Covered California EDI Companion Guide

Version 16.9.40201

Date	Version	Nature of Change	User
02/20/2013	1.1	Initial Version	
02/26/2013	1.2	Format Change	
03/01/2013	1.3	Format Change	
3/08/2013	1.4	Added sections on File Naming Conventions, File Transfer. Added delimiters that are used. Added demographic information details	
4/17/2013	1.5	Added section 9 on Business Rules and Limitations Added section 10.5 Individual/SHOP Termination per CMS update Miscellaneous updates to match CMS guide.	
7/23/2013	1.6	Updated section 2 File Naming Conventions Added "The Exchange will require the request for a TA1 in the control header to be in all outbound and inbound 820 and 834 data. The request for a TA1 is part of the validation process, so any 820 or 834 data without this request will fail validation." to section 4.1 TA1, Interchange Acknowledgements Added "If TA1 is rejected, a 999 will not be send" to section 4.2, 999 Functional Acknowledgements Added GS08 to table is section 8 Control Segments/Envelopes Updates to section 10.1 Initial Enrollment Added 2000 REF01 and updated description for 2000 REF02 Subscriber Identifier to refer to household case id and employee case id in section 10.1. Added link to county codes to 2100A N406 Added 2100A DMG05-02 Race or Ethnicity Code Removed 2100A DMG11 Composite Race or Ethnicity Information Added new section 10.4 Individual and SHOP Market Cancellation Supplemental Instructions (Member Level) for exchange based member level cancellations. Added use of "1L", Policy ID (Employer Case ID), to 2300 REF01 in all transactions for SHOP Market. Made Individual Market Termination Supplemental Instructions also applicable to SHOP, section 10.5 (previously 10.4). Added use of "X9", Issuer Assigned Policy Identifier, to 2300 REF01 to Individual and SHOP Market Termination Supplemental Instructions transaction.	

Date	Version	Nature of Change	User
9/04/2013	1.7	Updated to state transactions are based on CMS Standard Companion Guide Transaction V1.7 Section 4.1 - Added the following: The Exchange will not support TA1 error codes 028-031. The Exchange will only support Interchange Acknowledgement Codes "A" and "R". Section 8 Control Segments/Envelopes Updated ISA06 and GS02 in to send CA0 Updated ISA14 to send "0" for TA1/999 Added GS06 Section 10.1 Updated 2000 REF02 to indicate member id of the subscriber will be send for subscriber id. Updated 2100A DMG06 to indicate sending of Citizenship Status Code Updated 2100A LUI01 to indicate using ISO 639-6 language codes Updated 2300 REF01 to send ZZ containing Household Case ID or Employee Case ID Added SOURCE EXCHANGE ID value of CA0 to 2750 REF02 Section 10.2 Added the following for Last Premium Paid date: For SHOP, send last day of month of effectuation (e.g., Send 1/31/2014 when effectuation date is 1/1/2014)	
9/13/2013	1.8	Added Section 13 for spoken and written language codes. Added Section 14 for race/ethnicity codes.	
5/30/2014	1.9	Section 10.1 - Added 94 as a code for 1000A N1	
8/18/2014	1.10	Added new section 12 for annual renewals.	
08/21/2014	1.11	Submission of Draft Artifact per CR 11118	Michael Yeack
09/03/2014	1.12	Updated per Reviewer Comments	Prema Narayanaswamy
09/08/2014	2.0	Submission of Final Artifact per CR 11118	Michael Yeack
09/09/2014	2.1	Resubmission of Final Artifact per CR 11118	Prema Narayanaswamy
12/5/2014	2.2	CR 34811 - Include CMS Plan ID (2300, REF*CE) for inbound 834 Term, Cancel and Confirm transactions. Updated Sections 11.2, 11.3 and 11.5 Included REF*CE in 2300 loop	Hilary Nguyen
1/21/2015	V3.0	Submission of Draft Artifact per CR 34811	Pirran Tukina
1/22/2015	V4.0	Submission of Final Artifact per CR 34811	Pirran Tukina

Date	Version	Nature of Change	User
4/28/2015	V4.1	Added Enrollment ID for CR 29022	Linu Alex Robert Maltas
06/17/2015	V5.0	(Pending Approval) Submission of Draft Artifact per CR 29022 Revision 1	Pirran Tukina
6/16/2015	V5.1	Added comments for financial effective dates in the reporting loop for CR 36110	Linu Alex
06/18/2015	V6.0	Submission of Draft Artifact per CR 36110 Revision 1	Pirran Tukina
6/23/3015	V6.1	Updates to address feedback from the comment log for CR36110 & CR29022	Linu Alex
0629/2015	V7.0	Submission of Final Artifact per CR 36110 Revision 1	Pirran Tukina
06/30/2015	V8.0	Submission of Final Artifact per CR 29022 Revision 1	Pirran Tukina
07/14/2015	V8.1	Reconciled to include only CR36110 & CR29022 updates	Pandu Palavalli & Carol Cramer
07/14/2015	V9.0	Submission of Draft Artifact per CR 29022 Revision 2	Pirran Tukina
07/15/2015	V10.0	Submission of Final Artifact per CR 29022 Revision 2	Pirran Tukina
07/30/2015	V10.1	Additional 29022 comments addresses Updated Section 11.3 to indicate that Q4 will not be send Added Glossary	Linu Alex, Sameen Babur
04/26/2016	V10.2	Updated Companion Guide based on GI 2.0 functionality Removed references of SHOP market Added additional instructions for the control number segment Added new instructions for TA1/999s. Carriers should pay special attention to this section. Added a new section to provide instructions for handling of Subscriber Changes Updated the list of Maintenance Reason Code Updated Detailed Business Scenarios section for additional instructions on inbound transactions	Linu Alex
04/29/2016	V11.0	Submission of Final Artifact per CR 57637	Sean Coleman
5/09/2016	V11.1	Revised based on review comment by Covered California	Linu Alex
05/17/2016	V12.0	Submission of final artifact per CR 57637	Sean Coleman
07/28/2016	V16.9.01	Revised Section 3.0: File Naming Convention for Inbound and Outbound files to remove Benefit Year from the file name. Updated Section 10.1 Covered California to Issuer – Initial Enrollment Instructions - Added HLH01 Element in 2100A loop - Added EC clarification in INS04 in the 2000 loop	Linu Alex
07/28/2016	V16.9.10	Submission of artifact per CR 57637 revision 1	Kimberly Newsum

Date	Version	Nature of Change	User
8/2/2016	V16.9.11	• Revised Section 3.0: File Naming Convention for Inbound and Outbound files to add Benefit Year to the file name. • Revised Section 3.0: File Naming Convention for Outbound file to add Benefit Year to the file name. Note: Inbound files from carriers should not contain Benefit Year in the file name. • Added section 12.6 to clarify Change Plan Effective Date functionality. • Added an important note in section 5 asking carriers to return back Covered California sent control numbers when sending acknowledgment.	Linu Alex
8/3/2016	V16.9.20	Submission of artifact per CR 57637 Revision 1 – GI 2.0 Integration Comment Updates	Kimberly Newsum
8/5/2016	V16.9.21	• Added note about not sending REF*Q4 in section 10.1 (Covered California to Issuer - Initial Enrollment Instructions) • Removed Maintenance reason code 021 from the list in Section 11 (Issuer to Covered California - Other Transaction Instructions).	Linu Alex
8/8/2016	V16.9.30	Submission of revision per CR 57367 – GI 2.0 Integration	Kimberly Newsum
9/9/2016	V16.9.31	Revised sections 10.4 to clarify which scenarios will cause rejection at Covered California end. Revised section 10.1 to clarify that "TE" value will be sent for INS08 for all termination / cancellation cases.	Linu Alex
9/19/2016	V16.9.40	Submission of artifact per CR 57637 – GI 2.0 Integration – Revision #6	Kimberly Newsum

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1. PREFACE

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 Covered California, the Health Insurance Exchange for the State of California. 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 Companion Guide intends 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 Covered California. 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.

