Covered California EDI 834 Companion Guide

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Interface Design Document

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1. Preface

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA), clarifies and specifies the data content when electronically exchanging EDI files over SFTP 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 Information, are compliant with both ASC X12 syntax and those guides. This Companion Guide intends to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. This 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 Benefit Enrollment and Maintenance (834) Type 3 Technical Report (TR3) and its associated A1 addenda. This Companion Guide clarifies and specifies specific transmission requirements for exchanging data with Covered California via EDI files over SFTP. 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 created a Health Insurance Exchange called Covered California to comply with the Affordable Care Act (ACA). Covered California helps individuals select and enroll in high quality, affordable Health and Dental plans that fit their needs. 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. However, minor deviations from the CMS Companion Guide (Section 22) may be made where necessary and these deviations will be called out in this guide.

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
- TA1 Interchange Acknowledgments
- 999 Functional Acknowledgments

Table 1

RESOURCE	LOCATION
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company	http://www.wpc-edi.com/

This Companion Guide will be used in conjunction with the respective TR3s and is not meant to replace them.

3. Technical Considerations for 834 Transactions

This section is intended to give detailed information around the development of the technical specifications for Covered California.

3.1. Transmission Standards

The Covered California 834 transaction file structure is based on 834 file formats defined in the ASC X12 Benefit Enrollment and Maintenance (834) transaction, 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

3.2. Secure Data Transfer Protocol

Covered California will send and receive 834 transaction and acknowledgment files using Secure File Transfer Protocol (SFTP) via the Internet. A centralized SFTP environment will be utilized for all file transfers with the Carriers, including incoming and outgoing files.

It is assumed that trading partners will utilize automated systems to submit and retrieve content from the SFTP environment.

3.3. Security

Transfer of the 834 transactions will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specifications for Electronic Data Interchange (EDI). Access to the SFTP environment will be exposed over the internet. Certificate-based authentication will be used to

ensure only authorized systems are able to connect to the SFTP environment. EDI Inbound files must be encrypted by the Carrier before transmission to the SFTP environment and EDI outbound files must be decrypted by the Carrier after retrieval from the SFTP environment. Similarly, EDI outbound files will be encrypted by Covered California and EDI Inbound files will be decrypted by Covered California.

3.4. File Naming Conventions

Table 2

TRANSACTION TYPE	FROM	TO	EXAMPLE
Outbound 834	Covered California	Carrier	to_<HIOS_ID>_CA_834_INDV_<CCYYMMDDHHMMSS>.<BenefitYearYYYY>.edi
Outbound TA1	Covered California	Carrier	to_<HIOS_ID>_CA_TA1_834_INDV_<CCYYMMDDHHMMSS>.edi
Outbound 999	Covered California	Carrier	to_<HIOS_ID>_CA_999_834_INDV_<CCYYMMDDHHMMSS>.edi
Outbound 834 Compare	Covered California	Carrier	to_<HIOS_ID>_CA_834_INDV_COMPARE_<CCYYMMDDHHMMSS>.<BenefitYearYYYY>.edi
Inbound 834	Carrier	Covered California	from_<HIOS_ID>_CA_834_INDV_<CCYYMMDDHHMMSS>.edi
Inbound TA1	Carrier	Covered California	from_<HIOS_ID>_CA_TA1_834_INDV_<CCYYMMDDHHMMSS>.edi
Inbound 999	Carrier	Covered California	from_<HIOS_ID>_CA_999_834_INDV_<CCYYMMDDHHMMSS>.edi

- "Outbound" and "Inbound" are from the Covered California perspective
- HIOS ID is the unique 5-digit identifier for each Carrier
- Covered California will also accept Inbound files (834, TA1, 999) with milliseconds in the name:
  from_<HIOS_ID>_CA_834_INDV_<CCYYMMDDHHMMSSDD>.edi
  from_<HIOS_ID>_CA_TA1_834_INDV_<CCYYMMDDHHMMSSDD>.edi
  from_<HIOS_ID>_CA_999_834_INDV_<CCYYMMDDHHMMSSDD>.edi
- Covered California will not accept Inbound Compare files (834, TA1, 999):
  from_<HIOS_ID>_CA_834_INDV_COMPARE_<CCYYMMDDHHMMSSDD>.edi
  from_<HIOS_ID>_CA_TA1_834_INDV_COMPARE_<CCYYMMDDHHMMSSDD>.edi
  from_<HIOS_ID>_CA_999_834_INDV_COMPARE_<CCYYMMDDHHMMSSDD>.edi
- File names are case sensitive and must be unique each time
- If file resubmission is required, Carriers are **not** to use the same file name that was used for a prior submission.

Note: The frequency of the above files is Daily, with the exception of the COMPARE files, which are only sent on request.

3.5. Data Format

As specified in the TR3, the basic character set includes uppercase letters, digits, spaces, and other special characters except for those used for delimiters.

- All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only
- Delimiters for the transactions are as follows:

Table 3

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

Note: Use of any other combination of characters as terminators, such as a tilde followed by a line feed, tilde followed by carriage return, etc. will cause the file to be rejected.

4. File Structure - Control Segment Definitions

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are in the HIPAA implementation guides. The following sections address specific information needed by Covered California 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.

All files (834, TA1 and 999) contain one Interchange (ISA/IEA).

In addition to the one Interchange (ISA/IEA), all 834 and 999 files contain one Functional Group (GS/GE), which has both Header and Trailer Segments or “outer envelopes”. All transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, Functional Group level GS/GE envelopes.

In 834 and 999 files, there is one or multiple Transaction Sets (ST/SE) per single Functional Group, each containing a household (subscriber and any dependent(s)), if applicable.

4.1. ISA – Interchange Control Header Segment

Table 4

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ISA01	Authorization Information Qualifier	00	
ISA02	Authorization Information	Spaces	Not used

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ISA03	Security Information Qualifier	00	
ISA04	Security Information	Spaces	Not used
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID	CA0 Carrier Federal Tax ID	In Outbound files to Carriers, the value "CA0" will be transmitted, with 12 padded spaces added (15 characters total). In Inbound files from Carriers, the Carrier's Federal Tax ID will be transmitted, with 6 padded spaces added (15 characters total).
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	Carrier Federal Tax ID CA0	In Outbound files to Carriers, the Carrier's Federal Tax ID will be transmitted, with 6 padded spaces added (15 characters total). In Inbound files from Carriers, the value "CA0" will be transmitted, with 12 padded spaces added (15 characters total).
ISA09	Interchange Date	YYMMDD	Date the file was generated by the Exchange or the Carrier.
ISA10	Interchange Time (HHMM)	HHMM	Time the file was generated by the Exchange or the Carrier.
ISA11	Repetition Separator	^	The carat “^” is the delimiter used to separate repeated occurrences of simple data element or composite data structure.
ISA12	Interchange Control Version Number	00501	
ISA13	Interchange Control Number		Control Number (9 digits) generated by the Exchange (or the Carriers in files from them). Covered California tracks and validates this control number and expects it to be a unique number per sender to receiver and file type combination per environment. **If Carrier sends a duplicate control number in ISA13, then the file will be rejected.**

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
			The uniqueness of each Control number is for the life of the Exchange, it does not, for example, reset at the end of a year.
ISA14	Acknowledgement Requested	1 0	"1" to be transmitted in 834 files, where Interchange Acknowledgment is requested (TA1/999). "0" to be transmitted in 834 Compare, TA1 and 999 files, where no Interchange Acknowledgment is requested.
ISA15	Interchange Usage Indicator	P T	"P" Production data "T" Test data
ISA16	Component Element Separator	:	The colon ":" is the delimiter used to separate component data elements within a composite data structure.

4.2. IEA – Interchange Control Trailer Segment

Table 5

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
IEA01	Number of included Functional Groups	1 0	The number of functional groups included in the interchange. The value will always be "1" in 834 and 999 files. The value will always be "0" in TA1 file.
IEA02	Interchange Control Number		Same as ISA13 (ISA13 = IEA02)

4.3. GS – Functional Group Header Segment

Table 6

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
GS01	Functional Identifier Code	BE	
GS02	Application Sender's Code	CA0	In Outbound files to Carriers, the value "CA0" will be transmitted. There should be NO trailing spaces.

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Carrier Federal Tax ID	In Inbound files from Carriers, the Carrier's Federal Tax ID will be transmitted. There should be NO trailing spaces.
GS03	Application Receiver's Code	Carrier Federal Tax ID CA0	In Outbound files to Carriers, the Carrier's Federal Tax ID will be transmitted. There should be NO trailing spaces. In Inbound files from Carriers, the value "CA0" will be transmitted. There should be NO trailing spaces.
GS04	System Date	CCYYMMDD	Date that the functional group was generated by the Exchange or the Carrier.
GS05	System Time	HHMM	Time that the functional group was generated by the Exchange or the Carrier. The following formats will also be accepted: HHMMSS, HHMMSSD, HHMMSSDD
GS06	Group Control Number		Control Number (up to 9 digits) generated by the Exchange (or the Carriers in files from the Carriers). **GS06 control number must not have any leading 0s.** Covered California tracks and validates this control number and expects it to be a unique number per sender to receiver and file type combination. **If Carrier sends a duplicate control number in GS06, then the file will be rejected.** In all Covered California Outbound 834 files, the GS06 control number will be set to the same value as the ISA13 control number (without the leading 0s). The uniqueness of each Control number is for the life of the Exchange, it does not for example, reset at the end of a year.
GS07	Responsible Agency Code	X	
GS08	Version/Release	005010X220A1 005010X231A1	In 834 version is "005010X220A1" In 999 version is "005010X231A1"

4.4. GE – Functional Group Trailer Segment

Table 7

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
GE01	Number of Transaction Sets included in the Functional Group		The total number of transactional sets included in the functional group. In 999 files, the GE01 value will be "1".
GE02	Functional Group Control Number		Same as GS06 (GS06 = GE02)

4.5. ST – Transaction Set Header Segment

Table 8

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ST01	Transaction Set Identifier Code	834 or 999	The specific value will display based on file type.
ST02	Transaction Set Control Number		Same as SE02 (ST02 = SE02) The Transaction Set Control number must be numeric and unique within the interchange (ISA-IEA) but can repeat in other interchanges.
ST03	Implementation Convention Reference	005010X220A1 005010X231A1	In 834 version is "005010X220A1" In 999 version is "005010X231A1"

4.6. SE – Transaction Set Trailer Segment

Table 9

ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
SE01	Number of Included Segments		The total number of segments included in a transaction set including ST and SE segments.
SE02	Transaction Set Control Number		Same as ST02 (ST02 = SE02)

Control Segment Example

```
ISA*00*          *00*          *ZZ*CA0          *ZZ*999999999      *220325*1119*^*00501*000000215*1*T*:~
GS*BE*CA0*999999999*20220325*1119*215*X*005010X220A1~
ST*834*000000001*005010X220A1~
SE*112*000000001~
```

GE*1*215~
IEA*1*000000215~

Note: All above mentioned control segment data elements (ISA13/IEA02, GS06/GE02 and ST02/SE02) are required to be sent in all transactions – Initial Enrollment, Effectuation, Change Reporting (Maintenance), Cancellation, Termination and Compare.

5. Acknowledgments and Instructions for TA1 and 999 files

EDI files 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 Carrier. Similarly, Carriers are also expected to generate and return acknowledgments for Covered California files.

Note: Carriers are required to return Covered California issued control numbers (ISA13 and GS06) in TA1/999 response files. The TA1 and 999 transaction instructions provided in this Companion Guide must be used in conjunction with the X231A1 ASC X12 Implementation Guide.

5.1. TA1 Interchange Acknowledgments

Covered California trades a TA1 interchange acknowledgment file for every interchange (ISA/IEA envelope) in an 834 file. Covered California sends a single ISA/IEA envelope in every 834 file to the Carriers.

The expectation is that for every 834 file received from the Exchange (except 834 Compare), the Carriers will send a single TA1 file that contains a single ISA/IEA envelope. Covered California and the Carrier will not trade TA1 and 999 acknowledgments for TA1/999 files.

In their TA1 and 999 files to the Exchange, Carriers must use ISA14 = "0".
Failure to do so will result in rejection of the TA1 or 999 files.

Table 10

SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ISA		Interchange Control Header		
	ISA13	Interchange Control Number		Control Number (9 digits) generated by the Exchange (or by the Carriers in files from Carriers). Covered California tracks and validates this control number and expects it to be a unique number per sender to receiver and file type combination. **If Carrier sends a duplicate control number in ISA13, then the file will be rejected.**

SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	ISA14	Acknowledgement Requested	0	"0" to be transmitted in TA1 files, as no Interchange Acknowledgment is requested.
TA1		Interchange Acknowledgement		A TA1 segment will always be sent to indicate whether there were any interchange level errors.
	TA101	Interchange Control Number		TA101 should always be sent and must match the ISA13 value from the 834 file sent by Covered California or the TA1 file will be rejected.
	TA102	Interchange Date	YYMMDD	TA102 must match the ISA09 value (YYMMDD) from the 834 file sent by Covered California, otherwise the TA1 file will be rejected.
	TA103	Interchange Time	HHMM	TA103 must match the ISA10 value (HHMM) from the 834 file sent by Covered California, otherwise the TA1 file will be rejected.
	TA104	Interchange Acknowledgment Code	A or R	Covered California will only support codes "A" (Accepted) and "R" (Rejected) in this field. **Any other value will cause rejection of the file.** The value "R" will be used to indicate that the transmitted Interchange Control Structure header and/or trailer are rejected because of errors in the 834.
	TA105	Interchange Note Code		Code specifying the error found processing the Interchange Control Structure (ISA/IEA). Covered California will not support TA1 error codes 028-031.

TA1 Acceptance Example:
ISA*00* *00* *ZZ*CA0 *ZZ*999999999 *220324*0756*^*00501*000001322*0*T*:~
TA1*220820003*220323*1610***A***000~
IEA*0*000001322~

TA1 Rejection Example:
Inbound 834 has duplicate ISA13:
ISA*00* *00* *ZZ*CA0 *ZZ*999999999 *220325*1734*^*00501*000005327*0*T*:~
TA1*000000020*220324*1803***R***022~
IEA*0*000005327~

5.2. 999 Functional Acknowledgments

Covered California trades a 999 functional acknowledgment transaction for every GS/GE functional group in an 834 and sends a single GS/GE functional group within an ISA/IEA interchange to the Carriers. The expectation is that for every 834 file received from the Exchange (except 834 Compare), the Carriers will send a single 999 file that contains a single ISA/IEA with a single GS/GE, a single ST/SE loop and one or more occurrences of the AK2 loop. The Exchange will also return to the Carrier a single 999 file that contains a single ISA/IEA with a single GS/GE, a single ST/SE loop and one or more occurrences of the AK2 loop.

Note: If an 834 file generates a TA1 transaction with a reject code, no further processing of the 834 interchange will occur. In such an instance, a 999 transaction will **not** be traded for that 834.

Table 11

SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ISA		Interchange Control Header		
	ISA13	Interchange Control Number		Control Number (9 digits) generated by the Exchange (or the Carriers in files from the Carriers). Covered California tracks and validates this control number and expects it to be a unique number per sender to receiver and file type combination. **If Carrier sends a duplicate control number in ISA13, then the file will be rejected.** The uniqueness of each Control number is for the life of the Exchange, it does not, for example, reset at the end of a year.
	ISA14	Acknowledgement Requested	0	“0” to be transmitted in 999 files, as no Interchange Acknowledgment is requested.
GS		Functional Group Header		
	GS02	Application Sender’s Code	CA0 Carrier Federal Tax ID	In Outbound files to Carriers, the value "CA0" will be transmitted (there should be NO trailing spaces). In Inbound files from Carriers, the Carrier's Federal Tax ID will be transmitted (there should be NO trailing spaces).

SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	GS03	Application Receiver's Code	Carrier Federal Tax ID CA0	In Outbound files to Carriers, the Carrier's Federal Tax ID will be transmitted (there should be NO trailing spaces). In Inbound files from Carriers, the value "CA0" will be transmitted (there should be NO trailing spaces).
	GS06	Group Control Number		Control Number (up to 9 digits) generated by the Exchange (or the Carriers in files from the Carriers). **GS06 control number must not have any leading 0's.** Covered California tracks and validates this control number and expects it to be a unique number per sender to receiver and file type combination. **If Carrier sends a duplicate control number in GS06, then the file will be rejected.** The uniqueness of each Control number is for the life of the Exchange, it does not, for example, reset at the end of a year.
ST		Transaction Set Header		
	ST02	Transaction Set Control Number		The Identifying Control Number must be numeric and unique within the transactional set functional group.
	ST03	Implementation Convention Reference	005010X220A1 005010X231A1	In 834 version is "005010X220A1" In 999 version is "005010X231A1"
AK1		Functional Group Response Header		
	AK101	Functional Identifier Code		Carriers should use the value in GS01 from the functional group to which this 999 transaction set is responding.
	AK102	Group Control Number		Carriers should use the value in GS06 from the functional group to which this 999 transaction set is responding.

SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	AK103	Version / Release / Industry Identifier Code	005010X220A1	Carriers should use the value in GS08 from the functional group to which this 999 transaction set is responding.
AK2		Transaction Set Response Header		
	AK201	Transaction Set Identifier Code		Carriers should use the value in ST01 from the functional group to which this 999 transaction set is responding.
	AK202	Transaction Set Control Number		Carriers should use the value in ST02 from the functional group to which this 999 transaction set is responding.
	AK203	Implementation Convention Reference	005010X220A1	When used, this is the value in ST03 from the transaction set to which this 999 transaction set is responding.
IK5		Transaction Set Response Trailer		
	IK501	Transaction Set Acknowledgment Code	A, R or E	Covered California will only support codes "A" (Accepted), "R" (Rejected) and “E” (Accepted with errors) in this field. **Any other value will cause rejection of the file.**
	IK502	Implementation Transaction Set Syntax Error Code	1-13, 15-19, 23-27, I5, I6	Required when IK501= “E” or “R”. Code indicating implementation error found based on the syntax editing of a transaction set. Please refer to TR3 for definition of these codes.
AK9		Functional Group Response Trailer		
	AK901	Functional Group Acknowledgment Code	A, R, E or P	Covered California will only support codes "A" (Accepted), "R" (Rejected) “E” (Accepted with errors) and “P” (Partially Accepted, at least one Transaction set was rejected) in this field. **Any other value will cause rejection of the file.**
SE		Transaction Set Trailer		SE02 = ST02

Example: for accepted 999

```
ISA*00*          *00*          *ZZ*CA0          *ZZ*999999999      *220325*1902*^*00501*000001112*0*T*:~
GS*FA*CA0*999999999*20220325*190237*1112*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*BE*12345*005010X220A1~
AK2*834*5678*005010X220A1~
IK5*A~
AK2*834*5679*005010X220A1~
IK5*A~
AK9*A*2*2*2~
SE*8*0001~
GE*1*1112~
IEA*1*000001112~
```

Example: for rejected 999

IK502=5 One or more segment in error. The Acknowledgment Requested (ISA14) must be equal to 1.

```
ISA*00*          *00*          *ZZ*CA0          *ZZ*999999999      *220325*1902*^*00501*000001111*0*T*:~
GS*FA*CA0*999999999*20220325*190237*1111*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*BE*12345*005010X220A1~
AK2*834*5678*005010X220A1~
IK5*R*5~
AK2*834*5679*005010X220A1~
IK5*R*5~
AK9*R*2*2*0~
SE*8*0001~
GE*1*1111~
IEA*1*000001111~
```

Example: for IK501 = "E"

```
ISA*00*          *00*          *ZZ*CA0          *ZZ*999999999      *220325*1902*^*00501*000001115*0*T*:~
GS*FA*CA0*999999999*20220325*190237*1115*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*BE*12345*005010X220A1~
AK2*834*5678*005010X220A1~
IK5*A~
AK2*834*5679*005010X220A1~
IK5*E*I6~
AK2*834*5680*005010X220A1~
IK5*A~
AK9*E*3*3*3~
SE*10*0001~
GE*1*1115~
IEA*1*000001115~
```

Example: for AK901 = "P"

```
ISA*00*          *00*          *ZZ*CA0          *ZZ*999999999      *210901*1755*^*00501*000000993*0*T*:~
GS*FA*CA0*999999999*20210901*175539*993*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*BE*202400005*005010X220A1~
AK2*834*000000001*005010X220A1~
IK5*A~
AK2*834*000000002*005010X220A1~
IK3*LUI*22*2100*8~
CTX*SUBSCRIBER NUMBER REF02:48231~
IK4*2*67*I6*hye~
IK5*R*5~
AK2*834*000000003*005010X220A1~
IK5*A~
AK9*P*3*3*2~
SE*13*0001~
GE*1*993~
IEA*1*000000993~
```

6. Subscribers and Dependents

Every enrollment must have a Subscriber. In 834 files, Subscribers and dependents are sent as separate occurrences of Loop 2000 within the same transaction set (ST/SE). For all enrollments, the Subscriber must be sent before any of the Subscriber's dependent(s).

- If the household case has a single enrollment group, then the Subscriber is the Primary Tax filer
- If the Primary Tax filer is not in the enrollment group (either does not opt for coverage or, due to custom grouping, is in a different enrollment group), then the subscriber is the oldest (adult) member
- In un-subsidized enrollments, where there is no Primary Tax filer, the Subscriber is the Primary Household Contact (PHC). If the PHC is not in the enrollment group, the subscriber is the oldest (adult) member
- For children-only policies, Covered California will assign the youngest member on the policy as the Subscriber (subsidized or un-subsidized enrollments). This is done to minimize the occurrence of Subscriber changes caused due to the oldest child aging out.

7. General Business Rules

Covered California will send separate transactions in the same 834 file, if multiple products (Health & Dental) are selected from the same Carrier, and not as multiple Member Detail Loops at the 2000 Member Level.

Covered California uses Enrollment ID along with Household Case ID and Subscriber ID for data matching purposes to update enrollments (status, confirmation date, and/ or coverage end date).

8. Detailed Business Scenarios for 834 files

8.1. Covered California to Carrier - Initial Enrollment Instructions (Outbound)

After an application is submitted, determined eligible, and enrollment in a Plan (QHP and optionally QDP) is completed, an 834 file with Initial enrollment will be transmitted from Covered California to the Carriers.

Table 12

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
BGN		Beginning Segment		
	BGN01	Transaction Set Purpose Code	00	Covered California will always transmit “00”.
	BGN02	Transaction Set Reference Number		This field combines the HIOS ID with the Transaction Creation Date/Time. For example, if the HIOS ID is "99999" and the Transaction Creation Date/Time is "20220410102030", then this element would contain "9999920220410102030". For Inbound 834s to Covered California, Carriers may send their own alphanumeric value.
	BGN03	Transaction Set Creation Date	CCYYMMDD	Transaction Set Creation Date.
	BGN04	Transaction Set Creation Time	HHMMSSDD	Transaction Set Creation Time.
	BGN08	Action Code	2	Indicates a Change (Update) transaction and is used to identify additions, terminations, and changes to the Members in the current enrollment.
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. (It will most likely be transmitted when ISA15=”T”).
	DTP01	Date Time Qualifier	303	File Effective date (DTP03 = BGN03).

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
QTY		Transaction Set Control Totals		Covered California will send all three elements (ET, DT, TO).
	QTY01	Records Total	ET DT TO	"ET" Employee Total (Subscriber). Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". "DT" Dependent(s) Total. Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". "TO" Total. Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. <u>834 files Inbound to Covered California</u>: If the file includes only the Subscriber, the DT segment is optional.
1000A	N1	Sponsor Name		The Sponsor will be the Primary Household Contact (PHC), even if they are not applying for coverage.
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Sponsor Name
	N103	Identification Code Qualifier	FI 94	"FI" Indicates that the Sponsor Tax ID (SSN or ITIN) will be transmitted in the associated N104 element. "94" Indicates that the DOB (in MMDDCCYY format) will be transmitted in the associated N104 element if the Sponsor does not have a Social Security Number or an Individual Taxpayer Identification Number.
1000B	N1	Payer		

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	IN	This code indicates that the Name of the Carrier will be transmitted in the associated N102 element.
	N103	Identification Code Qualifier	XV	This indicates that the CMS Plan ID will be transmitted in the associated N104 element.
1000C	N1	Third Party Administrator (TPA)/Broker Name		This segment will be transmitted only if there is a Covered California Certified Insurance Agent associated with the enrollment.
	N101	Entity Identifier Code	BO	This indicates Agent.
	N102	TPA or Broker Name		The Name of the Agent associated with the enrollment.
	N103	Identification Code Qualifier	FI	This indicates that the Agency's Federal Employer Identification Number will be transmitted in the associated N104 element.
1100C	ACT	TPA/Broker Account Information		This segment will be transmitted only if there is a Covered California Certified Insurance Agent associated with the enrollment.
	ACT01	Account Number		Agent's License Number (Seven alphanumeric characters).
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y N	"Y" Indicates that the member is the Subscriber. "N" Indicates that the member is not the Subscriber.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber. For the Subscriber, the value must always be "18". Refer to Section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type Code	021	Addition – Indicates the initial enrollment or renewal of a Subscriber and/or dependent(s).

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				Refer to Section 15.2 of this document for the list of Maintenance Type Codes not supported by Covered California.
	INS04	Maintenance Reason Code		Refer to Section 16 of this document for the list of Maintenance Reason Codes supported by Covered California. Covered California will send code "EC" or "AI" for initial and subsequent enrollments when a member has made an explicit plan choice. Covered California will send code "AL" for initial enrollments when a member of a new enrollment group is transitioning from Medi-Cal/MCAP/CCHIP and is auto-plan selected by the system.
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	AC	Indicates Active Coverage Status for the Subscriber. Will only be sent for Subscriber (INS01 = Y).
	INS12	Member Individual Death Date	CCYYMMDD	This is the date of Death for the Subscriber or dependent(s) and does not replace the use of the Termination date within the 2300 loop.
2000	REF	Reference Identification Qualifier		Covered California will send all three values in REF01 ("0F","1L" and "17") and expects the same three values back from the Carriers.
	REF01	Subscriber Identifier	0F	Exchange Assigned Subscriber ID that will be transmitted in the associated REF02 element. (This is also the Exchange Assigned Member ID for the Subscriber).
	REF01	Exchange Assigned Policy ID/ Enrollment ID	1L	The Exchange Assigned Policy ID (Enrollment ID) will be transmitted in the associated REF02 element.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				This is the unique Identifier for an enrollment in Covered California's system and will always be sent in the 2000 and 2300 loops. The Exchange Assigned Policy ID will remain the same if the consumer reports a Change event (special enrollment period) and keeps the current plan. It will change only when the consumer discontinues the existing policy and shops for a new plan, if there is a change in Subscriber, or if previously removed dependents are added back to the enrollment group.
	REF01	Member Supplemental Identifier	17	Exchange Assigned Member ID that will be transmitted in the associated REF02 element.
	REF01	Member Supplemental Identifier	ZZ 23	"ZZ" Carrier Assigned Subscriber ID will only be sent in the associated REF02 element if available in the system. "23" Carrier Assigned Member ID will only be sent in the associated REF02 element if available in the system. Carrier Assigned Subscriber and Member IDs are not present in the Initial Enrollment 834 and the Carriers are expected to send them back in all transactions. Once Covered California receives these values from Carriers, any subsequent 834 transaction resulting from change reporting, will have the Carrier Assigned IDs.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	303	Maintenance Effective Date. This is the initial plan selection date.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP02	Date Time Period Format Qualifier	D8	Indicates that the date will be sent in CCYYMMDD format.
	DTP03	Maintenance Effective Date	CCYYMMDD	
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	IL 74	"IL" Member (Subscriber or Dependent). This code is used when enrolling a new member or updating a member with no change in identifying information. "74" Corrected Insured. This code is used when correcting identifying information for a member already enrolled. (Maintenance transaction only).
	NM102	Entity Type Qualifier	1	Indicates enrollee's name will be transmitted in the associated NM103-107 elements. NM103 = Last Name NM104 = First Name NM105 = Middle Name NM106 = Prefix NM107 = Suffix
	NM108	Identification Code Qualifier	34	Indicates that a Social Security Number will be transmitted in the associated NM109 element. If the SSN of the member is not known, there will be no values transmitted for elements NM108/109.
2100A	PER	Member Communications Numbers		Up to three communication contacts will be transmitted if provided by the consumer. "HP" Home Phone "CP" Cellular Phone "WP" Work Phone (with extension x12345, if provided) "EM" Email. If a Carrier sends an Inbound 834 file with different codes than those

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				mentioned above, the file will be rejected. The Work Phone number will be sent only if an Email address or a Home or Cell number is not provided. If all four are provided, the Work Phone number will not be sent.
	PER01	Contact Function Code	IP	Insured Party
2100A	N3	Member Home Street Address		Member Home Street Address will always be sent for each member and will be transmitted in the associated N301 element.
	N4	Member City, State, ZIP Code, Location Qualifier, Location Identifier/County Code		Information will always be sent for each member and will be transmitted in the associated N401-406 elements. N404 (Country Code) will not be sent.
	N406	Location Identifier		The appropriate California County Code will be transmitted (FIPS HUB 6-4 County of Residence). Refer to section 20 of this document for the list of California County Codes (FIPS).
2100A	DMG	Member Demographics		
	DMG01	Date Time Period Format Qualifier	D8	Date in CCYYMMDD format.
	DMG02	Member Birth Date	CCYYMMDD	The member's Date of Birth will be transmitted.
	DMG03	Gender Code	F M	"F" Female "M" Male
	DMG04	Marital Status Code		The Marital Status Code will be transmitted only for the Subscriber. Refer to section 19 of this document for the Marital Status codes supported.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DMG05	Race or Ethnicity Code		Race or Ethnicity codes will be transmitted, when known. A maximum of ten unique codes will be sent. DMG05-3 Industry Code is used. If no value is selected on portal, then no value will be sent to Carriers. Refer to section 18 of this document for the Race or Ethnicity codes supported.
	DMG06	Citizenship Status Code	1 3	The Citizenship Status Code will be transmitted only for the Subscriber. “1” When the member is a U.S. Citizen “3” When the member is a Resident Alien
2100A	EC	Employment Class		This segment will not be transmitted by Covered California.
2100A	ICM	Member Income		This segment will not be transmitted by Covered California.
2100A	AMT	Member Policy Amounts		This segment will not be transmitted by Covered California.
2100A	HLH	Member Health Information		This segment will not be transmitted by Covered California.
2100A	LUI	Member Language		Spoken and Written language information will be transmitted when known.
	LUI01	Identification Code Qualifier	LE	ISO 639 language codes are used and will be transmitted in the associated LUI02 element. Refer to section 17 of this document for the Spoken and Written language codes supported.
	LUI04	Language Use Indicator	6 7	“6” Written Language “7” Spoken Language
2100B		Incorrect Member Name		In the Initial Enrollment file this loop will not be transmitted by Covered California.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2100C	NM1	Member Mailing Address		Member Mailing Address will always be sent for each member, even if it is the same as the Residential address.
	NM101	Entity Identifier Code	31	Indicates Postal Mailing Address
	N3	Member Mail Street Address		Street Address will be transmitted in the associated N301 element.
	N4	Member Mailing City, State, ZIP Code		Information will be transmitted in the associated N401- N403 elements. N404 – N406 (Location Identifier/County Code) will not be sent in the Mailing Address loop.
2100D	NM1	Member Employer Loop		This loop will not be transmitted by Covered California.
2100E	NM1	Member School Loop		This loop will not be transmitted by Covered California.
2100F	NM1	Custodial Parent		The Primary Caretaker (from the portal) will be used for the Custodial Parent. The Custodial Parent will always be transmitted for all minors in the enrollment. For non-financial enrollments, the Custodial Parent will be the Primary Household Contact.
	NM101	Entity Identifier Code	S3	Indicates Custodial Parent
	NM108	Identification Code Qualifier	34	Indicates that a Social Security Number will be transmitted in the associated NM109 element. If the SSN of the member is not known, there will be no values transmitted for elements NM108/109.
2100F	PER	Custodial Parent Communicatio n Numbers		Information will be populated similar to the 2100A PER segment. Please refer to the instructions provided in that section for Member Communications Numbers.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	PER01	Contact Functional Code	PQ	Indicates Parent or Guardian (Primary Caretaker in the portal).
	N3	Custodial Parent Street Address		The Custodial Parent's Mailing address will be sent.
	N4	Custodial Parent City, State, ZIP Code		The Custodial Parent's Mailing address will be sent.
2100G	NM1	Responsible Person		The Responsible Person will always be transmitted for all members in the enrollment. For financial applications, the Responsible Person is the Primary Tax Filer. For non-financial applications, the Responsible Person is the Primary Household Contact.
	NM101	Entity Identifier Code	QD	The code will be transmitted for the Responsible Party.
	NM108	Identification Code Qualifier	34	Indicates that a Social Security Number will be transmitted in the associated NM109 element. If the SSN of the member is not known, there will be no values transmitted for elements NM108/109.
2100G	PER	Responsible Person Communicatio n Numbers		Information will be populated similar to the 2100A PER segment. Please refer to the instructions provided in that section for Member Communications Numbers.
	PER01	Contact Functional Code	RP	Indicates Responsible Person.
	N3	Responsible Person Street Address		The Responsible Person's Mailing address will be sent.
	N4	Responsible Person City, State, ZIP Code		The Responsible Person's Mailing address will be sent.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2100H		Drop-Off Location		This loop will not be transmitted by Covered California.
2200		Disability Information		This loop will not be transmitted by Covered California.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	Addition – Indicates the initial enrollment or renewal of a Subscriber and/or dependent(s). Refer to section 15.2 of this document for the list of Maintenance Type Codes not supported by Covered California.
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348	For Outbound 834s, (Covered California to Carriers), the possible values are as follows: Benefit Begin Date. This is the effective date of coverage. This code must always be sent when adding or reinstating coverage.
2300	AMT	Health Coverage Policy		This segment will not be transmitted by Covered California.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L	For Outbound 834s, (Covered California to Carriers), the possible values are as follows: "1L" The Exchange Assigned Policy ID (Enrollment ID) will be transmitted in the associated REF02 element.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
			CE ZZ X9	**This is the unique Identifier for an enrollment in Covered California's system and will always be sent in the 2000 and 2300 loops.** "CE" Class of Contract Code. The CMS Plan ID for the selected plan will be transmitted in the associated REF02 element. "ZZ" The Exchange Household Case ID will be transmitted in the associated REF02 element. "X9" Carrier Policy Number for Coverage Purchased. This is optional. Carrier Policy Number is not present in the Initial Enrollment 834. Once Covered California receives this value from Carriers, any subsequent 834 transaction resulting from change reporting, will have the Carrier Assigned IDs.
2300	REF	Prior Coverage Months		This segment will not be transmitted by Covered California.
2300	IDC	Identification Card		This segment will not be transmitted by Covered California.
2310	LX	Provider Information		This loop will not be transmitted by Covered California.
2320	REF	Coordination of Benefits		This loop will not be transmitted by Covered California.
2330	NM1	Coordination of Benefits Related Entity		This loop will not be transmitted by Covered California.
2700	LX	Member Reporting Categories		This loop will be transmitted to provide the additional reporting categories about the member.
2750	N1	Reporting Category		Reporting Category for enrollment event creation date and time. Always transmitted for each member.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Date/Time in CCYYMMDDHHMMSSDD format
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Source Exchange ID. Always transmitted for each member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SOURCE EXCHANGE ID	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	CA0	Covered California will send “CA0” for the SOURCE EXCHANGE ID.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Rating Area. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	RATING AREA	
	REF01	Reference Identification Qualifier	9X	Account Category
	REF02	Member Reporting Category Reference ID	R-CA0##	Member's Rating Area Example: R-CA013
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR. This loop will be transmitted only for the Subscriber if a CSR plan is selected (AI/AN or Silver CSR) or a CSR variant change occurs .
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	CSR AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF02	Member Reporting Category Reference ID		CSR Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Supplemental CSR Amount. This loop will be transmitted only for the Subscriber if there is a CSR plan selected (AI/AN or Silver CSR) with Supplemental CSR amount greater than zero. This loop is only sent when the Temporary CSR configuration is turned ON.
	N101	Entity Identifier Code	75	Participant
	N102		SUPPLEMENTAL CSR AMT	
	REF01		9V	Payment Category
	REF02			Supplemental CSR Amount. Covered California will transmit the difference of the Enhanced CSR Amount less the CSR Amount as reflected in the loop 2750 “CSR AMT”.
	DTP01		007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03			Supplemental CSR Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for APTC.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	APTC AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		Elected APTC Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for State Subsidy Amount and/or Strike/Lockout Subsidy Amount. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OTH PAY AMT 1	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		State Subsidy and/or Strike/Lockout Subsidy Amount.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for CA Premium Credit. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OTH PAY AMT 2	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		CA Premium Credit Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date	CCYYMMDD	Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Member Level Premium. This loop will always be transmitted for each member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting	PRE AMT 1	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Name		
	REF01	Reference Identification Qualifier	9X	Account Category
	REF02	Member Reporting Category Reference ID		Premium for individual member.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	PRE AMT TOT	
	REF01	Reference Identification Qualifier	9X	Account Category
	REF02	Member Reporting Category Reference ID		Gross Premium Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2750	N1	Reporting Category		Reporting Category for Net Premium. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	TOT RES AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		Net Premium Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for passing Opt-In Attestation indicator for a Medi-Cal/MCAP/CCHIP transitioned member who is auto-plan selected into new policy for a $0 Net Premium plan. This loop will be populated for the Initial enrollment and each Maintenance transaction for the duration of the enrollment policy.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SB 260	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	N Y	Possible values for the element: “N” No, Opt-In Attestation not received “Y” Yes, Opt-In Attestation received Covered California will transmit “N” when a Medi-Cal/MCAP/CCHIP transitioning member is auto-plan selected into a new policy for a $0 Net Premium plan and has not explicitly attested to Opt-In to the plan. Covered California will always transmit "N" for the Add transaction. “Y” will be sent on a Maintenance transaction when the transitioning member explicitly attests to Opt-In to the $0 Net Premium plan.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format. The specific Date displayed will be based on the value in REF02 above (“N” or “Y”). If REF02 = “Y”, then the attestation date to Opt-In is populated. If REF02 = “N”, then the auto-plan selection date is populated.
2750	N1	Reporting Category		Reporting Category for transmitting the previous Exchange Assigned Policy ID (Enrollment ID) with the previous Subscriber. This loop will only be transmitted for the Subscriber when the New/Initial enrollment is a result of the Termination of a previous enrollment or for a renewal.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				Examples: Change in Subscriber, Adding a member back to the enrollment group, Renewals with the same Carrier.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OLD POLICY ID	This will only be transmitted for the Subscriber.
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Exchange Assigned Policy ID (Enrollment ID) for the previous enrollment.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Coverage Start Date of the New Enrollment in CCYYMMDD format.

