



## **Transaction Error Handling Guide**

**November 13, 2013**

**Version 1.8**

## Revision History

Date	Version	Changes	Author	Reviewed By
07/12/ 2013	0.1	Initial Draft	Dan Kazzaz	
07/15/ 2013	0.2	Updates from feedback	Dan Kazzaz	
07/16/ 2013	0.3	Content and formatting updates	Saadi Mirza	
07/19/ 2013	0.4	Formatting updates	Trunal Kamble	
8/7/2013	0.6	Added more error handling	Dan Kazzaz	
8/8/2013	0.7	Added reconciliation table format	Dan Kazzaz	
8/23/2013	1.0	Replaced Error Code Tables Added Severity Level, Time Frames, Error Reporting Template, Rate Quote Mis-Match Example.	Frank O'Roark	Sara Cormeny
9/24/2013	1.7	Deleted reconciliation timeframes Modified 834 Error Report Added 820 Error Reporting template Added Rate Quote Mis-Match Example Replaced Reconciliation Report template Added holiday schedule Added Broker and Employer Demographic Reporting Added CMS 834 Reporting	Frank O'Roark Stuart Beaton	Sara Cormeny
11/1/2013	1.8	Added Exchange and Carrier values to 834 Error Report Added two new error codes Added contact information Included verbiage for Congressional SHOP Modify Resolution Timeframe Table Updated language in reference to DC Health Link Reorder Transaction Error Manual	Frank O'Roark Azizza Brown	Sara Cormeny

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## 1 Introduction

### 1.1 Purpose and Scope

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This document is intended to assist in ensuring business continuity in the event of errors in the exchange of critical information. The plan outlines the roles and responsibilities of the technology, managers and teams required to perform necessary tasks to detect and resolve gaps and errors.

This document covers the error detection and resolution of data exchanged between carriers and the exchange:

- FTP Communication Failure
- Data Syntax Errors
- Encryption/Decryption
- Missing files/messages
- Data Content Errors
- Research for people information
- Periodic audit and reconciliation

Out of scope:

- Non-FTP Communication (SMTP, HTTP)
- Internal Error handling

### 1.2 Background of DC Health Exchange

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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. Enroll members of Congress and Congressional staff
5. Reduce the number of uninsured
6. Provide a transparent marketplace for health benefit plans
7. Educate consumers
8. 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. Operation of a Congressional shop
4. Consumer support for coverage decisions
5. Eligibility determinations for individuals and families
6. Enrollment in Qualified Health Plans
7. Contracting with certified carriers
8. Determination for exemptions from the individual mandate

### 1.3 Risk/Penalties for Non-Conformance

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The DCHBX will not impose any penalties for missed timeframes expensed in this document, in 2013.

DCHBX rules will never supersede the D.C. Department of Insurance Securities and Banking (DISB) rules or policies.

### 1.4 Intended Audience

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

### 1.5 Key Terms

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<b>Advance Premium Tax Credit (APTC)</b>	Advance payments of the premium tax credit means payment of the tax credits specified in the Affordable Care Act which are provided on an advance basis to an eligible individual enrolled in a QHP through an Exchange.
<b>Business Requirement (BR)</b>	Specific business element or task which is required by the District of Columbia, business users, legislation, regulation or guidance
<b>Carrier</b>	Refers broadly to any entity licensed to engage in the business of insurance in District of Columbia and subject to State laws regulating insurance. These entities include insurers, health maintenance organizations, non-profit health service plans, dental plan organizations, stand-alone vision carriers, and consumer operated and oriented plans.
<b>CCIIO</b>	Center for Medicare & Medicaid Services' Center for Consumer Information and Insurance Oversight
<b>CMS</b>	Center for Medicare & Medicaid Services
<b>CSR</b>	Cost-Sharing Reduction
<b>Customer</b>	Individual using DC Exchange to directly acquire health insurance
<b>DC Exchange/DCHBX</b>	District of Columbia Health Benefit Exchange Authority, which operates the DC Health Insurance Marketplace

<b>DC Health Link</b>	An on-line marketplace created for individuals, families, small business owners and their employees in the District of Columbia to shop, compare, and select health insurance that meets their health needs and budgets.
<b>Dependent</b>	A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the subscriber's family.
<b>DISB</b>	District of Columbia Department of Insurance, Securities and Banking
<b>EDI</b>	Electronic Data Interchange
<b>Health plans</b>	Health care coverage plans sold on the DC Exchange to individuals, families and small employers. They include Qualified Health Plans (QHPs), Qualified Standalone Dental Plans (QDPs) (which are a subset of QHPs), and Catastrophic Plans
<b>Insured or Member</b>	An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan. Dependents of a Subscriber who have not been individually enrolled for coverage are not included in Insured or Member.
<b>Metal Levels</b>	Platinum, Gold, Silver, and Bronze - representing available QHPs in descending actuarial value
<b>No Wrong Door</b>	The provision in the Affordable Care Act requiring states to ensure that a customer who approaches the state for health assistance programs is correctly directed to the program for which they are eligible including individual affordability programs such as Medicaid or qualified health plans (QHPs)
<b>Qualified Employee/SHOP Employee</b>	Employee of a qualified employer who has been offered coverage through the SHOP Exchange
<b>Qualified Employer/SHOP Employer</b>	An employer with 50 or fewer employees, with a business address in the District of Columbia, which offers QHP(s) to at least all full-time employees working an average of at least 30 hours per week

