EmployerExchangeID GroupName Region QHPID MedicalPlanName GroupEffMonth

CoveragePrd SubscriberName MemberExchangeID MemberDateofBirth GrossPaymentReceived

EmployerExchangeID	Employer ID #
GroupName	Employer Name
Region	Northern or Southern California. NOTE: Field can be left blank.
QHPID	QHP or QDP HIOS Plan ID
MedicalPlanName	Medical or Dental Plan Marketing Name
GroupEffMonth	Group's Coverage Effective Date (MO/DD/YYYY)
CoveragePrd	Month-Year premium disputing (eg. MAR-15)
SubscriberName	Employee Name (First Name Last Name)
MemberExchangeID	Covered California member assigned ID# (eg. Z followed by 10 digits)
MemberDateof Birth	Member's Date of Birth (MO/DD/YYYY)
GrossPaymentReceived	Gross payment amount received from employer
IssuerGrossPremiumCharge	Member premium amount
GrossRateDiff	GrossPaymentRecieved - IssuerGrossPremiumCharge = Gross Rate Difference
DiscrepancyKeyword	Payment Discrepancy Type (eg. Overpayment, Underpayment, or No Payment)