PREMIUM PAYMENT (820) COMPANION GUIDE

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Version 1.0

Revision History

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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	
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07/17/2013	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

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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 payment data for carriers or the recipient of payment data from carriers.

This document describes the use and exchange of exchange of premium payment 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 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
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 820, Payroll Deducted and Other Group Premium Payment for Insurance Products (820) (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 terms and acronyms used in this document.

Table 1: Key Terms

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/FFM	Federally Facilitated Exchange/Marketplace 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	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)

(TI)	
TR3	Type 3 Technical Report
XOC	eXchange Operational Support Center

1.7 Related Resources

This Premium Payment 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 Benefit Enrollment Companion Guide	Provides technical information on 834 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 Trading Partner-related information along with email and telephone support:

- **Web**: http://dchbx.com/page/carrier-information
- **Email**: XXXX@XXX.com
- **Phone**: 1-XXX-XXX-XXXX

2 Electronic Communication with the DC Exchange

The DC Exchange will use EDI X12 standard formats in combination with non-EDI 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, targeted at the file level. This level verifies that valid EDI syntax for each type of transaction has been submitted. The transaction level will be rejected with a TA1 or 999 and sent back to the submitter.

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

1. Date or time is invalid.
2. Telephone number is invalid.
3. 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:

1. Invalid Social Security Number.
2. Missing/Invalid Patient information.
3. Patient's city, state, or zip is missing or invalid.
4. 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

This document describes the use of 820 messages that will be used for both the Individual and Small Business Health Options Program (SHOP) markets as outlined below.

- Premium Remittance – 820 Messages used by DC Exchange to notify Carrier regarding receipt of payments of initial binder payments from individuals.
- Premium Remittance – 820 Messages used by Carrier to notify DC Exchange regarding receipt of payments of initial binder payments from individuals.
- Premium Payment Notification – 820 Messages used by a Carrier to notify DC Exchange regarding receipt of payment, other than the initial binder payment, from individuals.
- Premium Payment Notification – 820 Messages used by DC Exchange to notify Carrier regarding receipt of payments for initial and ongoing payments from SHOP employers.

DC Exchange and Carriers can accept binder payments from individuals. Only Carriers can accept subsequent payments from individuals. Only DC Exchange accepts payments from SHOP employers. Enrollment files and Payments are not transferred to the carriers until the payment has been received by DC Exchange and has cleared.

Table 3: Remittance/Notification File Type

DC Exchange	Transaction Type	DC Exchange to Carrier	Carrier to DC Exchange	Frequency
Individual	820 Binder Payment Remittance	X	X	DC Exchange to Carrier: 10th and 24th of every month at 10 AM EST Carrier to DC Exchange: Daily
	820 Ongoing Payment informational		X	Carrier to DC Exchange: Daily
	TA1 Interchange Acknowledgement	X	X	Upon Receipt of 820
	999 Functional Acknowledgement	X	X	Upon Processing of 820
SHOP	820 Binder Payment Remittance	X		DC Exchange to Carrier: 10th and 24th of every month at 10 AM EST
	820 Ongoing Payment Remittance	X		DC Exchange to Carrier: 10th and 24th of every month at 10 AM EST
	TA1 Interchange Acknowledgement	X		Upon Receipt of 820
	999 Functional Acknowledgement	X		Upon Processing of 820

Although broken out in the above table, all SHOP payments will be reported in a single file. Note: this is different than 834 enrollment and change notices, which will be broken out by employer groups.

2.6 File Naming

Files follow a naming convention as mentioned below which provides enough information about the file and its destination. Information is delimited by an underscore "_" to allow parsing.

[FileStandard_DateTime_IssuerID_GroupID_FileType_FileContent_ExchangeType.pgp]

e.g. 820_201305141422Z_CFBCI_INDIV_N_S_I.pgp

Table 4 explains the possible values of each file name part.

Table 4: File Naming Convention

File Name Part	Description	Possible Values
File Standard	File format Standard used	820
Date Time	UTC date and time in the format yyyyMMddHHmm. Suffix Z indicates UTC.	Example: 201305141422Z

File Name Part	Description	Possible Values
Carrier ID	Unique Issuer identifier. Carrier Name will be used here as that is the only common ID across systems.	Carrier IDs are established though trading partner agreements for a given exchange.
Group ID	The Exchange-issued Group ID. Where the file is for the individual market, this ID will be "INDIV"	Still under review
File Type	Whether this relates to non-payment or ACH transfer.	"N" Non-Payment – no money transfer "A" ACH – money is transferred via a separate ACH file
File Content	Whether this is a standard 820 file or an acknowledgement	"S" Standard 820 file "D" Audit file. File Type for audit files must always be N (Non-Payment) TA1 Technical Acknowledgement 999 Functional Acknowledgement
Exchange Type	Whether this is for Individual Exchange or SHOP Exchange	"I" Individual Exchange "S" SHOP Exchange

3 EDI Implementation

3.1 Character Set

1. 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.
2. All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only.
3. Suggested delimiters for the transaction are assigned as part of the trading partner set up.
4. DC Exchange Representative will discuss options with trading partners, if applicable.
5. To avoid syntax errors hyphens, parentheses, and spaces should not be used in values for identifiers. (Examples: Tax ID 123654321, SSN 123456789, Phone 8001235010)

3.2 820 Control Segments/Envelope

Trading partners should follow the Interchange Control Structure (ICS) guidelines for HIPAA located in the HIPAA Implementation Guides and CMS Guidance. The following sections address specific information needed by DC Exchange to process ASC X12N/005010X306-820 Payment Order/Remittance Advice Transaction Sets.

