



**COVERED
CALIFORNIA**

Data Integrity Process Guide

*Section One: Reconciliation
Section Two: Internal Disputes*

Version 20

Individual Market

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Section One:
*Data Integrity Process Guide for
Reconciliation*

1. Introduction

Document Purpose

This Reconciliation Process Guide defines the scope, standards, and expectations for recurring reconciliation activities. The core objective of the process is to enable Covered California and its carriers to identify, track, and resolve discrepancies resulting from transactions exchanged through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS).

Covered California will continue to refine the reconciliation process over time to accommodate enrollment complexity and improve the transparency needed for effective root-cause analysis. Covered California may revise the process and file formats in future versions of this guide.

Table 1 - Revisions of Section One: Reconciliation

DATE	REVISION #	REVISION DESCRIPTION
06/2015	1.0	Initial version
08/2015	1.5	L2 and L3 updates
02/2016	2.0	GoBack and Carrier Action updates
03/2017	2.5	Update
05/2017	3.0	Update
02/2019	4.0	Update L2 description & add Internal Disputes
05/2019	5.0	State Subsidy Update
10/2019	6.0	State Subsidy/ L2-Update
12/2019	7.0	Removal of Missing Member File
02/2020	7.5	Update
04/2020	8.0	L2 Update – L2-Q and L2-R
06/2020	9.0	Financial Carrier Action File
10/2020	9.5	Carrier Action File and Carrier Action Confirmation
07/2021	10	Update to file layout and rules due to New Policy - \$0 Premium Bills
07/2022	11	Update to file layout and rules due to SB260 CR 160531
11/2022	12	Update to file layout and rules due to release CR 190956 State Level Cost-sharing reduction
11/2023	13	Update to file layout due to SB260
06/2024	14	Guide has been updated to reflect changes to file layout and L2 rules as a result of the CR for Sexual Orientation and Gender Identity (SOGI), Strike/Lockout Workers (SLS), and Enhanced State Level CSR Change requests.
02/2025	15	The guide has been updated to reflect the updates to the reconciliation and dispute process.
08/2025	16	L2-Update to include updates to L2-U, the addition of L2-V and L2-W rules; Carrier Guidance/Reminders.
09/2025	17	Minor updates to language
01/2026	18	Updates to Password Requirements for Reconciliation shared files and SOGI information on the Weekly Audit File.
04/2026	19	Updates to add L2-X, the 2026 temporary rule, and the Enhanced State Level CSR updates. Table 2 - Data Reconciliation Process Narrative_11.3 – Process Carrier Action File.

07/2026	20	Update L2-T rule description, PTD example, and add appendix glossary.
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Intended Users

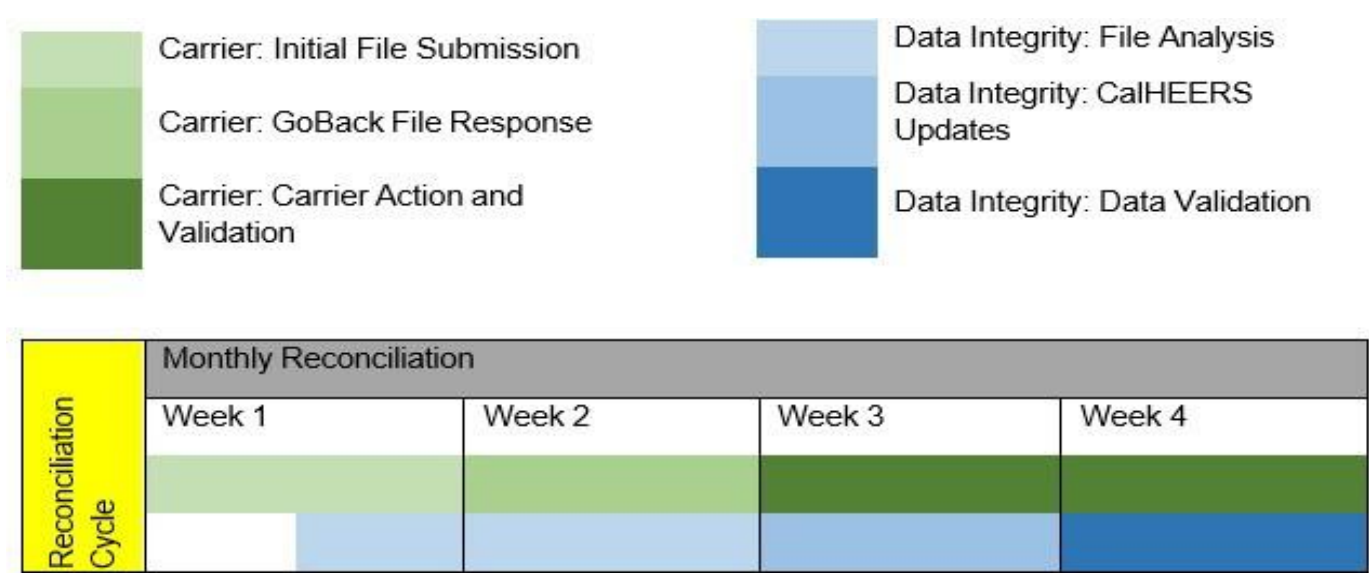
Covered California provides this Reconciliation Process Guide to account managers and staff within enrollment, payment processing, and supporting technical teams for Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) that exchange electronic transactions with Covered California through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS).

2. Reconciliation Scope

Data Reconciliation Schedule

Covered California and CalHEERS engage in a monthly Reconciliation Process with all carriers participating in the individual market, including both health and dental carriers. Covered California’s Data Integrity Unit applies lessons learned from prior benefit years and will continue to engage carriers in all eligibility and enrollment reconciliation efforts.

Figure 1 - Monthly Data Reconciliation Cadence



Reconciliation Data Model

The Data Integrity Unit serves as the single point of contact for reconciliation activities between CalHEERS and carriers participating in the individual market. The reconciliation data model uses tiered enrollment validations and processing rules to support efficient, scalable operations for Covered California, its carriers, and consumers.

Health exchange marketplaces are inherently asynchronous transactional systems. The Reconciliation Process evaluates enrollment transactions and, when necessary, helps synchronize carrier systems with CalHEERS. This process supports consistent federal reporting to the Centers for Medicare & Medicaid Services (CMS), the Internal Revenue Service (IRS), and the Franchise Tax Board (FTB); improves business analytics and quality measurement; promotes accurate carrier assessment billing; and strengthens the consumer experience.

The Data Integrity Unit works closely with internal departments to resolve underlying data discrepancies. Covered California expects each carrier to coordinate its reconciliation efforts with its own internal teams, including Enrollment, Service Center, Finance, and any technical vendors.

3. Reconciliation File

Covered California delivers a weekly Reconciliation File for the current and prior benefit years to carriers. Dental files are generated on Wednesdays, and health files are generated on Thursdays. The Weekly Audit File provides a comprehensive, one-way snapshot of the carrier’s full enrollment population for reference.

Covered California also delivers a monthly Reconciliation File for prior benefit years that remain allowable for State-Based Marketplace Inbound (SBMI) submission. Dental files are generated on the first Wednesday of the month, and health files are generated on the first Thursday of the month.

For members missing from a carrier’s system, the carrier should contact the Plan Management Division through its Plan Manager and include the Data Integrity Unit at askDIU@covered.ca.gov.

4. Monthly Reconciliation Process

This section provides a summary process flow and the accompanying activity narrative for the Covered California and carrier data reconciliation process.

Each Reconciliation Cycle uses the Weekly Audit File, which provides a comprehensive snapshot of the entire enrollment population. The cycle is based on a specific file identified by the audit date in the first column of the Weekly Audit File. Both Covered California and carriers use this date in the file-naming convention. Health and dental Reconciliation Files have separate audit dates. Another useful reference for tracking Reconciliation Cycles is the Anchor Date, which refers to the Weekly Audit File generated during the corresponding Reconciliation Cycle for file comparison. During the later phase of each monthly reconciliation, Covered California expects carriers to adopt the applicable resolution methods. Future iterations of the Reconciliation Process may also include both 834s and system data fixes, as indicated by reconciliation analysis, processing rules, and root-cause findings.

Figure 2- Data Reconciliation Process Diagram

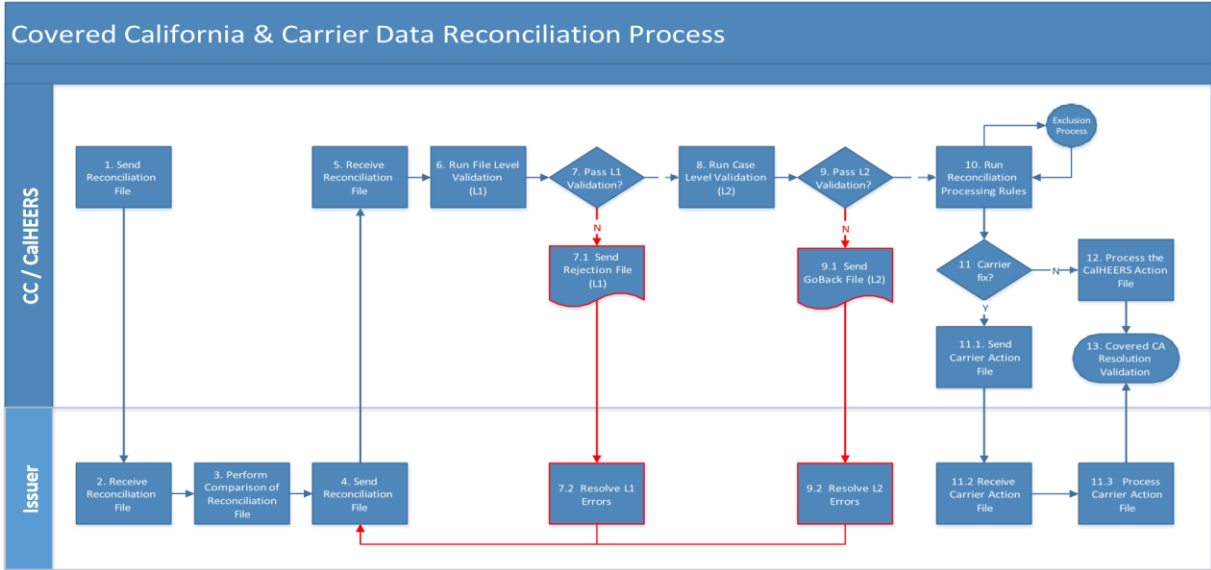


Table 2 - Data Reconciliation Process Narrative

Ref #	Activity	Actor	Activity Detail
1	Send Reconciliation CSV File	CCA / CalHEERS	Each Reconciliation Cycle is based on the Weekly Reconciliation CSV file sent during the week of the Anchor Date stipulated in the reconciliation schedule as the start of that cycle. File naming convention: <HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_<Audit Date YYYYMMDD >.<Benefit Year>.csv.zip <HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_<Audit Date YYYYMMDD >.<Benefit Year>.csv.zip Example: 55555_INDV_ENROLLMENT_RECON_HEALTH_20150520.2015.csv.zip
2	Receive Reconciliation CSV File	Carrier	Carriers can expect the Weekly Reconciliation files via the same method and location as 834s are received. The layout for the Weekly Audit file includes all the fields in the carrier’s initial submission, plus nine fields that do not entail a carrier submission (LANGUAGE_WRITTEN, LANGUAGE_SPOKEN, PHONE_NUMBER, INDV_RESP_AMT, APS_STATUS, APS_ATTESTATION_INDICATOR, BIRTH_GENDER, GENDER_IDENTITY, AND SEXUAL_ORIENTATION)

