The GetInsured State-Based Exchange (SBE) Platform

834 Companion Guide

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These materials are GetInsured work product and are intended solely for Client's use.

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

- 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 the table below. Transmission frequency is once daily for each of the Inbound to Issuer transactions, where typically a maximum of one file per day is traded. Exception: Configurable by state, auto (passive) renewal files are generated and sent separately, from the daily file, to the Issuer. 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 = Outbound from Issuer to Exchange to = Inbound to Issuer from Exchange
834	Individual Enrollments	from_<HIOS ID>_ID_834_INDV_<CCYYMMDDHHMMSS>.edi to_<HIOS ID>_ID_834_INDV_<CCYYMMDDHHMMSS>.edi
834	Auto Renewal for Individual	from_<HIOS ID>_ID_834_INDV_<CCYYMMDDHHMMSS>.edi
834	Auto Renewal Terms for Individual[1]	to_<HIOS ID>_ID_834_INDV_RENTERM_<CCYYMMDDHHMMSS>.edi
TA1	Individual Enrollments	from_<HIOS ID> _ID_TA1_834_INDV_<CCYYMMDDHHMMSS>.edi to_<HIOS ID>_ID_TA1_834_INDV_<CCYYMMDDHHMMSS>.edi
999	Individual Enrollments	from_<HIOS ID>_ID_999_834_INDV_<CCYYMMDDHHMMSS>.edi to_<HIOS ID>_ID_999_834_INDV_<CCYYMMDDHHMMSS>.edi

[1]Note: For additional details on End of Coverage Year Terms, refer to <u>Section 13.1.1</u>

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 Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelope only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions. Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code.

The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange. The TA104, interchange Acknowledgment Code, indicates the status of the interchange control structure. A TA1 will be returned in two situations, 1) if requested in the ISA14 of the 834 transaction OR 2) if the transaction is rejected.

- The Exchange expects to receive a TA1 interchange acknowledgment for every outbound 834 file sent.

- The Exchange will send a TA1 acknowledgement for every inbound 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 834 data. The request for a TA1 is part of the validation process, so any 834 data without this request will fail validation.

Example of what a TA1 report looks like (shown unwrapped):
ISA*00*   *00*   *ZZ*AK0   *ZZ*990299999   *210423*1238*^*00501*000000063*0*P*:~
TA1*107090532*210316*0707*R*020~
IEA*0*000000063~

Table 2. TA1 Interchange Acknowledgment Segments

Table or Loop	Element	Element Name	Value
Header	**ISA**	**Interchange Control Header**	
Header	**TA1**	**Interchange Acknowledgement Report**	
	TA101	Interchange Control Number of submitted file	Reference to ISA13 of submitted 834 file
	TA102	Interchange Date	Format YYMMDD
	TA103	Interchange Time	Format HHMM
	TA104	Interchange Acknowledgement Code	See table below for values. Note: The Exchange will only support TA104 Interchange Acknowledgement Codes "A" and "R"
	TA105	Interchange note code	See table below for values. Note: The Exchange will not support TA105 Interchange note codes 028-031
Trailer	**IEA**	**Interchange Control Trailer**	

Table 3. TA104 and TA105 supported codes

Element	Code	Description
TA104	A	Interchange accepted with no errors.
TA104	R	Interchange rejected because of errors. Sender must resubmit file.
TA105	000	No error
TA105	001	The Interchange Control Number in the header and trailer do not match. Use the value from the header in the acknowledgment.
TA105	002	This Standard as noted in the Control Standards Identifier is not supported.
TA105	003	This Version of the controls is not supported
TA105	004	The Segment Terminator is invalid
TA105	005	Invalid Interchange ID Qualifier for sender

Element	Code	Description
TA105	006	Invalid Interchange Sender ID
TA105	007	Invalid Interchange ID Qualifier for receiver
TA105	008	Invalid Interchange Receiver ID
TA105	009	Unknown Interchange Receiver ID
TA105	010	Invalid Authorization Information Qualifier value
TA105	011	Invalid Authorization Information value
TA105	012	Invalid Security Information Qualifier value
TA105	013	Invalid Security Information value
TA105	014	Invalid Interchange Date value
TA105	015	Invalid Interchange Time value
TA105	016	Invalid Interchange Standards Identifier value
TA105	017	Invalid Interchange Version ID value
TA105	018	Invalid Interchange Control Number
TA105	019	Invalid Acknowledgment Requested value
TA105	020	Invalid Test Indicator value
TA105	021	Invalid Number of Included Group value
TA105	022	Invalid control structure
TA105	023	Improper (Premature) end-of-file (Transmission)
TA105	024	Invalid Interchange Content (e.g., invalid GS Segment)
TA105	025	Duplicate Interchange Control Number
TA105	026	Invalid Data Element Separator
TA105	027	Invalid Component Element Separator

5.2. 999 Functional Acknowledgments

The 999 Functional / Implementation Acknowledgment has been specified by HIPAA 5010 as the standard acknowledgment document for healthcare. It confirms a file was received and is used to provide additional validation reporting. The EDI 999 is used to report both syntactical errors and implementation guide conformance.

The EDI 999 provides specifics on any syntax-related issues that caused errors and on whether the transaction is in compliance with HIPAA requirements. EDI 999 allows a trading partner to report implementation guide edits and edits against the base X12 standard, allowing the submitter to correct and resubmit problematic transactions.

- 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 834 file received.

- If a TA1 is rejected, a 999 will not be sent.

Example of what a 999 report looks like (shown unwrapped):

ISA*00*   *00*   *ZZ*AK0   *ZZ*990299999   *210423*1403*^*00501*000000018*0*T*:~
GS*FA*AK0*990299999*20210423*140342*18*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*BE*13*005010X220A1~
AK2*834*9d35f6487*005010X220A1~
IK3*ST*1**8~
IK4*2*329*7*9d35f6487~
IK5*R*5~
AK9*R*1*1*0~
SE*8*0001~
GE*1*18~
IEA*1*000000018~

Table 4. 999 Functional Acknowledgment Segments

Table or Loop	Element	Element Name	Value
Header	**ISA**	**Interchange Control Header**	
Header	**GS**	**Functional Group Header**	
Header	**ST**	**Transaction Set Header**	

Table or Loop	Element	Element Name	Value
Header	**AK1**	**Functional Group Response**	**This segment refers to the (GS) group level of the original document.**
	AK101	Functional Identifier Code	Value from the functional group to which this 999 is responding.
	AK102	Group Control Number	Value from the functional group to which this 999 is responding.
	AK103	Version Release/Industry Identifier Code	Value from the functional group to which this 999 is responding.
2000	**AK2**	**Transaction Set Response Header**	**This segment refers to the (ST) Transaction Set level of the document.**
	AK201	Transaction Set Identifier Code	Value from the transaction set to which this 999 is responding.
	AK202	Transaction Set Control Number	Value from the transaction set to which this 999 is responding.
	AK203	Implementation Convention Reference	Value from the transaction set to which this 999 is responding.
2100	**IK3**	**Error Identification**	**Used to report errors in a data segment and identify the location of the data segment.**
	IK301	Segment ID Code	Code defining the segment ID of the data segment in error.
	IK302	Segment Position in Transaction Set	The numerical count position of this error data from the start of Transaction set.
	IK303	Loop Identifier Code	The error loop ID number.
	IK304	Implementation Segment Syntax Error Code	Code indicating implementation error found based on the syntax editing of a segment. 1 – Unrecognized segment ID 2 – Unexpected segment 3 – Required Segment Missing 4 – Loop Occurs Over Maximum Times 5 – Segment Exceeds Maximum Use 6 – Segment Not in Defined Transaction Set 7 – Segment Not in Proper Sequence 8 – Segment Has Data Element Errors