<b>Qualified Health Plans (QHPs)</b>	The certified health insurance plans and standalone dental plans offered to consumers and small businesses purchasing coverage through the DC Exchange.
<b>Reference plan</b>	A benchmark plan chosen by an employer for purposes of calculating employer contributions. The employee cost to enroll in the reference plan is the same for each coverage tier for every employee regardless of his/her age. If an employee chooses to enroll in a plan other than the reference plan, the employee cost is the cost to enroll in the reference plan plus the difference between the member-level age-rated lists billed premium for the reference plan and the plan in which the individuals enroll
<b>Secure Shell File Transfer Protocol (SFTP)</b>	A network protocol that provides file access, file transfer, and file management functionalities over any reliable data stream
<b>Small Business Health Options Program /SHOP Exchange</b>	The component of the DC Exchange designed to allow small businesses to shop for QHPs for their employees. This includes members of Congress and designated congressional staff.
<b>Sponsor</b>	A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an individual, employer, union, government agency, association, or insurance agency.
<b>Subscriber</b>	The subscriber is an individual eligible for coverage in the Small Business Health Options Program (SHOP) because of his or her association with an employer, or as an individual who presents to the DC Health Link individual market, or individuals covered under government programs, such as Medicare and Medicaid

## 1.6 Related Resources

**Table 1: Related Resources**

Document	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 addendum
Trading Partner Agreements (TPA)	Outlines the requirements for the transfer of EDI information between a Carrier and DC Exchange
DC Health Link Carrier Onboarding Document	Contains all the information including interchange specifications required to onboard a Carrier on DC Exchange
DC Health Link Benefit Enrollment Companion Guide	Provides technical information on 834 transactions supported by DC Exchange Provides technical information on Broker and Demographic Data file exchanges supported by the DC Exchange
DC Health Link Premium Payment Companion Guide	Provides technical information on 820 transactions supported by DC Exchange
DC Health Link Carrier Testing Document	Contains the testing strategy for DC Exchange – Carriers integration
DC Health Link Transaction Error Handling Guide	Provides procedural information to identify and resolve any EDI transaction errors
Carrier Integration Manual	Provides billing and enrollment timelines

## 1.7 Customer Support Hours of Operation

The EDI Operations Customer Support hours of operation are from 8:00am to 6:00pm. EDI Operations Customer Support will not be available on weekends and holidays. Washington D.C. government holidays are listed below with the noted dates off. Each year the DCHBX will provide Carriers with a listing of the Washington D.C. government holidays and the dates designated.

**Table 2: 2013 Holiday Schedule**

2013 Holidays	Date Observed
Thanksgiving Day	November 28, 2013
Christmas Day	December 25, 2013

**Table 3: 2014 Holiday Schedule**

2014 Holidays	Date Observed
New Year's Day	January 1, 2014
Martin Luther King Jr. Day	January 20, 2014
Washington's Birthday	February 17, 2014

DC Emancipation Day	April 16, 2014
Memorial Day	May 26, 2014
Independence Day	July 4, 2014
Labor Day	September 1, 2014
Columbus Day	October 13, 2014
Veterans Day	November 11, 2014
Thanksgiving Day	November 28, 2014
Christmas Day	December 25, 2014

## 1.8 How To Contact Us

The DC Exchange maintains a Web site with useful information and resources for carriers: <http://www.dchbx.com/page/carrier-information>. For direct inquiries, please see Section 5, EDI Operations Contact.

## 2 Critical assets and systems

Systems supporting carrier communications include:

- System Administration Accounts
- SFTP Server
- Phone Support
- Research UI's
- Reporting UI's

## 3 DCHBX Team and Key Personnel

The following staff will be responsible for handling and managing identified errors in the DCHBX organization:

- DCHBX Senior Management Team:
- DCHBX EDI Operations Team:
- DC Health Link IT Team:

Ongoing Error Recovery Coordination: Between October 1, 2013 and December 1, 2014, the IT, EDI Ops team and business teams from DCHBX and the carriers with plans on DC Health Link will meet approximately once a quarter to help improve processes and technology.