3	Perform Comparison of Reconciliation File	Carrier	Since weekly reconciliation files are a snapshot view of consumer enrollments, it is of vital importance to Anchor each Reconciliation Cycle off the designated file. Carriers should prepare and execute the file comparison in agreement with the field mapping that is unique to each carrier's data model. This action produces a comparative view of all the enrollment segment details needed for processing rules to find the root cause of a discrepancy and the resolution method. Once the carrier completes a comparison extract, they will perform file-level validations. Some of the main file-level validations include the following: - No enrollment duplications per member. By concatenating Fields 4 (Enrollment ID) & 5 (Member ID), there should be no duplicate values. - All required fields hold properly formatted data. (See Null Allowed Column of the Weekly Reconciliation File Layout document). - Verify all fields are in the correct format, with no added characters or other formatting. - Benefit End Dates should not be blank for enrollment. High Dates are not acceptable return values. - Cancellations should be consistently identifiable by having the same Benefit Start and End Dates. - No added columns having comments, notes, etc. - No trailers, extra lines at the base of the file. - The word 'NULL' does not occur in the file. All null values should be blank.
4	Send Reconciliation File	Carrier	Carriers should use the Data Integrity area of the Plan Management Extranet site to send inbound Initial Response files for the Reconciliation process. If there are provisioning or technical questions on using the Extranet, please contact your Plan Manager or the Data Integrity Unit. <u>File naming convention:</u> from_<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_<Audit Date YYYYMMDD >.<Benefit Year>.csv.zip from_<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_<Audit Date YYYYMMDD (AUDIT DATE)>.<Benefit Year>.csv.zip <u>Example:</u> from_55555_INDV_ENROLLMENT_RECON_HEALTH_20150520.2015.csv.zip
5	Receive Reconciliation File	CCA / CalHEERS	Covered California keeps each Initial Response File in the Extranet data library.
6	Run File Level Validation (L1)	CCA / CalHEERS	Upon receipt of each Initial Response File, Covered California validates its contents for accuracy and completeness. Covered California runs file-level validations (L1) per the field requirements detailed in Table 4 – Layout of Inbound Reconciliation File .
7	Pass L1 Validation	CCA / CalHEERS	Covered California will return reject a file that fails L1 Validation in its entirety. An L1 Rejection is avoidable through a comprehensive review prior to submission of the Reconciliation file. See Activity 7.1: Initial Response File Not Accepted Email (L1). Covered California keeps the files that pass L1 Validation and runs the case-level validations (L2) next. From this point onward, the process partitions reconciliation files and routes records based on whether the case has any L2 flags for basic enrollment errors. See Activity 8: Run Case Level Validation (L2)
7.1	Initial Response File Notification Email (L1)	CCA / CalHEERS	Covered California will notify Carriers of L1 Initial Response File is Not Accepted through email communication.

7.2	Resolve L1 Errors	Carrier	The carrier will review and resolve the L1 errors and resubmit the file. <u>File naming convention:</u> from_<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_<Audit Date YYYYMMDD>.<Benefit Year>.csv.zip from_<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_<Audit Date YYYYMMDD>.<Benefit Year>.csv.zip <u>Example:</u> 55555_INDV_ENROLLMENT_RECON_DENTAL_20150520.2015.csv.zip
8	Run Case Level Validation (L2)	CCA / CalHEERS	Covered California passes each file that passes L1 Validation on for Case Level Validation (L2). An L2 rejection is any enrollment submission that violates standard business rules. These case-level rejections (L2) include Subscriber to Member enrollment disagreements, invalid coverage dates, policy violations, and other data presentation requirements.
9	Pass L2 Validation?	CCA / CalHEERS	A case that fails L2 enrollment validation will return to the carrier in its entirety at the case level. See Activity 9.1: Send GoBack File (L2) A case that passes L2 Validation proceeds to the recon process. Complete and correct cases will run through the Reconciliation processing Rules Engine. See Activity 10: Run Reconciliation processing Rules Engine
9.1	Send GoBack File (L2)	CCA / CalHEERS	Covered California returns L2 Rejection GOBACK Files to the carrier at the case level. That is, if an L2 rule flags a single enrollment for a member, then the GoBack File will return the entire case.
			The L2 rejection GOBACK file has an added column that flags which row(s) have an error within the file. The rejection GOBACK file uses discrepancy codes to label the error type. As the Reconciliation Process matures, this error labeling gains more granularity. <u>File naming convention:</u> <HIOS ID>_INDV_ENROLLMENT_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip <HIOS ID>_INDV_ENROLLMENT_DENTAL_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip <u>Example:</u> 55555_INDV_ENROLLMENT_RECON_HEALTH_GOBACK_20150520.2015_05200810.csv.zip

9.2	Resolve L2 Errors (L2)	Carrier	An L2 Rejection is any enrollment submission that violates standard business rules. Carriers must review these cases and make any necessary changes to resolve the error type provided. Covered California expects that GoBack files will take 2-3 business days to resolve. As cases increase in complexity, the coordination and communication with CoveredCA will proportionally increase. With the maturity of the Reconciliation process, GoBack Response files should take approximately 3 Business days to resolve. As familiarity with the error codes increases, processing efficiency will proportionally increase. <u>GoBack Response File Naming Convention:</u> from_<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year>.csv.zip from_<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year>.csv.zip <u>Example:</u> from_59042_INDV_ENROLLMENT_RECON_HEALTH_GOBACK_20150520.2015.csv.zip
9.3	L2 Error Report	Carrier	The error report is generated at the case level, meaning that if any member records within a case encounter a second L2 error, all the records associated with that case will be included in the error report file. Covered California will post an L2 Validation Error Report to the Data Integrity area of the Plan Management Extranet site. A single row can receive more than one L2 Error. <u>File Naming Convention:</u> <HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_ERROR_REPORT_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip <HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_ERROR_REPORT_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip <u>Example:</u> 59042_INDV_ENROLLMENT_RECON_HEALTH_ERROR_REPORT_20150520.2015_05081025.csv.zip
10	Run Reconciliation processing Rules Engine	CCA / CalHEERS	All cases that pass Case Level Validation (L2) run through the Reconciliation processing Rules Engine. The Processing Rules Engine separates matching vs. discrepant enrollment records. For each discrepancy, the Processing Rules Engine evaluates the pair of Carrier vs. CalHEERS records. The rule logic includes the period of enrollment, status, member information, and eligibility components. *Data Integrity will only notify a Carrier if the GoBack Response file is NOT accepted. A carrier will NOT receive notification until the Carrier Action file and Error report are produced. See Activity 11: Carrier Fix. Exclusions Process: Exclusions are any case that another Covered California business channel is actively resolving and will not go through the current Reconciliation process. This includes the following: Appeals, Escalations, Informal Resolution, tickets, and other workstreams. Reconciliation does not specify carriers or CalHEERS fixes for excluded cases.

11	Carrier Fix	CCA / CalHEERS	The Processing Rules Engine assigns a fix owner to each case that the processing engine shows as actionable. If the Rule Engine names the carrier as the owner, Covered California generates a carrier resolution file. See Activity 11.1: Send Carrier Action File If the Rules Engine finds that CCA / CalHEERS is the owner, a CCA / CalHEERS Action file will be generated. See Activity 12: CalHEERS Action File.
11.1	Send Carrier Action File(s)	CCA / CalHEERS	As an output of the Reconciliation Process Rules Engine, CCA / CalHEERS will produce two Resolution Files. The Resolution File Generation is the product of the reconciliation cascade. The Resolution Files will include both values for all reconcilable fields, and two accompanying flags: Record Origin and Carrier Action. - Record Origin: This flag will designate, for a particular row, where the data originated. (e.g. CalHEERS or carrier) - Carrier Action: This flag will designate, for each pair of rows, the method identified for resolution. Carrier must update End Date, etc.)
11.2	Receive Carrier Action Files	Carrier	Carriers can retrieve their Action files from the Data Integrity section of the Plan Management Extranet.
11.3	Process Carrier Action File	Carrier	After receiving the Carrier Action File, the carrier shall provide the DIU with an email confirmation that the enrollment and financial changes identified through the Reconciliation Cycle have been implemented. If the carriers cannot complete updates within fifteen (15) business days after receiving the Carrier Action File, they must notify DIU in writing. The notification must include the reason for the delay and the new expected completion date.
12	Process CalHEERS Action File(s)	CCA / CalHEERS	CalHEERS performs data fixes on enrollments that have completed reconciliation and meet the established reconciliation rules.
13	Resolution Validation	CCA / CalHEERS	CoveredCA and CalHEERS will routinely validate that the cases identified during the resolution process are no longer discrepant. Those cases that persist from one Reconciliation Cycle to the next, without resolution, will be escalated as required. Covered California will closely monitor comprehensive metrics and performance standards throughout the benefit year. During the Initial state of the Reconciliation process, it is expected that cases identified for resolution will not have the discrepancy persist for longer than 2 consecutive cycles. All resolution cases that are out of compliance with aging guidelines will be escalated to Leadership. As the Reconciliation Process matures, it is expected that cases identified for resolution will not have the discrepancy persist for longer than 2 consecutive cycles. As the reconcilable field list proportionally expands with the maturity of this process, the tracking and performance metrics will become more sophisticated to identify compliance standards.

5. Password Protection

As part of our commitment to safeguarding data and protecting sensitive information, the Data Integrity Unit has implemented an additional layer of security for files shared with carriers. The password required to open these files will be reset twice a year. The Data Integrity Unit will share the unique password with the carrier in a separate email. This password will be mandatory for accessing all shared files sent to carriers, including those used for both reconciliation and dispute. This approach reduces the risk in the event that a file is mistakenly uploaded to a carrier’s Extranet.