The DC Exchange will accept:

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

Table 5 lists information conveyed in the control segment.

Table 5: Control Segments

Element Name	Element	Value
Interchange Control Header	ISA	
Authorization Information Qualifier	ISA01	00 – No authorization information present
Security Information Qualifier	ISA03	00 – No security information present
Security Information	ISA04	This data element will be blank
Interchange ID Qualifier	ISA05	ZZ – Mutually defined
Interchange Sender ID	ISA06	Sender's Federal Tax ID
Interchange ID Qualifier	ISA07	ZZ – Mutually defined
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

Element Name	Element	Value
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.
Acknowledgement Requested	ISA14	1 – A TA1 is requested
Interchange Usage Indicator	ISA15	T – Test P - Production
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 820 Supplemental Instructions

This section explains where the DC Exchange deviates from the published X12 820 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.

Each section includes:

1) Transaction Details
2) Sequence Diagram
3) Header Elements
4) Transaction Detail Elements

This document describes the use of 820 messages that will be used for both the Individual and Small Business Health Options Program (SHOP) markets as outlined below.

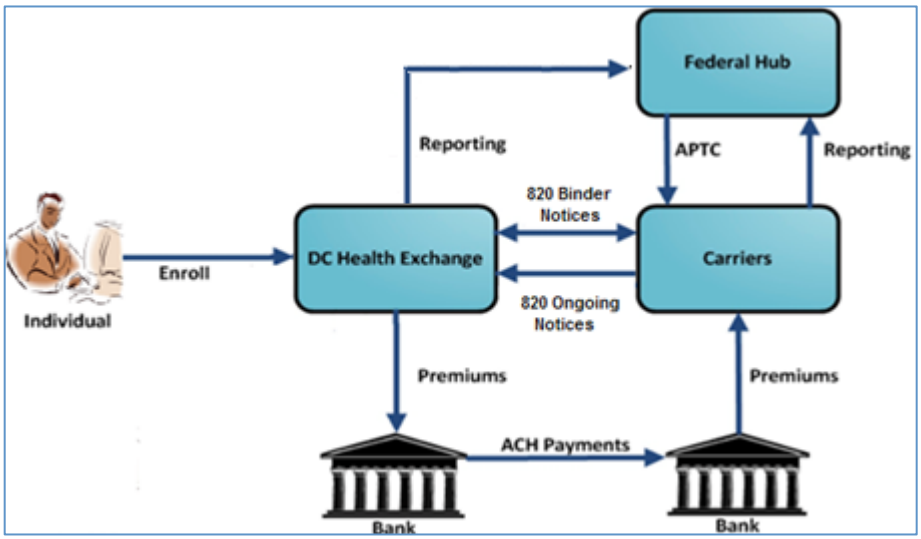

Figure 1: Information Flow - Individual

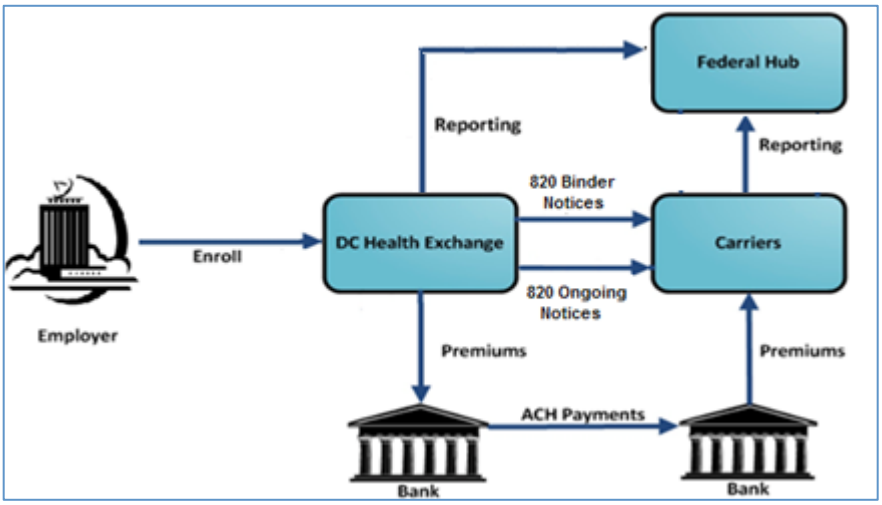

Figure 2: Information Flow - SHOP

4.1 Individual Binder Payments

Individuals always have a choice whether to pay the DC Exchange or carriers directly for the binder payments. When binder payments for individuals are received by DC Exchange, an 834 initial enrollment notice is sent to the Carrier only after full premium has been received and payment has cleared.

820 advice of binder payments for individuals are remitted from the DC Exchange to Carriers twice per month, on the 10th and 24th. Carriers must notify the DC Exchange of cleared binder payments on a daily basis. Table 6 shows specifications related to this transaction.