Table or Loop	Element	Element Name	Value
			I4 – Implementation "Not Used" Segment Present I6 – Implementation Dependent Segment Missing I7 – Implementation Loop Occurs Under Minimum Times I8 – Implementation Segment Below Minimum Use I9 – Implementation Dependent "Not Used" Segment Present
2100	**CTX**	**Segment Context**	**This segment is used to identify the data that triggered the situational requirement.**
	CTX01-1	Context Name	Holds information to identify the business unit that was in error and followed by the context Reference.
	CTX01-2	Context Reference	Context reference value for the error
2110	**IK4**	**Implementation Data Element Note**	**Used to report errors in a data element and identify the location of the data element.**
	IK401	Element Position in Segment	Position of error element within a segment.
	IK402	Data Element Reference Number	Reference number of data element in error.
	IK403	Implementation Data Element Syntax Error Code	Code indicating the implementation error found after syntax edits of a data element. 1 – Required Data Element Missing 2 – Conditional Required Data Element Missing 3 – Too Many Data Elements 4 – Data Element Too Short 5 – Data Element Too Long 6 – Invalid Character In Data Element 7 – Invalid Code Value 8 – Invalid Date 9 – Invalid Time 10 – Exclusion Condition Violated 12 – Too Many Repetitions 13 – Too Many Components I10 – Implementation "Not Used" Data Element Present I11 – Implementation Too Few Repetitions I12 – Implementation Pattern Match Failure I13 – Implementation Dependent "Not Used" Data Element Present I6 – Code Value Not Used in Implementation I9 – Implementation Dependent Data Element Missing
	IK404	Copy of Bad Data Element	This element will contain a copy of the data element in error; from 1 to 99 alpha numeric characters will be displayed

Table or Loop	Element	Element Name	Value
Trailer	**IK5**	**Transaction Set Response Trailer**	**Uses to report errors in a transaction set.**
	IK501	Transaction Set Status	Code indicating accept or reject condition based on the syntax editing of the transaction set. A – Accepted R – Rejected
	IK502	Implementation Transaction Set Syntax Error Code	Code indicating implementation error found based on the syntax editing of a transaction set. 1 – Transaction Set Not Supported 2 – Transaction Set Trailer Missing 3 – Transaction Set Control Number in Header and Trailer Do Not Match 4 – Number of Included Segments Does Not Match Actual Count 5 – One or More Segments in Error 6 – Missing or Invalid Transaction Set Identifier 7 – Missing or Invalid Transaction Set Control Number 8 – Authentication Key Name Unknown 9 – Encryption Key Name Unknown 10 – Requested Service (Authentication or Encrypted) Not Available 11 – Unknown Security Recipient 12 – Incorrect Message Length (Encryption Only) 13 – Message Authentication Code Failed 15 – Unknown Security Originator 16 – Syntax Error in Decrypted Text 17 – Security Not Supported 18 – Transaction Set not in Functional Group 19 – Invalid Transaction Set Implementation Convention Reference 23 – Transaction Set Control Number Not Unique within the Functional Group 24 – S3E Security End Segment Missing for S3S Security Start Segment 25 – S3S Security Start Segment Missing for S3E Security End Segment 26 – S4E Security End Segment Missing for S4S Security Start Segment 27 – S4S Security Start Segment Missing for S4E Security End Segment I5 – Implementation One or More Segments in Error I6 – Implementation Convention Not Supported
Trailer	**AK9**	**Functional Group Response Trailer**	**Summary of the disposition of the received functional group and report the number of included transactional sets from the original document.**

Table or Loop	Element	Element Name	Value
	AK901	Functional Group Acknowledge Code	Code indicating accept or reject condition based on the syntax editing of the functional group. A – Accepted E – Accepted, But Errors Were Noted P – Partially Accepted, At Least One Transaction Set Was Rejected R – Rejected
	AK902	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element.
	AK903	Number of Received Transaction Sets	Total number of transaction sets received
	AK904	Number of Accepted Transaction Sets	Total number of transaction sets accepted
Trailer	**SE**	**Transaction Set Trailer**	
Trailer	**GE**	**Functional Group Trailer**	
Trailer	**IEA**	**Interchange Control Trailer**	

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 5. 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 6. EDI Control Segments

Element	Element Name	Value	Validation[2]
ISA01	Authorization Information Qualifier	"00"	TA1 – must be "00"
ISA03	Security Information Qualifier	"00"	TA1 – must be "00"
ISA05	Interchange Sender ID Qualifier	"ZZ"	TA1 – must be "ZZ"

Element	Element Name	Value	Validation[2]
ISA06	Interchange Sender ID	AK0 for the Exchange outbound to Issuer's Federal Tax ID for Issuer inbound to the Exchange (differs from CMS) [1]	
ISA07	Interchange Receiver ID Qualifier	"ZZ"	TA1 – must be "ZZ"
ISA08	Interchange Receiver Qualifier	"<RECEIVERS FEDERAL TAX ID>" for the Exchange outbound to Issuer AK0 for Issuer inbound to the Exchange (differs from CMS) [1]	
ISA13	Interchange Control Number	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.	
ISA14	Interchange Acknowledgment Requested	"1" for 834 transaction "0" for TA1/999 transaction	TA1 – must be "1" for inbound 834
ISA15	Usage Indicator	"T" for test "P" for production	TA1 – must match environment
GS01	Functional Identifier Code	"BE"	
GS02	Application Sender's Code	AK0 for the Exchange outbound to Issuer Issuer's Federal Tax ID for Issuer inbound to the Exchange[1]	
GS03	Application Receiver's Code	"<RECEIVER'S FEDERAL TAX ID>" for the Exchange outbound to Issuer AK0 for Issuer inbound to the Exchange[1]	
GS06	Group Control Number	The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control	

Element	Element Name	Value	Validation[2]
		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.	
GS08	Version / Release / Industry Identifier Code	"005010X220A1"	
ST01	Transaction Set Identifier Code	"834"	
ST02	Transaction Set Control Number	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 identical to the SE02 data element. 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.	Must be numeric
ST03	Implementation Convention Reference	"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".

[2] Note: where is indicated in the validation column, that data element is validated for possible TA1/999 rejection or 2nd level business validation rejection for inbound to Exchange transactions.

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.

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 7. 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 is the primary household contact (PHC) regardless if PHC is not applying for coverage.
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Mapped to Sponsor Name
	N103		FI	Sponsor Federal Tax ID (i.e. SSN)

Table or Loop	Element	Industry / Element Name	Code	Instruction
		Identification Code Qualifier	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
	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.

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		See Section 15 for list of codes
	INS03	Maintenance Type Code		The following are the possible value based on the enrollment event scenario. ● 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.
	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		The Exchange Assigned ID of the subscriber (member id of subscriber). Individual Market: If enrollment is for dependents only, the youngest member will be the subscriber. Pediatric Dental: If enrollment is for dependents only, the youngest member will be the subscriber.

Table or Loop	Element	Industry / Element Name	Code	Instruction
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
			6O	Payment Transaction ID is sent in REF02. Payment transaction ID is a unique ID created just once at initial enrollment creation. Every enrollment created in the system has this ID generated during enrollment creation. This unique ID is forwarded to the pay now functionality at the click of the pay now button and included in the payment redirection SAML.
			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. Additional details on Re-enrollment Gap in Coverage in Section 11.8.1.
	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. Event date the system add/change/term.
			356	Eligibility Begin Date (differs from CMS) Note: Will not be transmitted by the Exchange
2100A	NM1	Member Name		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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, cell phone, or email address --- when the information is available. Only sent for the subscriber if the subscriber is the household contact. Not sent for dependents. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages.) If no preferred communication method is chosen, the 3rd communication contact will not be sent. Note: Primary Phone (TE) contains the cell phone and Secondary Phone (AP) contains the home phone if primary household contact has provided both. If only cell or home phone is provided, Primary Phone (TE) is populated with that value. Note: Email (EM) will be transmitted only if the consumer has elected email as their Preferred Communication Method. (differs from CMS)
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

Table or Loop	Element	Industry / Element Name	Code	Instruction
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
	DMG04	Marital Status Code		Will be transmitted for subscriber only. 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. Will only be sent for subscriber when the subscriber is the household contact.

