

Field Name	Column Letter	Field Type	Definition
ACCOUNT_TYPE	A	Alpha 2	Static = "IS" for Issuer
ACCOUNT_ID	B	Alpha-Numeric 30	Carrier HIOS ID
BILLING_ACCOUNT_NUMBER	C	Alpha-Numeric 16	Covered CA assigned vendor ID assigned to the issuer + suffix with leading zeros. [Ten digit vendor ID – 00002]
CURRENT_DATE	D	Date (MM/YYYY)	Date the file is generated. MM/DD/YYYY
PLAN NAME	E	Alpha-Numeric 50	Name of the Health Plan Carrier. Vendor name
ADDRESS_LINE1	F	Alpha-Numeric 30	Carrier Address according to Covered CA
ADDRESS_LINE2	G	Alpha-Numeric 30	Carrier Address according to Covered CA. Ok to be blank
ADDRESS_LINE3	H	Alpha-Numeric 30	Carrier Address according to Covered CA. Ok to be blank
CITY	I	Alpha-Numeric 30	Carrier Address according to Covered CA
STATE_CD	J	Alpha 2	Carrier Address according to Covered CA. Two letter abbreviation.
ZIPCODE	K	Alpha-Numeric 9	Carrier Address according to Covered CA. 5 digit zip code
AGG_PREM_AMT	L	Currency	Total amount due to Issuer for period of the report

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COVERAGE_DATE	M	Date (MM/YYYY)	This represents the most recent month through which the group is FULLY paid. May be less than the month for which we are sending money if partial payment was made. MM/DD/YYYY.
COVERAGE_MONTH_YEAR	N	Alpha-Numeric 6 (MMM-YY)	Month billed for. Abbreviated 3 alpha month, 2 digit year
PAYMENT_CONTROL_NUMBER	O	Numeric 1	Always blank.
BANK_DEPOSIT_DATE	P	Date (MM/YYYY)	Date of the deposit. MM/DD/YYYY
EMPLOYER_ID	Q	Alpha-Numeric 10	CPBS Employer Group number. Starts with "P0000". Only the legacy ID's will start with "P0000". NFP Health generated numbers will start with "5" and will be six digits.
BILLING_ACCOUNT_NUMBER2	R	Alpha-Numeric 16	Employer_ID followed by "-00002".
EMPLOYER_NAME	S	Alpha-Numeric 50	The legal business name of the employer group
TOTAL_MEMBER_COUNT	T	Numeric	Count of current members for employer group. Total lives including Employee and Dependents insured, including all dependents whether premium billed or not. (ie fourth dependent)

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MEMBER_RETRO_ADD_COUNT	U	Numeric	Always blank.
MEMBER_RETRO_TERM_COUNT	V	Numeric	Always blank.
TOTAL_ADJ_MEMBER_COUNT	W	Numeric	Always blank.
TOTAL_PAID_AMOUNT	X	Currency	Always zero.
PLAN_ID	Y	Alpha-Numeric 30	HIOS Plan ID number
BILLING_ACCOUNT_NUMBER3	Z	Alpha-Numeric 17	CPBS Employee ID. Starts with "Z" followed by 10 digits "-00002"
EMPLOYEE_NAME	AA	Alpha-Numeric 50	The employee's first and last name
EMPLOYEE_CASE_ID	AB	Alpha-Numeric 10	CPBS Employee ID (not the dependent ID)
BIRTH_DATE	AC	Date (MM/YYYY)	Member's date of birth. MM/DD/YYYY
NUM_OF_PERSONS_COVERED	AD	Numeric	Count of covered lives by employee. Employee plus dependents, including all dependents as of the date in which the report was run.

Field Name	Column Letter	Field Type	Definition
PREMIUM_MONTH_YEAR	AE	Date (MM/YYYY)	Actual coverage month for individual (may coincide with invoice period). Same value as column N.
PERIOD_BEGIN_DATE	AF	Date (MM/YYYY)	First day of the invoice month being billed for (coverage month on page 1 of Employer group invoice)
PERIOD_END_DATE	AG	Date (MM/YYYY)	Last day of the invoice month being billed for (coverage month on page 1 of Employer group invoice)
STATUS	AH	Alpha 2	Always blank.
PREM_BILLED_AMOUNT	AI	Currency	Premium billed per member up to 3 dependent children (4 and more are \$0)
PREM_COLLECTED_AMOUNT	AJ	Currency	Premium collected per member up to 3 dependent children (4 and more are \$0)
AGENT_GA_WITHELD	AK	Currency	This is the contracted carrier distribution amount as set by Covered California, relevant to the coverage period and enrollment year the rate applies to. If issuer offset is greater than 6.75%, monies are extracted from excess funds collected from rate guidance withhold.
PMPM_WITHELD	AL	Currency	This is the contracted carrier participation fee (PMPM or PPPM) amounts relevant to

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			the coverage period and enrollment year the rate applies to.
NET_AMOUNT	AM	Currency	Premium_Collected_Amount less Agent_GA_ Withheld less PMPM_ Withheld_Amount
MEMBER_ID	AN	Alpha-Numeric 10	CPBS member ID. (Employee, Spouse, Child). NOTE: OUR NOD23 is at policy level, thus this will always be subscriber
MEMBER_NAME	AO	Alpha-Numeric 50	CPBS member's full name. NOTE: OUR NOD23 is at policy level, thus this will always be subscriber
RELATION_TYPE	AP	Alpha 2	SP=Spouse, SF=Self, CH=Child
MEMBER_PREM_AMOUNT	AQ	Currency	Allocated Prem_Collected_Amount (column AJ). NOTE: Since we bill at policy level, this will always be the same as PREM_BILLED_AMOUNT, column AI
MEMBER_BEGIN_DATE	AR	Date (MM/YYYY)	Member's first day of coverage period. We are recording at the subscriber policy level. This will always be the subscriber and will represent the beginning date of the period of coverage for which we are remitting money.

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MEMBER_END_DATE	AS	Date (MM/YYYY)	Member's last day of coverage period. We are recording at the subscriber policy level. This will always be the subscriber and will represent the end date of the period of coverage for which we are remitting money
EMPLOYER_COUNT	AT	Numeric	Always zero.
EMPLOYEE_COUNT	AU	Numeric	Always zero.
MEMBER_COUNT	AV	Numeric	Always zero.
NET_PAID_AMOUNT	AW	Currency	Same as Agg_Prem_Amt; total amount due to Issuer for period of the report
MEMBER_ZIP_CODE	AX	Alpha-Numeric 9	Zip code of employee (subscriber) - Do not leave blank
GROUP_BEGIN_DATE	AY	Date (MM/DD/YYYY)	Employer Group's original effective date on the exchange.
INVOICE_NUMBER	AZ	Alpha-Numeric 10	CPBS invoice number, left justified 0 fill [ex. 00005]
ORIGINAL_EFFECTIVE_DATE	BA	Date (YYYY-MM-DD)	Always blank.

Field Name	Column Letter	Field Type	Definition
SIZE_CLASSIFICATION	BB	Alpha: S or L	Always blank.
GROUP_SIZE	BC	Numeric 05	Total employees listed under the employer at time of enrollment (no zero fill)
FISCAL_YEAR	BD	Year (YYYY)	Fiscal year for the coverage to which the payment was applied.