Table 6: Individual Binder Payment Transaction Details

Interaction Model	Batch
File Name	E.g. 820_201305141422Z_CFBCI_INDIV_N_S_I.pgp
Frequency	Twice Monthly
Inbound File Format	EDI X12 820 - Payment Order/Remittance Advice (5010) 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 remittance related data corresponding to the Carrier into an EDI X12 820 file format. Data is also customized per the DC Exchange published 820 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

The sequence diagrams that follow capture the fact that some binder payments are being paid directly to carriers, not the Exchange.

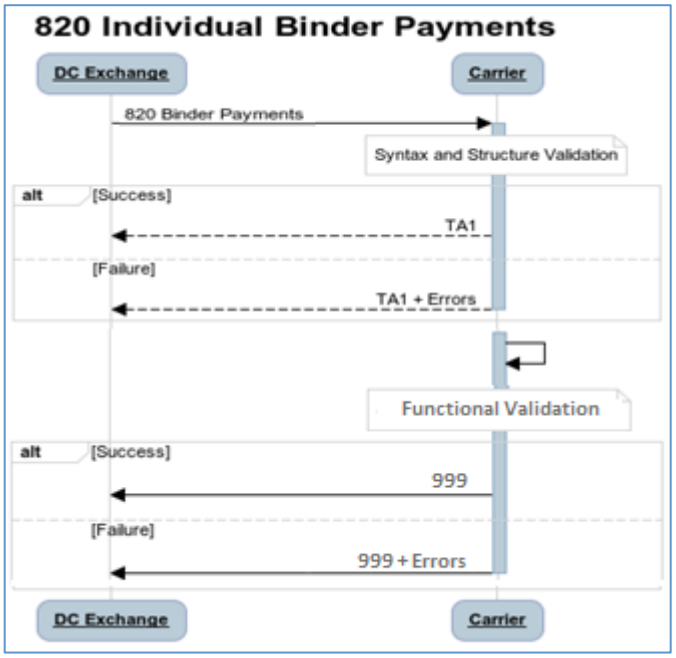

Figure 3: Individual Binder Payment Sequence - DC Exchange to Carrier

Figure 3 **Sequence:**

1) DC Exchange sends EDI X12 820 payment data file to the Carrier.
2) Carrier sends an acknowledgment (TA1) back to DC Exchange.
   a) Carrier sends a TA1 with errors in cases of syntactical errors.
3) Carrier processes file and sends a functional acknowledgment (EDI X12 999) back to the DC Exchange.
   a) Carrier sends a 999 with errors in cases of functional errors

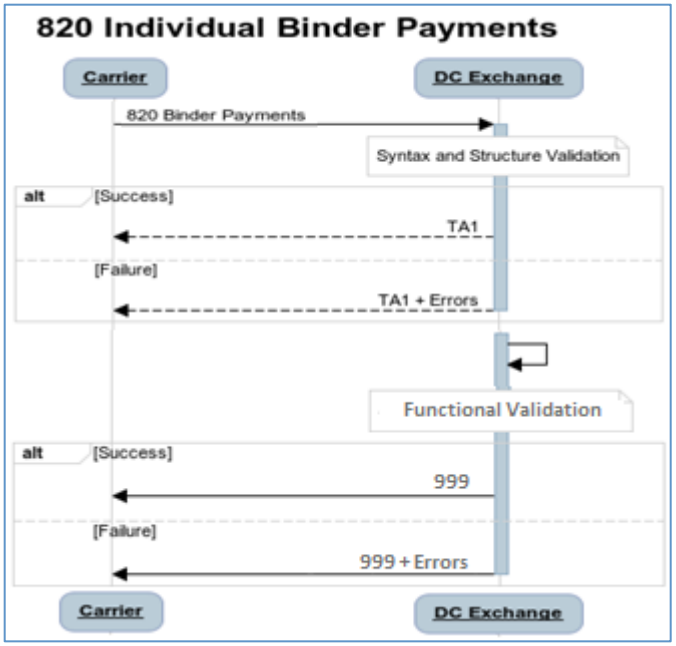

Figure 4: Individual Binder Payments - Carrier to DC Exchange

Figure 4 **Sequence:**

1) Carrier sends EDI X12 820 payments data file to DC Exchange.
2) DC Exchange sends an acknowledgment (TA1) back to the Carrier.
   a) DC Exchange sends a TA1 with errors in cases of syntactical errors.
3) DC Exchange processes the file and sends a functional acknowledgment (EDI X12 999) back to the Carrier.
   a) DC Exchange sends a 999 with errors in cases of functional errors.
4) Below table depicts important information related to this transaction

Table 7: Individual Binder Payment Header Elements

Loop	Element	Element Name	Code	Instruction
Header	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	"820"	820 - Remittance Advice
	ST02	Transaction Set Control Number		A unique identifier. For remittance messages, this represents the identifier of the ACH transaction that moved the funds.
	ST03	Implementation Convention Reference	"005010X306"	Used for employer group and individual payments
	BPR	Beginning Segment for Remittance Advice		
	BPR01	Transaction Handling Code	"I"	I – Remittance Information Only.
	BPR02	Monetary Amount		Total amount of money transferred though ACH and detailed in this file.