8.2. Covered California to Carrier - Cancellation Instructions (Outbound)

A Cancellation transaction is initiated when the enrollment is to be ended without a coverage period. A Cancellation can occur any time prior to or on the effective date of Initial coverage. A Cancellation is defined by the enrollment End date being equal to the enrollment Start date.

Cancellation can occur at Enrollment Group level or Member Level.

8.2.1. Enrollment Group Level Cancellation Instructions

This transaction is used when Covered California Cancels the entire enrollment group. Covered California will send a Cancellation transaction to the Carrier for a variety of reasons including, but not limited to, the individual obtaining coverage through an employer or moving out of a coverage area before coverage starts.

Note: In the following table, Table 13, only the fields that are different from the fields specified in Table 12 are specifically called out. For the remaining fields, Carriers are to refer to the field descriptions in Table 12 from section 8.1. Covered California to Carrier - Initial Enrollment Instructions (Outbound).

Table 13

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	Indicates that the member is the Subscriber. Enrollment Group level Cancellation includes only the Subscriber.
	INS02	Individual Relationship Code	18	The code indicates the member's relationship to the Subscriber. For the Subscriber, the value must always be "18".
	INS03	Maintenance Type Code	024	Indicates Cancellation of coverage as never effective for the Subscriber and all dependents, if any, in the enrollment policy.
	INS04	Maintenance Reason Code		For Outbound Cancellation 834s, (Covered California to Carriers), the possible values are as follows: "01" Divorce "03" Death "07" Termination of Benefits "14" Voluntary Withdrawal "43" Change of Location (Address Change) "AI" No Reason Given
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	TE	This code will be sent in Cancellation transactions to the Carriers.
2000	DTP	Member Level Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	303 357	"303" Maintenance Effective Date. This is the initial plan selection date, or the date a change is made to an existing enrollment. "357" Eligibility End Date. This is the last date of the coverage period for the enrollment. The Eligibility End date of the Cancellation **will match** the Benefit Begin date.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Indicates Cancellation of coverage for the Subscriber and all dependents, if any, in the enrollment policy.
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	348 349	In Outbound Cancellation 834 files, (Covered California to Carriers), the following elements will be included: "348" Benefit Begin Date. This is the effective date of coverage and will be transmitted in the associated DTP02 element in CCYYMMDD format. "349" Benefit End Date. This is the Enrollment Period End Date and will be transmitted in the associated DTP02 element in CCYYMMDD format. **For Cancellation transactions:** Benefit End Date = Benefit Begin Date and Eligibility End Date = Benefit End Date
2700	LX	Member Reporting Categories		For Cancellation transactions, multiple iterations of this loop (2750) will be sent.
2750	N1	Reporting Category		Reporting Category for enrollment event creation date and time.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Date/Time in CCYYMMDDHHMMSSDD format.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for the Cancellation. Always transmitted for the Enrollment Group Level Cancellations.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	CANCEL	
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		SEP REASON for enrollment event creation date and time.
	N101	Entity Identifier Code	75	Participant

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N102	Member Reporting Category Name	SEP REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Reason for the event that caused the group level cancellation. Refer to section 13 of this document for possible SEP Reason Codes.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

8.2.2. Member Level Cancellation Instructions

This transaction is used when Covered California Cancels one or more 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 Carriers. Carriers must **not** use this transaction to send cancellations to Covered California.

Note: In the following table, Table 14, only the fields that are different from the fields specified in Table 12 are specifically called out. For the remaining fields, Carriers are to refer to the field descriptions in Table 12 from section 8.1. Covered California to Carrier – Initial Enrollment Instructions (Outbound).

Table 14

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	“Y” Indicates that the member is the Subscriber.
	INS02	Individual Relationship Code	18	For the Subscriber, the value must always be “18”.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	INS03	Maintenance Type Code	001	Indicates a change to an existing Subscriber.
	INS04	Maintenance Reason Code	AI	
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	AC	Indicates Active Coverage Status for the Subscriber. Will be sent only for Subscriber (INS01 = Y).
2000	INS	Member Level Detail		
	INS01	Subscriber Indicator	N	Indicates that the member is a Dependent(s). A Member level Cancellation includes the Maintenance Type Code 001 for the Subscriber, as well as any Dependents who are retaining coverage, and a Maintenance Type Code of 024 for the Dependent(s) whose coverage is being Cancelled.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber. Refer to section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type Code	024	Indicates Cancellation of the Dependent(s).
	INS04	Maintenance Reason Code		For Outbound Cancellation 834s, (Covered California to Carriers), the possible values are as follows: "01" Divorce "03" Death "07" Termination of Benefits "14" Voluntary Withdrawal "43" Change of Location (Address Change) "AI" No Reason Given
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS12	Member Individual Death Date	CCYYMMDD	This is the date of Death for the Dependent(s) and does not replace the

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				use of the Termination date within the 2300 loop.
2000	DTP	Member Level Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	303 357	"303" Maintenance Effective Date. This is the initial plan selection date, or the date a change is made to an existing enrollment. "357" Eligibility End Date. This is the last date of the coverage period for the enrollment. 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	Indicates Cancellation of the Dependent(s).
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	348 349	In Outbound Cancellation 834 files, (Covered California to Carriers), the following elements will be included: "348" Benefit Begin Date. This is the effective date of coverage and will be transmitted in the associated DTP02 element in CCYYMMDD format. "349" Benefit End Date. This is the Enrollment Period End Date and will be transmitted in the associated DTP02 element in CCYYMMDD format. **For Cancellation transactions:**

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				Benefit End Date = Benefit Begin Date and Eligibility End Date = Benefit End Date
2700	LX	Member Reporting Categories		For Cancellation transactions, multiple iterations of this loop (2750) will be sent.
2750	N1	Reporting Category		Reporting Category for enrollment event creation date and time. Always transmitted for each member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Date/Time in CCYYMMDDHHMMSSDD format.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for the Cancellation. Always transmitted only for the member being cancelled.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF02	Member Reporting Category Reference ID	CANCEL	
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		SEP REASON for enrollment event creation date and time. Always transmitted for each affected member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SEP REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Reason for the event that caused the Cancellation of the member.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

8.3. Covered California to Carrier - Termination Instructions (Outbound)

A Termination transaction is initiated when the enrollment ends after the coverage started.
A Termination transaction can occur either after an enrollment has been Effectuated, or before an enrollment has been Effectuated the Termination occurs after the Coverage Start Date.
In both scenarios, the enrollment End Date must always be after the enrollment Start Date.

It is possible for consumers whose enrollments are still in Pending status, to Terminate their coverage after the Coverage Start Date has ended. In this scenario, Carriers will receive a Termination transaction with a future End Date for the enrollment.

The consumer can change the Termination date to an earlier date with a Maintenance transaction before the current Termination date has passed. After the End Date, the Termination Date may only be changed by a Covered California Admin user.

A Termination transaction may be sent at either the Subscriber level, where Covered California will terminate all members in the enrollment, or at the Member Level, where Covered California will terminate one or more members.

8.3.1. Enrollment Group Level Termination Instructions

Covered California will send a Termination transaction to the Carrier for a variety of reasons including, but not limited to, the individual obtaining coverage through an employer or moving out of a coverage area.

Note: In the following table, Table 15, only the fields that are different from the fields specified in Table 12 are specifically called out. For the remaining fields, Carriers are to refer to the field descriptions in Table 12 from section 8.1. Covered California to Carrier - Initial Enrollment Instructions (Outbound).

Table 15

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	Indicates that the member is the Subscriber. Enrollment Group level Termination includes only the Subscriber.
	INS02	Individual Relationship Code	18	For the Subscriber, the value must always be “18”.
	INS03	Maintenance Type Code	024	Indicates Termination of the Subscriber and all dependents, if any, in the enrollment policy.
	INS04	Maintenance Reason Code		For Outbound Termination 834s, (Covered California to Carriers), the possible values are as follows: “01” Divorce “03” Death “07” Termination of Benefits “14” Voluntary Withdrawal “43” Change of Location (Address Change)

				"AI" No Reason Given
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	TE	The code will be sent in Termination files to the Carriers.
	INS12	Member Individual Death Date	CCYYMMDD	This is the date of Death for the Subscriber and does not replace the use of the Termination date within the 2300 loop.
2000	DTP	Member Level Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	303 357	"303" Maintenance Effective Date. This is the initial plan selection date, or the date a change is made to an existing enrollment. "357" Eligibility End Date. This is the last date of the coverage period for the enrollment. The Eligibility End date of the Termination **must be after** the Benefit Begin date sent in the Initial Enrollment.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Indicates Termination of the whole enrollment group.
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	348	In Outbound Termination 834 files, (Covered California to Carriers), the following elements will be included: "348" Benefit Begin Date. This is the effective date of coverage and will be transmitted in the associated DTP02 element in CCYYMMDD format.

			349

	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for the Termination. Always transmitted for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	TERM	
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		SEP REASON for enrollment event creation date and time.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SEP REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Reason for the event that caused the group level Termination. Refer to section 13 of this document for possible SEP Reason Codes.

	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

8.3.2. Member Level Termination Instructions

This transaction is used when Covered California Terminates 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 Carriers. Carriers must **not** use this transaction to send terminations to Covered California.

Note: In the following table, Table 16, only the fields that are different from the fields specified in Table 12 are specifically called out. For the remaining fields, Carriers are to refer to the field descriptions in Table 12 from section 8.1. Covered California to Carrier - Initial Enrollment Instructions (Outbound).

Table 16

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	“Y” Indicates that the member is the Subscriber.
	INS02	Individual Relationship Code	18	The code indicates the member’s relationship to the Subscriber. The value will always be "18" for the Subscriber.
	INS03	Maintenance Type Code	001	Indicates a change to an existing Subscriber.
	INS04	Maintenance Reason Code	AI	
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	AC	Indicates Active Coverage Status for the Subscriber. Will be sent only for Subscriber (INS01 = Y).
2000	INS	Member Level Detail		
	INS01	Member Indicator	N	Indicates that the member is a Dependent. A Member level Termination includes the Maintenance Type Code 001 for the

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				Subscriber, as well as any Dependents who are retaining coverage, and a Maintenance Type Code of 024 for the Dependent(s) whose coverage is being Terminated.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber. Refer to Section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type Code	024	Indicates Termination of the Dependent(s).
	INS04	Maintenance Reason Code		For Outbound Termination 834s, (Covered California to Carriers), the possible values are as follows: "01" Divorce "03" Death "07" Termination of Benefits "14" Voluntary Withdrawal "43" Change of Location (Address Change) "AI" No Reason Given
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS12	Member Individual Death Date	CCYYMMDD	This is the date of Death for the Dependent(s) and does not replace the use of the Termination date within the 2300 loop.
2000	DTP	Member Level Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	303 357	"303" Maintenance Effective Date. This is the initial plan selection date, or the date a change is made to an existing enrollment. "357" Eligibility End Date. This is the last date of the coverage period for the enrollment. The Eligibility End date of the Termination **must be after** the Benefit Begin date sent in the Initial Enrollment.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Indicates Termination of the Dependent(s).
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		Two iterations will be sent.
	DTP01	Date Time Qualifier	348 349 543	In Outbound Termination 834 files, (Covered California to Carriers), the following elements will be included: "348" Benefit Begin Date. This is the effective date of coverage and will be transmitted in the associated DTP02 element in CCYYMMDD format. "349" Benefit End Date. This is the Enrollment Period End Date and represents the last date for which claims will be paid for the individual being terminated. For example, if a Benefit End Date of 03/31/2022 is sent, claims will be paid through 11:59 p.m. on 03/31/2022. The Benefit End Date will be transmitted in the associated DTP02 element in CCYYMMDD format. **For Termination transaction:** Eligibility End Date = Benefit End Date and both must be after the Benefit Begin Date. "543" Confirmation Date. If the Carrier has already sent an Effectuation for the enrollment, "543" (the date the binder payment was made) may also be included in the Termination transaction.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2700	LX	Member Reporting Categories		For Termination transactions, multiple iterations of this loop (2750) will be sent.
2750	N1	Reporting Category		Reporting Category for enrollment event creation date and time. Always transmitted for each member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		Date/Time in CCYYMMDDHHMMSSDD format.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for the Termination. Transmitted only for the member being Terminated.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting	TERM	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Reference ID		
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		SEP REASON for enrollment event creation date and time. Always transmitted for each affected member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SEP REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Reason for the event that caused the Termination of the member. Refer to section 13 of this document for possible SEP Reason Codes. **Example:** “43-CHANGE OF LOCATION” if the member Termination is due to Address Change.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

8.4. Covered California to Carrier – Maintenance Transaction Instructions

Covered California issues a Maintenance transaction (also referred to as a Change transaction) to update information that has changed (INS03 = 001). Examples of this would be name changes and contact information changes.

Carriers may receive Maintenance transactions for all enrollment statuses, including Terminations. Covered California allows the consumer to select a Coverage End Date as end of the current month, end of the next month, or end of the following month. Based on the end date selected, the consumer has the option to change the Coverage End Date to an earlier date, if it hasn't passed. There isn't an option for the consumer to change the Coverage End Date to a later date. This change in Coverage End Date is sent as a maintenance transaction 001*AI and the 2750 Additional Reporting Category for 'SEP REASON' will not be sent.

Covered California also allows the Admin user with special permissions to update the Coverage dates using the Enrollment Edit Tool in response to an escalation or Appeal or court order. If the Admin user changes the Coverage End Date, it will be sent as a maintenance transaction 001*AI. The Admin user can change the Coverage End Date to an earlier date or a later date as an enrollment override. These enrollment override transactions are included in Section 8.5.5.

An effort has been made to decrease the number of EDI 834 maintenance transactions generated when multiple changed elements were identified during a single Report a Change submission. All changes will be transmitted, but the Maintenance Reason Code in INS04 will display based on set priority. (See Table 38 for the Maintenance Reason Codes)

Note: ADDL MAINT REASON in Loop 2750 will only be reported for members having Maintenance Type change as INS03 = 001 or as "Cancellation or Termination" INS03 = 024.

Table 17 – Priority Logic for Maintenance Transactions

PRIORITY	MAINTENANCE REASON CODE	DESCRIPTION
1	AI	Income Change/ CSR Level Change
2	02 32 43 AI	Addition of enrollee(s) "02" BIRTH "32" MARRIAGE "43" CHANGE OF LOCATION "AI" NO REASON GIVEN
3	01 03 43 AI	Removal of enrollee(s) "01" DIVORCE "03" DEATH "43" CHANGE OF LOCATION "AI" NO REASON GIVEN
4	25	Change in identifying data element(s) "25" Change in Identifying Data Elements (i.e., Names, SSN, DOB)
5	43	Change of address (home or mailing)
	33	Change in Demographic data

PRIORITY	MAINTENANCE REASON CODE	DESCRIPTION
6		"33" Personnel Data (i.e., Gender, Marital Status, Race/Ethnicity, Citizenship, Phone Number, Email Address, Language)
7	AI	Other Change

Consolidation into a single maintenance transaction happens when multiple changes are reported by a user within a single Report a Change (RAC) submission. For example, if the user decides to update Name, Phone/Email, Street Address (home/mailing), Marital Status etc. within a single RAC submission, the system will consolidate all these changes into a single maintenance transaction. Consolidation only works on change/maintenance transactions (INS03 = 001). If the changes to the consumer's application result in a Term and Re-enroll, the system will still create multiple transactions. Please note that transactions done throughout the day or within multiple RAC submissions **will not** be rolled up into a single transaction.

