BENEFIT ENROLLMENT (834) COMPANION GUIDE

July 26, 2013

Version 1.0.1

Revision History

Date	Version	Changes	Author	Reviewed by
05-22-2013	1.0a	Baseline	Vik Kodipelli	
05-28-2013	1.1a	Made changes to few sections to include DC specific information	Yesh Somashekhara	
06/21/2013	1.2a	Made several generic changes and added to Trading Partner, File Types and Frequency, EDI Acknowledgements and Confirmations, Error File – DC Exchange to Carrier, Carrier to DC Exchange, File Handling, Error Handling, and Encryption	Sara Cormeny	
07/16/2013	1.0	Draft, Reset document version to 1.0 to coordinate across all guides.	Sara Cormeny Dan Thomas	Saadi Mirza Yeshwanth Somashekhara David Sloand Gautham Palani Apurva Chokshi Trunal Kamble
07/26/2013	1.0.1	Added email/phone contacts. Corrections to File naming conventions	Dan Thomas	Sara Cormeny

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1   Introduction

1.1   Purpose and Scope

This document provides information about Carrier Integration when the District of Columbia Health Benefit Exchange (referred to as "DC HBX" or "DC Exchange") is the aggregator of enrollment data for carriers or the recipient of enrollment data from carriers.

This document describes the use and exchange of member enrollment, change and termination messages that will be used for both the Individual and Small Business Health Options Program (SHOP) markets.

1.2   Intended Audience

This document is written for system architects, EDI developers, network engineers and others who are involved in the integration program of Carrier systems with DC Exchange.

1.3   Background of DC Health Exchange

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. A key provision of the law requires all states to participate in a Health Benefit Exchange beginning January 1, 2014. The District of Columbia declared its intention to establish a state based health benefit exchange in 2011 with the introduction and enactment of the Health Benefit Exchange Authority Establishment Act of 2011, effective March 3, 2012 (D.C. Law 19-0094).

The Health Benefit Exchange Authority Establishment Act of 2011 establishes the following core responsibilities for the Exchange:

1. Enable individuals and small employers to find affordable and easier-to-understand health insurance
2. Facilitate the purchase and sale of qualified health plans
3. Assist small employers in facilitating the enrollment of their employees in qualified health plans
4. Reduce the number of uninsured
5. Provide a transparent marketplace for health benefit plans
6. Educate consumers
7. Assist individuals and groups to access programs, premium assistance tax credits, and cost-sharing reductions

The DC Exchange is responsible for the development and operation of all core Exchange functions including the following:

1. Certification of Qualified Health Plans and Qualified Dental Plans
2. Operation of a Small Business Health Options Program (SHOP)
3. Consumer support for coverage decisions
4. Eligibility determinations for individuals and families
5. Enrollment in Qualified Health Plans
6. Contracting with certified carriers
7. Determination for exemptions from the individual mandate

1.4   Trading Partner Agreement

A Trading Partner Agreement (TPA) is created between participants in Electronic Data Interchange (EDI) file exchanges. All trading partners who wish to exchange 5010 transaction sets electronically to/from DC Exchange via the ASC X12N 834, Benefit Enrollment and Maintenance (Version 005010X220A1) and receive corresponding EDI responses, must execute a TPA and successfully complete Trading Partner testing to ensure their systems and connectivity are working correctly prior to any production activity.

1.5   Regulatory Compliance

The DC Exchange will comply with the data encryption policy as outlined in the HIPAA Privacy and Security regulations regarding the need to encrypt health information and other confidential data. All data within a transaction that are included in the HIPAA definition of Electronic Protected Health Information (ePHI) will be subject to the HIPAA Privacy and Security regulations, and DC Exchange will adhere to such regulations and the associated encryption rules. All Trading Partners also are expected to comply with these regulations and encryption policies. (Please refer to the DC Exchange Carrier Onboarding Document for additional information).

1.6   Key Terms

The following are definitions for acronyms used in this document.

Table 1: Acronyms

Acronym	Definition
ACA	Affordable Care Act
APTC	Advance Payments of the Premium Tax Credit
ASC	Accredited Standards Committee
Cancellation of Health Coverage	End health coverage prior to the health coverage effective date. (Cancellation = Prior to effective date of coverage Termination = After effective date of coverage)
CCIIO	Center for Consumer Information and Insurance Oversight
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reduction
EDI	Electronic Data Interchange
EDS	Enrollment Data Store
EFT	Enterprise File Transfer
FEPS	Federal Exchange Program System
FF-SHOP	Federally Facilitated Small Business Health Option Program
FFE	Federally Facilitated Exchange operated by HHS
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	State-Based Exchange
SFTP	Secure File Transfer Protocol
SHOP	Small Business Health Option Program
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)
Companion Guide Technical Information (TI)	The Technical Information (TI) section of the ASC X12 Template format for a Companion Guide which supplements an ASC X12 Technical Report Type 3 (TR3)
TR3	Type 3 Technical Report
XOC	eXchange Operational Support Center

1.7   Related Resources

This Benefit Enrollment Companion Guide is one in a series of documents that describes and specifies communication between the Exchange and carriers. Below is a list of related guides and specifications. Current versions of these resources may be obtained at the DC Health Benefit Exchange Web site (see How to Contact Us).

Table 2: Related Resources

Resource	Description
CMS Companion Guide for the Federally Facilitated Exchange (FFE)	Provides information on usage of 834 transaction based on 005010X220 Implementation Guide and its associated 005010X220A1 addenda
Trading Partner Agreements (TPA)	Outlines the requirements for the transfer of EDI information between a Carrier and DC Exchange
DC Exchange Carrier Onboarding Document	Contains all the information required for Carrier to connect and communicate with the DC Exchange, i.e. machine addresses, security protocols, security credentials, encryption methods
DC Exchange Carrier Integration Manual	Provides a comprehensive guide to the services offered by DC Exchange
DC Exchange Premium Payment Companion Guide	Provides technical information on 820 transactions supported by DC Exchange
DC Exchange Carrier Testing Document	Contains the testing strategy for DC Exchange – Carriers integration
DC Exchange Transaction Error Handling Guide	Provides details on exchange message validation and error handling
Employer Demographic XSD	XML schema definition for exchanging Employer Demographic information
Broker Demographic XSD	XML schema definition for exchanging Broker Demographic information
Reconciliation Report Template	Excel file template for Carriers to report and resolve discrepancies between Carrier and DC Exchange subscriber databases

1.8   How to Contact Us

The DC Exchange maintains a Web site with Carrier-related information along with email and telephone support:

- **Web**:   http://dchbx.com/page/carrier-information
- **Email**:   carriersupport@dchbx.com
- **Web**:   http://dchbx.com/page/carrier-information
- **Email**:   carriersupport@dchbx.com
- **Phone**:
    - (202) nnn-nnnn – Reconciliation/business process support
    - (202) 317-0287 - Concierge, general Carrier EDI support
    - (202) 320-7308 - technical Carrier EDI support

2   Electronic Communication with the DC Exchange

The DC Exchange will use EDI X12 standard formats in combination with custom files to support the exchange of necessary information with Carriers.