Table or Loop	Element	Industry / Element Name	Code	Instruction
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		Prior Incorrect Insured - 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	Member Mailing Address - This loop where NM101 "31", will always be transmitted for each member.
2100C	N3	Member Mailing Address		Member Mailing Address will always be sent for each member. Applies to all transactions.
2100C	N4	Member Mailing City, State, ZIP Code		Member Mailing Address will always be sent for each member. Applies to all transactions.
2100D	NM1	Member Employer Loop		Employer - This loop where NM101 "36", will never be transmitted for the Exchange
2100E	NM1	Member School Loop		Educational Institution - This loop where NM101 "M8", will never be transmitted for the Exchange
2100F	NM1	Custodial Parent Loop		Custodial Parent - This loop where NM101 "S3" will never be transmitted for the Exchange (differs from CMS)

Table or Loop	Element	Industry / Element Name	Code	Instruction
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 a Ward. Configurable whether to limit sending Responsible Person loop as noted above, or always send the Responsible Person loop for all members for all transactions. Additional details on Child Only Enrollment in Section 11.1.4.
2100G	NM1	Responsible Person		For financial applications, the Responsible Person is the Primary Tax Filer. For non-financial applications, the Responsible Person is the Primary Household Contact.
	NM101	Entity Identifier Code	QD	Responsible Party - 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, cell phone, or email address --- when the information is available. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages.) If no preferred communication method is chosen, the 3rd communication contact will not be sent. Note: Primary Phone (TE) contains the cell phone and Secondary Phone (AP) contains the home phone if primary household contact has provided

Table or Loop	Element	Industry / Element Name	Code	Instruction
				both. If only cell or home phone is provided, Primary Phone (TE) is populated with that value. Note: Email (EM) will be transmitted only if the consumer has elected email as their Preferred Communication Method. (differs from CMS)
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		The following are the possible values based on the enrollment event scenario. ● 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.
	HD03	Insurance Line Code	HLT	Health Plan
			DEN	Dental Plan
	HD05	Coverage Level Code		Not sent

Table or Loop	Element	Industry / Element Name	Code	Instruction
2300	DTP	Health Coverage Dates		
			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.
	DTP01	Date Time Qualifier	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: • 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: • 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
				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	QHP Issuer Assigned Health Coverage Purchased Policy ID Number Not sent on initial (021) transactions. 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
2300	REF	Prior Coverage Months	QQ	Unit Number – 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
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.
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. Note: Configurable by state to use the expanded 16 position or 14 position timestamp.
	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 CCYYMMDDHHMMSSSS format

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP01	Date / Time Qualifier	007	Effective
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		Request Submit Date in CCYYMMDD format.
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 ATPC 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
	REF02			Value = State Subsidy Amount
	DTP01		007	Effective

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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
	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.

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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)
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 CCYYMMDD
	DTP03			TOT RES AMT Date in CCYYMMDD 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"

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF01		9X	Account Category
	REF02			Value = Total Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	DTP03			PRE AMT TOT Date in CCYYMMDD 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 CCYYMMDD
	DTP03			QLE Date in CCYYMMDD 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.
	N101		75	Participant
	N102			Value = "SEP REASON"
	REF01		17	Client Reporting Category
	REF02			Value = SEP Reason code

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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 = Prior Exchange-Assigned Policy ID (REF*1L)
	DTP01		007	Effective
	DTP02		D8	Date Expressed in Format CCYYMMDD
	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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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 8. Reporting Category 2750 Loop

2750 Loop Type	Value in N102	Value in REF02	Date in DTP03	Exists for
Standard	REQUEST SUBMIT TIMESTAMP	Event Creation Date Time	Event date	All members
	OLD POLICY ID	Prior Exchange-Assigned Policy ID (REF*1L)	Event date	All members
	APTC AMT	Consumer Elected APTC Amount	See Section 11.1.3	Subscriber only
	CSR AMT	CSR Amount	See Section 11.1.3	Subscriber only
	OTH PAY AMT 1	State Subsidy Amount	See Section 11.1.3	Subscriber only
	PRE AMT 1	Individual Premium Amount	See Section 11.1.3	All members
	RATING AREA	Rating Area	Enrollee coverage start date	Subscriber only
	TOT RES AMT	Total Individual Responsibility Amount (net premium)	See Section 11.1.3	Subscriber only
	PRE AMT TOT	Total Premium Amount (gross)	See Section 11.1.3	Subscriber only
	RENP	RENP (Auto-renewal indicator)	N/A	All members
	SEP	QLE Identifier See Section 11.16	Event date	All members
	SEP REASON	SEP Reason Code See Section 11.17	Event date	All members
	ADDL MAINT REASON	Additional Maintenance Reason: AUTORENEW (Auto-renewal indicator)	Enrollee coverage start date	All members
	ADDL MAINT REASON	Additional Maintenance Reason: AGENT BROKER INFO	N/A	All members
	ADDL MAINT REASON	Additional Maintenance Reason: CANCEL TERM	Enrollee coverage start date	Applicable member only
	SOURCE EXCHANGE ID	State abbreviation code + 0	Enrollee coverage start date	All members
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.	First of month	All members
	MONTHLY ATPC AMT	Monthly Consumer Elected ATPC Amount	First of month	All members
	MONTHLY STATE SUBSIDY AMT	Monthly State Subsidy Amount	First of month	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.	First of month	All members

11.1.2. Custom Monthly 2750 Loops

The Exchange sends monthly premiums and APTC amounts in the member reporting category section in the 834 file. It is highly recommended that Issuers intake this data, as it is intended to help Issuers with reconciliation efforts of financial amount changes during a coverage year. For any state Exchange configured to use state subsidy, monthly state subsidy amounts will be sent in addition to monthly premiums and APTC amounts.

- These monthly amounts will be transmitted on Add, Change, Term, Cancel and Reinstatement transactions for all members.

  - A cancellation at the subscriber level will not contain the monthly premium, APTC, or state subsidy amounts.

  - A termination at the subscriber level may contain the monthly premium, ATPC, and state subsidy amounts for any utilized portion of the coverage period.

  - When cancelling a single member within the household the monthly premium, APTC, and state subsidy amounts will not be sent for the cancelled member however the monthly premium, APTC and state subsidy amounts will be sent for the remaining household members.

- These monthly amounts will be populated with the currently known values for all future months

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

Table 9. 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	REF02	Member Reporting Category Reference ID		The Exchange will send the dollar value amount for MONTHLY PRE AMT TOT
	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 the 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
	REF02			The Exchange will the dollar value amount for MONTHLY APTC AMT

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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 the 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
	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

Table or Loop	Element	Industry / Element Name	Code	Instruction
				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 the 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
	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 CCYYMMDD

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP03			The Exchange will send the 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. Behavior of Standard 2750 Loop and Custom Monthly 2750 Loop

Refer to the table below highlighting key behavior of both the standard 2750 and custom monthly 2750 loops. Included are comments for general behavior for data elements in the 2750 loops.

Included are rules of how configuration setting influence dates in the standard 2750 loop. An example with dates is provided for two use cases where mid-month exceptions occur.

There are three system configurations that could influence the data populated in the standard 2750 and custom monthly 2750 loop. The Exchange determines how these configurations are set and are applicable to all Issuers for that Exchange.

- State Subsidy: Enables Exchange to support state subsidy.
- Financial Effective Date Alignment[3]: When one financial amount changes in the standard 2750 loop, the effective date for all other financials are updated with the same value.
- Allow Mid-Month Financial Effective Date[3]: For birth, adoption, or death use cases, when a mid-month effective date applies, all financials are updated with the same value.

The custom monthly loops are repeated for each member. Data contains the total amounts for all members.

The custom monthly loops DTP03 date will reflect the 1st of the month, for the 12 monthly buckets for all members of the enrollment. (20200101, 20200201, etc.).

Custom monthly loop date exceptions:

- A new policy was created with a mid-month start date. Example: New policy starts 3/15, the custom monthly loop for March will reflect a 3/15 date for all members.
- Added child due to birth or adoption. Example: Existing policy with child added 3/15, the custom monthly loop for March for existing members will reflect a 3/1 date, and 3/15 for the added child.

