



Carrier Enrollment Companion Guide

May 28, 2013

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Carrier Enrollment Companion Guide

Revision History

Date	Version	Changes	Author
05-22-2013	1.0	Baseline	Vik Kodipelli
05-28-2013	1.1	Made changes to few sections to include DC specific information	Yesh Somashekhara Sara Cormeny

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Carrier Enrollment 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 enrollment data for carriers or the recipient of enrollment data from carriers.

2 File Types and Frequency

There are two types of files that will be generated.

Change File: A file containing any changes. Any new record or update to a membership record is included on the appropriate change file.

Audit File: An audit file contains the current view of the membership. So whether a member has been involved in a change or not, they are sent on the file.

Exchange	File Type	File Content	Frequency
Individual	Change File	Initial Enrollment 834	Daily
	Change File	Maintenance 834	Daily
	Audit	Full File 834	Weekly/Monthly
SHOP	Change File	Initial Enrollment 834	Daily
	Change File	Maintenance 834	Daily
	Audit	Full File 834	Weekly/Monthly

Table 1: File Types and Frequency

3 EDI Acknowledgements and Confirmations

The following sections provide information on the file acknowledgments and confirmations that will be provided to the Carriers. For details on the specific files please refer Detailed Business Scenarios for 834.

- 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 Functional Acknowledgement.
 - a) **TA1 Interchange Acknowledgement**
 - b) **Successful Interchange:** A successful interchange will be followed by a TA1 acknowledgment file. A TA1 only assures the successful transmission and the integrity of file both Syntactical and structural.
 - c) **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 file both Syntactical and structural.

2) Asynchronous

a) Successful

- **834 Confirmation:** In response to non-initial enrollment files i.e. maintenance 834 files sent by the DC Exchange or the carrier, such as change, cancel, terminate and reinstatements, an 834 confirmation file will be sent to confirm successful processing.

The “confirmation” file should include the data sent on the originating 834 file, along with any data elements that were modified after processing by the receiving system. The file should represent an end state reflection of 834 after a carrier’s internal processing has completed.

The 834 Confirmation will not be sent if an error occurs during processing of an 834 transaction.

- **834 Effectuation (Initial Enrollment Only):** In response to initial enrollment file an 834 Effectuation file will be sent by the carrier to the DC Exchange. An Effectuation file is populated with several data elements that differ from the initial enrollment file, such as the subscriber identifiers, member identifiers, transaction totals, and maintenance types.

b) Failure

- **Functional Acknowledgement:** In situations where an 834 file is unable to be processed by the DC Exchange or the carrier due to functional/logical errors, a special error will be sent in place of the 834 confirmation. Please refer to section 9.4 for structure and content of this error file.