2. INTRODUCTION

2.1. BACKGROUND

The State of California created a health insurance exchange called Covered California to comply with the Affordable Care Act (ACA). Covered California helps individuals and small employers shop for, select and enroll in high quality, affordable health plans that fit their needs. In order for Covered California 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 Covered California will exchange information with insurance issuers. However, minor deviations from the CMS Standard Companion Guide Transaction Version 1.7 may be made where necessary and we will call out these deviations in this guide. Please note this Companion Guide is applicable ONLY for the Individual Exchange Market.

This Companion Guide contains detailed information about how Covered California will use the **CMS Standard Companion Guide Transaction Version 1.7** and the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

2.2. BUSINESS PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA) requires Covered California 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. Covered California will trade the following health care transaction types:

- 834 Membership Enrollments
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the Washington Publishing Company website at http://www.wpc-edi.com/.

This Companion Guide is to be used in conjunction with the respective TR3s and is not meant to replace them.

3. FILE NAMING CONVENTIONS

The naming conventions for files transferred between Covered California and the insurance issuers are as follows:

Txn Type	Frequency Daily*, M=Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
834	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_834_INDV_<YYYYMMDDHHMMSS>.edi
834	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_834_INDV_<YYYYMMDDHHMMSS>.<BenefitYearYYYY>.edi
TA1	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<YYYYMMDDHHMMSS>.edi
TA1	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<YYYYMMDDHHMMSS>.edi

999	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_999_834_INDV_<YYYYMMDDHHMMSS>.edi
999	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_999_834_INDV_<YYYYMMDDHHMMSS>.edi

Note: "In" and "Out" are from the Covered California perspective, that is, Inbound to Covered California and Outbound from Covered California.

4. FILE TRANSFER PROCESS

Information on where to drop files, landing zone, etc. will be provided in a future version of this document or in a separate document.

5. ACKNOWLEDGMENTS AND INSTRUCTIONS FOR TA1/999

EDI interchanges submitted to Covered California 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. Similarly, Issuers are also expected to generate and return back acknowledgments for Covered California submitted files. Please note the difference between Confirmation and Acknowledgment transactions. Confirmation transaction is generated and sent by the Issuer to Covered California when the Policy is Effectuated (i.e. consumer makes payment).

Important Note: Carriers are required to return back Covered California sent control numbers in TA1/999 response files.

NOTE: The TA1/999 transaction instructions provided in this Companion Guide must be used in conjunction with the X231A1 ASC X12 Implementation Guide. For further information on the ASC X12 guide, please refer to Washington Publishing Company at www.wpc-edi.com or ASC X12 at www.x12.org.

5.1. TA1 INTERCHANGE ACKNOWLEDGMENT

- Covered California trades a TA1 interchange acknowledgment transaction for every ISA/IEA interchange in an 834 file. For 834's, Covered California currently sends a single ISA/IEA interchange per file to the Issuers, so the expectation is that a single TA1 file will be sent by the Issuer to the Exchange for every 834 file they receive from the Exchange. It is **highly recommended** that Issuers also send a single ISA/IEA interchange in their 834 file to the Exchange with the expectation that the Exchange will send a single TA1 file containing one or more TA1 transactions to the issuer. We recommend against

sending multiple ISA/IEA interchanges in a single file; if you cannot comply with this request, please contact Covered CA and provide an explanation.

- Covered California and the Issuer will not trade TA1 and 999 acknowledgements for TA1/999 files. Make sure to set ISA14 to the value "0" in the TA1 and 999. Failure to do so will result in the respective TA1 or 999 not passing validation and hence not being processed by the Exchange.

Reference	Name	Codes	Notes/Comments
ISA	**Interchange Control Header**		**The ISA is a fixed-length record with fixed-length elements.**
ISA01	Authorization Information Qualifier	00	Enter the value "00" — No Authorization Information Present
ISA13	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by an Issuer in TA1 files and expects those elements to be unique each time. Covered California will reject the ISA/IEA interchange if an Issuer sends a duplicate value in ISA13 and it will reject a GS/GE functional group if an Issuer sends a duplicate value in GS06.
ISA14	Acknowledgment Requested	0	This value must be set to "0".
TA1	Interchange Acknowledgement		A TA1 will always be sent to indicate whether or not there were any interchange level errors.

Reference	Name	Codes	
TA104	Interchange Acknowledgment Code	A, R	Covered California will only support Codes "A" and "R" in this field. The value "R" will be used to indicate that the transmitted interchange control header and/or trailer in the 834 had errors causing it not to be accepted. The expected response to this code is to correct the error in the 834 and resend it.
TA105	Interchange Note Code	028-031	The Exchange will not support TA1 error codes 028-031. Please refer to TR3 for definition of these codes.

TA1 Acceptance Example

```
ISA*00*    *00*    *ZZ*CA0    *ZZ*473103726
*160426*1825*^*00501*000000002*0*P*:~TA1*152611109*150918*1109*A*000~IEA*0*000000002~
```

TA1 Rejection Example

TA1 indicating that because an 834 had a duplicate interchange control number, the interchange was rejected:

```
ISA*00*    *00*    *ZZ*CA0    *ZZ*473103726
*160426*1825*^*00501*000000002*0*P*:~TA1*152611109*150918*1109*R*025~IEA*0*000000002~
```

5.2. 999 FUNCTIONAL ACKNOWLEDGMENTS

- Covered California trades a 999 functional acknowledgment transaction for every GS/GE functional group in an ISA/IEA interchange in an 834. Covered California currently sends a single GS/GE functional group within each ISA/IEA interchange to the Issuers, so the expectation is that a single 999 file with a single ISA/IEA containing a single GS/GE containing a single ST/SE loop containing 1 or more occurrences of the AK2 loop will be sent by the Issuers to the Exchange for every 834 file they receive from the Exchange. It is **highly recommended** that Issuers also send a single GS/GE functional group within each ISA/IEA interchange in their 834 file to the Exchange with the expectation that the Exchange will return a single 999 file with a single ISA/IEA containing

a single GS/GE containing a single ST/SE loop containing 1 or more occurrences of the AK2 loop to the issuer.

- If an 834 file generates a TA1 transaction with a reject code, no further processing of the 834 interchange will occur. In such an instance, a 999 transaction will not be traded for that 834.
- GS06 and GS02 control numbers **cannot** have any leading 0's.

Reference	Name	Codes	Notes/Comments
ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
ISA13	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by an Issuer in 999 files and expects those elements to be unique each time. Covered California will reject the ISA/IEA interchange if an Issuer sends a duplicate value in ISA13 and it will reject a GS/GE functional group if an Issuer sends a duplicate value in GS06.
ISA14	Acknowledgment Requested	0	This value must be set to "0".
GS	Functional Group Header		

Reference	Name	Codes	
GS02	Application Sender's Code		Covered California also expects GS02 and GS06 control numbers to not have any leading 0's. Otherwise, it will result in an error.
GS06	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by Issuers in TA1, 999, and 834 files and expects it to be unique each time. Covered California will reject the file if Issuers send duplicate ISA13 and GS06 control numbers. Covered California also expects GS02 and GS06 control numbers to not have any leading 0's. Otherwise, it will result in an error.