Table 10. Reporting Category standard 2750 and custom monthly 2750 loop behavior and exceptions

Data element description	2750 loop type	Comment

		General behavior
• Amount for all financials (APTC, CSR, State subsidy, Individual member/ Net/Gross premium)	Standard	Each amount sent (APTC, CSR, OTH PAY AMT 1, PRE AMT 1, TOT RES AMT, and PRE AMT TOT) reflects the last month of coverage period (i.e. last slice). Amounts are never prorated
• CSR loop	Standard	CSR sent only when applicable
• Additional Maintenance Reason (OLD POLICY ID)	Standard	Old policy ID is sent when term and passively re-enrolled into a new plan under the same Issuer
• Amount for APTC	Standard & Custom monthly	1. If a consumer is eligible for APTC and consumes APTC, both the standard reporting category and the custom 2750 loops both show the amount of APTC consumed. 2. If a consumer is eligible for APTC and does not consume APTC, the standard reporting category and the custom 2750 loops both show 0.00. 3. If a consumer is not eligible for APTC, the standard reporting category and the custom 2750 loops both show 0.00.[1] Amounts are never prorated. Amounts are capped if applicable.
• Amount for State Subsidy[2]	Standard & Custom monthly	1. If a consumer is eligible for state subsidy and consumes state subsidy, both the standard reporting category and the custom 2750 loops both show the amount of state subsidy consumed. 2. If a consumer is eligible for state subsidy and does not consume state subsidy, the standard reporting category and the custom 2750 loops both show 0.00. 3. If a consumer is not eligible for state subsidy, the standard reporting category and the custom 2750 loops both show 0.00. Amounts are never prorated. Amounts are capped if applicable.
• CSR loop	Custom monthly	CSR not sent
• Individual member premium	Custom monthly	Individual member premium not sent
• Date for all financials for all members	Custom monthly	Reflects 1st of each month of coverage

State subsidy configuration options		State Subsidy not enabled	State Subsidy enabled		
• State Subsidy (OTH PAY AMT 1)	Standard	State subsidy not sent	State subsidy always sent		
• State Subsidy	Custom monthly	State subsidy not sent	State subsidy always sent		

Use case: Mid-month death of member (Example: death on 3/14, reported on 4/10, assume APTC change, no CSR or SS change)					
Effective date configuration options		No alignment, No mid-month	Yes alignment, No mid-month	No alignment, Yes mid-month	Yes alignment, Yes mid-month[3]
• Date for APTC • Date for Premium financials (Individual member/ Gross/Net premium) • Date for CSR • Date for State Subsidy	Standard	Only if amount changes, align to 1st of month after death, else previous date (e.g. 1/1)	Regardless if amount changes, align to 1st of month after death	Only if amount changes, align to 1 day after death, else previous date (e.g. 1/1)	Regardless if amount changes, align to 1 day after death
Example: APTC Individual member premium Gross premium Net premium CSR, if applicable State Subsidy, if applicable	Standard	4/1 1/1 4/1 4/1 1/1 1/1	4/1 4/1 4/1 4/1 4/1 4/1	3/15 1/1 3/15 3/15 1/1 1/1	3/15 3/15 3/15 3/15 3/15 3/15
		Exception behavior			

• Amount for all financials (APTC, State subsidy, Net/Gross premium)	Custom monthly	In the event of retroactive changes, updated monthly amounts are sent for each of the impacted months			
• Amount for Premium financials (Gross/Net premium)	Custom monthly	Gross/Net premium amount prorated for month of death			

Use case: Mid-month birth or adoption (Example: birth on 3/15, reported on 4/10, assume APTC change, no CSR or SS change)					
Effective date configuration options		**No alignment, No mid-month**	**Yes alignment, No mid-month**	**No alignment, Yes mid-month**	**Yes alignment, Yes mid-month[3]**
• Date for APTC (per 1095A regulations, IRS Form 8962) [1]	Standard	Regardless if amount changes, override to 1st of month of birth	Regardless if amount changes, override to 1st of month of birth	Regardless if amount changes, override to 1st of month of birth	Regardless if amount changes, override to 1st of month of birth
• Date for Premium financials (Individual member/ Gross/Net premium) • Date for CSR • Date for State Subsidy	Standard	If amount changes, align to 1st of month after birth, else previous date (e.g. 1/1)	Regardless if amount changes, align to 1st of month after birth	If amount changes, align to date of birth, else previous date (e.g. 1/1)	Regardless if amount changes, align to date of birth
Effective date configuration options		**No alignment, No mid-month**	**Yes alignment, No mid-month**	**No alignment, Yes mid-month**	**Yes alignment, Yes mid-month[3]**
Example: APTC Individual member premium Gross premium Net premium CSR, if applicable State Subsidy, if applicable	Standard	3/1 1/1 (3/15 baby) 4/1 4/1 1/1 1/1	3/1 4/1 (3/15 baby) 4/1 4/1 4/1 4/1	3/1 1/1 (3/15 baby) 3/15 3/15 1/1 1/1	3/1 3/15 (3/15 baby) 3/15 3/15 3/15 3/15
		Exception behavior			
• Date for added baby (Individual member premium)	Standard	Reflects date of birth			
• Amount for all financials (APTC, State subsidy, Net/Gross premium)	Custom monthly	In the event of retroactive changes, updated monthly amounts are sent for each of the impacted months			
• Amount for Premium financials (Gross/Net premium)	Custom monthly	Gross/Net premium reflects the calculated prorated amount for month of birth Calculation: Total Prem Amt / # days in month = daily amount x number of days of coverage = prorated amount			
• Date for all financials for added baby	Custom monthly	For the birth month custom monthly buckets, reflects date of birth			

[1] Changed with 20.9 release.

[2] State subsidy loops are sent only when the configuration for the Exchange is enabled. Custom monthly state subsidy.

[3] Override for allow mid-month effective date takes precedence over financial effective date alignment.

11.1.4. Child Only Enrollment

An enrollment policy where no adult is enrolled is considered a child only enrollment. Note the following:

- The youngest child is the subscriber to limit subscriber flip on the policy due to subscriber aging out.
  - Child subscriber is designated in the 2000 INS loop with INS02 relationship code = 18
  - If an adult is later added to a child only policy, the youngest child remains the subscriber.
- 2100G Responsible Person loop where NM101 = QD contains
  - Household primary tax filer for financial enrollments
  - Household primary contact for non-financial enrollments

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.

For cancellation or termination of the subscriber on an enrollment, only the subscriber loop is sent in the term transaction.

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

Table 11. 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		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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
	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		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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)
			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		Value = "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		Value = "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.

For member level cancellation or termination, a termination transaction is sent for the disenrolled member, and a maintenance transaction is sent for all other active members of an enrollment group. Any previously disenrolled member, i.e., those members that are in a cancel or term enrollee status, would be excluded.

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 12. Cancellation Supplemental Instructions (Member Level)

Table or Loop	Element	Industry / Element Name	Code	Instruction
2000	INS	Member Level Detail		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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
	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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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)
			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

Table or Loop	Element	Industry / Element Name	Code	Instruction
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		Value = "ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Value = "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.

For cancellation or termination of the subscriber on an enrollment, only the subscriber loop is sent in the term transaction.

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

Table 13. 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
	INS04	Maintenance Reason Code	**	The Exchange to QHP Issuer. Any valid Maintenance Reason Code may be used. See Section 16.1
	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
2000	DTP	Member Level Dates		

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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
			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

Table or Loop	Element	Industry / Element Name	Code	Instruction
				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		Value = "ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Value = "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.

For member level cancellation or termination, a termination transaction is sent for the disenrolled member, and a maintenance transaction is sent for all other active members of an enrollment group. Any previously disenrolled member, i.e., those members that are in a cancel or term enrollee status, would be excluded.

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

Table 14. 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
	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 ID
			1L	Exchange Assigned Policy ID

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 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		Value = "ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Value = "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.

2750 loop additional maintenance reason codes other than CANCEL, TERM, AGENT BROKER INFO, and AUTORENEW are not supported by the Exchange.

All active members of an enrollment group, i.e., those members that are not in a cancel or term enrollee status, are included in maintenance 834 transactions.

Exceptions:
- For mailing address only updates, all active and term enrollees are included on the maintenance transaction. Canceled enrollees are excluded from the maintenance transaction.
- For changes to an enrollment with a future dated termination date, all active and enrollees with a future term date are included on the maintenance transaction. Canceled enrollees and enrollees termed in the past are excluded from the maintenance transaction.

The following INS04 Maintenance Reason codes and 2750 SEP Reason are present only if consumer selected that SEP reason for the change event, otherwise Maintenance Reason Code 'AI' and SEP REASON 'AI-No Reason Given' are present.

Table 15. Change Events INS04 Maintenance Reason Codes and 2750 SEP REASON

INS04 Code	Maintenance Reason	2750 loop SEP REASON
01	Divorce	01-Divorce
02	Birth	02-Birth
03	Death	03-Death
05	Adoption	05-Adoption
25	Change in Identifying Data Elements	n/a
29	Benefit Selection	n/a
31	Legal Separation	31-Legal Separation
32	Marriage	32-Marriage
43	Change of Location	43-Change of Location
AI	No Reason Given	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 below for example scenarios for a change of home and/or mailing address.