How to open the Zip file:

Please note the following regarding the password implementation:

- Once the file is generated using a specific password, the same password must be used to access the file.
- If Covered California updates the password to generate a new file, only the updated password can be used to access the new files.

- Older files will continue to be accessible using the old password. However, if a new file needs to be generated, it will be encrypted with a new password, as we cannot maintain different active versions of the password.

Steps to access the file:

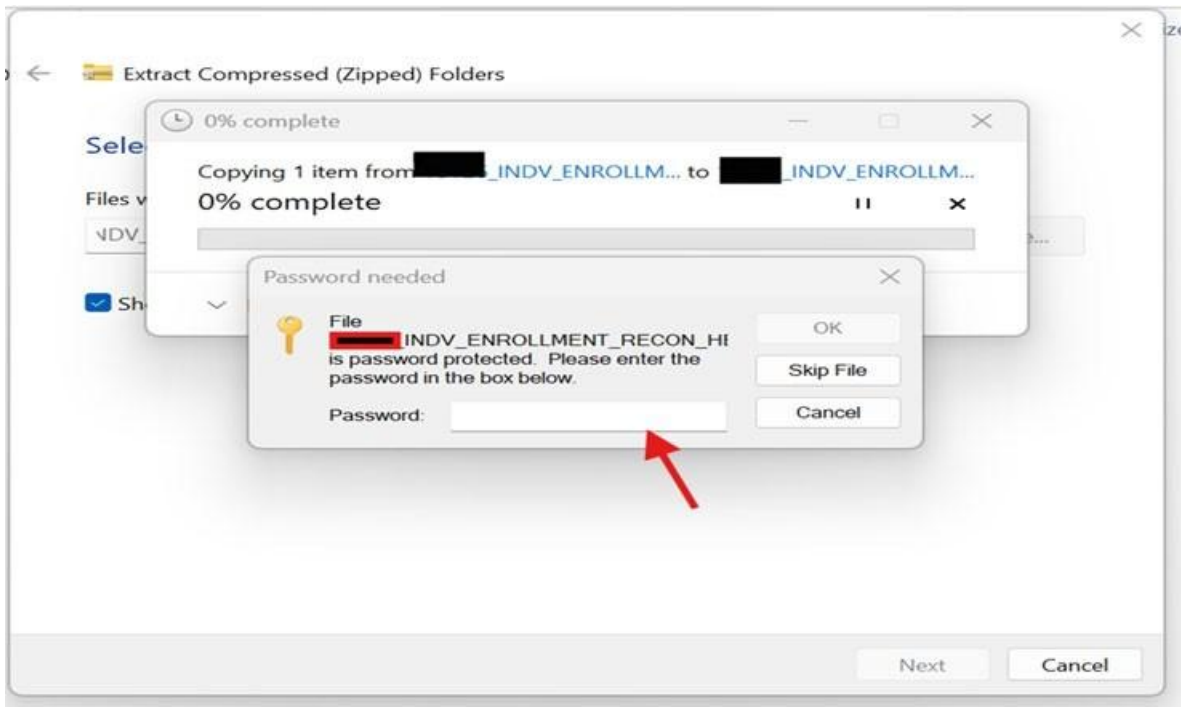
- **Download** the file from the Extranet
- Open the downloaded file
- Once the file opens to the screen below, select **Extract all**



- Then click on **Extract** as shown in the screen below.



- The password screen will appear. Enter the assigned password that was provided in the designated box below. Once entered, the file will become visible for review.



6. Reconciliation File

Weekly Reconciliation File

The weekly reconciliation file contains a full overview of enrollments and serves as the baseline source for monthly reconciliation. One important difference between the weekly audit file and the inbound carrier response file is the inclusion of nine carrier-specific fields listed below:

- LANGUAGE_WRITTEN
- LANGUAGE_SPOKEN
- PHONE_NUMBER
- INDV_RESP_AMT
- APS_STATUS

- APS-NEW
 - APS-EXISTING
 - If “Null” Attestation does not apply
- APS_ATTESTATION_INDICATOR (This field will contain one of the following flags)
 - N - No response
 - Y - Opt-in
 - O - Opt-out
 - Null - Attestation does not apply
- BIRTH_GENDER
- GENDER_IDENTITY
- SEXUAL_ORIENTATION

While carriers should expect to see these columns populated in the weekly reconciliation files, inbound carrier responses should not include these fields.

Please note:

- CalHEERS developed a new subsidy framework specifically designed for the Strike/Lockout Workers program. If both the State Subsidy and the Strike/Lockout Subsidy (SLS) programs are deactivated, REM will proceed without any modifications. Conversely, if the SLS program is activated while the State Subsidy remains off, the allocated SLS value will be populated in the field originally designated for the State Subsidy.
- Enhanced State CSR was **not extended**. REM functionality will proceed without requiring any changes. The CRS_CREDIT_NET_AMOUNT and CRS_CREDIT_NET_<monthly> fields will remain available but will contain **no value**.
- The SOGI information fields (BIRTH_GENDER, GENDER_IDENTITY, SEXUAL_ORIENTATION) will no longer be populated and will show as null (no value) after the Release 26.2 update. This change reflects the removal of this information from the EDI 834 transaction.

Reconciliation File Rules

The following fields should be opened as text fields to prevent any leading zeros from being dropped or converted to scientific notation prior to comparison:

Table 3 - Fields to Open as Text

Field #	Field Name
6	CREATION_TIMESTAMP
7	LAST_UPDATE_TIMESTAMP
11	RATING_AREA
72	SSN
75	MEMBER_RELATIONSHIP_TO_SUB
84	RESIDENTIAL_COUNTY_FIPS_CODE
90	BROKER_ID
92	BROKER_FEDERAL_EIN
93	BROKER_LICENSE_NUMBER
94	BROKER_CERTIFICATION_NUMBER

Reconciliation CSV files should use the following CSV dialect:

1. Line Terminator = LF i.e. \n
2. Text Qualifier = ""
3. Encoding = UTF-8

For members missing from the Reconciliation File, carriers are expected to use the defined field list and technical field requirements in the Reconciliation File to submit all relevant information to Covered California for review. For file naming convention, see Step 4, Section 4.1: Monthly Reconciliation process, Table 1: Data Reconciliation Process Narrative for file naming convention.

The reconciliation file has four data categories associated with it.

- Primary,
- Enrollment,
- Financial, and
- Application

Each carrier will provide data associated with our four data categories. For our monthly financial values, **Null (no value)** is required for months when no coverage occurred; **however, monthly financial values must be populated for every month there is coverage, including when the status is Pending.**

For PREMIUM_PAID_THROUGH_DATE, **Null (no value)** is allowed when a status is Cancel or Pending. **Null (No value)** is not allowed when the status is Confirm or Term.

For GROSS_PREMIUM_AMOUNT, APTC_AMOUNT, STATE_SUBSIDY_AMOUNT, CA_PREMIUM_CREDIT_AMOUNT, NET_PREMIUM_AMOUNT, CSR_AMOUNT, **Null (No value)** is not allowed. These fields should always contain the value that is given in the 834 files.

Please note: All financial fields should be reported at the enrollment level.

Table 4 – Layout of Reconciliation File

	#	FIELD	DESCRIPTION	Technical Field Description	NULL ALLOWED
PRIMARY	1	AUDIT_DATE	The date the file was created	date format: YYYYMMDD	N
	2	CASE_ID	10 Digit AHBX Case ID	int	N
	3	SUBSCRIBER_ID	CalHEERS issued the subscriber key	int	N
	4	MEMBER_ID	CalHEERS issued the Member key	int	N
	5	ENROLLMENT_ID	A Key uniquely identifying a family/policy enrollment/segment	int	N
	6	CREATION_TIMESTAMP	Date the initial enrollment was created	date format: YYYYMMDDhhmmss	N
	7	LAST_UPDATED_TIMESTAMP	Date the initial enrollment was last modified	date format: YYYYMMDDhhmmss	N
	8	PREMIUM_PAID_THROUGH_DATE	Premium paid through coverage month	date format: YYYYMMDD	Y
	9	PLAN_TYPE	Health or Dental	char (3), allowed values: HLT, DEN	N
	10	RENEWAL_FLAG	Flag indicating renewal/renewal type	char (1), allowed values: A, M (auto/manual)	Y
	11	RATING_AREA	Rating Area Code	char (7), like 'R-CA%'	N
ENROLLMENT	12	BENEFIT_START_DATE	Member's start date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates, depending on their transaction history (term/re-enroll, maintenance, etc.).	date, format: YYYYMMDD	N
	13	BENEFIT_END_DATE	Member's end date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates, depending on their transaction history (term/re-enroll, maintenance, etc.).	date, format: YYYYMMDD	N
	14	MEMBER_STATUS	Enrollee level status for a specific enrollment segment/period. Any consumer can have multiple historic enrollment statuses (cancelled, terminated etc., specific to the segment/period)) and a single current enrollment status.	varchar (7) Allowed Values: PENDING, CONFIRM, TERM, CANCEL	N
	15	PLAN_ID	16 Digit CMS Plan ID	char (16)	N
FINANCIAL	16	GROSS_PREMIUM_AMOUNT	Policy Level GROSS Premium	decimal (6,2)	N
	17	GROSS_PREMIUM_JAN			
	18	GROSS_PREMIUM_FEB			
	19	GROSS_PREMIUM_MAR			
	20 21				

FINANCIAL	22	GROSS_PREMIUM_APR			Y
		GROSS_PREMIUM_MAY GROSS_PREMIUM_JUN	Monthly Level GROSS Premium	decimal (6,2)	
	23	GROSS_PREMIUM_JUL			
	24	GROSS_PREMIUM_AUG			
	25	GROSS_PREMIUM_SEP			
	26	GROSS_PREMIUM_OCT			
	27	GROSS_PREMIUM_NOV			
	28	GROSS_PREMIUM_DEC			
	29	APTC_AMOUNT	Policy level APTC amount as designated by the consumer for a specific enrollment segment/period	decimal (6,2)	N
	30	APTC_JAN			
	31	APTC_FEB			
	32	APTC_MAR			
	33	APTC_APR			
	34	APTC_MAY			
	35	APTC_JUN			
	36	APTC_JUL			
	37	APTC_AUG			
	38	APTC_SEP			
	39	APTC_OCT			
	40	APTC_NOV			
	41	APTC_DEC			
	42	STATE_SUBSIDY_AMOUNT	Policy level STATE SUBSIDY or Strike Lockout amount as designated by the consumer for a specific enrollment segment/period	decimal (6,2)	N
	43	STATE_SUBSIDY_JAN			
	44	STATE_SUBSIDY_FEB			
	45	STATE_SUBSIDY_MAR			
	46	STATE_SUBSIDY_APR			
	47	STATE_SUBSIDY_MAY			
	48	STATE_SUBSIDY_JUN			
	49	STATE_SUBSIDY_JUL			
	50	STATE_SUBSIDY_AUG			
	51	STATE_SUBSIDY_SEP			
	52	STATE_SUBSIDY_OCT			
	53	STATE_SUBSIDY_NOV			
	54	STATE_SUBSIDY_DEC			

