

The GetInsured State-Based Marketplace (SBM) Platform

834 Companion Guide

Nevada Health Link/Silver State Health Insurance Exchange

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1. Introduction

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Exchange. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides and the CMS Standard Companion Guide Transaction, are compliant with both ASC X12 syntax and those guides. This guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data with the Exchange. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

1.1. Background

The state is creating a health insurance Exchange to comply with the Affordable Care Act (ACA). The Exchange will help individuals and small employers shop for, select and enroll in high quality, affordable health plans that fit their needs.

In order for the state to run an Exchange, it must submit enrollment information to CMS according to the standards they have developed. This standard will be the basis on which the Exchange will Exchange information with insurance Issuers. Modifications to the CMS guide will be made where necessary.

This Companion Guide contains detailed information about how the Exchange will use the CMS Standard Companion Guide Transaction v5.0 and the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

2. Business Purpose

The Health Insurance Portability and Accountability Act (HIPAA) requires the Exchange and all health insurance Issuers to comply with the Electronic Data Interchange (EDI) standards for health care as established by the Department of Health and Human Services (HHS). Those compliance standards are codified in the ASC X12N 5010 version of the Technical Report Type 3 (TR3) for each transaction type. The Exchange will trade the following health care transaction types:

- 834 Membership Enrollments
- 820 Payment files
- TA1 Interchange Acknowledgments
- 999 Functional Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the WPC website at <http://www.wpc-edi.com/>. This guide is to be used in conjunction with the respective TR3s and is not meant to replace them.

The Exchange does not utilize XML based BAA files, which differs from CMS.

3. File Naming Conventions

The naming conventions for files transferred between the Exchange and insurance Issuers are as shown in Table 1. Transmission frequency is once daily for each of the Inbound to Issuer transactions, where typically a maximum of one file per day is traded. Files which do not adhere to the file naming conventions below will be ignored for security purposes.

Table 1. EDI File Naming Conventions

Transaction Type	Type	Naming Convention from/to Trading Partners from = Inbound to Issuer to = Outbound from Issuer
834	Individual Enrollments	from_<HIOS_Issuer_ID>_ID_834_INDV_<CCYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_ID_834_INDV_<CCYMMDDHHMMSS>.edi
834	Auto Renewal Terms for Individual ¹	to_<HIOS_Issuer_ID>_ID_834_INDV_RENTERM_<CCYMMDDHHMMSS>.edi
TA1	Individual Enrollments	from_<HIOS_Issuer_ID>_ID_TA1_834_INDV_<CCYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_ID_TA1_834_INDV_<CCYMMDDHHMMSS>.edi
999	Individual Enrollments	from_<HIOS_Issuer_ID>_ID_999_834_INDV_<CCYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_ID_999_834_INDV_<CCYMMDDHHMMSS>.edi

¹Note: For additional details on End of Coverage Year Terms, refer to [Section 13.1.1](#)

4. File Transfer Process

Files created by the Exchange for Issuers will be placed on the Exchange SFTP server for Issuers to retrieve. Issuers will place files created by them for the Exchange on the Exchange SFTP server. Directories are /out (to Issuer) and /in (to Exchange). Additional information on SFTP set up including login, where to drop files, landing zone, etc. will be provided separately.

5. Acknowledgements and Business Edits

EDI interchanges submitted to the Exchange are processed through compliance edits that generate acknowledgments indicating the portions of data that were accepted vs. rejected. Those acknowledgment files are returned to the submitter. Any data rejected at the X12 validation level will be reported back to Issuers via the TA1 and 999 response files.

5.1. TA1 Interchange Acknowledgment

- The Exchange expects to receive a TA1 interchange acknowledgment for every outbound 820 or 834 file sent
- The Exchange will send a TA1 acknowledgement for every inbound 820 or 834 file received when requested in the interchange control header
- The Exchange will require the request for a TA1 in the control header to be in all outbound and inbound 820 and 834 data. The request for a TA1 is part of the validation process, so any 820 or 834 data without this request will fail validation
- The Exchange will not support TA1 error codes 028-031
- The Exchange will only support Interchange Acknowledgement Codes "A" and "R"

5.2. Functional Acknowledgments

- The Exchange expects to receive a 999 functional acknowledgment for every functional group in every file sent
- The Exchange will send 999 functional acknowledgements for every functional group in every inbound 820 or 834 file received
- If a TA1 is rejected, a 999 will not be sent

6. Subscribers / Non-Subscriber Enrollees

Subscribers and non-subscriber members 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.

7. Uppercase Letters, Special Characters, and Delimiters

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
- Delimiters for the transactions are as follows:

Table 2. EDI Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

- As per standard EDI practice, only one segment terminator is allowed at the end of each segment. Line Feed/Carriage Return cannot be used in combination with the Tilde segment terminator.
- 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

8. Individual Transactions

Separate files will be created for Individual enrollments to aid insurance Issuers in processing enrollment transactions.

Multiple Groups / Sponsors will be represented in a single 834 but 834s will not be grouped by sponsor.

9. 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 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.

Table 3. EDI Control Segments

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	AK0 for the Exchange outbound to Issuer's Federal Tax ID for Issuer inbound to the Exchange (differs from CMS) ¹
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>" for the Exchange outbound to Issuer AK0 for Issuer inbound to the Exchange (differs from CMS) ¹
Interchange Control Number	ISA13	Unique control number, GI stores and tracks by Issuer and will reject a transmission when ISA13 is duplicated. Applies to inbound to Exchange 834 transactions only. TA1 and 999 transactions are not validated for duplicate ISA13.
Interchange Acknowledgment Requested	ISA14	"1" for 834/820 "0" for TA1/999

Element Name	Element	Value
Usage Indicator	ISA15	"T" for test "P" for production
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	AK0 for the Exchange outbound to Issuer Issuer's Federal Tax ID for Issuer inbound to the Exchange ¹
Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>" for the Exchange outbound to Issuer AK0 for Issuer inbound to the Exchange ¹
Group Control Number	GS06	The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 834 transaction. For inbound 834, the GS06 must be unique within all transmissions. GetInsured stores and tracks GS06 values by Issuer and will reject a transmission when a GS06 value has been duplicated for a particular Issuer. The GS06 value is passed back in the outbound 999 in the AK102 position and is the primary reference to the inbound 834.
Version / Release / Industry Identifier Code	GS08	"005010X220A1"
Transaction Set Identifier Code	ST01	"834"
Transaction Set Control Number	ST02	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The number must be

Element Name	Element	Value
		<p>identical to the SE02 data element.</p> <p>Note: The Exchange uses the common EDI practice of only accepting numeric values. (differs from CMS) The simplest use of the ST02 and SE02 values is a sequential counter that increments by 1 for each new ST envelope. Typically, starting value is 000000001.</p>
Implementation Convention Reference	ST03	"005010X220A1" Same value as GS08

¹ Note: In the table above for ISA06, ISA08, GS02, and GS03: where “AK” is used as part of a value, it is replaced by a given Exchange’s state abbreviation. For example, in AK, the value for Element ISA06 will be “AK0” or in AZ, the value for Element ISA06 will be “AZ0”.

10. The Exchange Business Rules and Limitations

Refer to the CMS Standard Companion Guide Transaction v5.0 for information on business rules and limitations. The Exchange will be adhering to these rules, with the following exceptions to the General Business Rules.

10.1. General Business Rules Exceptions

The Exchange will send separate transactions if multiple products (Medical & Dental) are selected from the same Issuer. The Exchange will not send these as multiple Member Detail Loops at the 2000 Member Level like the FFE. Refer to section 9.2 of CMS Standard Companion Guide Transaction v5.0 for additional details.

The Exchange will leverage the 2750 loop to define custom loops (an option the X12 allows trading partners). These custom fields provide Issuers additional information useful in the reconciliation context. If an Issuer is not able to ingest the information contained in the custom loop, although highly recommended, the Issuer can ignore the loops. For additional information, refer to [section 11.1.2](#) below.

10.2. Individual Market Rate Calculations Exceptions

- The Exchange will not have Family Rated Definitions / Calculations for Individual markets as it is per Member per Month
- Other Payment Amounts (OTH PAY AMT 1) will not be used unless the Exchange is enabled for State Subsidy. See [section 11.1](#) 2750 loop for more details.

Refer to section 9.5 of CMS Standard Companion Guide Transaction v5.0 for additional details.

11. The Exchange To Issuer Business Scenarios For 834

11.1. Initial Enrollment Supplemental Instructions

An Initial Enrollment transmission is created by the Exchange and sent to the QHP Issuer after an application has been determined eligible and a QHP has been selected. A sample 834 is provided in [Appendix 17.1](#).

Table 4. Initial Enrollment Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN05			Not sent
	BGN08	Action Code	2	Change (Update)
Header	QTY	Transaction Set Control Totals		Will transmit all three iterations of this segment
	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 (Subscribers). 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		The sponsor name will be the primary household contact (PHC) regardless if PHC is the subscriber, or if the primary tax filer is not applying for coverage.

Table or Loop	Element	Industry / Element Name	Code	Instruction
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Mapped to Sponsor Name
	N103	Identification Code Qualifier	FI	Sponsor Federal Tax ID (i.e. SSN)
			24	Employer's Identification Number
			94	Exchange Assigned Subscriber ID
	N104	Identification Code		Default is Sponsor Tax ID (FI). When the Sponsor Tax ID is not available, the Exchange Assigned Subscriber ID (94) will be sent. When neither the Sponsor Tax ID nor the Exchange Assigned Subscriber ID are available, the Sponsor Employers Identification Number (24) will be sent.
1000B	N1	Payer		Identifies the Issuer of the QHP
	N101	Entity Identifier Code	IN	Insurer
	N103	Identification Code Qualifier	FI	Will transmit the Issuer Federal Tax ID
			XV	Will transmit the CMS HPID
1000C	N1	TPA / Broker Name		Will transmit if a broker was involved in the enrollment
	N101	Entity Identifier Code	BO	Broker or Sales Office
	N102	Broker Name		Mapped to Broker/Agent Name

Table or Loop	Element	Industry / Element Name	Code	Instruction
	N103	Identification Code Qualifier	FI	Will transmit the Broker Federal Tax ID
			XV	Will transmit the CMS HPID
	N104	TPA / Broker Identification Code		Will transmit the broker's federal tax id when a broker was involved in the enrollment (differs from CMS)
1100C	ACT	TPA / Broker Account Information		Will transmit if a broker was involved in the enrollment (differs from CMS)
	ACT01	TPA / Broker Account Information		Will transmit the broker's National Producer Number (NPN) or State License Number, depending on state, if a broker was involved in the enrollment.
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		See Section 15 for list of codes
	INS03	Maintenance Type Code		<p>Following are the possible value based on the enrollment event scenario.</p> <ul style="list-style-type: none"> ● 001 Change – Used to indicate a change to an existing Subscriber/dependent record. ● 021 Addition – Used to add a Subscriber or dependent. ● 024 Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent. ● 025 Reinstatement - Used to reinstate an enrollment.

Table or Loop	Element	Industry / Element Name	Code	Instruction
	INS04	Maintenance Reason Code		Refer to Section 16 of this document for list of codes supported by the Exchange
	INS06	Medicare Status Code		Not sent
	INS08	Employment Status Code	AC	Active
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number
	REF02	Subscriber Identifier		<p>The Exchange Assigned ID of the subscriber (member id of subscriber).</p> <p>Individual Market: If enrollment is for dependents only, the youngest member will be the subscriber.</p> <p>Pediatric Dental: If enrollment is for dependents only, the youngest member will be the subscriber.</p>
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID is sent in REF02
			1L	Exchange Assigned Policy ID is sent in REF02
			60	Payment Transaction ID is sent in REF02

Table or Loop	Element	Industry / Element Name	Code	Instruction
			4A	Exchange Assigned Enrollee ID. A unique value for each member by plan per coverage year. Configurable at the Exchange level to send for all transactions or not send. (Not currently in use)
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2000	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 (differs from CMS) Note: Sent for all transactions
			356	Eligibility Begin Date (differs from CMS) Note: Will not be transmitted by the Exchange
2100A	NM1	Member Name		
	NM101	Member Entity ID Code	IL	Insured or Subscriber
	NM109	Member Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the member's SSN when known.
2100A	PER	Member Communications Numbers		Will transmit three communication contacts --- home phone, work phone, cell phone, or email address --- when the information is available. Only sent for the subscriber if the subscriber is the household contact.

