# Enrollment & Transaction Frequently Asked Questions

**Frequently Asked Questions (FAQ) # 3**

**Release Date: July 3, 2013**

## Policy and Technical Information

**Q1: Will subscribers who are eligible for the Advance Premium Tax Credits (APTC) but elect $0 APTC, still qualify for the 90 day grace period for non-payment of premiums?**

A1: No. Per § 156.270(d) of the Exchange Final Rule, the enrollee must be *receiving* APTC to qualify for the 3 month grace period.

**Q2: How does the Marketplace expect health plans to handle distribution of the Summary of Benefits and Coverage (SBCs)? Regulation requires SBCs to be sent to applicants within 7 days of submitting the application. Will there be exceptions for Exchange enrollment? If yes, what are the exceptions? Will the Exchange be able to get enrollment to the carriers in time for carriers to make the 7 day requirement?**

A2: The Issuers are still expected to distribute the SBCs in accordance with current law; within seven days of QHP issuer receipt of the enrollment transaction from the FFM. The Federally-facilitated Marketplace (FFM) does not anticipate the need for exceptions because Issuers will receive the enrollment transaction within the same 24 hour period as the enrollee makes his/her selection of QHP – or submission of the application. Thus, the FFM will be getting enrollment to the Issuers in time to meet the 7 day requirement.



**Please Note**: Similar questions may be combined and answered only once in this document.

**Q3: Will the FFM or the Issuer have the responsibility for terminating over age dependents? Who will own the notice requirements related to determination? Given the policy holders Advance Premium Tax Credit (APTC) will be impacted, what is the requirement for the timing of a new Exchange eligibility determination? If the issuer owns such determinations, how should notice be provided to the FFM in the 834, and what is the process for maintaining coverage in the case of disability, or state law requiring maintaining of coverage (e.g., full-time students, veteran's, etc.)?**

A3: We are developing guidance on the subject of terminations for over age dependents and will release that to Issuers soon.

**Q4: This is a question about pro-ration. The subscriber, eligible for Advance Premium Tax Credits and/or Cost Sharing Reductions (APTC/CSR), is cancelled mid-month due to death. The APTC/CSR has already been paid to the issuer for the month. Firstly, does the carrier have to refund the APTC? If yes, is the refund calculated on a pro-rated basis? Or is it refunded retro-actively to the beginning of the month? Does the policy apply to the CSR? Secondly, for the CSR, which will be reconciled annually, does the refund get processed and paid throughout the year as events occur, or will it be part of the yearly reconciliation process that occurs after the calendar year and the claims run out period?**

A4: IRS just recently published proposed rulemaking on this topic. CMS is working with the IRS on the disposition of refunds for APTC/CSR under various scenarios. We anticipate discussing this topic on an upcoming issuer engagement call.

**Q5: For the State Based Marketplace (SBM), is the ASC X12 834 enrollment transaction sent to the FFM at the same time it is sent to the Issuer? Or does the SBM wait until the issuer has confirmed receipt of the 834 and "effectuated" coverage before they send the 834 to the FFM?**

A5: SBMs have various business models. Some SBMs collect/aggregate the initial month's premium, and therefore may not require a "confirmation" (effectuation) transaction from Issuers. SBMs will determine the timing of their transactions to CMS.

**Q6: With respect to the SHOP program, is there a possibility that a benefit year will not match a contract year? Will Issuers be permitted to have benefit years that differ from the contract years for small groups?**

A6: The benefit and contract years must align for small groups.



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**Q7: Name Normalization: On the ASC X12 834 enrollment file, will the Federally-facilitated Marketplace (FFM) be performing any name normalization? If so, will an enhanced character set be used? Can the member name sent from the Marketplace be changed (based on name normalization on the issuer side)?**

A7: The Federally-facilitated Marketplace will not be performing name normalization, and no enhanced character set is planned for use with the ASC X12 834 enrollment transaction. The member's name cannot be changed based on information obtained by name normalization on the issuer side; however, the issuer can report such information during reconciliation. An individual who wishes to correct personal information such as his or her name must do so through the FFM.

