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# EDI Companion Guide Design

Version 2.2



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## 1. PREFACE

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under 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 is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data 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 is creating a health insurance exchange called Covered California to comply with the Affordable Care Act (ACA). Covered California will help 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 carriers. Modifications to the CMS guide will be made where necessary.

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 carriers 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
- 820 Payment files
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the WPC 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:

Trxn Type	Frequency Daily*, Weekly, Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
834	Daily	Individual Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_834_INDV_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_834_INDV_<YYYYMMDDHHMMSS>.edi
834	Daily	SHOP Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi
834	Monthly	Reconciliation for Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_834_RECONINDV_<YYYYMMDDHHMMSS>.edi
834	Monthly	Reconciliation for SHOP Enrollments	O	to_<HIOS_Issuer_ID>_CA_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi
TA1	Daily	Individual Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<YYYYMMDDHHMMSS>.edi
TA1	Daily	SHOP Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi

TA1	Monthly	Reconciliation for Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_TA1_834_RECONINDV_<YYYYMMDDHHMMSS>.edi
TA1	Monthly	Reconciliation for SHOP Enrollments	I	from_<HIOS_Issuer_ID>_CA_TA1_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi
999	Daily	Individual Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_999_834_INDV_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_999_834_INDV_<YYYYMMDDHHMMSS>.edi
999	Daily	SHOP Enrollments	I/O	from_<HIOS_Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<HIOS_Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi
999	Monthly	Reconciliation for Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_999_834_RECONINDV_<YYYYMMDDHHMMSS>.edi
999	Monthly	Reconciliation for SHOP Enrollments	I	from_<HIOS_Issuer_ID>_CA_999_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi

\* Daily implies that every day, a maximum of one file/day will be traded.

#### 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 BUSINESS EDITS

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.

##### 5.1. TA1 INTERCHANGE ACKNOWLEDGMENT

- Covered California expects to receive a TA1 interchange acknowledgment for every outbound 820 or 834 file sent.
- Covered California will send a TA1 acknowledgement for every inbound 820 or 834 file received when requested in the interchange control header.
- The Exchange will require the request for a TA1 in the control header to be in all outbound and inbound 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.
- The Exchange will not support TA1 error codes 028-031.
- The Exchange will only support Interchange Acknowledgement Codes "A" and "R".

## 5.2. 999 FUNCTIONAL ACKNOWLEDGMENTS

- Covered California expects to receive a 999 functional acknowledgment for every functional group in every file sent.
- Covered California will send 999 functional acknowledgements for every functional group in every inbound 820 or 834 file received.
- If a TA1 is rejected, a 999 will not be sent.

## 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

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

Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

## 8. SHOP VERSUS INDIVIDUAL TRANSACTIONS

Separate files will be created for Individual and SHOP enrollments to aid insurance carriers in processing enrollment transactions.



Multiple Groups/Sponsors will be represented in a single 834 but 834s will not be grouped by sponsor.

## 9. CONTROL SEGMENTS/ENVELOPES

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA implementation guides. The following sections address specific information needed by 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"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	330812456
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>"
Interchange Acknowledgment Requested	ISA14	"1" for 834/820 "0" for TA1/999
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	330812456
Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>"
Group Control Number	GS06	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 transaction.
Version/Release/Industry Identifier Code	GS08	"005010X220A1"

## 10. COVERED CALIFORNIA BUSINESS RULES AND LIMITATIONS

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:

### 10.1. 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.

### 10.2. INDIVIDUAL AND SHOP MARKET RATE CALCULATIONS EXCEPTIONS

- Covered California will **not** have Family Rated Definitions/Calculations for Individual or SHOP markets as it is Per Member Per Month.
- Other Payment Amounts (OTH PAY AMT 1) will not be used.

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

## 11. DETAILED BUSINESS SCENARIOS FOR 834

### 11.1. INITIAL ENROLLMENT SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER

An Initial Enrollment transmission is created by the Exchange and sent to the QHP Issuer after an application has been determined eligible and a QHP has been selected.