Table or Loop	Element	Industry / Element Name	Code	Instruction
				<p>Communication contacts will be sent in the following order:</p> <p>1st --- Primary Phone ("TE")</p> <p>2nd --- Secondary Phone ("AP")</p> <p>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.</p> <p>Note: Phone number for text (BN) will not be used.</p> <p>Note: Email (EM) will be transmitted only if consumer has elected email as their Preferred Communication Method. (differs from CMS)</p>
2100A	N3	Member Address		Member Home address will always be sent for each member. Applies to all transactions.
2100A	N4	Member City, State, ZIP Code		Member Home address will always be sent for each member. Applies to all transactions.
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date		Member date of birth expressed in format CCYYMMDD will be passed here
	DMG03	Gender Code		Member gender

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DMG04	Marital Status Code		Will be transmitted when available for dep and sub loops. Will support full complement of marital status codes from FFM. Defaults to R – unreported when not provided. (differs from CMS)
	DMG05- 03	Race or Ethnicity Code		Will transmit when available
	DMG06	Citizenship Status Code		Will transmit when available
2100A	EC	Employment Class		This segment will never be transmitted for the Exchange
2100A	ICM	Member Income		This segment will never be transmitted for the Exchange
2100A	AMT	Member Policy Amounts		This segment will never be transmitted for the Exchange
2100A	HLH	Member Health Information		
	HLH01	Health Related Code	T	Tobacco Use
			N	No Tobacco Use
			U	Unknown Tobacco Use
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Spoken and Written language information will be transmitted when known.

Table or Loop	Element	Industry / Element Name	Code	Instruction
				Will only be sent for subscriber when the subscriber is the household contact.
2100A	LUI01	Identification Code Qualifier	LD	NISO Z39.53 Language Codes NISO values supported by Exchange (in general English or Spanish, unless expanded list requested by state Exchange). The Exchange owns the responsibility to manage which language codes are supported.
	LUI02	Language Code		Refer to Section 17 for the spoken and written language codes supported.
	LUI04	Language Use Indicator	6	Written Language
			7	Spoken Language
2100B	NM1	Incorrect Member Name Loop		This loop where NM101 “70”, does not apply to initial enrollments. See section 11.18
2100C	NM1	Member Mailing Address		
2100C	NM101	Entity Identifier Code	31	This loop where NM101 “31”, will always be transmitted for each member.
2100C	N3	Member Mailing Address		Member Mailing Address will be always be sent for each member. Applies to all transactions.
2100C	N4	Member Mailing City, State, ZIP Code		Member Mailing Address will be always be sent for each member. Applies to all transactions.
2100D	NM1	Member Employer Loop		This loop where NM101 “36”, will never be transmitted for the Exchange

Table or Loop	Element	Industry / Element Name	Code	Instruction
2100E	NM1	Member School Loop		This loop where NM101 "M8", will never be transmitted for the Exchange
2100F	NM1	Custodial Parent Loop		This loop where NM101 "S8" will never be transmitted for the Exchange (differs from CMS)
2100G		Responsible Person Loop		Responsible Person loop will be sent for all members on the enrollment regardless of age, when the subscriber is under the age of 18 at the time of enrollment or when the subscriber is classified in the relationship code as a Ward. This is the primary tax filer for the household. With the 21.1 release, configurable whether to limit sending Responsible Person loop as noted above, or always send the Responsible Person loop for all members for all transactions
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code	QD	Will transmit "QD" when sent. Parent "S1" will never be sent. (differs from CMS)
	NM109	Responsible Party Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the SSN when known.
2100G	PER	Responsible Person Communication Numbers		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")

Table or Loop	Element	Industry / Element Name	Code	Instruction
				<p>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.</p> <p>Note: Phone number for text (BN) will not be used.</p> <p>Note: Email (EM) will be transmitted only if consumer has elected email as their Preferred Communication Method. (differs from CMS)</p>
2100G	N3	Responsible Person Address		Responsible Person Address will be sent when applicable.
2100G	N4	Responsible Person City, State, ZIP Code		Responsible Person Address will be sent when applicable.
2100H	NM1	Drop-Off Location Loop		This loop where NM101 "45", will never be transmitted for the Exchange
2200	DSB	Disability Information Loop		This loop will never be transmitted for the Exchange
2300	HD	Health Coverage		Will transmit coverage information for the qualifiers shown, as applicable
	HD01	Maintenance Type Code		<p>Following are the possible value based on the enrollment event scenario.</p> <ul style="list-style-type: none"> ● 001 Change – Used to indicate a change to an existing Subscriber/dependent record. ● 021 Addition – Used to add a Subscriber or dependent.

Table or Loop	Element	Industry / Element Name	Code	Instruction
				<ul style="list-style-type: none"> ● 024 Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent. ● 025 Reinstatement - Used to reinstate an enrollment.
	HD03	Insurance Line Code	HLT	Health Plan
			DEN	Dental Plan
	HD05	Coverage Level Code		Not sent
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	303	Maintenance Effective Date will not be transmitted by the Exchange (differs from CMS)
			348	The Enrollment Begin Date will be transmitted (differs from CMS) Note: Sent for all transactions
			349	The Enrollment Period End Date will be transmitted (differs from CMS) Note: Configurable at the Exchange/Issuer level to send for all transactions or restrict to cancel/term only. DTP*349 will be present on any change transaction (001) that is generated after a future dated termination is processed.
			543	Last Premium Paid Date If the DTP*543 is sent on the inbound 834 confirmation for an enrollment, that date is stored. Stored value is included for subsequent 834 transactions as follows:

Table or Loop	Element	Industry / Element Name	Code	Instruction
				<ul style="list-style-type: none"> • When sent, the DTP*543 is included only for subscriber and is not sent on non-subscriber transactions (021, 001, 024) • DTP*543 is not sent on initial (021*EC) transactions • DTP*543 is sent on subscriber change (001) transactions if inbound 834 confirmation transaction was received and contained the DTP*543 • DTP*543 is present on subscriber cancel/term (024) transactions: <ul style="list-style-type: none"> • on CANCEL transaction, sent only if inbound 834 confirmation transaction was received and contained the DTP*543, but canceled before coverage begins • on TERM transaction, sent only if inbound 834 confirmation transaction was received and contained the DTP*543
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identifier Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component (HIOS ID)
			1L	Exchange Assigned Policy ID. This is the Exchange internal enrollment id.
			X9	<p>QHP Issuer Assigned Health Coverage Purchased Policy ID Number</p> <p>Not sent on initial (021) transactions. Sent on maintenance (001), cancel/term (024) transactions, and reinstatement (025) transactions, if provided on inbound confirmation transaction</p>

Table or Loop	Element	Industry / Element Name	Code	Instruction
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2300	REF	Prior Coverage Months	QQ	This segment will never be transmitted for the Exchange
2300	IDC	Identification Card		This segment will never be transmitted for the Exchange
2310	LX	Prior Information Loop		This loop will never be transmitted for the Exchange
2320	COB	Coordination of Benefits Loop		This loop will never be transmitted for the Exchange
2330	NM1	Coordination of Benefits Related Entity Loop		This loop will never be transmitted for the Exchange
2000	LS	Additional Reporting Categories	2700	This loop header will be transmitted when additional premium category reporting is appropriate.
2700	LX	Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.

Table or Loop	Element	Industry / Element Name	Code	Instruction
2750	N1	Reporting Category Loop		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop
2750	N1	Reporting Category		Reporting Category for Request Submit Timestamp Note: This will be transmitted for all transaction sets (Add, Change, Term, Cancel and Reinstatement). The same date time stamp will be sent for all members on the 834 transaction. If member data is not grouped within the same ST/SE transaction set, utilize this value to properly order member transactions.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name		Value = "REQUEST SUBMIT TIMESTAMP"
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Value = DateTimeStamp in CCYMMDDHHMMSS format
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYMMDD
	DTP03	Date Time Period		Request Submit Date in CCYMMDD format.

Table or Loop	Element	Industry / Element Name	Code	Instruction
2750	N1	Reporting Category		Reporting Category for APTC for the enrollment group Note: This entire segment will appear only for Subscriber.
	N101		75	Participant
	N102			Value = "APTC AMT"
	REF01		9V	Payment Category
	REF02			Value = Consumer Elected APTC Amount Note: If consumer is not APTC eligible, 0.00 is sent.
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			APTC Effective Date in CCYYMMDD format
2750	N1	Reporting Category		Reporting Category for State Subsidy for the enrollment group Note: This entire segment will appear only for Subscriber when applicable. Note: Configurable by state. If configuration is enabled, and if consumer is not state subsidy eligible, 0.00 is sent.
	N101		75	Participant
	N102			Value = "OTH PAY AMT 1" (differs from CMS)
	REF01		9V	Payment Category

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02			Value = State Subsidy Amount
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			State Subsidy Effective Date in CCYYMMDD format
2750	N1	Reporting Category		Reporting Category for CSR for the enrollment group Note: This entire segment will appear only for Subscriber when applicable.
	N101		75	Participant
	N102			Value = "CSR AMT"
	REF01		9V	Payment Category
	REF02			Value = CSR Amount
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			CSR Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for individual premium rate Note: Segment appears for all members on the enrollment.
	N101		75	Participant

Table or Loop	Element	Industry / Element Name	Code	Instruction
	N102			Value = "PRE AMT 1"
	REF01		9X	Account Category
	REF02			Value = Individual Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			Pre Amt 1 Date in CCYYMMDD format
2750	N1	Reporting Category		Reporting Category for RATING AREA Note: This entire segment will appear only for Subscriber.
	N101		75	Participant
	N102			Value = "RATING AREA"
	REF01		9X	Account Category
	REF02			Value = rating area
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			Rating Area Effective Date in CCYYMMDD format. Note: Sent on maintenance transactions (differs from CMS)

Table or Loop	Element	Industry / Element Name	Code	Instruction
2750	N1	Reporting Category		Reporting Category for Total Individual Responsibility amount (net premium) for the enrollment group Note: This entire segment will appear only for Subscriber.
	N101		75	Participant
	N102			Value = "TOT RES AMT"
	REF01		9X	Account Category
	REF02			Value = Total Individual Responsibility Amount
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYMMDD
	DTP03			TOT RES AMT Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Total Premium (gross) for the enrollment group Note: This entire segment will appear only for Subscriber.
	N101		75	Participant
	N102			Value = "PRE AMT TOT"
	REF01		9X	Account Category
	REF02			Value = Total Premium Amount

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYMMDD
	DTP03			PRE AMT TOT Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Qualifying Life Event QLE Identifier Note: This segment will appear for all members when applicable.
	N101		75	Participant
	N102			Value = "SEP" (differs from CMS)
	REF01		17	Client Reporting Category
	REF02			Value = QLE Identifier
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYMMDD
	DTP03			QLE Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Special Enrollment Period SEP reason Note: This segment will appear for all members when applicable. Note: This segment, while typically associated with Term and Change transactions, may be populated with Adds and Reinstatements.

Table or Loop	Element	Industry / Element Name	Code	Instruction
	N101		75	Participant
	N102			Value = "SEP REASON"
	REF01		17	Client Reporting Category
	REF02			Value = SEP Reason code
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			SEP Date in CCYYMMDD format.
2750	N1	Reporting Category		Used for plan changes, auto-renewal or reinstatement, within the same Issuer, to correlate member old policy with the new policy. Note: This segment will appear for all members when applicable.
	N101		75	Participant
	N102			Value = "OLD POLICY ID"
	REF01		17	Client Reporting Category
	REF02			Value = previous Exchange-Assigned Policy ID (REF*1L)
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP03			Date in CCYYMMDD format.
2750	N1	Reporting Category		The Exchange will send {state_abbreviation}0 for the SOURCE EXCHANGE ID. Configurable by state to include for cancel and term transactions.
	N101		75	Participant
	N102			Value = "SOURCE EXCHANGE ID"
	REF01		17	Client Reporting Category
	REF02			Value = State abbreviation code + 0 Example: AK0
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			Date in CCYYMMDD format Note: Sent on all transactions (differs from CMS)

11.1.1. 2750 Loop Reporting Category Values

The following is a list of the possible 2750 standard and custom monthly 2750 loop values

Table 5. Reporting Category 2750 Loop

2750 Loop Type	Value in N102	Value in REF02	Exists for
Standard	REQUEST SUBMIT TIMESTAMP	Event Creation Date Time	All members
	OLD POLICY ID	Previous Exchange-Assigned Policy ID (REF*1L)	All members
	APTC AMT	Consumer Elected APTC Amount	Subscriber only
	CSR AMT	CSR Amount	Subscriber only
	OTH PAY AMT 1	State Subsidy Amount	Subscriber only
	PRE AMT 1	Individual Premium Amount	All members
	RATING AREA	Rating Area	Subscriber only
	TOT RES AMT	Total Individual Responsibility Amount (net premium)	Subscriber only
	PRE AMT TOT	Total Premium Amount (gross)	Subscriber only
	RENP	RENP (Auto-renewal indicator)	All members
	SEP	QLE Identifier See section 11.16	All members
	SEP REASON	SEP Reason Code See section 11.6	All members
	ADDL MAINT REASON	Additional Maintenance Reason: AUTORENEW (Auto-renewal indicator) CANCEL TERM	All members
	SOURCE EXCHANGE ID	State abbreviation code + 0	All members
	APPLICATION ID AND ORIGIN	Application Generation ID and Insurance Application Origin Type	Not used (differs from CMS)
Custom Monthly	MONTHLY PRE AMT TOT	Monthly Total Premium Amount (gross) May be retroactive and pro-rated in the event of mid-month birth/death.	All members
	MONTHLY APTC AMT	Monthly Consumer Elected APTC Amount	All members
	MONTHLY STATE SUBSIDY AMT	Monthly State Subsidy Amount	All members
	MONTHLY TOT RES AMT	Monthly Total Individual Responsibility Amount (net premium) May be retroactive and pro-rated in the event of mid-month birth/death.	All members

11.1.2. Custom Monthly 2750 Loops

In addition to the standard values and effective dates that are transmitted in the 2750 Loop of our 834 transactions, our system transmits custom monthly financial values for each calendar month of each policy. For example, a policy which is effective 1/1—12/31 will contain 36 of these monthly entries: 12 each for “MONTHLY PRE AMT TOT” (individual gross premium), “MONTHLY APTC AMT” (applied APTC), and “MONTHLY TOT RES AMT” (policy net premium).

