction identifier for this policy is DC9999999999.

**DTM\*582\*\*\*\*RD8\*20150201-20150214~**

The coverage period for this transaction (02/01/2015 – 02/14/2015).

**RMR\*ZZ\*EMPLOYERPREM\*\*100~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Employer Premium payment amount prorated for the previous month is \$100.

**DTM\*582\*\*\*RD8\*20150201-20150214~**

The coverage period for this transaction (02/01/2015 – 02/14/2015).

### **Table 3**

**SE\*35\*0004~**

Transaction Set Trailer with segment count (35) and Control Number (0004).

## Scenario 19: Transaction Details Included in the HIX820 Effective in the July 2017 Payment Cycle

CMS is enabling functionality on the HIX 820 from the July 2017 Payment cycle to provide additional transactional details in the Document control number field. This will be an optional field and when populated will contain specific details for the transaction.

The current definitive lists of Exchange Payment Type codes and Exchange-related Report Type codes are available at: <http://www.wpc-edi.com/reference/>.

ENT	Subscriber Name	Payment Code	Amount	Document Control Number	Coverage Dates
1	BCBSC	EXTLOAN	1000	94376	Dec 1-Dec 31, 2016
2		SHOPUF	50	94376	Dec 1-Dec 31, 2015
3		APTCMADJ	1000	94376	Jan 1-Jan 31, 2016
4		RA	-1000	12345	Dec 1-Dec 31, 2015
	<b>Net Payment</b>		<b>\$1050</b>		

### Transmission Explanation

**Table 1**

**ST\*820\*56007\*005010X306~**

Beginning of an HIX 820 transaction set, Control Number (56007).

**BPR\*I\*1050\*C\*ACH\*CCP\*\*\*\*\*01\*000090007\*DA\*22222222\*20170303~**

Total payment amount is \$1050. The payee's bank transit routing number is 000090007 and their bank account is 22222222. The EFT effective date is March 3, 2017.

**TRN\*3\*224001~**

The EFT Trace number (224001).

**N1\*PE\*BCBSC\*FI\*231610057~**

The payee's name (BCBSC) with Tax ID number (231610057).

**N1\*RM\*CMS\*58\*CMS~**

Payer's name and identifier are both CMS.

**PER\*IC\*EXCHANGE OPERATIONS**

**CENTER\*EM\*CMS\_FEPS@cms.hhs.gov\*TE\*8002671515~**

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

## Table 2

### ENT\*1~

#### RMR\*ZZ\*EXTLOAN\*\*1000~

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The Co-op Start-up Loan Amount of Offset is \$1000.00.

#### REF\*0N\*ISSUERIDRPT\*94376~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (94376). The Exchange Report Document Control Number references Issuer's HIOS ID.

#### REF\*0N\*INFORPT\*NOTE~

Manual Adjustment notes are placed here.

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

The coverage period for this transaction (12/01/2016 – 12/31/2016).

### ENT\*2~

#### RMR\*ZZ\*SHOPUF\*\*50~

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The SHOPUF payment amount for the 2017 Statement is \$50.

#### REF\*0N\*ISSUERIDRPT\*94376~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (94376). The Exchange Report Document Control Number references Issuer's HIOS ID.

#### REF\*0N\*SHOPUF RPT\*MA NOTES ARE PLACED HERE~

Additional transaction details are provided as notes and are reflected in this section.

#### DTM\*582\*\*\*RD8\*20150101-20150131~

The coverage period for this transaction (12/01/2015 – 12/31/2015).

### ENT\*3~

#### RMR\*ZZ\*APTCMADJ\*\*1000~

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The APTCMADJ payment amount for the 2015 Restatement is \$1000.

#### REF\*0N\*ISSUERIDRPT\*94376~

REF02 refers to the Exchange Report Type code list published and maintained by CMS. The Report Type Code (ISSUERIDRPT) and the Exchange Report Document Control Number (94376). The Exchange Report Document Control Number references Issuer's HIOS ID.

**REF\*0N\*INFORPT\***

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

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

The coverage period for this transaction (12/01/2016 – 12/31/2016).

**ENT\*4~**

**RMR\*ZZ\*RA\*\*-1000~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The RA payment amount for the 2016 Restatement is \$1000.00.