Examples of 999's:

a) When the 834 transaction has no validation issues, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1641*^*00501*000000001*0*P*:~GS*FA*CA0*473103726*20160426*164140*1*X*005010X231A1~S
T*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220A1~IK5*
A~AK9*A*1*1*1~SE*6*0001~GE*1*1~IEA*1*000000001~
```

b) When the 834 misses a 1000A N1 segment (where N101 = "P5"), the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1706*^*00501*000000001*0*P*:~GS*FA*CA0*473103726*20160426*170631*1*X*005010X231A1~S
T*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220A1~IK3*
N1*41*2750*1~IK5*R*5~AK9*R*1*1*0~SE*7*0001~GE*1*1~IEA*1*000000001~
```

c) When the 834 has the 1000A N1 segment, but 1000A N104 is missing, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1715*^*00501*000000001*0*P*:~GS*FA*CA0*473103726*20160426*171514*1*X*005010X231A1~S
T*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220A1~IK3*
N1*7*1000*8~IK4*4*67*7~IK4*4*67*2~IK5*R*5~AK9*R*1*1*0~SE*9*0001~GE*1*1~IEA*1*000000001~
```

d) When 2100A NM109 is missing, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1726*^*00501*000000001*0*P*:~GS*FA*CA0*473103726*20160426*172631*1*X*005010X231A1~S
T*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220A1~IK3*
NM1*19*2100*8~CTX*SUBSCRIBER NUMBER
REF02:6693~IK4*9*67*2~IK5*R*5~AK9*R*1*1*0~SE*9*0001~GE*1*1~IEA*1*000000001~
```

6. SUBSCRIBERS/DEPENDENTS

Subscribers and dependents 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:

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

Important Note: Usage of any other combination of characters as terminators such as a tilde followed by a line feed, tilde followed by carriage return, etc. will cause file to be marked as unusable and therefore will not be processed.

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended for use in values for identifiers.

   Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

8. 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 Covered California 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 1: ISA/GS Segment Instructions

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Authorization Information	ISA02	Not used
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Security Information	ISA04	Not used
Interchange Sender ID	ISA06	CA0 For outbound to issuer or CMS, it is the string "CA0" with 12 padded spaces after it. For inbound from issuer, it is the issuer's federal tax id (padded with spaces at the end to make it 15 character long) For inbound from CMS, it is the string "CMSFFM" with 9 spaces after it.

Element Name	Element	Value
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>" For outbound to issuer, it's the issuer's federal tax id (padded with spaces at the end to make it 15 character long) For outbound to CMS, it is the string "CMSFFM" with 9 spaces after it. For inbound from CMS, it is the string "CA0" with 12 padded spaces after it.
Interchange Date	ISA09	The date format is YYMMDD where YY = year (00-99), MM = month (01-12), and DD = day (01-31)
Interchange Time	ISA10	The time format is HHMM where HH = hours (00-23) and MM = minutes (00-59)
Repetition Separator	ISA11	"^" This delimiter is used to separate repeated occurrences of a composite data structure
Interchange Control Version Number	ISA12	"00501"
Interchange Control Number	**ISA13**	**Important Note:** Covered California tracks and validates this control number and expects it to be unique for the timeline of the issuer. This field cannot be recycled. If issuer sends a duplicate control number in ISA13, then the file will be rejected. The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 834 transactions. For more information, check GS06 or refer to TR3 documentation.
Interchange Acknowledgment Requested	ISA14	"1" for 834 "0" for TA1/999
Interchange Usage Indicator	ISA15	"P" for Production data "T" for Test data Covered California uses this code to indicate whether data enclosed by this interchange envelope is production or test.
Functional Identifier Code	GS01	"BE"

Element Name	Element	Value

Application Sender's Code	GS02	Used to identify the unit sending the information.
		
		For outbound to issuer, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is:
		
		  "CA0"
		
		For outbound to CMS, it's the 14-digit plan id
		
		For inbound from issuer, it's the issuer's federal tax id (padded with spaces at the end to make it 15 character long)
		
		For inbound from CMS, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is:
		  "CA0"

Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>"
		
		For outbound to issuer, it's the issuer's federal tax id (padded with spaces at the end to make it 15 character long)
		
		For outbound to CMS, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is:
		  "CA0"
		
		For inbound from issuer, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange, the value is:
		  "CA0"
		
		For inbound from CMS, it's the 14 digit plan id

Date	GS04	Represents the file creation date. Expressed in the form CCYYMMDD where CC = century (20), YY = year (00-99), MM = month (01-12), and DD = day (01-31)
Time	GS05	Represents the file creation time. For outbound, Covered California will use HHMM format.

Element Name	Element	Value
		For inbound, Covered California will accept any of the following allowed formats: • HHMM • HHMMSS • HHMMSSD • HHMMSSDD Where: HH = hours (00-23), MM = minutes (00-59), SS = seconds (00-59), D = tenth of seconds (0-9), and DD = hundreds of seconds (00-99). The recommended format is HHMM
Group Control Number	**GS06**	**Important Note:** Covered California tracks and validates this control number and expects it to be unique for the timeline of the issuer. If issuer sends across a duplicate control number in GS06, then the file will be rejected. The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 834 transactions. In order to provide sufficient discrimination for the acknowledgment process to operate reliably and to ensure that audit trails are unambiguous, the combination of GS01, GS02, GS03, and Functional Group Control Numbers (GS06, GE02) shall by themselves be unique within a reasonably extended timeframe whose boundaries shall be defined by trading partner agreement. Because at some point it may be necessary to reuse a sequence of control numbers, the Functional Group Date and Time may serve as an additional discriminant only to differentiate functional group identity over the longest possible timeframe. For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.

Element Name	Element	Value
Version/Release/Industry Identifier Code	GS08	"005010X220A1"
Transaction Set Identifier Code	ST01	"834"
Transaction Set Control Number	ST02	The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.
Implementation Convention Reference	ST03	"005010X220A1" This element must be populated with the guide identifier named in Section 1.2 of TR3 documentation. This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (ST/SE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.

Control Segment Example

ISA*00*   *00*   *ZZ*CA0   *ZZ*123456789

*150514*1451*^*00501*999999999*1*T*:

GS*BE*CA0*123456789*20150514*1451*999999999*X*005010X220A1

ST*834*000000001*005010X220A1

Note: All above mentioned control segment data elements are required to be sent in all transactions – Initial Enrollment, Confirmation, Change Reporting (Maintenance), and Disenrollment.

9. COVERED CALIFORNIA BUSINESS RULES

Refer to the CMS Companion Guide Version 1.7 for information on business rules and limitations. Covered California will be following these rules with the following exception to the General Business Rules:

9.1. GENERAL BUSINESS RULES EXCEPTIONS

Covered California will send separate transactions if multiple products (Medical & Dental) are selected from the same issuer. Covered California will **not** send these as multiple Member Detail

Loops at the 2000 Member Level like the FFE. Refer to section 9.2 of CMS 834 Companion Guide Version 1.7 for additional details. Covered California identifies unique enrollment group as a combination of household case id and subscriber id.

9.2. INDIVIDUAL MARKET RATE CALCULATIONS EXCEPTIONS

- Covered California will **not** have Family Rated Definitions (Composite Rating).

- Other Payment Amounts (OTH PAY AMT 1 and OTH PAY AMT 2) will not be used.

Refer to section 9.5 of CMS 834 Companion Guide Version 1.7 for additional details.

10. DETAILED BUSINESS SCENARIOS FOR 834

10.1. COVERED CALIFORNIA TO ISSUER - INITIAL ENROLLMENT INSTRUCTIONS (OUTBOUND)

An Initial Enrollment transmission is created by the Exchange and will be sent to the QHP Issuer

after an application has been determined eligible and a QHP has been selected.