SSHIX does not recommend that carriers automatically update their financial spans based upon these values, however this data can provide a useful reference point for a variety of financial reconciliation activities (e.g. for validating monthly invoice amounts following retroactive, mid-month financial changes).

These monthly amounts are not required to be transmitted back to the Exchange during effectuation.

Table 6. Monthly Premium Fields (will be transmitted for all members)

Table or Loop	Element	Industry / Element Name	Code	Instruction
2750	N1	Reporting Category		Custom segment added to the Exchange to transmit total monthly premiums (gross)
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name		The Exchange will send "MONTHLY PRE AMT TOT" value, representing the Monthly Total Premium Amount (gross) in the Exchange system
	REF	Reporting Category Reference		N1 segment for "MONTHLY PRE AMT TOT" will always be accompanied by REF segment
	REF01	Reference Identification Qualifier	9X	Account Category
	REF02	Member Reporting Category Reference ID		The Exchange will send the dollar value amount for MONTHLY PRE AMT TOT

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP	Reporting Category Date		N1 segment for "MONTHLY PRE AMT TOT" will always be accompanied by DTP segment. The DTP value will represent the month for which the premium amount is applicable for. For example, Premium for November 2020, the associated DTP03 field will be populated as 20201101.
	DTP01	Date / Time Qualifier	007	Effective (First of each month)
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		The Exchange will send start date of the month for which the MONTHLY PRE AMT TOT is applicable. Except for birth where the child added contains the date of birth for the birth month, and all other members display standard start date of the month.
2750	N1	Reporting Category		Custom segment added to the Exchange to transmit APTC monthly amounts
	N101		75	Participant
	N102			The Exchange will send "MONTHLY APTC AMT" value, representing the Monthly APTC value in the Exchange system
	REF			N1 segment for "MONTHLY APTC AMT" will always be accompanied by REF segment
	REF01		9X	Account Category

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02			The Exchange will the dollar value amount for MONTHLY APTC AMT
	DTP			N1 segment for "MONTHLY APTC AMT" will always be accompanied by DTP segment. The DTP value will represent the month for which the APTC amount is applicable for. For example, for APTC for November 2020, the associated DTP03 field will be populated as 20201101.
	DTP01		007	Effective (First of each month)
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			The Exchange will send start date of the month for which the MONTHLY APTC AMT is applicable. Except for birth where the child added contains the date of birth for the birth month, and all other members display standard start date of the month.
2750	N1	Reporting Category		Custom segment added to the Exchange to transmit state subsidy monthly amounts. Note: Configurable by state to enable state subsidy.
	N101		75	Participant
	N102			The Exchange will send "MONTHLY STATE SUBSIDY AMT" value, representing the Monthly state subsidy amount in the Exchange system. If configuration is enabled, and if consumer is not State Subsidy eligible, 0.00 is sent.
	REF			N1 segment for "MONTHLY STATE SUBSIDY AMT" will always be accompanied by REF segment

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF01		9X	Account Category
	REF02			The Exchange will the dollar value amount for MONTHLY STATE SUBSIDY AMT
	DTP			N1 segment for "MONTHLY STATE SUBSIDY AMT" will always be accompanied by DTP segment. The DTP value will represent the month for which the state subsidy amount is applicable for. For example, for state subsidy for November 2020, the associated DTP03 field will be populated as 20201101.
	DTP01		007	Effective (First of each month)
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			The Exchange will send start date of the month for which the MONTHLY STATE SUBSIDY AMT is applicable. Except for birth where the child added contains the date of birth for the birth month, and all other members display start date of the month.
2750	N1	Reporting Category		Custom segment added to the Exchange to transmit monthly Net Premium amounts
	N101		75	Participant
	N102			The Exchange will send "MONTHLY TOT RES AMT" value, representing the Monthly Total Individual Responsibility amount (net premium) in the Exchange system

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF			N1 segment for "MONTHLY TOT RES AMT" will always be accompanied by REF segment
	REF01		9X	Account Category
	REF02			The Exchange will the dollar value amount for MONTHLY TOT RES AMT
	DTP			N1 segment for "MONTHLY TOT RES AMT" will always be accompanied by DTP segment. The DTP value will represent the month for which the Net Premium amount is applicable for. For example, for Net Premium for November 2020, the associated DTP03 field will be populated as 20201101.
	DTP01		007	Effective (First of each month)
	DTP02		D8	Date Expressed in Format CCYMMDD
	DTP03			The Exchange will send start date of the month for which the MONTHLY TOT RES AMT is applicable. Except for birth where the child added contains the date of birth for the birth month, and all other members display standard start date of the month.

11.1.3. Configurable 'Alignment' of Financial Effective Dates for Mid-Month Changes

Many of our Carriers' systems have validation logic in place to ensure that the Standard financial effective dates are 'aligned' with each other (i.e. the APTC, Gross Premium, and net Premium effective dates are equivalent values), so they are unable to process mid-month Change transactions where the Standard financial effective dates are out of alignment (e.g. for a mid-month birth where the new APTC value is effective on the first of the birth month). GetInsured has therefore developed a configuration which allows for the forced 'alignment' of the Standard financial effective dates, meaning that when the relevant 834 Change transaction is built the APTC effective date will be populated with a value which is equal to the event date. However, it's important to understand that this configuration only impacts the effective dates which are populated in the resultant 834 Change transaction; the actual enrollment records in our database will still reflect an APTC effective date equal to the first of the appropriate month.

This configuration has allowed many carriers to accept 834 Change transactions from our system which would otherwise fail validation, without requiring code changes to their validation logic. However, it's important to realize that when this configuration is enabled the Standard APTC effective date for mid-month Change transactions should not be ingested or stored, and additional logic will be required to ensure that the new APTC effective date is set to the first of the appropriate month.

11.2. Cancellation Supplemental Instructions (Subscriber / Enrollment Level)

Following the CMS standard companion guide, a cancellation transaction can be initiated by either the Exchange or the QHP Issuer. A cancellation transaction is initiated when the enrollment is to be ended without coverage ever being effectuated. A cancellation can occur any time prior to, on or after, the effective date of initial coverage. A cancellation is defined by the enrollment end date being equal to the enrollment start date.

The Exchange will send a cancellation transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or another employer and moving out of a coverage area before coverage has started.

All members of an enrollment group are included in maintenance 834 transactions except for cancel/term of the subscriber, when only the subscriber loop is sent.

Additional maintenance reason codes that have suffix qualifiers (e.g., "CANCEL-NLE," "TERM-OTH") are not supported by the Exchange.

Table 7. Cancellation Supplemental Instructions (Subscriber / Enrollment Level)

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	Cancellation or Termination
	INS04	Maintenance Reason Code	**	The Exchange to QHP Issuer. Any valid Maintenance Reason Code may be used
	INS08	Employment Status Code	TE	The Exchange will send “TE” for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number
	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	Exchange Assigned Member ID
			23	QHP Issuer Assigned Member ID
			ZZ	QHP Issuer Assigned Subscriber ID
			1L	Exchange Assigned Policy ID

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date – for cancellation must not be prior to enrollment date (differs from CMS) Note: Sent at member level for cancel/term transactions
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Enrollment Period End Date – for cancellation must match the Eligibility End Date. (differs from CMS)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component (HIOS ID)

Table or Loop	Element	Industry / Element Name	Code	Instruction
			1L	Exchange Assigned Policy ID. This is the Exchange internal enrollment id.
			X9	QHP Issuer Assigned Health Coverage Purchased Policy ID Number. Sent on maintenance (001), cancel/term (024) transactions, and reinstatement (025) transactions, if provided on inbound confirmation transaction
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 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		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL" Note: The other additional maintenance reasons listed for cancellations in the CMS Companion Guide will not be sent by the Exchange.

11.3. Cancellation Supplemental Instructions (Member Level)

A cancellation transaction is initiated when the enrollment is to be ended without coverage ever being effectuated. A cancellation can occur any time prior to, on or after, the effective date of initial coverage. A cancellation is defined by the enrollment end date being equal to the enrollment start date.

This transaction is used when the Exchange cancels individuals in the enrollment group rather than the entire enrollment group. This will only be used by the Exchange to communicate member level cancellations to Issuers. Issuers will not use this transaction to send cancellations to the Exchange.

All members of an enrollment group are included in maintenance 834 transactions except for cancel/term of the subscriber, when only the subscriber loop is sent.

Additional maintenance reason codes that have suffix qualifiers (e.g., "CANCEL-NLE," "TERM-OTH") are not supported by the Exchange.

Note: CMS does not use a member level cancellation transaction.

Table 8. Cancellation Supplemental Instructions (Member Level)

Table or Loop	Element	Industry / 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
	INS08	Employment Status Code	TE	The Exchange will send "TE" for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID
			23	QHP Issuer Assigned Member ID
			ZZ	QHP Issuer Assigned Subscriber
			1L	Exchange Assigned Policy ID

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date – for cancellation must not be prior to enrollment date (differs from CMS) Note: Sent at member level for cancel/term transactions
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	349	Enrollment Period End Date – for cancellation must match the Eligibility End Date. (differs from CMS)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component (HIOS ID)

Table or Loop	Element	Industry / Element Name	Code	Instruction
			1L	Exchange Assigned Policy ID. This is the Exchange internal enrollment id.
			X9	QHP Issuer Assigned Health Coverage Purchased Policy ID Number. Sent on maintenance (001), cancel/term (024) transactions, and reinstatement (025) transactions, if provided on inbound confirmation transaction
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL" Note: The other additional maintenance reasons listed for cancellations in the CMS Companion Guide will not be sent by the Exchange.

11.4. Termination Supplemental Instructions - (Subscriber / Enrollment Level)

A termination transaction is initiated by HIX when the enrollment is to be ended after coverage has been effectuated. This transaction is sent at the subscriber level and terminates all members of the enrollment.

The Exchange will send a termination transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or another employer and moving out of a coverage area.

All members of an enrollment group are included in maintenance 834 transactions except for cancel/term of the subscriber, when only the subscriber loop is sent.

Additional maintenance reason codes that have suffix qualifiers (e.g., "CANCEL-NLE," "TERM-OTH") are not supported by the Exchange.

Table 9. Termination Supplemental Instructions (Subscriber / Enrollment Level)

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	Cancellation or Termination

Table or Loop	Element	Industry / Element Name	Code	Instruction
	INS04	Maintenance Reason Code	**	The Exchange to QHP Issuer. Any valid Maintenance Reason Code may be used. See Section 16.1 for a list of valid Reason Codes.
	INS08	Employment Status Code	TE	The Exchange will send "TE" for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member
			23	QHP Issuer Assigned Member ID
			ZZ	QHP Issuer Assigned Subscriber ID
			1L	Exchange Assigned Policy ID
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date (differs from CMS) Note: Sent at member level for cancel/term transactions
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination
2300	DTP	Health Coverage Dates		Both dates will be sent
	DTP01	Coverage Period	349	Enrollment Period End Date – represents the last date of coverage in which claims will be paid for the individual being terminated. (differs from CMS)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component (HIOS ID)
			1L	Exchange Assigned Policy ID. This is the Exchange internal enrollment id

Table or Loop	Element	Industry / Element Name	Code	Instruction
			x9	QHP Issuer Assigned Health Coverage Purchased Policy ID Number. Sent on maintenance (001), cancel/term (024) transactions, and reinstatement (025) transactions, if provided on inbound confirmation transaction
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
	REF02	Reference Identification		ID value for each REF01 qualifier transmitted
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Member Reporting Category Reference ID		"TERM" Note: The other additional maintenance reasons listed for terminations in the CMS Companion Guide will not be sent by the Exchange.

11.5. Termination Supplemental Instructions (Member Level)

This transaction is used when the Exchange terminates individuals in the enrollment group rather than the entire enrollment group. This will only be used by the Exchange to communicate member level terminations to Issuers. Issuers will not use this transaction to send terminations to the Exchange.

All members of an enrollment group are included in maintenance 834 transactions except for cancel/term of the subscriber, when only the subscriber loop is sent.

Additional maintenance reason codes that have suffix qualifiers (e.g., "CANCEL-NLE," "TERM-OTH") are not supported by the Exchange.

Table 10. Termination Supplemental Instructions (Member Level)

Table or Loop	Element	Industry / 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. See Section 16.1 for a list of valid Reason Codes.

