Data Integrity

Reconciliation Process Guide

Version 1.0

Individual Market

June, 2015

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1. Introduction

1.1. Document Purpose

The Reconciliation Process Guide shall define the scope and expectations for a reoccurring reconciliation. Fundamental to this 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.

The resolution process will be performance tuned over time to accommodate for enrollment complexity and the transparency required for root cause analysis. Revisions to the process and file formats will be managed in accordance with the reconciliation cycles and captured in subsequent versions of this guide.

Table 1. Revision History

DATE	REVISION #	REVISION DESCRIPTION
06/03/2015	1.0	Initial version

1.2. Intended Users

The Reconciliation Process Guide is intended for account managers and staff of the enrollment, payment processing, and supporting technical teams of Qualified Health Plans (QHP) who are responsible for electronic transactions with Covered California.

2. Reconciliation Schedule

2.1. 2015 Data Reconciliation Schedule

Covered California and CalHEERS will engage in a monthly reconciliation process with the Issuers. Applying the key lessons learned from the 2014 REM efforts, Covered California will implement a phased approach to achieve this operational state.

Figure 1: 2015 Data Reconciliation Schedule
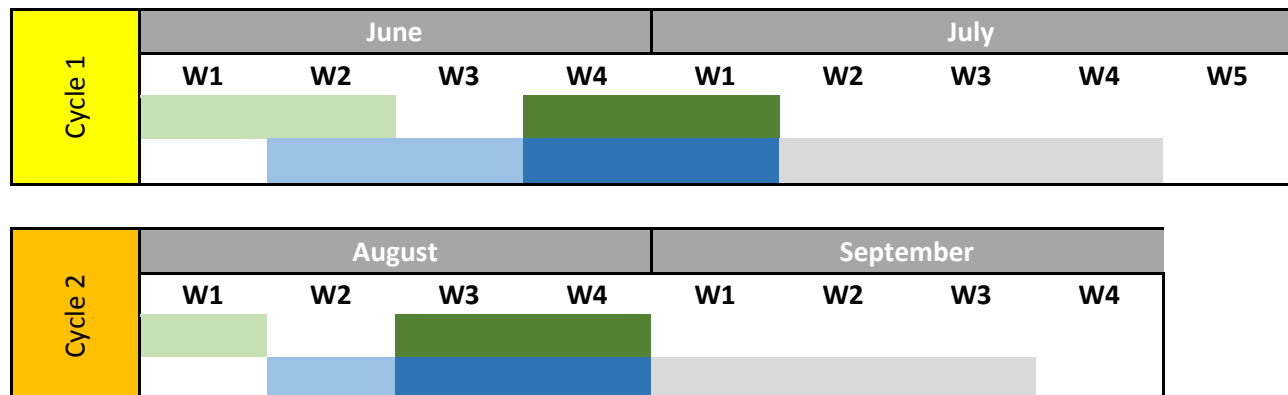
2.1.1. Cycle 1

Activities for Cycle 1 will run 2 months from June through July. Cycle 1 will leverage the Weekly Reconciliation file sent on Friday May 29th 2015. Issuers are required to include demographic data in the Issuer extract response file. This Cycle will introduce the Issuer Resolution File in which Issuers to must implement system fixes as stipulated by the outcome of CoveredCA data analysis. Lastly, this Cycle will introduce a period of Data Validation where Covered California will coordinate the review of resolutions stipulated during the preceding correction period.

The list of reconcilable fields is included in Appendix B: Reconcilable Fields

2.1.2. Cycle 2

Activities for Cycle 2 will run 2 months from August through early September with Issuer and Covered California Resolution File activities completed prior to Renewals. This cycle will leverage the Weekly Reconciliation file sent on Friday, July 31st 2015 and follow the same process flow of activities.

2.2.   2015 File Schedule

Reconciliation Files will continue to be sent on a weekly cadence. Files will be sent on Friday of each week excluding holidays. In an operational state, the monthly reconciliation process will be based on the Reconciliation File sent on the last Friday of the month prior.

Figure 2: 2015 File Schedule

Green	Weekly Reconciliation File		Yellow	Monthly Reconciliation File

MAY

S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	**29**	30
31	1	2	3	4	5	6

JUNE

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

JULY

S	M	T	W	T	F	S
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	**31**	1
2	3	4	5	6	7	8

AUGUST

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

3. Weekly Reconciliation File

Covered California will provide a Reconciliation File to the Issuers each week. The purpose of the weekly file is to provide a one-way comprehensive snapshot view of the full enrollment population for Issuers to reference.