The following Additional Maintenance Reporting Categories will be reported in Loop 2750 to help Carriers identify the individual changes. There can be multiple Additional Maintenance Reasons reported for a member within a single transaction.

- FINANCIAL CHANGE*: Reported at subscriber level resulting from Total Income change
- CSR VARIANT CHANGE*: Reported at subscriber level resulting from CS Level change
- DEMOGRAPHIC CHANGE: Reported at member level resulting from Demographic changes
- NO CHANGE: Reported at member level for non-impacted members.

**Only applicable for Health Carriers.*

Example:
N1*75*ADDL MAINT REASON~
REF*17*FINANCIAL CHANGE~

N1*75*ADDL MAINT REASON~
REF*17*CSR VARIANT CHANGE~

N1*75*ADDL MAINT REASON~
REF*17*DEMOGRAPHIC CHANGE~
N1*75*ADDL MAINT REASON~
REF*17*NO CHANGE~

8.4.1. Address Changes

Covered California will send one or more transactions to the Carrier for a change of address. Each transaction may include an updated Home and/or Mailing address for one or all members in the enrollment group.

Table 18 – Change of address scenarios and expected transactions

ADDRESS CHANGE SCENARIO	MAINTENANCE 001-43/001-AI LOOP 2750	TERMINATION 024- 43 LOOP 2750	ADDITION 021- EC LOOP 2750
1. Change to Home (and/or Mailing) address within the current rate area/ coverage area of the current plan ID. Results in no change in availability of current plan.	Subscriber 001-43 Dependent(s) 001-43 SEP REASON 43-CHANGE OF LOCATION Updated Home and/or Mailing address		
2. Change to Home (and/or Mailing) address to a new rate area/ outside the coverage area of the current plan ID. Results in current plan not available, user manually selects new policy.	Subscriber 001-43 Dependent(s) 001-43 SEP REASON 43-CHANGE OF LOCATION Updated Home and/or Mailing address	Subscriber only 024-14 Updated Home and/or Mailing address	All members 021-EC Updated Home and/or Mailing address
3. Change to Home (and/or Mailing) address to an address outside of CA. Results in no available plans to be selected due to new Home address out of State.		Subscriber only 024-43 SEP REASON 43-CHANGE OF LOCATION Updated Home address without county code and/or Mailing address	
4. Change to Mailing address to an address outside of CA. No change to Home address. Results in no change in availability of current plan.	Subscriber 001-43 Dependent(s) 001-43 SEP REASON 43-CHANGE OF LOCATION Updated Mailing address.		
5. Change to Mailing (and/or Home) address only for a Dependent. No change for Subscriber. Results in no change in availability of current plan.	Subscriber 001-AI SEP REASON AI-NO REASON GIVEN Dependent 001-43		

ADDRESS CHANGE SCENARIO	MAINTENANCE 001-43/001-AI LOOP 2750	TERMINATION 024- 43 LOOP 2750	ADDITION 021- EC LOOP 2750
	SEP REASON 43-CHANGE OF LOCATION Updated Mailing address for Dependent only.		

8.4.2. Agent Delegation and Agent Information Changes

When there is an active Agent delegation for an enrollment, the information of the Agent of record (Agent Name, Agency Tax ID, and License number) will be included in all 834 transactions (Initial enrollment, Maintenance, Cancellation, Termination, Reinstatement, and/or Renewal) and for all members in the enrollment groups.

Carriers will use the information from Loop 1000C and 1100C of the EDI 834 to update their Agent related records.

Agent related Maintenance transactions:

1. **Agent Addition.** After the Initial enrollment is sent to the Carriers, a Covered California certified Agent is added to the enrollment. The information of the Agent (Agent Name, Agency Tax ID, and License number) will be included in Loops 1000C and 1100C along with the Maintenance Reason Type and Code in Loop 2000 (001*AI). In addition, in Loop 2750, there will be an indicator to identify that the transaction is related to an Agent. Member Reporting Category Name: "ADDL MAINT REASON" and Member Reporting Category Reference ID: "AGENT BROKER INFO"

2. **Agent Removal.** After the Initial enrollment is sent to the Carriers, if the Agent of record is removed from the enrollment, a Maintenance transaction will be generated with no Agent information (as it has been removed from the enrollment), but with Maintenance Reason Type and Code in Loop 2000 (001*AI) and the Agent related indicator in Loop 2750

3. **Agent Change.** After the Initial enrollment is sent to the Carriers, if the Agent of record is changed (from Agent A to Agent B), there will be two Maintenance transactions generated, one for the removal of Agent A (Refer to 2 above) and one for the addition of Agent B (Refer to #1)

4. **Agent Information Update.** After the Initial enrollment is sent to the Carriers, if any of the Agent of record's information is changed (Agent Name and/or Agency Tax ID and/or License number) a Maintenance transaction will be generated with the updated Agent information in Loop 1000C and 1100C. In addition, Maintenance Reason Type and Code will display in Loop 2000 (001*AI) and the Agent related indicator in Loop 2750.

Although there will be no Effective Date in Loop 2750, the Agent related Maintenance transaction will be effective as of the Date transmitted in in Loop 2000 (DTP*303).
All Agent related Maintenance transactions will be generated for all Active and/or the most recently Terminated enrollment(s) in the current year.

Compare transactions (030*XN) will include the most recent Agent information associated with that specific Enrollment ID.

During the Renewals or Open Enrollment Period, if a household has a delegated Agent enrollment (Active enrollment(s) or the most recently Terminated enrollment(s)) for the current and upcoming year, Maintenance transactions will be generated for both enrollments (both years) with any updated Agent information.

Note: Multiple enrollments are possible for a single plan benefit year when a household case has custom grouping for Health enrollments or has both Health and Dental enrollments.

Table 19

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
1000C	N1	Third Party Administrator (TPA)/Broker Name		This segment will be transmitted only if there is a Covered California Certified Insurance Agent associated with the enrollment.
	N101	Entity Identifier Code	BO	Indicates Agent.
	N102	TPA or Broker Name		The Name of the Agent associated with the enrollment.
	N103	Identification Code Qualifier	FI	Indicates that the Agency's Federal Employer Identification Number will be transmitted in the associated N104 element.
1100C	ACT	TPA/Broker Account Information		This segment will be transmitted only if there is a Covered California Certified Insurance Agent associated with the enrollment.
	ACT01	Account Number		Agent's License Number. (Seven alphanumeric characters)
2750	N1	Reporting Category		Reporting Category for Agent related transaction. The loop will be transmitted for the Subscriber and any dependent(s) only when there is a change to the delegation information associated with the enrollment.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	AGENT BROKER INFO	Indicates a change to Agent information or delegation on an existing enrollment.

8.4.3. Incorrect member Identifying elements and/or demographics (Loop 2100B)

The Incorrect Member Name loop will be sent only in Maintenance transactions and is required if corrected Identifying or Demographic information is being sent in loop 2100A.

If any of the Identifying elements are being changed (Name(s), SSN or DOB), the EDI 834 file will include Maintenance Type Code “001” and Maintenance Reason Code “25”.

Loop 2100A: NM101 = 74, with the corrected information in NM103-109 (Name(s), SSN) or DMG02 (for DOB).
Loop 2100B: NM101 = 70, with the incorrect (prior) information in NM103-109 (Name(s), SSN) and/or DMG02 (with incorrect DOB).

For example (Last Name change):
Loop 2100A: NM1*74*1*Peterson*John~
Loop 2100B: NM1*70*1*Smith*John~
If any of the Demographics elements are being changed (DMG03-06), the EDI 834 file will include Maintenance Type Code ‘001’ and Maintenance Reason Code ‘33’.

Loop 2100A: NM101 = IL, with the corrected demographics in DMG03-06
Loop 2100B: NM101 = 70, with the Name of the member and the incorrect (prior) Demographics.

For example (Marital status change):
Loop 2100B: NM1*70*1*Peterson*John~
DMG****M~

Note: Maintenance Type Code '001' and Maintenance Reason Code '33' will also be used for Change transactions related to Language and Communication Numbers (Phone, Email), but the **834 transaction will not include** the Incorrect Member Name loop (Loop 2100B).

Table 20

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	303	Maintenance Effective Date. This is the date a change is made to an existing enrollment.
	DTP02	Date Time Period Format Qualifier	D8	Indicates that the date will be sent in CCYYMMDD format.
	DTP03	Maintenance Effective Date	CCYYMMDD	
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	IL 74	"IL" Member (Subscriber or Dependent). This code is used when updating demographic information for a member with no change in identifying information. When correcting Demographic information, the DMG segment will include the corrected information. "74" Corrected Insured. This code is used when correcting identifying information for a member already enrolled. When correcting Identifying elements (Name(s), SSN or DOB), the corrected information will be included in NM104-109 (Name(s) and SSN) or DMG02 (DOB).
2100B	NM1	Incorrect Member Name		The Incorrect Member Name loop will be sent only in Maintenance transactions when there are changes to the Identifying or Demographic information.
	NM101	Entity Identifier Code	70	70: Prior Incorrect Insured. <u>Identifying elements</u> Will transmit NM101 as '70' and applicable elements NM103-109 with the

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				prior (incorrect) Name(s) or SSN or DMG02 (DOB) for the member. <u>Demographic information</u> Will transmit NM101 as '70' and the existing Name of the member as well as the DMG segment with the prior (incorrect) value of the changed element only.

8.4.4. Medi-Cal/MCAP/CHHIP Consumers Transitioning to Covered California – SB 260

Individuals who are transitioning from MAGI Medi-Cal/MCAP/CCHIP to Covered California and are eligible for APTC and/or CSR will have Auto-Plan Selection (APS) to the Lowest Cost Silver Plan, Lowest Cost AI/AN Plan, or be added to an existing enrollment policy.

If the Auto-Plan Selection is in a new enrollment group and a $0 Net Premium plan, Covered California will generate an Initial enrollment transaction (021*AL) with an Additional Reporting Category of "SB 260" populated at the member level. Each transitioning member's decision to Opt-In or Opt-Out of the auto-selected plan will be captured and transmitted to the Carriers.

1. If all the members attest to Opt-In, a Maintenance transaction (001*AI) will be generated for the Subscriber and dependent member(s). In addition, the SB 260 2750 loop will transmit the Member Reporting Category Reference ID: 'Y' with the date of the attestation as the Effective Date

2. If the Subscriber attests to Opt-In, but the dependent member attests to Opt-Out, a Maintenance transaction (001*AI) will be generated for the Subscriber and a Cancellation transaction (024*AI) for the dependent. In addition, only for the Subscriber, the SB 260 2750 loop will transmit the Member Reporting Category Reference ID: 'Y' with the date of the attestation as the Effective Date

3. If the Subscriber attests to Opt-Out, a Cancellation transaction (024*AI) will be generated for the enrollment group. If the dependent member attests to Opt-In, a new Add transaction (021*EC) with new Enrollment ID and Subscriber will be generated. There will be no SB 260 2750 loop in either the Cancellation or the new Initial enrollment transactions

4. If the transitioning members do not Opt-In or Opt-Out for the new policy with a $0 Net Premium auto-selected plan by the last day of the month of coverage, Covered California will send a cancel transaction

5. If the transitioning members do not Opt-out or make the binder payment for their auto-selected plan with a Net Premium greater than $0, by the last day of the first month of coverage, the Carrier must send a cancel transaction.

Subsequent Maintenance transactions will include the SB 260 2750 Loop for the duration of the enrollment policy.

When other maintenance transactions need to be sent to Carriers, Covered California will send a Loop 2750 for SB 260 with the REF value as follows:

1. "N" when a consumer has not yet attested to Opt-In to an auto-plan selected $0 Net Premium plan. This includes: 1) the initial enrollment for a Medi-Cal/MCAP/CCHIP transitioned member who is auto-plan selected into a new policy for a $0 Net Premium plan, or 2) when a maintenance transaction is generated prior to consumer Opt-In

2. "Y" when a consumer has attested to Opt-In to an auto-plan selected $0 Net Premium plan, in a maintenance transaction with maintenance reason code "AI".

When reinstatement transactions need to be sent to Carriers for enrollments that were auto-plan selected at the time of enrollment creation, Covered California will not send a Loop 2750 for SB 260.

If a passive renewal transaction for the next coverage year was created for the $0 Net Premium auto-selected plan prior to the Subscriber opting out, Covered California will send separate Cancel transactions (024*AI) for the current year and the next coverage year. If a passive renewal transaction for the next coverage year was created for the $0 Net premium auto-selected plan and the consumer does not opt in by the last day of the first month of coverage, Covered California will send separate Cancel transactions (024*AI) for the current year and the next coverage year.

Table 21 – 2750 loop Instructions for SB 260

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2750	N1	Reporting Category		Reporting Category for passing Opt-In Attestation indicator for a Medi-Cal/MCAP/CCHIP transitioned member who is auto-plan selected into new policy for a $0 Net Premium plan This loop will be populated for the Initial enrollment and each Maintenance transaction for the duration of the enrollment policy.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	SB 260	
	REF01	Reference Identification Qualifier	17	Client Reporting Category

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF02	Member Reporting Category Reference ID	N Y	Possible values for the element: “N” No, Opt-In Attestation not received “Y” Yes, Opt-In Attestation received Covered California will transmit “N” when a Medi-Cal/MCAP/CCHIP transitioning member is auto-plan selected into a new policy for a $0 Net Premium plan and has not explicitly attested to Opt-In to the plan. “Y” will be sent on a maintenance transaction when the transitioning member explicitly attests to Opt-In to the $0 Net Premium plan.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date	CCYYMMDD	Effective Date in CCYYMMDD format. The specific Date displayed will be based on the value in REF02 above (“N” or “Y”). If REF02 = “N”, then auto-plan selection date for the policy. If REF02 = “Y”, then attestation date to Opt-In.

8.4.5. CSR Variant Changes

For a Cost Share Reduction (CSR) level change within the same metal tier, Covered California will send a Maintenance transaction (001*AI) instead of a termination and new enrollment transaction. The Additional Maintenance Reason reporting category “CSR VARIANT CHANGE” will be reported in Loop 2750.

A CS Level Change is reported for the below three scenarios:

1. CSR Plan to Non-CSR Plan
2. Non-CSR Plan to CSR Plan
3. CSR Plan to CSR Plan.

Note: In the following table, Table 22, only the fields that are different from the fields specified in Table 12 are specifically called out with respect to CSR Variant changes. For the remaining fields, Carriers are to refer to the field descriptions in Table 12 from section 8.1. Covered California to Carrier - Initial

Enrollment Instructions (Outbound).

Table 22

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
1000B	N1	Payer		
	N104	Identification Code		Same 14-digit Plan ID and updated Variant Component ID.
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	001	Change - Indicates a change to an existing Subscriber or dependent(s) record.
	INS04	Maintenance Reason Code	AI	
2000	REF	Reference Identification Qualifier		
	REF01	Exchange Assigned Policy ID/ Enrollment ID	1L	The Exchange Assigned Policy ID will remain the same as in the Initial Enrollment.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	Change - Indicates a change to an existing Subscriber or dependent(s) record.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L CE	"1L" The Exchange Assigned Policy ID (Enrollment ID) will be transmitted in the associated REF02 element. The Exchange Assigned Policy ID will remain the same as in the Initial Enrollment. "CE" Class of Contract Code. The CMS Plan ID for the selected plan will be transmitted in the associated REF02 element. Same 14-digit Plan ID and updated Variant Component ID.
2750	N1	Reporting Category		Reporting Category for CSR.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				This loop will be transmitted only for the Subscriber if a CSR plan is selected (AI/AN or Silver CSR) or a CSR variant change occurs.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	CSR AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		CSR Amount.
	DTP01	Date Time Qualifier	007	Effective date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format. Effective Date of the New CSR AMT for the new CS Level.
2750	N1	Reporting Category		Reporting Category for APTC. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	APTC AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		Elected APTC Amount.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for Net Premium. This loop will always be transmitted only for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	TOT RES AMT	
	REF01	Reference Identification Qualifier	9V	Payment Category
	REF02	Member Reporting Category Reference ID		Net Premium Amount.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		This loop will be transmitted only for the Subscriber if there is change in Total Income.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting	ADDL MAINT REASON	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Name		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	FINANCIAL CHANGE	Indicates Total Income Change.
2750	N1	Reporting Category		This loop will be transmitted only for the Subscriber if there is change in CSR Variant.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	CSR VARIANT CHANGE	Indicates CS Level Change.

8.5. Covered California to Carrier – OTHER TRANSACTIONS

Covered California also notifies Carriers of enrollment changes in transactions with INS03 Not Equal to "001" when consumers have reported changes such as Removal of the Subscriber, Adding dependents who had been disenrolled, Reinstatement, Change in Health Coverage and Overrides.

8.5.1. Change in Health Coverage

For Change transactions that will open plan selection and the consumer chooses to select a new plan (New CMS Plan ID), the system will generate two transactions for this change in Health coverage. Two ST/SE transaction sets will be sent in the 834 if new plan with the same Carrier.

First, an end transaction (Cancellation or Termination) will be generated for the old plan (024*AI) and then, a second transaction for the new plan selected (add transaction 021*EC) with a new Enrollment ID in loops 2000 and 2300 will be generated. This enrollment policy will have an Enrollment status of "Pending" and will need an effectuation.

8.5.2. Removal of Subscriber

When a Change transaction is reported for the removal of the Subscriber in an enrollment group, the system will generate two transactions.

First a Cancellation or Termination transaction will be sent for the enrollment that is ending, this effectively removes the Subscriber.
Next, an Add transaction with a new Subscriber and a new Enrollment ID will be sent.
The enrollment status of the new Enrollment ID will be Pending and after a binder payment is made (premium greater than $0), Carriers will send an Effectuation.