**REF\*0N\*ISSUERIDRPT\*12345~**

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

**REF\*0N\*RARPT\*I15CO123454376001 - MA NOTES CONCATENATED WITH INVOICE NUMBER~**

RMR02 refers to the Exchange Payment Type code list published and maintained by CMS. The RA Report Invoice Number is I15CO123454376001. Any additional transaction detailed text is concatenated with the Invoice Number.

**DTM\*582\*\*\*\*RD8\*20150101-20150131~**

The coverage period for this transaction (12/01/2015 – 12/31/2015).

**SE\*27\*56007~**

Transaction Set Trailer with segment count (27) and Control Number (56007).



## **10. Acknowledgements**

The Hub expects to receive a TA1 acknowledgement for every outbound Interchange in which a HIX 820 and SHOP HIX 820 transaction set is sent.

The Hub expects to receive a 999 acknowledgement for every functional group in every outbound HIX 820 and SHOP HIX 820 file sent.

## 11. Acronyms/Glossary

Acronym/Term	Description
PPACA	Patient Protection Affordable Care Act
APTC	Advance Payments of the Premium Tax Credit
ASC	Accredited Standards Committee
Cancellation of Health Coverage	<p>Termination of health coverage PRIOR to the effective date of the health coverage.</p> <p>The enrollee requests that the health coverage they previously selected is cancelled prior to the first possible effective date.</p> <p>(Cancellation = Prior to effective date of coverage Termination = After effective date of coverage)</p>
CCIIO	Center for Consumer Information and Insurance Oversight
CG	Companion Guide
CMS EFT	CMS Enterprise File Transfer
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reduction
Advance CSR	Advance Cost-sharing Reduction Payment
DHHS	Department of Health and Human Services
EDI	Electronic Data Interchange
EDS	Enrollment Data Store
EFT	Electronic Funds Transfer
FEPS	Federal Exchange Program System
FF-SHOP	Federally Facilitated Small Business Health Option Program
FFE	<p>Federally Facilitated Exchange</p> <p>(HHS operates)</p>
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
Hub	Data Services Hub; Referred to as the Hub
IG	Implementation Guide
PHS	Public Health Service
QHP	Qualified Health Plan
MEC	Minimum Essential Coverage
SBE	<p>State Based Exchange</p> <p>State operates all Exchange activities</p>
SFTP	Secure File Transfer Protocol
SHOP	Small Business Health Option Program

Acronym/Term	Description
Termination of Health Coverage	Terminate (end-date) health coverage after the health coverage effective date. (Cancellation = Prior to effective date of coverage Termination = After effective date of coverage)
TR3	Type 3 Technical Report
UF	Federally-facilitated Exchange User Fee
XOC	Exchange Operational Support Center

## 12. Change Summary

Version	Date	Comments
1.0	05/14/13	Response to comments received in March 2013
1.1	08/23/13	SBE HIX 820 Instructions and additional scenarios added.
1.2	09/19/14	SHOP HIX 820 Instructions and scenarios added
2.0	10/6/14	Updated HIX 820 scenarios
3.0	04/29/15	Version Number and Date updated
3.0	04/29/15	Section 7 <ul style="list-style-type: none"> <li>Information regarding the HIX 820 Initial (Detailed) transaction deleted; information regarding the HIX 820 Final (Summary) Transaction added.</li> </ul>
3.0	04/29/15	Section 7.1, Table 1 <ul style="list-style-type: none"> <li>Globally updated language regarding Issuer Assigned Employer Group Identifiers to read “This segment will not be transmitted”</li> </ul>
3.0	04/29/15	Section 10 <ul style="list-style-type: none"> <li>Updated the HIX 820 Scenario Table of Contents</li> <li>Deleted Scenario 1a – Initial HIX 820 – Payments Exceed Charges</li> <li>Deleted Scenario 2a – Charges Exceed Payments – FFE User Fees</li> </ul>
4.0	6/20/2017	<ul style="list-style-type: none"> <li>Updated FFM/SBM to FFE/SBE; added ‘Payment Protection’ to ‘Affordable Care Act’</li> <li>Marketplace to Exchange</li> <li>Additional Scenarios included</li> </ul>