For those members who are missing from the Issuer system, their transactions should be reconstituted from the weekly recon file. Any new enrollments, indicated by either a new Enrollment ID or Maintenance Add Member to an existing Enrollment ID, should be reconstituted with all associated values. For any maintenance transactions on existing enrollments, the associated values should be applied on a going forward basis only.

4. Monthly Reconciliation Process

This section includes the summary process flow and accompanying detailed activity narrative for the Covered California and Issuer data reconciliation process. Each cycle will leverage the Weekly Reconciliation File containing a comprehensive snapshot view of the full enrollment population. Once the reconciliation process is operational, monthly reconciliation will be based on the Weekly Reconciliation File sent on the last Friday of the month prior. In addition, Issuers will be expected to action various resolution methods. Resolutions will include 834s and system data fixes as a result of the reconciliation analysis, processing rules, and corresponding root cause findings.

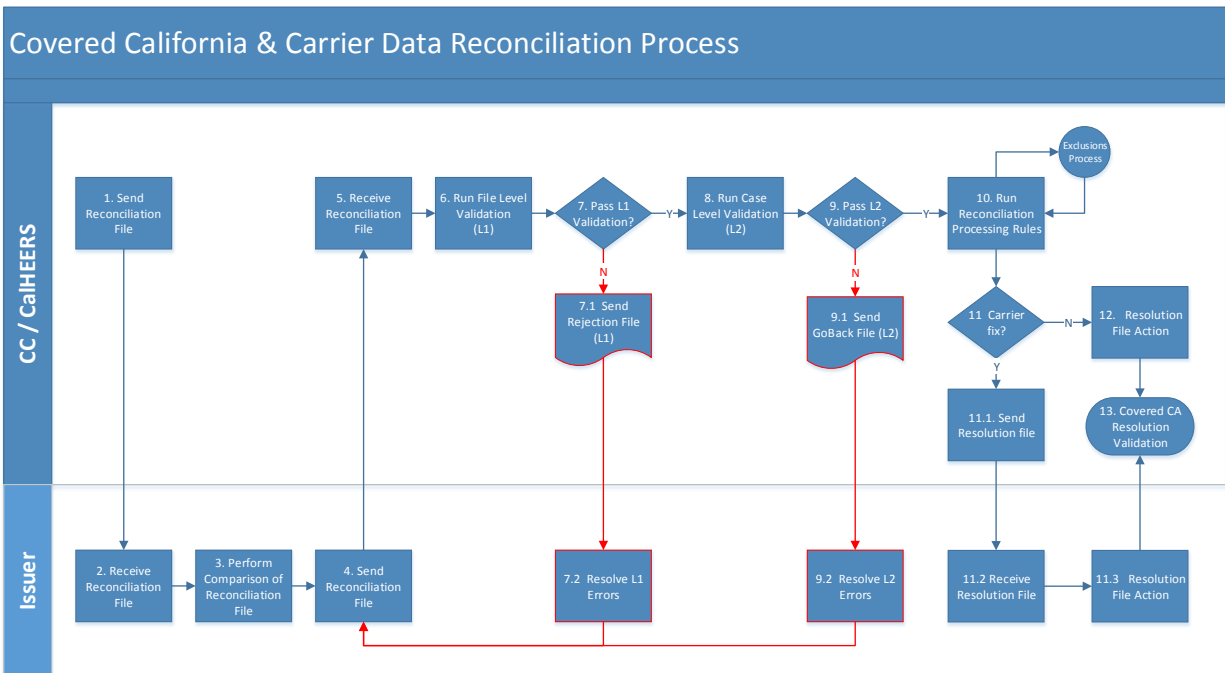Figure 3: Data Reconciliation Process Diagram

<p style="text-align: center; color: #2E74B5;">Table 1: Data Reconciliation Process Narrative</p>