Covered California will send removal of an existing Subscriber as a Termination or Cancellation for the current Enrollment ID, followed by a new initial enrollment (add) transaction with the new Subscriber. The 834 initial enrollment transaction that is generated due to the change in Subscriber will have a new Enrollment ID in Loop 2000 and Loop 2300. This transaction will also include the OLD POLICY ID in Loop 2750, will be in Pending Enrollment status, and will need an effectuation.

Example:
N1*75*OLD POLICY ID~
REF*17*28832~
DTP*007*D8*20220106~

8.5.3. Dependent added back to Enrollment after Cancellation/Termination

When a previously enrolled dependent (member removed) is added back into the same enrollment, regardless of any gap in coverage, the system will generate two transactions:

1. Cancellation/Termination at the enrollment level, where all existing members in the enrollment group will be disenrolled

2. A new Add transaction (New Enrollment ID) that will include all members (existing members of the enrollment and the previously removed dependent).

Under the new Enrollment ID, the previously removed dependent will retain the original Member ID and while the dependent's premium may be re-rated, it will remain the same for the other members in the enrollment. The Add transaction will contain the OLD POLICY ID in Loop 2750, will have a Pending Enrollment status, and will need an effectuation.

The OLD POLICY ID will be populated only for the Subscriber and the date of the OLD POLICY ID in the "DTP" segment will be same as the Coverage Start Date of the New Enrollment.

Example:

Example	EDI 834
Initial Enrollment (Subscriber and Dependent)	INS*Y*18*021*EC*A***AC~ REF*0F*123456~ --Subscriber Id REF*1L*55555~ --Enrollment ID REF*17*123456~ --Member/Subscriber Id DTP*348*D8*20220101~

Example	EDI 834
	INS*N*19*021*EC*A~ REF*0F*123456~ --Subscriber Id REF*1L*55555~ REF*17*123457~ --Child Member Id
Removal of Dependent	INS*Y*18*001*AI*A***AC~ REF*0F*123456~ --Subscriber Id REF*1L*55555~ --Enrollment ID REF*17*123456~ --Member/Subscriber Id INS*N*19*024*AI*A~ REF*0F*123456~ --Subscriber Id REF*1L*55555~ REF*17*123457~ --Child Member Id DTP*348*D8*20220101~ DTP*349*D8*20220331~ N1*75*ADDL MAINT REASON~ REF*17*TERM~ DTP*007*D8*20220331~
Add back previously removed dependent	**<u>Transaction1: Enrollment Termination</u>** INS*Y*18*024*14*A***TE~ REF*0F*123456~ --Subscriber Id REF*1L*55555~ --Enrollment ID REF*17*123456~ --Member/Subscriber Id DTP*303*D8*20220620~ DTP*349*D8*20220630~ N1*75*ADDL MAINT REASON~ REF*17*TERM~ DTP*007*D8*20220630~ **<u>Transaction2: Addition (Same member ID for all members)</u>** INS*Y*18*021*EC*A***AC~ REF*0F*123456~ --Subscriber Id REF*1L*55888~ --NEW Enrollment ID REF*17*123456~ --Member/Subscriber Id DTP*348*D8*20220701~ N1*75*OLD POLICY ID~ REF*17*55555~ DTP*007*D8*20220701~ --New Coverage Start Date INS*N*19*021*EC*A~ REF*0F*123456~ --Subscriber Id

Example	EDI 834
	REF*1L*55888~ REF*17*123457~ --Child Member Id DTP*348*D8*20220701~

8.5.4. Reinstatement Supplemental Instructions

An enrollment may be Reinstated only from Covered California.
A Reinstatement transaction is generated when an enrollment group that has been Cancelled or Terminated needs to be Reinstated to the prior enrollment status (most likely after a Cancellation or Termination due to non-payment of premium). The format of 834 transactions for Reinstatement will look like an Initial Enrollment (add transaction), with the following differences in INS03 (025 instead of 021), INS04 (41 instead of EC) and HD01 (025 instead of 021). The Enrollment ID of the original policy that was ended will be populated in Loop 2000 and Loop 2300 of the Reinstatement transaction.

With a Reinstatement transaction, the enrollment status reverts to the one prior to the Cancellation or Termination. Covered California will revert the enrollment status from CANCEL or TERM to Pending or Confirm based on the availability (or not) of a Confirmation date for the enrollment, if one exists, enrollment status will revert to Confirm. In addition, the Benefit End Date will change to 12/31 of the Benefit year.

When an enrollment group is reinstated, only the subscriber and any dependent(s), whose Termination date is equal to the Termination date of the subscriber will be Reinstated.

If a dependent is removed from an enrollment prior to the Subscriber's End date, that dependent will not be Reinstated with the enrollment.

A Reinstatement transaction may be sent before or after the Benefit End date of a Terminated transaction that has a termination date prior to 12/31.

The information for the Agent who is currently delegated to the case will be populated in the Reinstatement transaction.

Table 23

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y N	"Y" Indicates that the member is the Subscriber. "N" Indicates that the member is not the Subscriber.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				For the Subscriber, the value must always be "18". Refer to Section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type	025	Reinstatement. Indicates the reinstatement of a Cancelled or Terminated enrollment to prior enrollment status.
	INS04	Maintenance Reason Code	41	Re-enrollment code will be used for Reinstatement transactions.
2300	HD01	Health Coverage	025	This code will be used for Reinstatement transactions.

8.5.5. Overrides

Covered California Admin users will have the ability to override the Special Enrollment period dates before plan selection and to edit enrollments at any time after a consumer has completed plan selection. These edits will be related to the following three transaction types and possible maintenance reason codes:

Table 24

Transaction Type	Maintenance Reason Code	DESCRIPTION
021		Add Transaction
	EC	Member Benefit Selection
001		Change Transaction
	AI	No Reason Given
	29	Benefit Selection - (Change Coverage/Plan effective date) Indicates change in coverage start date, and changes in the financial amounts and effective date done by the Admin User.
024		Cancel or Termination Transaction
	AI	No Reason Given
	14	Voluntary Withdrawal
	59	Non-Payment The specific update is made at the Carrier's request, after the non-payment transaction from the Carrier failed in processing. This transaction will not be sent to the Carrier.

8.6. Covered California to Carrier – COMPARE Transaction

Covered California issues Compare transactions in a separate file listing all members, both active and inactive, with their coverage records, thus providing a snapshot (point in time) of the enrollment. This

full enrollment transaction facilitates keeping both the Covered California and Carrier's systems synchronized.

The Compare transaction is identified by a BGN08 code value of "4" (Verify), INS03 and HD01 code value of "030" (Compare) and INS04 code value of "XN" (Notification Only). TA1 and 999 Acknowledgment files should not be transmitted for the EDI 834 Outbound Compare transactions. The EDI 834 Compare transaction will be transmitted to the Carrier only if requested.

- The EDI 834 Compare transaction will include the latest enrollment snapshot of all active and inactive plan participants and their most recent demographic and financial information
- When sending a Compare transaction, ISA14 will be "0", BGN08 will be "4", Loop 2000, INS03 will be "030", INS04 will be "XN" and Loop 2300, HD01 will be "030"
- Carrier-assigned membership identifiers, if available, will be included in the transaction as received through the effectuation transaction
- Confirmation Date (DTP*543) and Paid Through Date (DTP*343) segments will be populated if the values are available
- Eligibility End Date (DTP*357) and Benefit End Date (DTP*349) segments will be populated if the reported member is cancelled/terminated on any given date including 12/31
- Financial segments will be reported for both active and inactive members
- REN/RENP, OLD POLICY ID, and SB 260 are the only Additional Maintenance Reporting categories that will be reported in Loop 2750
- SEP REASON will not be reported in Loop 2750.

Table 25

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
ISA		Interchange Control Header		
	ISA14	Acknowledgment Requested	0	Indicates No Interchange Acknowledgment Requested
BGN		Beginning Segment		
	BGN08	Action Code	4	Indicates Verify transaction and is used to identify a full enrollment transaction to synchronize both Covered California and Carrier systems.
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	030	Compare – Indicates EDI 834 Enrollment Snapshot transaction Refer to Section 15.1 of this document for the list of Maintenance

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				Type Codes supported by Covered California.
	INS04	Maintenance Reason Code	XN	Refer to Section 16 of this document for the list of Maintenance Reason Codes supported by Covered California.
	INS08	Employment Status Code	AC	Indicates Active Coverage Status for the Subscriber. Will only be sent for Subscriber (INS01 = Y).
2100B		Incorrect Member Name		In the Compare file, this loop will not be transmitted by Covered California.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	030	Compare – Indicates an EDI 834 Enrollment Snapshot transaction Refer to Section 15.1 of this document for the list of Maintenance Type Codes supported by Covered California.
2750	N1	Reporting Category		Reporting Category for transmitting the indicator related to the type of renewal transaction. Will be transmitted for each member.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REN RENP	"REN" will be sent if the enrollment was renewed as part of Active Renewal flow. "RENP" will be sent if the enrollment was renewed as part of Passive Renewal flow.
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting	REN	"REN" will be sent if the enrollment was renewed as part of Active Renewal flow.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Reference ID	RENP	"RENP" will be sent if the enrollment was renewed as part of Passive Renewal flow.
2750	N1	Reporting Category		Reporting Category for transmitting the Exchange Assigned Policy ID (Enrollment ID) for the previous enrollment year. This will only be transmitted for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OLD POLICY ID	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Exchange Assigned Policy ID (Enrollment ID) for the previous year enrollment.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date	CCYYMMDD	Coverage Start Date of the New Enrollment in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for passing Opt-In Attestation indicator for a Medi-Cal/MCAP/CCHIP transitioned member who is auto-plan selected into new policy for a $0 Net Premium plan.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting	SB 260	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Name		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	N Y	Possible values for the element: “N” No, Opt-In Attestation not received “Y” Yes, Opt-In Attestation received
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format. The specific Date displayed will be based on the value in REF02 above (“N” or “Y”). If REF02 = “Y”, then the attestation date to Opt-In is populated. If REF02 = “N”, then the auto-plan selection date is populated.

9. Carrier to Covered California Instructions (Inbound)

Carriers must only send Effectuations and Cancellations or Terminations for non-payment of premium. Covered California will not accept the following INS03 values:
“001” Change, “025" Reinstatement, “026” Correction, “030” Audit

Covered California handles Effectuations, Cancellations and Terminations transactions from Carriers at the Subscriber level. Any Inbound 834 transactions that does not include the Subscriber will be rejected. Effectuation transactions may include the Subscriber only, or the Subscriber and all the applicable Dependent(s).

The Cancellation and Termination transactions must include only the Subscriber.

- Benefit Start Date in the Effectuation File must match the Benefit Start Date within the Covered California system
- Benefit End Date in the Cancellation File must match the Benefit Start Date within the Covered California system
- Benefit End Date in the Termination File must be after the Benefit Start Date within the Covered California system.

If the effectuation transaction is received for an enrollment in Terminated status, either before or after the Coverage End Date, the enrollment will be updated to include the Confirmation Date provided by the Carrier. The Enrollment Status will remain "Terminated".

Carriers are not allowed to Cancel or Terminate an enrollment for any reason other than Non-payment. For Cancellation transactions, Carriers must send the Benefit End Date equal to the Benefit Start Date. If an enrollment or a member has an enrollment status as "CANCELLED" within the Covered California system, all Inbound transactions from the Carriers will be rejected. Similarly, a Termination transaction sent by the Carriers with the Benefit End date that is greater than the Benefit End date in the Covered California system will be rejected.

9.1. Carrier to Covered California – Confirmation/Effectuation Instructions (Inbound)

In response to an initial enrollment transaction, Carriers must send an 834 Effectuation transaction to Covered California. In addition to the initial enrollment data, the Effectuation transaction may also include several Carrier-assigned data elements such as Carrier Assigned Member ID.

- Carriers must send Effectuations for all enrollments upon receipt of binder payment
- Effectuations on enrollments that have a termination date earlier than 12/31 will be accepted and processed
- Effectuations will not be accepted for enrollments that are in Cancel Status
- Carriers must send Effectuations that include the Subscriber. If the Effectuation transaction also includes the dependent(s), the Effectuation will be accepted
- When a new member is added to a pending enrollment and has a different start date from the subscriber, the system will accept an Effectuation transaction in either of the following formats:
  1. An Effectuation transaction with only the subscriber's information contained in it
  2. An Effectuation transaction with both the subscriber and each dependent member's information contained in it.
- The successful processing of an Effectuation file will update the enrollment status from "PENDING" to "CONFIRM/ENROLLED"
- The successful processing of an Effectuation file for a future dated term enrollment will not result in enrollment status update, status will remain as "TERMINATED"
- The Start Date sent by the Carriers must match the Start date in the Covered California system or the transaction will be rejected
- The Effectuation should not contain the coverage end date
- Carriers should send Effectuations for all add transactions sent by Covered California (type 021) regardless of Maintenance Reason Code and/or renewal indicator
- Effectuations are not required for Maintenance transactions sent by Covered California (type 001) or if a dependent is added to an enrollment that has already been effectuated. The exception to this is SB 260 changes where an Effectuation is received for the Maintenance transaction (001*AI)
- For consumers transitioning from Medi-Cal/MCAP/CCHIP, and auto-plan selected with a $0 Net Premium, Carriers should not send an Effectuation transaction until a Maintenance transaction is received from Covered California indicating that the subscriber of the enrollment policy has attested to Opt-In = "Y". Refer to section 8.4.4 Loop 2750 SB 260 for additional details
- Sending Loop 2750, SB 260 in the Effectuation transaction is optional
- If an Effectuation transaction is received prior to attestation of Opt-In, the transaction will not be processed by Covered California.

Table 26

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
BGN		Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Carriers are recommended to populate the value of BGN02 from the initial enrollment or the most recent maintenance transaction from CalHEERS for the specified enrollment policy.
QTY		Transaction Set Control Totals		Inbound 834 files: If the file includes only the Subscriber, the DT code is optional.
	QTY01	Records Total	ET DT TO	"ET" Employee Total (Subscriber). Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". "DT" Dependent(s) Total. Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". "TO" Total. Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
1000A	N1	Sponsor Name		The Sponsor must match the data sent by Covered California.
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Sponsor Name
	N103	Identification Code Qualifier	FI 94	"FI" Indicates Sponsor Tax ID (SSN or ITIN), must be transmitted in the associated N104 element. "94" Indicates the DOB (in MMDDCCYY format), must be transmitted in the associated N104 element.
1000B	N1	Payer		

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	IN	Indicates Insurer name, must be transmitted in the associated N102 element.
	N103	Identification Code Qualifier	XV	Indicates CMS Plan ID, must be transmitted in the associated N104 element.
1000C	N1	Third Party Administrator (TPA)/Broker Name		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	N101	Entity Identifier Code	BO	Indicates Agent.
	N102	TPA or Broker Name		The Name of the Broker/Agent associated with the enrollment.
	N103	Identification Code Qualifier	FI	Indicates Agency's Federal Employer Identification Number, must be transmitted in the associated N104 element.
1100C	ACT	TPA/Broker Account Information		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	ACT01	Account Number		Agent's License Number. (Seven alphanumeric characters).
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y N	"Y" Indicates that the member is the Subscriber, must always be included in all transactions. "N" Indicates that the member is not the Subscriber.
	INS03	Maintenance Type Code	021	For Effectuation transactions if any Maintenance type code other than "021" is sent, the transaction will be rejected by Covered California.
	INS04	Maintenance Reason Code	28	For Effectuation transactions if any Maintenance reason code other than "28" is sent, the transaction will be rejected by Covered California.
	INS05	Benefit Status Code	A	Indicates Active Coverage.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	INS08	Employment Status Code	AC	For Effectuation transactions, Carriers must only use this code for the Subscriber.
2000	REF	Reference Identification Qualifier		
	REF01	Subscriber Identifier	0F	Exchange Assigned Subscriber ID must be transmitted in the associated REF02 element. (This is also the Exchange Assigned Member ID for the Subscriber).
	REF	Member Policy Number		
	REF01	Exchange Assigned Policy/ Enrollment ID	1L	The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element. This is the unique Identifier for an enrollment in the Covered California system and must always be sent in the 2000 and 2300 loops. Carriers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise, the transaction will be rejected by Covered California.
2000	REF	Member Supplemental Identifier		Carriers can send up to three values.
	REF01	Reference Identification Qualifier	17 ZZ 23	"17" Exchange Assigned Member ID must be transmitted in the associated REF02 element. "ZZ" Carrier Assigned Subscriber ID may be sent in the associated REF02 element. This is Optional. "23" Carrier Assigned Member ID may be sent in the associated REF02 element. This is Optional.
2000	DTP	Member Level Dates		

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP01	Date Time Qualifier		Carriers must transmit a Date Qualifier and a Date in this segment.
2100A	NM1	Member Name		
	PER	Member Communications Numbers		If the segment is sent by the Carriers, the Communication Number Qualifiers (“HP”, “CP”, “WP”, “EM”) must be used, otherwise the transaction will be rejected by Covered California.
2100A	N3	Member Home Street Address		Carriers must transmit Member Home Street Address for each member in the associated N301/302 elements.
	N4	Member City, State, ZIP Code, Location Qualifier, Location Identifier/County Code		Carriers must transmit the information in the associated N401-406 elements. N404 (Country Code) should not be sent.
	DMG	Member Demographics		For Effectuation transactions, the DMG segment is optional. However, if the Carriers choose to send it, then the full segment must be populated with the available data.
2100A	LUI	Member Language		For Effectuation transactions, the LUI segment is optional. However, if the Carriers choose to send it, the correct codes must be used.
2100B	NM1	Incorrect Member Name		Carriers should not send this loop in any Inbound transactions, otherwise the transaction will be rejected by Covered California.
2100C	NM1	Member Mailing Address		Carriers may send the Member Mailing Address for each member, even if it is the same as the Residential address.
2100F	NM1	Custodial Parent		Carriers may send the Custodial Parent loop for the minors in the enrollment.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2100G	NM1	Responsible Person		Carriers may send the Responsible Person loop for all members in the enrollment.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	"021" Addition – Indicates the addition of a Subscriber and/or dependent(s). In Effectuation transactions, if any Maintenance type code other than "021" is sent, the transaction will be rejected by Covered California.
	HD03	Insurance Line Code	HLT DEN	"HLT" Carrier must transmit if the enrollment is for a Health plan. "DEN" Carrier must transmit if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		Two iterations are required.
	DTP01	Date Time Qualifier	348 543	For Effectuation transaction, if the following values are not sent, the transaction will be rejected by Covered California. "348" Benefit Begin Date – This is the effective date of coverage and must be transmitted. "543" Confirmation Date – This is the date the binder payment was made. We suggest that this date should be on or before the date of the Effectuation file generation.
2300	REF	Health Coverage Policy Number		
	REF01		1L	The Enrollment ID ("1L") and the Exchange Household Case ID ("ZZ") must be sent, otherwise the transaction will be rejected by Covered California. "1L" The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
			X9 CE ZZ	"X9" Carrier Policy Number for Coverage Purchased. This is optional. "CE" Class of Contract Code. The CMS Plan ID for the selected plan may be transmitted in the associated REF02 element. This is optional. "ZZ" The Exchange Household Case ID must be transmitted in the associated REF02 element.
2310		Provider Information		Carriers should not send this loop in any Inbound transactions, otherwise the transaction will be rejected by Covered California.
2700	LX	Member Reporting Categories		One iteration of this loop is required for Effectuation transactions.
2750	N1	Reporting Category		The specific segment must be sent for the Subscriber (if only the Subscriber is in the transaction) or for the Subscriber and all Dependent(s), if included in the transaction.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	CONFIRM	For Effectuation transactions, Carriers must send this value, otherwise the transaction will be rejected by Covered California.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

9.2. Carrier to Covered California – Cancellation Instructions (Inbound)

Carriers must send a Cancellation transaction for all pending enrollments when the initial premium payment (binder payment) is not received in a timely manner (if greater than $0), even if a future dated Termination is present. Since the binder payment was not made, the consumer(s) will not receive any coverage. This means the enrollment End date must match the enrollment Start date.
The Cancellation for non-payment must be sent at Subscriber Level (Only subscriber information may be included). If Information for other members is included, a failure will occur. A Cancellation from the Carrier will result in all members of the enrollment group being Cancelled.