Table 16. 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 changes 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 changes 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
4. Change to mailing address only to an address outside of the current state. No change to home address. Results in no change to current plan.	For each member with a new mailing address 001-43 Contains existing home address and new mailing address For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address		
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.	First 001 transaction: For each member with a new mailing address 001-43 Contains prior home address and new mailing address For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address Second 001 transaction: 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 new 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
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.	For each member with a new mailing address 001-43 Contains prior home address and new mailing address For each member with no change to mailing address 001-AI Contains existing home address and existing mailing address	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.	For each member with a new mailing address 001-43 Contains prior home address and new mailing address For each member with no change to mailing address 001-AI Contains prior home address and existing mailing address	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.

If a re-enrollment for a dependent occurs with or without a gap in coverage, a dependent add transaction to re-enroll the dependent is generated with a single INS loop for the most recent coverage period for that member with the 2300 DTP01 = 348 benefit begin date reflecting the start of the latest enrollment span. All subsequent add, maintenance, or term transactions generated, also contain a single INS loop for that member reflecting the latest enrollment span.

Note: If a mailing address update occurs after an enrollment is terminated that contains a re-enrollment with or without a gap in coverage occurs for a member and a maintenance transaction is generated, separate INS loops are included for each of the coverage periods for that member in the ST/SE for the enrollment policy. To distinguish the two coverage periods, the first span contains both a 2300 loop DTP01 = 348 benefit begin date and DTP01 = 349 benefit end date, and the second span, assuming it remains active, contains only a 2300 loop DTP01 = 348 benefit begin date.

Configurable at the Exchange level to send for all transactions or not send is the 2000 loop REF01 = 4A Exchange Assigned Enrollee ID, which is used to provide a unique enrollee ID per coverage span during a given coverage year.

Table 17. 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	AI	No Reason Given
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	Q4	Prior Identification Number - 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 18. 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.

- Exception scenario: If an enrollment is already in a future dated term status when subscriber disenrollment occurs, the result is a subscriber flip on the existing policy and a maintenance transaction is sent with the new subscriber.

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 six different possible QLE Identifiers we currently send to Issuers via the 834 for an Add transaction. These are found at 2750 loops for all members. Differs from CMS companion guide, which does not use the N102 'SEP' value. A maximum of one occurrence of N102 'SEP' or N102 'SEP REASON' is sent.
- 90-Qualifying Life Event
- 91-Plan Change
- 92-Subscriber Change
- 93-CS Level Change
- 95-Tobacco Flag Change
- 96-Start Date 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 typically 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). A maximum of one occurrence of N102 'SEP' or N102 'SEP REASON' is sent.

Note: This segment, while typically associated with Term and Change transactions, may be populated with Adds and Reinstatements. See Section 11.6 Table 15 for alignment of INS04 to SEP REASON values. There are seven possible SEP reasons:
- 01-Divorce
- 02-Birth
- 03-Death
- 05-Adoption
- 32-Marriage
- 43-Change of Location
- AI-No Reason Given

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 and 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 19. 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
				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.

11.19. Agent Broker Delegation and Information Changes

The Agent of Record for an enrollment is sent with initial enrollment, maintenance, termination, reinstatement, and/or renewal transactions when an active delegation exists. Issuers should update their records based on the information that is populated in Loop 1000C and 1100C of the EDI transaction.

- If an agent delegation is added after the enrollment transaction was sent to the Issuer, it is sent as a maintenance transaction with the reason code "AI" and the agent's information is populated in Loop 1000C and 1100C.
- If an agent delegation is removed after the enrollment transaction was sent to the Issuer, it is sent as a maintenance transaction with the reason code "AI" and Loops 1000C and 1100C are not populated.
- If the user opts to change the Agent of Record delegation from Agent A to Agent B for an enrollment record, there will be one maintenance transaction for the removal of Agent A and a second maintenance transaction for the addition of Agent B.
- If the Agent Information (agent name, agent tax ID, and/or agent license number) is changed for a delegated agent after the enrollment transaction was sent to the Issuer, the updated agent information populated in Loop 1000C and 1100C is sent in the next 834 maintenance

transaction for the enrollment. Configurable by state to trigger an 834 maintenance transaction when the delegated agent information is updated.

- For the above scenarios, applies to all active enrollment(s) in the current year as well as any active enrollment created during Renewals or Open Enrollment Period for the upcoming year.

For each maintenance transaction with an agent delegation, agent de-delegation, or change to agent information, an indicator is populated in Loop 2750 when configuration is enabled. Configurable by state to send the 2750 loop Additional Maintenance Reason of AGENT BROKER INFO for maintenance and reinstatement transactions, when applicable. The update is effective as of the maintenance effective date (Value 303) in Loop 2000.

Table 20. Additional Maintenance Reason AGENT BROKER INFO Loop Supplemental Instructions

2750	N1	Reporting Category		Reporting Category for Agent Broker changes Note: This segment will appear for all members when applicable. Note: This segment, while typically associated with Change transactions, may be populated with Reinstatements. Note: Configurable by state. If configuration is enabled this segment will appear when changes to Agent Broker designation or information changes (e.g. name, tax ID, or NPN in the N1*BO or ACT01)
	N101		75	Participant
	N102			Value = "ADDL MAINT REASON"
	REF01		17	Client Reporting Category
	REF02			Value = "AGENT BROKER INFO" indicates a change to agent information or delegation on an existing enrollment.

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, validations include the following or will result in a TA1/999 rejection:

- ISA01 and ISA03 must be "00".
- ISA05 and ISA07 must be "ZZ".
- ISA14 must be "1" for 834 transaction.
- ISA15 must be "P" for production, and "T" for test .
    - If ISA15 is incorrect, the transaction will reject and generate a TA1 rejection with TA105 Interchange Note Code "020" – Invalid Test Indicator Value.

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 21. Inbound 834 Validation Rules

Type	Confirmation	Cancellation	Termination
Transaction Level	Subscriber Level	Subscriber Level	Subscriber Level
Data Elements Updated in the Exchange System	● Member Status ● Issuer IDs ● Last Payment Date	● Reason Code ● End Date ● Status	● Reason Code ● End Date ● Status ● Issuer IDs ● Last Premium Date
Validations Performed	● 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.	● 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.	● 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 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 processes 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 22. Inbound Confirmation Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
Header	BGN	Beginning Segment			Must be present
	BGN06	Original Transaction Set Reference Number		Transmit the value from BGN02 in the initial enrollment transaction	
	BGN08	Action Code	2	Change (Update)	Must be '2'
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	Validation[1]
	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.	Must be present
			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.	Must be present
			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.	Must be present
1000A	N1	Sponsor Name	P5	Plan Sponsor	Must be present
1000A	N1	Payer	IN	Insurer	Must be present
2000	INS	Member Level Detail			Must be present
	INS03	Maintenance Type Code	021	Addition	Must be '021'
	INS04	Maintenance Reason Code	28	Will transmit "28" when the QHP Issuer has effectuated member coverage	Must be '28'

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
	INS08	Employment Status Code	AC	Active	Must be 'AC'
2000	REF	Subscriber Identifier			
	REF01	Reference Identification Qualifier	0F	Subscriber Number	Must be present
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person	Must be 10 numeric characters
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	Must be present
			17	Exchange Assigned Member ID sent in REF02	Must be 10 numeric characters
			23	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02	Highly recommended
			ZZ	Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02	Highly recommended
			6O	Payment Transaction ID	Must be 13 characters, first 2 are state code, last 11 must be numeric

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
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	Must be present
2100A	NM1	Member Name	IL	Insured or Subscriber	Must be present
2100	HLH01	Health Relate Code		Tobacco Usage	Must be present
2100B	NM1	Incorrect Member Name Loop		Do not transmit this NM1 loop where NM101 "70", as member information may not be corrected in an effectuation / confirmation transmission	
2300	HD	Health Coverage			Must be present
	HD01	Maintenance Type Code	021	Addition	
	HD03	Insurance Line Code	DEN	Dental	
			HLT	Health	
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 effectuated until the initial premium has been paid.	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
			349	The Enrollment Period End Date is optional. (differs from CMS)	
			543	The Last Premium Paid Date. Must be transmitted.	Must be present
			343	Premium Paid to Date End will not be sent (differs from CMS)	Do not send
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.	Must be present
			X9	Transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element	
2000	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.	Must be present
	LS01	Loop Identifier Code	2700		Must be '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	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				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	Must be present
	N102	Member Reporting Category Name		Value = "ADDL MAINT REASON"	Must be 'ADDL MAINT REASON'
2750	REF	Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	Client Reporting Category	Must be '17'
	REF02	Member Reporting Category Reference ID		Value = "CONFIRM"	Must be 'CONFIRM'
2000	LE	Additional Reporting Categories Loop Termination			
2000	LE01	Loop Identifier Code	2700		

[1] Note: where is indicated in the validation column, that data element is validated for possible 834 rejection or 2nd level business validation rejection for inbound to Exchange transactions.