Table or Loop	Element	Industry / Element Name	Code	Instruction
	INS08	Employment Status Code	TE	The Exchange will send "TE" for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	OF	Subscriber Number
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID
			23	QHP Issuer Assigned Member ID
			ZZ	QHP Issuer Assigned Subscriber ID
			1L	Exchange Assigned Policy ID
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date (differs from CMS) Note: Sent at member level for cancel/term transactions

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination
2300	DTP	Health Coverage Dates		Both dates are required
	DTP01	Coverage Period	349	Enrollment Period End Date– represents the last date of coverage in which claims will be paid for the individual being terminated. (differs from CMS)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component (HIOS ID)
			1L	Exchange Assigned Policy ID. This is the Exchange internal enrollment id.
			x9	QHP Issuer Assigned Health Coverage Purchased Policy ID Number. Sent on maintenance (001), cancel/term (024) transactions, and reinstatement (025) transactions, if provided on inbound confirmation transaction

Table or Loop	Element	Industry / Element Name	Code	Instruction
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 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		"TERM" Note: The other additional maintenance reasons listed for terminations in the CMS Companion Guide will not be sent by the Exchange.

11.6. Change Transactions - The Exchange to QHP Issuer

The Exchange will issue a standard Change transaction to update information that has changed. Examples of this would be name changes and contact information changes. For change transactions, the maintenance type code follows the X12 standard and “001” will be sent.

Additional maintenance reason codes other than CANCEL, TERM, RENEW, and AUTORENEW are not supported by the Exchange.

All members of an enrollment group are included in maintenance 834 transactions except for cancel/term of the subscriber, when only the subscriber loop is sent.

The following INS04 Maintenance Reason codes will be used for the change events.

Table 11. Change Events INS04 Maintenance Reason Codes

INS04 Code	Maintenance Reason
01	Divorce
02	Birth
03	Death
05	Adoption
25	Change in Identifying Data Elements
29	Benefit Selection
31	Legal Separation
32	Marriage
43	Change of Location
AI	No Reason Given

11.7. Address Changes

The Exchange will send 1 or more transactions to the Issuer for a change of address. Mailing address changes are handled independently of home address changes. See table 13 for example scenarios for a change of home and/or mailing address.

Table 12. Change of address scenarios and expected transaction, Maintenance Reason Code (MRC), and 2750 Additional Reporting Category SEP REASON

Change of address scenario	Maintenance 001-MRC & 2750 Additional Reporting Category	Termination 024-MRC & 2750 Additional Reporting Category	Addition 021-MRC & 2750 Additional Reporting Category
1. Home address change only within the current rate area/ coverage area of the current plan ID. No change to mailing address. Results in no change to current plan.	Subscriber ¹ 001-43 ² SEP REASON 43-Change of Location ² and Other members 001-AI SEP REASON AI-No Reason Given Contains new home address and existing mailing address		
2. Home address change only to a new rate area/ outside the coverage area of the current plan ID, but within the same state. No change to mailing address. Results in current plan not available, new plan selected, and a new policy.		Subscriber only 024-43 ² SEP REASON 43-Change of Location ² Contains prior home address and existing mailing address	All members 021-EC Contains new home address and existing mailing address
3. Home address change only, no change to mailing address, to an address outside of current state. Results in no plans are available to be selected due to new home address is out of state.		Subscriber only 024-43 ² SEP REASON 43-Change of Location ² Contains prior home address and existing mailing address	

Change of address scenario	Maintenance 001-MRC & 2750 Additional Reporting Category	Termination 024-MRC & 2750 Additional Reporting Category	Addition 021-MRC & 2750 Additional Reporting Category
<p>4. Change to mailing address only to an address outside of current state. No change to home address. Results in no change to current plan.</p>	<p>For each member with a new mailing address 001-43 Contains existing home address and new mailing address</p> <p>For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address</p>		
<p>5. Change to Home address and Mailing address at the same time within the current rate area/ coverage area of the current plan ID. Results in no change to current plan.</p>	<p>First 001 transaction: For each member with a new mailing address 001-43 Contains prior home address and new mailing address</p> <p>For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address</p> <p>Second 001 transaction: Subscriber¹ 001-43² SEP REASON 43-Change of Location² and Other members 001-AI SEP REASON AI-No Reason Given Contains new home address and new mailing address</p>		

Change of address scenario	Maintenance 001-MRC & 2750 Additional Reporting Category	Termination 024-MRC & 2750 Additional Reporting Category	Addition 021-MRC & 2750 Additional Reporting Category
6. Change to Home address and Mailing address at the same time outside the coverage area of the current plan ID, but within the same state. Results in current plan not available, new plan selected, and a new policy.	<p>For each member with a new mailing address 001-43 Contains prior home address and new mailing address</p> <p>For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address</p>	Subscriber only 024-43 ² SEP REASON 43-Change of Location ² Contains prior home address and new mailing address	All members 021-EC Contains new home address and existing mailing address
7. Change to Home address and Mailing address at the same time, to an address outside of current state. Results in no plans are available to be selected due to new home address is out of state.	<p>For each member with a new mailing address 001-43 Contains prior home address and new mailing address</p> <p>For each member with no change to mailing address 001-AI Contains prior home address and existing mailing address</p>	Subscriber only 024-43 ² SEP REASON 43-Change of Location ² Contains prior home address and new mailing address	

¹ For home address change, the Maintenance Reason Code '43' is present only for the member that is designated as the Primary Contact for the household. Typically, the Primary Contact is the subscriber. Maintenance Reason Code 'AI' is present for all other members.

² For home address change, the Maintenance Reason Code '43' and SEP REASON '43-Change of Location' are present only if consumer selected a SEP reason for changing address, otherwise Maintenance Reason Code 'AI' and SEP REASON 'AI-No Reason Given' are present.

11.8. Re-enrollment Supplemental Instructions

Following the CMS standard companion guide, a re-enrollment transaction is generated when a member who has been terminated needs to be re-enrolled. A “subscriber flip” occurs when the subscriber is no longer eligible for benefits or has left the household, resulting in the Health enrollment being automatically terminated, and the remaining family members being re-enrolled in a new Health enrollment policy under a new subscriber.

Table 13. Re-enrollment Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	The Exchange will send “021” to indicate Addition
	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	The Exchange will not transmit this field

11.9. Reinstatement Supplemental Instructions

Following the CMS standard companion guide, a reinstatement transaction is generated when a member who has been terminated needs to be re-enrolled. A reinstatement is used when a member’s policy has been terminated or canceled inappropriately and the coverage is reinstated with the original effective dates and members (e.g., with no gap in coverage).

The reinstatement would contain the “last slice” value for all data elements, as existed at the time of the termination or cancellation. Any changes made after the termination/cancellation end date would not be captured in the reinstatement.

Table 14. Re-instatement Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	025	The Exchange will send "025" to indicate reinstatement
	INS04	Maintenance Reason Code	41	Re-enrollment will be used for reinstatement transactions.

11.10. Change in Health Coverage

The Exchange will send two Coverage Level Change transactions to the QHP Issuer when a member's health coverage level changes. The first Coverage Level Change transaction will convey a health coverage termination for the old coverage level and a second Coverage Change transaction will convey a health coverage level addition (new coverage). For these transactions, multiple ST/SE will be sent and one INS segment per person.

11.11. Change in Circumstance

Unlike the CMS companion guide, the Exchange will send the normal set of transactions (add, change) for changes of circumstance. The Exchange does not use the CMS CIC cancel/term and re-enroll process. There are circumstances that will result in the existing enrollment being terminated (024) and a new enrollment being added (021), including:

- Member experiences a Qualifying Life Event (QLE) meriting a Special Enrollment Period (SEP) allowing for a plan change. See [Section 11.16](#) QLE Identifiers
- When a subscriber is no longer eligible for benefits and the remaining family members are re-enrolled under a new subscriber. See [Section 11.8](#) Re-enrollment and [Section 11.16](#) QLE Identifiers
- Member income changes resulting in Cost Sharing Reduction (CSR) eligibility changes. See [Section 11.16](#) QLE Identifiers

11.12. Add Member - Same Plan

When a new person is added to an existing enrollment (i.e., same plan is kept), an initial enrollment transaction will be sent for the person being added, and change transactions will be sent for all existing members. The Exchange will add/remove the member to the existing Exchange Assigned Policy ID. This process differs from CMS which uses a Change in Circumstance (CIC) cancel/term and re-enroll process for the enrollment group. Non-subscriber member additions will be automatically effectuated/confirmed within the Exchange system of record. For change transactions, the maintenance type code follows the X12 standard and “001” will be sent.

11.13. Add Member - Different Plan

When a new person is added to a new enrollment (i.e., plan changes), a termination transaction will be sent for the entire household terminating the old plan. An add transaction will then be sent adding the household to the new plan. Non-subscriber member additions to the new plan will be automatically effectuated/confirmed within the Exchange system of record. For change transactions, the maintenance type code follows the X12 standard and “001” will be sent.

11.14. Add / Term Dates (mid-month dates)

Add dates will be set to the first day of the month in which coverage begins except in the case of a birth, adoption, and death. In the case of a birth, adoption, and death the coverage start date will be set to the date of the event. Term dates will be set to the last day of the month in which coverage is ending except in the case of a death. In the case of a death the coverage end date will be set to the date the death occurred. For change transactions, the maintenance type code follows the X12 standard and “001” will be sent.

In the event of death of a subscriber, the enrollment is termed with the coverage end date set to the date the death occurred, and surviving members are re-enrolled in a new policy with a coverage begin date set to one day after the date the death occurred.

11.15. Disenroll Member - Same plan

When a new person is removed (canceled/terminated) from an existing enrollment (i.e., same plan is kept), a cancellation/termination transaction will be sent for the person being disenrolled, and change transactions will be sent for all existing members. For change transactions, the maintenance type code follows the X12 standard and “001” will be sent.

11.16. QLE (Qualifying Life Event) Identifiers

When a QLE is granted outside of the Open Enrollment Period that impacts the household composition, the Exchange will add/remove the member to the existing Exchange Assigned Policy ID. This process differs from CMS which uses a Change in Circumstance (CIC) cancel/term and re-enroll process for the enrollment group. The Exchange will send details of the QLE to Issuers at the 2750 loop. The rationale here is that Issuers may want some record traceable back to the 834 for audit purposes.

There is a total of five different QLE Identifiers we currently send to Issuers via the 834. These are found at 2750 loops for all members. Differs from CMS companion guide, which does not use the N102 'SEP' value.

- 90-Qualifying Life Event
- 91-Plan Change
- 92-Subscriber Change
- 93-CS Level Change
- 95-Tobacco Flag Change

Example data:

LX*7~

N1*75*SEP~

REF*17*90-Qualifying Life Event~

DTP*007*D8*20200212~

11.17. SEP (Special Enrollment Period) Identifiers

When a SEP is granted outside of the Open Enrollment Period that impacts the household composition, the Exchange will add/remove the member to the existing Exchange Assigned Policy ID. This process differs from CMS which uses a Change in Circumstance (CIC) cancel/term and re-enroll process for the enrollment group. The Exchange will send details of the SEP reason to Issuers at the 2750 loop. The rationale here is that Issuers may want some record traceable back to the 834 for audit purposes.

The SEP reason codes correlate to the INS04 value set found in the CMS companion guide and will contain both the numeric code and the text label associated with that code. For example, "05" would be transmitted as "05-Adoption." These are found at the 2750 loops for all members. There is a subset of SEP reason codes not supported by the Exchange which differs from CMS (EX-EXCEPTIONAL CIRCUMSTANCES, FC-FINANCIAL CHANGE, NE-NEWLY ELIGIBLE, QS-QSEHRA, HR-ICHRA).

Note: This segment, while typically associated with Term and Change transactions, may be populated with Adds and Reinstatements.

Example data:

LX*3~

N1*75*SEP REASON~
 REF*17*05-Adoption~
 DTP*007*D8*20200404~

11.18. Demographic Changes - Incorrect Member Information

When a demographic change is made that impacts any of the following elements, the 2100B Incorrect Member Loop (NM1, DMG) will be sent in the 834 transaction. NM1 elements: Last Name, First Name, Middle Name, Suffix, and/or SSN. DMG elements: Birth Date, Gender, Marital Status, Race/Ethnicities, and/or Citizenship.

Table 15. Incorrect Member Loop Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments. This loop will be used in maintenance transactions only when there are changes to identifying or demographic information so that Issuers can use it to make the necessary updates to their system. (001*25).
2100B	NM1	Incorrect Member Name		This segment will be populated with the prior Name, and/or SSN value of the member when there is a change to the Name, SSN, or Demographic data. The SSM will be populated only if it has changed. Please refer to TR3 documentation for additional information.
	NM101		70	Prior Incorrect Insured
2100B	DMG	Incorrect Member Demographics		This segment will be populated with only the prior values of Date of Birth, Gender, Marital Status, Race/Ethnicities, and/or Citizenship that have changed. For Race/Ethnicities updates, the predecessor selection of Race/Ethnicity selections will be sent in this loop. Please refer to TR3 documentation for additional information.

12. Issuer to the Exchange Business Scenarios For 834

This section describes other transactions that are patterned after the initial enrollment.

12.1. Overview of the Exchange Inbound Processing Rules

The Exchange requires that all inbound 834 from Issuers are sent in single line wrapped format with the Tilde '~' line terminator. Refer to [section 7](#) for details. Files are accepted at any time. Files are processed into the Exchange system once per day.