Carriers must not send Cancellations for non-payment for enrollments in benefit years earlier than the previous benefit year (consistent with the active years used in the Covered California portal and in the weekly audit files).

Table 27

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
BGN		Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Carriers are recommended to populate the value of BGN02 from the initial enrollment or the most recent maintenance transaction from CalHEERS for the specified enrollment policy.
QTY		Transaction Set Control Totals		Inbound Cancel files: Since the transaction includes only the Subscriber, the DT segment is optional.
	QTY01	Records Total	ET DT TO	"ET" Employee Total (Subscribers). Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". "DT" Dependent(s) Total. Indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". "TO" Total. Indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
1000A	N1	Sponsor Name		Sponsor information received must be sent.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Sponsor Name
	N103	Identification Code Qualifier	FI 94	"FI" Indicates Sponsor Tax ID (SSN or ITIN), must be transmitted in the associated N104 element. "94" Indicates the DOB (in MMDDCCYY format), must be transmitted in the associated N104 element.
1000B	N1	Payer		
	N101	Entity Identifier Code	IN	Insurer Name. Indicates that the Name of the Carrier must be transmitted in the associated N102 element.
	N103	Identification Code Qualifier	XV	Indicates that the CMS Plan ID must be transmitted in the associated N104 element.
1000C	N1	Third Party Administrator (TPA)/Broker Name		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	N101	Entity Identifier Code	BO	Indicates Agent.
	N102	TPA or Broker Name		The Name of the Agent associated with the enrollment.
	N103	Identification Code Qualifier	FI	Indicates Agency's Federal Employer Identification Number, will be transmitted in the associated N104 element.
1100C	ACT	TPA/Broker Account Information		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	ACT01	Account Number		Agent's License Number. (Seven alphanumeric characters)
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	Indicates that the member is the Subscriber, must always be included in all transactions.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	INS02	Individual Relationship Code	18	This value must be sent for the Subscriber.
	INS03	Maintenance Type Code	024	"024" Cancellation In Cancellation transactions, if any maintenance type code other than "024" is sent, the transaction will be rejected by Covered California.
	INS04	Maintenance Reason Code	59	Carriers must only send this value in Inbound Cancellation transactions. Carriers can only Cancel an enrollment due to non-payment of binder payment. If any other code is sent, the transaction will be rejected by Covered California.
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	TE	In Inbound Cancellation transactions, Carriers must only use this code. If any other code is sent, the transaction will be rejected by Covered California.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Exchange Assigned Subscriber ID that must be transmitted in the associated REF02 element. This is also the Exchange Assigned Member ID for the Subscriber.
	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element. Otherwise, the transaction will be rejected by Covered California.
2000	REF	Member Supplemental Identifier		Carriers can send up to three values.
	REF01	Reference Identification Qualifier	17 ZZ	"17" Exchange Assigned Member ID that must be transmitted in the associated REF02 element.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
			23	"ZZ" Carrier Assigned Subscriber ID may be sent in the associated REF02 element. This is Optional. "23" Carrier Assigned Member ID may be sent in the associated REF02 element. This is Optional.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date. This is the last date of the coverage period for the enrollment. If Eligibility End Date is not sent, the transaction will be rejected by Covered California.
	DTP03	Status Information Effective Date		The Eligibility End date of the Cancellation **must match** the Benefit Begin date sent from the Exchange.
2100A	NM1	Member Name		
	PER	Member Communications Numbers		If the segment is sent by the Carriers, the Communication Number Qualifiers ("HP", "CP", "WP", "EM") must be used. Otherwise, the transaction will be rejected by Covered California.
2100A	N3	Member Home Street Address		Member Home Street Address must always be sent and transmitted in the associated N301 element.
	N4	Member City, State, ZIP Code, Location Qualifier, Location Identifier/County Code		All Information must always be sent and transmitted in the associated N401-406 elements. N404 (Country Code) must not be sent.
	DMG	Member Demographics		For Inbound transactions, DMG segment is optional. However, if the Carriers choose to send it, then the full segment must be populated with the available data.
2100A	LUI	Member Language		For Inbound transactions, LUI segment is optional.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
				If the Carriers choose to send it, the correct codes must be used.
2100B	NM1	Incorrect Member Name		Carriers should not send this loop in any Inbound transactions. Otherwise, the transaction will be rejected by Covered California.
2100C	NM1	Member Mailing Address		Carriers may send the Member Mailing Address loop.
2100F	NM1	Custodial Parent		Carriers may send the Custodial Parent loop for the minor subscriber in the enrollment.
2100G	NM1	Responsible Person		Carriers may send the Responsible Person loop.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	"024" Cancellation In Cancellation transactions, if any Maintenance type code other than "024" is sent, the transaction will be rejected by Covered California.
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.
2300	DTP	Health Coverage Dates		One iteration is required.
	DTP01	Date Time Qualifier	349	In Inbound Cancellation transactions, if the following value is not sent, the transaction will be rejected by Covered California. "349" Benefit End Date – The Enrollment Period End Date must be transmitted in the associated DTP02 element in CCYYMMDD format. Carriers may also choose to send the Benefit Begin Date ("348") but this is Optional.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L CE ZZ	The Enrollment ID ("1L") and the Exchange Household Case ID ("ZZ") **must** be sent. "1L" The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element. This is the unique Identifier for an enrollment in Covered California's system and will always be sent in 2000 and 2300 loops. Carriers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise, the transaction will be rejected by Covered California. "CE" Class of Contract Code. The CMS Plan ID for the selected plan may be transmitted in the associated REF02 element. "ZZ" The Exchange Household Case ID must be transmitted in the associated REF02 element.
2310		Provider Information		Carriers must not send this loop in any Inbound transactions, otherwise the transaction will be rejected by Covered California.
2700	LX	Member Reporting Categories		One iteration of this loop is required for Inbound Cancellation transactions.
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting	ADDL MAINT REASON	

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
		Category Name		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	CANCEL	In Inbound Cancellation transactions, Carriers must send this value. Otherwise, the transaction will be rejected by Covered California.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

9.3. Carrier to Covered California – Termination Instructions (Inbound)

Carriers may only send a Termination transaction when the premium payment is not received in a timely manner for a specific enrollment. Since at least one payment has been made, the consumer(s) have had active coverage. This means the enrollment End date must be after the enrollment Start date.

The Termination for non-payment must be sent at Subscriber Level (Only subscriber information may be included). If Information for other members is included, a failure will occur. A Termination from the Carrier will result in all members of the enrollment group being Terminated.

Carriers must not send Terminations for non-payment for enrollments in benefit years earlier than the previous benefit year (consistent with the active years used in the Covered California portal and in the weekly audit files). Future-dated Terminations from Carriers are not allowed.

Table 28

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
BGN		Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Carriers are recommended to populate the value of BGN02 from the initial enrollment or the most recent maintenance transaction from CalHEERS for the specified enrollment policy.
QTY		Transaction Set Control Totals		Inbound Term files: Since the transaction includes only the Subscriber, the DT segment is optional.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	QTY01	Records Total	ET DT TO	"ET" Employee Total (Subscribers). Indicates that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". "DT" Dependent(s) Total. Indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". "TO" Total. Indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
1000A	N1	Sponsor Name		Sponsor information received must be sent.
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Sponsor Name
	N103	Identification Code Qualifier	FI 94	"FI" Indicates Sponsor Tax ID (SSN or ITIN), must be transmitted in the associated N104 element. "94" Indicates the DOB (in MMDDCCYY format), must be transmitted in the associated N104 element.
1000B	N1	Payer		
	N101	Entity Identifier Code	IN	Insurer Name, must be transmitted in the associated N102 element.
	N103	Identification Code Qualifier	XV	CMS Plan ID, must be transmitted in the associated N104 element.
1000C	N1	Third Party Administrator (TPA)/Broker Name		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	N101	Entity Identifier Code	BO	Indicates Agent.
	N102	TPA or Broker Name		The Name of the Agent associated with the enrollment.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N103	Identification Code Qualifier	FI	Indicates Agency's Federal Employer Identification Number, must be transmitted in the associated N104 element.
1100C	ACT	TPA/Broker Account Information		This segment may be transmitted if there is a Covered California Certified Insurance Agent associated with the enrollment.
	ACT01	Account Number		Agent's License Number. (Seven alphanumeric characters)
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y	Indicates that the member is the Subscriber, must always be included in all transactions.
	INS02	Individual Relationship Code	18	This value must be sent for the Subscriber.
	INS03	Maintenance Type Code	024	"024" Termination In Termination transactions, if any Maintenance type code other than "024" is sent, the transaction will be rejected by Covered California.
	INS04	Maintenance Reason Code	59	Carriers must only send this value in Inbound Termination transactions. Carriers may only Terminate an enrollment due to non-payment of premium. If any other code is sent, the transaction will be rejected by Covered California.
	INS05	Benefit Status Code	A	Indicates Active Coverage.
	INS08	Employment Status Code	TE	In Inbound Termination transactions, Carriers must only use this code. If any other code is sent, the transaction will be rejected by Covered California.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Exchange Assigned Subscriber ID must be transmitted in the associated REF02 element. This is also the Exchange Assigned Member ID for the Subscriber.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element. This is the unique Identifier for an enrollment in Covered California's system and must always be sent in 2000 and 2300 loops. Carriers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise, the transaction will be rejected by Covered California.
2000	REF	Member Supplemental Identifier		Carriers can send up to three values.
	REF01	Reference Identification Qualifier	17 ZZ 23	"17" Exchange Assigned Member ID, must be transmitted in the associated REF02 element. "ZZ" Carrier Assigned Subscriber ID, may be sent in the associated REF02 element. This is Optional. "23" Carrier Assigned Member ID, may be sent in the associated REF02 element. This is Optional.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End Date. This is the last date of the coverage period for the enrollment. If Eligibility End Date is not sent, the transaction will be rejected.
	DTP03	Status Information Effective Date		The Eligibility End date of the Termination must be **after** the Benefit Begin date sent from the Exchange.
2100A	NM1	Member Name		
	PER	Member Communications Numbers		If the segment is sent by the Carriers, the Communication Number Qualifiers ("HP", "CP", "WP", "EM") must be used. Otherwise, the transaction will be rejected by Covered California.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2100A	N3	Member Home Street Address		Member Home Street Address must always be sent and transmitted in the associated N301 element.
	N4	Member City, State, ZIP Code, Location Qualifier, Location Identifier/ County Code		All Information must always be sent and transmitted in the associated N401-406 elements. N404 (Country Code) must not be sent.
	DMG	Member Demographics		For Inbound transactions, DMG segment is optional. If the Carriers choose to send it, then the full segment must be populated with the available data.
2100A	LUI	Member Language		For Inbound transactions, LUI segment is optional. If the Carriers choose to send it, the correct codes must be used.
2100B	NM1	Incorrect Member Name		Carriers should not send this loop in any Inbound transactions. Otherwise, the transaction will be rejected by Covered California.
2100C	NM1	Member Mailing Address		Carriers may send the Member Mailing Address loop.
2100F	NM1	Custodial Parent		Carriers may send the Custodial Parent loop for a minor subscriber.
2100G	NM1	Responsible Person		Carriers may send the Responsible Person loop.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	"024" Termination In Termination transactions if any Maintenance type code other than "024" is sent, the transaction will be rejected by Covered California.
	HD03	Insurance Line Code	HLT DEN	"HLT" Is transmitted if the enrollment is for a Health plan. "DEN" Is transmitted if the enrollment is for a Dental plan.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2300	DTP	Health Coverage Dates		Two iterations are required.
	DTP01	Date Time Qualifier	343 349	In Inbound Termination transactions, if the following values are not sent, the transaction will be rejected. “343” Paid Through Date - This is the last day for which a premium has been paid and must be transmitted in the associated DTP02 element in CCYYMMDD format. Carriers should not send a Paid Through Date (“343”) that is after the Benefit End Date (“349”), otherwise the transaction will be rejected by Covered California. “349” Benefit End Date – The Enrollment Period End Date must be transmitted in the associated DTP02 element in CCYYMMDD format. The Eligibility End Date (“357”) **should match** the Benefit End Date (“349”) and **BOTH must be after** the Benefit Begin date (“348”) sent from the Exchange. The Carriers may choose to also send “348” and/or “543”, but they are Optional.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L	The Enrollment ID (“1L”) and the Exchange Household Case ID (“ZZ”) **must** be sent. “1L” The Exchange Assigned Policy ID (Enrollment ID) must be transmitted in the associated REF02 element. This is the unique Identifier for an enrollment in Covered California’s system and must always be sent in 2000 and 2300 loops. Carriers are required to store this

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
			CE X9 ZZ	ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise, the transaction will be rejected by Covered California. “CE” Class of Contract Code. The CMS Plan ID for the selected plan may be transmitted in the associated REF02 element. “X9” Carrier Policy Number for Coverage Purchased. If the Carrier has already sent an Effectuation for the enrollment, “X9” may also be included in the Inbound Termination transaction. “ZZ” The Exchange Household Case ID, must be transmitted in the associated REF02 element.
2310		Provider Information		Carriers should not send this loop in any Inbound transactions, otherwise the transaction will be rejected by Covered California.
2700	LX	Member Reporting Categories		One iteration of this loop is required for Inbound Termination transactions.
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	ADDL MAINT REASON	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	TERM	In Inbound Termination transactions, Carriers must send this value. Otherwise, the transaction will be rejected by Covered California.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date		Effective Date in CCYYMMDD format.

10. California Subsidies for Health Coverage

In addition to the Federal Subsidy (APTC - Advanced Premium Tax Credit), three additional subsidies are available to the consumers in California - State Subsidy, Strike/Lockout Subsidy (SLS), and CA Premium Credit.

1. The State Subsidy and SLS will be communicated to Carriers in 834 files using "OTH PAY AMT 1". OTH PAY AMT 1 will always be transmitted in the 834 files for both Health and Dental enrollments and will be derived based on the below logic:
    a. When both State Subsidy and SLS configurations are OFF, OTH PAY AMT 1 will display $0
    b. When State Subsidy is ON and SLS configuration is OFF, OTH PAY AMT 1 will display the State Subsidy value only
    c. When State Subsidy is OFF and SLS configuration is ON, and a household does not meet the SLS criteria, OTH PAY AMT 1 will display $0
    d. When State Subsidy is OFF and SLS configuration is ON, and a household meets the SLS criteria, OTH PAY AMT 1 will display SLS amount only
    e. When both State Subsidy and SLS configurations are ON, and a household meets the State Subsidy and SLS criteria, OTH PAY AMT 1 will display the sum of State Subsidy & SLS amounts

    The current configuration will be OFF for both State Subsidy and Strike Lockout Subsidy. Carriers will be informed when the configuration in production is updated. However, a new version of the Companion Guide will not be released for each configuration change in production.

2. The CA Premium Credit will be communicated to Carriers in 834 files using "OTH PAY AMT 2". CA Premium Credit will always be transmitted in the 834 files for both Health and Dental enrollments. The value for all Health enrollments will be $1 per quoted member whose individual premium is greater than $0. The value for all Dental enrollments will be $0.