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, E – Exclude, O – Optional

Table 23. 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*191410004*X*005010X220A1~	
M	ST*834*000000001*005010X220A1~	
M	BGN*00*AK0191410004000000001*20190521*1140*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
H/R	REF*23* U9999955801~	REF 23 Issuer assigned member ID
H/R	REF*ZZ* U99999558~	REF ZZ Issuer assigned subscriber ID
M	REF*6O*AK00000000006~	REF 6O Payment Transaction ID
E	REF*4A*434343~	REF 4A Enrollee ID – Do not send
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*5555551212*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~	

Usage	EDI	Additional description of mandatory segment
O	N4*Reno*NV*89501~	
O	NM1*QD*1*Doe*John****34*111223333~	Optional QD is the responsible party followed
O	PER*RP**TE*5555551212~	by the contact details for the responsible
O	N3*998 W Fourth St~	person.
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
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*2019041212152133~	Either 14 or 16 digit value is acceptable
M	DTP*007*D8*20190412~	

Usage	EDI	Additional description of mandatory segment
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~	
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 on 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 24. Inbound Cancellation Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
Header	BGN	Beginning Segment			Must be present
	BGN08	Action Code	2	Change (Update)	Must be '2'
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	

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				received in the Initial Enrollment transaction	
	QTY01	Quantity Qualifier	TO	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.	Must be present
			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.	Must be present
			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.	Must be present
1000A	N1	Sponsor Name	P5	Plan Sponsor	Must be present
1000A	N1	Payer	IN	Insurer	Must be present
2000	INS	Member Level Detail			Must be present
	INS01	Subscriber Identifier	Y	Subscriber loop is required for Cancellation.	
			N	Non-subscriber member loop is optional because the	

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				Exchange treats cancellation at Subscriber level	
	INS03	Maintenance Type Code	024	Cancellation or Termination	Must be '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. 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	Must be 'TE'
2000	REF	Subscriber Identifier			
	REF01	Reference Identification Qualifier	0F	Subscriber Number	Must be present
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person	Must be 10 numeric characters
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	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), is the unique identifier for an enrollment. 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.	
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 sent in REF02	Must be 10 numeric characters
			23	Issuer Assigned Member ID sent in REF02	Highly recommended
			ZZ	Issuer Assigned Subscriber ID sent in REF02	Highly recommended
2000	DTP	Member Level Dates			
	DTP01	Date Time Qualifier	303	Maintenance Effective	Must be present
			357	Eligibility End Date	Must be present
	DTP03	Status Information Effective Date		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.	

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				The eligibility end date of the cancellation must be transmitted, and must match the benefit begin date sent on the Initial Enrollment	
2100A	NM1	Member Name	IL	Insured or Subscriber	Must be present
2300	HD	Health Coverage			Must be present
	HD01	Maintenance Type Code	024	Cancellation or Termination	Must be '024'
	HD03	Insurance Line Code	DEN	Dental	
			HLT	Health	
2300	DTP	Health Coverage Dates			
	DTP01	Date Time Qualifier	348	Enrollment Period Start Date 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.	Must be present
			349	Enrollment Period End Date 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.	If not present, the 2000 DTP*357 is used to populate the Enrollment Period End Date

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
2300	REF	Health Coverage Policy Number			
	REF01	Reference Identification Qualifier	1L	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 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.	Must be present
2000	LS	Additional Reporting Categories			Must be present
	LS01	Loop Identifier Code	2700		Must be '2700'
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.	Must be present
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	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
	N102	Member Reporting Category Name		Value = "ADDL MAINT REASON"	Must be 'ADDL MAINT REASON'
2750	REF	Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	Client Reporting Category	Must be '17'
	REF02	Member Reporting Category Reference ID		Value = "CANCEL" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Otherwise, send "TERM" in this field.	Must be 'CANCEL'

[1] Note: where is indicated in the validation column, that data element is validated for possible 834 rejection or 2nd level business validation rejection for inbound to Exchange transactions.

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, E – Exclude, O – Optional

Table 25. 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
O	N1*BO*Fred Smith*FI*123321123	
O	ACT*3683790	
M	INS*Y*18*024*59*A***TE~	INS03 024, INS04 59 cancel non-payment
M	REF*0F*1000446684~	REF 0F 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*6O*AK00002307517~	
E	REF*4A*434343~	REF 4A Enrollee ID – Do not send
H/R	REF*23*971089680~	REF 23 Issuer assigned member ID
H/R	REF*ZZ*971089680~	REF ZZ Issuer assigned subscriber ID
M	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
O	DTP*349*D8*20190101~	REF 1L mandatory for 2000 & 2300
M	REF*1L*5557335~	
O	REF*CE*61589AK171000101~	
O	REF*X9*X068PP-A0003~	
O	REF*ZZ*101183~	
M	LS*2700~	
M	LX*1~	2750 loop Request Submit Timestamp
M	N1*75*REQUEST SUBMIT TIMESTAMP~	Either 14 or 16 digit value is acceptable
M	REF*17*2019052002523619~	
M	DTP*007*D8*20190520~	
M	LX*2~	2750 loop Source Exchange ID
M	N1*75*SOURCE EXCHANGE ID~	
M	REF*17*AK0~	
M	DTP*007*D8*20190101~	
M	LX*3~	2750 loop Additional Maintenance Reason

Usage	EDI	Additional description of mandatory segment
M M M M M M M	N1*75*ADDL MAINT REASON~ REF*17*CANCEL~ DTP*007*D8*20190520~ LE*2700~ SE*37*879232019~ GE*1*2467~ IEA*1*000002467~	2750 loop REF 17 = CANCEL

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. 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 26. Inbound Termination Supplemental Instructions

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
Header	BGN	Beginning Segment			Must be present
	BGN08	Action Code	2	Change (Update)	Must be '2'
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	Validation[1]
	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.	Must be present
			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.	Must be present
			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.	Must be present
1000A	N1	Sponsor Name	P5	Plan Sponsor	Must be present
1000A	N1	Payer	IN	Insurer	Must be present
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	

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				cancellation at Subscriber level	
	INS03	Maintenance Type Code	024	Cancellation or Termination	Must be '024'
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid reason for termination is non-payment of premium. 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	Must be 'TE'
2000	REF	Subscriber Identifier			
	REF01	Reference Identification Qualifier	0F	Subscriber Number	Must be present
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber	Must be 10 numeric characters
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	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
	REF02	Member Group or Policy Number		Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in the Exchange System. 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.	
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	Must be 10 numeric characters
			23	Issuer Assigned Member ID is sent in REF02	Highly recommended
			ZZ	Issuer Assigned Subscriber ID is sent in REF02	Highly recommended
2000	DTP	Member Level Dates			
	DTP01	Date Time Qualifier	303	Maintenance Effective	Must be present
			357	Eligibility End Date	Must be present
	DTP03	Status Information Effective Date		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	

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				claims for this individual will be paid through 11:59 p.m. on 03/31/2022. The eligibility end date of the termination must be transmitted	
2100A	NM1	Member Name	IL	Insured or Subscriber	Must be present
2300	HD	Health Coverage			Must be present
	HD01	Maintenance Type Code	024	Cancellation or Termination	Must be '024'
	HD03	Insurance Line Code	DEN	Dental	
			HLT	Health	
2300	DTP	Health Coverage Dates		Both 348/349 dates are required. 343 is strongly recommended. 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.	
	DTP01	Coverage Period	343	Premium Paid to Date End – strongly recommended	
			348	Enrollment Period Start Date – required	Must be present
			349	Enrollment Period End Date – required for terms If APTC consumed, DTP*349 termination date must allow	If not present, the 2000 DTP*357 is used to populate

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
				for grace period after DTP*343 last paid through end date.	the Enrollment Period 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.	Must be present
2000	LS	Additional Reporting Categories			Must be present
	LS01	Loop Identifier Code	2700		Must be '2700'
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.	Must be present

Table or Loop	Element	Industry / Element Name	Code	Instruction	Validation[1]
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop	Must be present
	N102	Member Reporting Category Name		Value = "ADDL MAINT REASON"	Must be 'ADDL MAINT REASON'
2750	REF	Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	Client Reporting Category	Must be '17'
	REF02	Member Reporting Category Reference ID		Value = "TERM" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Otherwise, send "TERM" in this field.	Must be 'TERM'

[1] Note: where is indicated in the validation column, that data element is validated for possible 834 rejection or 2nd level business validation rejection for inbound to Exchange transactions.