	55	CA_PREMIUM_CREDIT_AMOUNT	Policy level CA_Premium_Credit amount as designated by the consumer for a specific enrollment segment/period	decimal (6,2)	N
	56 57 58 59 60 61 62 63 64 65 66 67	CA_PREMIUM_CREDIT_JAN CA_PREMIUM_CREDIT_FEB CA_PREMIUM_CREDIT_MAR CA_PREMIUM_CREDIT_APR CA_PREMIUM_CREDIT_MAY CA_PREMIUM_CREDIT_JUN CA_PREMIUM_CREDIT_JUL CA_PREMIUM_CREDIT_AUG CA_PREMIUM_CREDIT_SEP CA_PREMIUM_CREDIT_OCT CA_PREMIUM_CREDIT_NOV CA_PREMIUM_CREDIT_DEC	Monthly level CA_Premium_Credit amount as designated by the consumer for a specific enrollment segment/period	decimal (6,2)	Y
	68	NET_PREMIUM_AMOUNT	Policy Level NET Premium	decimal (6,2)	N
	69 70	NET_PREMIUM_JAN NET_PREMIUM_FEB			Y
	71 72 73 74 75 76 77 78 79 80	NET_PREMIUM_MAR NET_PREMIUM_APR NET_PREMIUM_MAY NET_PREMIUM_JUN NET_PREMIUM_JUL NET_PREMIUM_AUG NET_PREMIUM_SEP NET_PREMIUM_OCT NET_PREMIUM_NOV NET_PREMIUM_DEC	Monthly level NET_Premium_Credit amount as designated by the consumer for a specific enrollment segment/period		
	81	CSR_AMOUNT	Policy Level CSR Amount for a specific enrollment segment/period	decimal (6,2)	N
APPLICATION	82	FIRST_NAME	Member First Name	varchar (100)	N
	83	MIDDLE_NAME	Member Middle Name	varchar (100)	Y
	84	LAST_NAME	Member Last Name	varchar (100)	N
	85	SSN	Social Security Number	char (9)	Y
	86	BIRTH_DATE	Member DOB	date format: YYYYMMDD	N
	87	DATE_OF_DEATH	Date of death if applicable	date format: YYYYMMDD	Y
	88	MEMBER_RELATIONSHIP_TO_SUB	Relationship of the Member to the Subscriber	char (2)	Y
	89	GENDER	Gender, Allowed Values: Female, Male	char (1)	N
	90	RACE_ETHNICITY_TYPE	Race Code)	varchar (500)	Y
	91	EMAIL_ADDRESS	Email Address	varchar (250)	Y

	92	RESIDENTIAL_ADDR_LINE1	Street Address of Residence	varchar (1000)	N
	93	RESIDENTIAL_ADDR_LINE2	Street Address of Residence Continued	varchar (1000)	Y
	94	RESIDENTIAL_CITY_NAME	City of Residence	varchar (1000)	N
	95	RESIDENTIAL_STATE_CODE	State of Residence	char (2)	N
	96	RESIDENTIAL_ZIP_CODE	Zip Code of Residence	char (5)	N
	97	RESIDENTIAL_COUNTY_FIPS_CODE	Address Information Derived from RESIDENTIAL_ZIP_CODE	char (5)	N
	98	MAILING_ADDR_LINE1	Street Mailing Address	varchar (1000)	N
	99	MAILING_ADDR_LINE2	Street Mailing Address Continued	varchar (1000)	Y
	100	MAILING_CITY_NAME	City Mailing Address	varchar (1000)	N
	101	MAILING_STATE_CODE	State Mailing Address	char (2)	N
	102	MAILING_ZIP_CODE	Zip Code Mailing Address	char (5)	N
	103	BROKER_ID	CalHEERS Assigned Broker ID	int	Y
	104	AGENT_BROKER_NAME	Latest Broker Name	varchar (100)	Y
	105	BROKER_FEDERAL_EIN	Latest Broker Federal EIN	varchar (50)	Y
	106	BROKER_LICENSE_NUMBER	Latest Broker License number	varchar (50)	Y
	107	BROKER_CERTIFICATION_NUMBER	Latest Broker Certification Number	varchar (50)	Y
	108	BROKER_DELEGATED_TO_CASE_DATE	The date the broker was delegated to the case	date format: YYYYMMDDhhmmss	Y
	109	ISSUER_SUBSCRIBER_ID	Carrier Assigned Subscriber Key	varchar (50)	Y
	110	ISSUER_MEMBER_ID	Carrier Assigned Member Key	varchar (50)	Y
	111	CSR_CREDIT_NET_AMT	Policy level CSR_CREDIT_NET_AMT	decimal (6,2)	Y
	112	CSR_CREDIT_NET_JAN	Monthly Level CSR_CREDIT_NET	decimal (6,2)	Y
	113	CSR_CREDIT_NET_FEB			
	114	CSR_CREDIT_NET_MAR			
	115	CSR_CREDIT_NET_APR			
	116	CSR_CREDIT_NET_MAY			
	117	CSR_CREDIT_NET_JUN			
	118	CSR_CREDIT_NET_JUL			
	119	CSR_CREDIT_NET_AUG			
	120	CSR_CREDIT_NET_SEP			
	121	CSR_CREDIT_NET_OCT			
	122	CSR_CREDIT_NET_NOV			
	123	CSR_CREDIT_NET_DEC			

7. GoBack File

L2 Validation Rules

The following table provides the Error Codes and corresponding rules that apply during the case-level L2 Validation. Covered California may flag more than one Error Code on an individual record. When multiple error types apply to a single record, Covered California will concatenate the codes. As enrollment scenarios dictate, Covered California has developed new L2 validation rules and adjusted others.

Table 5 – Basic Error codes for Case-level (L2) Validations

CODES	RULE
L2-A	The MEMBER_ID and ENROLLMENT_ID concatenation must be globally unique (duplicate)
L2-B	The unique count of MEMBER_ID and ENROLLMENT_ID concatenations must equal the count on the original Reconciliation File. The original Reconciliation File must be returned in its entirety (missing row)
L2-C	If MEMBER_STATUS is CANCEL, BENEFIT_START_DATE must equal BENEFIT_END_DATE
L2-D	If Null allowed is N, a value is required
L2-E	The member's enrollment dates (BENEFIT_START_DATE and BENEFIT_END_DATE) must be contained within the subscriber's enrollment dates for each ENROLLMENT_ID
L2-F	For any enrollment, the BENEFIT_START_DATE must be equal to or less than BENEFIT_END_DATE
L2-G	Each BENEFIT_START_DATE and BENEFIT_END_DATE must be in the reconcilable year
L2-H	Any confirmed or terminated enrollment having a non-zero duration of coverage must have a PREMIUM_PAID_THROUGH_DATE. For the subscriber, the PREMIUM_PAID_THROUGH_DATE cannot be greater than the BENEFIT_END_DATE.
L2-I	A member having an overlap in coverage. Note that in order to resolve the overlapping coverage, an enrollment change may be required on another record
L2-J	The enrollment record has a functionally invalid combination of status and benefit coverage dates. e.g. "TERM" with no end date, "CANCEL" where benefit start date and benefit end date are not equal, or "TERM" where benefit start date and benefit end dates are equal. The end date for "PENDING" and "CONFIRM" records must reflect the last day of the benefit year.
L2-K	The enrollment status is submitted as "PENDING" for a record which was either created or transacted (whichever is later) at least 60-Days prior to the audit date
L2-L	START_DATE is greater than CalHEERS START_DATE
L2-M	START_DATE is less than CalHEERS START_DATE
L2-N	For Health issuers, NET PREMIUM must always be greater than or equal to zero dollars ($NP \geq 0$). For Dental issuers, NET PREMIUM must always be greater than zero dollars ($NP > 0$). Also, the Gross Premium (GP) less the APTC, State Subsidy, California Premium Credit must equal the Net Premium (NP), i.e., $(GP - APTC - State Subsidy, California Premium Credit (CAPC) = NP)$.
L2-O	For the Subscriber, (1) in any month before coverage starts or after coverage ends the financial value field(s) must be left blank (i.e., null), (2) there must be a monthly financial value for every month of coverage in the enrollment, (3) if coverage start date is the coverage end date, then all monthly financial values must be left blank.
L2-P	If the enrollment status is "CONFIRMED" with a PREMIUM_PAID_THROUGH_DATE of more than 150 days prior to the AUDIT_DATE, then the status should be "TERM".
L2-Q	A plan changes in CalHEERS, but it's not reflected in the carrier file, resulting in a "Confirm" for the incorrect enrollment.

L2-R	Enrollments that contain a Mid-month start or end date and do not have a prorated financial value.
L2-S	When the monthly value populated in the monthly CSR Credit Net Amount field is Null for an enrollment Eligible for an enhanced CS level plan and not null when not Eligible for an enhanced CS level plan. OR when the monthly value populated in the monthly CSR Credit Net Amount field is not Null for a cancelled enrollment eligible for an enhanced CS level plan.
L2-T	When the carrier's member status or benefit end date is different from the CalHEERS and Carrier member status is TERM with future benefit end date.
L2-U	The case will be flagged if a member's termination date is different from the subscribers, or if a member is confirmed but the subscriber is not.
L2-V	The case will flag if the carrier submits an effective date for one member while other household members remain pending.
L2-W	The case will flag if the carrier submits an enrollment in a Pending Status with a Paid through date.
L2-X	The case will flag if the member's status in CalHEERS is either "CANCEL" or "TERM," the carrier's Benefit End Date is later than CalHEERS' Benefit End Date, the plan type is "Health," the benefit year is 2026, and the case was last updated before February 2, 2026.
<blank>	If a case appears on the GoBack file with no discrepancies, then there exists an error for this household with another carrier. Once the case is validated for accuracy, no corrective action is required.

GoBack File Layout

The “GoBack File layout” illustrated in Table 6 provides the **outbound** GoBack File layout that carriers will receive from Covered California. The outbound GoBack File from Covered California has a shortened field list to minimize the file size and volume of data being transferred.

By design, the **inbound** carrier GoBack Response file will replace those enrollment records submitted on the † carrier Initial Response file. As such, **the inbound carrier GoBack Response must adhere to the Reconciliation File format by including all required fields (123) as defined in Table 4, Layout of Initial Response File**. Any inbound GoBack Response File will be expressly rejected in its entirety when the field requirement is not followed.