Not all reporting categories from Table 10 of CMS 834 Companion Guide Version 1.7 are used.

Table 2: 834 Supplemental Instructions for Initial Enrollment

Table or Loop	Element	Industry/Element Name	Code	Instructions
Header	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code		Covered California will transmit "00".
	BGN02	Transaction Set Reference Number		For outbound 834's (from Exchange -> issuer), from the XML, the EDI map combines <HIOS_Issuer_ID> with <txnCreateDateTime> and maps it to this element. For example, if the HIOS Issuer ID is "34567" and the transaction creation date/time is "20150521121234", then this element would contain "3456720150521121234". For inbound 834's (from issuer -> Exchange), they typically send their own number perhaps using a different algorithm to generate it.
	BGN03	Transaction Set Creation Date		YYYYMMDD portion of <txnCreateDateTime>

Table or Loop	Element	Industry/Element Name	Code	Instructions
	BGN04	Transaction Set Creation Time		hhmmssdd portion of <txnCreateDateTime>
	BGN08	Action Code	2 or 4	"2" is used to identify a transaction of additions, terminations and changes to the current enrollment. "4" is used to identify a full enrollment transaction to verify that the sponsor and payer systems are synchronized.
Header	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
Header	QTY	Transaction Set Control Totals		Will transmit all 3 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		
	N103	Identification Code Qualifier	FI	Individual Market. (Individual Market identifies the subscriber from the enrollment group, unless the subscriber is under-aged. If the subscriber is under-aged, identifies the responsible person.)
			94	Individual Market. When the Sponsor Tax ID does not exist, the Exchange Assigned Subscriber ID will be sent.
1000B	N1	Payer		Identifies the issuer of the QHP

Table or Loop	Element	Industry/Element Name	Code	Instructions
	N103	Identification Code Qualifier	94 XV	Covered California will not transmit this value. Will transmit the CMS HPID.
1000C	N1	TPA/Broker Name		Will transmit if a broker was involved in the enrollment. Refer to TR3 documentation for instructions.
	N101	Entity Identifier Code	BO	Broker or Sales Office
	N102	TPA or Broker Name		Mapped to Broker/Agent Name
	N103	Identification Code Qualifier	FI XV	Federal Taxpayer's Identification Number Centers for Medicare and Medicaid Services PlanID
1000C	ACT	TPA/Broker Account Information		Will transmit if a broker was involved in the enrollment. Refer to TR3 documentation for instructions.
2000	INS	Member Level Detail		
	INS01	Member Type Indicator	Y N	"Y" indicates that the member is the Subscriber. "N" indicates that the member is not the Subscriber.

Table or Loop	Element	Industry/Element Name	Code	Instructions
	INS02	Individual Relationship Code	See Instructions	Mapped to the Individual's relationship to the listed subscriber. Following are the possible codes/values. 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 19 Child 23 Sponsored Dependent - Dependents 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 - Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support. 53 Life Partner - This is a partner that acts like a spouse without a legal marriage commitment. 60 Annuitant D2 Trustee G8 Other Relationship G9 Other Relative

Table or Loop	Element	Industry/Element Name	Code	Instructions
	INS03	Maintenance Type Code	See Instructions	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. **Note:** Code 025 (Reinstatement) and 030 Audit or Compare will not be used by Covered California.
	INS04	Maintenance Reason Code	See Instructions	Refer to Section 17 of this document for list of codes supported by Covered California. Note: Covered California will send code EC for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice.
	INS05	Benefit Status Code	A	Indicates Active
	INS08	Employment Status Code	AC TE	Covered California will use this (when INS01 = "Y") Covered California will use this when the transaction is Term or Cancel. That is when the Maintenance Reason Code (2000, INS04) equals 59 or 14 for termination/cancellation.
	INS12	Member Individual Death Date		This is the date of death for the subscriber/dependent and does not replace the use of the termination date within the 2300 loop.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	OF	Exchange Assigned Subscriber ID Identifier

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber (member id of subscriber). If enrollment is for dependents only, the oldest member will be the subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID) Issuers are required to send this ID back in the Confirmation 834s. This is a unique identifier for each enrollment in Covered California system. If the consumer reports change event (special enrollment period) and keeps the current enrollment, this ID will remain the same. It will change only when the consumer discontinues the old enrollment and shops for a new enrollment. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2000	REF	Member Supplemental Identifier		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF01	Reference Identification Qualifier	17	Outbound 834: Exchange Assigned Member ID Identifier.
			Q4	Outbound 834: ~~This segment will never be transmitted by Covered California~~Exchange Assigned Member ID Identifier.
			ZZ	Outbound: Transmit "ZZ" when the Issuer Assigned Subscriber ID is available in the system.

Note: Issuer Assigned Member ID is not present in the Initial Enrollment 834 and the Issuers are expected to send it back in all transactions. Once Covered California gets this value from Issuers, any consecutive 834 resulting from say; change reporting, will have Issuer Assigned ID. |
			23	Inbound 834: Issuers to send back the Issuer Assigned Member ID
	REF02	Member ID		Exchange Assigned Member ID or Issuer Assigned Member ID depending on REF01 code.
2000	DTP	Member Level Dates		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP01	Date Time Qualifier	See Instructions	It can be one of the following three values based on the enrollment event scenario. • 303 Maintenance Effective - This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300. • 356 Eligibility Begin - The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700. • 357 Eligibility End - 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 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP02	Date Time Period Format Qualifier	D8	Indicates that date will be passed in YYYYMMDD format. Covered California will always use this format.
	DTP03	Status Information Effective Date		Date is passed in YYYYMMDD format. i.e., 20150514
2100A	NM1	Member Name		
	NM109	Member Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the member's SSN when known.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2100A	PER	Member Communications Numbers		Will transmit three communication contacts --- home phone, work phone, cell phone, or email address --- when the information is available. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 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.
	PER01	Contact Function Code	IP	Insured Party
	PER03	Communication Number Qualifier	TE	Primary Phone ("TE")
	PER04	Communication Number	See Instructions	When PER03 = "TE", map to memberPrimaryPhoneNo
	PER05	Communication Number Qualifier	AP	Secondary Phone ("AP")
	PER06	Communication Number		When PER05 = "AP", map to memberSecondaryPhoneNo
	PER07	Communication Number Qualifier		"EM", if consumer selected email as preferred method of communication. "BN", if consumer selected phone number for receiving text messages
	PER08	Communication Number	See Instructions	When PER07 = "BN", map to memberPreferredSMS When PER07 = "EM", map to memberPreferredEmail
2100A	N4	Member City, State, ZIP Code		
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available. See http://www.itl.nist.gov/fipspubs/co-codes/ca.txt

Table or Loop	Element	Industry/Element Name	Code	Instructions
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date	See instructions	Member's Date of Birth expressed in format CCYYMMDD will be passed here.
	DMG03	Gender Code	F M U	Member's Gender code will be passed in this field. Female Male Unknown
	DMG04	Marital Status Code	See instructions	Refer to TR3 for list of standard codes for this field.
	DMG05-03	Race or Ethnicity Code	See instructions	Will transmit when available. Refer to section 14 for the codes that are supported.
	DMG06	Citizenship Status Code	See instructions	This is sent only in Subscriber loop. Will transmit when available. Following are the possible values. • "1" - U.S. Citizen • "3" - Resident Alien
2100A	EC	Employment Class		This segment will never be transmitted by Covered California.
2100A	ICM	Member Income		This segment will never be transmitted by Covered California.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted by Covered California.
2100A	HLH	Member Health Information		This segment will never be transmitted by Covered California.
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Spoken and Written language information will be transmitted when known. Refer to section 13-15 for the spoken and written language codes supported.
2100A	LUI01	Identification Code Qualifier	LE	Refer to section 13-15 for the spoken and written language codes supported.
	LUI04	Language Use Indicator	6 7	Written Language Spoken Language

