Center for Consumer Information and Insurance Oversight (CCIIO)
SBM Isser Payment Report

Enrollment and Payment Data Template

	Submission Date:		Payment Month:	January-14		Submission Status
State	**9 Digit Issuer TIN**	**5 Digit HIOS Issuer ID**	**16 Digit QHP ID**	**Total Premium amount by QHP ID for effectuated enrollments**	**Total APTC amount by QHP ID for effectuated enrollments**	**Total CSR amount by QHP ID for effectuated enrollments**

Center for Consumer Information and Insurance Oversight (CCIIO)
SBM Isser Payment Report

Enrollment and Payment Data Templat

Submission Date:		Payment Month:	January-14			Submission Status
State	9 Digit Issuer TIN	5 Digit HIOS Issuer ID	16 Digit QHP ID	Total Premium amount by QHP ID for effectuated enrollments	Total APTC amount by QHP ID for effectuated enrollments	Total CSR amount by QHP ID for effectuated enrollments

Center for Consumer Information and Insurance Oversight (CCIIO)
SBM Isser Payment Report

Enrollment and Payment Data Template

Submission Date:				Payment Month:	January-14	Submission Status
State	9 Digit Issuer TIN	5 Digit HIOS Issuer ID	16 Digit QHP ID	Total Premium amount by QHP ID for effectuated enrollments	Total APTC amount by QHP ID for effectuated enrollments	Total CSR amount by QHP ID for effectuated enrollments

te

Test						
Total User Fee amount by QHP ID	**Total # of effectuated enrollment groups by QHP ID**	**Total # of effectuated enrollment groups receiving APTC by QHP ID**	**Total # of effectuated enrollment groups receiving CSR by QHP ID**	**Total # of effectuated members by QHP ID**	**Total # of effectuated members receiving APTC by QHP ID**	**Total # of effectuated members receiving CSR by QHP ID**
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						

te

Test						
Total User Fee amount by QHP ID	**Total # of effectuated enrollment groups by QHP ID**	**Total # of effectuated enrollment groups receiving APTC by QHP ID**	**Total # of effectuated enrollment groups receiving CSR by QHP ID**	**Total # of effectuated members by QHP ID**	**Total # of effectuated members receiving APTC by QHP ID**	**Total # of effectuated members receiving CSR by QHP ID**
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						

te

Test						
Total User Fee amount by QHP ID	Total # of effectuated enrollment groups by QHP ID	Total # of effectuated enrollment groups receiving APTC by QHP ID	Total # of effectuated enrollment groups receiving CSR by QHP ID	Total # of effectuated members by QHP ID	Total # of effectuated members receiving APTC by QHP ID	Total # of effectuated members receiving CSR by QHP ID
$						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						
$ -						