Ref #	Activity	Actor	Activity Detail
1	**Send Reconciliation CSV File**	CC / CalHEERS	Reconciliation cycles will be based on the Weekly Reconciliation CSV file sent on the last Friday of the month prior to the cycle start date. **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_RECON_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_20150520.2015.csv.zip
2	**Receive Reconciliation CSV File**	Issuer	Issuers can expect the Weekly Reconciliation files via the same method and location as 834s are received. The supplemental document, **Weekly Reconciliation File Layout**, includes a comprehensive list of reconcilable fields with their associated description and required technical formatting.
3	**Perform Comparison of Reconciliation File**	Issuer	Since weekly reconciliation files are a snapshot view of consumer enrollments, it is of vital importance to anchor each reconciliation cycle off the designated file. Issuers should prepare and execute the file comparison in agreement with field mapping that is unique to each Issuer's data model. The expectation is to produce a comparative view of the reconciliation file that includes all necessary enrollment segment details to determine root cause of a discrepancy and the resolution method by way of processing rules. Once a comparison extract has been completed, it is expected that each Issuer will perform file level validations. Those file level validations include, but are not limited to the following: • No enrollment duplications per member. By concatenating Fields 4 (Member ID) & 5 (Enrollment ID) there should be no duplicate values. • All required fields are populated. (See Null Allowed column of the Weekly Reconciliation File Layout document). • Verify all fields are in the correct format, with no additional characters or additional formatting. • Benefit End Dates should be blank if it has not yet been determined for an enrollment. High Dates are not acceptable return values. • Cancellations should be consistently identifiable by having the same Benefit Start and End Dates. • No additional columns containing comments, notes etc. • No trailers, extra lines at the base of the file. • The word 'NULL' does not occur in the file. All null values should be left as blank. For those members who are missing from the Reconciliation File, Issuers are expected to utilize the defined field list and technical field requirements of the Reconciliation File to send all relevant information to Covered California for review. See Step 4 for file naming convention.

Ref #	Activity	Actor	Activity Detail
4	Send Reconciliation File	Issuer	Issuers can send the extract of the complete data comparison files via the same method and location as 834s are sent. **File naming convention:** from_<HIOS ID>_INDV_ENROLLMENT_RECON_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** from_55555_INDV_ENROLLMENT_RECON_20150520.2015.csv.zip For the file containing members who are missing from the Reconciliation File, Issuer should use the following naming convention: **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_MISSING_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_MISSING_20150520.2015.csv.zip
5	**Receive Reconciliation File**	CC / CalHEERS	
6	**Run File Level Validation (L1)**	CC / CalHEERS	Upon receipt of each Reconciliation File, its contents will be validated for accuracy and completeness. File level validations (L1) will be run in accordance with the field requirements detailed in **Weekly Reconciliation File Layout**.
7	**Pass L1 Validation?**	CC / CalHEERS	A file that fails L1 Validation will be returned to the Issuer in its entirety. An L1 Rejection is avoidable through comprehensive review prior to submission of the Reconciliation file. See **Activity 7.1: Send Rejections File (L1).** A file that passes L1 Validation will be passed on for case level validation. From this point onward through the process, reconciliation files will be partitioned and routed accordingly. See **Activity 8: Run Case Level Validation (L2)**
7.1	**Send Rejections File (L1)**	CC / CalHEERS	Issuers will be notified of L1 File Rejections through email communication.
7.2	**Resolve L1 Errors**	Issuer	The Issuer will review and resolve the L1 errors and resubmit the file. **File naming convention:** HIOS ID>_INDV_ENROLLMENT_RECON_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_20150520.2015.csv.zip
8	**Run Case Level Validation (L2)**	CC / CalHEERS	A file that passes L1 Validation will be passed on for Case Level Validation (L2). An L2 rejection is any enrollment or eligibility submission that violates standard business rules. These Case level rejections (L2) include but are not limited to: Subscriber to Member enrollment agreement, Invalid coverage dates, and Policy violations.

Ref #	Activity	Actor	Activity Detail
9	Pass L2 Validation?	CC / CalHEERS	A case that fails L2 Validation will be returned to the Issuer in its entirety at the case level. See **Activity 9.1: Send GoBack File (L2)** A case that passes L2 Validation will be passed on and will run through the Reconciliation Processing Rules Engine. See **Activity 10: Run Reconciliation Processing Rules Engine**
9.1	Send GoBack File (L2)	CC / CalHEERS	L2 Rejection Files will be returned to the Issuer at the case level. That is, if a single enrollment for a member is rejected, then the entire case will be returned. In the initial state of the reconciliation process an additional column will be included to designate which row(s) contain an error within the file. Errors will be defined by means of a reason code. As the reconciliation process matures the additional column will contain more granular reason codes. **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_GOBACK_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_GOBACK_20150520.2015.csv.zip
9.2	Resolve L2 Errors (L2)	Issuer	An L2 Rejection is any enrollment or eligibility submission that violates standard business rules. Issuers will be required to review these cases and make any necessary changes to resolve the error type provided. It is expected that GoBack files will take approximately 2-3 Business days to resolve. It is anticipated that as cases increase in complexity that the coordination and communication with CoveredCA will proportionally increase. With maturity of the reconciliation process, it is expected that GoBack files will take approximately 1-2 Business days to resolve. As familiarity with the error codes increases it is anticipated that processing efficiency will proportionally increase. **Return File Naming Convention:** from_<HIOS ID>_INDV_ENROLLMENT_RECON_GOBACK_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** from_59042_INDV_ENROLLMENT_RECON_GOBACK_20150520.2015.csv.zip
10	Run Reconciliation Processing Rules Engine	CC / CalHEERS	For all those cases which pass Case Level Validation (L2), they will be run through the Reconciliation Processing Rules Engine. The Processing Rules Engine initially identifies accurate and discrepant enrollment records. For each discrepancy, the Processing Rules Engine will evaluate a case for completeness with respect to: Period of Enrollment, Current Status, Member Identifying Information, and Eligibility Components. Exclusions Process: Exclusions are any case that is actively being resolved through other business channels. This includes, but not limited to the following: Appeals, Escalations, Informal Resolution, and Tickets. These cases will be excluded from the reconciliation processing rules.