Loop	Element	Element Name	Code	Instruction
	BPR03	Credit/Debit Flag Code	"C"	C – Credit
	BPR04	Payment Method	Blank	Funds will be transferred though a separate Automated Clearing House (ACH) file. There is an ACH Payment Method Code that is used when a single 820 file contains both the remittance data and the ACH file data. This type of 820 file must be processed by a bank and is not used in the Exchange.
	BPR16	Date		Payment effective date
	REF	Issuer Assigned Qualified Health Plan Identifier		
	REF01	Reference Identification Qualifier	TV	TV –Line of Business. This will be populated with the Employer's Group ID when appropriate.
	REF02	Reference Identification		Group ID.
	DTM	Coverage Period		
	DTM01	Date/Time Reference	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier	"RD8"	Range of dates expressed in format CCYYMMDD-CCYYMMDD.
	DTM06	Date Time Period		Start and end dates for the coverage period. Exchange will only offer monthly plans, so date range will be from beginning to end of month for which payment was made.
1000A		Payee Loop		
	N1	Payee Name		This segment represents receipt of payments.
	N101	Entity Identifier Code	"PE"	PE – Payee
	N102	Name		Carrier's organization name.
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		Carrier's Federal Taxpayer Identification Number
1000B		Payer Loop		
	N1	Payer's Name		This segment represents originator of the payments.
	N101	Entity Identifier Code	"RM"	Remitter Name
	N102	Name		DC Exchange
	N103	Identification Code Qualifier	"58"	Originating Company Number
	N104	Identification Code		Agreed upon code
	PER	Payer's Administrative Contact Information		
	PER01	Contact Function Code	"IC"	Indicates Contact Information
	PER02	Name		Agreed upon contact name

Loop	Element	Element Name	Code	Instruction
	PER03	Communication Qualifier Number	"TE"	Telephone
	PER04	Communication Number		Contact telephone number
	PER05	Communication Qualifier Number	"EM"	Electronic Mail
	PER06	Communication Number		Contact email address
	PER07	Communication Qualifier Number	"FX"	Facsimile
	PER08	Communication Number		Contact fax number

Table 8: 820 Individual Binder Payment Detail Elements

Loop	Element	Element Name	Code	Instruction
2000	ENT	Remittance Information		
	ENT01	Assigned Number		Sequential Number of the Loop Detail (starting at 1)
2100	NM1	Individual Name		
	NM101	Entity Identifier Code	"IL"	Insured or Subscriber
	NM102	Entity Type Qualifier	"1"	"Person"
	NM103	Last Name		Last name of the subscriber.
	NM104	First Name		First name of the subscriber.
	NM108	Identification Code Qualifier	"C1"	Insured or Subscriber
	NM109	Identification Code		The Exchange assigned Subscriber Identification Number.
2100	REF	Issuer Assigned Qualified Health Plan Identifier		This segment will be transmitted only for payments related to plans for Individuals.
	REF01	Reference Identification Qualifier	"TV"	TV – Line of Business
	REF02	Reference Identification		The Carrier's health plan identifier will be provided here.
2100	REF	Issuer Assigned Employer Group Identifier		This segment will be transmitted only for payments related to SHOP
	REF01	Reference Identification Qualifier	"1L"	1L – Group or Policy Number
	REF02	Reference Identification		For payments related to an Employer Group, the Carrier's Group identifier will be provided here.
2300	RMR	Remittance Detail		

Loop	Element	Element Name	Code	Instruction
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type.
	RMR02	Reference Payment Type		Premium Payment
	RMR04	Monetary Amount		Provide amount of payment or adjustment associated with this insured. Note that values corresponding to an adjustment may be negative.
2300	DTM	Individual Coverage Period		This segment will communicate the start and end dates related to the payment.
	DTM01	Date/Time Qualifier	"582"	582 – Report Period.
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range corresponding to the premium payment. This will match the premium payment coverage period.

4.2 Individual Ongoing Payments

Ongoing payments are paid directly to Carrier. Advice of these payments in 820 format must be reported to the DC Exchange on a daily basis. **Error! Reference source not found.** shows specifications related to this transaction.

Table 9: Individual Ongoing Payment Transaction Details

Interaction model	Batch
File Name	E.g. 820_201305141422Z_CFBCI_INDIV_N_S_I.pgp
Inbound File Format	EDI X12 820 - Payment Order/Remittance Advice (5010) as format per the companion guide published by DC Exchange.
Outbound File Format	E EDI X12 TA1 -Interchange Acknowledgement (005010231A1) / EDI X12 999 – Functional Acknowledgement (005010231A1)DI X12 TA1 -Interchange Acknowledgement (5010)
Exchange Process	Carrier compiles all remittance data related to ongoing payments by the subscribers into an EDI X12 820 file format. Data is also customized per the DC Exchange published 820 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

