~~Carrier~~Issuer Participation Fee Billing Discrepancy Resolution Process

Each month, Covered California will send the ~~Carrier~~Issuer a Member Level Detail file (see Appendix C PMPM_Member_Level_Detail_Response SAMPLE) to support that month's billing (lists all members being billed for).

Within the same file, the ~~carrier~~issuer must indicate in the discrepancy column any disputed billing, by indicating the discrepancy type (see Discrepancy Types section below). If the ~~carrier~~issuer does not dispute the billing, ~~carrier~~issuer may indicate "ok to pay" OR leave the column blank. The ~~carrier~~issuer may also provide comments in the column marked "comments". This is an open ended field to provide further explanation or comments as needed.

~~Carrier~~Issuer must not modify the file structure or insert/delete any rows or columns as the responses will be appended to Exchange database for resolution purposes.

The following sections provide detailed instructions for completion of the monthly Member Level Detail file.

DISCREPANCY types for Participation Fee Billing Discrepancy Resolution

Cancellation – Policy was never effectuated.

Termination – Policy was once effectuated and is now terminated.

Effective Date – a mismatch between policy start dates or end dates exist

Duplicate – duplicate record exists (the record flagged is the duplicate; the current/correct record should not be flagged)

Missing (CC) – the record does not exist (on Covered CA side, but exists and is paying on ~~carrier~~issuer side)

Missing (~~Carrier~~Issuer) - the record does not exist in the ~~Carrier~~Issuer enrollment system

Plan Difference – the plan identified does not agree to plan selection on ~~Carrier~~Issuer record

Mismatch – Subscriber does not match member or vice versa

Field Name Specifications

~~Carrier~~Issuers must adhere to the following field name specifications.

Field Name	Data Type	Length	Description	Values
Household Case ID	Number	10	Case ID (same for all members in same household.) e.g. 5000892117	
Enrollment_ID	Number	varies	Subscriber ID (same for all members in same household.) e.g. 468751	
Subscriber Name	Short Text	varies	Subscriber name	
Exchange Member ID	Number	varies	Member Individual ID (unique per member)	
Member_Name	Short Text	varies	Member full name	
MbrSeqNum	Number	1	Member Sequence Number in the household	
Member_Type	Short Text	varies	Relationship to subscriber (Self, Spouse, Child, Other)	
Status	Short Text	varies	C (Current); RA (retro add); RT (retro terminate)	
Member_Start_Date	Date/Time	10	Date enrollee first became eligible with CC. e.g. 2014-01-01	
Member_End_Date	Date/Time	10	e.g. 2079-06-01	
Coverage_Start_Date	Date/Time	10	Coverage start date for the policy. e.g. 2014-12-31	
Coverage_End_Date	Date/Time	10	Coverage end date for the policy e.g. 2079-06-01	
~~Carrier~~Issuer HIOS ID	Number	5	~~Carrier~~Issuer Specific Identifier	
~~Carrier~~Issuer Policy ID	Mixed	16	Policy ID	
Plan_ID	Number	3	Plan identifier	
Plan Name	Short Text	varies	Plan Name	
Service Type	Short Text	2	Medical or Dental (ME or DE)	
Plan Tier	Short Text	2	CA (Catastrophic); BR (Bronze); SL (Silver); GL (Gold); PL (Platinum)	
Coverage_Month_Year	Date/Time	7	The specific period being billed for	
PMPM Fee	Currency	6	PMPM fee	
Discrepancy_Type	Short Text	varies	Type of discrepancy (Missing CC, Missing ~~Carrier~~Issuer, Cancellation, Termination, Plan Difference, Duplicate, Effective Date)	
Comments	Long Text	varies	Comments	

File Naming Convention

~~Carrier~~Issuers must use the following specified file naming when submitting the monthly. PMPM_Member_Level_Detail_Response file:

HIOSID_INDV_YYYMO01_~~Carrier~~Issuer_Name_PMPM_Member_Level_Detail_Response