Ref #	Activity	Actor	Activity Detail
11	**Issuer Fix?**	CC / CalHEERS	Each case that was identified by the Processing Rules Engine as actionable will be assigned a fix owner. If the Rule Engine identifies the Issuer as the owner, an Issuer Resolution file will be generated. See **Activity 11.1: Send Resolution File** If the Rules Engine identifies CC / CalHEERS as the owner, a CC / CalHEERS Resolution file will be generated. See **Activity 12.1: Resolution File Action.**
11.1	**Send Resolution File**	CC / CalHEERS	As an output of the Reconciliation Process Rules Engine, CC / CalHEERS will produce a Resolution File. The Resolution File Generation is the product of the reconciliation cascade. The Resolution File will include both values for all reconcilable fields, and two accompanying flags: Record Origin and Resolution. • Record Origin: This flag will designate, for a particular row, where the data originated. (e.g. CalHEERS or Issuer) • Resolution: This flag will designate, for each pair of rows, the method identified for resolution. (e.g. 834, Data Fix, etc.)
11.2	**Receive Resolution File**	Issuer	
11.3	**Resolution File Action**	Issuer	During the initial state of the reconciliation process, it is expected that Resolution Files will take approximately 2 Weeks to resolve. It is anticipated that as resolutions increase in complexity, the coordination and communication with CoveredCA will proportionally increase. There may be unique circumstances where a multi-step process is required between Issuers and CalHEERS. As the reconciliation process matures, it is expected that Resolutions Files will take approximately 1 Week to resolve. As familiarity with the error codes increases it is expected that processing efficiency will proportionally increase.
12	**Resolution File Action**	CC / CalHEERS	
13	**Resolution Validation**	CC / CalHEERS	CoveredCA and CalHEERS will routinely validate the cases identified during the resolution process are no longer discrepant. Those cases which persist from one reconciliation cycle to the next, without resolution, will be escalated as required. Comprehensive metrics and performance standards will be closely monitored throughout the benefit year. During the Initial State of the reconciliation process, it is expected that cases identified for resolution will not have the discrepancy persist for longer than 3 consecutive cycles. All resolution cases that are out of compliance with aging guidelines will be escalated to Leadership. As the reconciliation process matures, it is expected that cases identified for resolution will not have the discrepancy persist for longer than 2 consecutive cycles. As the reconcilable field list proportionally expands with the maturity of this process, the tracking and performance metrics will become more sophisticated to identify compliance standards.

5. Reconciliation File

5.1.   Reconciliation File Rules

The following fields should be opened as a text field to prevent any leading zeros from being dropped or converted to scientific notation prior to comparison:

Table 2: Fields to Open as Text

Field #	Field Name
6	CREATION_TIMESTAMP
7	LAST_UPDATED_TIMESTAMP
11	RATING_AREA
25	SSN
28	MEMBER_RELATIONSHIP_TO_SUB
40	RESIDENTIAL_COUNTY_FIPS_CODE
61	BROKER_ID
63	BROKER_FEDERAL_EIN
64	BROKER_LICENSE_NUMBER
65	BROKER_CERTIFICATION_NUMBER

Reconciliation CSV files should use the following CSV dialect:

1. Line Terminator = LF i.e. \n
2. Text Qualifier = ""
3. Encoding = UTF-8

For those members who are missing from the Reconciliation File, Issuers are expected to utilize the defined field list and technical field requirements of the Reconciliation File to send all relevant information to Covered California for review. See Step 4, Section 4: Monthly Reconciliation Process, Table 1: Data Reconciliation Process Narrative for file naming convention.