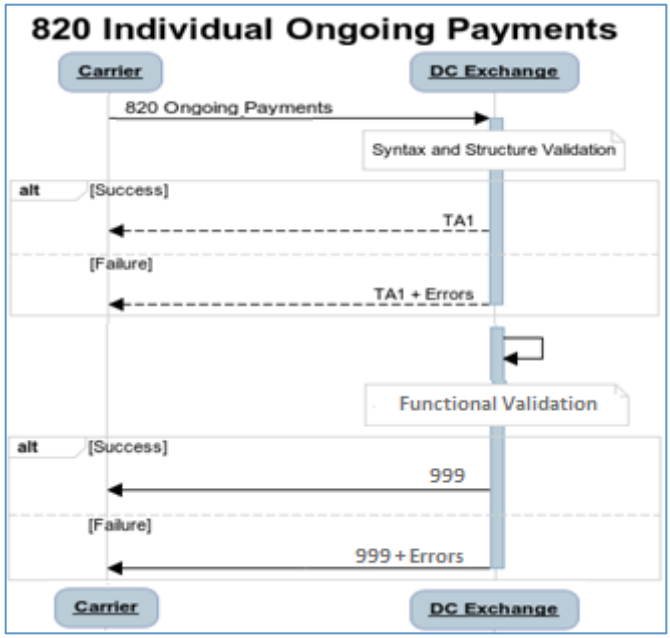

Figure 5: 820 Individual Ongoing Payments Sequence Diagram

Figure 5 **Sequence:**

1) Carrier sends EDI X12 820 payments data file to DC Exchange.
2) DC Exchange sends an acknowledgment (TA1) back to the Carrier.
   a) DC Exchange sends a TA1 (with errors) in cases of syntactical errors.
3) DC Exchange processes file and sends a functional acknowledgment (EDI X12 999) back to the Carrier.
   a) DC Exchange sends a 999 with errors in cases of functional errors.

Table 10: 820 Ongoing Payment Header Elements

Loop	Element	Element Name	Code	Instruction
Header	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	"820"	820 - Remittance Advice
	ST02	Transaction Set Control Number		A unique identifier. For remittance messages, this represents the identifier of the ACH transaction that moved the funds.
	ST03	Implementation Convention Reference	"005010X306"	Used for employer group and individual payments
	BPR	Beginning Segment for Remittance Advice		
	BPR01	Transaction Handling Code	"I"	I – Remittance Information Only

Loop	Element	Element Name	Code	Instruction
	BPR02	Monetary Amount	0.00	No money is actually transferred
	BPR03	Credit/Debit Flag Code	"C"	C – Credit
	BPR04	Payment Method	"NON"	Non-Payment data
	BPR16	Date		Payment effective date
	REF	Issuer Assigned Qualified Health Plan Identifier		
	REF01	Reference Identification Qualifier	TV	TV –Line of Business
	REF02	Reference Identification		Group ID
	DTM	Coverage Period		
	DTM01	Date/Time Reference	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier	"RD8"	Range of dates expressed in format CCYYMMDD-CCYYMMDD.
	DTM06	Date Time Period		Start and end date for coverage period. Exchange will only offer monthly plans, so this date range will be from beginning to end of the month for which payment was made.
1000A		Payee Loop		
	N1	Payee Name		This segment represents the received of the payments.
	N101	Entity Identifier Code	"PE"	PE – Payee
	N102	Name		DC Exchange
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		The Exchange Federal Taxpayer Identification Number
1000B		Payer Loop		
	N1	Payer's Name		This segment represents the originator of the payments.
	N101	Entity Identifier Code	"RM"	Remitter Name
	N102	Name		Carrier's organization name.
	N103	Identification Code Qualifier	"58"	Originating Company Number
	N104	Identification Code		Agreed upon code for Carrier
	PER	Payer's Administrative Contact Information		
	PER01	Contact Function Code	"IC"	Indicates Contact Information
	PER02	Name		Agreed upon contact name

Loop	Element	Element Name	Code	Instruction
	PER03	Communication Qualifier Number	“TE”	Telephone
	PER04	Communication Number		Contact telephone number
	PER05	Communication Qualifier Number	“EM”	Electronic Mail
	PER06	Communication Number		Contact E-mail address
	PER07	Communication Qualifier Number	“FX”	Facsimile
	PER08	Communication Number		Contact fax number

Table 11: 820 Ongoing Payment Detail Elements

Loop	Element	Element Name	Code	Instruction
2000	ENT	Remittance Information		
	ENT01	Assigned Number		Sequential Number of the Loop Detail (starting at 1)
2100	NM1	Individual Name		
	NM101	Entity Identifier Code	"IL"	Insured or Subscriber
	NM102	Entity Type Qualifier	"1"	"Person"
	NM103	Last Name		Last name of the subscriber.
	NM104	First Name		First name of the subscriber.
	NM108	Identification Code Qualifier	"C1"	Insured or Subscriber
	NM109	Identification Code		The Exchange assigned Subscriber Identification Number.
2100	REF	Issuer Assigned Qualified Health Plan Identifier		This segment will be transmitted only for payments related to plans for Individuals.
	REF01	Reference Identification Qualifier	"TV"	TV – Line of Business
	REF02	Reference Identification		The Carrier's health plan identifier will be provided here.
2100	REF	Issuer Assigned Employer Group Identifier		This segment will be transmitted only for payments related to SHOP.
	REF01	Reference Identification Qualifier	"1L"	1L – Group or Policy Number
	REF02	Reference Identification		For payments related to an Employer Group, the Carrier's Group identifier will be provided here.
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type		Premium Payment
	RMR04	Monetary Amount		Provide amount of payment or adjustment associated with this insured. Note that values corresponding to an adjustment may be negative.
2300	DTM	Individual Coverage Period		This segment will communicate the start and end dates related to the payment.
	DTM01	Date/Time Qualifier	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD

Loop	Element	Element Name	Code	Instruction
	DMT06	Date Time Period		Date range corresponding to premium payment. This will match the premium payment coverage period.