834 Initial Enrollment

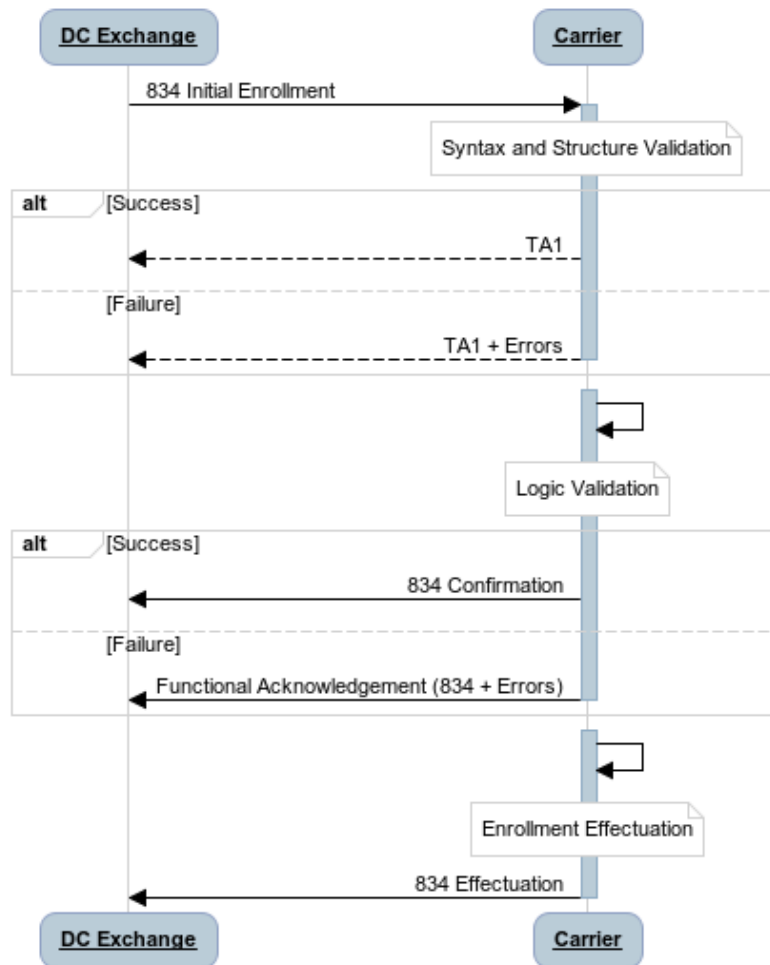


Figure 1: 834 Initial Enrollment Sequence Diagram

834 Maintenance

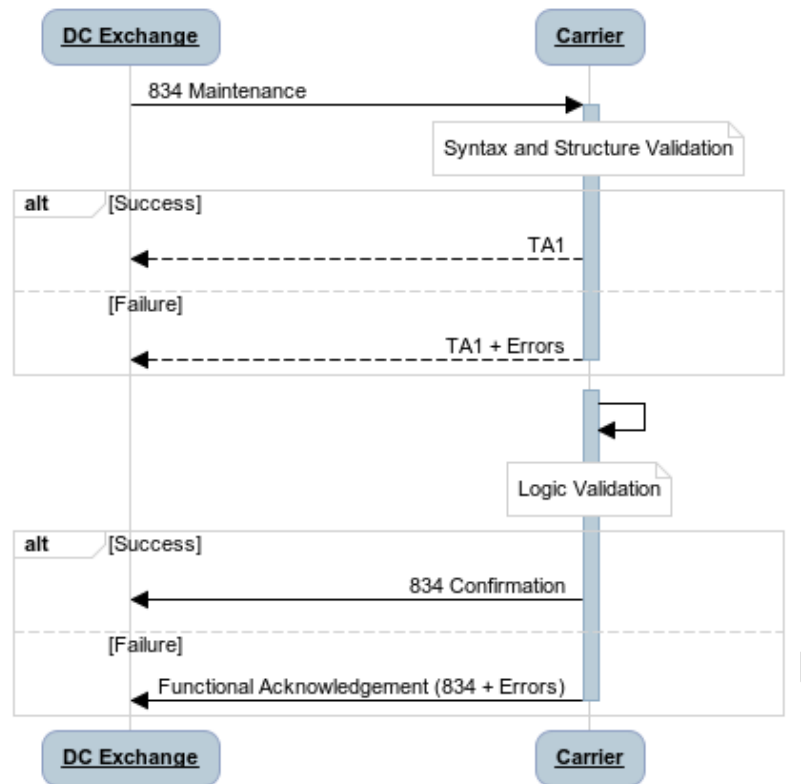


Figure 2: 834 Maintenance

4 Subscribers/Dependents

Subscribers and dependents are sent as separate occurrences of Loop 2000 within the same file. The initial Enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents.

5 Character Set

- As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters with the exception of those used for delimiters.
- All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up. DCAS 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

6 SHOP vs. Individual Transactions

Separate 834 files will be created for Individual and SHOP Enrollments to aid carriers in processing enrollment transactions.

7 Initial Enrollment vs. Maintenance

Separate 834 files will be created for initial enrollments and maintenance of enrollments. This is because initial enrollment files require a subsequent effectuation file which maintenance files don't.

8 Control Segments/Envelopes

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

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	Sender's Federal Tax ID
Interchange ID Qualifier	ISA07	"ZZ"
Interchange Receiver ID	ISA08	Receiver's Federal Tax ID
Interchange Control Number	ISA13	A unique control number assigned by the DC Exchange. Note that manual problem resolution may require the re-transmission of an existing control number.
Interchange Acknowledgment Requested	ISA14	"1"
Interchange Usage Indicator	ISA15	"P" Production Data
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	Sender's Code (usually, but not necessarily, the Senders Federal Tax ID)
Application Receiver's Code	GS03	Receiver's Federal Tax ID

Table 2: Control Segments

9 Detailed Business Scenarios for 834

The following sections provide instructions for the content of 834 files for standard enrollment operations. For illustrations purposes the following table depicts the supported transactions in a DC Exchange based on the *CMS FFE Standard Companion Guide*. The table depicts the allowed transactions and the authorized senders.