5.2.   Reconciliation File Layout

	#	Field	Description	Technical Field Description	Null Allowed
Primary	1	AUDIT_DATE	The date the file was created	date format: YYYYMMDD	N
	2	CASE_ID	10 Digit AHBX Case ID	Int	N
	3	SUBSCRIBER_ID	CalHEERS issued subscriber key	Int	N
	4	MEMBER_ID	CalHEERS issued Member key	Int	N
	5	ENROLLMENT_ID	A Key uniquely identifying a family/policy enrollment/segment	Int	N
	6	CREATION_TIMESTAMP	Date the initial enrollment was created	date format: YYYYMMDDhhmmss	N
	7	LAST_UPDATED_TIMESTAMP	Date the initial enrollment was last modified	date format: YYYYMMDDhhmmss	N
	8	LAST_PREMIUM_PAID_DATE	Premium paid through date	date format: YYYYMMDD	Y
	9	PLAN_TYPE	Health or Dental	char(3), allowed values: HLT, DEN	N
	10	RENEWAL_FLAG	Flag indicating renewal/renewal type	char(1), allowed values: A, M (auto/manual)	Y
	11	RATING_AREA	Rating Area Code	char(7), like 'R-CA%'	N
Enrollment	12	BENEFIT_START_DATE	Member's start date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates depending on their transaction history (term/re-enroll, maintenance, etc.).	date, format: YYYYMMDD	N
	13	BENEFIT_END_DATE	Member's end date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates depending on their transaction history (term/re-enroll, maintenance, etc.).	date, format: YYYYMMDD	Y

	#	Field	Description	Technical Field Description	Null Allowed
Enrollment	14	MEMBER_STATUS	Enrollee level status for a specific enrollment segment/period. Any consumer can have multiple historic enrollment statuses (cancelled, terminated etc. (specific to the segment/period)) and a single current enrollment status.	varchar(7) Allowed Values: PENDING, CONFIRM, TERM, CANCEL	N
Eligibility	15	PLAN_ID	16 Digit CMS Plan ID	char(16)	N
	16	ATPC_AMOUNT	Policy level APTC amount as designated by the consumer for a specific enrollment segment/period.	decimal(6,2)	N
	17	APTC_START_DATE	Currently N/A	date format: YYYYMMDD	Y
	18	ATPC_END_DATE	Currently N/A	date format: YYYYMMDD	Y
	19	CSR_AMOUNT	Policy Level CSR Amount for a specific enrollment segment/period.	decimal(6,2)	Y
	20	GROSS_PREMIUM	Policy Level GROSS Premium	decimal(6,2)	N
	21	NET_PREMIUM	Policy Level NET Premium	decimal(6,2)	N
Demographic	22	FIRST_NAME	Member First Name	varchar(100)	N
	23	MIDDLE_NAME	Member Middle Name	varchar(100)	Y
	24	LAST_NAME	Member Last Name	varchar(100)	N
	25	SSN	Social Security Number	char(9)	Y
	26	BIRTH_DATE	Member DOB	date format: YYYYMMDD	N
	27	DATE_OF_DEATH	Date of death if applicable	date format: YYYYMMDD	Y
	28	MEMBER_RELATIONSHIP_TO_SUB	Relationship of the Member to the Subscriber	char(2)	Y
	29	GENDER	Gender, Allowed Values: M, F	char(1)	N
	30	RACE_ETHNICITY_TYPE	Race Code	varchar(500)	Y
	31	LANGUAGE_SPOKEN	Language Code	varchar(5)	Y
	32	LANGUAGE_WRITTEN	Language Code	varchar(5)	Y