Table 29 – Scenarios of financial values in 2750 loop for CA State Subsidy, Strike/Lockout Subsidy, and CA Premium Credit

Scenario	2750 loop Instance	Applied APTC (APTC AMT)	State Subsidy and Strike/Lockout Subsidy (OTH PAY AMT 1)	CA Premium Credit (OTH PAY AMT 2)	Individual Premium (PRE AMT 1)	Net Premium (TOT RES AMT)	Gross Premium (PRE AMT TOT)
1. Non-Financial 2023 Health enrollment, 2 adults	Subscriber Spouse	$0.00	$0.00	$2.00	$367.76 $358.37	$724.13	$726.13
2. Financial 2023 Health enrollment, 2 adults	Subscriber Spouse	$50.25	$45.67	$2.00	$367.76 $358.37	$628.21	$726.13
3. Financial 2023 Health enrollment, 2 adults and + 4 children under 21	Subscriber Spouse Child 1 Child 2 Child 3 Child 4	$78.43	$0.00	$5.00	$367.76 $358.37 $326.52 $326.52 $326.52 $0.00	$1622.26	$1705.69
4. Financial 2023 Health enrollment, 2 adults and 3 children under 21	Subscriber Spouse Child 1 Child 2 Child 3	$1700.69	$0.00	$5.00	$367.76 $358.37 $326.52 $326.52 $326.52	$0.00	$1705.69
5. Financial 2023 Health enrollment, Child only, 4 children under 21	Child 4 Subscriber Child 1 Child 2 Child 3	$45.28	$0.00	$3.00	$0.00 $326.52 $326.52 $326.52	$931.28	$979.56

11. Annual Renewals

There are two types of renewals – Active and Passive. During the renewal period, an Active Renewal (or Manual Renewal) is initiated when the consumer selects a plan for the next year. A Passive Renewal (or Auto Renewal) is initiated when a plan selection is made without the intervention of the consumer.

Covered California treats each coverage year's enrollments as separate Policy IDs (Enrollment IDs). Therefore, Carriers are expected to send separate CONFIRM/TERM/CANCEL transactions for each coverage year. Carriers should not send a Termination transaction at the end of each coverage year.

11.1. Same Plan for Current Carrier

During the renewal period if a consumer renewed (Actively or Passively) into the same plan as their existing enrollment (same Carrier), or in a plan with same CMS Plan ID and different Variant Component ID from one benefit year to the next:

1. An enrollment transaction similar to an Initial enrollment is sent to the existing Carrier with the changes displayed in Table 30
2. Carriers are required to send TA1 and 999 Acknowledgment files
3. Carriers are required to send 834 Effectuation transactions.

Table 30

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y N	"Y" Indicates that the member is the Subscriber. "N" Indicates that the member is not the Subscriber.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber. For the Subscriber, the value must always be "18". Refer to Section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type	021	Addition – Indicates the addition of a Subscriber and/or dependent(s).
	INS04	Maintenance Reason Code	41	Renewal. The first 14 digits of the CMS Plan ID for the current year match the first 14 digits of the CMS Plan ID for the new benefit year.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Exchange Assigned Policy ID (Enrollment ID)
	REF02	Member Group or Policy Number		Covered California will issue a new Exchange Assigned Policy ID (Enrollment ID) for every renewed Enrollment.
2750	N1	Reporting Category		Reporting Category for transmitting the indicator related to the type of renewal transaction. Will be transmitted for each member.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REN RENP	"REN" will be sent for an Active Renewal. "RENP" will be sent for a Passive Renewal.
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	REN RENP	"REN" will be sent for an Active Renewal. "RENP" will be sent for a Passive Renewal.
2750	N1	Reporting Category		Reporting Category for transmitting the Exchange Assigned Policy ID (Enrollment ID) for the previous enrollment year. This will only be transmitted for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OLD POLICY ID	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Exchange Assigned Policy ID (Enrollment ID) for the previous year enrollment.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date	CCYYMMDD	Coverage Start Date of the New Enrollment in CCYYMMDD format.

11.2. Different Plan for Current Carrier

During the renewal period if a consumer renewed (Actively or Passively) into different plan (16 Digit) than their existing enrollment (same Carrier), or in a plan with the same Plan Name (in the Covered California Portal) and different CMS Plan ID (14 Digit) from one benefit year to the next:

1. An enrollment transaction similar to an Initial enrollment is sent to the existing Carrier with the changes displayed in Table 31
2. Carriers are required to send TA1 and 999 Acknowledgment files
3. Carriers are required to send 834 Effectuation transactions.

Table 31

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
2000	INS	Member Level Detail		
	INS01	Member Indicator	Y N	"Y" Indicates that the member is the Subscriber. "N" Indicates that the member is not the Subscriber.
	INS02	Individual Relationship Code		The code indicates the member's relationship to the Subscriber. For the Subscriber, the value must always be "18". Refer to section 14 of this document for the list of Relationship Codes supported by Covered California.
	INS03	Maintenance Type	021	Addition – Indicates the addition of a Subscriber and/or dependent(s).
	INS04	Maintenance Reason Code	22	Plan Change. The first 14 digits of the CMS Plan ID for the current year **do not** match the first 14 digits of the CMS Plan ID for the new benefit year.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Exchange Assigned Policy ID (Enrollment ID)
	REF02	Member Group or Policy Number		Covered California will issue a new Exchange Assigned Policy ID (Enrollment ID) for every renewed Enrollment.
2750	N1	Reporting Category		Reporting Category for transmitting the indicator related to the type of renewal transaction. Will be transmitted for each member.

LOOP/ SEGMENT	ELEMENT ID	DESCRIPTION	VALUE	INSTRUCTIONS
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	REN RENP	"REN" will be sent for an Active Renewal. "RENP" will be sent for a Passive Renewal.
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID	REN RENP	"REN" will be sent for an Active Renewal. "RENP" will be sent for a Passive Renewal.
2750	N1	Reporting Category		Reporting Category for transmitting the Exchange Assigned Policy ID (Enrollment ID) for the previous enrollment year. This will only be transmitted for the Subscriber.
	N101	Entity Identifier Code	75	Participant
	N102	Member Reporting Category Name	OLD POLICY ID	
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		The Exchange Assigned Policy ID (Enrollment ID) for the previous year enrollment.
	DTP01	Date Time Qualifier	007	Effective Date
	DTP02		D8	Date in CCYYMMDD format.
	DTP03	Member Reporting Category Effective Date	CCYYMMDD	Coverage Start Date of the New Enrollment in CCYYMMDD format.

11.3. Plan with Different Carrier (Active Renewal)

During the renewal period, if a consumer selects a plan from a different Carrier than their current enrollment:

1. A Termination transaction is sent to the current Carrier for an enrollee without a renewal indicator (REN) or an OLD POLICY ID as per the following:
    a. If an enrollee is the Subscriber on the current year's enrollment, an enrollment level termination (024*07) will be triggered for the current year enrollment
    b. If an enrollee is the Dependent on the current year's enrollment, a member level termination (024*07) will be triggered for the current year enrollment.
2. An Initial enrollment transaction (021*EC) is sent to the New Carrier without a renewal indicator (REN) or an OLD POLICY ID
3. Carriers are required to send TA1 and 999 Acknowledgments
4. Carriers receiving enrollment transactions (021*EC) are required to send 834 Effectuation transactions.

The renewed enrollment will be sent as Initial enrollment (021*EC) and will remain in Pending enrollment status until the new Carrier sends 834 Effectuation transaction.
If the consumer does not make the binder payment (Net Premium greater than $0), then the Carrier is expected to send an 834 Cancellation transaction due to Non-Payment.

11.4. Plan with Different Carrier (Cross Carrier Auto Renewal)

During the renewal period, if the consumer is automatically renewed into a different plan with a different Carrier:

1. A Termination transaction is sent to the current Carrier for an enrollee as per the following:
    a. If an enrollee is the Subscriber on the current year's enrollment, an enrollment level termination (024*07) will be triggered for the current year enrollment
    b. If an enrollee is the Dependent on the current year's enrollment, a member level termination (024*07) will be triggered for the current year enrollment.
2. An Initial enrollment transaction (021*EC) is sent to the new Carrier without a renewal indicator (RENP) or an OLD POLICY ID
3. Carriers are required to send TA1 and 999 Acknowledgment files
4. Carriers receiving enrollment transactions (021*EC) are required to send 834 Effectuation transactions.

The renewed enrollment will be sent as Initial enrollment (021*EC) and will remain in Pending enrollment status until the new Carrier sends 834 Effectuation transaction.
If the consumer does not make the binder payment (Net Premium greater than $0), then the Carrier is expected to send an 834 Cancellation transaction due to Non-Payment.

11.5. Additional Renewal Enrollment Scenarios

1. If a new member enters the system in the early part of Open Enrollment and enrolls in coverage for the current benefit year and for the new benefit year, then both enrollment transactions are sent to the Carrier as new add transactions (021*EC) and both require 834 Effectuation transactions

2. If during Active renewal the consumer makes any changes to the enrollment group(s), enrollment transaction(s) are sent to the Carrier with the values shown in Table 32 – Active Renewal Enrollment Group changes, based on the Carrier and 14-digit CMS Plan ID selected
3. If during Active renewal the consumer splits an existing enrollment group, multiple enrollment groups (custom grouping) are created for the next benefit year. As each group has a Subscriber, there will be multiple Subscribers in the same household case. For each enrollment group, an enrollment transaction for the next benefit year is sent to the Carrier with the values in Table 32 – Active Renewal Enrollment Group changes. Termination transactions for the current benefit year will be sent to the Carrier per Table 34 – Terminations based on Enrollment Group Changes during Renewals in Section 11.6.
   If coverage for these enrollment groups is with the same Carrier as the current enrollment, the same OLD POLICY ID (Subscriber Only) will display for each of the new enrollments.
   If during Active renewal the consumer combines multiple enrollment groups into a new one with the same Carrier, the OLD POLICY ID of the new Subscriber will be sent to the Carrier
4. For Active renewals in the same plan, where there is a Medicare transition and/or loss of subsidies for an enrollment group, the new benefit year enrollment will not include subsidies and there will be no change in the enrollment status. The renewal EDI 834 will be sent with transaction type “021”, Maintenance Reason Code “41”, OLD POLICY ID and REN indicator
5. For Active renewals with the same Carrier and the same plan, where there is a Medicare transition and/or loss of subsidies for the subscriber only, two new enrollment IDs will be created for the next benefit year. The first enrollment ID will include the existing Subscriber without subsidies in transaction type “021”, Maintenance Reason Code “41”, OLD POLICY ID and REN indicator. The second enrollment ID will include the remaining members of the original enrollment group, with any applicable subsidies in transaction type “021”, Maintenance Reason Code “EC”, and OLD POLICY ID
6. If custom grouping exists, members can be added or removed from the Enrollment Group during both Active and Passive Renewals. During Passive Renewals, members can be added to an enrollment group if they were newly added to the household during Renewals or can be removed if they are no longer in the household or lose Exchange Eligibility. Refer to Table 32 – Active Renewal Enrollment Group changes

   Note: During Active/Passive Renewals, the following grouping restrictions apply:
   a. Non-AI/AN members are not allowed to be added to AI/AN plans
   b. Groups with Catastrophic eligible members and non-catastrophic members cannot be enrolled in a Minimum Coverage plan
   c. Subsidized members cannot enroll with Unsubsidized members.
7. If custom grouping exists for a household, each enrollment group is considered separately for Passive Renewal. All members of an enrollment group must have the same eligibility in order to be passively renewed successfully. If the members of an enrollment group are eligible for different program (CSR) levels, the CSR level for the enrollment group will be rolled down to the least beneficial CS level and plan selection can be done via Active renewal or is automated into an appropriate CSR level via Passive Renewal.

Table 32 - Active Renewal Enrollment Group changes

Number	ENROLLMENT GROUP	CARRIER	14-DIGIT PLAN ID	TRANSACTION TYPE-MRC	2750 ADDITIONAL REPORTING CATEGORY
1	Same subscriber, removal of one or more dependents	Same as prior year	Same as prior year	021*41	REN indicator (All Members) OLD POLICY ID (Subscriber Only)
2	Same subscriber, removal of one or more dependents	Same as prior year	Different	021*22	REN indicator (All Members) OLD POLICY ID (Subscriber Only)
3	Same subscriber, removal of one or more dependents	Different	Different	021*EC	
4	Same subscriber, addition of one or more dependents	Same as prior year	Same as prior year	021*41	REN indicator (All Members) OLD POLICY ID (Subscriber Only)
5	Same subscriber, addition of one or more dependents	Same as prior year	Different	021*22	REN indicator (All Members) OLD POLICY ID (Subscriber Only)
6	Same subscriber, addition of one or more dependents	Different	Different	021*EC	
7	New subscriber, previously enrolled as dependent in the prior year	Same as prior year	Same as prior year	021*EC	OLD POLICY ID (Subscriber Only)
8	New subscriber, previously enrolled as dependent in the prior year	Same as prior year	Different	021*EC	OLD POLICY ID (Subscriber Only)
9	New subscriber, previously enrolled as dependent in the prior year	Different	Different	021*EC	

Table 33 - Passive Renewal Enrollment Group changes

Number	ENROLLMENT GROUP	CARRIER	14-DIGIT PLAN ID	TRANSACTION TYPE-MRC	2750 ADDITIONAL REPORTING CATEGORY
1	Same subscriber, removal of one or more dependents (due to loss of exchange eligibility)	Same as prior year	Same as prior year	021*41	RENP indicator (All Members) OLD POLICY ID (Subscriber Only)

Number	ENROLLMENT GROUP	CARRIER	14-DIGIT PLAN ID	TRANSACTION TYPE-MRC	2750 ADDITIONAL REPORTING CATEGORY
2	Same subscriber, removal of one or more dependents (due to loss of exchange eligibility)	Same as prior year	Different	021*22	RENP indicator (All Members) OLD POLICY ID (Subscriber Only)
3	New subscriber, previously enrolled as dependent in the prior year (subscriber change due to change in primary tax filer or loss of exchange eligibility)	Same as prior year	Same as prior year	021*EC	OLD POLICY ID (Subscriber Only)
4	Same enrollment group (all members age out of catastrophic plan)	Same as prior year	Different	021*22	RENP indicator (All Members) OLD POLICY ID (Subscriber Only)
5	Same enrollment group (all members age out of catastrophic plan)	Different	Different	021*EC	
6	Same subscriber, removal of one or more dependents (due to loss of exchange eligibility)	Different	Different	021*EC	

11.6. Terminations based on Renewal Plan Selection

Termination transactions will be sent to current Carriers with a coverage end of 12/31 based on the following rules:

1. If the Subscriber for the current year's enrollment is a subscriber or a dependent on the next year's enrollment policy in a different HIOS ID, an enrollment-level termination will be triggered for the current enrollment
2. If the Subscriber for the current year's enrollment is a dependent on the next year's enrollment policy in the same HIOS ID, an enrollment-level termination will be triggered for the current enrollment
3. If a Dependent on the current year's enrollment policy is a dependent on the next year's enrollment policy with a new subscriber in the same or different HIOS ID, a member-level termination will be sent for the current enrollment
4. If a Dependent on the current year's enrollment policy is a subscriber on the next year's enrollment policy in the same or different HIOS ID, a member-level termination will be sent for the current enrollment.

Note – If an enrollment qualifies for a member-level and an enrollment-level termination during passive renewals, only the enrollment-level termination will be sent to the carrier.

After the Renewal Closure Batch is run, the "Terminate Current Year Enrollments" Batch will trigger enrollment-level and member-level termination transactions for members that are enrolled in a plan for the current year but did not enroll in a plan for the renewal year. If the member that did not enroll is a subscriber for the current year, an enrollment-level termination will be sent to the current Carrier. If the member that did not enroll is a dependent for the current year, a member-level termination will be sent to the current Carrier.

Table 34 – Terminations based on Enrollment Group Changes during Renewals

Number	ENROLLMENT GROUP CHANGE	CARRIER HIOS ID	14-DIGIT PLAN ID	TRANSACTION TYPE – Current Year	TRANSACTION TYPE – Next Year
1	Same subscriber, removal of one or more dependents	Same as current year	Same as current year	Subscriber: 001*AI Dependent: 024*07	Subscriber: 021*41
2	Same subscriber, removal of one or more dependents	Same as current year	Different	Subscriber: 001*AI Dependent: 024*07	Subscriber: 021*22
3	Same subscriber, removal of one or more dependents	Different	Different	Subscriber: 024*07	Subscriber: 021*EC
4	New subscriber, enrolled as a dependent in the current year	Same as current year	Same as current year	Subscriber: 001*AI Dependent: 024*07	Subscriber: 021*EC
5	New subscriber, enrolled as a dependent in the current year	Same as current year	Different	Subscriber: 001*AI Dependent: 024*07	Subscriber: 021*EC
6	New subscriber, enrolled as a dependent in the current year	Different	Different	Subscriber: 001*AI Dependent: 024*07	Subscriber: 021*EC
7	Enrollment Group consolidation: Continuing subscriber with a new dependent added (enrolled as a subscriber in a different policy in the current year)	Same as current year	Same as current year	Subscriber: 024*07	Subscriber: 021*41 Dependent: 021*41
8	Enrollment Group consolidation: Continuing subscriber with a new dependent	Same as current year	Different	Subscriber: 024*07	Subscriber: 021*22 Dependent: 021*22

	added (enrolled as a subscriber in a different policy in the current year)				
9	Enrollment Group consolidation: Continuing subscriber with a new dependent added (enrolled as a subscriber in a different policy in the current year)	Different	Different	Subscriber: 024*07	Subscriber: 021*EC Dependent: 021*EC
10	New subscriber (no prior coverage) with a dependent enrolled as a subscriber in the current year	N/A	N/A	Subscriber: 024*07	Subscriber: 021*EC Dependent: 021*EC
11	Current subscriber does not enroll in coverage for the renewal year	N/A	N/A	Subscriber: 024*07	N/A

Note: For scenarios 4-6 in Table 34 – Terminations based on Enrollment Group Changes during Renewals above, in the column titled, “TRANSACTION TYPE – Current Year”, the member-level termination will be sent for the current year dependent that is becoming the new subscriber for the renewal year. For scenarios 7-10, in the column titled, “TRANSACTION TYPE – Current Year”, the enrollment-level termination will be sent the current year subscriber who is being added as a dependent for the renewal year.

12. Monthly Reconciliation

The ability to readily identify, track, and resolve differences that result from transactions between Covered California and its Carriers is the goal of the Reconciliation process. Carriers shall review and compare the Exchange enrollment reconciliation file, distributed monthly, against the Carrier’s membership enrollment and financial databases. Carriers shall prepare a comparison extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the reconciliation process guide.