For ISA/GS control segment details, refer to [section 9](#). Note: For inbound to Exchange transactions, the ISA15 usage indicator is validated. If ISA15 is incorrect, the transaction will reject and generate a TA1 rejection with TA105 Interchange Note Code "020" – Invalid Test Indicator Value. The expected value in ISA15 is "P" for production, and "T" for test.

The Exchange Assigned Policy ID must always be sent in both the 2000 and 2300 loops. If Issuers do not pass the Policy ID in both loops, the transaction will be rejected. The Exchange processes all inbound transactions at subscriber (enrollment) level. Therefore, Issuers should always include subscriber information in any inbound transaction. The Exchange Assigned Member ID must also always be included when member level information is sent.

The Exchange also validates the End date passed by Issuers in the Term and Cancel transactions. For processing cancellations, the Exchange requires the Issuer-sent end date to match the start date in the Exchange system. Similarly, for processing terminations, the Exchange requires the Issuer-sent end date to be greater than the start date in the Exchange system.

Issuers are not allowed to term or cancel an enrollment for any reason other than non-payment. The transaction will be rejected if Issuers do not send this field or populate it with reason code other than 59 (non-payment). The Exchange will not accept reinstatement transactions from Issuers. Issuers would need to communicate with the Exchange to initiate and provide reasoning for any other re-instatement, term, or cancel transaction.

The table below outlines these validation rules in more detail:

Table 16. Inbound 834 Validation Rules

Type	Confirmation	Cancellation	Termination
Transaction Level	Subscriber Level	Subscriber Level	Subscriber Level
Data Elements Updated in the Exchange System	<ul style="list-style-type: none"> Member Status Issuer IDs Last Payment Date 	<ul style="list-style-type: none"> Reason Code End Date Status 	<ul style="list-style-type: none"> Reason Code End Date Status Issuer IDs Last Premium Date
Validations Performed	<ul style="list-style-type: none"> Reject if the enrollment is in Cancel status in the Exchange system Reject if Subscriber information is missing in the Inbound 834 transaction Reject if the Exchange Assigned Policy ID is missing in the Inbound 834 transaction Reject if the Start Date sent in the Inbound 834 transaction does not match the Start Date present in the Exchange system 	<ul style="list-style-type: none"> Reject if Reason Code is not equal to 59 (non-payment) Reject if End Date is greater than Start Date in the Exchange system Reject if the year of the cancel date does not match with the coverage year of the policy in the Exchange system 	<ul style="list-style-type: none"> Reject if the enrollment is in Cancel status in the Exchange system Reject if End Date is less than or equal to the Start Date in the Exchange system

12.1.1. Inbound File Naming Convention

Files that do not adhere to the file naming convention identified below will be ignored for security purposes

```
from_<HIOS_Issuer_ID>_<state_abbreviation>_834_INDV_<YYYYMMDDHHMMSS>.edi
```

For example: from_45142_NV_834_INDV_20190521114107.edi

12.1.2. Inbound Frequency File is Sent

Issuers can send multiple files throughout the day. GI system process all files in order of receipt (e.g., first in, first out) in a batch that occurs once a day.

12.2. Enrollment Confirmation / Effectuation Supplemental Instructions

The Exchange requires Issuers to send back effectuation for any newly assigned Exchange Assigned Policy ID. The Exchange assigns a new Exchange Assigned Policy ID in the following scenarios.

- Consumer submits initial enrollment.
- Consumer manually renews via plan shopping for next coverage plan year. Manual renewals are NOT auto effectuated by the Exchange and require effectuation from the Issuer.
- Consumer reports life change events and in the process terms their prior enrollment and starts a new enrollment in the SEP period. Note: A new Exchange Assigned Policy ID will be assigned even if the consumer picks the same plan with the same Issuer for their new enrollment.
- Consumer voluntarily disenrolls from their existing enrollment and enrolls again in the same plan.
- Consumer reports a life change event that makes the existing subscriber ineligible. In this case, the Exchange will terminate or cancel the existing enrollment and create a new enrollment on the same plan.
- Consumer reports life change events and in the process a CSR level change happens that terms the prior enrollment and starts a new enrollment on a new plan.

The Exchange does not require Issuers to send back effectuation for any newly assigned Exchange Assigned Policy ID in the following scenario:

- Passive renewal for the next coverage year when current year was previously effectuated.

For all the other scenarios, the Exchange retains the Exchange Assigned Policy ID and Issuers are not expected to send back effectuation if they have effectuated the original enrollment. See some examples below of such scenarios:

- Consumer reinstates their prior enrollment.
- Consumer reports life change event on their effectuated enrollment and they keep the same plan in the SEP period.
- Consumer voluntarily disenrolls or cancels their enrollment.

Note: Information about effectuation of Auto Renewals is provided in [13. Annual Renewals](#) below.

Important Note: Issuers should resend the effectuation if the earlier sent effectuation was rejected by the Exchange due to EDI errors.

Note: Configurable at the Exchange level, whether the confirmation / effectuation file is required for all members or only for the subscriber.

12.2.1. Inbound Confirmation Segments

Following the CMS standard companion guide, the confirmation / effectuation file must contain all the relevant data segments from the initial enrollment file in addition to the segments outlined below:

Table 17. Inbound Confirmation Supplemental Instructions

Table or Loop	Element	Industry / 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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.
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". The Exchange requires all three be sent.	
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	Addition
	INS04	Maintenance Reason Code	28	Will transmit "28" when the QHP Issuer has effectuated member coverage
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	1L	Transmit with the Exchange Assigned Policy ID conveyed in REF02. Policy ID is mandatory in both 2000 and 2300 loops
			23	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02
			ZZ	Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02
2000	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
2100B	NM1	Incorrect Member Name Loop		Do <u>not</u> transmit this NM1 loop where NM101 "70", as member information may not be corrected in an effectuation / confirmation transmission
2300	DTP	Health Coverage Dates		Multiple iterations are required.
	DTP03	Date Time Qualifier	348	The Actual Enrollment Begin Date. It must be transmitted. Enrollment into the QHP is not

Table or Loop	Element	Industry / Element Name	Code	Instruction
				effectuated until the initial premium has been paid.
			349	The Enrollment Period End Date is optional. (differs from CMS)
			543	The Last Premium Paid Date. Must be transmitted.
			343	Premium Paid to Date End will <u>not</u> be sent (differs from CMS)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L	Transmit with the Exchange Assigned Policy ID conveyed in REF02. Policy ID is mandatory in both 2000 and 2300 loops.
			X9	Transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element
2700	LS	Additional Reporting Categories Loop		One iteration of this loop is required for all confirmations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all confirmations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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		"CONFIRM"
2000	LE	Additional Reporting Categories Loop Termination		
2000	LE01	Loop Identifier Code	2700	

12.2.2. Inbound Confirmation Sample

The sample file includes segments that could be sent back in the confirmation file. Not all segments are mandatory to pass technical and business rules. The green highlighted rows indicate mandatory elements that must be included in the file. All other segments are valid, but they are not used in the effectuation process.

Usage: M – Mandatory, H/R – Highly Recommended, N/U – Not Used, O - Optional

Table 18. Inbound Confirmation Sample

Usage	EDI	Additional description of mandatory segment
M	ISA*00* *00* *ZZ*444761189 *ZZ*AK0 *190521*1140*^*00501*191410004*1*P*::~	
M	GS*BE*444761189*AK0*20190521*1140*191410 004*X*005010X220A1~	
M	ST*834*000000001*005010X220A1~	
M	BGN*00*AK0191410004000000001*20190521*11 40*ET*4514220190412132627**2~	BGN06 Initial enrollment transaction
O	DTP*303*D8*20190521~	
M	QTY*DT*0~	QTY DT Dependent total
M	QTY*ET*1~	QTY ET Employee Total (Subscribers)
M	QTY*TO*1~	QTY TO Total number of INS segments
M	N1*P5*John Doe*FI*299499975~	N1 P5 Plan Sponsor Name & SSN
M	N1*IN*Healthplan, Inc.*FI*269999189~	N1 IN Insurer Name & Tax ID
O	N1*BO*Fred Smith*FI*123321123	
O	ACT*3683790	
M	INS*Y*18*021*28*A***AC~	INS03 = 021 Add, INS04 28 = Effectuated
M	REF*0F*1000111499~	REF 0F Exchange Assigned Subscriber ID
M	REF*1L*234~	REF 1L mandatory for 2000 & 2300
M	REF*17*1000111499~	REF 17 Exchange Assigned Member ID
M	REF*23* U9999955801~	REF 23 Issuer assigned member ID
M	REF*ZZ* U99999558~	REF ZZ Issuer assigned subscriber ID
M	REF*6O*AK00000000006~	REF 6O Payment Transaction ID
N/U	REF*4A*434343~	REF 4A Do not send, for future use
M	DTP*303*D8*20190412~	DTP 303 Issuer generated effective date
O	DTP*356*D8*20190101~	
M	NM1*IL*1*Doe*John****34*111223333~	NM1 Member Name
O	PER*IP**TE*555551212*EM*jj@yopmail.com~	
O	N3*998 W Fourth St~	
O	N4*City*AK*99999**CY*55555~	
O	DMG*D8*19800101*M*M*:RET:2106-3*1~	
M	HLH*N~	HLH Tobacco Use
O	LUI*LD*eng**6	
O	LUI*LD*eng**7	
O	NM1*31*1~	
O	N3*998 W Fourth St~	
O	N4*Reno*NV*89501~	
O	NM1*QD*1*Doe*John****34*111223333~	Optional QD is the responsible party followed by the contact details for the responsible person
O	PER*RP**TE*555551212~	
O	N3*998 W Fourth St~	
O	N4*City*AK*99999~	
M	HD*021**HLT~	2300 HD loop is mandatory
M	DTP*348*D8*20190101~	DTP 348 Benefit Begin Date
O	DTP*349*D8*20191231~	
M	DTP*543*D8*20190521~	DTP 543 Issuer Last Premium Paid Date

Usage	EDI	Additional description of mandatory segment	
M	REF*1L*234~	REF 1L mandatory for 2000 & 2300	
O	REF*CE*44442AK001000206~		
O	REF*ZZ*535~		
O	REF*X9*U99999558~		
M	LS*2700~		
O	LX*1~		
O	N1*75*APTC AMT~		
O	REF*9V*200.00~		
O	DTP*007*D8*20190101~		
O	LX*2~		
O	N1*75*CSR AMT~		
O	REF*9V*30.50~		
O	DTP*007*D8*20190101~		
O	LX*3~		
O	N1*75*PRE AMT 1~		
O	REF*9X*230.50~		
O	DTP*007*D8*20190101~		
O	LX*4~		
O	N1*75*RATING AREA~		
O	REF*9X*R-AK001~		
O	DTP*007*D8*20190101~		
O	LX*5~		
O	N1*75*TOT RES AMT~		
O	REF*9V*700.00~		
O	DTP*007*D8*20190101~		
O	LX*6~		
O	N1*75*PRE AMT TOT~		
O	REF*9X*1000.00~		
O	DTP*007*D8*20190101~		
O	LX*7~		
O	N1*75*SEP~		
O	REF*17*90-Qualifying Life Event~		
O	DTP*007*D8*20190412~		
M	LX*8~		
M	N1*75*REQUEST SUBMIT TIMESTAMP~		2750 loop Request Submit Timestamp
M	REF*17*20190412121521~		
M	DTP*007*D8*20190412~		
M	LX*9~		
M	N1*75*SOURCE EXCHANGE ID~		2750 loop Source Exchange ID
M	REF*17*AK0~		
M	DTP*007*D8*20190521~		
M	LX*10~		
M	N1*75*ADDL MAINT REASON~		2750 loop Additional Maintenance Reason
M	REF*17*CONFIRM~		2750 loop REF 17 = CONFIRM
M	DTP*007*D8*20190521~		
M	LE*2700~		

Usage	EDI	Additional description of mandatory segment
M	SE*78*000000001~	
M	GE*1*191410004~	
M	IEA*1*191410004~	

12.3. Issuer Cancellation Supplemental Instructions

QHP Issuers will only send a cancellation transaction when the premium payment was not received in a timely manner according to grace period policies for individual enrollments. A cancellation from the QHP Issuer will result in all members for the enrollment to be cancelled.

12.3.1. Inbound Cancellation Segments

Following the CMS standard companion guide, the cancellation file must contain all the relevant data segments from the initial enrollment file in addition to the segments outlined below:

Table 19. Inbound Cancellation Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y	Subscriber loop is required for Cancellation.
			N	Non-subscriber member loop is optional because the Exchange treats cancellation at Subscriber level
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid reason for cancellation is non-payment of premium.