**Q8: Can multiple acknowledgement files (999) be sent back for one incoming enrollment file?**

A8: Yes, Issuers may send multiple acknowledgement files (999s) back for one incoming (physical) enrollment file.

**Q9: Can the TA1 and 999 acknowledgements for the ASC X12 834 enrollment file be sent together?**

A9: Yes, Per the ASC X12 Implementation Guides, a TA1 can be included in an interchange with other functional groups and transactions.

**Q10: When we will be able to sign Trading Partner Agreements?**

A10: The Trading Partner Agreement process is under development. Background information and current updates about the Trading Partner Agreements can be found on the Issuer Community in the zONE.

**Q11: On the initial enrollment file layout, as indicated in the most recent CMS/FFE Enrollment Companion Guide (v 1.5 from March), the only 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 834 from the FFE, only the transaction date. Is this is intentional or an oversight? Shouldn't the FFE be sending member (2000 loop) and coverage (2300 loop) dates in the initial enrollment 834? Is the FFE intentionally not sending dates - as the date is determined by receipt of payment and EARLIEST effectuation date within the carrier's system? If yes, are there any guidelines regarding whether the EARLIEST effectuation date is the beginning of the next month? Or the beginning of the month following the next month?**

A11: The CMS Enrollment Companion guide is to be used in conjunction with the applicable ASC X12 Implementation Guide TR3. A data element is included in the Companion Guide to provide unique or specific information about how the date would be used by the FFM. Dates will be included in transactions when applicable (required by the TR3).

**Q12: How will carriers identify Tribal members if they are not enrolled in an American Indian /American Native (AI/AN) plan variation?**

A12: There are no standard ways by which an issuer will be able to identify a tribal member, unless the individual self-identifies in the application and therefore selects and enrolls in an AI/AN plan. CMS will not provide a flag for tribal members. However, we would be interested in further discussion to understand if and why Issuers need to know if someone is a tribal member if they are not enrolled in an AI/AN plan.

**Q13: Regarding the reporting of dollar amounts in the 2750 REF02 field, do dollar amounts always need to include two places to the right of the decimal? Also please confirm that a $ dollar sign does NOT need to precede the REF02 amounts.**

A13: Yes, the dollar amounts do need to include two places to the right of the decimal, and the $ sign does **not** need to precede the REF02 amounts. CMS will not send the dollar sign in the enrollment transactions. This information has been updated in the CMS Enrollment Companion Guide.



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**Q14: What is the list of special enrollment period reasons, and how will these be used on the ASC X12 834 enrollment transaction? Will the CMS Enrollment Companion Guide list them in Table 12?**

A14: The Special Enrollment Reason codes that will appear on the 834 enrollment transaction include the items below. These codes will be used in the individual Member Reporting Category Loop (See page 57 of the Version 5010 Implementation Guide). The identifier in the REF01 "17" says it is a Client Reporting Category, which points to the N102 segment containing a value for the "SEP REASON. This list will be included at the end of the updated version of the Companion Guide.

The SEP Reason codes are as follows:

(1) Qualified Individual (QI) or dependent loss of Minimum Essential Coverage (MEC); 07-Termination of Benefits, located in the INS04-Maintenance Reason Code.

(2) QI gains or becomes a dependent due to marriage, birth, adoption or placement of adoption; 32-Marriage, 02-Birth, 05-Adoption, located in the INS04 – Maintenance Reason Code.

(3) An individual, who was not previously a citizen, national or lawfully present individual gain such status; NEWLY ELIGIBLE, located in the 2750 as SEP REASON.

(4) A QI enrollment or non-enrollment in a QHP is the result of an Exchange ERROR; EXCHANGE ERROR, located in the 2750 as SEP REASON.