	#	Field	Description	Technical Field Description	Null Allowed
Demographic	33	PHONE_NUMBER	Phone number (No Formatting)	char(10)	Y
	34	EMAIL_ADDRESS	Email Address	varchar(250)	Y
	35	RESIDENTIAL_ADDR_LINE1	Street Address of Residence	varchar(1000)	N
	36	RESIDENTIAL_ADDR_LINE2	Street Address of Residence Continued	varchar(1000)	Y
	37	RESIDENTIAL_CITY_NAME	City of Residence	varchar(1000)	N
	38	RESIDENTIAL_STATE_CODE	State of Residence	char(2)	N
	39	RESIDENTIAL_ZIP_CODE	Zip Code of Residence	char(5)	N
	40	RESIDENTIAL_COUNTY_FIPS_CODE	Address Information Derived from RESIDENTIAL _ZIP_CODE	char(4)	N
	41	MAILING_ADDR_LINE1	Street Mailing Address	varchar(1000)	N
	42	MAILING_ADDR_LINE2	Street Mailing Address Continued	varchar(1000)	Y
	43	MAILING_CITY_NAME	City Mailing Address	varchar(1000)	N
	44	MAILING_STATE_CODE	State Mailing Address	char(2)	N
	45	MAILING_ZIP_CODE	Zip Code Mailing Address	char(5)	N
	46	RESPONSIBLE_PERSON_FIRST_NAME	Responsible Person First Name	varchar(100)	Y
	47	RESPONSIBLE_PERSON_LAST_NAME	Responsible Person Last Name	varchar(100)	Y
	48	RESPONSIBLE_PERSON_PHONE	Responsible Person Phone	char(10)	Y
	49	RESPONSIBLE_PERSON_ADDR_LINE1	Responsible Person Street Address	varchar(1000)	Y
	50	RESPONSIBLE_PERSON_ADDR_LINE2	Responsible Person Street Address Continued	varchar(1000)	Y
	51	RESPONSIBLE_PERSON_CITY_NAME	Responsible Person City	varchar(1000)	Y
	52	RESPONSIBLE_PERSON_STATE_CODE	Responsible Person State	char(2)	Y
	53	RESPONSIBLE_PERSON_ZIP_CODE	Responsible Person Zip Code	char(5)	Y
	54	CUSTODIAL_PARENT_FIRST_NAME	Custodial Parent First Name	varchar(100)	Y
	55	CUSTODIAL_PARENT_LAST_NAME	Custodial Parent Last Name	varchar(100)	Y
	56	CUSTODIAL_PARENT_ADDR_LINE1	Custodial Parent Street Address	varchar(1000)	Y
	57	CUSTODIAL_PARENT_ADDR_LINE2	Custodial Parent Street Address Continued	varchar(1000)	Y
	58	CUSTODIAL_PARENT_CITY_NAME	Custodial Parent City	varchar(1000)	Y

	#	Field	Description	Technical Field Description	Null Allowed
	59	CUSTODIAL_PARENT_STATE_CODE	Custodial Parent State	char(2)	Y
	60	CUSTODIAL_PARENT_ZIP_CODE	Custodial Parent Zip Code	char(5)	Y
Agent	61	BROKER_ID	CalHEERS Assigned Broker ID	Int	Y
	62	AGENT_BROKER_NAME	Latest Broker Name	varchar(100)	Y
	63	BROKER_FEDERAL_EIN	Latest Broker Federal EIN	varchar(50)	Y
	64	BROKER_LICENSE_NUMBER	Latest Broker License Number	varchar(50)	Y
	65	BROKER_CERTIFICATION_NUMBER	Latest Broker Certification Number	varchar(50)	Y
	66	BROKER_DELEGATED_TO_CASE_DATE	The date the broker was delegated to the case	date format: YYYYMMDDhhmmss	Y
Primary	67	ISSUER_MEMBER_ID	Issuer Assigned Individual Key	varchar(50)	Y
	68	ISSUER_SUBSCRIBER_ID	Issuer Assigned Subscriber Key	varchar(50)	Y

6. GoBack File Layout

6.1. GoBack File Rules

The following table provides the Error Codes and supporting rules that will be applied during the L2 Case Level Validation.

Codes	Rule
L2-A	The MEMBER_ID and ENROLLMENT_ID concatenation must be globally unique (duplicate)
L2-B	The unique count of MEMBER_ID and ENROLLMENT_ID concatenations must equal the count on the original Reconciliation File. The original Reconciliation File must be returned in its entirety (missing row).
L2-C	If MEMBER_STATUS is CANCEL, BENEFIT_START_DATE must equal BENEFIT_END_DATE
L2-D	If Null Allowed is N, value is required
L2-E	The member's enrollment dates (BENEFIT_START_DATE and BENEFIT_END_DATE) must be contained within the subscriber's enrollment dates for each ENROLLMENT_ID
L2-F	For any enrollment the BENEFIT_START_DATE must be equal to or less than BENEFIT_END_DATE
L2-G	Each BENEFIT_START_DATE and BENEFIT_END_DATE must be in the reconcilable benefit year.
<blank>	If case appears on the GoBack file with a blank error code then there exists an error for this household with another Issuer. No action is required if error code is blank.

6.2. GoBack File Layout

The below table provides the file layout that the Issuers will receive from Covered California. The issuer response to the GoBack File must adhere to the Reconciliation File format and must include all required fields as defined in Section 5.2 Reconciliation File Layout.