Table or Loop	Element	Industry/Element Name	Code	Instructions
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments. This segment will be used while making updates or corrections to Name and/or SSN. When used, this segment will be populated with the prior Name and/or SSN of the member so that Issuers can use it to match up in their system. Please refer to TR3 documentation for additional information.
2100D		Member Employer Loop		This loop will never be transmitted by Covered California.
2100E		Member School Loop		This loop will never be transmitted by Covered California.
2100F		Custodial Parent Loop		Since minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers when known.
2100G		Responsible Person Loop		The Custodial Parent loop and the Responsible Person loop may both be transmitted for an enrollment.
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code		Covered California will transmit "QD" or "S1" as appropriate. Covered California will transmit "S1" if Responsible Party is Parent. Else, Covered California will transmit "QD".
	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		Populated similar to 2100A PER element. Please refer to the instructions provided in that section.
2100H		Drop-Off Location Loop		This loop will never be transmitted for Covered California.
2200		Disability Information Loop		This loop will never be transmitted for Covered California.
2300	HD	Health Coverage		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	HD01	Maintenance Type Code	See Instructions	Following are the possible values based on enrollment event scenario. 001 Change 021 Addition 024 Cancellation or Termination - Use this code for cancelling/terminating a coverage **Note:** Codes 002 (Delete), 025 (Reinstatement), 026 (Correction), 030 (Audit), and 032 (Employee Information Not Applicable) will not be used by Covered California.
	HD03	Insurance Line Maintenance Type Code	HLT DEN	"HLT" is transmitted if the enrollment is on a health/medical plan. "DEN" is transmitted if the enrollment is on a dental plan.
2300	DTP	Health Coverage Dates		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP01	Date Time Qualifier		**Outbound Direction:** For Outbound 834s, Covered California will transmit one of following values based on enrollment event scenario. • 303 Maintenance Effective - This is the effective date of a change where a member's coverage is not being added or removed. • 348 Benefit Begin - This is the effective date of coverage. This code must always be sent when adding or reinstating coverage. Transmit "348" for the Actual Enrollment Begin Date. Enrollment into the QHP is not effectuated until the initial premium has been paid. • 349 Benefit End - The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01. Will not transmit "349"; an Enrollment Period End Date is not sent on initial enrollment transactions. Transmit "349" for an Enrollment Period End Date when cancelling an enrollment period. Transmit "349" for an Enrollment Period End Date when terminating an enrollment period.

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP01	Date Time Qualifier		**Inbound Direction:** For inbound 834s, Issuers can send following values based on the scenario. • 349 (Benefit End) - Transmit "349" for an Enrollment Period End Date when cancelling an enrollment period. Transmit "349" for an Enrollment Period End Date when terminating an enrollment period. • 543 (Last Premium Paid Date) - Transmit "543" for the Last Premium
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier Note: This REF segment repeats for following codes.	CE	CE (Class of Contract Code): Populated with QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
			1L	IL: Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. **Important Note -** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
			ZZ	ZZ (Mutually Defined): Covered California will transmit Household Case ID.
2300	REF	Prior Coverage Months		This segment will never be transmitted for Covered California.
2300	IDC	Identification Card		This segment will never be transmitted for Covered California.
2310		Prior Information Loop		This loop will never be transmitted for Covered California.
2320		Coordination of Benefits Loop		This loop will never be transmitted for Covered California.

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Table or Loop	Element	Industry/Element Name	Code	Instructions
2330		Coordination of Benefits Related Entity Loop		This loop will never be transmitted for Covered California.
2700		Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to the 2750 loop.
2750	REF02	SOURCE EXCHANGE ID		Covered California will send CA0 for the SOURCE EXCHANGE ID.
2750	**N1**	**Reporting Category**		**Reporting Category for APTC Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "APTC AMT"
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	
	DTP02		D8	
	DTP03			Rating Area Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Net Premium Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium Note: This entire segment will appear only for Subscriber.
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.
2750	N1	Reporting Category		Reporting Category for passing previous Policy ID (Enrollment ID) with Old Subscriber Note: This entire segment will appear only for Subscriber in ADD transaction and will be populated only when Subscriber change occurs. Otherwise, it will not be populated.
	N101		75	
	N102			Value = "OLD POLICY ID"
	REF01		17	
	REF02			Value = Policy ID (Enrollment ID) of the old Enrollment with prior subscriber.
	DTP01		007	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP02		D8	
	DTP03			Effective Date in YYYYMMDD format.

10.2. COVERED CALIFORNIA TO ISSUER - CANCELLATION INSTRUCTIONS (OUTBOUND)

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. Cancellation can occur at Enrollment Group level or Member Level.

10.2.1 ENROLLMENT GROUP LEVEL CANCELLATION INSTRUCTIONS

Covered California will send a termination transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or moving out of a coverage area before coverage starts.

Table 3: 834 Supplemental Instructions for Individual Market Cancellation

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y	Enrollment group level cancellation will be sent at subscriber level in this loop.
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	See Instructions.	Covered California will transmit any of the cancellation applicable Maintenance Reason Codes from the list provided in Section 17.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. Important Note: Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this

Table or Loop	Element	Industry/Element Name	Code	Instructions
				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	Covered California will transmit Exchange Assigned Member ID in REF02.
			23	Covered California will transmit Issuer Assigned Member ID in REF02 if value present in Covered California system.
			ZZ	Covered California will transmit Issuer Assigned Subscriber ID in REF02 if value present in Covered California system.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Enrollment Period End Date
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 and it will be conveyed in the associated REF02 element. (HIOS ID)
			IL	Policy ID (Enrollment ID), which is the unique identifier for an enrollment should be passed in this field.

Table or Loop	Element	Industry/Element Name	Code	Instructions
				Important Note: Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2700		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 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"
2750	N1	Reporting Category		Reporting Category for APTC Note: This entire segment will appear only for Subscriber.
	N101		75	
	N102			Value = "APTC AMT"
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	
	DTP02		D8	
	DTP03			Rating Area Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Net Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Gross Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.

10.2.2 MEMBER LEVEL CANCELLATION INSTRUCTIONS

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

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

Table 4: 834 Supplemental Instructions for Individual Market Cancellation (Member Level)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	N	Member level cancellation will be sent at dependent loop.
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	**	Covered California will transmit any of the cancellation specific Maintenance Reason Codes from the list provided in Section 17.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this

Table or Loop	Element	Industry/Element Name	Code	Instructions
				ID in their system and send back in all the 834 transactions.
2000	REF	Member Supplemental Identifier		Covered California will transmit IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the QHP Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		Covered California will transmit benefit begin date from the Initial Enrollment transaction as the eligibility end date.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	349	Enrollment Period End Date Covered California will transmit benefit begin date from the Initial Enrollment transaction as the Coverage end date.
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 and it will be conveyed in the associated REF02 element. (HIOS ID)
			1L	Policy ID (Enrollment ID), which is the unique identifier for an

Table or Loop	Element	Industry/Element Name	Code	Instructions
				enrollment should be passed in this field.
				Important Note: Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
			X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2700		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 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"

10.3. COVERED CALIFORNIA TO ISSUER - TERMINATION INSTRUCTIONS (OUTBOUND)

A termination transaction is initiated when the enrollment is to be ended after coverage has been effectuated. This transaction is sent at the subscriber level and the Issuer is expected to terminate all members on the enrollment. Terminations can also occur at Member Level.