Transaction Type	DC Exchange to Carrier	Carrier to DC Exchange
Initial Enrollment	X	
Confirmation/Effectuation		X
834 Confirmation	X	X
Error	X	X
Change	X	
Cancelation	X	X
Termination	X	(Non-Payment only)

Reinstatement	X	X
Reconciliation	X	X

Table 3: 834 Transactions

9.1 Initial Enrollment Supplemental Instructions – DC Exchange to Carrier

An Initial Enrollment transmission is created by the Exchange and sent to the Carrier after an application has been determined eligible, a QHP has been selected, and payment has been verified.

Loop	Element	Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN08	Action Code	2	"Change" - Used to identify a transaction of additions.
Header	REF	Transaction Set Policy Number		There is never a unique ID number applicable to an entire transaction set.
Header	DTP	File Effective Date		Will transmit to indicate the date the information was gathered if that date is not the same as ISA09/GS04 date
	DTP01	Date Time Qualifier	303	"Maintenance Effective" - Date the enrollment information was collected by the exchange.
Header	QTY	Transaction Set Control Totals		Will transmit all 3 iterations of this segment for each for the qualifiers specified in QTY01.
	QTY01	Quantity Qualifier	TO	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N"
			ET	Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y"
1000A	N1	Sponsor Name		
	N103	ID Code Qualifier	24	Small Business. (Small Business Market identifies the employer group.)
			FI	Individual Market. (Individual Market identifies the subscriber from the enrollment group, unless the subscriber is under-aged. If the subscriber is under-aged, identifies the responsible person.)
1000B	N1	Payer		Identifies the carrier
	N103	Identification Code	FI	Federal Taxpayer ID - will transmit until the HPID is required.
			XV	Will transmit after the HPID is required. (Unique National Health Plan Identifier)

Loop	Element	Element Name	Code	Instruction
1000C	N1	TPA/Broker Name		Broker information will not be transmitted.
2000	INS	Member Level Detail	2000	INS
	INS01	Response Code	Y	Yes – the individual is a subscriber
			N	No – the individual is a dependent
	INS02	Relationship Code		Will transmit member relationship codes when known.
	INS03	Maintenance Type Code	021	"Addition"
	INS04	Maintenance Reason Code	EC	"Member Benefit Selection" - Will transmit when the member has selected a QHP.
	INS05	Benefit Status Code	A	"Active"
	INS08	Employment Status Code	AC	"Active"
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category" - The Exchange Assigned Member ID will be conveyed in REF02.
2100A	NM1	Member Name		
	NM109	Member Identifier		Will transmit the member's SSN when known.
2100A	PER	Member Communications Numbers		
	PER03	Communication Number Qualifier		Will transmit three communication contacts --- home phone, work phone, cell phone, or email address --- when the information is available. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the third communication contact will not be sent.
2100A	N3	Member Residence Street Address		
2100A	N4	Member City, State, ZIP Code		
	N404	Country Code		Will transmit Country of Residence when available.
	N406	Location Identifier		County of Residence will not be transmitted.
2100A	EC	Employment Class		This segment will never be transmitted.
2100A	ICM	Member Income		This segment will never be transmitted.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted.

Loop	Element	Element Name	Code	Instruction
2100A	HLH	Member Health Information		This segment will never be transmitted.
2100A	LUI	Member Language		This segment will never be transmitted.
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments.
2100D		Member Employer Loop		This loop will never be transmitted.
2100E		Member School Loop		This loop will never be transmitted.
2100F		Custodial Parent Loop		Because minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers when known.
2100G		Responsible Person Loop		The Custodial Parent loop and the Responsible Person loop may both be transmitted for an enrollment.
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code		Will transmit "QD" (Responsible Party) or "S1" (Parent) as appropriate.
	NM109	Responsible Party Identifier		Will transmit the SSN when known.
2100G	PER	Responsible Person Communication Numbers		
	PER03	Communication Number Qualifier		Will transmit three communication contacts --- home phone, work phone, cell phone, or email address --- when the information is available. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the 3rd communication contact will not be sent.
2100H		Drop-Off Location Loop		This loop will never be transmitted.
2200		Disability Information Loop		This loop will never be transmitted.
2300	HD	Health Coverage		
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348	"Benefit Begin" - On initial enrollment the effective date of coverage will be provided.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE E8	Individual: "Class of Contract Code" - QHP ID Purchased is the Assigned Plan Identifier. This is represented as the HIOS Plan ID Component + subcomponent. Small Business: "Service Contract (Coverage) Number" - Will transmit the Employer Group Number in the associated REF02 element. Will transmit when the Exchange Assigned Policy

