Payment Companion Guide

May 28, 2013

Version:	1.0		**Revised:**	Tuesday, May 28, 2013

DC Exchange Payment Companion Guide

Revision History

Date	Version	Changes	Author	Approved By
05/17/2013	1.0	Baseline	Tom Kern	

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DC Exchange Payment Companion Guide

1   Purpose and Scope

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

2   Draft Status

At the time of publication of this guide, the latest guidance from the Centers for Medicare and Medicaid Services (CMS) is Companion Guide Version Number 2: Draft for Review Dated May 15, 2013. This guide states that CMS is not in compliance with the 5010 820 Implementation Guide, but that the agency was in discussion with the X.12 standards body. This guide may be revised based on the outcome of those talks.

Another area waiting to be addressed by CMS is auditing payment information and dealing with discrepancies. CMS is exploring using a discrepancy report, but no decisions or examples have been made available.

3   Trading Partner Agreement

Generally a trading partner agreement is created between participants in EDI file exchanges. These agreements specifically define interchange components e.g. machine names, security protocols, security credentials, encryption methods, and field contents. Some fields that must be established between QHP Issuers and the DC Exchange are listed in the following table:

Table 1: Fields Defined In Trading Partner Agreements

Field	Loop	Element
Exchange name	1000B	N102
QHP Issuer name	1000A/B	N102
Originating company number	1000A/B	N104
Payer contact name	1000B	PER02
QHP Issuer tax Identification number	1000A	N104
Exchange tax Identification number	1000A	N104

Table 2: Participants in DC Exchange

Name	DC Exchange Company Number
Aetna Health Inc.	AHI
Aetna Life Insurance Company	ALIC
CareFirst BlueChoice, Inc.	CFBCI
Group Hospitalization and Medical Services, Inc.	GHMSI
Kaiser Foundation of the Mid-Atlantic States, Inc.	KFMASI
Optimum Choice, Inc.	OCI
United Healthcare Insurance Company	UHIC
DC Exchange	DC HBX

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

DC Exchange is working on the details of "Binder Payment Remittance" from QHP issuer tp DC Excahnge. This will be addressed in the next version.

Table 3: Remittance File Types

DC Exchange	Transaction Type	DC Exchange to QHP Issuer	QHP Issuer to DC Exchange	Frequency
Individual	Binder Payment Remittance	X		Dependent on the frequency of payments to be made by Exchange.
	Ongoing Payment Remittance		X	Dependent on the frequency of payments to be made by Exchange.
SHOP	Binder Payment Remittance	X		Dependent on the frequency of payments to be made by Exchange.
	Ongoing Payment Remittance	X		Dependent on the frequency of payments to be made by Exchange.

Table 4: Remittance File Types

Although broken out in the above table, all SHOP payments will be reported in a single file.