Table or Loop	Element	Industry / Element Name	Code	Instruction
				Important Note: The Exchange will reject the transaction if any other code is sent in this field.
	INS08	Employment Status Code	TE	The Exchange will send "TE" for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Subscriber Number
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	When the Exchange Assigned Policy ID is conveyed in REF02. Policy ID is mandatory in both 2000 and 2300 loops
	REF02	Member Group or Policy Number		<p>Policy ID (Enrollment ID), is the unique identifier for an enrollment.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in the Exchange system, Issuers are required to send back in all the 834 transactions.</p>
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID sent in REF02
			23	Issuer Assigned Member ID sent in REF02
			ZZ	Issuer Assigned Subscriber ID sent in REF02
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		<p>The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 03/31/2022 is passed, then claims for this individual will be paid through 11:59 p.m. on 03/31/2022.</p> <p>The eligibility end date of the cancellation must be transmitted, and must match the benefit begin date sent on the Initial Enrollment</p>
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348	<p>Enrollment Period Start Date</p> <p>Important Note: For all cancellation transactions, Issuers are required to send the start date equal to the end date. Also, note that the Exchange will treat cancellation at Subscriber Level.</p>
			349	Enrollment Period End Date

Table or Loop	Element	Industry / Element Name	Code	Instruction
				Important Note: For all cancellation transactions, Issuers are required to send the start date equal to the end date. Also, note that the Exchange will treat cancellation at Subscriber Level.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L	<p>Policy ID (Enrollment ID), which is the unique identifier for an enrollment, should be passed in this field. Policy ID is mandatory in both 2000 and 2300 loops</p> <p>Important Note: Since this is the unique Identifier for an enrollment in the Exchange system, Issuers are required to send back in all the 834 transactions.</p>
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 5.0 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 5.0 for explicit instructions related to the 2750 loop
	N102	Member Reporting Category Name		"ADDL MAINT REASON"

Table or Loop	Element	Industry / Element Name	Code	Instruction
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Otherwise, send "TERM" in this field.
2750	N1	Reporting Category		Reporting Category for APTC Note: This entire segment will appear only for Subscriber.

12.3.2. Inbound Cancellation Sample

The sample file includes segments that could be sent back in the cancel file. Not all segments are mandatory. The green highlighted rows indicate mandatory elements that must be included in the file. All other segments are valid, but they are not used in the cancellation for non-payment process.

Usage: M – Mandatory, H/R – Highly Recommended, N/U – Not Used, O - Optional

Table 20. Inbound Cancellation Sample

Usage	EDI	Additional description of mandatory segment
M	ISA*00* *00* *ZZ*440344294 *ZZ*AK0 *190520*1923*^*00501*000002467*1*P*:~	
M	GS*BE*440344294*AK0*20190520*1923*2467*X *005010X220A1~	
M	ST*834*879232019*005010X220A1~	
M	BGN*00*879232019*20190520*192356*MT***2 ~	BGN inbound cancellation transaction

Usage	EDI	Additional description of mandatory segment
M	QTY*ET*1~	QTY ET Employee Total (Subscribers)
M	QTY*TO*1~	QTY TO Total number of INS segments
M	QTY*DT*0~	QTY DT Dependent total
M	N1*P5*Fred Doe*FI*237272727~	N1 P5 Plan Sponsor Name & SSN
M	N1*IN*Blue Cross Health Service, Inc.*FI*844444294~	N1 IN Insurer Name & Tax ID
M	INS*Y*18*024*59*A***TE~	INS03 024, INS04 59 cancel non-payment
M	REF*OF*1000446684~	REF OF Exchange Assigned Subscriber ID
M	REF*1L*5557335~	REF 1L mandatory for 2000 & 2300
M	REF*17*1000446684~	REF 17 Exchange Assigned Member ID
O	REF*60*AK00002307517~	
M	REF*23*971089680~	REF 23 Issuer assigned member ID
M	REF*ZZ*971089680~	REF ZZ Issuer assigned subscriber ID
O	DTP*303*D8*20190520~	
O	DTP*356*D8*20190101~	
M	DTP*357*D8*20190101~	DTP 357 Eligibility End Date
M	NM1*IL*1*Doe*Fred****34*237272727~	NM1 Member Name
O	PER*IP**TE*5553331212~	
O	N3*666 N State St Apt 107~	
O	N4*City*AK*55555**CY*Ada~	
O	DMG*D8*19681125*F*R*:RET:2106-3~	
M	HLH*N~	HLH Tobacco Use
O	NM1*QD*1*Doe*Fred****34*237272727~	
O	PER*RP**TE*5553331212~	
O	N3*666 N State St Apt 107~	
O	N4*City*AK*55555~	
M	HD*024**HLT~	HD01 024 = Cancel, 2300 HD loop is mandatory
M	DTP*348*D8*20190101~	DTP 348 Benefit Begin Date, Same date as DTP 349
M	DTP*349*D8*20190101~	DTP 349 Benefit End Date, Same date as DTP 357
M	REF*1L*5557335~	REF 1L mandatory for 2000 & 2300
O	REF*CE*61589AK171000101~	
O	REF*X9*X068PP-A0003~	
O	REF*ZZ*101183~	
M	LS*2700~	
M	LX*1~	
M	N1*75*REQUEST SUBMIT TIMESTAMP~	2750 loop Request Submit Timestamp
M	REF*17*20190520025236~	
M	DTP*007*D8*20190520~	
M	LX*2~	
M	N1*75*SOURCE EXCHANGE ID~	2750 loop Source Exchange ID
M	REF*17*AK0~	
M	DTP*007*D8*20190101~	
M	LX*3~	
M	N1*75*ADDL MAINT REASON~	2750 loop Additional Maintenance Reason
M	REF*17*CANCEL~	2750 loop REF 17 = CANCEL
M	DTP*007*D8*20190520~	

Usage	EDI	Additional description of mandatory segment
M	LE*2700~	
M	SE*37*879232019~	
M	GE*1*2467~	
M	IEA*1*000002467~	

12.4. Issuer Termination Supplemental Instructions

QHP Issuers will only send a termination transaction when the premium payment was not received in a timely manner according to grace period policies for individual enrollments. A termination from the QHP Issuer will result in all members for the enrollment to be terminated.

12.4.1. Inbound Termination Segments

Following the CMS standard companion guide, the termination file must contain all the relevant data segments from the initial enrollment file in addition to the segments outlined below:

Table 21. Inbound Termination Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y	Subscriber loop is required for termination
			N	Non-subscriber member loop is optional because the Exchange processes cancellation at Subscriber level
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid

Table or Loop	Element	Industry / Element Name	Code	Instruction
				<p>reason for termination is non-payment of premium.</p> <p>Important Note: The Exchange will reject the transaction if any other code is sent in this field.</p>
	INS08	Employment Status Code	TE	The Exchange will send "TE" for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	OF	Subscriber Number
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	When the Exchange Assigned Policy ID is conveyed in REF02. Policy ID is mandatory in both 2000 and 2300 loops
	REF02	Member Group or Policy Number		<p>Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in the Exchange System.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in the Exchange system, Issuers are required to store this ID in their system and send back in all the 834 transactions.</p>

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID is sent in REF02
			23	Issuer Assigned Member ID is sent in REF02
			ZZ	Issuer Assigned Subscriber ID is sent in REF02
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		<p>The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 03/31/2022 is passed, then claims for this individual will be paid through 11:59 p.m. on 03/31/2022.</p> <p>The eligibility end date of the termination must be transmitted</p>
2300	DTP	Health Coverage Dates		<p>Both 348/349 dates are required. 343 is strongly recommended.</p> <p>Important Note: Issuers are required to send the same termination dates for all the members. The Exchange treats termination at Subscriber level and will use the Subscriber's termination date as the end date for the rest of the members.</p>

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP01	Coverage Period	343	Premium Paid to Date End – strongly recommended
			348	Enrollment Period Start Date - required
			349	Enrollment Period End Date – required for terms If APTC consumed, DTP*349 termination date must allow for grace period after DTP*343 last paid through end date.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L	Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in the Exchange System. Policy ID is mandatory in both 2000 and 2300 loops Important Note: Since this is the unique Identifier for an enrollment in the Exchange system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 5.0 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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		"TERM" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Otherwise, send "TERM" in this field.

12.4.2. Inbound Termination Sample

The sample file includes segments that could be sent back in the termination file. Not all segments are mandatory. The green highlighted rows indicate mandatory elements that must be included in the file. All other segments are valid, but they are not used in the termination for non-payment process. The yellow highlighted rows indicate elements that are strongly advised to be sent as they can impact reconciliation.

Usage: M – Mandatory, H/R – Highly Recommended, N/U – Not Used, O - Optional

Table 22. Inbound Termination Sample

Usage	EDI	Additional description of mandatory segment
M	ISA*00* *00* *ZZ*440344294 *ZZ*AK0	
M	*190520*1923*^*00501*000002467*1*P*::~~ GS*BE*440344294*AK0*20190520*1923*2467*X *005010X220A1~	

Usage	EDI	Additional description of mandatory segment
M	ST*834*879232019*005010X220A1~	
M	BGN*00*879232019*20190520*192356*MT***2~	BGN06 Inbound termination transaction
M	QTY*ET*1~	QTY ET Employee Total (Subscribers)
M	QTY*TO*1~	QTY TO Total number of INS segments
M	QTY*DT*0~	QTY DT Dependent total
M	N1*P5*Cindy Doe*FI*53777777~	N1 P5 Plan Sponsor Name & SSN
M	N1*IN*Blue Cross Health Service, Inc.*FI*844444294~	N1 IN Insurer Name & Tax ID
M	INS*Y*18*024*59*A***TE~	INS03 024, INS04 59 term non-payment
M	REF*OF*1000806685~	REF OF Exchange Assigned Subscriber ID
M	REF*1L*5557555~	REF 1L mandatory for 2000 & 2300
M	REF*17*1000806685~	REF 17 Exchange Assigned Member ID
O	REF*60*AK00002307517~	
M	REF*23*975559680~	REF 23 Issuer assigned member ID
M	REF*ZZ*975559680~	REF ZZ Issuer assigned subscriber ID
O	DTP*303*D8*20190520~	
O	DTP*356*D8*20190101~	
M	DTP*357*D8*20190331~	DTP 357 Eligibility End Date
M	NM1*IL*1*Doe*Cindy****34*53777777~	NM1 Member Name
O	PER*IP**TE*2088908871~	
O	N3*12 N Front St Apt 727~	
O	N4*City*AK*55555**CY*Ada~	
O	DMG*D8*19681125*F*R*:RET:2106-3~	
M	HLH*N~	HLH Tobacco Use
O	NM1*QD*1*Doe*Sally****34*53777777~	
O	PER*RP**TE*2088908888~	
O	N3*12 N Front St Apt 727~	
O	N4*City*AK*55555~	
M	HD*024**HLT~	HD01 024 = Term, 2300 HD loop is mandatory
M	DTP*348*D8*20190101~	DTP 348 Benefit Start Date
M	DTP*349*D8*20190331~	DTP 349 Benefit End Date ¹
H/R	DTP*343*D8*20190228~	DTP 343 Premium Paid to Date End ²
O	DTP*543*D8*20190108~	
M	REF*1L*5557555~	REF 1L mandatory for 2000 & 2300
O	REF*CE*22282AK171000101~	
O	REF*X9*X012ZZ-0012~	
O	REF*ZZ*101183~	
M	LS*2700~	
M	LX*1~	
M	N1*75*REQUEST SUBMIT TIMESTAMP~	2750 loop Request Submit Timestamp
M	REF*17*20181024025236~	
M	DTP*007*D8*20181024~	
M	LX*2~	
M	N1*75*SOURCE EXCHANGE ID~	2750 loop Source Exchange ID
M	REF*17*AK0~	

Usage	EDI	Additional description of mandatory segment
M	DTP*007*D8*20190101~	
M	LX*3~	
M	N1*75*ADDL MAINT REASON~	2750 loop Additional Maintenance Reason
M	REF*17*TERM~	2750 loop REF 17 = TERM
M	DTP*007*D8*20190520~	
M	LE*2700~	
M	SE*57*879232019~	
M	GE*1*2467~	
M	IEA*1*000002467~	

¹ If APTC consumed, DTP*349 termination date must allow for grace period after DTP*343 last paid through end date.

² If APTC not eligible or not consumed, DTP*343 last paid through end date equals DTP*349 termination date, no grace period applies. Example above reflects APTC consumed scenario.

12.5. Other Transactions

Issuers should not send transactions other than Confirmation, Termination for non-payment (INS04 59), or Cancellation for non-payment (INS04 59). The Exchange will not accept the following INS03 values and sending these will result in an error.

- 001 – Change
- 002 – Delete
- 025 - Reinstatement
- 026 – Correction
- 030 – Audit
- 032 - Employee Information Not Applicable

13. Annual Renewals

The following subsections outline the annual renewal processing used in the Individual market.

13.1. Individual Market

Auto-renewals (also known as Passive renewals) for the Individual market will be run twice each year. The first job will be run in early October, before the start of Open Enrollment Period. The second job will run in mid-December, and the intent of this “catch-up” job is to process renewals for any SEP enrollments for current year coverage that were submitted *after* the October auto-renewals job had run.

Please note: in renewal transactions the 2750 loop additional maintenance reason codes sent by the Exchange differ from CMS.

13.1.1. End of Coverage Year Terms

End of Coverage Year (EOY) termination batch job options are revised for year ending 2021 onwards.