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

**Table 2 - 834 Supplemental Instructions for Initial Enrollment**

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN08	Action Code	2	
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.

Table or Loop	Element	Industry/Element Name	Code	Instruction
	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		
			24	SHOP Market. (SHOP Market identifies the employer group.)
			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 and SHOP Market. When the Sponsor Tax ID does not exist, the Exchange Assigned Subscriber ID is sent
1000B	N1	Payer		Identifies the issuer of the QHP
	N103	Identification Code Qualifier	94	Covered California will not transmit this value.
			XV	Will transmit the CMS HPID.
1000C	N1	TPA/Broker Name		Will transmit if a broker was involved in the enrollment
1000C	ACT	TPA/Broker Account Information		Will transmit if a broker was involved in the enrollment
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	EC	
	INS08	Employment Status Code	AC	
2000	REF	Subscriber Identifier		

Table or Loop	Element	Industry/Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	0F	
	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 Supplemental Identifier		
	REF01	Reference Identification Qualifier	17 60	Will transmit when the Exchange Assigned Member ID will be conveyed in REF02. Covered California will not transmit this value.
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.
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.
2100A	N4	Member City, State, ZIP Code		
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available. See <a href="http://www.itl.nist.gov/fipspubs/codes/ca.txt">http://www.itl.nist.gov/fipspubs/codes/ca.txt</a>
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date		
	DMG03	Gender Code		
	DMG04	Marital Status Code		

Table or Loop	Element	Industry/Element Name	Code	Instruction
	DMG05-03	Race or Ethnicity Code		Will transmit when available. Refer to section 14 for the codes that are supported.
	DMG06	Citizenship Status Code		Will transmit when available
2100A	EC	Employment Class		This segment will never be transmitted for Covered California.
2100A	ICM	Member Income		This segment will never be transmitted for Covered California.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted for Covered California.
2100A	HLH	Member Health Information		This segment will never be transmitted for 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.
2100A	LUI01	Identification Code Qualifier	LE	Refer to section 13 for the spoken and written language codes supported.
	LUI04	Language Use Indicator	6 7	Written Language Spoken Language
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments.
2100D		Member Employer Loop		This loop will never be transmitted for Covered California.
2100E		Member School Loop		This loop will never be transmitted for 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		Will transmit "QD" or "S1" as appropriate.
	NM109	Responsible Party Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the SSN when known.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2100G	PER	Responsible Person Communication Numbers		<p>Will transmit three communication contacts --            - home phone, work phone, cell phone, or email address --- when the information is available.</p> <p>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.</p>
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		
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier		<p>Will not transmit "349" since an Enrollment Period End Date is never sent on an Initial Enrollment.</p> <p>Will not transmit "695" since 2300 REF (Prior Coverage Months) will never be sent on an Initial enrollment.</p>
2300	REF	Health Coverage Policy Number		

Table or Loop	Element	Industry/Element Name	Code	Instruction
	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)
			E8	SHOP Market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element.
			1L	SHOP Market: Will transmit when the Exchange Assigned Policy ID (Employer Case ID) will be conveyed in the associated REF02 element.
			ZZ	Individual Market: Will transmit Household Case ID SHOP Market: Will transmit Employee 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.
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 guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop.
2750	REF02	SOURCE EXCHANGE ID		See section 9.0 - Covered California will send <a href="#">330812456</a> for the SOURCE EXCHANGE ID.

**11.2. ENROLLMENT CONFIRMATION/EFFECTUATION SUPPLEMENTAL INSTRUCTIONS - QHP ISSUER TO COVERED CALIFORNIA**

**Table 3 - 834 Supplemental Instructions for Confirmation/Effectuation**

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		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. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.
			ET	Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". Covered California requires all three be sent.
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	28	Will transmit "28" when the QHP Issuer has effectuated member coverage.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02.
			ZZ	Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02.
2100B		Incorrect Member Name Loop		Do not transmit this loop as member information may not be corrected in an effectuation/confirmation transmission.



Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	DTP	Health Coverage Dates		2 iterations are required.
	DTP01	Date Time Qualifier	348	The Actual Enrollment Begin Date. It must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
			543	The Last Premium Paid Date. It must be transmitted. For SHOP, send last day of month of effectuation (e.g., Send 1/31/2014 when effectuation date is 1/1/2014)
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	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 confirmations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guideline 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		"CONFIRM"

**11.3. INDIVIDUAL AND SHOP MARKET CANCELLATION SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER, QHP ISSUER TO COVERED CALIFORNIA (SUBSCRIBER LEVEL - ENTIRE ENROLLMENT GROUP)**

Following the CMS standard companion guide, a cancellation transaction can be initiated by either Covered California or the QHP Issuer. A cancellation transaction is initiated when the enrollment is to be ended without coverage ever being effectuated. A cancellation can occur any time prior to the effective date of initial coverage.

Covered California will send a cancellation transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or another employer and moving out of a coverage area before coverage is started.

QHP issuers will only send a cancellation transaction when the initial premium payment was not received in a timely manner according to grace period policies for individual enrollments. A cancellation from the QHP Issuer will result in all enrollees for the enrollment to be cancelled.

**SHOP Market:** This transaction is **not** used by QHP issuers in the SHOP market. Only Covered California can cancel SHOP enrollments.

**Table 4 - 834 Supplemental Instructions for Individual and FF-SHOP Market Cancellation**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59  **	Covered California <-- QHP Issuer. This qualifier must be used because the only valid reason for cancellation is non-payment of premium.  Covered California --> QHP Issuer. Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17  23	When the Exchange Assigned Member ID is conveyed in REF02.  When the QHP Issuer Assigned Member

Table or Loop	Element	Industry/Element Name	Code	Instruction
			ZZ	ID is conveyed in REF02. 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		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
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"

**11.4. INDIVIDUAL AND SHOP MARKET CANCELLATION SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER (MEMBER LEVEL)**

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 5 - 834 Supplemental Instructions for Individual and FF-SHOP Market Cancellation (Member Level)**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	**	Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01		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		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	349	Enrollment Period End Date

Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	REF	Health Coverage Policy Number		
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)
	REF01	Reference Identification Qualifier	E8	SHOP Market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	SHOP Market: Will transmit when the Exchange Assigned Policy ID (Employer Case ID) will be conveyed in the associated REF02 element.
	REF01	Reference Identification Qualifier	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 guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"

**11.5. INDIVIDUAL AND SHOP MARKET TERMINATION SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER, QHP ISSUER TO COVERED CALIFORNIA (SUBSCRIBER LEVEL - ENTIRE ENROLLMENT GROUP)**

Following the CMS standard companion guide, a termination transaction can be initiated by either Covered California or the QHP Issuer. 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 terminates all members of the enrollment.

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 another employer and moving out of a coverage area.

QHP issuers will only send a termination transaction when the premium payment was not received in a timely manner according to grace period policies for individual enrollments. A termination from the QHP Issuer will result in all enrollees for the enrollment to be terminated. This transaction is **not** used by QHP issuers in the SHOP market. Only Covered California can terminate SHOP enrollments.

**Table 6 - 834 Supplemental Instructions for Individual and FF-SHOP Market Termination**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59  **	QHP Issuer to Covered California This qualifier must be used because the only valid reason for termination is non-payment of premium.  Covered California to QHP Issuer. Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01		17	When the Exchange Assigned Member ID is conveyed in REF02.