2.1   EDI Standards Supported

The DC Exchange uses the EDI ASC X12N standard formats for exchanging benefit enrollment and premium payment remittance information. The specifications and versions are as follows:

Specification	Version
EDI X12 834	005010X220A1
EDI X12 820	005010X306
EDI X12 TA1	005010231A1: Interchange Acknowledgement
EDI X12 999	005010231A1: Implementation Acknowledgement

2.2   SNIP Level Validation

The DC Exchange and Carriers will follow the SNIP 1 and SNIP 2 edits mandated by HIPAA.

WEDI SNIP Level 1: EDI Syntax Integrity Validation Syntax errors, also referred to as Integrity Testing, which is at the file level. This level verifies that valid EDI syntax for each type of transaction has been submitted. The transaction level is rejected with a 999 or a TA1 and will be sent to the submitter.

. Examples of these errors include, but are not limited to:

- Date or time is invalid.
- Telephone number is invalid.
- Data element is too long.

WEDI SNIP Level 2: HIPAA Syntactical Requirement Validation. This level is for HIPAA syntax errors. This level is also referred to as Requirement Testing. This level will verify that the transaction sets adhere to HIPAA implementation guides.

Examples of these errors include, but are not limited to:

- Invalid Social Security Number.
- Missing/Invalid Enrollee information.
- Patient's city, state, or zip is missing or invalid.
- Invalid character or data element.

2.3   Connecting to the DC Exchange

The DC Exchange publishes secure Internet resources that a Carrier may access to exchange electronic information. Under the Trading Partner setup process, a Carrier completes the DC Exchange Onboarding Document.

The Onboarding Document collects information about Carrier technical contacts, network details and other information necessary to establish secure communication. Based on this information, the DC Exchange will configure networks, create credentials, generate keys and forward these to the Carrier along with information necessary to connect to DC Exchange resources.

2.4   File Transfer and Security

The DC Exchange uses Pretty Good Privacy (PGP) to provide a secured method of sending and receiving information between two parties. Using PGP, sensitive information in electronic files is protected during transmission over the open Internet. The DC Exchange will administer and issue PGP keys to Carriers that provide appropriate access to exchange file and enable email-based communications.

The DC Exchange provides a landing zone for the placement of incoming or outgoing files. This landing zone is a secured environment where each Carrier can conduct private transactions with the DC Exchange. The Carrier will use SSH FTP protocol to transfer files to and from the landing zone.

The DC Exchange will also support SSH SMTP services. Carriers and the Exchange can use this to send email messages that contain private or sensitive content.

2.5   File Types and Frequency

There are four types of files that will support member enrollment and change information:

1. **Change File**: A file containing any changes. Any new record or update to a membership record will be included on the appropriate change file.
2. **Audit File**: An audit file containing the current view of the membership. So whether a member has been involved in a change or not, the file is sent to Carriers.
3. **Interchange Acknowledgement**: file header verification
4. **Functional Acknowledgement**: file content syntactic verification

*Please note: Throughout this document, "Daily" means business days; files will not be exchanged on weekends or Federal and District holidays.

**Please note: As of Oct. 1, 2013, the DC Exchange will not require Confirmation 834 EDI's from Carriers.   We will revisit this policy in the future.

Table 3: File Types and Frequency

DC Exchange	File Type	File Content	Frequency
Individual	Change File	Initial Enrollment 834	Daily*
	Change File	Effectuation 834 EDI	Upon processing of Initial Enrollment 834 EDI file
	Change File	Maintenance 834	Daily*
	Change File	Confirmation 834 EDI**	Upon processing of Maintenance 834 EDI file
	Audit	Full File 834	Weekly/Monthly
	Interchange Acknowledgement	TA1	Upon Receipt of 834
	Functional Acknowledgement	999	Upon processing of 834
SHOP	Change File	Initial Enrollment 834	Daily*
	Change File	Effectuation 834 EDI	Upon processing of Initial Enrollment 834 EDI file
	Change File	Maintenance 834	Daily*
	Change File	Confirmation 834 EDI**	Upon processing of Maintenance 834 EDI file
	Audit	Full File 834	Weekly/Monthly
	Interchange Acknowledgement	TA1	Upon Receipt of 834
	Functional Acknowledgement	999	Upon processing of 834

Table 4 lists 834 transactions by type and direction of message travel.

Table 4: 834 Transactions and Exchange Flow

Transaction Type	DC Exchange to Carrier	Carrier to DC Exchange
Initial Enrollment	X	
Effectuation		X
Error 999 / TA1	X	X
Cancellation	X	X
Termination	X	X
Reinstatement	X	X
Change	X	
Audit	X	
Reconciliation		X

2.6 File Naming

Files follow a naming convention as follows, broken down into identifying parts that enable interpretation of its content type, vintage, source, etc. Each file name part is separated by an underscore "_" to allow parsing.   See Table 5 for explanation and values of each file name part.

[FileStandard_DateTime_IssuerID_GroupID_FileType_FileContent_ExchangeType.pgp]

For Example:

File name	Meaning
834_201305141422Z_CFBCI_DCHBX_C_EF_I_1.pgp	834 file, produced May 14, 2013 at 2:22pm GMT, authored by carrier identified by "CFBCI", subject is DC Exchange individual subscribers, purpose is database update, content is effectuation notices, market is individual subscribers, file contains one or more records and is PGP encrypted.