	#	Field
Primary	1	AUDIT_DATE
	2	CASE_ID
	3	SUBSCRIBER_ID
	4	MEMBER_ID
	5	ENROLLMENT_ID
	6	CREATION_TIMESTAMP
	7	LAST_UPDATED_TIMESTAMP
	8	LAST_PREMIUM_PAID_DATE
	9	PLAN_TYPE
	10	RENEWAL_FLAG
	11	RATING_AREA

	#	Field
Enrollment	12	BENEFIT_START_DATE
	13	BENEFIT_END_DATE
	14	MEMBER_STATUS
Eligibility	15	PLAN_ID
	16	ATPC_AMOUNT
	17	APTC_START_DATE
	18	ATPC_END_DATE
	19	CSR_AMOUNT
	20	GROSS_PREMIUM
	21	NET_PREMIUM
	22	ERROR_CODE

7. Appendix A: Sample Reconciliation Scenarios

The Reconciliation File includes a comprehensive snap shot of a household's enrollment. To ensure correct interpretation of the data, below are sample Reconciliation scenarios found in the file sent from Covered California to the Issuers (Step 1 & 2 in Figure 3: Data Reconciliation Process Diagram):

Transaction Example 1: Reconciliation File with Multiple Transactions

Scenario:

- On 12/13/2014 a one member household completes the initial application and plan selection (Plan ID: 55555CA038000301) for a 01/01/2015 benefit start date
- On 04/05/2015 the primary applicant adds a dependent and selects a new plan (Plan ID: 55555CA038000304)
- On 09/10/2015 the primary applicant reports a change in income that makes the household eligible for a new CSR tier. The household selects a new plan (Plan ID: 55555CA038000306).

November 2015 Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	13579	20141213...	20150413...	20150101	20150430	TERM	55555CA038000301	100	350	123 Sunny Beach Dr.
5000000001	11111	11111	43080	20150405...	20150910...	20150501	20150930	TERM	55555CA038000304	150	425	123 Sunny Beach Dr.
5000000001	11111	11112	43080	20150405...	20150910...	20150501	20150930	TERM	55555CA038000304	150	425	123 Sunny Beach Dr.
5000000001	11111	11111	102708	20150910...	20151010...	20151001		CONFIRM	55555CA038000306	200	300	123 Sunny Beach Dr.
5000000001	11111	11112	102708	20150910...	20151010...	20151001		CONFIRM	55555CA038000306	200	300	123 Sunny Beach Dr.

Transaction Example 2: Reconciliation File with Maintenance Transaction (Address Change)

Scenario:

- On 12/13/2014 a two member household completes the initial application and plan selection for a 01/01/2015 benefit start date
- On 11/05/2015 the primary applicant changes their residential address from 123 Sunny Beach Dr. to 555 Main St through the Covered California portal

October 2015 Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	123456	20141213	20141213	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	123456	20141213	20141213	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.

November 2015 Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	123456	20141213	20151105	20150101		CONFIRM	55555CA038000301	100	500	555 Main St
5000000001	11111	11112	123456	20141213	20151105	20150101		CONFIRM	55555CA038000301	100	500	555 Main St

Transaction Example 3: Reconciliation File with Reinstatement Transaction

Scenario:

- On 12/13/2014 a two member household completes the initial application and plan selection for a 01/01/2015 benefit start date
- On 04/13/2015 the policy is terminated with an end of the month benefit end date of 04/30/2015
- On 11/01/2015, as a result of an Appeal decision, the policy is reinstated into the same plan and with the initial benefit start date of 01/01/2015

October 2015 Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	222222	20141213...	20150413...	20150101	21050430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20150413...	20150501	21050430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.

November 2015 Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	222222	20141213...	20151101...	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20151101...	20150501		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.

Transaction Example 4: Reconciliation File with Renewal Transaction

Scenario: *Auto renewed for 2015 and had a maintenance on the renewal*

April 2015 2014 Benefit Year Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	Renewal Flag	BENEFIT_START DATE	BENEFIT_END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	222222	20131015...	20140113...		20140101	21040430	ENROLL	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20131015...	20140113...		20140501	21040430	ENROLL	55555CA038000301	100	500	123 Sunny Beach Dr.

April 2015 2015 Benefit Year Reconciliation File

CASE ID	SUBSCRIBER ID	MEMBER ID	ENROLLMENT_ ID	CREATION TIMESTAMP	LAST UPDATED TIMESTAMP	Renewal Flag	BENEFIT_ START DATE	BENEFIT_ END DATE	MEMBER STATUS	PLAN ID	ATPC AMOUNT	GROSS PREMIUM	RESIDENTIAL ADDR LINE1
5000000001	11111	11111	525222	20141115...	20150413...	A	20150101	21050430	ENROLL	55555CA038000301	100	550	123 Sunny Beach Dr.
5000000001	11111	11112	525222	20141115...	20150413...	A	20150501	21050430	ENROLL	55555CA038000301	100	550	123 Sunny Beach Dr.