PLEASE NOTE: The reconciliation process has strict timelines, and it is important for carriers to adhere to them. If a GoBack response is not submitted by the due date, the Data Integrity team will use the carrier's initial file to proceed with the reconciliation process.

Carriers may find instances where a case that is not on the GoBack File requires resubmission. The GoBack process allows for the resubmission of any case. All validations run again for every record in each case, even records that did not originally get flagged on submission. Carriers will not receive notification from the Data Integrity Unit for an inbound GoBack Response that meets the file requirements for resubmission, and the file is accepted. The Data Integrity Unit will only notify a carrier, through email communication, if the GoBack File was rejected or resubmission is required.

Note: Carriers must not refresh or resubmit data using updated CalHEERS information during the reconciliation go-back phase. Submit data based on the anchor date to prevent excessive timing-related errors.

The GoBack file is zipped with a unique password for each carrier. This password will be required to access the file when it is sent to the carrier. The file will follow the naming rules mentioned below. See Section 5 above for more information on how to open a zip file.

File naming convention:

File Type	Plan Type	File Name
GoBack (ZIP)	Health	<HIOS ID>_INDV_ENROLLMENT_HEALTH_GOBACK_<Audit Date YYYYMMDD>. <Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
GoBack (ZIP)	Dental	<HIOS ID>_INDV_ENROLLMENT_DENTAL_GOBACK_<Audit Date YYYYMMDD>. <Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip

Table 6: Outbound GoBack file layout

	#	FIELD HEADER	TECHNICAL FIELD DESCRIPTION	NULL ALLOWED
	1	AUDIT_DATE	date format: YYYYMMDD	N
	2	CASE_ID	Int	N
	3	SUBSCRIBER_ID	Int	N
	4	MEMBER_ID	Int	N
	5	ENROLLMENT_ID	Int	N
	6	CREATION_TIMESTAMP	date format: YYYYMMDD	N
	7	LAST_UPDATED_TIMESTAMP	date format: YYYYMMDD	N
	8	PREMIUM_PAID_THROUGH_DATE	date format: YYYYMMDD	Y
	9	PLAN_TYPE	char (3), allowed values: HLT, DEN	N
	10	RENEWAL_FLAG	char (1), allowed values: A, M (auto/manual)	Y
	11	RATING_AREA	char (7), like 'R-CA%'	N
	12	BENEFIT_START_DATE	date, format: YYYYMMDD	N
	13	BENEFIT_END_DATE	date, format: YYYYMMDD	N
	14	MEMBER_STATUS	date, format: YYYYMMDD	N
	15	PLAN_ID	varchar (7) Allowed Values: PENDING, CONFIRM, TERM, CANCEL	N
	16	GROSS_PREMIUM_AMOUNT	decimal (6,2)	N
	17-28	GROSS_PREMIUM_(X12)	decimal (6,2)	Y
	29	APTC_AMOUNT	decimal (6,2)	N
	30-41	APTC_(X12)	decimal (6,2)	Y
	42	STATE_SUBSIDY_AMOUNT	decimal (6,2)	N
	43-54	STATE_SUBSIDY_(X12)	decimal (6,2)	Y
	55	CA_Premium_Credit_AMOUNT	decimal (6,2)	N
	56-67	CA_Premium_Credit (x12)	decimal (6,2)	Y
	68	NET_PREMIUM_AMOUNT	decimal (6,2)	N

	69-80	NET_PREMIUM_(X12)	decimal (6,2)	Y
	81	CSR_AMOUNT	decimal (6,2)	N
	82	ISSUER_MEMBER_ID	varchar (50)	Y
	83	ISSUER_SUBSCRIBER_ID	varchar (50)	Y
	84	CSR_CREDIT_NET_AMT	decimal (6,2)	Y
	85-96	CSR_CREDIT_NET_(X12)	decimal (6,2)	Y
	97	DISCREPANCIES	varchar ()	Y

8. Error Report

Once Covered California loads and runs the case-level validations on the inbound GoBack Response file, each carrier will receive an Error Report. The purpose of this report is to indicate which cases had a persistent L2 validation error, for which the inbound GoBack Response did not resolve. The monthly Reconciliation Process does not accommodate a Response file to this Error Report, except under exceptional circumstances as approved by Data Integrity.

The expectation is that the carrier will review the persistent L2 validation errors and include corrective action in the initial response of the following Reconciliation Cycle. Covered California reviews cases that exhibit persistent L2 validation errors. Each carrier will be expected to meaningfully respond to inquiries over these errors. This may include root cause analysis of 834 transactions, enrollment validations, or payment verification from the carrier system.

The Error Report is zipped with a unique password for each carrier. That password will be required to access the file when sent to the carrier. The file will adhere to the naming conventions mentioned below. See Section 5 above for more information on how to open a zip file.

File naming convention:

File Type	Plan Type	File Name
Error Report	Health	<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_ERROR_REPORT_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
Error Report	Dental	<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_ERROR_REPORT_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip

9. Carrier Action Files

Processing Rules Engine

All cases that pass Case-Level Validation (L2) are then processed through the Reconciliation Processing Rules Engine. After Covered California successfully loads all inbound GoBack Response files, the rules engine evaluates every enrollment submitted through the Reconciliation Process that passed all prior validations.

The Processing Rules Engine identifies both accurate and discrepant enrollment records, including financial discrepancies. For each discrepancy, the engine evaluates the case for completeness across the following components: period of enrollment, current status, member identifying information, financial values, and eligibility components.

Cases that pass L2 validation are also evaluated by the Financial Rules Engine. The Financial Rules Engine identifies financial discrepancies between CalHEERS and the carrier system. The Financial Carrier Action File presents the monthly financial values that remain after any enrollment discrepancy has been resolved. Discrepancies of **\$0.02 or less** in the APTC amount and net premium will not be flagged for update; discrepancies **greater than \$0.02** will be flagged.

The Premium Paid Through Date is a vital logical operator that contributes to the accuracy of the enrollment information as submitted by the carrier. This is especially true for the reconciliation of

terminated and cancelled enrollments, potentially related to non-payment of premiums. The premium paid through date denotes:

- *The day of the month through which a consumer has paid their coverage in full.*

For **cancellation**, the benefit Start and End dates must be the same, and the Premium Paid Through Date must be **Null**. For **TERM** and **CONFIRM** statuses, the Premium Paid Through Date is required.

The Carrier Action Files will be zipped with a unique password for each carrier. This password will be required to access the file when it is sent to the carrier. The file will follow the naming conventions mentioned below. See Section 5 above for more information on how to open a zip file.

File naming convention:

File Type	Plan Type	File Name
Enrollment Action	Health	<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_CARRIER_ACTION_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
Enrollment Action	Dental	<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_CARRIER_ACTION_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
Financial Action	Health	<HIOS ID>_INDV_FINANCIAL_RECON_HEALTH_CARRIER_ACTION_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
Financial Action	Dental	<HIOS ID>_INDV_FINANCIAL_RECON_DENTAL_CARRIER_ACTION_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip

Carrier Action File Layout

After Covered California runs the Processing Rules Engine and the Financial Rules Engine, each carrier will receive two carrier Action Files.

The first file specifies the discrepancies between CalHEERS and carrier records that the rules engine identified as requiring an enrollment update to the carrier system. Similarly, through the Reconciliation process, Covered California identifies those cases that require an update in CalHEERS.

The table below illustrates all the fields included in the Carrier Action File layouts.

Table 7 – Outbound Carrier Action File Layout

	#	FIELD HEADER	TECHNICAL FIELD DESCRIPTION	NULL ALLOWED
Primary	1	RECORD_ORGIN	varchar (8)	N
	2	AUDIT_DATE	date format: YYYYMMDD	N
	3	CASE_ID	Int	N
	4	SUBSCRIBER_ID	Int	N
	5	MEMBER_ID	Int	N
	6	ENROLLMENT_ID	Int	N
	7	CREATION_TIMESTAMP	date format: YYYYMMDD	N
	8	LAST_UPDATED_TIMESTAMP	date format: YYYYMMDD	N
	9	PREMIUM_PAID_THROUGH_DATE	date format: YYYYMMDD	Y
	10	PLAN_TYPE	char (3), allowed values: HLT, DEN	N
	11	RENEWAL_FLAG	char (1), allowed values: A, M (auto/manual)	Y
	12	RATING_AREA	char (7), like 'R-CA%'	N
Enrollment	13	BENEFIT_START_DATE	date, format: YYYYMMDD	N
	14	BENEFIT_END_DATE	date, format: YYYYMMDD	N
	15	MEMBER_STATUS	date, format: YYYYMMDD	N
	16	PLAN_ID	varchar (7) Allowed Values: PENDING, CONFIRM, TERM, CANCEL	N
Financial	17	GROSS_PREMIUM_AMOUNT	decimal (6,2)	N
	18-29	GROSS_PREMIUM_(X12)	decimal (6,2)	Y
	30	APTC_AMOUNT	decimal (6,2)	N
	31-42	APTC_(X12)	decimal (6,2)	Y
	43	STATE_SUBSIDY_AMOUNT	decimal (6,2)	N
	44-55	STATE_SUBSIDY_(X12)	decimal (6,2)	N
	56	CA_Premium_Credit_AMOUNT	decimal (6,2)	N
	57-68	CA_Premium_Credit (x12)	decimal (6,2)	Y
	69	NET_PREMIUM_AMOUNT	decimal (6,2)	N
	70-81	NET_PREMIUM_(X12)	decimal (6,2)	Y
Application	82	CSR_AMOUNT	decimal (6,2)	N
	83	ISSUER_MEMBER_ID	varchar (50)	Y
	84	ISSUER_SUBSCRIBER_ID	varchar (50)	Y
	85	CSR_CREDIT_NET_AMT	decimal (6,2)	Y
	86-97	CSR_CREDIT_NET_(X12)	decimal (6,2)	Y
	98	CARRIER ACTION	varchar (50)	Y

The file layouts have been designed to support both manual and automated approaches to carrier action processing. Each enrollment record is presented as an ordered pair, differentiated by the Record Origin field in the first column (A). The Record Origin will denote either Carrier or CalHEERS as the data source for that record. For those who manually process the file, this serves as an intuitive visualization of the required action. On the other hand, those taking a technical approach can join the records to each other to support automated review.

The Carrier Action field at the end of the files, column (CS), stipulates the reconcilable field that requires an update in the carrier’s system of record. This will be a combination of enrollment status, benefit start date, and benefit end date. The **Financial Carrier Action file** column (CS) will stipulate the reconcilable field that requires a financial update to the carrier system of record. This will be a combination of Gross Premium, APTC, State Subsidy, California Premium Credit, and Net Premium.