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Table 5: File Naming Convention

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File Name Part	Description	Possible Values	
File Standard	Structure: X12 specification	"834"	Enrollment & Maintenance
		"TA1"	Technical Acknowledgement
		"999"	Functional Acknowledgement
Date Time	Timestamp: UTC date and time in the format yyyyMMddHHmm. Suffix Z indicates UTC.	Example: 201305141422Z	
Issuer ID	Carrier: DC Exchange-assigned unique identifier for Carrier that created file.	<CarrierID>	IDs are established though trading partner agreements
Group ID	Subject: group with which content is associated. If value is DC Exchange ID, content is Individual market. If TaxID, content refers to SHOP Employer without Carrier assigned ID. If GroupID, content refers to SHOP Employer identified by the referenced Carrier ID	"DCHBX"	DC Exchange ID
		<TaxID>	Tax ID number of the employer or broker
		<GroupID>	Carrier Group identifier
File Purpose	Purpose: Whether content is intended for database update or comparison/reconciliation.	"C"	Change File
		"A"	Audit File
File Content	Content: Whether this is an Initial Enrollment file, Maintenance File, Full File	"E"	Initial Enrollment File
		"EF"	Effectuation file
		"M"	Maintenance File
		"F"	Full File
Exchange Market	Market: Whether content is Individual Exchange or SHOP Exchange	"I"	Individual Exchange
		"S"	SHOP Exchange
Process Flag	Presence of file is positive acknowledgement that exchange partner has successfully completed processing. Flag value indicates whether file contains new content to exchange or is empty (no new messages).	"1"	File has content to process
		"0"	File is empty
File Extension	File encryption type	".pgp"	PGP encrypted

3   EDI Implementation

3.1   Character Set

- As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters with the exception of those used for delimiters.
- All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up.
- DC Exchange Representative will discuss options with trading partners, if applicable.
- To avoid syntax errors hyphens, parentheses, and spaces should not be used in values for identifiers. (Examples: Tax ID 123654321, SSN 123456789, Phone 8001235010)

3.2   834 Control Segments/Envelope

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA Implementation Guides. The following sections address specific information needed by the DC Exchange in order to process the ASC X12N/005010X220A1-834 Benefit Enrollment and Maintenance Transaction. This information will be used in conjunction with the ASC X12N/005010X220 Premium Payment Transaction TR3.

The DC Exchange will accept:

- Single ISA-IEA envelope within a single physical file.
- Single GS-GE envelope within a single ISA-IEA interchange.
- Multiple ST-SE envelopes within a single GS-GE functional group.

Table 6: Control Segments

Element Name	Element	Value
Interchange Control Header	ISA	
Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Security Information	ISA04	This data element will be blank
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	Sender's Federal Tax ID
Interchange ID Qualifier	ISA07	"ZZ"
Interchange Receiver ID	ISA08	Receiver's Federal Tax ID
Interchange Date	ISA09	Date of interchange
Interchange Time	ISA10	Time of interchange
Interchange Control Version Number	ISA12	00501
Interchange Control Number	ISA13	A unique control number assigned by DC Exchange. Note that manual problem resolution may require the re-transmission of an existing control number.
Interchange Acknowledgment Requested	ISA14	"1"

Element Name	Element	Value
Interchange Usage Indicator	ISA15	"P" Production Data "T" Test Data
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	Sender's Code (Usually, but not necessarily, the Sender's Federal Tax ID)
Application Receiver's Code	GS03	Receiver's Federal Tax ID

4   EDI 834 Supplemental Instructions

This section explains where the DC Exchange deviates from the published X12 834 EDI standards, such as extending loop definitions or constraining allowable codes. It also covers special circumstances where the DC Exchange has turned to non-EDI message exchange to support requirements beyond those envisioned under the standards.

4.1   Broker Demographic Data

The broker demographic transaction provides broker-related data to the Carriers via a batch process. The DC Exchange compiles broker data in an XML file under the following scenarios:

- New broker is accepted to the DC Exchange
- Updates to existing broker data
- Broker termination

The DC Exchange will post a Broker demographic file for Carrier access each business day. Carriers must download and process this content before processing the 834 EDI files, as the 834s may contain references to the new broker information. Table 7 shows specifications related to this transaction.

Table 7: Broker Demographics Transaction Details

Interaction Model	Batch
File Name	BrokerData_yyyyMMddHHmm_<Carrier_ID>_<Broker_ID>.xml.pgp
Frequency	Daily
Inbound File Format	XML file containing the demographics data
Outbound File Format	XML response indicating success/failure
Exchange Process	DC Exchange compiles data of all newly added brokers as well as of updated data of existing brokers into an XML file. The Carriers pick up the file, process it and then send appropriate XML response to DC Exchange.
Success	XML response with appropriate response code
Failure	XML response with appropriate error codes and description
Error Handling	Refer to Validation and Error Handling

Figure 1: 834 Broker Demographics Data to Carrier

Figure 1 Sequence:

1. DC Exchange sends Broker Demographics Data in an XML file to Carrier.
2. The Carrier successfully processes the XML before processing the 834 initial enrollment.
3. The Carrier sends success XML response.
4. In case of error processing the file, Carrier sends a Failure XML response.
5. DC Exchange resends the file.
6. In case of issues Carrier contacts DC Exchange support.

4.2   Employer Demographic Data

The employer demographic transaction provides employer/group-related data to the Carriers via a batch process. DC Exchange compiles the demographic data in an XML file in following scenarios:

- New employer/group being onboarded on DC Exchange.
- Updates to existing employer/group data.
- Employer/Group termination.

The DC Exchange will post Employer demographic file for Carrier access daily as this information becomes available. Carriers must download and process this information within one business day. On the next business day, Carriers will upload a confirmation XML file with the Carrier-assigned group ID and associated information. Once the DC Exchange processes this confirmation, 834 initial enrollment messages associated and referencing this new group will begin to post. Table 8 shows specifications related to this transaction.