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, E – Exclude, O – Optional

Table 27. Inbound Termination 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 ~	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*537777777~	N1 P5 Plan Sponsor Name & SSN
M	N1*IN*Blue Cross Health Service, Inc.*FI*844444294~	N1 IN Insurer Name & Tax ID
O	N1*BO*Fred Smith*FI*123321123	
O	ACT*3683790	
M	INS*Y*18*024*59*A***TE~	INS03 024, INS04 59 term non-payment
M	REF*0F*1000806685~	REF 0F 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*6O*AK00002307517~	
E	REF*4A*434343~	REF 4A Enrollee ID – Do not send
H/R	REF*23*975559680~	REF 23 Issuer assigned member ID
H/R	REF*ZZ*975559680~	REF ZZ Issuer assigned subscriber ID
M	DTP*303*D8*20190520~	
O	DTP*356*D8*20190101~	
M	DTP*357*D8*20190331~	DTP 357 Eligibility End Date[1]
M	NM1*IL*1*Doe*Cindy****34*537777777~	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*537777777~	
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
O	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~	

Usage	EDI	Additional description of mandatory segment
O	REF*ZZ*101183~	
M	LS*2700~	
M	LX*1~	
M	N1*75*REQUEST SUBMIT TIMESTAMP~	2750 loop Request Submit Timestamp
M	REF*17*2018102402523604~	Either 14 or 16 digit value is acceptable
M	DTP*007*D8*20181024~	
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*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*357 eligibility end date and if present, the 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*357 eligibility end date and if present, the DTP*349 termination date, no grace period applies. The 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 renewal) for the Individual market will be a one-time activity, scheduled to be done before the start of the Open Enrollment Period. 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 2023 onwards.

- Exchange determines if Issuers receive EOY term 834 transactions and when to run the batch job to generate the terminations. Options are: All current year enrollments, or only enrollments which were not successfully auto renewed, or only manual enrollment to a different Issuer, during Open Enrollment Period, or the default process to not generate EOY term 834 transactions.

- If EOY terms are generated, the Exchange determines if Issuers receive EOY term transactions for auto-renewals in a separate file.

  o For enrollments not created by the auto-renewal process, the EOY terminations for those enrollments are sent in the daily 834 file.

  o For enrollments created by the auto-renewal process, the EOY terminations will include a 'RENP' indicator in the 2750 loop member reporting category section and are sent in a separate 834 file with the following file naming convention:
  to_<HIOS ID>_ID_834_INDV_RENTERM_<CCYYMMDDHHMMSS>.edi

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.

- Revised for 2024 enrollments, configurable by state, the auto-renewal Add transactions will appear in a separate file from the normal daily 834 file with both the auto-renewal and daily files following the file naming convention (same format as daily 834 file):
  to_<HIOS ID>_ID_834_INDV_<CCYYMMDDHHMMSS>.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. Terminations for Current Coverage Year Enrollments

If the Exchange has elected to send EOY terminations, 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 28. 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
	REF02	Subscriber Identifier		The Exchange will send the same Exchange Assigned Subscriber ID that was sent earlier in the initial Enrollment transaction

Table or Loop	Element	Industry / Element Name	Code	Instruction
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
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		357: 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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		348: The Exchange will send the coverage start date of the policy 349: 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. 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.

Table or Loop	Element	Industry / Element Name	Code	Instruction
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		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) Note: For more information on End of Coverage Year Terminations, refer to Section 13.1.1
	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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		007: 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
	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
	DTP03	Date Time Period		007: The Exchange will send same date value that is used for Request Submit Timestamp

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: Configurable by state, these renewal addition transactions will be sent in a separate 834 file from the daily 834 file containing the regular 834 transactions.

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 29. 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

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Table or Loop	Element	Industry / Element Name	Code	Instruction
	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
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Exchange Assigned Policy ID
	REF02	Member Policy Number		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. 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.
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	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		348: 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	D8	Date Expressed in Format CCYYMMDD
	DTP03	Date Time Period		349: 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
	REF02	Reference Identification		The Exchange will send value "RENP."

Table or Loop	Element	Industry / Element Name	Code	Instruction
	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		007: 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
	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

Table or Loop	Element	Industry / Element Name	Code	Instruction
	DTP03	Date Time Period		007: 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.

Addition of a new member to the household for next year coverage during Open Enrollment Period is treated as an 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 'RENP' 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.
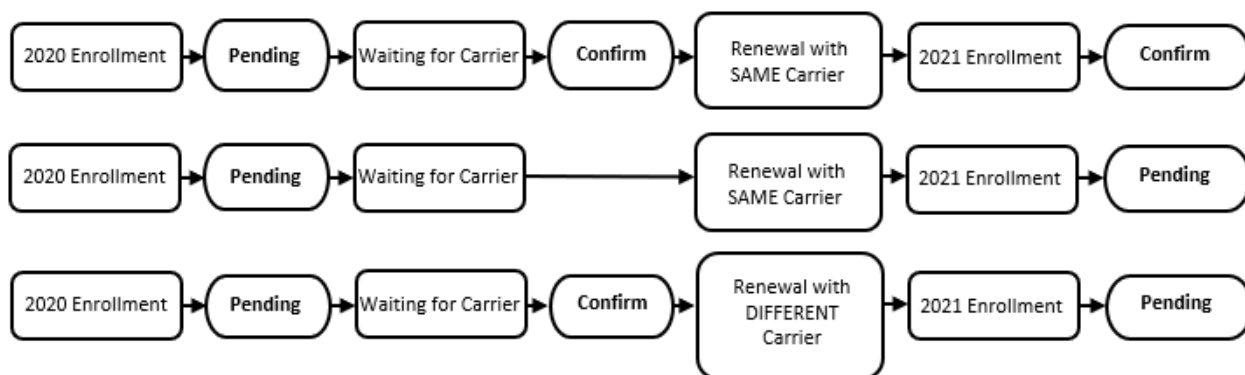
Note: The Exchange will not auto-effectuate enrollment if the current year enrollment is in pending state in the Exchange System or if the renewal was done on a cross-Issuer plan.

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 document "Exchange-Issuer Reconciliation Guide v<version>.docx".

15. Relationship Codes

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

Table 30. 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
17	Stepson or Stepdaughter
18	Self – This is the subscriber on the enrollment
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
3F	Foster Parent
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 31. 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 32. Add Events INS04 Maintenance Reason Codes

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

16.3. Change

Table 33. 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 34. 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 has the responsibility to manage which language codes are supported.
Note: For confirmation transaction, LUI segment is optional. If provided, the correct code should be included. See Section 11.1 Initial Enrollment Supplemental Instructions, 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 35. Spoken Language LUI02 Language Identification Codes

NISO Code	Language
ara	Arabic
arm	Armenian
khm	Cambodian (Khmer)
chi	Cantonese
chi	Mandarin
eng	English
hmn	Hmong
kor	Korean
per	Farsi
rus	Russian
spa	Spanish
tgl	Tagalog
vie	Vietnamese

17.2 Written Language Codes

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

Table 36. Written Language LUI02 Language Identification Codes

NISO Code	Language
ara	Arabic
arm	Armenian
khm	Cambodian (Khmer)
eng	English
hmn	Hmong
kor	Korean
per	Farsi
rus	Russian
spa	Spanish
tgl	Tagalog
vie	Vietnamese

18. Race/Ethnicity Codes

The Exchange will send the following codes for race/ethnicity:

Table 37. Race and Ethnicity Codes

Code	Race or Ethnicity
1002-5	American Indian or Alaskan Native
2029-7	Asian Indian
2054-5	Black or African American
2033-9	Cambodian
2034-7	Chinese
2182-4	Cuban
2036-2	Filipino
2086-7	Guamanian or Chamorro
2157-6	Guatemalan
2037-0	Hmong
2039-6	Japanese
2040-4	Korean
2041-2	Laotian
2148-5	Mexican, Mexican American or Chicano/a
2079-2	Native Hawaiian
2028-9	Other Asian
2135-2	Other Hispanic/Latino/Spanish
2500-7	Other Pacific Islander
2131-1	Other
2180-8	Puerto Rican

2161-8	Salvadoran
2080-0	Samoan
2047-9	Vietnamese
2106-3	White

Note: If no value for Race/Ethnicity is selected, then no value will be sent to Issuers.