## 4 Responsibilities

The responsibilities of each of the above teams are as follows:

**DCHBX Senior Management Team** is responsible for evaluating seriousness of errors and initiating the following actions:

- Dialogue with carrier senior management on disputes
- Provide necessary financial support
- Determine error priorities and resource assignment
- Communicate critical information to customers, stakeholders, and board of directors

**DCHBX EDI Operations Team** is responsible for:

- Provide first line of support when carrier phones
- Analysis of negative 999
- Invoke retransmission of rejected data
- Detection of missing transactions (in particular 999's)
- Triage problems to EDI/IT/ or Senior management
- Research members on DC Health Link database, modify data and report issues
- Resolve reconciliation issues

**DC Health Link IT Team** is responsible for repairing technology:

- Provide alternative or agreed-upon technical solutions wherever possible
- Provide technical support and guidance
- Manage the operations of the DC Health Link Technical Infrastructure
- Implement system changes and upgrades DCHBX EDI Operations

## 5 EDI Operations Contact

**Table 4: EDI Operations Contact**

Contact Name	Phone Number	Email Address
<b>Frank O’Roark</b>	202-730-1645	<a href="mailto:frank.oroark@dc.gov">frank.oroark@dc.gov</a>
<b>Kent Benton</b>	202-730-1657	<a href="mailto:kent.benton@dc.gov">kent.benton@dc.gov</a>
<b>Azizza Brown</b>	202-730-1644	<a href="mailto:azizza.brown2@dc.gov">azizza.brown2@dc.gov</a>
<b>Akash Dedhia</b>	202-741-2118	<a href="mailto:akash.dedhia@dc.gov">akash.dedhia@dc.gov</a>

The contact list is reviewed and updated every six months and immediately upon any known changes.

## 6 Error Detection/Classification/Remedies

### 6.1 Communication

#### 6.1.1 Error Classification

The exchange of most production information will be done via the Carriers placing files and picking up files from a DC Health Link server. The carrier might fail to access the FTP server for any number of reasons.

#### 6.1.2 Error Detection

The following are possible error conditions:

- Carrier SFTP client gets an error message.
  - Carrier is not able to connect to DC Exchange SFTP client for manual login.
  - Carrier is getting transmission errors.
  - Error when downloading the file
- Outbound files have been left on the SFTP site.
- 999's were not received on a timely basis from the recipient of the 834/820.

- File Partial Download, File Corrupt or Data Processing Errors

### 6.1.3 Error Remedies

The operations team at either end will be notified by their systems that there is a potential problem. The resolution of this problem will require person to person communication between the organizations. It will be the IT team which will resolve this situation and the EDI Operations that will communicate the solution.

## 6.2 Data Syntax

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### 6.2.1 Error Classification

The X12 EDI Syntax places certain requirements to ensure smooth operation. The Exchange and the Carriers will be sending each other 834's and 820's. Each receiver will validate the data and send accepted or rejected results to the sender via the X12 TA1 and 999 transactions.

### 6.2.2 Error Detection

X12 Syntax errors will be detected by the recipient's EDI processing compliance checking tool. This will generate a TA1 or 999 indicating a rejection. The sender will know that a problem exists when the TA1 or 999 is received indicating a rejection.

### 6.2.3 Error Remedies

DC Health Link, when receiving a negative 999/TA1, will view the 999/TA1 and compare it to original transmission. Either:

- The original was wrong, in which case data is corrected and retransmitted. Or,
- DCHBX EDI Ops team determines that file is ok – in which case it contacts the carrier to research and resolve the issue

Note: The incoming data from the carrier could also generate a negative 999 – which is transmitted back. The carrier is expected to provide the same support mechanism in response to the 999. It will be the EDI Ops team which will resolve this situation.

## 6.3 Encryption/Decryption

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### 6.3.1 Error Classification

It is possible for the encryption/decryption routines to not function correctly.

### 6.3.2 Error Detection

The encryption/decryption routines could fail.

### 6.3.3 Error Remedies

Remediation would require the validation of keys and possibly re-exchange of keys. Data may need to be re-encrypted and transmitted by the sending party. The IT team will resolve this situation.

## 6.4 Missing files

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### 6.4.1 Error Classification

There are cases where a file is sent but not received and/or processed by the other party.

### 6.4.2 Error Detection

There are several ways these errors could be detected.

- Certain messages are expected on certain dates.
- Files not picked up on the SFTP site by the carrier within 4 hours
- A 999 (accepted or rejected) is not received within 1 hour of sending the original message
- The control numbers in the X12 ISA and GS segments are not unique

### 6.4.3 Error Remedies

The party which notices the missing file phones the other parties' triage desk. The sequence of file movements is tracked through their logs. Once the cause of the missing file is determined, the file is then reprocessed. It will be the EDI Ops team which will resolve this situation.