Table 8: Employer Demographic Transaction Details

Interaction Model	Batch
File Name	EmployerData_yyyyMMddHHmm_<Carrier_ID>_<Group_ID>.xml.pgp
Frequency	Daily
Inbound File Format	XML file containing the demographics data
Outbound File Format	XML response indicating success/failure
Exchange Process	DC Exchange compiles data of all newly added employers/groups as well as of

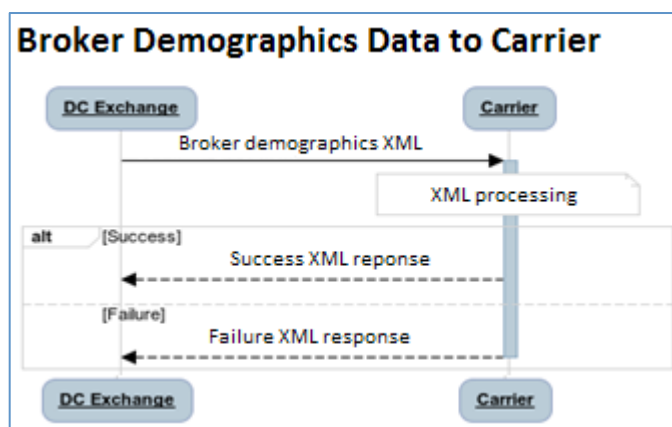|	updated data of existing employers/groups into an XML file. The Carriers pick up the file, process it and then send appropriate XML response to DC Exchange.
Success	XML response with appropriate response code
Failure	XML response with appropriate error codes and description
Error Handling	Refer to Validation and Error Handling
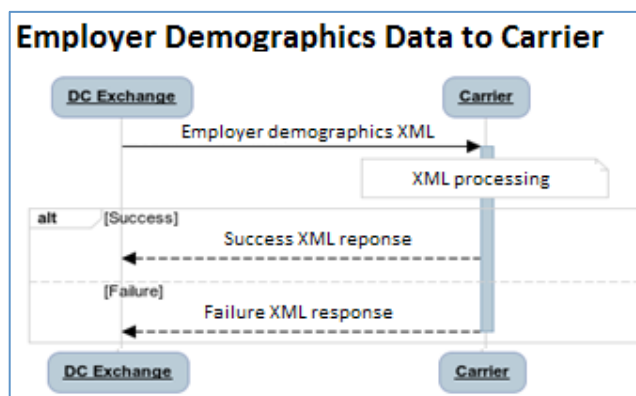
Figure 2: 834 Employer Demographics Data to Carrier

Figure 2 Sequence:

1. DC Exchange sends Employer Demographics Data in an XML file to Carrier.
2. The Carrier Successfully processes the XML before processing the 834 initial enrollments.
3. The Carrier Sends Success XML response.
4. In case of error processing the file Carrier sends a Failure XML response.
5. DC Exchange resends the file.
6. In case of issues Carrier contacts DC Exchange support.

4.3 Initial Enrollment

The DC Exchange will generate separate 834 files for initial enrollments and maintenance of enrollments. The intent is to simplify management and processing of carrier-produced effectuation notifications by separating them from maintenance files, which use a different approach to confirmation where necessary.

Enrollment 834 records are further subdivided as follows:

1. Individual enrollments in one file only
2. SHOP enrollments in one file for employer.

In other words, a separate SHOP enrollment file will be generated for each employer group.

The trigger to send an initial enrollment to the Carrier is an applicant is determined eligible by the DC Exchange, a QHP is selected; and the binder payment either cleared or flagged for invoice processing by Carrier. Table 9 shows specifications related to this transaction. Figure 3 is a sequence diagram that illustrates the initial enrollment process.

Table 9: Initial Enrollment Transaction Details

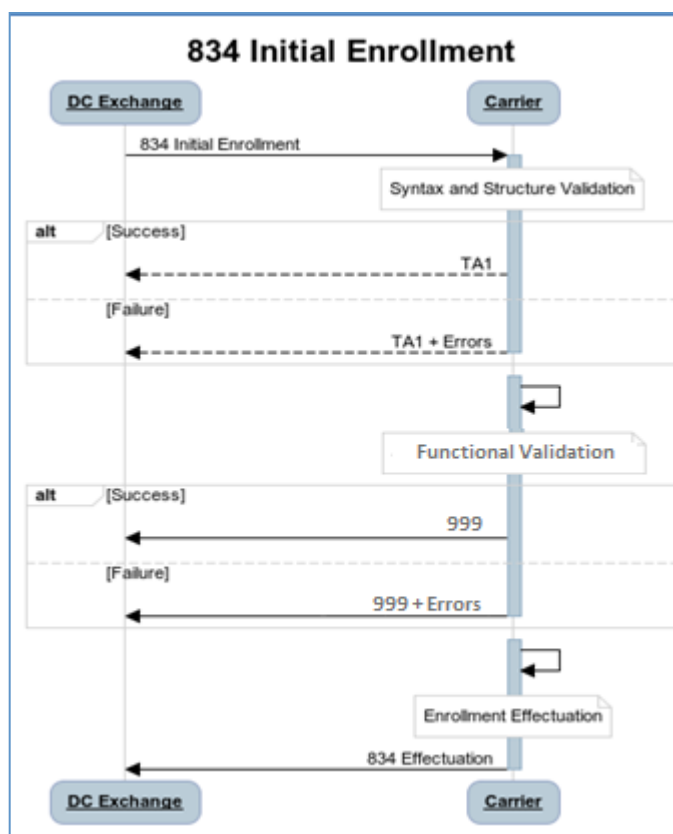| Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_ DCHBX_C_E_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the companion guide published by DC Exchange.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all enrollment related data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

Figure 3: 834 Initial Enrollment Sequence Diagram

Figure 3 Sequence:

1. DC Exchange sends EDI X12 834 Enrollment Data file to Carrier.
2. Carrier sends acknowledgment (TA1) back to the DC Exchange.
3. In case of syntactical errors, the Carrier sends an acknowledgment (TA1) along with errors.
4. Carrier processes the file and sends a functional acknowledgment (EDI X12 999) without error codes to the DC Exchange if there are no functional errors in the file.
5. In case of error scenario, the Carrier sends a functional acknowledgment (EDI X12 999) along with the error codes.
6. In case of no functional errors, the Carrier carries out enrollment effectuation process and sends an effectuation data file (EDI X12 834) to the DC Exchange.

Subscribers and Dependents must be sent as separate occurrences of Loop 2000 within the same file. The initial enrollment for the subscriber must be referenced before the initial enrollment for any of the subscriber's dependents. Similarly, life change events, such as adding a dependent to an existing policy, will be treated as a new enrollment with the existing subscriber listed before the new dependents.