Figure 1: Information Flow
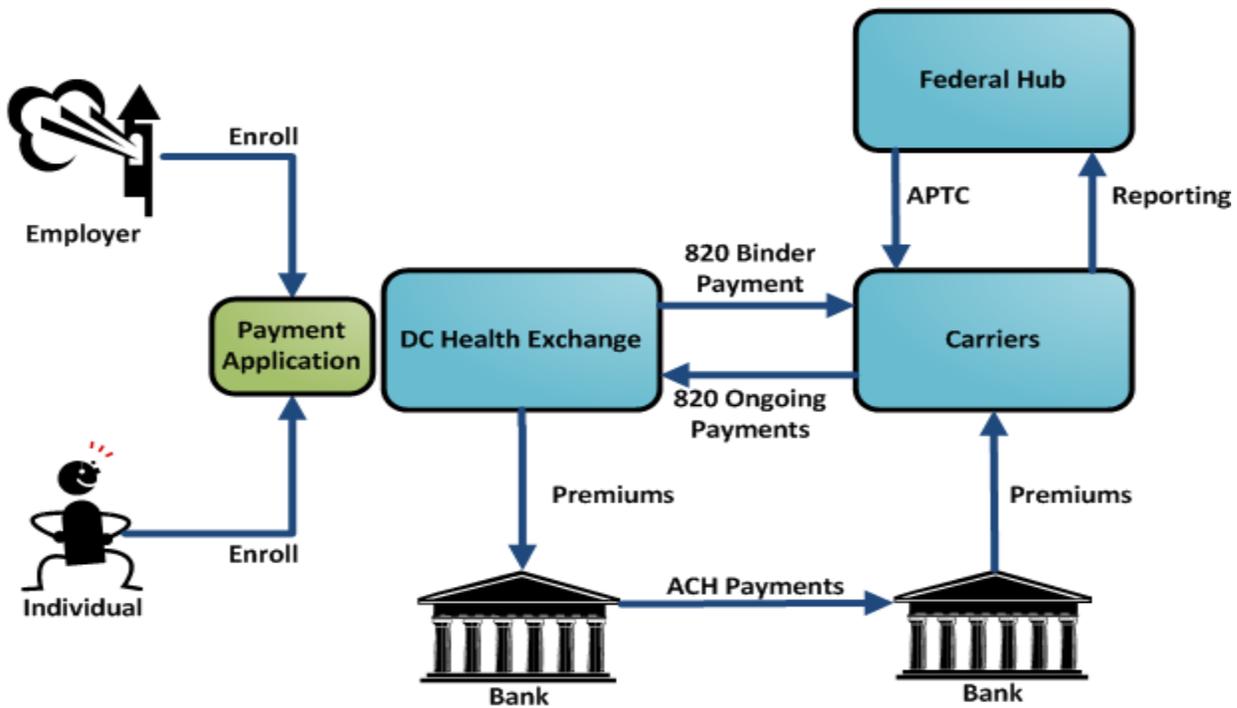
4.1 Cut-Off Dates

No payments are transferred to the carriers until the payments are recieved by the DC Exchange.

5   EDI Acknowledgements and Confirmations

The following sections provide information on the file acknowledgments and confirmations that will be provided to the Carriers. A single 820 file will be treated as a transaction in that the entire file succeeds or fails as a single unit.

1) **Synchronous:** The TA1 interchange acknowledgement will be the only synchronous acknowledgement. Please note there will be no 999 Functional Group Acknowledgment. Functional Acknowledgments for the interchange will be generated only on errors. Please refer to the description of Functional Acknowledgement on the next page.
   a) **TA1 Interchange Acknowledgement**
   - **Successful Interchange:** A successful interchange will be followed by a TA1 acknowledgment file. A TA1 acknowledgement only assures the successful transmission and the integrity of the file's structure and syntax.
   - **Unsuccessful Interchange:** An unsuccessful interchange will be followed by a TA1 acknowledgment file with errors. A TA1 only assures the successful transmission and the integrity of the file's structure and syntax.
2) **Asynchronous**
   a) **Successful**
   - **820 Confirmation:** An 820 confirmation file will be sent to confirm successful processing.

     The "confirmation" file should include detail loops sent on the originating 820 file. The payer and payee loops (1000A and 1000B) should be reversed, the payment method (BPR04) should be set to "NON" and the total dollar amount (BPR02) should be set to 0.00.

     The 820 Confirmation will not be sent if an error occurs during processing of an 820 transaction.
   b) **Failure**
   - **Functional Acknowledgement:** In situations where an 820 file is unable to be processed by the SI or the QHP Issuer due to functional/logical errors, a special error will be sent in place of the 820 confirmation. Please refer to section 5.1 for structure and content of this error file.