- The Exchange will no longer automatically terminate current-year policies during the auto-renewal process.
- EOY termination transactions will be processed during the last week of December and will only impact policies where marketplace coverage with the existing carrier is coming to an end on 12/31. In other words, the Exchange will only terminate policies where the household has either a) actively re-enrolled with a different carrier during OEP, b) cancelled their auto-renewal policy, or c) failed to renew their coverage altogether. When this job runs the EOY termination transactions will be included in the normal daily 834 file.

13.1.2. Auto Renewal ‘RENP’ Adds

- The Exchange will auto-effectuate enrollments that are successfully auto-renewed, provided that the consumer’s current year enrollment is with the same Issuer and is already effectuated by the Issuer. In other words, if the previous year enrollment was in pending status, then confirmation/effectuation required for the next coverage year renewal enrollment.
- For auto-renewal Add transactions, the Exchange will contain a ‘RENP’ indicator in the 2750 loop member reporting category section.
- The auto-renewal Add transactions will appear in the normal daily 834 file with the following file naming convention:
 - to_<HIOS_Issuer_ID>_ID_834_INDV_<CCYMMDDHHMMSS>.edi

Note: The Exchange will not auto-effectuate enrollment if the current year enrollment is in pending state in the Exchange System.

13.1.3. Cross Issuer Renewals

As part of Cross Issuer Renewal, the Exchange will send an Add transaction to the new Issuer. The Add transaction will not contain any auto-renewal ‘RENP’ indicator. The Add transaction will appear in the same file as usual (non-renewal) 834s. End of Coverage Year Termination transaction are separate from the Add transaction. Refer to [Section 13.1.1](#).

13.1.4. Passive Renewal (Auto Renewal) Terminations for Current Coverage Year Enrollments

The Exchange will send current coverage year enrollment terminations with INS03 = 024 and INS04 = 07 codes. Issuers are expected to only send back TA1/999 acknowledgement for these term transactions. The table below highlights the key data elements that will be sent in the 834 transaction. For more information on End of Coverage Year Terminations, refer to [Section 13.1.1](#)

Table 23. End of Coverage Year Terminations Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	The Exchange will send “024” to indicate either Cancellation or Termination
	INS04	Maintenance Reason Code	07	The Exchange will send “07” to indicate reason as Termination of Benefits
	INS08	Employment Status Code	TE	The Exchange will send “TE” for cancellation and termination transactions
2000	REF	Subscriber Identifier		
	REF01	Reference ID Qualifier	0F	Exchange Assigned Subscriber ID

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Subscriber Identifier		The Exchange will send the same Exchange Assigned Subscriber ID that was sent earlier in the initial Enrollment transaction
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID
	REF02	Member Supplemental Identifier		The Exchange will send the same Exchange Assigned Member ID that was sent earlier in the initial Enrollment transaction
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Exchange Assigned Policy ID
	REF02	Member Policy Number		The Exchange will send the same Exchange Assigned Policy ID that was sent earlier in the initial Enrollment transaction
2000	DTP	Member Level Dates		
	DTP01	Date / Time Qualifier	357	Eligibility End Date

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP02	Date Time Period Format Qualifier		The Exchange will send 12/31 of current coverage year
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	The Exchange will send "024" to indicate either Cancellation or Termination
	HD02	Maintenance Reason Code		This field is inactive. The Exchange will never send this field.
2300	DTP	Health Coverage Dates		Both dates will be sent
	DTP01	Date / Time Qualifier	348	Enrollment Period Begin Date
			349	Enrollment Period End Date– represents the last date of coverage in which claims will be paid for the individual being terminated. Note: Differs from CMS, as they do not send.
	DTP02	Date Time Period Format Qualifier		The Exchange will send 12/31 of current coverage year
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component. (HIOS ID)
			1L	Exchange Assigned Policy ID.

Table or Loop	Element	Industry / Element Name	Code	Instruction
				Important Note: Since this is the unique Identifier for an enrollment in the Exchange system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
			ZZ	Will transmit with the Client ID (HouseHold Case ID). In the case of custom grouping (multiple health enrollments for the same household), the Client ID is the same for each enrollment.
2700	LX	Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 5.0 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant
	N102	Free-form name		<p>The Exchange will send value “RENP” to indicate that the terminated enrollment was auto-renewed. This field will not be sent for regular terminations or cancellation transactions caused by non-renewal processing. (differs from CMS)</p> <p>Note: For more information on End of Coverage Year Terminations, refer to Section 13.1.1</p>

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Reference Identification		The Exchange will send value "RENP" to indicate that the terminated enrollment was auto-renewed. This field will not be sent for regular terminations or cancellation transactions caused by non-renewal processing.
	DTP	Reporting Category Date		
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		The Exchange will send same date value that is used for Request Submit Timestamp
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant

Table or Loop	Element	Industry / Element Name	Code	Instruction
	N102	Free-form name		The Exchange will send value "ADDL MAINT REASON."
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Reference Identification		The Exchange will send value "TERM."
	DTP	Reporting Category Date		
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD

13.1.5. Passive Renewal (Auto Renewal) for Next Coverage Year

The Exchange will send the additional 834s for enrollments that are eligible for auto-renewal for next coverage year. The table below highlights the key data elements that will be sent in the 834 transaction. To help Issuers identify these as renewal additions, the Exchange will send "RENP" and "AUTORENEW" indicators in the 2750 reporting loop.

Please note: These renewal addition transactions will be sent in the daily 834 file mixed with regular 834 transactions. These will not be sent in a separate file, which differs from CMS.

Please note: The renewal Add transactions will contain the same segments as defined in section 11.1 of this guide, except as highlighted in the table below:

Table 24. Passive Renewal Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	The Exchange will send “021” to indicate Addition
	INS04	Maintenance Reason Code	41	The Exchange will send “41” to indicate reason as Reenrollment to the same Issuer
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Exchange Assigned Subscriber ID
	REF02	Subscriber Identifier		The Exchange will retain and send the same Exchange Assigned Subscriber ID that was sent earlier in the previous coverage year Enrollment transaction
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Exchange Assigned Member ID
	REF02	Member Supplemental Identifier		The Exchange will retain and send the same Exchange Assigned Member ID that was sent earlier in the previous coverage year Enrollment transaction

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Exchange Assigned Policy ID
	REF02	Member Policy Number		<p>The Exchange will generate and send a new Exchange Assigned Policy ID. The Issuers are expected to treat this as new initial enrollment and send back confirmations for this new Policy ID.</p> <p>Note: The Exchange tracks current coverage year and next coverage year enrollments as two separate policies with different Exchange Assigned Policy IDs. Making a change to one enrollment will not affect the other. Issuers intending to cancel or terminate both enrollments are expected to send separate 834 transactions with the respective Exchange Assigned Policy ID. Also, consumers will be instructed to report changes on these enrollments separately.</p>
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	The Exchange will send "021" to indicate Addition
	HD02	Maintenance Reason Code		This field is inactive. The Exchange will never send this field
2300	DTP	Health Coverage Dates		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP01	Date / Time Qualifier	348	Enrollment Period Begin Date
	DTP02	Date Time Period Format Qualifier		The Exchange will send 1/1 of next coverage year
2300	DTP	Health Coverage Dates		
	DTP01	Date / Time Qualifier	349	Enrollment Period End Date
	DTP02	Date Time Period Format Qualifier		The Exchange will send 12/31 of next coverage year
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant
	N102	Free-form name		The Exchange will send value "RENP."
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Reference Identification		The Exchange will send value "RENPN."
	DTP	Reporting Category Date		
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		The Exchange will send same date value that is used for Request Submit Timestamp
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant
	N102	Free-form name		The Exchange will send value "ADDL MAINT REASON."
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Reference Identification		The Exchange will send value "AUTORENEW." (differs from CMS)
	DTP	Reporting Category Date		
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		The Exchange will send same date value that is used for Request Submit Timestamp

13.1.6. Renewal Exceptions

The Exchange will not automatically term the next coverage year for cases where the current year is termed after renewal transaction is sent to the Issuer. The Exchange handles termination of current year and next coverage year enrollments separately. The consumer is required to cancel the renewal. Note: Issuers could receive a renewal transaction for the next coverage year with the current year terminated if the consumer does not take action.

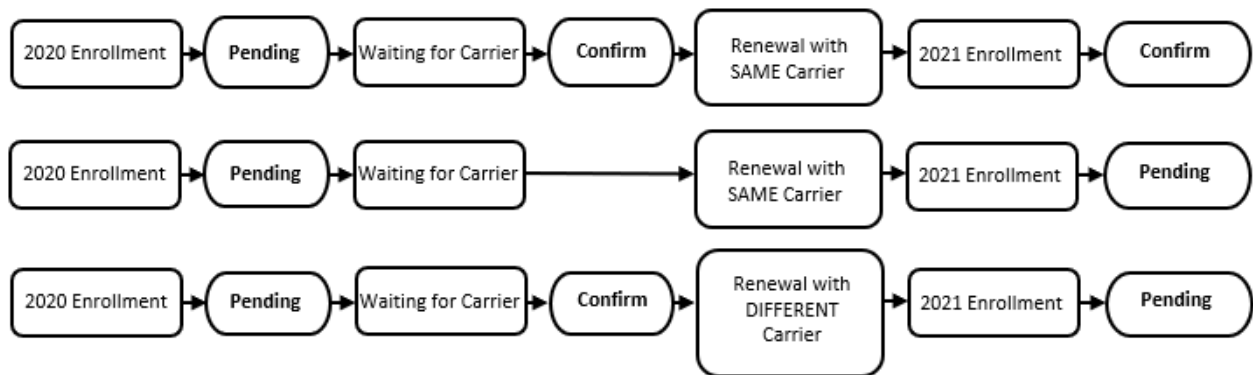
The Exchange will not send renewal Add transactions for next coverage year for cases that are not auto-renewed either due to consumer's ineligibility for auto-renewal or due to exceptions. These cases will be manually enrolled for next coverage year by the consumer or the broker during the Open Enrollment Period. These manually processed Add transactions will appear as regular initial enrollment 834 transactions (021*EC) without 2750 loop 'RENP' and 'AUTORENEW' indicators. Please note: The Exchange will not track these enrollments as manual (active) renewals and they will be recorded in the system as initial enrollment.

Configurable at the Exchange level, whether the addition of a new member to the household for next year coverage during Open Enrollment Period is treated as a renewal transaction (021*41) or as a separate Add transaction that will appear as regular initial enrollment 834 transaction (021*EC) without 2750 loop 'RENP' and 'AUTORENEW' indicators.

Note: The Exchange will not auto-effectuate initial enrollment transaction (021*EC), and Issuers are expected to send confirmation transactions. Initial enrollments do not contain the 'REN' indicator in the 2750 loop.

13.2. Renewed Enrollment Status

The renewed enrollment status will be inherited from the previous enrollment status. If the previous coverage year's enrollment has any enrolled members, then the renewed enrollment will inherit their confirmed status.



Note: The Exchange will not auto-effectuate enrollment if the current year enrollment is in pending state in the Exchange System or if the renewal was done on a cross-Issuer plan.

14. Monthly Reconciliation

The Exchange's reconciliation process is based on the FFM RCNI file. Details about this reconciliation process is provided in document "Exchange-Issuer Reconciliation Guide v<version>.docx".

The reconciliation process requirements are driven in part by how the Exchange's system processes enrollments. To facilitate and avoid reconciliation data discrepancies, the Exchange has a series of best practices that Issuers should follow. Please refer to Section 6 "Enrollment Processes Impacting Reconciliation" in the [Exchange-Issuer Reconciliation Guide](#).

15. Relationship Codes

See below for the possible relationship codes / values for the INS02 element of the 2000 loop:

Table 25. INS02 Relationship Codes

Code	Definition
01	Spouse
03	Father or Mother
04	Grandfather or Grandmother
05	Grandson or Granddaughter
06	Uncle or Aunt
07	Nephew or Niece
08	Cousin
09	Adopted Child
10	Foster Child
11	Son-in-law or Daughter –in-law
12	Brother-in-law or Sister-in-law
13	Mother-in-law or Father-in-law
14	Brother or Sister
15	Ward
16	Stepparent

Code	Definition
17	Stepson or Stepdaughter
18	Self
19	Child
23	Sponsored Dependent – Dependent between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
24	Dependent of a Minor Dependent
25	Ex-spouse
26	Guardian
31	Court Appointed Guardian
38	Collateral Dependent
53	Life Partner - This is a partner that acts like a spouse without a legal marriage commitment
60	Annuitant
D2	Trustee
G8	Other Relationship
G9	Other Relative

16. Maintenance Reason Codes

GetInsured supports all INS04 codes found in the CMS Standard Companion Guide Transaction v5.0 and the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda. However, for user ease, the following are the values most commonly used:

16.1. Term

Table 26. Termination Events INS04 Maintenance Reason Codes

Code	Definition
01	Divorce
03	Death
07	Termination of Benefits
14	Voluntary Withdrawal
43	Change of Location
59	Non-Payment
AI	No Reason Given

16.2. Add

Table 27. Add Events INS04 Maintenance Reason Codes

Code	Definition
02	Birth
05	Adoption

Code	Definition
22	Plan Change
32	Marriage
41	Re-enrollment
43	Change of Location
AI	No Reason Given
EC	Member Benefit Selection

16.3. Change

Table 28. Change Events INS04 Maintenance Reason Codes

Code	Definition
25	Change in Identifying Data Elements
29	Benefit Selection
43	Change of Location
AI	No Reason Given

16.4. Inbound to Exchange

Table 29. Inbound Events INS04 Maintenance Reason Codes

Code	Definition
28	Effectuation
59	Non-Payment

17. Language Codes

NISO values supported by Exchange (in general English or Spanish, unless expanded list requested by state Exchange). The Exchange owns the responsibility to manage which language codes are supported.