Of special note, the DC Exchange has extended the 2700/2750 loops, as required to by CMS for FFE engagements. According to the FFE Guide the 2700 Loop – Member Reporting Categories Loop, a number of Member Reporting Categories, and associated information must be transmitted in 834. When there is no information to be sent, for example, it is an indication that the individual does not qualify for the given category. When the 2700 Loop is present, the 2750 will be sent and the DC Exchange will be in compliance with this directive supported by the following fields in the 2750 Loop:

- APTC amount (APTC category) NOTE: Sent when the member qualifies for APTC. If the member has elected no APTC amount, then zero shall be transmitted
- CSR amount (CSR amount category) **Note**: Sent when the member qualifies for CSR. If the member does not qualify then no CSR amount shall be sent.
- Premium amount (premium category) - For individual rated coverage, this is the individual premium rate. For family rated coverage, this is the family.
- Rating area used to determine premium amounts (premium category). DC does not use rating areas so this will never be transferred.
- Source Exchange ID (source category)
- Special Enrollment Period Reason (SEP category)
- Total individual responsibility amount (payment category)
- Total premium for the health coverage sent at the member level (premium category)
- Total employer responsibility amount (payment category) – SHOP

In addition to the above fields, the District Exchange will add: N102 value of "CARRIER TO BILL" that indicates the individual has chosen to have the Carrier collect the first month's premium.

Table 10 specifies the 834 initial enrollment message structures for transmission from the DC Exchange to Carrier.

Table 10: Initial Enrollment Supplemental Instructions (DC Exchange to Carrier)

Loop	Element	Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN08	Action Code	2	"Change" Used to identify a transaction of additions
Header	REF	Transaction Set Policy Number		There is never a unique ID number applicable to an entire transaction set.
Header	DTP	File Effective Date		Will transmit to indicate the date the information was gathered if that date is not the same as ISA09/GS04 date.
	DTP01	Date Time Qualifier	303	"Maintenance Effective." Date the enrollment information was collected by the exchange.
Header	QTY			Will transmit all three iterations of this segment for each for the qualifiers specified in QTY01.
Header	QTY01	Quantity Qualifier	TO	Transaction Set Control Totals
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents total number of INS segments in this ST/SE set with INS01 = "N"
			ET	Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y"
1000A	N1	Sponsor Name		

Loop	Element	Element Name	Code	Instruction
	N103	ID Code Qualifier	24	Small Business. Small Business Market identifies the employer group.
			FI	Individual Market. Individual Market identifies the subscriber from the enrollment group, unless the subscriber is under-aged. If the subscriber is under-aged, identifies the responsible person.
1000B	N1	Payer		Identifies the carrier.
	N103	Identification Code	FI	Federal Taxpayer ID. Will transmit until the HPID is required.
			XV	Will transmit after the HPID is required. (Unique National Health Plan Identifier).
1000C	N1	TPA/Broker Name		
	N101	Entity Identifier Code	BO	Broker or Sales Office. Will transmit when Broker is involved in this enrollment or
			TV	Third Party Administrator (TPA). Will transmit when TPA is involved in this enrollment.
	N102	Name		TPA or Broker Name. Will transmit when Broker or TPA is involved in this enrollment.
	N103	Identification Code Qualifier	94	Will transmit. Code assigned by the organization that is the ultimate destination of the transaction set or
			FI	Federal Taxpayer's Identification Number or

Loop	Element	Element Name	Code	Instruction
			XV	Centers for Medicare and Medicaid Services Plan ID.
	N104	Identification Code		Code identifying a party or other code. - Will transmit when Broker or TPA is involved in this enrollment.
	N102	Name		TPA or Broker Name. Will transmit when Broker or TPA is involved in this enrollment.
2000	INS	Member Level Detail	2000	
	INS01	Response Code	Y	Yes – the individual is a subscriber
			N	No – the individual is a dependent
	INS02	Relationship Code		Will transmit member relationship codes when known.
	INS03	Maintenance Type Code	021	"Addition"
	INS04	Maintenance Reason Code	EC	"Member Benefit Selection" Will transmit when member has selected a Carrier.
	INS05	Benefit Status Code	A	"Active"
	INS08	Employment Status Code	AC	"Active"
2000	REF	Subscriber Identifier		

Loop	Element	Element Name	Code	Instruction
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category" – The Exchange Assigned Member ID will be conveyed in REF02.
2100A	NM1	Member Name		
	NM109	Member Identifier		Will transmit the member's SSN when known.
2100A	PER	Member Communications Numbers		
	PER03	Communication Number Qualifier		Will transmit three communication contacts – home phone, work phone, cell phone, or E-mail address when the information is available. Communication contacts will be sent in this order: 1st – Primary Phone ("TE") 2nd – Secondary Phone ("AP") 3rd – Preferred Communication Method ("EM" for E-mail or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the third communication contact will not be sent.
2100A	N3	Member Residence Street Address		

Loop	Element	Element Name	Code	Instruction
2100A	N4	Member City, State, ZIP Code		
	N404	Country Code		Will transmit Country of Residence when available.
	N406	Location Identifier		County of Residence will not be transmitted.
2100A	EC	Employment Class		This segment will never be transmitted.
2100A	ICM	Member Income		This segment will never be transmitted.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted.
2100A	HLH	Member Health Information		This segment will never be transmitted.
2100A	LUI	Member Language		This segment will never be transmitted.
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments.
2100D		Member Employer Loop		This loop will never be transmitted.
2100E		Member School Loop		This loop will never be transmitted.
2100F		Custodial Parent Loop		Because minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers, when known.

Loop	Element	Element Name	Code	Instruction
2100G		Responsible Person Loop		The Custodial Parent and the Responsible Person loops may both be transmitted for an enrollment.
2100G	PER	Responsible Person Communication Numbers		
	PER03	Communication Number Qualifier		Will transmit three communication contacts – home phone, work phone, cell phone, or email address when the information is available. Communication contacts will be sent in the following order: 1st – Primary Phone ("TE") 2nd – Secondary Phone ("AP") 3rd – Preferred Communication Method ("EM" for E-mail or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the 3rd communication contact will not be sent.
2100H		Drop-Off Location Loop		This loop will never be transmitted.
2200		Disability Information Loop		This loop will never be transmitted.
2300	HD	Health Coverage		
	HD03	Insurance Line Code	348	"Benefit Begin" – On initial enrollment the effective date of coverage will be provided.
2300	REF	Health Coverage Policy Number		

Loop	Element	Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	CE	Individual. "Class of Contract Code" – Carrier ID Purchased is the Assigned Plan Identifier. This is represented as the HIOS Plan ID Component + subcomponent.
			E8	Small Business. "Service Contract (Coverage) Number" Will transmit Employer Group Number in the associated REF02 element.
			1L	Will transmit when the Exchange Assigned Policy Identifier will be conveyed in the associated REF02 element.
2300	REF	Prior Coverage Months		This segment will never be transmitted.
2300	REF	Identification Card		This segment will never be transmitted.
2310	NM	Provider Information Loop		This segment will be transmitted when a provider NPI is available.
	NM101	Entity Identifier Code	P3	"Primary Care Provider"
	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Identification Code		The NPI will be transmitted as entered by the subscriber on enrollment.
	NM110	Entity Relationship Code	72	"Unknown" The exchange will not specify whether the member is an existing patient of the provider.
2320		Coordination of Benefits Loop		This loop will be transmitted when other insurance coverage has been identified.