Figure 2: 820 Individual Binder Payments Sequence Diagram

820 Individual Binder Payments

DC Exchange → Carrier: 820 Binder Payments

Carrier: Syntax and Structure Validation

alt [Success]
Carrier ⇠ DC Exchange: TA1

[Failure]
Carrier ⇠ DC Exchange: TA1 + Errors

Carrier: Logic Validation

alt [Success]
Carrier → DC Exchange: 820 Confirmation

[Failure]
Carrier → DC Exchange: Functional Acknowledgement (Errors)
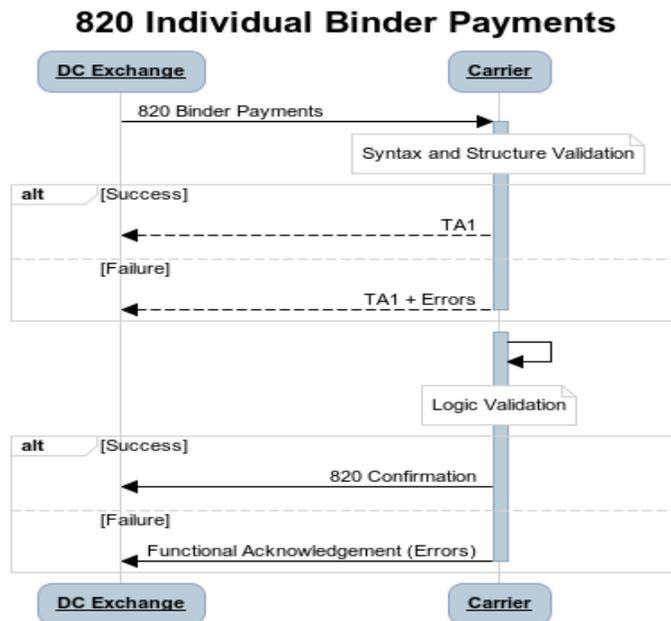
Figure 3: SHOP Payments Sequence Diagram

820 SHOP Payments

DC Exchange → Carrier: 820 SHOP Payments

Carrier: Syntax and Structure Validation

alt [Success]
Carrier ⇠ DC Exchange: TA1

[Failure]
Carrier ⇠ DC Exchange: TA1 + Errors

Carrier: Logic Validation

alt [Success]
Carrier → DC Exchange: 820 Confirmation

[Failure]
Carrier → DC Exchange: Functional Acknowledgement (Errors)
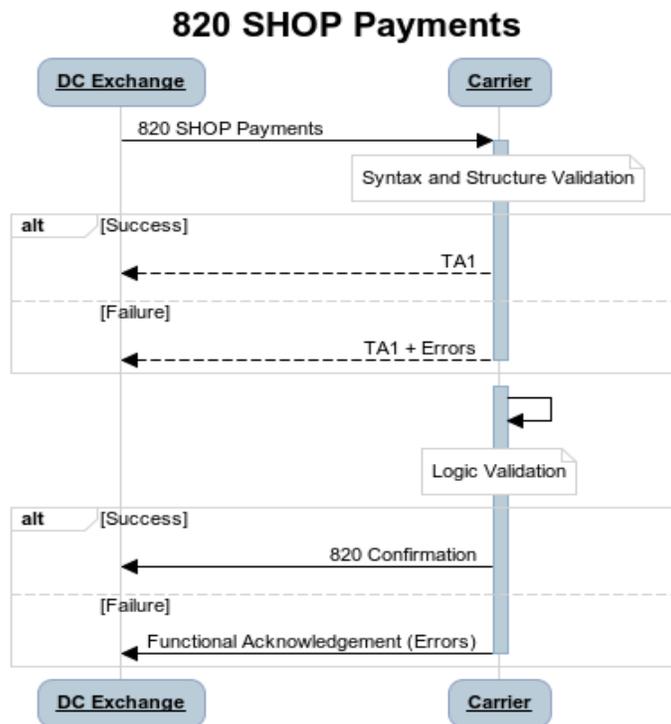
Figure 4: 820 Individual Ongoing Payments Sequence Diagram

820 Individual Ongoing Payments
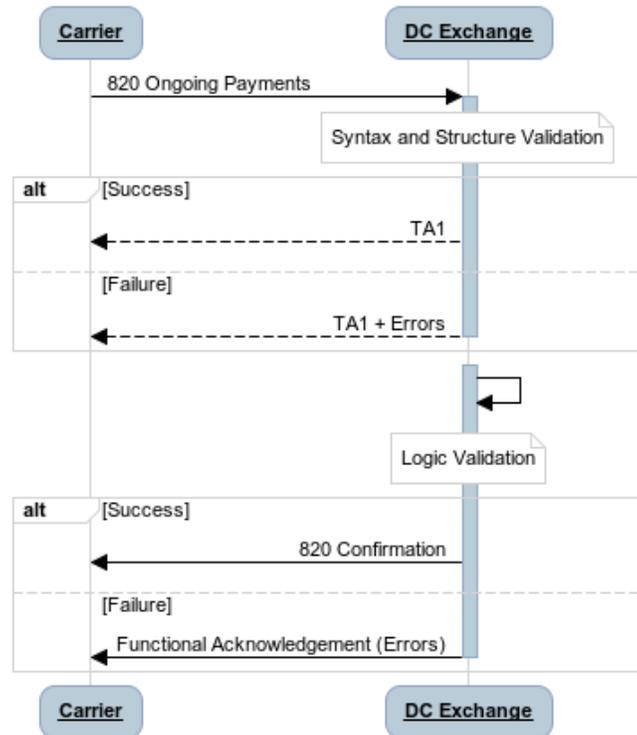
5.1 Error File

The structure and content of an Error file is specified in the following table.