## 6.5 Data Content

### 6.5.1 Error Classification

Each message type has any number of data fields which would make it inoperable to the other side. These need to be remedied in order to keep the exchange and carrier information synchronized.

The 834 Error Report (Section 7, Table 6) will be placed in a folder on the DCHBX secure FTP server and will contain the values from the corresponding file: ISA13 Control Number, DCHBX Assigned Member ID, Member Last Name, Member First Name, Member Date of Birth, Relationship to Insured (834 only), Effective Date and Termination Date (834 only).

The 820 Error Report (Section 7, Table 7) will be placed in a folder on the DCHBX secure FTP server and will contain the values from the corresponding file: ISA13 Control Number, DCHBX Assigned Subscriber ID, Subscriber Last Name, Subscriber First Name, Coverage Dates.

One of the following error codes can be used to report the error.

**Table 5: 834 Enrollment Error Codes**

834 Enrollment Error codes	834 Enrollment Error Codes Description
ENR001	Duplicate HIXID. Another member present with this HIXID
ENR002	Invalid Date of birth
ENR003	Mismatch on date of birth
ENR004	Date of Birth is required
ENR005	SSN is invalid as per SSA guidelines
ENR006	Member SSN is same as Subscriber SSN

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834 Enrollment Error codes	834 Enrollment Error Codes Description
ENR007	Mismatch of SSN
ENR008	Gender is required
ENR009	Gender is not valid
ENR010	Ethnicity Code is not valid
ENR011	Different Spouse/Domestic Partner exists on our system
ENR012	Invalid Zip Code
ENR013	Invalid Country Code
ENR014	Invalid City, State or Zip Code combination
ENR015	Invalid member/subscriber address
ENR016	Invalid member/subscriber Last Name
ENR017	Subscriber/Member Last Name is required
ENR018	Invalid member/subscriber First Name
ENR019	Subscriber/Member First Name is required
ENR020	Submitted coverage effective date is less than existing coverage effective date
ENR021	City/State does not match with Cities/States associated with submitted Zip
ENR022	Payer Name is invalid
ENR023	Sponsor Name is invalid
ENR024	Invalid value in Sponsor Identifier
ENR025	TPA/Broker Name is invalid
ENR026	Invalid value in TPA/Broker Identifier
ENR027	Invalid Relationship Code for Subscriber
ENR028	Invalid Relationship Code for Dependent
ENR029	Enrollment Begin Date must be a valid date
ENR030	Enrollment End Date must be a valid date
ENR031	Maintenance Effective Date must be a valid date
ENR032	Date of Death Date must be a valid date
ENR033	The enrollment end date is prior to the enrollment begin date
ENR034	Cannot terminate a client that does not exist in the system
ENR035	Cannot change a client that does not exist in the system

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834 Enrollment Error codes	834 Enrollment Error Codes Description
ENR036	Maintenance Type/Reason Code Mismatch
ENR037	Maintenance type code and maintenance research code is not a valid combination
ENR038	Action code is not valid
ENR039	Client ID is required on a change, a termination or a re-enrollment
ENR040	Coverage Effective Date Mismatch
ENR041	Enrollment Effective Date is required on an add transaction
ENR042	Enrollment End Date is required on a termination
ENR043	Employment Status Code is not valid
ENR044	Health Coverage Policy Number Mismatch
ENR045	Total Premium Amount Mismatch
ENR046	Invalid APTC amount
ENR047	Employment Status Code missing
ENR048	Provider info Mismatch
ENR049	No PCP provided. This plan requires PCP to be selected
ENR050	Invalid PCP selection. This plan doesn't allow to select PCP
ENR051	PCP not In plan network
ENR052	PCP not In system
ENR053	PCP not accepting this gender
ENR054	PCP not accepting new patients
ENR055	COB information is not allowed in Exchange
ENR056	Invalid Qualifier
ENR057	Invalid Coverage Level
ENR058	Invalid Insurance Line Code
ENR059	Invalid Subscriber ID
ENR060	Invalid Group ID
ENR061	Invalid Subgroup ID
ENR062	Invalid gender code
ENR063	Subgroup ID not found
ENR064	Group ID not found

834 Enrollment Error codes	834 Enrollment Error Codes Description
ENR065	Invalid QHP ID
ENR066	QHP ID not found
ENR067	Member Addition is Invalid
ENR068	Member change is invalid
ENR069	Member Term is invalid
ENR070	Member Reinstatement is invalid
ENR071	Member does not exist in Carrier database
ENR072	Member does not exist in DCHBX database
ENR999	Carrier description of error

### 6.5.2 Error Detection

Data content errors are identified when the information received is being posted to the application system. The application may reject the data (e.g. birthdate occurs in the future). Data content errors will be presented via excel spreadsheets in the 834 Error Report for enrollment errors (see Table 6) and 820 Error Report for premium errors (Table 7).