Note: For confirmation transaction, DMG segment is optional. However, if the Issuers choose to send it, then the full segment should be populated with the available data.

19. 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.

19.1. Initial Enrollment Sample - Exchange to Issuer

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

```
ISA*00*       *00*       *ZZ*AK0        *ZZ*990299999    *200625*0048*^*00501*000000001*1*T*:~
GS*BE*AK0*990299999*20200625*0048*1*X*005010X220A1~
ST*834*000000001*005010X220A1~
BGN*00*999992020062500473*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*0F*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*2020062422450612~
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~
```

20. Document Control

Date	Document Version	Revision Description	Author
4/9/2019	R2019	Initial	GetInsured
4/12/2019	R2019a	NV feedback: ● 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 6O	GetInsured
4/18/2019	R2019b	MN feedback: ● Removed content that consumer is auto renewed on their already effectuated enrollment ● Confirmed that eligibility end date will be present on Exchange initiated cancellations ● Added that REF*ZZ (client ID) household case ID info will be 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	GetInsured
04/18/2019	R2019c	Added GS06 detail	GetInsured

Date	Document Version	Revision Description	Author
		Corrected Reinstatement section to include	
07/22/2019	R2019d	MN feedback: ● Added note on cancelling/terming members within a household ● Updated information regarding the monthly premium fields	GetInsured
11/21/2019	R2019e	Removed an erroneous note that the Old Policy isn't sent for dependents.	GetInsured
6/11/2020	v20.09.00	Removed all references to SHOP market Added notations where the Exchange usage differs from CMS v4.3 834. Section 9 added clarification for ST02 usage Section 11.1 updated for 20.9 release to Responsible Person usage, Mailing Address usage, 2750 loop ATPC AMT usage, and additional of 2000 level REF02 '4A' for Exchange Assigned Enrollee Identifier.	GetInsured
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	● 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	GetInsured

Date	Document Version	Revision Description	Author
		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 • 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. Retitled Document Control from section 17 to section 18.	
12/31/2020	v21.01.01	• Updated section 11.1 2100G Responsible Person loop as configurable with 21.1 release. • Updated section 11.1 2300 DTP to clarify: o When 349 is sent on change transactions for future dated terminations. o 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	Not shown in v21.06.00 Tracked Changes	GetInsured

Date	Document Version	Revision Description	Author
		• 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 Included in v21.06.00 Tracked Changes • Updated section 9 to clarify validation of ISA13, and add data element ISA15 • 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

Date	Document Version	Revision Description	Author
08/30/2021	v21.09.00	Update section 3, Table 1 for renaming of End of Year termination, updated comments including footnote numbering. Update section 9, Table 3 for GS06 to clarify the requirement for unique GS06 control numbers on inbound 834 transactions. Update section 11: • 11.1 update 2100A LUI02 to reference section 17 • 11.1 indicate "when applicable" for 2750 loops that are conditionally sent Update section 13: • 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 Update section 16.1 to add '59' Non-Payment and remove decommissioned '29' Benefit Selection from Table 28 Term maintenance reason codes. 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.	GetInsured
09/01/2021	v21.09.01	Update Section 3 to reformat Table 1	GetInsured
11/29/2021	v22.01.00	Update Section 3, Table 1 column header content	GetInsured
2/28/2022	v22.03.00	Update Section 13.1.6 to clarify add a member system behavior for passive renewals Insert Section 18 for Race/Ethnicity codes. Renumber Section 18 Appendix to Section 19, and Section 19 Document Control to Section 20.	GetInsured
6/06/2022	v22.06.00	Overall formatting update to tables for consistent look Removed reference to transaction 820 throughout Update Section 3, Table 1 column header content Updated <HIOS_Issuer_ID> with <HIOS ID> throughout to clarify expected content.	GetInsured

Date	Document Version	Revision Description	Author
		Update Section 5: • Section 5.1. Add clarifying content, example, and add tables for TA1 segments and supported codes • Section 5.2. Add example, and table for 999 segments Update Section 9, Added TA1/999 validation information to EDI Control Segments table Update Section 10, Eliminate obsolete reference to FFM Update Section 11.1.: • 1000A N1*P5 description to clarify sponsor logic. • 2000 loop REF*6O description to clarify origin and usage. • 2000 loop REF*4A description with link to Section 11.8.1. Re-enrollment Gap in Coverage • 2100A loop DMG04 Marital Status description to clarify usage. • 2100F Custodial Parent loop description updated 'S8' to 'S3' to correct qualifier value • 2100G Responsible Person loop description updated, and link added to Section 11.1.4. Child Only Enrollment • Updated Section 11.1.3. Table 10 source for APTC date • Added Section 11.1.4. Child Only Enrollment • Updates Section 11.8. Re-enrollment Gap in Coverage and Table 17 to clarify MRC Update Section 12: • Section 12.1. To clarify inbound validations • Section 12.2.1, 12.3.1, and 12.4.1 To add inbound validations • Section 12.3.2. and 12.4.2. To include optional N1*BO and ACT segments for clarity Updated Section 13.1.1. To clarify default behavior Updated Section 18 To show in Table format for consistency	
06/14/2022	v22.06.01	Update Section 3, Table 1 column header content Updated <HIOS_ID> with <HIOS ID> throughout to clarify expected content.	GetInsured

Date	Document Version	Revision Description	Author
		Update Section 5: • Section 5.1. Corrected typo to 834 • Section 5.2. Added introduction for 999 section and corrected typo for 999 report Update Section 11.14 to clarify exception scenario Section 12.2.2., 12.3.2. and 12.4.2. To include REF*4A segment for clarity and update N/U - Not Used to E - Exclude to reflect expected behavior of REF*4A for inbounds.	
08/31/2023	v23.9.00	Overall updating to include description of code values where they are missing in segment or element rows. Update Section 3 to add Passive (Auto) Renewal file. Update Section 11: • Section 11.1 1000A Sponsor name updated for clarity that Household Contact name is always populated. • Section 11.1 2100A/2100G PER, update usage of TE, AP, and remove note that (BN) is not used. • Section 11.1 DTP*303 description for clarity, 2750 loops for REQUEST SUBMIT TIMESTAMP to expand to 16 positions, and to add 2750 loop for AGENT BROKER INFO • Section 11.1.1 to add Date in DTP03 column for all listed entries. Separated ADDL MAINT REASON entries for clarity, adding AGENT BROKER INFO, and removed values not used APPLICATION ID AND ORGIN. • Section 11.6 to correct possible additional maintenance reason code values. • Section 11.9 updated for clarity • Add Section 11.19 for Agent Broker delegation and information Changes. Update Section 12: • Section 12.2.1., 12.2.2., 12.3.1., 12.3.2., 12.4.1. and 12.4.2. To update inbound REF*23 and REF*ZZ requirement from Mandatory to Highly Recommended and optional length of REQUEST SUBMIT TIMESTAMP	GetInsured

Date	Document Version	Revision Description	Author
		• Section 12.3.1., 12.3.2., 12.4.1. and 12.4.2. To update inbound DTP*349 requirement from Mandatory to Optional, where DTP*349 is optional, and configurable by state for length of REQUEST SUBMIT TIMESTAMP Update Section 13: • Section 13.1.1, 13.1.4 to update EOY term behavior. • Section 13.1.2, 13.1.5 to update Passive (Auto) Renewal file behavior Update Section 15: • Clarify usage of '18' for the subscriber of the enrollment	
04/11/2024	v24.03.00	Update Section 11: • Section 11.1.3 to clarify exceptions on the dates in the custom monthly loops. • Sections 11.2, 11.3, 11.4, and 11.5 to clarify when only subscriber loop is sent vs member level for cancel/term transactions. • Section 11.6 to clarify members included in maintenance transactions and noted exceptions. • Section 11.16 to update list of possible SEP values and clarify that only one occurrence is possible between SEP & SEP REASON 2750 loops, and that applies only to add transactions. • Section 11.17 to clarify that only one occurrence is possible between SEP & SEP REASON 2750 loops. Added list of possible values. Update Section 15: • Add usage of '3F' for Foster Parent Update Section 17: • Sections 17.1 and 17.2 documentation update to correct code values for Cambodian (Khmer) and Tagalog. Note: System update was done in 2021.	GetInsured