Loop	Element	Element Name	Code	Instruction
			1L	Identifier will be conveyed in the associated REF02 element.
2300	REF	Prior Coverage Months		This segment will never be transmitted.
2300	REF	Identification Card		This segment will never be transmitted.
2310	NM	Provider Information Loop		This segment will be transmitted when a provider NPI is available.
	NM101	Entity Identifier Code	P3	"Primary Care Provider"
	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Identification Code		The NPI will be transmitted as entered by the subscriber on enrollment.
	NM110	Entity Relationship Code	72	"Unknown" - The exchange will not specify whether the member is an existing patient of the provider.
2320		Coordination of Benefits Loop		This loop will be transmitted when other insurance coverage has been identified.
2330		Coordination of Benefits Related Entity Loop		This loop will be transmitted when other insurance coverage has been identified.
2700		Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.

Table 4: Initial Enrollment Supplemental Instructions (DC Exchange to Carrier)

9.2 Enrollment Confirmation/Effectuation Supplemental Instructions - Carrier to DC Exchange

An Effectuation/Confirmation transmission is created by the carrier and sent to the Exchange for 834 initial enrollment transactions that have been successfully processed.

Carriers must return all the information transmitted on the Initial Enrollment Transaction in addition to the information detailed in following table.

Additions of dependent members to an existing subscriber policy will require an Effectuation response.

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

Loop	Element	Element Name	Code	Instruction
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.
			ET	Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y".
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	"Addition"
	INS04	Maintenance Reason Code	28	"Initial Enrollment"
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the Carrier Assigned Member ID conveyed in REF02.
			ZZ	Transmit with the Carrier Assigned Subscriber ID conveyed in REF02.
2100B		Incorrect Member Name Loop		Do not transmit this loop unless it was included in the 834 transaction that is being confirmed.
2300	DTP	Health Coverage Dates		Only 1 iteration required.
	DTP01	Date Time Qualifier	348	"Benefit Begin" - The Actual Enrollment Begin Date must be transmitted when confirming initial enrollment transactions.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the Carrier assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all confirmations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"
	REF02	Member Reporting Category Reference ID		Transmit this text: "CONFIRM"

Table 5: Initial Enrollment Supplemental Instructions (Carrier to DC Exchange)

9.3 834 Confirmation Files – DC Exchange to Carrier, Carrier to DC Exchange

As previously described, Carriers are required to send an effectuated 834 only in response to 834 initial enrollment files sent by the DC Exchange.

In response to all other non-initial enrollment 834 files sent by either the DC Exchange or Carrier, such as change, cancel, terminate, and reinstatements, an 834 "confirmation" file will be sent to confirm successful processing.

The “confirmation” file should include the data sent on the originating 834 file, along with any data elements that were modified after processing by the receiving system. This file should represent an end state reflection of 834 after a Carrier’s internal processing has occurred.

The key distinction between the two types of confirmation files is that an Effectuation is populated with several data elements that differ from the initial enrollment file, such as subscriber identifiers, member identifiers, transaction totals, and maintenance types. In contrast, the “confirmation” file contains a copy of the enrollment related data after it has been processed.

The 834 confirmation file will not be sent if an error occurs during processing of an 834 transaction.

9.4 Error File – DC Exchange to Carrier, Carrier to DC Exchange

In situations where an 834 file is unable to be processed by either the DC Exchange or Carrier due to logical errors, a special Error will be sent in place of the 834 confirmation.

This structure and content of this Error file is specified in the following table.

Data Item	Type	Mandatory	Description	Min	Max
FileID	AlphaNumeric	Yes	This value must be populated with the reference identification number from BGN02 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 834. 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

Table 6: Error Message Structure

The following table lists error codes.

Error Code	Description
2	Data Error: Invalid Number.
8	Mismatch on date of birth.
12	A different Spouse/Domestic Partner exists on our system.
13	Possible twin or name misspelled.
15	Invalid Zip Code.
22	Submitted coverage effective date is less than existing coverage effective date.
28	City/State does not match with Cities/States associated with submitted Zip
38	Individual who dropped off the current eligibility file and were Terminated.
64	Date of birth is more than 120 years in the past.