### 6.5.3 Error Remedies

Data content issues can be reported manually or through an excel spreadsheet format on the on the 834 Error Report (Table 6). These errors will be remedied manually. The correction of the data may or may not require a retransmission. These messages should be delivered over secure FTP connections. It will be the EDI Ops Team which will resolve this situation.

## 6.6 Subscriber Research

### 6.6.1 Error Classification

The most critical functionality required by the insured is to have tools to help research and update their status on the systems.

### 6.6.2 Error Detection

There will be queries about individuals which will arise from many scenarios. The carrier may call or email with reference to one of these situations.

### 6.6.3 Error Remedies

Both parties will have the ability to look up an individual and research why data did not get synchronized properly. This research may result in an entry to change information and could result in a retransmission of information. It is expected that both parties have access to the enumeration (Member ID and DCHBX ID) to help update their information. It will be the EDI Ops team which will resolve this situation.

## 6.7 Reconciliation

### 6.7.1 Error Classification

There are monthly reports being exchanged which will validate the enrollment and payments. The two systems may have differences which will arise from this process.

### 6.7.2 Error Detection

There are monthly reports being exchanged which will validate the enrollment. The two systems may have differences which will arise from this process. The reconciliation of the enrollment will start with monthly audit 834's with all the active members.

### 6.7.3 Error Remedies

Balancing the two systems will involve double checking file status, counts per day, financial issues. The EDI Ops team will be responsible for the analysis, tracing, reporting and remediation. The remediation for people not recorded in one system or the other may require entering the missing person manually into the database. For a list of priority loops and segments please see Priority 834 Reconciliation Loops and Segments in section 9.2

## 7 Error Reporting

In order to identify and track errors reported and resolved between DCHBX and the Carriers, we will use Excel spreadsheets in a consistent format between the parties. Error files may be created whenever errors must be reported.

The following file naming conventions and file layout shall be used.

### **File type – Sending party – Receiving party – File Date – sequence number**

Example of Error File title from a Carrier to the DCHBX – **834\_Errors\_CarrierID\_DC0\_20130826\_1.xls**

Example of Error File title from the DCHBX to a Carrier – **820\_Errors\_DC0\_CarrierID\_20130826\_2.xls**

If more than one error report is created for the same file type for the same date, the sequence number will increment by one for each additional error report.

The 834 and 820 Error Reports will be presented in an Excel spreadsheet with the following headings:

**Table 6: Format for 834 Error Report between Carrier and DCHBX (with sample data)**

ISA13 Control Number:											
Exchange Assigned Member ID	Group Name (SHOP Only)	Member Last Name	Member First Name	Member Date of Birth	Relationship	Effective Date	Termination Date	Error Code	Error Message	Exchange Value	Carrier Value
30000001		SMITH	JOHN	9/8/1976	Spouse	1/1/2014		ENR014	Invalid City, State or ZIP code combination		
30000012		TAYLOR	BOB	3/11/2003	Sponsored Dependent	1/1/2014		ENR006	Member SSN is same as Subscriber SSN		

Table 7: Format for 820 Error Report between Carrier and DCHBX (with sample data)

ISA13 Control Number:					
Exchange Assigned Member ID	Member Last Name	Member First Name	Coverage Dates	Error Code	Error Message
30000001	SMITH	JOHN	20140101-20140101		
30000012	TAYLOR	BOB	20140101-20140101		

## 8 Severity levels

Severity levels which identify escalation levels and the person(s) assisting in issue resolution are identified below. Some examples are shared at each level, the list is not comprehensive.

Table 8: Severity Levels

Level	Who Handles	Example
Low	EDI Ops Help Desk	TA1/999 errors
Medium	EDI Ops Help Desk and team	Data content/syntax errors Escalated low issue
High	EDI Ops team and DCHBX executive	820 Financial Error, 834 Enrollment Error Escalated medium issue
Critical	EDI Ops team and DCHBX executives	Rate quote discrepancy Select escalated high issues