In the example below, the carrier would be required to update the status to TERM and apply the end date of 07/31/2016.

Table 8 - Example of a Carrier Action File

RECORD_ORIGIN	START_DATE	END_DATE	MEMBER_STATUS	ISSUER_ACTION
ISSUER	20160301		CONFIRM	Carrier must update Status and End Date
CalHEERS	20160301	20160731	TERM	

Covered California expects that enrollment records identified for resolution will not have the discrepancy persist for longer than 3 consecutive monthly Reconciliation Cycles. If the carrier disagrees with a stipulated update in the Carrier Action for both enrollment and financial, then Covered California expects that carrier to submit the record in question to the Internal Reconciliation Dispute Process. Carriers can submit a supplemental file to dispute identified discrepancies found in the Covered California enrollment reconciliation file in accordance with the defined list of fields and technical requirements.

Covered California encourages carriers to utilize Covered California’s Dispute Process prior to submitting premium tax credit disputes to the Center for Medicaid and Medicare Services or the Center for Consumer Information and Health Insurance Oversight.

10. Carrier Action Confirmation

As of the 2021 benefit year, Covered California required carriers to provide **evidence** through email confirmation that the enrollment and financial changes identified through the Reconciliation Process have been implemented. The confirmation must be submitted to Data Integrity **within fifteen (15) business days** of receiving the carrier action files. If carriers are unable to complete the required changes within this timeframe, they should provide an action plan outlining how and when the changes will be implemented. This action plan must also be submitted to Data Integrity within fifteen (15) business days of receiving the carrier action files.

11. Exclusion Process

The **exclusion process** sets aside cases from Reconciliation that other business channels are actively resolving and, therefore, should not be subject to resolution by the processing rules engine. Exclusions include the following routine business processes: Appeal, Escalation, Informal Resolution, and Help Desk Tickets. It is important to note that through each of these processes, the expectation is that both CalHEERS and the carrier’s system will end up aligned.

The Reconciliation Process excludes cases at the end of the Reconciliation Cycle. As a result, each excluded case carries with it the appropriate validation, error, and discrepancy flags that the Reconciliation Process assigned before the exclusion action. This ensures that sufficient monitoring capacity is in place for those cases that are excluded for a prolonged period. The proactive monitoring of excluded cohorts provides valuable insight into the accuracy of the impacted enrollment records in both CalHEERS and the carrier’s system.

Appendix A: Sample Reconciliation Scenarios

The Reconciliation File includes a comprehensive snapshot of a household’s enrollment. To ensure the correct interpretation of the data, below are sample Reconciliation scenarios found in the file sent from Covered California to the carriers (Steps 1 & 2 in Figure 3: Data Reconciliation Process Diagram):

Transaction Example 1: Reconciliation File with Multiple Transactions

Scenario:

- On 12/13/2016, a one-member household completes the initial application and plan selection (Plan ID: 55555CA038000301) for a 01/01/2017 benefit start date.
- On 04/05/2017, the primary applicant adds a dependent and selects a new plan (Plan ID: 55555CA038000304).
- On 09/10/2017, the primary applicant reports a change in income that makes the household eligible for a new CSR tier. The household selects a new plan (Plan ID: 55555CA038000306).

November 2017 Reconciliation File

CASE_ID	SUBSCRIBER_ID	MEMBER_ID	ENROLLMENT_ID	CREATION_TIMESTAMP	LAST_UPDATED_TIMESTAMP	BENEFIT_START_DATE	BENEFIT_END_DATE	MEMBER_STATUS	PLAN_ID	GROSS_PREMIUM_Amount	GROSS_PREMIUM_JAN	GROSS_PREMIUM_FEB	GROSS_PREMIUM_MAR
5000000001	11111	11111	13579	20161213...	20170405...	20170101	20170430	TERM	55555CA038000301	350	350	350	350
5000000001	11111	11111	43080	20170405...	20170910...	20170501	20170330	TERM	55555CA038000304	425	425	425	425
5000000001	11111	11112	43080	20170405...	20170910...	20170501	20170930	TERM	55555CA038000304	425	425	425	425
5000000001	11111	11111	102708	20170910...	20171010...	20171001	20171231	CONFIRM	55555CA038000306	300	300	300	300
5000000001	11111	11112	102708	20170910...	20171010...	20171001	20171231	CONFIRM	55555CA038000306	300	300	300	300

Continuation of November 2017 Reconciliation File

CASE_ID	APTC_AMOUNT	APTC_AMOUNT_JAN	APTC_AMOUNT_FEB	APTC_AMOUNT_MAR	NET_PREMIUM_AMOUNT	NET_PREMIUM_JAN	NET_PREMIUM_FEB	NET_PREMIUM_MAR	RESIDENTIAL_ADDR_LINE1
5000000001	100	100	100	100	250	250	250	250	123 Sunny Beach Dr.
5000000001	150	150	150	150	175	175	175	175	123 Sunny Beach Dr.
5000000001	150	150	150	150	175	175	175	175	123 Sunny Beach Dr.
5000000001	200	200	200	200	100	100	100	100	123 Sunny Beach Dr.
5000000001	200	200	200	200	100	100	100	100	123 Sunny Beach Dr.

Transaction Example 2: Reconciliation File with Maintenance Transaction (Address Change)

Scenario:

- On 12/13/2016, a two-member household completes the initial application and plan selection for a 01/01/2017 benefit start date
- On 12/15/2016, the primary applicant changes their residential address from 123 Sunny Beach Dr. to 555 Main St through the Covered California portal

October 2016 Reconciliation File

CASE_ID	SUBSCRIBER_ID	MEMBER_ID	ENROLLMENT_ID	CREATION_TIMESTAMP	LAST_UPDATED_TIMESTAMP	BENEFIT_START_DATE	BENEFIT_END_DATE	MEMBER_STATUS	PLAN_ID	GROSS_PREMIUM	APTC_AMOUNT	RESIDENTIAL_ADDR_LINE1
5000000001	11111	11111	123456	20161213	20161213	20170101	20171231	CONFIRM	55555CA038000301	500	100	123 Sunny Beach Dr.
5000000001	11111	11112	123456	20161213	20161213	20170101	20171231	CONFIRM	55555CA038000301	500	100	124 Sunny Beach Dr.

November 2016 Reconciliation File

CASE_ID	SUBSCRIBER_ID	MEMBER_ID	ENROLLMENT_ID	CREATION_TIMESTAMP	LAST_UPDATED_TIMESTAMP	BENEFIT_START_DATE	BENEFIT_END_DATE	MEMBER_STATUS	PLAN_ID	GROSS_PREMIUM	APTC_AMOUNT	RESIDENTIAL_ADDR_LINE1
5000000001	11111	11111	123456	20161213	20161215	20170101	20171231	CONFIRM	55555CA038000301	500	100	555 Main St
5000000001	11111	11112	123456	20161213	20161215	20170101	20171231	CONFIRM	55555CA038000301	500	100	555 Main St

Transaction Example 3: Reconciliation File with Reinstatement Transaction

Scenario:

On 12/13/2015, a two-member household completes the initial application and plan selection for a 01/01/2016 benefit start date

On 04/13/2016, the policy is terminated with an end-of-month benefit end date of 05/30/2016

On 11/01/2016, because of an Appeal decision, the policy is reinstated into the same plan and with the initial benefit start date of 01/01/2016

October 2016 Reconciliation File

CASE_ID	SUBSCRIBER_ID	MEMBER_ID	ENROLLMENT_ID	CREATION_TIMESTAMP	LAST_UPDATED_TIMESTAMP	BENEFIT_START_DATE	BENEFIT_END_DATE	MEMBER_STATUS	PLAN_ID	ATPC_AMOUNT	GROSS_PREMIUM	RESIDENTIAL_ADDR_LINE1
5000000001	11111	11111	222222	20141213...	20160413...	20160101	21060430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20160413...	20160101	21060430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.

November 2016 Reconciliation File

CASE_ID	SUBSCRIBER_ID	MEMBER_ID	ENROLLMENT_ID	CREATION_TIMESTAMP	LAST_UPDATED_TIMESTAMP	BENEFIT_START_DATE	BENEFIT_END_DATE	MEMBER_STATUS	PLAN_ID	ATPC_AMOUNT	GROSS_PREMIUM	RESIDENTIAL_ADDR_LINE1
5000000001	11111	11111	222222	20141213...	20161101...	20160101	20161231	CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20151101...	20160101	20161231	CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.

Appendix B: Reconcilable Fields

The following table provides clarification on how the Inbound file submitted by the carriers in the Reconciliation fields will be managed.

Matching (M) - These fields may be leveraged to match data from the Reconciliation File to the carrier’s database

Reconcilable (R) - These fields will be the core reconcilable fields for running the Reconciliation processing Rules (Step 10, Figure 3: Data Reconciliation Process Diagram)

Discovery Analysis (D) - These fields will be used for discovery analysis in order to determine the discrepancy frequency between Covered California and the carriers. This analysis will contribute to the prioritization of expanding the reconcilable fields in subsequent cycles.

#	Field	Field Use
1	AUDIT DATE	N/A
2	CASE_ID	M
3	SUBSCRIBER_ID	M
4	MEMBER_ID	M
5	ENROLLMENT_ID	N/A
6	CREATION_TIMESTAMP	M
7	LAST_UPDATED_TIMESTAMP	M
8	LAST_PREMIUM_PAID_DATE	R
9	PLAN_TYPE	N/A
10	RENEWAL_FLAG	N/A
11	RATING-AREA	N/A
12	BENEFIT_START_DATE	R
13	BENEFIT_END_DATE	R
14	MEMBER_STATUS	R
15	PLAN_ID	M
16	GROSS_PREMIUM_AMOUNT	R
17-28	GROSS_PREMIUM_(X12)	R
29	APTC_AMOUNT	R

30-41	APTC_(x12)	R
42	STATE _SUBSIDY_AMOUNT	R
43-54	STATE _SUBSIDY_AMOUNT (X12)	R
55	CA_PREMIUM_CREDIT_AMOUNT	R
56-67	CA_PREMIUM_CREDIT_AMOUNT (X12)	R
68	NET_PREMIUM_AMOUNT	R
69-80	NET_PREMIUM_(X12)	R
81	CSR_AMOUNT	M
82	FIRST_NAME	D
83	MIDDLE_NAME	D
84	LAST_NAME	D
85	SSN	D
86	BIRTH_DATE	D
87	DATE_OF_DEATH	D
88	MEMBER_RELATIONSHIP_TO_SUB	D
89	GENDER	D
90	RACE_ETHNICITY	D
91	EMAIL_ADDRESS	D
92	RESIDENTIAL_ADDR_LINE1	D
93	RESIDENTIAL_ADDR_LINE2	D
94	RESIDENTIAL_CITY_NAME	D
95	RESIDENTIAL_STATE_CODE	D
96	RESIDENTIAL_ZIP_CODE	D
97	RESIDENTIAL_COUNTY_FIPS_CODE	D
98	MAILING_ADDR_LINE1	D
99	MAILING_ADDR_LINE2	D
100	MAILING_CITY_NAME	D
101	MAILING_STATE_CODE	D
102	MAILING_ZIP_CODE	D
103	BROKER_ID	D
104	AGENT_BROKER_NAME	D
105	BROKER_FEDERAL_EIN	D
106	BROKER_LICENSE_NUMBER	D
107	BROKER_CERTIFICATION_NUMBER	D
108	BROKER_DELEGATED_TO_CASE_DATE	D
109	ISSUER_MEMBER_ID	N/A
110	ISSUER_SUBSCRIBER_ID	N/A
111	CSR_CREDIT_NET_AMT	R
112-123	CSR_CREDIT_NET_AMT (X12)	R



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Section Two:
*Data Integrity Process Guide for
Internal Disputes*

Section Two: Disputes

12. Document Purpose

A carrier may submit a dispute file for a current or prior reconciliation period to identify the root cause of a discrepancy. This Dispute Process Guide defines the standards and expectations for submitting disputes to Covered California's Data Integrity Unit.