Table or Loop	Element	Industry/Element Name	Code	Instruction
			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		The eligibility end date of the termination must be transmitted.
2300	DTP	Health Coverage Dates		Both dates are required.
	DTP01	Coverage Period	343 349	Last Premium Paid Date must be sent. Enrollment Period End Date
2700		Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"TERM"

**11.6. INDIVIDUAL AND SHOP MARKET TERMINATION SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER (MEMBER LEVEL)**

This transaction is used when Covered California terminate 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. Issuers will not use this transaction to send terminations to Covered California.

**Table 7 - 834 Supplemental Instructions for Individual and FF-SHOP Market Termination (Member Level)**

Table or Loop	Element	Industry/Element Name	Code	Instruction
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Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code		Any valid Maintenance Reason Code may be used.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the subscriber.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01		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.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		Both dates are required.
	DTP01	Coverage Period	349	Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
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)
	REF01	Reference Identification Qualifier	E8	SHOP Market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	SHOP Market: Will transmit when the Exchange Assigned Policy ID (Employer Case ID) will be conveyed in the associated REF02 element.
	REF01	Reference	X9	Will transmit with the QHP Issuer



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

## 12. OTHER TRANSACTION INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER

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

### 12.1. CHANGE TRANSACTIONS - COVERED CALIFORNIA TO QHP

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 QHP Issuer when a change of address results in QHP termination. 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.

### 12.3. INDIVIDUAL MARKET RE-ENROLLMENT SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER

Following the CMS standard companion guide, a re-enrollment transaction is generated when an enrollee who has been terminated needs to be re-enrolled.

**Table 8 - 834 Supplemental Instructions for Individual Market – Re-enrollment**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01		Q4	When the previous QHP Issuer Assigned Subscriber ID will be conveyed in REF02.

#### 12.4. SHOP MARKET REINSTATEMENT SUPPLEMENTAL INSTRUCTIONS

For a Member(s) that has previously terminated and wishes to be reinstated they will need to have at least one full month of absence from coverage and then re-apply. Otherwise a qualifying reason must be submitted to allow the member(s) to be reinstated without reapplying.

#### 12.5. CHANGE IN HEALTH COVERAGE

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

#### 12.6. CHANGE IN CIRCUMSTANCE – SHOP ONLY

Unlike the CMS companion guide, Covered California will send the normal set of transactions (add, change) for SHOP changes of circumstance.

### 13. ANNUAL RENEWALS - INDIVIDUAL & SHOP MARKET

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

#### 13.1. PLAN FOR NEW CARRIER

During the renewal and/or open enrollment period, if a consumer/member selects a plan from a different carrier than their current enrollment:

1. An enrollment level termination transaction **is** sent to the current carrier.
2. An initial enrollment transaction is sent to the new carrier.
3. New Carriers are required to send a TA1 and 999 and 834 confirmation for Open Enrollments.

4. New Carriers are required to send an 834 effectuation confirmation.

### 13.2. SAME PLAN FOR CURRENT CARRIER

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

Action for Individual Market:

1. A termination transaction is **not** sent to the current carrier for the current enrollment for same plan.
2. An enrollment transaction is sent to the existing carrier having the same data as an initial enrollment transaction with the following changes:

**Table 9 - 834 Supplemental Instructions for Individual Market – Renewal with Same Plan for Same Carrier**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	Re-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: for Active Renewal for . RENP: for Passive Renewal for Individual Mkt.

3. Carriers are required to send a TA1 and 999.
4. Carriers are **not** required to send an 834 confirmation.

Action for SHOP Market:

1. No Member record/file will be sent to the carrier, but carrier will receive a group XML file with a new Renewal Effective Date.

### 13.3. DIFFERENT PLAN FOR CURRENT/SAME CARRIER

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

Actions for SHOP and Individual Markets:

1. Unless otherwise requested, a termination transaction is **not** sent to the current carrier for the current enrollment.