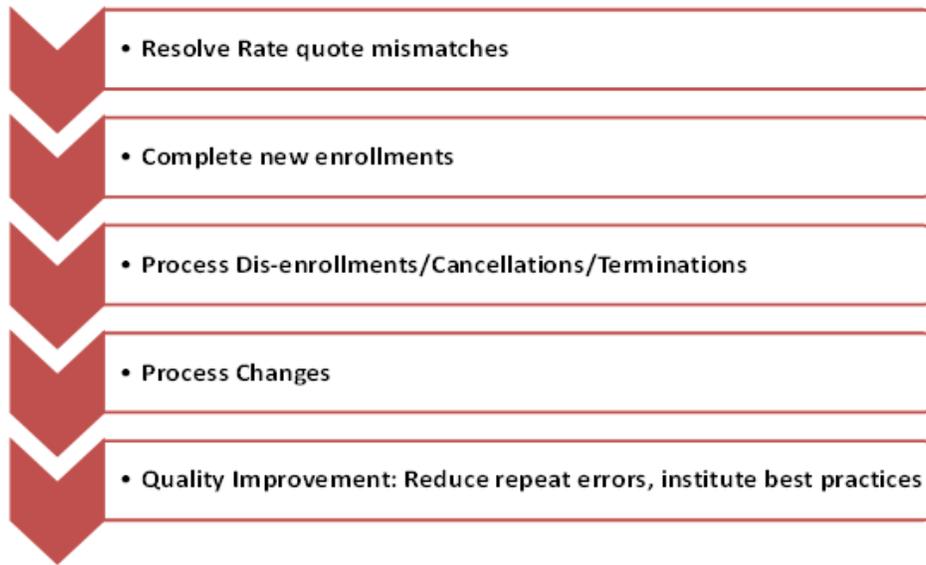
## 9 Prioritizing Error Resolutions

Issuers and the DCHBX share an interest in ensuring that the work of error resolution is done efficiently and that the most important issues receive the highest priority.

### 9.1 Triage 834 Priorities

Below is chart depicting a Triage of 834 Priorities after problems have been identified:

Table 9: Triaging 834 Priorities



## 9.2 Priority Reconciliation Loops and Segments

Identified below is a list of 834 priority loops and segments that require reconciliation. Any field that adversely affects a person’s ability to enroll in a Carrier’s health plan should be reconciled.

Table 10: Priority 834 Reconciliation Loops and Segments

Description	Loop, Segment	Notes
Individual’s Relationship Code	2000 INS02	
Last Name, First Name	2100A NM103, NM104	
Birth date	2100A DMG02	
Street address, City, State, ZIP	2100A N301, N401, N402, N403	
Benefit Begin Date	2300 DTP03, DTP01 = 348	
Carrier Assigned Plan ID	2300 REF02, REF01 = CE	Individual Only
Employer Group Number	2300 REF02, REF01 = E8	SHOP Only
Premium Type, Amounts	2750, N102, REF02	

## 10 Error Resolution Procedures

### 10.1 Example of Error Analysis/Resolution Steps

A proposed Rate-Discrepancy Resolution Process is identified below.

**Statement of the Case:** An incorrect rate quote on DC Health Link may mean that an individual or business is quoted, and pays DCHL a binder payment, too little or too much when setting up a plan.

**How this is discovered:** The carrier, who has received an 834 enrollment request for the policy from the DCHBX, informs the EDI Operations team between 48 hours and one week after they receive the 834 (which is one day after the individual or business has paid for the policy).

**Problem Severity:** Critical.

**Escalation:** Immediate.

**Escalation path:** Will include DCHBX Executives, DISB leadership, IT team leadership, DCHBX EDI Operations team.

**Parties affected:** Carrier; DCHBX; IT team; DISB; buyer(s).

**Remediation steps:**

1. An initial impact assessment is done to assess the scope of the problem:
  - i. Does it affect just this one policy sold, or other policies sold as well?
  - ii. Are other policies under this plan, being mis-quoted?
  - iii. Does the individual or business already have an effectuated policy at this mis-quoted rate?
  - iv. Other impact assessments as needed/identified.
2. Per business procedures, individual(s) or business(es) who have purchased insurance policies at the incorrect rate (and to their broker as applicable) informing them of the error and the need to take further action. The DCHBX will cancel the policy/ies, and will refund the binder payment.
3. Root-cause analysis will determine the source of the error which will lead to the correct remediation steps.
  - i. Does the problem stem from an application defect?
  - ii. Does the problem stem from rate tables with inaccurate rates entered?

**Resolution:**

Must be identified based on impact and root cause analysis.

## 10.2 Error Resolution Scenarios

Below are other examples of EDI errors which could occur between DCHBX and Carriers as they exchange 834 and 820 files for enrollment and payment. The scenarios presented are representative of the different errors and resolutions based off of file errors identified at the interchanged level (TA1 response) and data/format errors at the transaction level (999 response).