Table 7: Error Codes

9.5 Cancellation Instructions – DC Exchange to Carrier

An 834 cancellation transaction is used in a situation where specific individual market coverage is cancelled prior to the effective date of enrollment.

Enrollment Cancellation Files will only be sent from the DC Exchange to the Carrier.

A cancellation can be initiated by the Exchange any time prior to the effective date of the initial coverage. Situations where the Exchange may cancel an enrollment include an individual getting coverage through an employer prior to the start of coverage, or an individual moving out of a coverage area before coverage is started.

In situations where the Carrier needs to cancel coverage prior to the effective date due to death, fraud, or non-payment, the Issuer will contact a representative at the DC Exchange, who will initiate the cancellation.

Information specific to the DC Exchange implementation of cancellation transactions is outlined in the following table.

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	"Cancellation or Termination"
	INS04	Maintenance Reason Code		Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Carrier Assigned Member ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Benefit End Date
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"

Loop	Element	Element Name	Code	Instruction
	REF02	Member Reporting Category Reference ID		Transmit this Text: "CANCEL"

Table 8: Enrollment Cancellation Instructions

9.6 Enrollment Termination Supplemental Instructions - DC Exchange to Carrier, Carrier to DC Exchange

A termination transaction can be initiated by either the Exchange or the Carrier. A termination transaction is initiated in situations when the enrollment is to be ended after the effective date of coverage.

The Exchange may initiate a termination transaction for any valid reason; however the Carrier is only permitted to initiate a termination for non-payment of coverage, death of the member, or fraud.

When coverage is terminated, the benefit end dates must always be prospective – either the end of the current month, or a subsequent month. However, when termination is due to death of the member, the benefit end date will be retroactive to the end of the month of death.

Information specific to the DC Exchange implementation of termination transactions is outlined in the following table.

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	"Cancellation or Termination"
	INS04	Maintenance Reason Code	59	DC Exchange <-- Carrier. The following is the only valid reason for a QHP to terminate coverage: "59 - Non Payment" - Nonpayment of Premium. DC Exchange --> Carrier. Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Carrier Assigned Member ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Benefit End Date
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations.
2750	N1	Reporting Category		See Sections 9.5 and 9.6 of the CMS guide for explicit

Loop	Element	Element Name	Code	Instruction
				instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	"Client Reporting Category"
	REF02	Member Reporting Category Reference ID		Transmit this Text: "TERM"

Table 9: Enrollment Termination Instructions

9.7 Other Transaction Instructions

9.7.1 Member Reporting Categories Loop

The DC Exchange will report APTC, CSR, and small business employer contribution amounts to Carriers in the 834 Member Reporting Categories Loop using the mechanism identified in the *CMS Companion Guide for the Federally Facilitated Exchange (FFE)*.

Specific instructions for reporting these values can be found in Sections 9.5 and 9.6 of the *CMS Companion Guide*.

9.7.2 Change Transactions - DC Exchange to Carriers

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

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

9.7.3 Individual Market Re-Enrollment Supplemental Instructions - DC Exchange to Carrier

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

A potential reason for this transaction would be when the subscriber is no longer eligible and the remaining members of the enrollment group need to be re-enrolled under a new subscriber. In this situation, the previous Carrier subscriber identifier will be conveyed as a member supplemental identifier, accompanied by the Exchange generated subscriber identifier for the new subscriber.

Only the DC Exchange can initiate Re-Enrollment transactions.

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

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	"Re-enrollment"
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	Q4	"Prior Identifier Number." When the previous Carrier Assigned Subscriber ID will be conveyed in REF02.

Table 10: Re-enrollment Instructions

9.7.4 Reinstatement Instructions, DC Exchange to Carrier, Carrier to DC Exchange

A Reinstatement transaction is generated when an enrollee who has been cancelled or terminated needs to be reinstated. Except as noted in the following table, the Reinstatement transaction will contain all the information transmitted on the Initial Enrollment Transaction.

Loop	Element	Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	In the context of a Reinstatement, the "Re-enrollment" code will be used.

Table 11: Reinstatement Instructions

9.7.5 Change in Health Coverage

The DC Exchange will send two Coverage Level Change transactions to the Carrier when an enrollee's health coverage level changes.

The first Coverage Level Change transaction will communicate a health coverage termination for the prior coverage level, followed by a second Coverage Change transaction to convey enrollment in the new health coverage level (new coverage).

When coverage is terminated in this scenario, the benefit end dates must always be prospective – either the end of the current month, or a subsequent month. The benefit begin date for the new coverage specified in the new enrollment transaction will be the first of the following month.