8. Appendix B: Reconcilable Fields

The following table provides clarification on how the data returned by the Issuers in the Reconciliation fields will be managed.

- **Matching (M) -** These fields may be leveraged to match from the Reconciliation File to the Issuer's database
- **Reconcilable (R)** - These fields will be the core reconcilable fields for running the Reconciliation Processing Rules (Step 10, Figure 3: Data Reconciliation Process Diagram)
- **Discovery Analysis (D)** - These fields will be used for discovery analysis in order to determine the discrepancy frequency between Covered California and the Issuers. This analysis will contribute to the prioritization of expanding the reconcilable fields in subsequent cycles.

	#	Field	Field Use
Primary	1	AUDIT_DATE	n/a
	2	CASE_ID	M
	3	SUBSCRIBER_ID	M
	4	MEMBER_ID	M
	5	ENROLLMENT_ID	n/a
	6	CREATION_TIMESTAMP	M
	7	LAST_UPDATED_TIMESTAMP	M
	8	LAST_PREMIUM_PAID_DATE	R
	9	PLAN_TYPE	n/a
	10	RENEWAL_FLAG	n/a
	11	RATING_AREA	n/a
Enrollment	12	BENEFIT_START_DATE	R
	13	BENEFIT_END_DATE	R
	14	MEMBER_STATUS	R
Eligibility	15	PLAN_ID	M
	16	ATPC_AMOUNT	n/a
	17	APTC_START_DATE	n/a
	18	ATPC_END_DATE	n/a
	19	CSR_AMOUNT	M
	20	GROSS_PREMIUM	M
	21	NET_PREMIUM	M
Demographic	22	FIRST_NAME	D
	23	MIDDLE_NAME	D
	24	LAST_NAME	D
	25	SSN	D
	26	BIRTH_DATE	D

	#	Field	Field Use
Demographic	27	DATE_OF_DEATH	D
	28	MEMBER_RELATIONSHIP_TO_SUB	D
	29	GENDER	D
	30	RACE_ETHNICITY_TYPE	D
	31	LANGUAGE_SPOKEN	D
	32	LANGUAGE_WRITTEN	D
	33	PHONE_NUMBER	D
	34	EMAIL_ADDRESS	D
	35	RESIDENTIAL_ADDR_LINE1	D
	36	RESIDENTIAL_ADDR_LINE2	D
	37	RESIDENTIAL_CITY_NAME	D
	38	RESIDENTIAL_STATE_CODE	D
	39	RESIDENTIAL_ZIP_CODE	D
	40	RESIDENTIAL_COUNTY_FIPS_CODE	D
	41	MAILING_ADDR_LINE1	D
	42	MAILING_ADDR_LINE2	D
	43	MAILING_CITY_NAME	D
	44	MAILING_STATE_CODE	D
	45	MAILING_ZIP_CODE	D
	46	RESPONSIBLE_PERSON_FIRST_NAME	n/a
	47	RESPONSIBLE_PERSON_LAST_NAME	n/a
	48	RESPONSIBLE_PERSON_PHONE	n/a
	49	RESPONSIBLE_PERSON_ADDR_LINE1	n/a
	50	RESPONSIBLE_PERSON_ADDR_LINE2	n/a
	51	RESPONSIBLE_PERSON_CITY_NAME	n/a
	52	RESPONSIBLE_PERSON_STATE_CODE	n/a
	53	RESPONSIBLE_PERSON_ZIP_CODE	n/a
	54	CUSTODIAL_PARENT_FIRST_NAME	n/a
	55	CUSTODIAL_PARENT_LAST_NAME	n/a
	56	CUSTODIAL_PARENT_ADDR_LINE1	n/a
	57	CUSTODIAL_PARENT_ADDR_LINE2	n/a
	58	CUSTODIAL_PARENT_CITY_NAME	n/a
	59	CUSTODIAL_PARENT_STATE_CODE	n/a
	60	CUSTODIAL_PARENT_ZIP_CODE	n/a
Agent	61	BROKER_ID	R
	62	AGENT_BROKER_NAME	R
	63	BROKER_FEDERAL_EIN	R
	64	BROKER_LICENSE_NUMBER	R
	65	BROKER_CERTIFICATION_NUMBER	R
	66	BROKER_DELEGATED_TO_CASE_DATE	R

	#	Field	Field Use
Primary	67	ISSUER_MEMBER_ID	n/a
	68	ISSUER_SUBSCRIBER_ID	n/a