**Table 11: Error Description and Resolution Scenarios**

Scenario	Error Description and Resolution
<b>Error Scenario 1</b>	<p><i>Initial Enrollments DCHBX to Carrier, 834 file format errors at interchange level.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. Carrier rejects the entire 834 file.</li> <li>2. Carrier generates the TA1 file with errors and sends the file back to DCHBX.</li> <li>3. DCHBX corrects the errors and resends the 834 file to the Carrier on the following business day.</li> </ol>
<b>Error Scenario 2</b>	<p><i>Initial Enrollments DCHBX to Carrier, 834 file has data/format errors at transaction level.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. Carrier rejects one or more transactions in the 834 file that have syntax/IG errors.</li> <li>2. Carrier generates the 999 file with errors and sends the file to DCHBX.</li> <li>3. DCHBX corrects the errors and resends the corrected transactions in the 834 file to the Carrier on the following business day.</li> </ol>

Scenario	Error Description and Resolution
<p><b>Error Scenario 3</b></p>	<p><i>Effectuation files Carrier to DCHBX, 834 file format errors at interchange level.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. DCHBX rejects the entire 834 Effectuation file.</li> <li>2. DCHBX generates the TA1 file with errors and sends the file to DCHBX SFTP Server.</li> <li>3. Carrier corrects and resends the Effectuation file to DCHBX on the following business day.</li> </ol>
<p><b>Error Scenario 4</b></p>	<p><i>Effectuation files Carrier to DCHBX, 834 file has data/format errors at transaction level.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. DCHBX rejects one or more transactions in the 834 Effectuation file that have syntax/IG errors.</li> <li>2. DCHBX generates the 999 file with errors and sends to DCHBX SFTP server.</li> <li>3. Carrier receives file, makes corrections and resends the corrected transactions in the 834 file on the following business day.</li> </ol>
<p><b>Error Scenario 5</b></p>	<p><i>Payment files DCHBX to Carrier, 820 file has interchange level errors.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. Carrier rejects the entire 820 file.</li> <li>2. Carrier generates the TA1 file with errors and sends the file back to DCHBX.</li> <li>3. DCHBX corrects the errors and resends the 820 file to the Carrier on the following business day.</li> </ol>
<p><b>Error Scenario 6</b></p>	<p><i>Payment files DCHBX to Carrier, 820 file has format/data errors at the transaction level.</i></p> <p><b>Resolution:</b></p> <ol style="list-style-type: none"> <li>1. Carrier rejects the entire 820 file.</li> <li>2. Carrier generates the 999 file with errors and sends the file to DCHBX.</li> <li>3. DCHBX corrects the errors and resends the 820 file on the following business day.</li> </ol>

## 11 Resolution Time Frames

Each side will make best efforts to resolve the issues on a timely basis. The following Resolution and Escalation of Error Categories table contains the expected timeframes for issues resolution and escalation. Please note that column “Expected Resolution Time-90%” identifies expected resolution times for 90% of transaction errors, column “Expected Resolution Time-95%” provides additional time for errors with higher levels of complexity, and column “Escalation Resolution Time-100%” will provide additional time for mission critical errors requiring escalation.

Table 12: Resolution Timeframes

Category	Expected Identification Time	Expected Resolution Time-90%	Expected Resolution Time-95%	Escalation Resolution Time-100%
Communication	1 hour	+1 hour	+1 hour	+4 hours
Data Syntax	1 hour	+1 day	+1 day	+3 days
Encryption/Decryption	1 hour	+2 hours	+2 hours	+1 day
Missing Files	1 hour	+1 day	+1 day	+3 days
Data Content	ASAP	+2 days	+1 day	+5 days
Subscriber Research	ASAP	+2 hours	+2 hours	+2 days
Reconciliation	5 days	+5 days	+2 days	+10 days

## 12 Escalation procedures

Each party will have a name, email address and phone number of the party to report the non-resolution of any particular issue when the time to resolve exceeds the expected escalation time in the Table 12: Resolution Timeframes.

## 13 Audit and Reconciliation Reporting

DCHBX will periodically generate and send to the Carrier a standard 834 “audit and compare” file that contains a complete, current view of the membership. The file will contain all enrollment data for the active enrollments (all members covered under a current policy) present on that day. Carriers will process the 834 audit file, generating and sending back to DCHBX a report containing differences between Carrier and DCHBX records.

In order to identify and track reconciliation errors reported and resolved between DCHBX and the Carriers, we will use Excel spreadsheets in a consistent format between the parties. Reconciliation Error Files may be created whenever errors must be reported.

The following file naming conventions and file layout will be used:

### **File type – Sending party – Receiving party – File Date – sequence number**

Example of Reconciliation Error files title from a Carrier to DCHBX –**834\_Recon\_CarrierID\_DC0\_20130826\_1.xls**

If more than one 834 Reconciliation Error Report is created for the same file type for the same date, the sequence number will increment by one for each additional error report.