Table 9 - Revision History

DATE	REVISION #	REVISION DESCRIPTION
04/2018	1.0	Initial version
06/2018	2.0	Updates to D2 Rule Set
09/2018	3.0	Updates to carrier dispute flags
01/2018	4.0	2019 Q1 review
05/2019	5.0	State Subsidy Update
10/2019	6.0	State Subsidy Update Dispute Flag updates
02/2020	7.5	Update
04/2020	8.0	No Update
07/2021	10	Update to File Layout and rules due to new policy - \$0 Premium Bills
11/2022	11	Update to file layout and rules due to SB260 CR 160531 and release CR 190956 State Level Cost-Sharing Reduction
12/2022	12	Updated
02/2025	13	Updates to Dispute Process
10/2025	14	Updates to Tables
01/2026	18	Updates to Password Requirements for Dispute-Shared Files
04/2026	19	Updates to the Financial Discrepancy and D2 Rules
07/2026	20	Add SBMI Timeline for APTC dispute submission, and Dispute Disposition Categories table. Remove D2-E.

Reconciliation disputes consist of the following:

- Enrollment Differences
- Financial Differences

The Data Integrity Unit works closely with internal Covered California operations to monitor and solve disputes that arise after Reconciliation Cycles.

Section Two: Disputes

13. Dispute Scope

Carriers must submit all disputes by the deadline indicated in the cycle calendar and follow the standards outlined in this guide. Covered California will use these standards to evaluate each dispute file for validity.

Carriers must always submit disputes at the case level. When a case contains one or more disputed records, the submission must include all enrollment segments and all members within the case for the applicable benefit year.

The carrier may not concatenate multiple dispute flags on a single row of the dispute submission. Each row must contain a single discrepancy flag. If the carrier believes more than one dispute category applies to an enrollment segment for a member, the carrier must submit additional rows for the same REM_ID (Enrollment_ID + Member_ID), each with a different dispute flag.

Covered California evaluates each dispute file based on the corresponding Reconciliation Cycle.

Table 10 - Monthly Data Reconciliation Schedule

Dispute Cycle	Dispute Reconciliation							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
	Issuer: Initial Dispute File Submission	Issuer: Initial Dispute File Submission			Issuer: engagement	Issuer: engagement	Issuer: engagement	Issuer: engagement
					Data Integrity: File Analysis	Data Integrity: File Analysis	Data Integrity: File Analysis	Data Integrity: File Analysis
					Data Integrity: research and evaluation	Data Integrity: research and evaluation	Data Integrity: research and evaluation	Data Integrity: research and evaluation
					Data Integrity: Dispute Response	Data Integrity: Dispute Response	Data Integrity: Dispute Response	Data Integrity: Dispute Response

- Week 1: Initial Dispute File Submitted
- Week 2: D1 Validation verifies accuracy and completeness of submitted records
- Week 3: D2 Validation flags records, that are non-disputable errors
- Week 4: D3 Internal Research begins
- Week 5: D3 Internal Research continues
- Week 6: Review completed D3 Research
- Week 7: Compile and generate Final Disposition report for carriers
- Week 8: Provide Final Disposition to Carriers

14. Dispute Process

This section includes a summary process flow for Covered California and the carrier. Each Dispute Cycle begins when the carrier submits a dispute file to the Data Integrity Unit. The Carrier Reconciliation & Dispute Calendar identifies the Dispute Cycle's start date (Reconciliation Anchor Date) and major milestones. During each Dispute Cycle, the Data Integrity Unit will engage carriers as needed during the research and evaluation phase to support root-cause analysis.

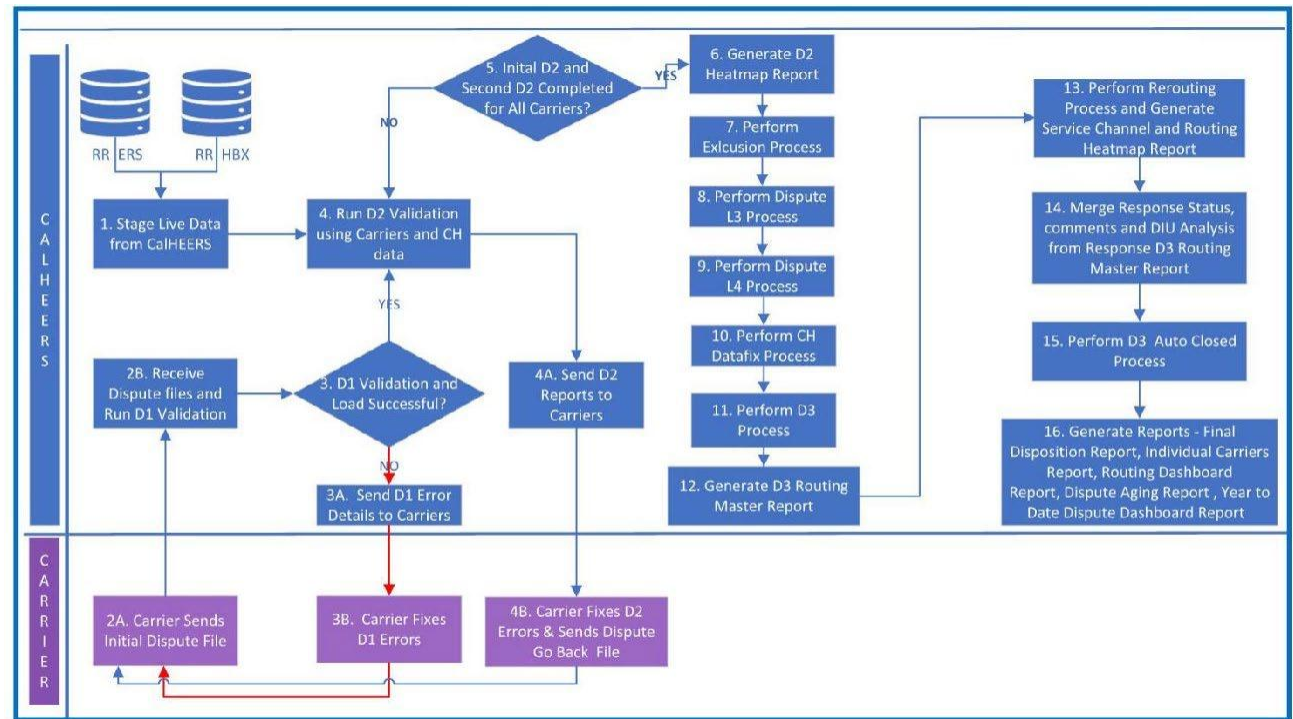
Section Two: Disputes

Internal Dispute Process Narrative

The following flow chart, Process Flow for the Internal Dispute Process, shows each step in any given Dispute Cycle graphically. Next, the “Process Flow Description” provides Activity Detail that corresponds to each of these steps in the Reconciliation process in a narrative, tabular format.

Covered California Dispute Process Flow

Figure 3 - Process Flow for the Internal Dispute Process



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Table 11 - Process Flow Description

Ref	Activity	Actor	Activity Detail
1	Send Dispute File	Carrier	The carrier submits a Dispute file via upload to the Data Integrity area of the Plan Management Extranet site. Each Dispute Cycle addresses discrepancies for the benefit year specified in the carrier Reconciliation and Dispute Calendar. <u>Unlike Reconciliation Cycles, the Audit Date for dispute files is the submission deadline on the Dispute Calendar.</u> <u>File naming convention:</u> from<HIOS ID>_DISPUTE_RECON_HEALTH_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip from<HIOS ID>_DISPUTE_RECON_DENTAL_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip <u>Example:</u> from_55555_DISPUTE_RECON_DENTAL_20190102.2 019.CSV.zip
2	Receive Dispute File	CCA / CalHEERS	Each Reconciliation file remains in the Extranet data library, and Covered California accesses the file from there.
3	Run D1 Validation	CCA / CalHEERS	Upon receipt of each Dispute File, Covered California validates for accuracy and completeness in accordance with the field requirements detailed in Section 4 Dispute File Layout Table.
4	Pass D1 Validation?	CCA / CalHEERS	After Covered California completes each carrier's file-level validations (D1), a PASS results in a YES pathway on the flow chart (step 7) while a NOT PASS results in a NO loop (steps 5 & 6).
5	Receive D1 Rejection File	Carrier	Carriers will receive notice of D1 File Rejections through email communication
6	Resolve D1 Errors	Carrier	The carrier will review and resolve the D1 errors and resubmit the file using the same naming convention as the original submission. The process flows then repeat the D1 validation steps.
7	Run D2 Validation	CCA / CalHEERS	After a carrier's submission file passes D1 Validation, Covered California performs Basic Error Validation (D2). A D2 rejection applies to any record that receives a NonDisputable Flag.