(5) Qualified Health Plan (QHP) is in violation of material provision of its contract with the enrollee; AB/Dissatisfied with medical care/service rendered, located in the INS04-Maintenance Reason Code.

(6) Newly eligible for Advance Premium Tax Credit (APTC) or change in Cost Sharing Reduction (CSR); FINANCIAL CHANGE, located in the 2750 as SEP REASON.

(7) New QHPs available due to a permanent move; 43-Change of Location, located in the INS04-Maintenance Reason Code.

(8) Indian; NEWLY ELIGIBLE, located in the 2750 as SEP REASON.

(9) Exceptional Circumstances; EXCEPTIONAL CIRCUMSTANCES, located in the 2750 as SEP REASON.

**Q15: Does the payment transaction ID (2000, REF02 where REF01 = 6O) need to be sent back on the 834 confirmation file?**

A15: Yes. In Section 10.2 Enrollment Confirmation/Effectuation Instructions, titled: "QHP Issuer to FFE," the Companion Guide states: Except where overruled by the usage requirements of the 005010X220 TR3, QHP Issuers must return all the information transmitted on the Initial Enrollment Transaction in addition to the information detailed below."



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**Q16: Policy Number - Issuers are to send the enrollee's policy number back to the Federally-facilitated Marketplace (FFM). How will the FFM use the policy number (an identifier, customer service, etc.)? This pertains to loop 2300, REF02 Member Group or Policy Number - Issuer assigned health coverage purchased policy number. The identifier is required on Confirmation Transactions. It is different than loop 2000 REF02 Member Supplemental Identifier which is the issuer assigned subscriber ID.**

A16: The term for policy number in the ASC X12 834 Implementation guide has the same meaning as the Issuer assigned health coverage purchased policy number, and is the same as the Issuer Assigned Policy number. This identifier will be returned to the issuer on subsequent transactions where appropriate, and it will also be used in Monthly IRS reporting when required. The Federally-facilitated Marketplace (FFM) is considering use of the issuer's assigned enrollee's policy number during reconciliation processing

If the issuer uses the policy number as the Subscriber Number, it should be included in both member identifier data elements of the 834.

**Q17: Employer Paid Amount: Is the employer paid amount a dollar amount or a percentage? Or can it be one or the other? If it can be one or the other, how is that designated on the 834 file?**

A17: The employer paid amount or employer responsibility amount is a dollar amount. Details about this field can be found in Section 9.6.2 SHOP Market: 2750 Member Reporting Categories Loop, Table 14. In the ASC X12 834 enrollment transaction, the SHOP Member Reporting Category Loop lists the format of the employer paid amount as: NNNNNNNN.NN

**Q18: In the March 27, 2013 webinar called "Enrollment in the Federally Facilitated-SHOP Market webinar, a new value is being sent in the 2750 loop - REQUEST SUBMIT TIMESTAMP. This value is not mentioned in the CMS/FFE Companion Guide. What does this value represent? Should it be returned on the ASC X12 834 confirmations? If yes, should it be the same date/time as received on the inbound 834 to the carrier?**

A18: This data element will be included in the next version of the Companion Guide. It is the [REQUEST SUBMIT TIMESTAMP] – CurrentTimeStamp. This timestamp is captured at the time the Application Filer selects and presses the "CONFIRM" button on their enrollment choice. The timestamp was added to help maintain the correct order of transactions in daily files.



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**Q19: We understand the Exchange will send the National Producer Number (NPN) if available. However, since the Navigator and Broker use the same field on the application, will the Federally-facilitated Marketplace (FFM) only send the NPN or is it possible that Issuers will receive a code and information for brokers and a code and information for navigators in the same position?**

A19: The enrollment transaction will only carry the broker information in the N1 Segment, Loop 1000C; the Federally-facilitated Marketplace will not send information for the Navigators, as this information was not mapped for the 834 transaction.



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