Enrollment and Payment Data Template Instructions

Data Template Objective:	To document the total premium, APTC, CSR advance payment, and user fee amounts for all effectuated enrollment groups by Qualified Health Plan
Submissions Guidelines:	1.) During each data submission window, submitters will be allowed to submit multiple versions of the Enrollment and Payment Data Template (the "Template"). Based updated versions of the Template during each data collection window. 2.) Submitters will email the Template to the **Marketplacepayments@cms.hhs.gov** mailbox. Submitters will be instructed to send the Templates as a 'reply' to an email retains the issuer's 5-digit HIOS ID, as well as the applicable reporting period - test or production. Additionally, email submissions should include the following inform - Whether this is a resubmission, and reason for - Enrollment and Payment Data Template attachment - Certification of data the resubmission where necessary
Data Collection Timelines:	1.) Submission Window for Enrollment and Payment Data Template testing : 12/04/13 – 12/10/13 2.) Submission Window for Production Enrollment and Payment Data Template: 12/16/13 - 12/20/13 3.) Submission Window for February Enrollment and Payment Data Template: TBD
Payment Reporting Completion Information:	1.) In the FFM, data should be submitted for issuers in both the individual and small group markets. For small group market issuers in the FFM, all APTC and CSR enrollme since SHOP plans do not receive APTC or CSR payments. FFM SHOP plans must be included in the Template as these plans are subject to user fees. 2.) In the SBM, data should be submitted for both the individual and small group markets. User fee amounts will automatically populate to zero if the issuer is participatin 3.) If the submitter is an issuer, all information for an issuer should be documented in a single Enrollment and Payment Data Template. Issuers will be identified by the 5 4.) If the submitter is an SBM, data for all issuers in the SBM in a single Enrollment and Payment Data Template. Data should be documented in numerical order by issue market issuers with enrollment data, data for all four issuers will be included within the same tab in a single Enrollment and Payment Data Template file submission. 5.) CMS will replace any previously submitted files with the resubmission file. As a result, when submitters send resubmission files, the file must include the most curren CMS determined that three of the four QHP ID's data required modification, when the submitter sends the corrected data for its three QHP IDs, it must also submit th 6.) Blank fields will be treated as zero values in the payment calculations. Submitters are encouraged to enter zero values instead of leaving fields blank. 7.) Data should be submitted at the 16-digit QHP ID level (14 digit standard component ID plus 2 digit variant ID, otherwise known as the HIOS Plan ID). There should be digit variant ID and no special characters. 8.) Data submitted should be for QHPs certified by the Marketplace that have at least one enrollee. Submitters do not have to submit plans in the Template that do not $0 advance APTC or CSR payments, and $0 user fees.
File Name Requirements	FFM submitters must use the following naming convention for their Template submissions: Characters 1-3: FFM Characters 4-8: 5 Digit issuer ID (e.g. 56789) Characters 9-14: Date in MMDDYY format (e.g. 120113) Characters 15-18: Test or Production file as TEST or PROD (all caps) Characters 19-20: Submission Version of test or prod file in VXX formate, (e.g. V01) Sample file name: FFM56789120113testV01 SBMs submitting on behalf of issuers must use the following naming convention for their Template submissions: Characters 1-3: SBM Characters 4-5: State abbreviation (e.g., CT) Characters 6-11: Date in MMDDYY format (e.g. 120113) Characters 12-15: Test or Production file as TEST or PROD (all caps) Characters 16-18: Submission Version of test or prod file in VXX format, (e.g. V01) Sample file name: SBMCT122013prodV02 SBM issuers submitting on their own behalf must use the following naming convention for their Template submissions: Characters 1-3: SBM Characters 4-8: 5 Digit issuer ID (e.g. 56789) Characters 9-14: Date in MMDDYY format (e.g. 120113) Characters 15-18: Test or Production file as TEST or PROD (all caps) Characters 19-20: Submission Version of test or prod file in VXX format, (e.g. V01) Sample file name: SBM56789120113testV02

	This section lists each data element that will required for the current payment cycle, a definition of each data type, and detailed instructions on		
	Column Name (Column / Cell #)	**Definition**	
Enrollment and Payment Data Template Completion Instructions:	1.) **Submission Date (B2):**	Date of Enrollment and Payment Data Template Submission.	Enter the date that t CMS, using a MM/DD
	2.) **Payment Month (E2):**	Month in which submitted data will be paid to issuers (January is the first month).	Enter the month that paid in January).
	3.) **Submission Status (H2):**	Indicates whether Template submission is a test or production file.	Choose TEST or PROD fr
	4.) **State Code (A):**	2 letter state code in caps (e.g. TX, WA, FL).	Choose the appropri
	5.) **Issuer TIN (B):**	Issuer's 9 digit taxpayer identification number assigned by the IRS.	Enter the issuer's 9 d issuers should be do
	6.) **5 Digit HIOS Issuer ID (C):**	5 digit issuer identifier assigned by HIOS.	Enter the issuer's 5 d
	7.) **16 Digit QHP ID (D):**	16 digit unique QHP identifier. Includes 14 digit standard component ID, plus the 2 digit variant ID and is otherwise known as the HIOS Plan ID.	For each QHP offered spaces or non-numer throughout the entir
	8.) **Total Premium amount for effectuated enrollments by QHP ID (E):**	The total premium amount by 16 digit QHP ID for all effectuated enrollments within a qualified health plan. If following the CMS 834 Companion Guide, this amount is the REF02 value for PRE AMT TOT in the 2750 loop of the 834 transaction summed for all effectuated enrollment groups within a QHP ID.	Sum the total premiu amount for each QHP
	9.) **Total APTC amount for effectuated enrollments by QHP ID (F):**	The total APTC amount the issuer can expect to receive as the amount of actual APTC toward the total premium amount for effectuated enrollments within a 16 digit QHP ID. If following the CMS 834 Companion Guide, this amount is the REF02 value for APTC AMT in the 2750 loop of the 834 transaction summed for all effectuated enrollment groups within a QHP ID.	Total the actual APTC within each QHP ID,
	10.) **Total CSR amount for effectuated enrollments by QHP ID (G):**	The total monthly advance CSR payment amount the issuer can expect to receive for all effectuated enrollments within a 16 digit QHP ID. If following the CMS 834 Companion Guide, this amount is the REF02 value for CSR AMT in the 2750 loop of the 834 transaction summed for all effectuated enrollment groups within a QHP ID.	Total the CSR amoun QHP ID, and docume