13. SEP Reason Codes

Table 35

Number	SEP REASON CODES
1	01-DIVORCE
2	02-BIRTH
3	03-DEATH

Number	SEP REASON CODES
4	32-MARRIAGE
5	43-CHANGE OF LOCATION
6	AI-NO REASON GIVEN

14. Individual Relationship Codes

Table 36

CODE	DESCRIPTION
01	Spouse
03	Father or Mother
04	Grandfather or Grandmother
05	Grandson or Granddaughter
06	Uncle or Aunt
07	Nephew or Niece
08	Cousin
10	Foster Child
11	Son-in-law or Daughter-in-law
12	Brother-in-law or Sister-in-law
13	Mother-in-law or Father-in-law
14	Brother or Sister
15	Ward
16	Stepparent
17	Stepson or Stepdaughter
18	Self
19	Child
23	Sponsored Dependent(s) - Dependent(s) between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.
24	Parent's Domestic Partner
25	Ex-spouse
26	Guardian
31	Court Appointed Guardian
53	Domestic Partner
D2	Trustee
G8	Other Relationship
G9	Other Relative

15. Maintenance Type Code

15.1. Codes used by Covered California

Maintenance Type Codes 001, 025 and 030 are not accepted by Covered California for Inbound transactions and will cause the file to be rejected.

Table 37

CODE	DESCRIPTION	USAGE
001	Change. Indicates a change to an existing Subscriber or dependent(s) record.	Outbound Only
021	Addition. Indicates the initial enrollment or renewal of a Subscriber and/or dependent(s).	Outbound and Inbound
024	Cancellation or Termination. Indicates Cancellation or Termination of a Subscriber and/or dependent(s).	Outbound and Inbound
025	Reinstatement. Indicates the Reinstatement of a Cancelled or Terminated enrollment to prior enrollment status.	Outbound Only
030	Compare – Indicates an EDI 834 Enrollment Snapshot transaction sent to verify that the Covered California and Carrier systems are synchronized.	Outbound Only

15.2. Codes not used by Covered California

The Maintenance Type Codes listed below are not supported by Covered California for Inbound transactions and will cause the transactions to be rejected.

Table 38

CODE	DESCRIPTION
002	Delete
026	Correction
032	Employee Information Not Applicable

16. Maintenance Reason Code

Table 39

CODE	DESCRIPTION
01	Divorce

CODE	DESCRIPTION
02	Birth
03	Death
07	Termination of Benefits
14	Voluntary Withdrawal
22	Plan Change at the time of Renewal
25	Change in Identifying Data Elements
28	Enrollment confirmation
29	Change in Effective Date for Coverage or Financial Amount
32	Marriage
33	Personnel Data
41	025-41: Reinstatement (Note: Transaction Reason will be displayed as "Re-enrollment" in Enrollment History table.)
41	021-41: Renewal (Note: Transaction Reason will be displayed as "Re-enrollment" in Enrollment History table.)
43	Change in Home and/or Mailing Address
59	Non-Payment
AI	No Reason Given
AL	Algorithm Assigned Benefit Selection (Auto Plan Selection)
EC	Member Benefit Selection
XN	Notification Only

17. Language Codes

17.1. Spoken Language Codes

Table 40

CODE	DESCRIPTION
ara	Arabic
cmn	Mandarin
eng	English
fas	Farsi
hin	Hindi
hmn	Hmong
hye	Armenian
khm	Cambodian

CODE	DESCRIPTION
kor	Korean
pan	Punjabi
rus	Russian
spa	Spanish
tgl	Tagalog
vie	Vietnamese
yue	Cantonese

17.2. Written Language Codes

Table 41

CODE	DESCRIPTION
ara	Arabic
eng	English
fas	Farsi
hin	Hindi
hmn	Hmong
hye	Armenian
khm	Cambodian
kor	Korean
pan	Punjabi
rus	Russian
spa	Spanish
tgl	Tagalog
vie	Vietnamese
zho	Traditional Chinese character

18. Race or Ethnicity Codes

Table 42

CODE	DESCRIPTION
1002-5	American Indian or Alaskan Native
2028-9	Other Asian
2029-7	Asian Indian
2033-9	Cambodian
2034-7	Chinese

CODE	DESCRIPTION
2036-2	Filipino
2037-0	Hmong
2039-6	Japanese
2040-4	Korean
2041-2	Laotian
2047-9	Vietnamese
2054-5	Black or African American
2079-2	Native Hawaiian
2080-0	Samoan
2086-7	Guamanian or Chamorro
2106-3	White
2131-1	Other
2135-2	Yes – consumer is of Hispanic, Latino, or Spanish origin
2148-5	Mexican, Mexican American or Chicano/a
2157-6	Guatemalan
2161-8	Salvadoran
2178-2	Other Hispanic/Latino/Spanish
2180-8	Puerto Rican
2182-4	Cuban
2186-5	No – consumer is not of Hispanic, Latino, or Spanish origin

19. Marital Status Codes

Table 43

CODE	DESCRIPTION
B	Registered Domestic Partner
D	Divorced
I	Single
M	Married
U	Unmarried/ Never Married
W	Widowed

20. California County (FIPS) Codes

Table 44

CODES	DESCRIPTION
06001	Alameda
06003	Alpine
06005	Amador
06007	Butte
06009	Calaveras
06011	Colusa
06013	Contra Costa
06015	Del Norte
06017	El Dorado
06019	Fresno
06021	Glenn
06023	Humboldt
06025	Imperial
06027	Inyo
06029	Kern
06031	Kings
06033	Lake
06035	Lassen
06037	Los Angeles
06039	Madera
06041	Marin
06043	Mariposa
06045	Mendocino
06047	Merced
06049	Modoc
06051	Mono
06053	Monterey
06055	Napa
06057	Nevada
06059	Orange
06061	Placer
06063	Plumas
06065	Riverside
06067	Sacramento
06069	San Benito
06071	San Bernardino
06073	San Diego
06075	San Francisco
06077	San Joaquin
06079	San Luis Obispo

CODES	DESCRIPTION
06081	San Mateo
06083	Santa Barbara
06085	Santa Clara
06087	Santa Cruz
06089	Shasta
06091	Sierra
06093	Siskiyou
06095	Solano
06097	Sonoma
06099	Stanislaus
06101	Sutter
06103	Tehama
06105	Trinity
06107	Tulare
06109	Tuolumne
06111	Ventura
06113	Yolo
06115	Yuba

21. Glossary

Table 45

TERM	DEFIINITION
ACA	Patient Protection and Affordable Care Act
ACS	Accredited Standards Committee
APTC	APTC = Advanced Premium Tax Credit. Subsidized enrollment (will be shown as APTC or CCP-APTC)
HBX	Health Benefits Exchange. This is also known as the CalHEERS Portal.
API	Application Program Interface. It is a set of routines, protocols, and tools for building software applications.
CalHEERS	California Healthcare Eligibility, Enrollment and Retention System
Cancellation	End of coverage when the enrollment is not effectuated, effective cancellation date is the same as the benefit start date.
Cancellation - Inbound 834	An EDI 834 file sent by the Carrier to CalHEERS (Inbound) with a cancel transaction. The coverage end date is same as the coverage start date. This is only sent for nonpayment of the binder payment.
CAPS	California Premium Subsidy or State Subsidy specified in the OTH PAY AMT 1 field in Loop 2750 of the 834 transaction.
CAPC	California Premium Credit (CAPC) specified in the OTH PAY AMT 2 field in Loop 2750 of the 834 transactions.

TERM	DEFIINITION
CCHIP	County Children's Health Initiative Program
CCP	CCP = Covered California Plan. Unsubsidized enrollment
CEC	Certified Enrollment Counselor
CSR	CSR = Cost Sharing Reduction. Subsidized enrollment (will be shown as CSR or CCP-APTC-CSR)
EDI	Electronic Data Interchange
Effectuation Transaction	An EDI 834 file sent by the Carrier to CalHEERS (Inbound) with confirmation of enrollment.
Enhanced CSR	The Enhanced CSR is the Total Cost Share Reduction Amount calculated per updated regulations.
FGS	Functional Group Structure File Transfer Protocol
FTP	File Transfer Protocol
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	United States Department of Health and Human Services
HIOS	Health Insurance Oversight System is the federal government's primary data collection vehicle for Health Insurance "Exchanges" Marketplaces.
IBM ITX	IBM Transformation Extender is a transaction-oriented, data integration solution that automates the transformation of high-volume, complex transactions without the need for hand-coding.
ICS	Interchange Control Structure
Inbound	An EDI 834 file that is sent to CalHEERS. "Inbound" is from the perspective of CalHEERS.
MCAP	Medi-Cal Access Program
OEP	Open Enrollment Period
Outbound	An EDI 834 file that is sent from CalHEERS. "Outbound" is from the perspective of CalHEERS.
Outbound 834	An EDI 834 file sent from CalHEERS to the Carrier on a daily basis used to communicate individual enrollment information for new enrollments, updates to existing enrollments and dis-enrollments (Cancellations and Terminations).
PBE	Plan Based Enroller - the security permissions are similar to that of a CEC.
PHC	Primary Household Contact
RAC	Report a Change (a change transaction that is submitted on the CalHEERS Portal).
SEP	Special Enrollment Period
SLS	Strike/Lockout Subsidy
SUPPLEMENTAL CSR	This is the difference of the Enhanced CSR Amount and the Base CSR Amount. This will be reflected in the loop 2750 "SUPPLEMENTAL CSR AMT".
TA1	Interchange acknowledgement file sent from the 834 file Receiver to the 834 file Sender to acknowledge receipt of the EDI 834 file.

TERM	DEFIINITION
Termination	The effective termination date is after the benefit start date. An effectuation may not have been received and/or successfully processed for the user to request to end coverage.
Termination - Inbound 834	An EDI 834 file sent by the Carrier to CalHEERS (Inbound) with a transaction to end coverage for an enrollment that has been effectuated. The coverage end date is after the coverage start date. This is only sent for nonpayment of premium.
TR3	Implementation Guide - Type 3
XML	Extensible Markup Language
999	Functional acknowledgement file sent from the 834 file Receiver to the 834 file Sender to acknowledge acceptance or rejection of transactions in the EDI 834 file.

22. CMS Companion Guide Version

CMS Standard Companion Guide Transaction Version 6.0, July 2022

23. Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
23.04.01	04/22/2022	Initial Draft	Sanjeev Vaileri
23.04.02	05/10/2022	CRFI Initial Comment Resolution 1. General Grammar, Verbiage, and Formatting Improvements 2. Section 4.3, added instructions on 834 GS08 value 3. Section 4.4, updated GE01 value to 01 4. Section 5.1, updated instructions for TA102, TA103, ISA14 5. Section 5.2, added I5 in the Table 6. Section 7, removed incorrect statement on unique enrollment groups 7. Section 8.1, removed ST02 8. Section 8.1, updated N104 Instructions for 94 9. Section 8.1, updated N103 instructions 10. Overall, improved Table instructions to be more consistent/clear 11. Section 8.4, reversed order of conditions for Benefit Start Date 12. Section 10, updated Priority list	Manasa Narayana Murthy Jim Maragelis

		13. Section 10.4, added instructions for maintenance transactions sent to issues 14. Section 21, added various terms to Glossary 15. Section 10, updated CCA 834 transaction sent details 16.	
23.04.03	05/24/2022	CRFI Comment Resolution 2 1. General Grammar, Verbiage, and Formatting improvements 2. Section 4.4, updated GE01 value to 1 3. Updated Table instructions 4. Section 8.4.3, DTP01 is replaced with REF01 5. Updated verbiage for Section 1 for Companion Guide	Manasa Narayana Murthy Sanjeev Vaileri
23.04.04	06/24/2022	Approved document prepared for release to Carriers	Nic Wozniak
23.04.05	06/29/2022	CRFI Revision 1 Following updates are made: 1. Section 8.1 in QTY segment, updated Subscribers to Subscriber in Instructions. 2. Section 8.1 Loop 2100A, added additional instructions for DMG06. 3. Section 8.1 Loop 2300, added X9 value. 4. Section 8.1 Loop 2300, updated REF ELEMENT ID from DTP01 to REF01. 5. Section 8.1, Section 8.4.2, Section 8.4.4 updated instructions for reporting category in Loop 2750 OLD POLICY ID, Loop 2750 ADDL MAINT REASON and SB 260 respectively. 6. Section 8.1 in Loop 2750 SUPPLEMENTAL CSR AMT reporting category, updated instructions and the word “Note” is removed from REF02 instructions. 7. New section 8.4.5 added for CSR Variant Changes. 8. Table 22 is added in Section 8.4.5 hence subsequent section Table numbers are also updated accordingly. 9. Section 8.5.1, updated verbiage (added New CMS Plan ID).	Manasa Narayana Murthy Sanjeev Vaileri

		10. Section 9.1 and 9.3 Loop 2000 REF, updated Instructions to "Carriers can send up to three values." 11. Section 9.2, removed verbiage " Future-dated Cancellations from Carriers are not allowed." 12. Section 9.2 Loop 2000 REF01, updated Instructions. 13. Section 9.1, 9.2, 9.3 BGN06 Element ID is added. 14. Alignments and spacing are fixed.	
23.04.05	07/7/2022	Inventory Update to CRFI Revision 1 Section 8.1, BGN03 and BGN04 element instructions updated.	Manasa Narayana Murthy Sanjeev Vaileri
23.04.06	07/25/2022	CRFI Revision 1 – Comment Resolution 1 1. 8.1 updated to better refer to CSR Plans in Section 8.1 2. 9.1 updated to clarify the two scenarios for Pending -> Confirmed/Enrolled or Terminated 3. 11.1 updated to clarify the Plan Name nomenclature between 16 or 14 + 2 digit Plan ID 4. General grammar improvements	Sanjeev Vaileri
23.04.07	08/02/2022	CRFI Revision 1 – Comment Resolution 2 1. 9.1 updated wording to clarify the two scenarios for Pending -> Confirmed/Enrolled or Terminated 2. General grammar improvements	Sanjeev Vaileri
23.04.08	08/25/2022	Approved document prepared for release to Carriers	Nic Wozniak
23.04.09	12/05/2022	CRFI Revision 2 1. Updated capitalization for common words 2. Added 2750 Element IDs and description to Table 14 and 15 and 22 3. Added 2100B Element IDs and description 4. Added DOB Format in Instructions 5. Added SSN/ITIN in instructions for Tax ID 6. Added TA1 and 999 Inbound File Naming Conventions 7. Added description about Consolidation for Table 17 Priority Logic and added examples 8. Clarified Table 18 Address Termination description	Sanjeev Vaileri

		9. Reworded Instructions for several Element ID's in Table 25 10. Added 2310 Provider Information for Table 25 11. Updated Instructions for Table 26 12. Added description for Section 15.1 and 15.2	
23.04.10	01/12/2023	CRFI Revision 2 - Comment Resolution 1 1. Updated Instruction for Table 25, 26, 27 2. Updated instructions in .2, 9.3 3. Removed digit information for 11.1 4. Updated description for 15 Maintenance Type Codes	Rutvik Mokashi
23.04.11	01/27/2023	CRFI Revision 2 - Comment Resolution 2 1. Added Value 0 Instructions for Section 4.2 IEA01 2. Updated instructions for Table 12, Table 25, Table 26, and Table 27. 3. Added a note in Section 8.4	Rutvik Mokashi
23.04.12	02/03/2023	CRFI Revision 2 - Comment Resolution 3 1. Updated IEA01 Instructions in Section 4.2	Rutvik Mokashi
23.04.13	02/24/2023	CRFI Revision 3 – Comment Resolution 1 1. Updated 8.4 Maintenance Reason Code Table # to 39 2. Updated wording for removal of subscriber for 8.5.2	Nicholas Fu
23.09.01	05/18/2023	Initial Submission per CR 224268 1. Added Strike/Lockout Subsidy Changes	Alyson Chu
23.09.02	04/26/2023	Initial Submission per CR 180738 – EDI 834 Compare Transaction Changes 1. Added Compare transaction filenames in Section 3.4 File Naming Conventions 2. Added Compare transaction changes in ISA14 within Section 4.1 ISA – Interchange Control Header Segment 3. Added Compare transaction in the Note within Section 4.6 SE – Transaction Set Trailer Segment	Sanjeev Vaileri

		4. Added a new Section 8.6 Covered California to Carrier – COMPARE Transaction 5. Added Compare transaction within Section 15 Maintenance Type Code	
23.09.03	05/31/2023	CR 180738 CRFI Comment Resolution 1 1. Updated “Issuer” to “Carrier”. 2. Updated the CMS Companion Guide Version. 3. Updated County Code “Yuko” to “Yolo”. 4. Verbiage corrections in multiple sections.	Sanjeev Vaileri
23.09.04		Initial Submission per CR 200352 – 2024 Renewals – M1 1. Updated section 8.4 to add logic for ADDL MAINT REASON code for ADD Transactions 2. Updated section 11 to update logic for termination transactions during Renewals. Updated Table 31 and Table 32 to update the transaction type for subscriber reassignments during renewals.	Dweep Patel, Erica Choe
23.09.05	06/08/2023	Updates per CR 200352 – 2024 Renewals – M1 – Comments Response 1 1. Updated Section 8.4 per comments received. 2. Updated sections 11.1-11.5 per comments received. 3. Added Section 11.6 for terminations based to Renewal Plan selection per comments received. Added Table 33 in Section 11.6 per comments received, updated numbering of tables to be in chronological order.	Dweep Patel, Erica Choe
23.09.06	06/13/2023	Updates per CR 200352 – 2024 Renewals – M1 – Comments Response 2 1. Updated Section 8.4 per comments received. Updated Section 11 per comments received.	Erica Choe

24.02.01	10/18/2023	Initial Submission per CR 241140 – Issuer Portal Enhancements 1. Updated Section 8.1, Table 12 for Loop 2750 CSR changes 2. Updated Section 8.4.5 - CSR Variant Changes, Table 22 for Loop 2750 CSR changes	Alyson Chu, Charlotte Falk
24.02.02	10/31/2023	CRFI comment updates per CR 241140 – Issuer Portal Enhancements 1. Page 115 Section 16 Table 39 – Updated description for Code 41 to indicate that “Re-enrollment” will be displayed in Enrollment History table	Ermias Gherense