Table 5: Error Message Structure

Data Item	Type	Mandatory	Description	Min	Max
FileID	AlphaNumeric	Yes	This value must be populated with the reference identification number from ISA13 belonging to the transaction that produced the error.		
ProcessDate	Numeric	Yes	CCYYMMDDHHMMSS	14	14
ErrorSource	AlphaNumeric	Yes	An identifier specifying the system sending this error message.	2	50
CompareType	Numeric	Yes	A flag indicating the method that was used to process the 820. Must be one of the following values: 0 System Process 1 Manual Review	1	1
ErrorSummary	AlphaNumeric	Yes	This is a free text field used to provide additional description of the error that occurred.	1	500
ErrorCode	AlphaNumeric	Yes	A value corresponding to an item in the list of error codes in the following table.	1	3

The following table lists error codes.

Error Code	Description
2	Data Error: Invalid Number.
65	Supplied data contains one or more invalid characters. Invalid character(s) in field.

6   Character Set

- As specified in the CMS Implementation Guide, 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. A System Integration (SI) Representative will discuss options with trading partners, if applicable.
- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers. *Examples:* Tax ID 123654321 SSN 123456789 Phone 8001235010

7   Control Segment

In accordance with the 5010 820 Implementation Guide (ASC X12N/005010X306) and CMS guidance the following information will be conveyed in the control segment:

Table 7: 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	A mutually defined interchange sender identifier will be provided
Interchange ID Qualifier	ISA07	ZZ – Mutually defined
Interchange Receiver ID	ISA08	A mutually defined receiver identifier will be provided
Interchange Date	ISA09	Date of interchange
Interchange Time	ISA10	Time of interchange
Interchange Control Version Number	ISA12	00501
Interchange Control Number	ISA13	A unique identifier that will never be duplicated.
Acknowledgement Requested	ISA14	1 – A TA1 is requested
Interchange Usage Indicator	ISA15	T – Test P - Production

8 Transaction Types

The following table depicts the allowed transactions and the authorized senders:

Table 8: 820 Transactions

Transaction Type	DC Exchange to QHP Issuer	QHP Issuer to DC Exchange
Individual Binder Payment	X	
Individual Ongoing Payment		X
SHOP Payment	X	
Payment Confirmation	X	X
Payment Audit	X	X

8.1 Individual Binder Payment

Binder payments for individuals are remitted from the DC Exchange to QHP Issuers after the full premium has been received. In addition to binder payments, premiums changes resulting from chage of carriers are also paid to the DC Exchange and remitted from the DC Exchange to QHP Issuers.

Table 9: 820 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.
	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. [1]
	BPR16	Date		Payment effective date
	REF	Issuer Assigned Qualified Health Plan		

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[1] The 5010 820 Implementation Guide states that when ACH is used as the payment method then BPR05 and BPR12-BPR15 must be included. This would be true if the 820 file also contained the ACH detail and was passed through an Originating Financial Institution. Because the ACH file is separate from the 820 these fields are NOT included.

Loop	Element	Element Name	Code	Instruction
		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 QHP Issuer's organization name.
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		The QHP Issuer'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 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 email address
	PER07	Communication Qualifier Number	"FX"	Facsimile
	PER08	Communication Number		Contact fax number

Table 10: 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 QHP Issuer'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 QHP Issuer'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[2]		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.

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[2] The 5010 820 Implementation Guide states that Monetary Amount must be $0 or greater; however since adjustments may be needed for previous billing periods RMR04 may contain negative values.

8.2 Individual Ongoing Payment

Ongoing payments are paid directly to QHP Issuers; these payments must be reported to the DC Exchange; however no money is actually transferred.