Loop	Element	Element Name	Code	Instruction
2330		Coordination of Benefits Related Entity Loop		This loop will be transmitted when other insurance coverage has been identified.
2700		Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop. This loop will be transmitted only when the 2700 loop exists.

4.4 Enrollment Effectuation

An effectuated 834 is created by the Carrier and sent to the DC Exchange for successfully processed 834 initial enrollment transactions. Also, additions of dependent members to an existing subscriber policy will require an Effectuation. Table 11 shows specifications related to this transaction.

The Carrier must return the original information transmitted on the Initial Enrollment transaction, in addition to the information detailed in Table 12.

Table 11: Enrollment Effectuation Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_EF_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Outbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the companion guide published by DC Exchange.
Exchange Process	Carriers return all the information transmitted on the initial enrollment transaction in addition to effectuation related information. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.

Success	DC Exchange sends EDI X12 TA1 to Carrier as an acknowledgement after no errors are found at the interchange level. DC Exchange sends EDI X12 999 to Carrier as an acknowledgement after no errors are found at the functional group level.
Failure	Validation and Error Handling

Table 12: Initial Enrollment Supplemental Instructions (Carrier to DC Exchange)

Loop	Element	Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Transmit the value from BGN02 in the initial enrollment transaction.
Header	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation, transmit accurate totals instead of the values received in the Initial Enrollment transaction.
	QTY01	Quantity Qualifier	TO	Total - Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.
			DT	Dependent Total. - Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N"

Loop	Element	Element Name	Code	Instruction
			ET	Employee Total – Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y"
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	"Addition"
	INS04	Maintenance Reason Code	28	"Initial Enrollment"
	REF	Member Supplemental Identifier		
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the Carrier Assigned Member ID conveyed in REF02.
			ZZ	Transmit with the Carrier Assigned Subscriber ID conveyed in REF02.
2100B		Incorrect Member Name Loop		Do not transmit this loop unless it was included in the 834 transaction that is being confirmed.
2300	DTP	Health Coverage Dates		.

| Loop	Element	Element Name	Code	Instruction
	DTP01	Date Time Qualifier	348	"Benefit Begin" The Actual Enrollment Begin Date must be transmitted when confirming initial enrollment transactions.
	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the Carrier assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all confirmations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"
	REF02	Member Reporting Category Reference ID		Transmit this text: "CONFIRM"

4.5   Change Files
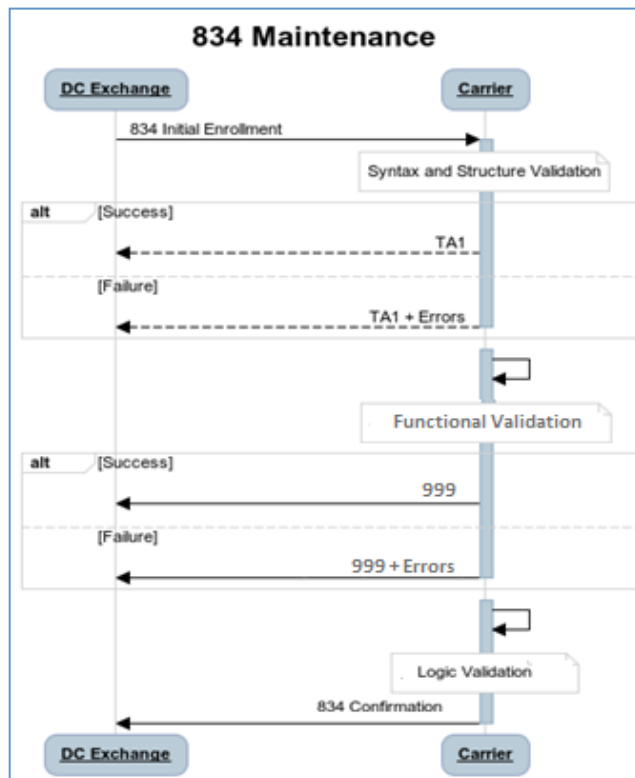
Figure 4: 834 Maintenance Sequence Diagram

Figure 4 Sequence:

1. DC Exchange sends EDI X12 834 Maintenance Data file to Carrier.
2. Carrier sends an acknowledgment (TA1) back to the DC Exchange.
3. In case of syntactical errors the Carrier sends an acknowledgment (TA1) along with errors.
4. Carrier processes the file and sends a functional acknowledgment (EDI X12 999) without error codes to the DC Exchange if there are no functional errors in the file.
5. In case of error scenario, the Carrier sends a functional acknowledgment (EDI X12 999), along with the error codes.
6. In case of no functional errors the Carrier further processes the file and sends a confirmation file (EDI X12 834) to the DC Exchange.

4.6   Cancellation

An 834 cancellation transaction will be used when coverage is cancelled prior to the effective date of enrollment. The DC Exchange or the Carrier may initiate a cancellation.

A cancellation may be initiated any time prior to the effective date of the initial coverage. Situations where the DC Exchange may cancel an enrollment include: an individual obtaining coverage through an employer prior to the start of coverage and requesting a cancellation, or an individual moving out of a coverage area before coverage is

started. Note that moving out of the coverage area does not immediately cause ineligibility for DC Health Link coverage.

A Carrier may initiate a cancellation when the applicant member requests billing by the Carrier and doesn't make payment within the grace period. Table 13 shows specifications related to this transaction. Information specific to the DC Exchange implementation of cancellation transactions is outlined in Table 14.