9.7.6 Termination Due to Address Change

The DC Exchange will send two transactions to the Carrier when a change of address results in a QHP termination. The first transaction will communicate the change of address and the second will initiate the termination.

9.8 Reconciliation Process

The DC Exchange requires Carriers to reconcile enrollment files with the DC Exchange on a regular basis in order to identify irregularities between the records contained in each system.

9.8.1 Frequency

In the initial stages of the DC Exchange operation, reconciliation will take place on a weekly 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.

After any critical issues in the enrollment process have been addressed, the frequency of reconciliation will shift to a monthly basis.

9.8.2 Reconciliation File

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

9.8.3 Issues Identified Through Reconciliation

Carriers are required to independently devise a suitable methodology to identify discrepancies between their records and the reconciliation file provided by the DC Exchange. The DC Exchange will apply its own processes for comparing a Carrier's audit file against records in the Exchange.

Any issues identified by Carriers will be reported to the DC Exchange. Likewise, the DC Exchange will report any issues to Carriers.

Initially, the resolution of issues identified through the reconciliation process will be a manual process.

10 File Transfers

<<To Be Decided>>

11 Enrollment Scenarios -Individual

- 1) Joe Smith, with a wife and child, registers on the Exchange, qualifies for APTC, sets his amount, is verified, and selects Plan X from Carrier Z for the household, and Dental from Carrier D. His child qualifies for Medicaid, due to a disability.
 - a) He pays the first month's premium with his credit card, through the exchange
 - b) Two days later, the payment is successfully settled
 - DC Exchange sends an 834 to Carrier Z (for Joe and Wife only)
 - Carrier Z sends Effectuated 834
 - DC Exchange sends an 834 to Carrier D (for Joe and Wife only)
 - Carrier D sends Effectuated 834
- 2) One month later, Joe changes his APTC monthly amount
 - a) DC Exchange sends an 834 to Carrier Z
 - b) Carrier Z sends 834 Confirmation (reflecting only sent data)
- 3) Three months later, his wife gives birth and he adds the second child to the coverage
 - a) DC Exchange sends an 834 to Carrier Z
 - b) Carrier Z sends 834 Confirmation (reflecting the Dependent ID)
 - c) DC Exchange sends an 834 to Carrier D
 - d) Carrier Z sends 834 Confirmation (reflecting the Dependent ID)
- 4) Joe fails to make his next payment
 - a) He gets a notice from Carrier Z
 - b) Because Joe is APTC – qualified, this warning period extends for 90 days. (If he were non-APTC, this would extend only to a 30 day grace period)
- 5) Joe fails to make the following next two month's payments as well, carrying his overdue status to 91 days
 - a) Carrier Z terminates Joe, sends an 834 to DC Exchange
 - b) DC Exchange verifies with an 834 Confirmation
 - c) DC Exchange flags Joe (in the system) as terminated for non-payment

- 6) The following month, Joe tries to enter the Exchange and enroll in a new plan
 - a) DC Exchange prevents Joe from enrolling

- 7) At the next open enrollment, Joe again enrolls in a plan through the Exchange, with all the previous coverage and qualifications.
 - a) DC Exchange sends an 834 to Carrier Z (for Joe, Wife and Second Child)
 - b) Carrier Z sends Effectuated 834
 - c) DC Exchange sends an 834 to Carrier D (for Joe, Wife and Second Child)
 - d) Carrier D sends Effectuated 834

- 8) **Path A:** He pays on time for six months, and then changes employment. His new employer provides healthcare coverage, so Joe enters the Exchange and cancels his current policy.
 - a) DC Exchange sends 834 Termination to Carrier Z
 - b) Carrier Z sends 834 Confirmation
 - c) DC Exchange sends 834 Termination to Carrier D
 - d) Carrier D sends 834 Confirmation
 - e) DC Exchange sends 834 Enrollment to Carrier E
 - f) Carrier E sends Effectuated 834

- 9) **Path B:** He pays on time for six months, and then changes employment. His new employer provides healthcare coverage, so Joe simply stops paying.
 - a) He gets notice from his Carrier
 - 91 days later, he's terminated for non-payment and flagged in the system

Note: This would prevent him from re-enrolling as an individual in that plan year if he were to lose his job, or change to an employer that did not offer a Group plan. Resolving this would be a manual process through Customer Service (Joe would need to call).