Table 11: 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.
	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 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		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

Loop	Element	Element Name	Code	Instruction
				the payments
	N101	Entity Identifier Code	"RM"	Remitter Name.
	N102	Name		The QHP Issuer's organization name.
	N103	Identification Code Qualifier	"58"	Originating Company Number
	N104	Identification Code		Agreed upon code for QHP Issuer
	PER	Payer's Administrative Contact 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 email address
	PER07	Communication Qualifier Number	"FX"	Facsimile
	PER08	Communication Number		Contact fax number

Table 12: 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 QHP Issuer'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 QHP Issuer'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 [3]		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.

8.3 SHOP Payment

SHOP payments are always paid from the DC Exchange to the QHP Issuer.

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 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.
	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

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[3] The 5010 820 Implementation Guide states that Monetary Amount must be $0 or greater; however since adjustments may be needed for previous billing periods RMR04 may contain negative values.

Loop	Element	Element Name	Code	Instruction
				processed by a bank and is not used in the Exchange. [4]
	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 QHP Issuer's organization name.
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		The QHP Issuer'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 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

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[4] The 5010 820 Implementation Guide states that when ACH is used as the payment method then BPR05 and BPR12-BPR15 must be included. This would be true if the 820 file also contained the ACH detail and was passed through an Originating Financial Institution. Because the ACH file is separate from the 820 these fields are NOT included.

Loop	Element	Element Name	Code	Instruction
	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 14: 820 SHOP 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 QHP Issuer'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 QHP Issuer'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[5]		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

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[5] The 5010 820 Implementation Guide states that Monetary Amount must be $0 or greater; however since adjustments may be needed for previous billing periods RMR04 may contain negative values.

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

8.4   Confirmation File

Confirmation files echo the details of successfully processed 820 files. The receiver is responsible for sending the confirmation. This file is sent in addition to TA1/999 acknowledgements and is sent after the file has been fully processed by the receiver.

Table 15: 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.
	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 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.

Loop	Element	Element Name	Code	Instruction
	N102	Name		DC Exchange
	N103	Identification Code Qualifier		FI – Federal Taxpayer Identification Number
	N104	Identification Code		The Payee'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		The Payer's organization name.
	N103	Identification Code Qualifier	"58"	Originating Company Number
	N104	Identification Code		Agreed upon code for QHP Issuer
	PER	Payer's Administrative Contact 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 email address
	PER07	Communication Qualifier Number	"FX"	Facsimile
	PER08	Communication Number		Contact fax number

Table 16: 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 QHP Issuer's health plan identifier will be provided here.

Loop	Element	Element Name	Code	Instruction
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 QHP Issuer'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 [6]		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.

8.5 Audit File

Audit files are not defined by the A.12 standards body and are not part of the TR3 5010 820 specifications. Because there are multiple systems tracking payments it is vital that the DC Exchange remain in sync with carrier data. This file is used to report all payments received, voided, returned, and refunded from the start of the plan period. Individual policies will always have a calendar year plan period, but group policies may be non-calendar year plans.

9   Adjustments

Table 16 lists payment codes defined by CMS for Loop 2300 RMR02. None of these codes can be used for adjustments to the premium itself such as those caused by coverage level changes.

Table 17: 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.

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[6] The 5010 820 Implementation Guide states that Monetary Amount must be $0 or greater; however since adjustments may be needed for previous billing periods RMR04 may contain negative values.

Code	Definition
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 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.

9.1 Adjustment for Life-Event

This adjustment is based on the scenario detailed in section 10.2 where a member has a life event which caused a change to the premium amount.

Table 18: Sample Premium Adjustment

2100	NM1	Individual Name		
	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.
	REF01	Reference Identification Qualifier	"TV"	TV – Line of Business
	REF02	Reference Identification	X	The QHP Issuer'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	X	For payments related to an Employer Group, the QHP Issuer's Group identifier will be provided here.
2300	RMR	Remittance Detail		
	RMR01	Reference Identification Qualifier	"ZZ"	Exchange Payment Type.
	RMR02	Reference Payment Type	"PADJ"[7]	Premium adjustment
	RMR04	Monetary Amount	-999	Reverse the 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

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[7] Non-CMS codes must be reviewed and accepted as part of trading partner agreements.