10.3.1 ENROLLMENT GROUP LEVEL TERMINATION INSTRUCTIONS

Covered California will send a termination transaction to the QHP Issuer for a variety of reasons. This includes the individual getting coverage through an employer or moving out of a coverage area.

Table 5: 834 Supplemental Instructions for Individual Market Termination

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	See instructions.	Covered California will transmit any of the termination specific Maintenance Reason Codes from the list provided in Section 17.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and sent back in all the 834 transactions.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01		17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the QHP Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		Covered California will transmit the Coverage End Date.
2300	DTP	Health Coverage Dates		Covered California will transmit both dates.
	DTP01	Coverage Period	349	Covered California will transmit the Enrollment Period End Date.
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 and it will be conveyed in the associated REF02 element. (HIOS ID)
			1L	Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2700		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

Table or Loop	Element	Industry/Element Name	Code	Instructions
				Version 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"TERM"

10.3.2 MEMBER LEVEL TERMINATION INSTRUCTIONS

This transaction is used when Covered California terminates individuals in the enrollment group rather than the entire enrollment group. This will only be used by Covered California to communicate member level terminations to issuers.

Important Note: Issuers will not use this transaction to send terminations to Covered California.

Table 6: 834 Supplemental Instructions for Individual Market Termination (Member Level)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code		Covered California will transmit any of the termination specific Maintenance Reason Codes from the list provided in Section 17.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		Covered California will transmit the Exchange Assigned ID of the subscriber.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2000	REF	Member Supplemental Identifier		Covered California will transmit the IDs shown below when they were present on the Initial Enrollment
	REF01		17	When the Exchange Assigned Member ID is conveyed in REF02. When the QHP Issuer Assigned Member ID is conveyed in REF02. When the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
			23	
			ZZ	
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		Covered California will transmit both dates.
	DTP01	Coverage Period	349	Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
2300	REF	Health Coverage Policy Number		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
			1L	Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
			X9	Covered California will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2700		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 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF02	Member Reporting Category Reference ID		"TERM"

10.4. ISSUER TO COVERED CALIFORNIA INSTRUCTIONS (INBOUND)

10.4.1 OVERVIEW OF COVERED CALIFORNIA INBOUND PROCESSING RULES

Covered California handles confirmation events from Issuers at member level and Cancellations and Terminations from Issuers at Subscriber level. Therefore, any inbound terminations or cancellations 834 transactions will error if not accompanied by subscriber information in the file.

Issuers are not allowed to term or cancel an enrollment for any reason other than Non-payment. This field is an optional field in the 834, but Issuers are required to populate and send it in all transactions.

Issuers are also not allowed to send different termination dates for different members in the same enrollment. Also, Covered California recommends that Issuers send the End Date equal to the Start Date for cancellations.

While processing any type of inbound transaction, if Covered California finds the member or the enrollment in the Covered California system is Cancelled, then the transaction sent from the Issuers will be ignored. Similarly, Issuer sent termination transaction will be ignored if the Issuer sent TERM date is greater than the TERM date already present in Covered California system.

Type	Confirmation	Cancellation	Termination
Transaction Level	Member Level (Issuers should send all members in the file)	Subscriber Level (Only subscriber information is required in the file)	Subscriber Level (Only subscriber information is required in the file)
Data Elements Updated in Covered California System	• Start Date • Member Status • Issuer IDs • Last Payment Date	• Reason Code • End Date • Status	• Reason Code • End Date • Status • Issuer IDs • Last Premium Date
Validations Performed	• Enrollment Record in Covered California System should not be in Cancel Status • To mark the enrollment as Confirmed, all the	• None	• Enrollment Record in Covered California System should not be in Cancel Status.

Table or Loop	Element	Industry/Element Name	Code	Instructions

| | | Members should be effectuated. | | |

10.4.2 ISSUER TO COVERED CALIFORNIA - CONFIRMATION INSTRUCTIONS

Table 7: 834 Supplemental Instructions for Confirmation/Effectuation

Table or Loop	Element	Industry/Element Name	Code	Instructions
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Issuers should transmit the value from BGN02 in the initial enrollment transaction.
Header	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation, transmit accurate totals instead of the values received in the Initial Enrollment transaction.
	QTY01	Quantity Qualifier	TO	Total: Issuers should transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.
			DT	Dependent Total: Issuers should transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.
			ET	Employee Total: Issuers should transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". Covered California requires all three be send.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		Important Note: Covered California now has capability to process Effectuation at Subscriber Level. Carriers can still continue to send effectuation at Member level. However, Covered California recommends that Carriers always include the subscriber in all confirmation transactions.Important Note: Covered California treats Effectuation at Member level and the Enrollment will not be considered as Effectuated/Confirmed in the system if Issuers do not send Confirmation for all the members listed on the Enrollment.
	INS04	Maintenance Reason Code	28	Issuers should transmit "28" when the QHP Issuer has effectuated member coverage. Important Note: The 834 transaction could be rejected if Issuers send any other Maintenance Reason Code other than 28 for Confirmation.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	

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Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to send back this value in all 834 transactions.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23 ZZ	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02. Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02.
2100B		Incorrect Member Name Loop		**Important Note:** Do not transmit this loop. Covered California will ignore this field and will not update this in the system.
2300	DTP	Health Coverage Dates		2 iterations are required.
	DTP01	Date Time Qualifier	348 543	The Actual Enrollment Begin Date must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid. The Last Premium Paid Date must be transmitted.
2300	REF	Health Coverage Policy Number		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF01	Reference Identification Qualifier	IL	Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to send back in all the 834 transactions.
			X9	For X9, transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
			CE	For CE, QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
2700		Member Reporting Categories Loop		One iteration of this loop is required for all confirmations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	

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Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF02	Member Reporting Category Reference ID		"CONFIRM" **Important Note:** Issuers are required to send this value as "CONFIRM" otherwise the 834 transaction will ~~be rejected by Covered California~~result in an error at Covered California.~~-~~

10.4.3 ISSUER TO COVERED CALIFORNIA - CANCELLATION INSTRUCTIONS

Issuers will send a cancellation transaction when the initial premium payment was not received in a timely manner for a specific enrollment. A cancellation from the Issuer will result in all enrollees for the enrollment to be cancelled.

Table 8: 834 Supplemental Instructions for Individual Market Cancellation

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y N	Y: Subscriber loop is required for Cancelation. N: Dependent loop is optional because Covered California treats Cancellation at Subscriber level.
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid reason for cancellation is non-payment of premium. **Important Note:** Covered California may reject the transaction if any other code is send in this field.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field.

Table or Loop	Element	Industry/Element Name	Code	Instructions
				Important Note: Since this is the unique Identifier for an enrollment in Covered California 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	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date send on the Initial Enrollment.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	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 Covered California will treat Cancellation at Subscriber Level.
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

Table or Loop	Element	Industry/Element Name	Code	Instructions
				and it will be conveyed in the associated REF02 element. (HIOS ID)
			IL	Policy ID (Enrollment ID), which is the unique identifier for an enrollment should be passed in this field. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to send back in all the 834 transactions.
2700		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 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 1.7 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Else, send "TERM" in this field.
2750	N1	Reporting Category		Reporting Category for APTC Note: This entire segment will appear only for Subscriber.
	N101		75	
	N102			Value = "APTC AMT"

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR AMT Note: This entire segment will appear only for Subscriber.
	N101		75	
	N102			Value = "CSR AMT"
	REF01		9V	
	REF02			Value = CSR Amount
	DTP01		007	
	DTP02		D8	
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	
	DTP02		D8	
	DTP03			Rating Area Effective Date in YYYYMMDD format.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2750	N1	Reporting Category		**Reporting Category for Net Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	N1	Reporting Category		**Reporting Category for Gross Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.