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

**Table 10 - 834 Supplemental Instructions for Individual & SHOP Market – Renewal with Different Plan for current Carrier**

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	22	Plan Change
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 sent for Renewal

3. Carriers are required to send a TA1 and 999.
4. Carriers are **not** required to send an 834 (effectuation) confirmation.

#### 14. WEEKLY / MONTHLY FULL RECONCILIATION

Covered California requires QHP issuers to reconcile enrollment files with Covered California on a weekly or monthly basis.

Covered California will send a QHP issuer all active enrollments on the run date. Covered California will send the standard 834 with a Maintenance Type Code of "030" as Audit or Compare. This will include all information for the enrollment.

QHP Issuers will reconcile this information with their systems and report any discrepancies to Covered California. The information related to the discrepancies file will must be communicated in a separate document.

#### 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 spoken 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 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. VERSION HISTORY**

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 will be 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 sent" to section 4.2, 999 Functional Acknowledgements Added GS08 to table in section 8 Control Segments/Envelopes Updates to section 10.1 Initial Enrollment <ul style="list-style-type: none"> <li>• 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.</li> <li>• Added link to county codes to 2100A N406</li> <li>• Added 2100A DMG05-02 Race or Ethnicity Code</li> <li>• Removed 2100A DMG11 Composite Race or Ethnicity Information</li> </ul> Added new section 10.4 Individual and SHOP Market Cancellation Supplemental Instructions (Member Level) for exchange based member level cancellations. Added use of "1L", Exchange Assigned 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	<p>Updated to state transactions are based on CMS Standard Companion Guide Transaction V1.7</p> <p>Section 4.1 - Added the following:</p> <ul style="list-style-type: none"> <li>• The Exchange will not support TA1 error codes 028-031.</li> <li>• The Exchange will only support Interchange Acknowledgement Codes "A" and "R".</li> </ul> <p>Section 8 Control Segments/Envelopes</p> <ul style="list-style-type: none"> <li>• Updated ISA06 and GS02 in to send CA0</li> <li>• Updated ISA14 to send "0" for TA1/999</li> <li>• Added GS06</li> </ul> <p>Section 10.1</p> <ul style="list-style-type: none"> <li>• Updated 2000 REF02 to indicate member id of the subscriber will be sent for subscriber id.</li> <li>• Updated 2100A DMG06 to indicate sending of Citizenship Status Code</li> <li>• Updated 2100A LUI01 to indicate using ISO 639-6 language codes</li> <li>• Updated 2300 REF01 to send ZZ containing Household Case ID or Employee Case ID</li> <li>• Added SOURCE EXCHANGE ID value of CA0 to 2750 REF02</li> </ul> <p>Section 10.2</p> <ul style="list-style-type: none"> <li>• 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)</li> </ul>	
9/13/2013	1.8	<p>Added Section 13 for spoken and written language codes.</p> <p>Added Section 14 for race/ethnicity codes.</p>	
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



Date	Version	Nature of Change	User
09/09/2014	2.1	Resubmission of Final Artifact per CR 11118	Prema Narayanaswamy
10/17/2014	2.2	<p style="text-align: center;"><b>SHOP Revisions:</b></p> <ol style="list-style-type: none"> <li>1) Version History moved to bottom of this document and updated section links.</li> <li>2) Section 9 (Table 1); Section 11.1 (Table 2) - Updates to Sender /Source Ids: from <b>CA0</b> to Pinnacle Tax Id: <b>330812456</b>.</li> <li>3) Section 12.4. Reinstatement rules for Member(s).</li> <li>4) Section 13. Changed Annual Renewals to include SHOP.</li> <li>5) Changes have been made to:            Section 13.1 Para. 3; - No 999/TA1 for renewals.            Section 13.2 – separated actions for SHOP and Individual Market.            Section 13.3 – separated actions for SHOP and Individual Market.</li> <li>6) Section 14 – Added Weekly to the frequency for full reconciliation file being sent.</li> </ol>	Ford Hanson