2100	NM1	Individual Name		
	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 is for the family coverage level
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	"APTC"	Adjust previous APTC amount
	RMR04	Monetary Amount	999	New 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

10 Scenarios

The following scenarios illustrate how payments and remittance information flow in various business situations. For simplicity communication protocols and error handling is not included.

10.1 Individual Binder Payment

1) Joe Smith, with a wife and child, registers on the DC Exchange, qualifies for APTC, sets his amount, is verified, and selects Plan X from Carrier Z for the household, and a dental plan from Carrier D. His child qualifies for Medicaid, due to a disability.

   - *This payment process flow is still being discussed with the carriers and this section will be updated as soon as the process is finalized.*

2) Before coverage is scheduled to begin, Joe contacts the DC Exchange and requests to drop the dental plan.

   a) Carrier D transfers premiums from their account to DC Exchange custodial cash via ACH
   b) Carrier D sends an 820 with the payment adjusted to DC Exchange
   c) DC Exchange sends an 820 confirmation to Carrier D
   d) DC Exchange refunds dental premium to Joe

10.2 Individual Ongoing Payment

1) Joe Smith is single and registers on the Exchange. He qualifies for APTC, sets his amount, is verified, and selects Plan X from Carrier Z and a dental plan from Carrier D. Joe had made his binder payment for both plans.

   a) He pays the next month's premiums directly to Carrier Z and Carrier D
   b) Two days later, the payments have successfully settled

   - Carrier Z sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier Z
   - No money is transferred from Carrier Z
   - Carrier D sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier D
   - No money is transferred from Carrier D

2) The next month Joe pays premiums directly to Carrier Z and Carrier D.

   a) The check to Carrier Z settles successfully
   b) The check to carrier D is rejected for insufficient funds

   - Carrier Z sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier Z
   - No money is transferred from Carrier Z
   - Carrier D sends an 820 for ongoing payments to DC Exchange – Joe's record shows the original payment and the payment void for NSF
   - DC Exchange sends an 820 confirmation to Carrier D
   - No money is transferred from Carrier D

3) Joe sends another timely check to directly to Carrier D.

   a) The check to Carrier D settles successfully

   - Carrier D sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier D
   - No money is transferred from Carrier D

4) The next month Joe pays premiums directly to Carrier Z and Carrier D.

   a) The check to Carrier Z settles successfully
   b) The check to Carrier D settles successfully

   - Carrier Z sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier Z
   - No money is transferred from Carrier Z
   - Carrier D sends an 820 for ongoing payments to DC Exchange
   - DC Exchange sends an 820 confirmation to Carrier D
   - No money is transferred from Carrier D

10.3 SHOP Payment

1) Acme, a small company with three employees registers with the DC Exchange. All of the employees are single and enroll in Plan A from Carrier Z and Plan B from Carrier Y

   a) Acme sends a check to pay for all plans
   b) Two days later, the payment is successfully settled

   - DC Exchange transfers premiums from custodial cash to Carrier Z's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Z
   - Carrier Z sends an 820 confirmation to the DC Exchange
   - DC Exchange transfers premiums from custodial cash to Carrier Y's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Y
   - Carrier Y sends an 820 confirmation to the DC Exchange

2) The next month Acme does not make any changes to their employee roster and pays the same premium amount as the previous month.

   a) Acme sends a check to pay for all plans
   b) Two days later, the payment is successfully settled

   - DC Exchange transfers premiums from custodial cash to Carrier Z's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Z
   - Carrier Z sends an 820 confirmation to the DC Exchange
   - DC Exchange transfers premiums from custodial cash to Carrier Y's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Y
   - Carrier Y sends an 820 confirmation to the DC Exchange

3) One of Acme's employees got married last month but Acme forgot to change the roster. They now make a retroactive change updating the employee's coverage level. Their bill is updated to reflect the change.

   a) Acme sends a check to cover the adjusted premium amount
   b) Two days later, the payment is successfully settled

   - DC Exchange transfers premiums from custodial cash to Carrier Z's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Z –
   - Carrier Z sends an 820 confirmation to the DC Exchange
   - DC Exchange transfers premiums from custodial cash to Carrier Y's account via ACH
   - DC Exchange sends an 820 for the transferred premiums to Carrier Y
   - Carrier Y sends an 820 confirmation to the DC Exchange