Appendix B Issuer Participation Fee Billing Inconsistency Identification

Each month, Covered California will send the Issuer a Member Level Detail file (see Appendix C PMPM_Member_Level_Detail_Response SAMPLE) to support that month's billing; listing all members being billed for the current month and adjustments to prior month's enrollments to reflect any change in the CalHEERS system, as adjusted through the approved channels such as the 834 interface or the monthly member reconciliation.

If an Issuer chooses to dispute any of the fees, they must use the same Member Level Detail file and indicate in the Comments column, by indicating the inconsistency type (see Inconsistency Types section below). If the issuer does not dispute the billing line item, issuer may indicate "ok" OR leave the column blank.

Submitted fee disputes are for informational purposes only and will not result in an adjustment of billed fees. Issuers will resolve the underling enrollment issues through the established channels of 834 interface or monthly member reconciliation.

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

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

INCONSISTENCY types for Participation Fee Billing

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

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

Mismatch – Subscriber does not match member or vice versa

Premium – Premium differs from the Covered CA determined premium

Field Name Specifications

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	
Gross Premium	Currency	8	Policy Gross Premium	
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	
Issuer HIOS ID	Number	5	Issuer Specific Identifier	
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); HG (Higher); LO (Lower)	
Coverage_Month_Year	Date/Time	7	The specific period being billed for	
% of Premium	%	varies	% of Premium Rate	
Participation Fee	Currency	8	PMPM fee	
Comments	Long Text	varies	Comments	

File Naming Convention

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

HIOSID_INDV_YYYMO01_Issuer_Name_PMPM_Member_Level_Detail_Response