4.3 SHOP Payments

SHOP payments are always paid from the DC Exchange to the Carrier. 820 advice of SHOP payments are remitted from the DC Exchange to Carriers twice per month, on the 10th and 24th. Table 12 shows specifications related to this transaction.

Table 12: 820 SHOP Payment Details

Interaction Model	Batch
File Name	E.g. 820_201305141422Z_CFBCI__GRPID_N_S_S.pgp
Frequency	Twice Monthly
Inbound File Format	EDI X12 820 - Payment Order/Remittance Advice (5010) 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 the SHOP payment related data corresponding to the Carrier into an EDI X12 820 file format. Data is also customized per the DC Exchange published 820 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 13.2.4 820 Error Transaction

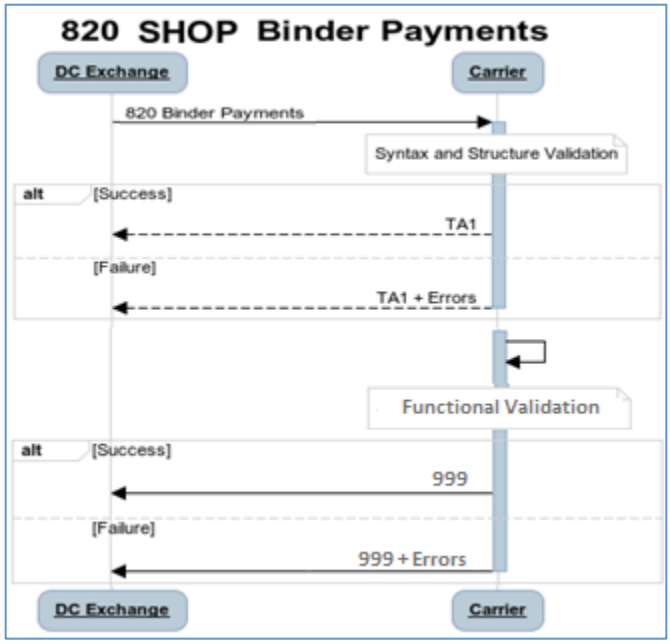

Figure 6: SHOP Binder Payments Sequence Diagram

Figure 6 **Sequence:**

1) DC Exchange sends EDI X12 820 payments data file to Carrier.
2) Carrier sends an acknowledgment (TA1) back to DC Exchange.
   a) Carrier sends a TA1 (with errors) in cases of syntactical errors.
3) Carrier processes file and sends a functional acknowledgment (EDI X12 999) back to DC Exchange.
   a) Carrier sends a 999 with errors in cases of functional errors.

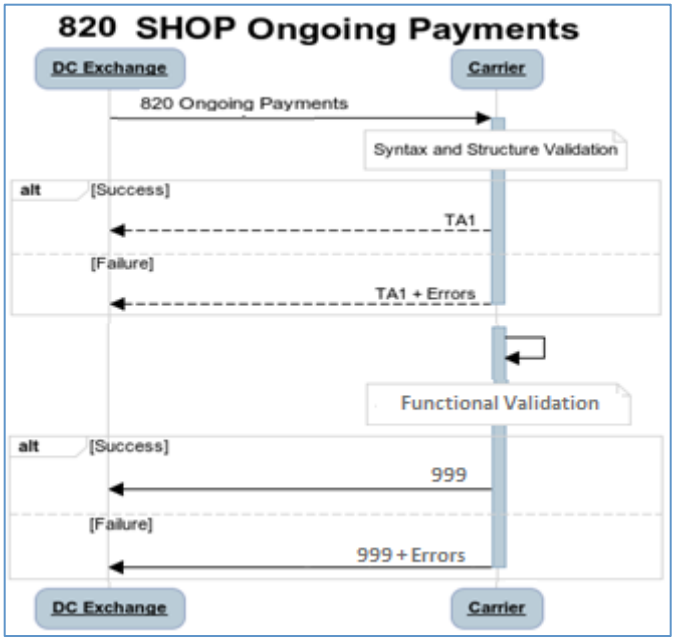

Figure 7: SHOP Ongoing Payments Sequence Diagram

Figure 7 **Sequence:**

1) DC Exchange sends EDI X12 820 payments data file to Carrier.
2) Carrier sends acknowledgment (TA1) back to DC Exchange.
   a) Carrier sends a TA1 (with errors) in cases of syntactical errors.
3) Carrier processes file and sends a functional acknowledgment (EDI X12 999) back to DC Exchange.
   a) Carrier sends a 999 with errors in cases of functional errors.

Table 13: 820 SHOP Payment Header Elements

Loop	Element	Element Name	Code	Instruction
Header	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	"820"	820 - Remittance Advice
	ST02	Transaction Set Control Number		A unique identifier. For remittance messages, this represents identifier of the ACH transaction that moved the funds.
	ST03	Implementation Convention Reference	"005010X306"	Used for employer group and individual payments.
	BPR	Beginning Segment for Remittance Advice		
	BPR01	Transaction Handling Code	"I"	I – Remittance Information Only.
	BPR02	Monetary Amount		Total amount of money transferred though ACH and detailed in this file.