Table 13: Enrollment Cancellation Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the companion guide published by DC Exchange.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange/Carrier compiles all cancellation related data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized per the DC Exchange Benefit Enrollment Companion Guide.
Success	Receiving system sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Receiving system sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

Table 14: Enrollment Cancellation Instructions

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	"Cancellation or Termination"
	INS04	Maintenance Reason Code		Any valid Maintenance Reason Code may be used.
	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.

Loop	Element	Element Name	Code	Instruction
	REF	Member Supplemental Identifier		Transmit IDs shown below when they were present on the Initial Enrollment.
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Carrier Assigned Member ID is conveyed in REF02.
	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date.
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Benefit End Date.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category Reference		

Loop	Element	Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"
	REF02	Member Reporting Category Reference ID		Transmit this Text: "CANCEL"

4.7   Termination

A termination transaction can be initiated by either the DC Exchange or the Carrier. Termination transactions are initiated in situations when enrollment will end on or after the effective date of coverage.

The DC Exchange may initiate a termination transaction for any valid reason; however the Carrier is only permitted to initiate a termination under certain circumstances, such as non-payment of coverage, death of the member, plan decertification, or fraud.

When coverage is terminated, the benefit end-dates must always be either the end of a month or back to the first day of coverage. When termination is voluntary, it will be prospective. Involuntary terminations are either retrospective (non-payment, death, or fraud), or prospective for loss of eligibility or change in plans. Table 15 shows specifications related to this transaction. Information specific to the DC Exchange implementation of termination transactions is outlined in

Table 16.

Table 15: Enrollment Termination Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the companion guide published by DC Exchange.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange/Carrier compiles all termination related data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Receiving system sends EDI X12 TA1 to the transmitting system as an acknowledgement after no errors are found at the interchange level. Receiving system sends EDI X12 999 to the transmitting system as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

Table 16: Enrollment Termination Instructions

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	"Cancellation or Termination"
	INS04	Maintenance Reason Code	59 03	DC Exchange <-- Carrier. Carriers may terminate coverage only for 59 Non-Payment, 03 Death.　Future versions of this guide will include forthcoming CMS Maintenance Reason Codes for Fraud and Plan Decertification
	INS04	Maintenance Reason Code (DC Exchange → Carrier)		Any valid Maintenance Reason Code may be used.
	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
	REF	Member Supplemental Identifier		Transmit IDs shown below when they were present on the Initial Enrollment.
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Carrier Assigned Member ID is conveyed in REF02.
	DTP	Member Level Dates		

Loop	Element	Element Name	Code	Instruction
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Benefit End Date
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"
	REF02	Member Reporting Category Reference ID		Transmit this Text: "TERM"

4.8 Member Reporting Categories Loop

The DC Exchange will report APTC, CSR, and small business employer contribution amounts to Carriers in the 834 Member Reporting Categories Loop using the mechanism identified in the CMS Companion Guide for the Federally Facilitated Exchange (FFE). Instructions for reporting these values can be found in Sections 9.5 and 9.6 of the CMS Companion Guide. Table 17 shows specifications related to this transaction.

Table 17: Member Reporting Categories Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide and CMS companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all APTC, CSR, and small business employer contribution amount data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

4.9   Change Transactions

The DC Exchange will issue a standard 834 Change transaction to update information that has changed. Examples of this would be changes in member name and/or contact information.

The DC Exchange will be the system of record for member information. Consequently, Carriers will not initiate a Change transaction.

Table 18 shows specifications related to this transaction.

Table 18: Change Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all the changes to enrollment data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

4.10 Individual Market Re-Enrollment Supplemental Instructions

A re-enrollment transaction is generated when an enrollee who has been terminated needs to be re-enrolled.

A potential reason for this transaction would be when the subscriber no longer is eligible and the remaining members of the enrollment group need to be re-enrolled under a new subscriber. In this situation, the previous Carrier subscriber identifier will be conveyed as a member supplemental identifier, accompanied by the Exchange generated subscriber identifier for the new subscriber. Only the DC Exchange can initiate Re-Enrollment transactions. Table 19 shows specifications related to this transaction. Information specific to the DC Exchange implementation of individual market re-enrollment transactions is outlined in Table 20.

Table 19: Individual Market Re-Enrollment Transaction Details

Interaction model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all the individual market re-enrollment data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

Table 20: Re-enrollment Instructions

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	"Re-enrollment"
	REF	Member Supplemental Identifier		Transmit IDs shown below when they were present on the Initial Enrollment.

Loop	Element	Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	Q4	"Prior Identifier Number." - When the previous Carrier Assigned Subscriber ID will be conveyed in REF02.

4.11 Reinstatement

A Reinstatement transaction is generated when an enrollee who has been cancelled or terminated needs to be reinstated. For example, eligibility has terminated and the customer appeals after termination has already taken effect. Table 21 shows specifications related to this transaction.

Except as noted in Table 22, the Reinstatement transaction will contain all the information transmitted on the Initial Enrollment Transaction.

Table 21: Reinstatement Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI__DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all the reinstatement related data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

Table 22: Reinstatement Instructions

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		

Loop	Element	Element Name	Code	Instruction
	INS04	Maintenance Reason Code	41	In the context of a Reinstatement, the "Re-enrollment" code will be used.

4.12 Change in Health Coverage

DC Exchange will send coverage level change transactions to the Issuer when an enrollee's health coverage level changes. The coverage level change transaction will convey a health coverage termination for the old coverage level. Table 23 shows specifications related to this transaction.

Table 23: Change in Health Coverage Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all the reinstatement related data corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

4.13 Termination Due to Address Change

The DC Exchange will send two transactions to the Carrier when a change of address results in a termination. The first transaction will communicate the change of address and the second will initiate the termination. Table 24 shows specifications related to this transaction.

Table 24: Termination Due to Address Change Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_C_M_I_1.pgp
Frequency	Daily
Inbound File Format	EDI X12 834 - Benefit Enrollment & Maintenance (005010220A1) as format per the DC Exchange companion guide.
Outbound File Format	EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)
Exchange Process	DC Exchange compiles all the data related to coverage termination due to address change in respect to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	Refer to Validation and Error Handling

5 Audit/Reconciliation

The DC Exchange will periodically generate and send to the Carrier a standard 834 "audit or compare" file with a Maintenance Type Code of "030," which will contain all enrollment data for the active enrollments present on that day.