	Enrollment and Payment Data Template Instructions		
	11.) **Total User Fee amount by QHP ID (H)**	The total user fee amount the issuer can expect to incur for participation in the FFM.	This amount will displa… User fees are calculated…
	12.) **Total # of effectuated enrollment groups by QHP ID (I):**	Total number of effectuated enrollment groups associated with a QHP ID.	Sum the number of e… the number in this c…
	13.) **Total # of effectuated enrollment groups receiving APTC by QHP ID (J):**	Total number effectuated enrollment groups associated with a QHP ID that will receive APTC payments.	Sum the number of e… receive APTC paymen…
	14.) **Total # of effectuated enrollment groups receiving CSR by QHP ID (K):**	Total number effectuated enrollment groups associated with a QHP ID that will receive CSR payments.	Sum the number of e… receive CSR payment…
	15.) **Total # of effectuated members by QHP ID (L):**	Total number of members by QHP ID within effectuated enrollment groups.	Sum the total numbe… each QHP ID and ent…
	16.) **Total # of effectuated members receiving APTC by QHP ID (M):**	Total number of members by QHP ID within effectuated enrollment groups who receive APTC.	Sum the total numbe… groups associated wi…
	17.) **Total # of effectuated members receiving CSR by QHP ID (N):**	Total number of members by QHP ID within effectuated enrollment groups who receive CSR.	Sum the total numbe… groups associated wi…
Definitions:	1.) **submitter:**	A submitter is defined as the entity submitting the Enrollment and Payment Data Template. This could include an F… issuers.	
	2.) **enrollment group:**	Enrollment group is defined as all members enrolled in a QHP who receive coverage and are linked by the Exchang…	
	3.) **effectuated enrollment group:**	Effectuated enrollment group is defined as any enrollment in which the amount the enrollment group is responsibl… the enrollment group. If following the CMS 834 Companion Guide, this is the REF02 value for TOT RES AMT as liste…	

n (QHP) ID. User fees do not apply to SBMs.

on data validation checks, CMS may require submitters to submit

that they get from CMS. Please ensure that the email subject line
nation in the body of the email:

accuracy

ent and payment fields on the Template should be listed as zero

ng in an SBM.

digit HIOS ID.

er ID. For example, if an SBM has four participating individual

t data for all issuers. For example, if during the initial submission,
he original data for the fourth QHP ID in the same file.

no spaces between the 14 digit standard component ID and the 2

have any enrollment as these plans would have $0 total premium,

	how to populate each data field in the Template.
	Instructions
	he Enrollment and Payment Data Template is being submitted to)/YYYY format.
	t follows the submission month (e.g. December submission will be
	rom the dropdown menu. Only PROD will be used for payment.
	ate state code from the drop-down menu.
	ligit taxpayer identification number for each QHP identified. All cumented on the same table.
	igit HIOS identification number.
	d, document the 16 digit unique QHP identifier without the use of ric characters. Each 16 digit QHP identifier should only be used once e table.
	um amounts for all effectuated enrollment groups and enter this P ID listed.
	amount that is expected for all effectuated enrollment groups and document it in this column.
	t that is expected for all effectuated enrollment groups within each nt it in this column.

y automatically once the premium amount is inserted in Column E.
d as 3.5% of total premium collected. This amount does not apply to SBM issuers.

effectuated enrollment groups associated with each QHP and enter olumn.

effectuated enrollment groups associated with each QHP, that will nts, and enter the number in this column.

effectuated enrollment groups associated with each QHP, that will ts, and enter the number in this column.

er of members within effectuated enrollment groups associated with er the number in this column.

er of members who will receive APTC within effectuated enrollment ith each QHP and enter the number in this column.

er of members who will receive CSR within effectuated enrollment ith each QHP and enter the number in this column.

FM issuer, an SBM issuer, or an SBM submitting on behalf of their

e Assigned Policy ID.

e to pay toward the total premium amount has been paid in full by d in the 2750 loop.