Loop	Element	Element Name	Code	Instruction
	BPR03	Credit/Debit Flag Code	"C"	C – Credit
	BPR04	Payment Method	blank	Funds will be transferred though a separate Automated Clearing House (ACH) file. There is an ACH Payment Method Code. This code is used when a single 820 file contains both the remittance data and the ACH file data. This type of 820 file must be processed by a bank and is not used in the Exchange.
	BPR16	Date		Payment effective date
	REF	Issuer Assigned Qualified Health Plan Identifier		
	REF01	Reference Identification Qualifier	TV	TV –Line of Business. This will be populated with the Employer's Group ID when appropriate.
	REF02	Reference Identification		Group ID.
	DTM	Coverage Period		
	DTM01	Date/Time Reference	"582"	582 – Report Period.
	DTM05	Date Time Period Format Qualifier	"RD8"	Range of dates expressed in the format CCYYMMDD-CCYYMMDD.
	DTM06	Date Time Period		This is the start and end date for the coverage period. The Exchange will only offer monthly plans, so this date range will be from the beginning to the end of the month for which payment was made.
1000A		Payee Loop		
	N1	Payee Name		This segment represents the received of the payments.
	N101	Entity Identifier Code	"PE"	PE – Payee
	N102	Name		The Carrier's organization name.
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		The Carrier's Federal Taxpayer Identification Number
1000B		Payer Loop		
	N1	Payer's Name		This segment represents the originator of the payments
	N101	Entity Identifier Code	"RM"	Remitter Name
	N102	Name		DC Exchange
	N103	Identification Code Qualifier	"58"	Originating Company Number
	N104	Identification Code		Agreed upon code
	PER	Payer's Administrative Contact		

Loop	Element	Element Name	Code	Instruction
		Information		
	PER01	Contact Function Code	"IC"	Indicates Contact Information
	PER02	Name		Agreed upon contact name
	PER03	Communication Qualifier Number	"TE"	Telephone
	PER04	Communication Number		Contact telephone number
	PER05	Communication Qualifier Number	"EM"	Electronic Mail
	PER06	Communication Number		Contact E-mail address
	PER07	Communication Qualifier Number	"FX"	Facsimile
	PER08	Communication Number		Contact fax number

Table 14: 820 SHOP Enrollment Payment Detail Elements

Loop	Element	Element Name	Code	Instruction
2000	ENT	Remittance Information		
	ENT01	Assigned Number		Sequential Number of the Loop Detail (Starting at 1)
2100	NM1	Group Name		
	NM101	Entity Identifier Code	"IL"	Insured or Subscriber
	NM102	Entity Type Qualifier	"1"	"Person"
	NM103	Last Name		Last name of the subscriber.
	NM104	First Name		First name of the subscriber.
	NM108	Identification Code Qualifier	"C1"	Insured or Subscriber
	NM109	Identification Code		The Exchange assigned Subscriber Identification Number.
2100	REF	Issuer Assigned Employer Group Identifier		This segment will be transmitted only for payments related to SHOP
	REF01	Reference Identification Qualifier	"1L"	1L – Group or Policy Number
	REF02	Reference Identification		For payments related to an Employer Group, the Carrier's Group identifier will be provided here.
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type		Premium Payment
	RMR04	Monetary Amount		Provide amount of payment or adjustment associated with this insured. Note that values corresponding to an adjustment may be negative.
2300	DTM	Group Coverage Period		This segment will communicate the start and end dates related to the payment.

Loop	Element	Element Name	Code	Instruction
	DTM01	Date/Time Qualifier	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range corresponding to the premium payment. This will match the premium payment coverage period.

4.4 Adjustments

Table 15 lists payment codes defined by CMS for Loop 2300 RMR02. None of these codes can be used for adjustments to the premium itself.

Table 15: CMS-Defined Payment Codes (May 2013)

Code	Definition
APTC	Advance Payment of Premium Tax Credit. The RMR 04 segment will be positive.
APTCADJ	Advance Payment of Premium Tax Credit Adjustment. The RMR 04 segment will be positive or negative.
APTCMADJ	APTC Manual Adjustment. Used to show APTC manual adjustment when enrollment group level information is not applicable. The RMR 04 segment will be positive or negative and may be reversed in the future.
BAL	Balancing Amount. Only used when reporting to State-Based Marketplace. The RMR04 segment will be positive.
CSR	Advance Payment of Cost Sharing Reduction. The RMR 04 segment will be positive.
CSRADJ	Advance Payment of Cost Sharing Reduction Adjustment. The RMR 04 segment will be positive or negative.
CSRMADJ	CSR Manual Adjustment. Used to show CSR manual adjustment when enrollment group level information is not provided. The RMR 04 segment will be positive or negative and may be reversed in the future.
CSRN	Cost Sharing Reduction Reconciliation. The RMR 04 segment will be positive or negative.
CSRNADJ	Cost Sharing Reduction Reconciliation Adjustment. The RMR 04 segment will be positive or negative.
DEBTADJ	Payee's debt amount was covered by an affiliate's payment. The RMR04 segment will be positive.
FPLPNT	Used to show offsets for Treasury's Federal Payment Levy Program for Non-Tax related debt. The RMR 04 segment will be a negative amount.
FPLPT	Used to show offsets for Treasury's Federal Payment Levy Program for Tax related debt. The RMR 04 segment will be a negative amount.
INVOICE	Used to show a total amount that will be billed or otherwise collected. Only used when BPR 02 would otherwise be negative.
RA	Risk Adjustment Program payment or charge amount. The RMR 04 segment will be positive or