Carriers will process the 834 audit file, generating and sending back to the DC Exchange a report containing differences between Carrier and DC Exchange's records. The DC Exchange and Carrier will then collaboratively resolve these discrepancies. The report structure and format will follow the Reconciliation Report template.

In practice, the audit and reconciliation process will take place on a monthly basis. However, in the initial stages of operation, reconciliation will occur on a weekly basis. The goal is to mitigate risk through early identification of anomalies and exceptions, and to minimize the impact of issues through competent and rapid response. Table 25 shows specifications related to this transaction.

Table 25: Audit/Reconciliation Transaction Details

Interaction Model	Batch
File Name	E.g. 834_201305141422Z_CFBCI_DCHBX_A_F_I_1.pgp
Frequency	Weekly (for first three months after 10/1/2013), Monthly thereafter
Inbound File Format	EDI X12 834 – Benefit Enrollment & Maintenance (005010220A1) as per the companion guide published by DC Exchange.
Outbound File Format	Reconciliation report

Exchange Process	DC Exchange compiles data of all enrollees corresponding to the Carrier into an EDI X12 834 file format. Data is also customized *per the DC Exchange Benefit Enrollment Companion Guide*.
Success	Carrier sends EDI X12 TA1 to DC Exchange as an acknowledgement after no errors are found at the interchange level. Carrier sends EDI X12 999 to DC Exchange as an acknowledgement after no errors are found at the functional group level.
Failure	*Refer to section 12.2.4 834 Error Transaction*

6   Validation and Error Handling

All EDI transactions on the DC Exchange will use the X12 TA1/999 interchange and implementation acknowledgement protocols. For details on error handling process refer to DC Exchange Transaction Error Handling Guide.

7   CMS Reporting

7.1   Initial Enrollment and Effectuation to CMS

The exchange rule requires that Carriers reconcile enrollment files with DC Exchange at least once per month and that DC Exchange reconcile enrollment information with Carriers and CMS on a monthly basis.

The DC Exchange will send the individual enrollment file to CMS only for the individuals who did not make payments to DC Exchange directly. The exchanges with DC Exchange and CMS are described below in the following figures.
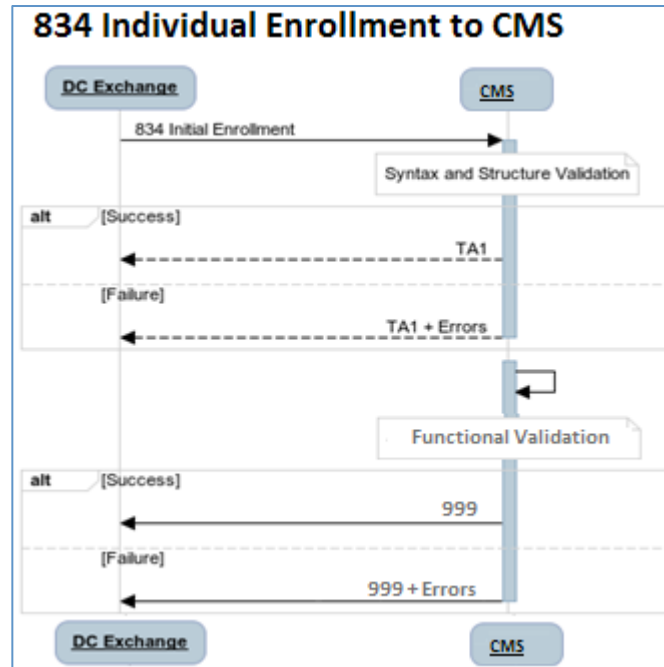
Figure 5: 834 Individual Enrollments to CMS Sequence Diagram

Figure 5 Sequence:

1. DC Exchange sends EDI X12 834 Enrollment Data file to CMS.
2. CMS sends an acknowledgment (TA1) back to the DC Exchange.
3. In case of syntactical errors CMS sends an acknowledgment (TA1) along with errors.
4. CMS processes the file and sends a functional acknowledgment (EDI X12 999) without error codes to the DC Exchange if there are no functional errors in the file.
5. In case of error scenario, CMS sends a functional acknowledgment (EDI X12 999), along with the error codes.
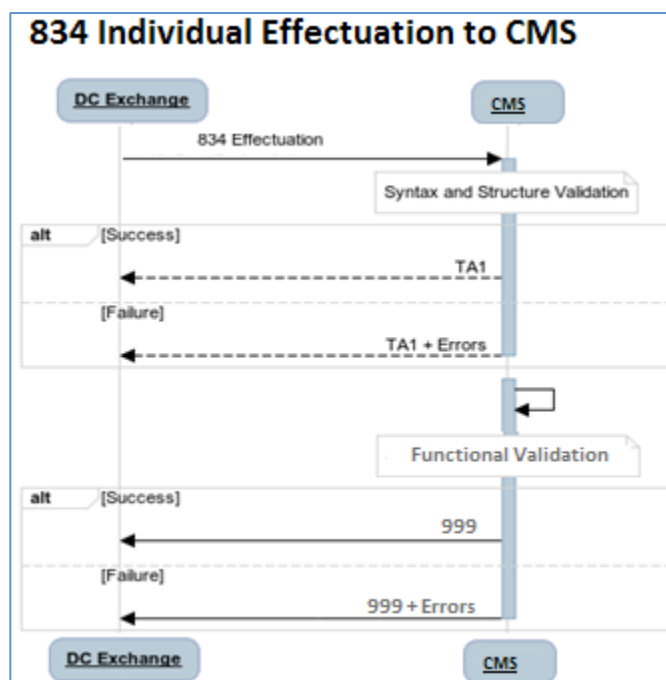6. In case of no functional errors the CMS further processes the file.

Figure 6: 834 Individual Effectuation to CMS Sequence Diagram

Figure 6 Sequence:

1. DC Exchange receives Effectuation file from Carrier.
2. DC Exchange re-envelopes the Effectuation file.
3. DC Exchange sends EDI X12 834 Effectuation file to CMS.
4. CMS sends an acknowledgment (TA1) back to the DC Exchange.
5. In case of syntactical errors CMS sends an acknowledgment (TA1) along with errors.
6. CMS processes the file and sends a functional acknowledgment (EDI X12 999) without error codes to the DC Exchange if there are no functional errors in the file.
7. In case of error scenario, CMS sends a functional acknowledgment (EDI X12 999), along with the error codes.
8. In case of no functional errors the CMS further processes the file.