10.4.4 ISSUER TO COVERED CALIFORNIA - TERMINATION INSTRUCTIONS

Issuers will only send a termination transaction when the premium payment was not received in a timely manner for a specific enrollment. A termination from the Issuer will result in all enrollees for the enrollment being terminated.

Table 9: 834 Supplemental Instructions for Individual Market Termination

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y	Y: Subscriber loop is required for Cancelation.

Table or Loop	Element	Industry/Element Name	Code	Instructions
			N	N: Dependent loop is optional because Covered California treats Cancellation at Subscriber level.
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid reason for cancellation is non-payment of premium. **Important Note:** Covered California will reject the transaction if any other code is sent in this field.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California 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		17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the Issuer Assigned Subscriber ID is conveyed in REF02.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		Both dates are required. **Important Note:** Issuers are required to send same termination dates for all the members. Covered California treats Termination at Subscriber level and will use the Subscriber's termination date as the end date for rest of the dependents.
	DTP01	Coverage Period	343 349	Last Premium Paid Date must be sent. Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE 1L	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID) Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California System. **Important Note:** Since this is the unique Identifier for an enrollment in Covered California system, Issuers are required to store this ID in their system and send back in all the 834 transactions.
2700		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 1.7 for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.

Table or Loop	Element	Industry/Element Name	Code	Instructions
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"TERM" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Else, send "TERM" in this field.
2750	N1	Reporting Category		Reporting Category for APTC Note: This entire segment will appear only for Subscriber.
	N101		75	
	N102			Value = "APTC AMT"
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR AMT Note: This entire segment will appear only for Subscriber.
	N101		75	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	N102			Value = "CSR AMT"
	REF01		9V	
	REF02			Value = CSR Amount
	DTP01		007	
	DTP02		D8	
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	
	DTP02		D8	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP03			Rating Area Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Net Premium Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Gross Premium Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.

11. ISSUER TO COVERED CALIFORNIA - OTHER TRANSACTION INSTRUCTIONS

Issuers should not send transactions other than Confirmation, Termination, or Cancellation. Covered California will not accept the following INS03 values and sending these will result in an error.

- 001 – Change

- 002 - Delete

- ~~021 - Addition~~

- 025 - Reinstatement

- 026 - Correction

- 030 - Audit

- 032 - Employee Information Not Applicable

12. COVERED CALIFORNIA TO ISSUER - OTHER TRANSACTION INSTRUCTIONS

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

12.1. CHANGE TRANSACTIONS - COVERED CALIFORNIA TO ISSUER

Covered California will issue a standard Change transaction to update information that has changed. Examples of this would be name changes and contact information changes.

12.2. ADDRESS CHANGES

Following the CMS standard Companion Guide , Covered California will send 2 transactions to the Issuer when a change of address results in termination. An example of a change of address resulting in termination occurs when the same plan is not available in the region associated with the new address. The first transaction will be a change of address and the second the termination. If the change of address does not result in termination of coverage, the second transaction will not be sent. A third transaction will be sent if the consumer enrolls in a new plan with the same Issuer.

12.3. REINSTATEMENT SUPPLEMENTAL INSTRUCTIONS

A Reinstatement transaction is generated when an enrollee who has been cancelled or terminated needs to be reinstated. The format of 834 transactions for Reinstatement will look similar to Initial Enrollment transaction with following minor differences. As part of Reinstatement process, Covered California will revert the enrollment status and enrollment dates back to the previous status before cancellation / termination.

Note: Only Covered California can initiate a Reinstatement transaction. Issuers are not allowed to send reinstatement transactions through inbound 834s.

Table 10: 834 Supplemental Instructions for Reinstatement (Re-enrollment)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type	21	Code 021 (Addition) will be used for Reinstatement transactions.
	INS04	Maintenance Reason Code	41	Code 41 (Re-enrollment) will be used for Reinstatement transactions. Note: Initial Enrollment uses EC code and Reinstatement uses 41.
2000	REF	Member GS06 Supplemental Identifier		This will not be transmitted.
	REF01		Q4	This will not be transmitted.

12.4. CHANGE IN HEALTH COVERAGE

Covered California will send two Coverage Level Change transactions to the Issuer when an enrollee's health coverage level changes. The first Coverage Level Change transaction will convey a coverage termination for the old coverage level and a second Coverage Change transaction will convey a coverage level addition (new coverage).

For these transactions, multiple ST/SE will be sent and one INS segment per person.

12.5. REMOVAL OF SUBSCRIBER

The Covered California will send removal of existing subscriber as Termination or Cancellation of on previous Policy ID (Enrollment ID) followed by a new Initial Enrollment (new Policy ID) transaction with the new subscriber. Issuers should treat the new Policy ID similar to how they treat an Initial Enrollment. That is, Issuers are expected to send Confirmation for the new enrollment.

In order to help Issuers, differentiate such new Enrollment due to subscriber change, a new custom field will be added to the 2750 Reporting loop on the Initial Enrollment 834 transaction. This field will appear only on those new enrollments where subscriber change took place and this field will not be send for regular Initial Enrollment transactions. See below an example of how this field will look like in the 2750 reporting loop.

Example:

N1*75*OLD POLICY ID

REF*17*1002032323

DTP*007*D8*20151031

12.6. CHANGE PLAN EFFECTIVE DATE

Change Plan Effective Date functionality allows Covered California Admin users to change the effective start date of enrollments in Pending Status. A Maintenance transaction will be sent to the carrier with 001 as the maintenance type and 029 as the maintenance reason code (001-29). Carriers are required to use the new effective start date, when the effectuation transaction is sent back to Covered California.

Table 11: 834 Supplemental Instructions for Reinstatement (Re-enrollment)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type	001	Covered California will use code 001 (Change) for Change Plan Effective Date transaction.
	INS04	Maintenance Reason Code	29	Covered California will use code 29 (Benefit Selection) for Change Plan Effective Date transaction.

13. ANNUAL RENEWALS - INDIVIDUAL MARKET

There are two types of renewals – Active and Passive. An Active Renewal (also called Manual Renewal) is initiated by an enrollee returning to the Marketplace during the Open Enrollment Period. A Passive Renewal (also called as Auto-Renewal), is initiated without the intervention of the enrollee.

The following sections describe the types of transactions that will be sent to the Issuers for annually renewed enrollments based on the actions taken by the user or the system.

13.1. SAME PLAN FOR CURRENT ISSUER

During the renewal period, if a consumer selects or is automatically renewed into the same plan as their existing enrollment (same issuer):

1. A termination transaction is **not** sent to the current issuer for the current enrollment.

2. An enrollment transaction is sent to the existing issuer having the same data as an initial enrollment transaction with the following changes:

Table 12: 834 Supplemental Instructions for Individual Market – Renewal with Same Plan for Same Issuer

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	Re-enrollment
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Covered California will issue a new Policy ID (Enrollment ID) for renewed Enrollment
2750	N1	Reporting Category		Transmit the IDs shown below when they were present on the Initial Enrollment
	N101	Entity Identifier Code	75	
	N102	Name	REN/ RENP	REN will be send for Active Renewal and RENP will be send for Passive Renewal.
2750	**N1**	**Reporting Category**		**Reporting Category for APTC Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "APTC AMT"
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.

Table or Loop	Element	Industry/Element Name	Code	Instructions
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	
	DTP02		D8	
	DTP03			Rating Area Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Net Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Gross Premium** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	

Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.

3. Issuers are required to send a TA1 and 999.

4. Issuers are **not** required to send an 834 confirmation.

Important Note: Covered California treats each coverage year enrollment as separate Policy IDs (Enrollment IDs). Therefore, Issuers are expected to send separate TERM/CANCEL transactions for both coverage years.