Code	Definition
	negative.
RAADJ	Risk Adjustment Payment or Charge Adjustment. The RMR 04 segment will be positive or negative.
RAUF	Risk Adjustment User Fee. The RMR 04 segment will be negative.
RAUFADJ	Risk Adjustment User Fee negative. Adjustment. The RMR 04 segment will be positive or negative
RC	Risk Corridor Program payment or charge amount. The RMR 04 segment will be positive or negative.
RCADJ	Risk Corridor Adjustment. The RMR 04 segment will be positive or negative.
REDUCED	Payment reduced to cover an outstanding debt owed by the payee or their affiliates. The RMR04 segment will be negative.
RIC	Reinsurance Contribution Amount. The RMR 04 segment will be negative.
RICADJ	Reinsurance Contribution Adjustment. The RMR 04 segment will be positive or negative.
RIP	Reinsurance Payment Amount. The RMR 04 segment will be positive.
RIPADJ	Reinsurance Payment Adjustment. The RMR 04 segment will be positive or negative.
UF	Federally facilitated Marketplace User Fee. The RMR 04 segment will be negative.
UFADJ	Federally facilitated Marketplace User Fee Adjustment. The RMR 04 segment will positive or negative.
UFMADJ	Federally facilitated Marketplace User Fee Manual Adjustment. Used to show use fee manual adjustment when enrollment group level information is not provided. The RMR 04 segment will be positive or negative and may be reversed in the future.

4.5 Adjustment for Life-Event

This adjustment is used where a member has a life event that caused a change to the premium amount.

Table 16: Sample Premium Adjustment

2100	NM1	Individual Name	Code	Instruction
	NM101	Entity Identifier Code	“IL”	Insured or Subscriber
	NM102	Entity Type Qualifier	“1”	“Person”
	NM103	Last Name	Smith	Last name of the subscriber.
	NM104	First Name	Joe	First name of the subscriber.
	NM108	Identification Code Qualifier	“C1”	Insured or Subscriber
	NM109	Identification Code	99999	The Exchange assigned Subscriber Identification Number.
2100	REF	Issuer Assigned Qualified Health Plan Identifier	X	This segment will be transmitted only for payments related to plans for Individuals.

2100	NM1	Individual Name	Code	Instruction
	REF01	Reference Identification Qualifier	"TV"	TV – Line of Business
	REF02	Reference Identification	X	The Carrier's health plan identifier will be provided here.
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type	"PADJ"	Premium adjustment
	RMR04	Monetary Amount	-999	Reverse the Individual or SHOP employee-only premium amount.
2300	DTM	Individual Coverage Period		This segment will communicate the start and end dates related to the payment.
	DTM01	Date/Time Qualifier	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range for the premium adjustment.
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type	"APTCADJ"	Adjust previous APTC amount.
	RMR04	Monetary Amount	-999	Reverse the original APTC amount.
2300	DTM	Individual Coverage Period		This segment will communicate the start and end dates related to the payment.
	DTM01	Date/Time Qualifier	"582"	582 – Report Period
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range for the premium adjustment
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type	"PREM"	Premium adjustment
	RMR04	Monetary Amount	999	The premium amount
2300	DTM	Individual Coverage Period		This segment will communicate start and end dates related to the payment.
	DTM01	Date/Time Qualifier	"582"	582 – Report Period.
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range for the premium adjustment
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type
	RMR02	Reference Payment Type	"APTC"	Adjust previous APTC amount
	RMR04	Monetary Amount	999	New APTC amount
2300	DTM	Individual Coverage Period		This segment will communicate start and end dates related to the payment.

2100	NM1	Individual Name	Code	Instruction
	DTM01	Date/Time Qualifier	“582”	582 – Report Period.
	DTM05	Date Time Period Format Qualifier		RD8 – CCYYMMDD – CCYYMMDD
	DMT06	Date Time Period		Date range for the premium adjustment

5 Monthly Reconciliation File Processes

In the initial stages of the DC Exchange operation, payment reconciliation will take place on an as-needed basis. The intention is to identify anomalies and exceptions scenarios as early as possible, in an effort to respond quickly and minimize the impact of issues.

DC Exchange requires that a Carrier reconcile payment files with the exchange no less than once a month.

5.1 Payment Reconciliation Process:

DC Exchange will send two separate payment files to the Carrier for reconciliation purposes on monthly basis.

1. File containing all Individual payment data to Carrier.
2. File containing all SHOP payment data to Carrier.

We expect the above file to contain the cumulative payment information between the DC Exchange and a Carrier at any given point of time for a benefit year.

Carriers need to analyze and reconcile the files with the data in their systems. Carriers can contact DC Exchange customer support if there are any questions or discrepancies.

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.