## 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.

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. 488751  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 Member_Type Short Text varies Relationship to subscriber (Self, Spouse, Child, Other)  Status Short Text varies Relationship to subscriber (Self, Spouse, Child, Other)  Member_Start_Date Date/Time 10 Date enrollee first became eligible with CC. e.g. 2014-01-01  Member_End_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. 2019-06-01  Issuer HIOS ID Number 1 Insuer Plan Name Service Type Short Text varies Plan Name Service Type Short Text Varies Plan Name Service Type Short Text Varies Plan Name Participation Fee Currency 8 PMPM fee Comments Long Text Varies PMPM fee  Comments Long Text Varies Comments	Field Name	Data Type	Length	Description	Values
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 Individual ID (unique per member)  Member_Name 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  Coverage_Start_Date Date/Time 10 e.g. 2079-06-01  Coverage_End_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 Number 3 Plan identifier  Issuer Policy ID Number 3 Plan identifier  Plan_ID Number 3 Plan identifier  Plan_Tier 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 for waries 9 Member Short Permium Rate PMPM fee	Household Case ID	Number	10	in same household.)	
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. 2014-0-101  Member_End_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 1 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 Medical or Dental (ME or DE)  Plan Tier Short Text 2 The specific period being billed for for Permium Participation Fee Currency 8 PMPM fee	Enrollment_ID	Number	varies	Subscriber ID (same for all members in same household.)	
Exchange Member ID  Number  Member_Name  Short Text  Varies  Member full name  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  Date/Time  Date/Time  10  Date enrollee first became eligible with CC. e.g. 2014-01-01  Member_End_Date  Date/Time  Date/Time  10  Coverage_Start_Date  Date/Time  Date/Time  10  Coverage start date for the policy. e.g. 2014-12-31  Coverage_End_Date  Date/Time  Date/Time  10  Coverage end date for the policy e.g. 2079-06-01  Issuer HIOS ID  Number  Short Text  Varies  Plan Name  Short Text  Short Text  Coverage Plan Name  Short Text  Short Text  Coverage_Month_Year  Date/Time  The specific period being billed for for the policy e.g. CA (Catastrophic); BR (Bronze); SL (Silver); GL (Gold); PL (Platinum); HG (Higher); LO (Lower)  The specific period being billed for for permium Rate  Participation Fee  Currency  Rember full name  Member full name  Member full name  Member Sequence Number in the household  Member Sequence Number in the household  Member Sequence Number (Self, Spouse, Child, Other)  Date (Currency)  Number  10  Coverage end date for the policy e.g. 2079-06-01  Issuer Specific Identifier  Plan Name  Short Text  Coverage Plan Name	Gross Premium	Currency	8	Policy Gross Premium	
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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 Date/Time Date/Time 10 Date enrollee first became eligible with CC. e.g. 2014-01-01  Member_End_Date Date/Time 10 Coverage start date for the policy. e.g. 2014-12-31  Coverage_Start_Date Date/Time Date/Time 10 Coverage end date for the policy e.g. 2079-06-01  Issuer HIOS ID Number Solution Issuer Specific Identifier  Issuer Specific Identifier  Plan_ID Number Short Text Varies Plan Name Short Text Varies Plan Name Short Text Coverage_Month_Year Date/Time The specific period being billed for % of Premium % varies PMPM fee	Exchange Member ID	Number	varies		
Member_Type   Short Text   varies   Relationship to subscriber (Self, Spouse, Child, Other)	Member_Name	Short Text	varies	Member full name	
Spouse, Child, Other)  Status  Short Text Varies  C (Current); RA (retro add); RT (retro terminate)  Date enrollee first became eligible with CC. e.g. 2014-01-01  Member_End_Date  Date/Time  Date/Time  Date/Time  10  Coverage_Start_Date  Date/Time  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  Suer Specific Identifier  Issuer Policy ID  Plan_ID  Number  Short Text  Varies  Plan Name  Short Text  Short Text  Coverage_Month_Year  Short Text  The specific period being billed for waries  Participation Fee  Currency  8  PMPM fee	MbrSeqNum	Number	1	·	
(retro terminate)	Member_Type		varies	Spouse, Child, Other)	
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Policy. e.g. 2014-12-31	Member_End_Date	Date/Time	10	e.g. 2079-06-01	
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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	Issuer HIOS ID	Number	5		
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	Issuer Policy ID	Mixed	16	Policy ID	
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	•	Number	3	•	
Plan Tier  Short Text  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  Participation Fee  Currency  8 PMPM fee		Short Text	varies	Plan Name	
Plan Tier  Short Text  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	Service Type	Short Text	2	Medical or Dental (ME or DE)	
% of Premium % varies % of Premium Rate Participation Fee Currency 8 PMPM fee	Plan Tier	Short Text	2	CA (Catastrophic); BR (Bronze); SL (Silver); GL (Gold); PL (Platinum); HG (Higher); LO	
Participation Fee Currency 8 PMPM fee	Coverage_Month_Year		7		
·	% of Premium	%	varies	% of Premium Rate	
Comments Long Text varies Comments	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