13.2. DIFFERENT PLAN FOR CURRENT ISSUER

During the renewal period, if a consumer selects a different plan than their existing enrollment but the issuer is the same:

1. A termination transaction is **not** sent to the current issuer for the current enrollment.

2. An enrollment transaction is sent to the existing issuer having the same data as an initial enrollment with the changes indicated in Table 12 below.

3. Issuers are required to send a TA1 and 999.

4. Issuers are **not** required to send an 834 confirmation.

   Important Note: Covered California treats each coverage year enrollment as separate Policy IDs (Enrollment IDs). Therefore, Issuers are expected to send separate TERM/CANCEL transactions for both coverage years.

Table 13: 834 Supplemental Instructions for Individual Market – Renewal with Different Plan for Current Issuer

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	22	Plan Change
2000	REF	Member Policy Number		

Table or Loop	Element	Industry/Element Name	Code	Instructions
	REF01	Reference Identification Qualifier	1L	
	REF02	Member Group or Policy Number		Covered California will issue a new Policy ID (Enrollment ID) for renewed Enrollment.
2750	N1	Reporting Category		Transmit the IDs shown below when they were present on the Initial Enrollment
	N101	Entity Identifier Code	75	
	N102	Name	REN	REN will be send for Renewal
2750	**N1**	**Reporting Category**		**Reporting Category for APTC** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "APTC AMT"
	REF01		9V	
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	
	DTP02		D8	
	DTP03			APTC Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Member Level Premium**
	N101		75	
	N102			Value = "PRE AMT 1"
	REF01		9X	
	REF02			Value = Member Level Premium
	DTP01		007	
	DTP02		D8	
	DTP03			Member Level Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for RATING AREA** **Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "RATING AREA"
	REF01		9X	
	REF02			Value = Member's Rating Area
	DTP01		007	

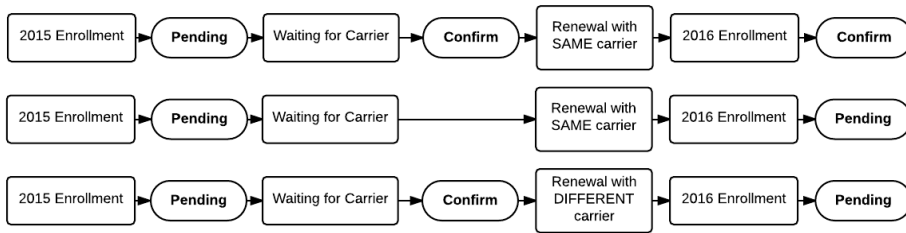| Table or Loop	Element	Industry/Element Name	Code	Instructions
	DTP02		D8	
	DTP03			Rating Area Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Net Premium Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "TOT RES AMT"
	REF01		9V	
	REF02			Value = Net Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Net Premium Effective Date in YYYYMMDD format.
2750	**N1**	**Reporting Category**		**Reporting Category for Gross Premium Note: This entire segment will appear only for Subscriber.**
	N101		75	
	N102			Value = "PRE AMT TOT"
	REF01		9X	
	REF02			Value = Gross Premium Amount
	DTP01		007	
	DTP02		D8	
	DTP03			Gross Premium Effective Date in YYYYMMDD format.

13.3. PLAN WITH NEW CARRIER

During the renewal period, if a consumer selects a plan from a different issuer than their current enrollment:

1. An enrollment level termination transaction is sent to the current issuer.

2. An initial enrollment transaction is sent to the new issuer.

3. Issuers are required to send a TA1 and 999

4. New Issuers are required to send an 834 confirmation transaction.

Important Note: The renewed enrollment will remain in Pending status until the new issuer sends across the 834 confirmation. Also note, if the consumer does not make payment, then the issuer is expected to send 834 cancellation transaction.

13.4. RENEWED ENROLLMENT STATUS

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

2015 Enrollment	→	Pending	→	Waiting for Carrier	→	Confirm	→	Renewal with SAME carrier	→	2016 Enrollment	→	Confirm
2015 Enrollment	→	Pending	→	Waiting for Carrier	→			Renewal with SAME carrier	→	2016 Enrollment	→	Pending
2015 Enrollment	→	Pending	→	Waiting for Carrier	→	Confirm	→	Renewal with DIFFERENT carrier	→	2016 Enrollment	→	Pending

14. MONTHLY RECONCILIATION

Fundamental to the reconciliation process is the ability to readily identify, track, and resolve artifacts that result from transactions between Covered California, through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), and its Issuers. Issuers shall review and compare the Exchange enrollment reconciliation file, distributed monthly, against the Issuer's membership enrollment and financial databases. Issuers shall prepare a comparison extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the reconciliation process guide.

15. LANGUAGE CODES

15.1. SPOKEN LANGUAGE CODES

Covered California will send the following codes for spoken language:

- eng – English
- ara – Arabic
- hye – Armenian
- fas – Farsi
- khmr – Cambodian
- cesm – Cantonese
- cmn – Mandarin
- hmn – Hmong
- kor – Korean

- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

15.2. WRITTEN LANGUAGE CODES

Covered California will send the following codes for written language:

- eng - English
- ara – Arabic
- hye - Armenian
- fas – Farsi
- khmr – Cambodian
- zho – Traditional Chinese character
- hmn – Hmong
- kor – Korean
- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

16. RACE/ETHNICITY CODES

Covered California will send the following codes for race/ethnicity:

- 2182-4 Cuban
- 2148-5 Mexican, Mexican American or Chicano/a
- 2180-8 Puerto Rican
- 1002-5 American Indian or Alaskan Native
- 2029-7 Asian Indian
- 2054-5 Black or African American
- 2034-7 Chinese
- 2036-2 Filipino
- 2086-7 Guamanian or Chamorro
- 2039-6 Japanese
- 2040-4 Korean
- 2079-2 Native Hawaiian
- 2028-9 Other Asian
- 2500-7 Other Pacific Islander
- 2080-0 Samoan
- 2047-9 Vietnamese
- 2106-3 White
- 2131-1 Other

17. MAINTENANCE REASON CODES

Covered California will send the following maintenance reason codes under INS04 in the 2000 loop.

Note: Covered California currently does not support usage of Additional Maintenance Reason codes as defined by CMS in Companion Guide v1.7.

Reason Code	Reason Description
01	Divorce
02	Birth
03	Death
04	Retirement
05	Adoption
07	Termination of Benefits
08	Termination of Employment
14	Voluntary Withdrawal
18	Suspended
20	Active
21	Disability
22	Plan Change
25	Change in Identifying Data Elements
27	Pre-Enrollment
28	Initial Enrollment
29	Benefit Selection
31	Legal Separation
32	Marriage
33	Personnel Data
40	Lay Off without Benefits
41	Re-enrollment
43	Change of Location Use this code to indicate a change of address.
59	Non Payment
AI	No Reason Given
EC	Member Benefit Selection

18. GLOSSARY

Acronym	Definition
ACA	Patient Protection and Affordable Care Act
ACS	Accredited Standards Committee

Acronym	Definition
AHBX	Accenture Health Benefits Exchange
API	Application Program Interface is a set of routines, protocols, and tools for building software applications.
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
EDI	Electronic Data Interchange
FGS	Functional Group Structure File Transfer Process
FTP	File Transfer Process
GHIX	GetInsured Health Insurance Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	United States Department of Health and Human Services
HIOS	Health Insurance Oversight System is the federal government's primary data collection vehicle for health insurance "Exchanges" Marketplaces.
ICS	Interchange Control Structure
TIBCO	TIBCO Software Inc. is an American company that provides message queue software for companies to use on-premises or as part of cloud computing environments.
XML	Extensible Markup Language