

Enrollment & Transaction Frequently Asked Questions

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Release Date: July 12, 2013



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Frequently Asked Questions (FAQ) # 5

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Transactions

- Q1: With respect to the ASC X12 999 Acknowledgement transaction, CMS referenced the WEDI edit levels 1-6 in an early FAQ document (Enrollment Q&A March 8th and 11th, 2013, published April 16th on <https://www.REGTAP.info>). However, the CMS Enrollment Companion guide does not specify the WEDI syntax editing levels, nor does the ASC X12 Implementation Guide/TR3. Will WEDI levels 1-6 be required by the Issuers?**
- A1: The six levels of the WEDI edits are not required per se, because the ASC X12 Acknowledgement standard is not an adopted standard by the Department of Health and Human Services (HHS). However, use of these edits by all parties assures a smoother transaction process between the QHP Issuers, vendors and the Federally-facilitated Marketplace. CMS did not include the edits in its Enrollment Companion Guide, but may include additional information about the edits in other guidance. The edits are not required, but the Federally-facilitated Marketplace will use them in processing transactions in order for all parties to be successful. We reiterate the six levels here: a) X12 Syntax integrity; b) implementation guide compliance; c) balancing within the transaction; d) using the situational rules within the implementation guide and supplemented in the companion guide; e) use of external code sets; and f) Line of Service (SHOP vs. Individual) requirements.
- Q2: According to the CMS Enrollment Companion Guide, the Benefit status code in 2000- INS05 can have values: 1) Active; 2) COBRA; 3) Surviving insured; and 4) TEFRA. Please explain when the Federally-facilitated Marketplace (FFM) will send 'Surviving insured.' Will this be used when a spouse becomes the subscriber for a subscriber death scenario?**
- A2: The CMS Enrollment Companion Guide does not reference these values for use in the Federal Marketplace Program System (FMPS) and we do not anticipate using surviving insured in the Federally-facilitated Marketplace (FFM).



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Q3: On the initial enrollment file layout, as indicated in the most recent CMS Enrollment Companion Guide (v 1.5), the only enrollment date that is indicated is at the file/transaction level. There do not appear to be any member or coverage level dates in the initial enrollment from the Federally-facilitated Marketplace (FFM), only the transaction date. Shouldn't the FFM be sending member (2000 loop) and coverage (2300 loop) dates in the initial ASC X12 834 enrollment transaction?

Is the FFM intentionally not sending dates, e.g. as date is determined by receipt of payment and EARLIEST effectuation date within the carrier's system? If yes, are there any guidelines regarding whether EARLIEST is the beginning of the next month? Or beginning of the month following the next month?

A3: The Federally-facilitated Marketplace (FFM) will send date information required by the ASC X12 Implementation Guide/TR3. The Implementation Guide requires the member level dates (DTP) segment in the 2300 - Health Coverage Loop to always be present. The CMS Enrollment Companion Guide does not have a different requirement for the presence of that segment, so the FFM will always send it on the Initial Enrollment transaction. Furthermore, as this is an Initial Transaction, the only applicable code value in the TR3 code list that can be used in DTP01 is "348 – Benefit Begin."

Q4: The test files from CMS contained county name in N406 for rating area. Will county name or county code be sent to the Issuer? The Companion Guide states the following for N406: Will transmit County of Residence. See <http://www.itl.nist.gov/fipspubs/fip6-4.htm>.

A4: In production files, the location identifier for the county of residence will be the FIPS 5 digit code and not the county name.



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- Q5: Each QHP ID (first 10 characters only) will be in its own GS segment, is this correct? Issuers have concerns about the file structure requirements from CMS, and the lack of details that have been provided. For example, the Federally-facilitated Marketplace will require the files back to have the same structure as those received. The CMS Enrollment Companion Guide does not provide substantive detail because it follows the ASC X12 Implementation Guide/TR3 and expects Issuers to do the same. The GS segment is not referenced in the current Companion Guide other than to specify that multiple GS segments can be sent in one physical file and multiple ST/SE segments can be in each GS/GE segment. This requirement will require additional changes in our trading partner's systems. Where do we obtain formal documentation to help our vendors make changes to their systems to meet the requirements?**
- A5: In answer to the first question, the GS segment of the enrollment transaction will include the first 14 **digits** of the QHP identifier (not just the first 10 characters). In response to the second set of comments about technical concerns surrounding the use of the GS segment, Issuers should review Appendix C of the ASC X12 Implementation Guide/TR3. If QHP Issuers feel additional training and/or technical assistance is still required for their staff or for their vendors, please submit specific concerns to cms_issuer_communications@cms.hhs.gov and reference: GS Segment Assistance or Technical Assistance in the subject line.
- Q6: Each Federally-facilitated Marketplace (FFM) has a different Exchange Identifier in every state – for example, Ohio would be OH1 and Texas would be TX1. The FFM identifier is not a single identifier such as FF1 for example. For State-based Marketplace (SBM) states, will CMS use the FFM ID and not the ID the state is using? For example, Colorado is sending “COHBE” on the 834, and Kentucky is sending us “Kentucky EXCH”. This would be different from what we receive on the HIX 820 (CO1 and KY1), correct?**
- A6: The Data Services Hub (DSH) contractor will be using “CMSFFM” for all CMS outbound transactions in the Interchange Control Header segment ISA06 Sender Identifier element regardless of the transaction content.