The 834 Reconciliation Error Report will be presented in an Excel spreadsheet with the following headings:

**Table 13: Format for 834 Reconciliation Error Report between Carrier and DCHBX (with sample data)**

ISA13 Control Number:											
Exchange Assigned Member ID	Group Name (SHOP Only)	Member Last Name	Member First Name	Member Date of Birth	Relationship	Effective Date	Termination Date	Error Code	Error Message	Exchange Value	Carrier Value
30000001		SMITH	JOHN	9/8/1976	Spouse	1/1/2014		ENR014	Invalid City, State or ZIP code combination		
30000012		TAYLOR	BOB	3/11/2003	Sponsored Dependent	1/1/2014		ENR006	Member SSN is same as Subscriber SSN		

File transmission and X12 Syntax errors and will be detected by the recipient’s EDI processing compliance checking tool. After an 834 file is generated and sent to the Carrier, a TA1 and 999 response transaction will be generated indicating a file acceptance or rejection. DCHBX will know that a problem exists when the TA1 or 999 (with error codes) is received indicating a rejection.

The 834 Reconciliation Error Report will be generated when a balancing problem exist between the DCHBX Enrollment Files and the Carriers Enrollment Files. The 834 Reconciliation Error Report will identify and report discrepancies.

### 13.1 Reconciliation Timeframes/Dates

Audit files will be sent monthly from the DC Exchange to Carriers. Carriers will have 5 business days to perform/implement resolution procedures. The timelines and calendar for reconciliation dates through March 2014 are listed below.

#### Reconciliation Timelines

- DCHBX will send monthly audit files of all enrollees on the 15<sup>th</sup> or next business day, of the month by 10:00am. Date may change post-1/1/2014
- Carriers will respond in 5 business days, or sooner, with submitted reconciliations using the Excel spreadsheet template
- DCHBX will respond in 5 business days with updates/corrected data
- DCHBX and Carriers will work together to resolve issues

**Table 14: Reconciliation Dates Through 2014 Open Enrollment**

Reconciliation Date	Carrier Reconciliation Report Returned	DCHBX Response
<b>November 15, 2013</b>	Nov. 22	Dec. 2
<b>December 2, 2013 (SHOP Only)</b>	Dec. 9	Dec. 16
<b>December 16, 2013</b>	Dec. 23	Dec. 31
<b>January 23, 2014</b>	Jan. 30	Feb. 6
<b>February 24, 2014</b>	Mar. 3	Mar. 10
<b>March 24, 2014</b>	Mar. 31	Apr. 7

## 14 CMS Reporting

The DCHBX will transmit a subset of Individual Market 834 transaction to CMS on a daily basis. Additionally, the exchange rule requires that Carriers reconcile enrollment files with the DCHBX at least once per month and that the DCHBX use that information to reconcile enrollment information with CMS.

After the 834 file is generated and sent to CMS, a TA1 and 999 response transaction will be generated by indicating a file acceptance or rejection. The sender will know that a problem exists when the TA1 or 999 (with error codes) is received indicating a rejection.

## 15 Non-EDI Reporting

### 15.1 Broker Demographic Reporting

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The broker demographic EFT transaction provides broker-related data to the Carriers via a batch process. DCHBX 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 Broker XML file structure is defined in an XML Schema Definition (XSD) file that may be obtained from the DCHBX. Carriers must download and process this content before processing the 834 EDI files, as the 834s may contain references to the new broker information. If the Broker XML file is determined to be in error, the Carrier will email the DCHBX EDI Operations Team immediately and follow-up with a telephone call.

### 15.2 Employer Demographic Reporting

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The Employer demographic EFT transaction provides employer/group-related data to the Carriers. The DCHBX produces an XML file for Carriers under the following scenarios:

- New employer/group on boarded to the DCHBX
- Updates to existing employer/group data
- Employer/group termination

The DCHBX will post an Employer demographic file for Carrier access on a daily basis as information becomes available. If the Employer Demographic file is determined to be in error, the Carrier will email the DCHBX EDI Operations Team immediately and follow-up with a telephone call.

Upon receipt, the Carrier assigns a Group ID and transmits the XML file back to DCHBX. If the Carrier-provided XML response file is determined to be in error, the DCHBX will email the Carrier immediately and follow-up with a telephone call.

## 16 Business Function and Error Acknowledgement/Resolution

As DCHBX and Carriers exchange data, standard X12 EDI transactions will be utilized when they exist, with the associated EDI transactions returned from the receiver noting file acceptance or rejection with the associated error(s). However, there will be cases where a X12 EDI transaction does not exist and non-EDI formats will be utilized to exchanged data, with error files handled manually. Below is the Business Function and Error Acknowledgement/Resolution Table.

Table 15: Business Function and Error Acknowledgement/Resolution Table

Business Function	Trans. Type	Receiver	Error Acknowledgement/Resolution
Enrollment	834	Carrier	TA1/999
Effectuation	834	DCHBX	TA1/999
Payment	820	Carrier	TA1/999
Broker Demographic	XML	Carrier	Email and telephone call
Employer Demographic	XML	Carrier/ DCHBX	Email and telephone call
Audit	834	Carrier	TA1/999
Reconciliation	XML	DCHBX	SFTP/Secure email and telephone call
CMS Reporting	834	CMS	TA1/999