Note: For confirmation transaction, LUI segment is optional. If provided, the correct codes should be included. See Table 4 - 834 Supplemental Instructions for Initial Enrollment, for details of LUI segment.

17.1 Spoken Language Codes

The Exchange may send the following NISO Z39.53 Language Codes for spoken language:

Table 30. Spoken Language LUI02 Language Identification Codes

NISO Code	Language
ara	Arabic
arm	Armenian
cam	Cambodian
chi	Cantonese
chi	Mandarin
eng	English
hmn	Hmong
kor	Korean
per	Farsi
rus	Russian
spa	Spanish
tag	Tagalog
vie	Vietnamese

17.2 Written Language Codes

The Exchange may send the following NISO Z39.53 Language Codes for written language:

Table 31. Written Language LUI02 Language Identification Codes

NISO Code	Language
ara	Arabic
arm	Armenian
cam	Cambodian
eng	English
hmn	Hmong
kor	Korean
per	Farsi
rus	Russian
spa	Spanish
tag	Tagalog
vie	Vietnamese

18. Appendix

The following sample 834 file is representative of a typical transaction. Content will vary depending on Exchange configuration settings and specific use case details. Displayed in unwrapped format for easier viewing.

18.1. Initial Enrollment Sample - Exchange to Issuer

Use Case: Initial enrollment to a Qualified Health Plan for a one-member household

```

ISA*00*      *00*      *ZZ*AKO      *ZZ*990299999      *200625*0048*^*00501*000000001*1*T*:~
GS*BE*AKO*990299999*20200625*0048*1*X*005010X220A1~
ST*834*000000001*005010X220A1~
BGN*00*9999920200625004713*20200625*004713****2~
QTY*ET*1~
QTY*DT*1~
QTY*TO*2~
N1*P5*John Doe*FI*999889999~
N1*IN*Health Plan*FI*990299999~
N1*BO*Jane Smith*FI*888998888~
ACT*1234567~
INS*Y*18*021*EC*A***AC~
REF*OF*1000003285~
REF*1L*888~
REF*17*1000003285~
REF*6O*AK00000000834~
DTP*303*D8*20200624~
NM1*IL*1*Doe*John****34*999889999~
PER*IP**TE*9079999999*AP*9079999999*EM*John_123@yopmail.com~
N3*Post box 11~

```

N4*Anchorage*AK*99501**CY*02020~
DMG*D8*19880317*M*R**1~
HLH*N~
LUI*LD*eng**6~
LUI*LD*eng**7~
NM1*31*1~
N3*Post box 11~
N4*Anchorage*AK*99501~
HD*021**HLT~
DTP*348*D8*20210101~
REF*1L*888~
REF*CE*99999AK003009405~
REF*ZZ*7777~
LS*2700~
LX*1~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20200624224506~
DTP*007*D8*20200624~
LX*2~
N1*75*APTC AMT~
REF*9V*55.00~
DTP*007*D8*20210101~
LX*3~
N1*75*CSR AMT~
REF*9V*44.00~
DTP*007*D8*20210101~
LX*4~
N1*75*PRE AMT 1~
REF*9X*200.00~
DTP*007*D8*20210101~
LX*5~
N1*75*RATING AREA~
REF*9X*R-AK001~
DTP*007*D8*20210101~
LX*6~
N1*75*TOT RES AMT~
REF*9V*145.00~
DTP*007*D8*20210101~
LX*7~
N1*75*PRE AMT TOT~
REF*9X*200.00~
DTP*007*D8*20210101~
LX*8~
N1*75*SOURCE EXCHANGE ID~
REF*17*AK0~
DTP*007*D8*20210101~
LX*9~
N1*75*MONTHLY PRE AMT TOT~
REF*9X*200.00~
DTP*007*D8*20210101~

LX*10~
N1*75*MONTHLY APTC AMT~
REF*9X*55.00~
DTP*007*D8*20210101~
LX*11~
N1*75*MONTHLY TOT RES AMT~
REF*9X*145.00~
DTP*007*D8*20210101~
<snip months 20210201 thru 20211101>
LX*42~
N1*75*MONTHLY PRE AMT TOT~
REF*9X*200.00~
DTP*007*D8*20211201~
LX*43~
N1*75*MONTHLY APTC AMT~
REF*9X*55.00~
DTP*007*D8*20211201~
LX*44~
N1*75*MONTHLY TOT RES AMT~
REF*9X*145.00~
DTP*007*D8*20211201~
LE*2700~
SE*210*000000001~
GE*1*1~
IEA*1*000000001~

19. Document Control

Date	Document Version	Revision Description	Author
4/9/2019	R2019	Initial	GetInsured
4/12/2019	R2019a	<p>NV feedback:</p> <ul style="list-style-type: none"> ● Clarification of benefit of using the 2750 loop during the recon process ● Added note that CANCEL-NLE and TERM-OTH are not supported by the Exchange ● Reiteration that the Exchange Assigned Policy ID must always be sent ● Reiteration that the Exchange Assigned Member ID must always be included when member level information is sent ● Corrected typo for 343 to be the "Premium Paid To Date End" ● Clarified re-enrollment and reinstatement ● Corrected subscriber identification of dependent-only policy ● Clarification of REF 60 	GetInsured
4/18/2019	R2019b	<p>MN feedback:</p> <ul style="list-style-type: none"> ● Removed content that consumer is auto renewed on their already effectuated enrollment ● Confirmed that eligibility end date will be present on Exchange initiated cancellations 	GetInsured

Date	Document Version	Revision Description	Author
		<ul style="list-style-type: none"> ● Added that REF*ZZ (client ID) household case ID info will included in all transactions initiated by the Exchange ● Clarified that monthly premium loops will include cancel transactions ● Added SEP REASON loop detail to the table for initial enrollments ● Added SEP reason explanation to the Exchange to Issuer Business Scenarios ● Added notes to the file naming convention 	
04/18/2019	R2019c	<p>Added GS06 detail</p> <p>Corrected Reinstatement section to include</p>	GetInsured
07/22/2019	R2019d	<p>MN feedback:</p> <ul style="list-style-type: none"> ● Added note on cancelling/termining members within a household ● Updated information regarding the monthly premium fields 	GetInsured
11/21/2019	R2019e	<p>Removed an erroneous note that the Old Policy isn't sent for dependents.</p>	GetInsured
6/11/2020	v20.09.00	<p>Removed all references to SHOP market</p> <p>Added notations where the Exchange usage differs from CMS v4.3 834.</p> <p>Section 9 added clarification for ST02 usage</p> <p>Section 11.1 updated for 20.9 release to Responsible Person usage, Mailing Address usage, 2750 loop ATPC AMT usage,</p>	GetInsured

Date	Document Version	Revision Description	Author
		and additional of 2000 level REF02 '4A' for Exchange Assigned Enrollee Identifier.	
7/15/2020	v20.09.01	Updated section 7, segment terminator clarification, section 9, GS02 description for clarification, section 12.2 added clarification for configuration for confirm at member or subscriber level, and section 13.1.6 added clarification for configuration for add a member	GetInsured
7/28/2020	V20.09.02	Updated section 11.1 2100G Responsible Person description	GetInsured
10/14/2020	v21.01.00	<ul style="list-style-type: none"> • General table clean up throughout document • Clarification to section 5 • Update to section 9 to add footnote • Updates/clarification section 10.1, 10.2 • Updates/clarification section 11.1 1000A N1 loop, 2750 Request Submit Timestamp, 2750 OTH AMT 1. • Add sections 11.1.1 to 11.1.3 for 2750 standard and custom monthly loops • Updates section 11.1.2 custom 2750 loops, including purpose statement, addition of state subsidy, description of dates, and addition of MONTHLY STATE SUBSIBY AMT loop. Add section 11.18 for Incorrect Member description and loop detail • Clarification section 11.9 for reinstatement • Update section 11.14 to add clarification for death of subscriber • Addition of section 11.18 for Incorrect Member Loop • Clarification section 12.1 for inbound rules • Integrate Carrier Testing Mandatory Fields document with addition of sections 12.1.1, 12.1.2, 12.2.1, 12.2.2, 12.3.1, 12.3.2, 12.4.1, and 12.4.2 • Clarification section 12.2 for manual renewal • Update section 13.1 to remove reference to 'REN' indicator • Clarification section 13.1.2 for renewal file naming 	GetInsured

Date	Document Version	Revision Description	Author
		<ul style="list-style-type: none"> • Updates section 13.1.5 to include MRC '22' • Update section 14 to reference renamed reconciliation guide (carrier changed to Issuer). Add reference to best practices found in reconciliation guide. • Added section 16.4 for inbound to Exchange MRC • Added section 17 appendix with initial enrollment sample. <p>Retitled Document Control from section 17 to section 18.</p>	
12/31/2020	v21.01.01	<ul style="list-style-type: none"> • Updated section 11.1 2100G Responsible Person loop as configurable with 21.1 release. • Updated section 11.1 2300 DTP to clarify: <ul style="list-style-type: none"> ○ When 349 is sent on change transactions for future dated terminations. ○ Usage of 543 on outbound transactions. • Removed inaccurate CMS guidance in section 12.4 • Correction section 13.1.3, RENP indicator is sent for Add transaction. • Updated section 15 to add relationship codes '09', '38', and '60 	GetInsured
05/28/2021	v21.06.00	<p>Not shown in v21.06.00 Tracked Changes</p> <ul style="list-style-type: none"> • Updated references to CMS Companion Guide version from 4.3 to 5.0 to entire document • Added table numbers and heading to entire document • Reverted verbiage of "enrollee" back to "member", replaced "flag" with "indicator", and capitalized "Issuer" and "Exchange" to entire document for consistency <p>Included in v21.06.00 Tracked Changes</p> <ul style="list-style-type: none"> • Updated section 9 to clarify validation of ISA13, and add data element ISA15 	GetInsured

Date	Document Version	Revision Description	Author
		<ul style="list-style-type: none"> • Updated section 11.1 2000 INS03 and INS04 REF 4A, 2100A DMG02, 2300 HD01, and HD03 to clarify usage. Corrected 2300 DTP01 (indicated DTP03). • Updated section 11.1 through 11.5 and 13.1.4 2300 REF X9 and REF ZZ to clarify usage. • Updated section 11.1.1 table 5 for auto-renewal indicators • Updated section 11.7 to clarify usage and add a table of scenarios and expected transactions • Updated section 11.8 to clarify a “subscriber flip” scenario for Re-enrollment • Updated section 11.11 to clarify expected term and re-enroll scenarios • Updated section 11.16 for list of QLE Identifiers • Updated section 12.1 ISA15 to clarify usage • Updated section 12.2 to use CSR instead of CS for Cost Sharing Reduction • Updated section 12.2 to clarify usage of 2300 REF X9 • Updated section 12.3.1 and 12.4.1 to clarify usage of 2000 DTP 357 • Updated section 13.1.1 to clarify timing of termination process for passive renewed enrollments 	
06/07/2021	v21.06.01	Update section 12 for ISA15 behavior	GetInsured
6/20/2021	V21.06.01.N V1	<ul style="list-style-type: none"> • Update Section 11.1.2 to include Nevada-specific guidance • Updated Section 11.1.3 to include Nevada-specific guidance • Updated link to Reconciliation Guide in Section 14 	NV SSHIX
08/30/2021	v21.09.00	Update section 3, Table 1 for renaming of End of Year termination, updated comments including footnote numbering.	GetInsured

Date	Document Version	Revision Description	Author
		<p>Update section 9, Table 3 for GS06 to clarify the requirement for unique GS06 control numbers on inbound 834 transactions.</p> <p>Update section 11:</p> <ul style="list-style-type: none"> • 11.1 update 2100A LUI02 to reference section 17 • 11.1 indicate “when applicable” for 2750 loops that are conditionally sent <p>Update section 13:</p> <ul style="list-style-type: none"> • 13.1.1 for updated process for End of Coverage Year Terms • 13.1.3 to clarify usage • 13.1.4 to update title and clarify usage of 024*07 termination transactions • 13.1.5, table 25, 2000 loop INS04 to clarify usage <p>Update section 16.1 to add ‘59’ Non-Payment and remove decommissioned ‘29’ Benefit Selection from Table 28 Term maintenance reason codes.</p> <ul style="list-style-type: none"> • Insert new section 17 with Table 31 for spoken and Table 32 for written language codes. Renumbered Appendix to section 18 and Document Control to section 19. 	
09/01/2021	v21.09.01	Update Section 3 to reformat Table 1	GetInsured
9/29/2021	V21.09.01.N V1	Update Verbiage in Section 13 to reflect Nevada-specific polices and implementation	SSHIX (R Cook)