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			Section 5 - "D2 File Validations" delineates the eleven Basic Error (D2) rejection categories. <i>Please Note:</i> The word 'NULL' does not occur in the file. All null values should be blank.
8	Pass D2 Validation	CCA / CalHEERS	A case that passes D2 Validation moves forward in the dispute process. Complete and correct cases will run through the Dispute process.
8.1	Dispute Go Back File	CCA / CalHEERS	Covered California will notify Carriers of D2 File Rejections through email communication.
8.2	Dispute Go Back File	CCA / CalHEERS	Covered California returns D2 Dispute Go Back Files to the carrier at the case level. That is, if a D2 rule flags a single enrollment for a member, then the GoBack File will return the entire case. The D2 Go Back file has an added column that flags which row(s) have an error within the file. The rejection file uses discrepancy codes to label the error type. As the Dispute Process matures; this error labeling gains more granularity. <u>File Naming Convention:</u> <HIOS ID>_DISPUTE_RECON_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>_<CurrentDateMMDDHHMM>.csv.zip <HIOS ID>_DISPUTE_RECON_DENTAL_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>_<CurrentDateMMDDHHMM>.csv.zip Example: 55555_DISPUTE_RECON_HEALTH_GOBACK_20150520.2025_05201118.csv.zip
8.3	Resolve D2 Errors (D2)	Carrier	A D2 Rejection is any enrollment or eligibility submission that violates standard business rules. Carriers must review these cases and make any necessary changes to resolve the error type provided. Covered California expects that GoBack files will be resolved within 1-2 business days. <u>Return File Naming Convention:</u> from_<HIOS

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			ID>_DISPUTE_RECON_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>.csv.zip from_<HIOS ID>_DISPUTE_RECON_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>.csv.zip <u>Example:</u> from_59042_DISPUTE_RECON_HEALTH_GOBACK_20150520.2025_.csv.zip
8.4	Receive D2 Validation Error Report	Carrier	Covered California will post a D2 Validation Error Report to the Data Integrity area of the Plan Management Extranet site. A single row can receive more than one Disputable Flag. <u>File Naming Convention:</u> <HIOS_ID>_D2_VALIDATION_ERROR_REPORT_HEALTH_<Audit_Date_YYYYMMDD>_<Benefit_Year_YYYY>_<CurrentDateMMDDHHMM>.csv.zip <HIOS_ID>_D2_VALIDATION_ERROR_REPORT_DENTAL_<Audit_Date_YYYYMMDD>_<Benefit_Year_YYYY>_<CurrentDateMMDDHHMM>.csv.zip <u>Example:</u> 59042_D2_VALIDATION_ERR_REPORT_HEALTH_20150520.2025_05201046.csv.zip
9	Run D3 Processing Rules	CCA / CalHEERS	After a carrier's submission file passes D2 Validation, Covered California runs the Dispute Processing Rules (D3).
10	Internal Review	CCA / CalHEERS	After Covered California executes the Dispute Processing Rules (D3), the process follows branches in one of two directions. If the root cause analysis requires investigation of a case management workstream, then the Data Integrity Unit routes the issue to the appropriate Covered California Service Channel (steps 11 -12). If the root cause analysis does not require this type of specialized routing, then the Data Integrity Unit proceeds with the investigation (steps 14-15).
11	Route Dispute File	CCA / CalHEERS	Data Integrity refers to cases requiring Service Channel processing to the appropriate Covered California operational unit.

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12	Send Disposition File	Service Cannel	The Service Channels submit their disposition for assigned disputes back to the Data Integrity Unit.
13	Receive Disposition File	CCA / CalHEERS	The Data Integrity unit proceeds in accordance with each Service Channel disposition
14	Receive Dispute File	CCA / CalHEERS	For any dispute that does not require Service Channel research, the Data Integrity Unit proceeds with the investigation, providing secondary analysis to determine the appropriate resolution.
14.1	Process Disputes	CCA / CalHEERS	The Data Integrity Unit investigates their assigned disputes in detail and arrives at an authoritative disposition regarding each record
15	Compile all Dispositions	CCA / CalHEERS	The dispute process consolidates Service Channel and Data Integrity Dispositions into a single report
16	Receives Final Disposition File	Carrier	Carriers receive the second and Final Disposition Report within the closing week of the Dispute Cycle. <u>File Naming Convention:</u> <HIOS ID>_DISPUTE_DISPOSITION_RESPONSE_CYCLE<Cycle Number>_HEALTH_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip <HIOS ID>_DISPUTE_DISPOSITION_RESPONSE_CYCLE<Cycle Number>_DENTAL_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip

15. Disputable Fields

Carriers must provide all case data associated with each disputed record. The ISSUER_DISPUTE_FLAG column must contain a number that corresponds to the appropriate dispute type. The dispute type categorically identifies the reason the carrier has submitted this record to the Dispute process. A single row may only contain one dispute flag. If a member has an enrollment segment with multiple issues, then the carrier provides an additional row for each issue/flag. This means that, unlike a Reconciliation file, the REM_ID (concatenation of Member_ID and Enrollment_ID) may populate more than one row. Covered California will reject any disputes submitted with a dispute flag not listed below. These allowable reason codes are 1.1, 1.2, 1.3, 2.1, 3.1, 4.1, 4.2, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 6.1, and 7.1.

Example of carrier's dispute reason

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ISSUER_SUBSCRIBER_ID	ISSUER_DISPUTE_FLAG	COMMENTS
12345	1.2	System issue caused cancellation

Please Note: For any dollar amount in dispute, PPR and Carrier values must differ by more than \$0.02. The carrier should allow a \$0.02 variation at the policy level between the carrier records and the PPR to account for rounding differences.

Issuers should consider the timeline below when submitting an APTC dispute to the Data Integrity Team. APTC payment data is not reflected on the PPR and HIX 820 until several weeks after the SBE submits the related SBMI data. As a result, when issuers receive the files needed to dispute one month's APTC payment, the SBE has typically already submitted SBMI data for the following month's payment.

For example, if SBMI data is submitted in January, the issuer may not see the related payment information on the PPR or HIX 820 until several weeks later. By the time those files are available, and the issuer is ready to submit a dispute, the next month's SBMI data may already have been submitted for the following APTC payment.

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
January	SBMI Submitted		EPS Extract			PPR		HIX 820				
February					SBMI Submitted		EPS Extract			PPR		HIX 820

The following table describes possible dispute types and respective Reasons:

Table 12 – Carrier reason codes for disputes

Dispute Type	Dispute Flag (Only 1 dispute flag is allowed per record)	Definition
Reinstatement - Cancel to Term	1.1	
Reinstatement - Term to Confirm	1.2	Occurs when the Issuer requests coverage restoration for a member.
Reinstatement - Cancel to Confirm	1.3	

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Duplicate	2.1	The issue occurs when the Issuer indicates they have two segments of coverage with different financial amounts, having Start and End Dates that match a CalHEERS enrollment.
M 834	3.1	Occurs when the Issuer indicates they have received different information via manual 834.
834 Failure - End Date	4.1	Occurs when an Issuer indicates an 834 failure.
834 Failure - Start Date	4.2	
Financial – QHP Monthly GP ≠ CH Monthly GP	5.4	Carrier indicates a dispute in the monthly APTC, monthly Gross Premium, monthly State Subsidy, monthly CA_Premium_Credit, monthly Net Premium, or CSR Credit.
Financial – QHP Monthly APTC ≠ CH Monthly APTC	5.5	
Financial – QHP Monthly CAPS ≠ CH Monthly CAPS	5.6	
Financial – QHP Monthly Net Premium ≠ CH Monthly Net Premium	5.7	
Financial – QHP Monthly California Premium Credit ≠ CH Monthly CA Premium Credit	5.8	
Financial – QHP Monthly CSR Credit Net Amount ≠ CH Monthly Credit Net Amount	5.9	
Missing CalHEERS	6.1	Occurs when an Issuer indicates that a member exists in their system, but not in CalHEERS.

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Other - QHP = CH	7.1	QHP enrollment and Financial data are equal to CalHEERS enrollment and financial data; however, the Issuer indicates a request for further review. Please note: An explanation of what needs to be reviewed should be provided in the comments section. If no comment is provided, this will be considered an invalid request. *If enrollment and financial data are aligned. This flag can be used to dispute disagreements regarding payment for financial subsidies.
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16. Dispute Submission Guidance

When preparing a dispute file, the carrier must follow the parameters outlined in this guide.

Disputable cases are limited to those with an active enrollment for the benefit year of the Dispute Cycle.

With one exception, each row in the dispute submission must contain both an Enrollment ID and a Member ID.

The exception occurs only for Dispute Flag 6.1, when a carrier indicates that a member exists in their system, but not in CalHEERS. If a dispute's Enrollment ID is associated with a benefit year that differs from the allowable dispute year, Covered California will reject the record to the carrier.

Each disputed record must contain all other correlating carrier data elements (Case ID, Subscriber ID, etc.).

17. Dispute File Naming Convention

When submitting a dispute, use the following naming conventions:

Please note that the Audit Date for dispute files is the submission deadline on the Dispute Calendar.

from<HIOS ID>_DISPUTE_RECON_HEALTH_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip

from<HIOS ID>_DISPUTE_RECON_DENTAL_<Audit Date YYYYMMDD>.<Benefit Year>.CSV.zip

18. D1 - Validations

All dispute files undergo D1 validation. During this process, Covered California assesses files for accuracy and completeness. These validations run in accordance with the field requirements detailed in the Dispute File layout (See table below).

Carriers submitted disputes that do not pass D1 technical validation will be allowed to resubmit. Data presentation requirements ensure that Covered California can evaluate each record successfully and consistently.

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Dispute File Layout

For any monthly financial values, leave the field blank rather than entering "0" for months in which no coverage occurs. Carriers must populate monthly financial values for every month in which coverage exists, including when the status is Pending.

Please note: Null values must be left **blank** in the file. Do not populate the file with the literal value "NULL".

The carrier must not leave any of the primary fields **NULL** except column 10, RENEWAL_FLAG

The carrier must not leave any Enrollment fields **NULL**:

- BENEFIT_START_DATE
- BENEFIT_END_DATE
- MEMBER_STATUS
- PLAN_ID

The carrier must not leave the following **financial** fields **NULL**:

- APTC_AMOUNT,
- GROSS_PREMIUM_AMOUNT,
- NET_PREMIUM_AMOUNT,
- CSR_AMOUNT
- CA_PREMIUM_CREDIT_AMOUNT
- STATE_SUBSIDY_AMOUNT/STATE_STRIKE_LOCKOUT
- CSR_CREDIT_NET_AMOUNT

The carrier must not leave the following **Application** fields **NULL**

- CSR_AMOUNT
- FIRST_NAME
- LAST_NAME
- BIRTH_DATE

Also, the submission must include a valid **ISSUER_DISPUTE_FLAG**. Please view Dispute File Layout & Field Descriptions below for details.

Table 13 - Layout of Inbound Dispute File

	#	Field	Description	Technical Field Description	Null Allowed
Primary	1	AUDIT_DATE	The creation date of the dispute file	date format: YYYYMMDD	N
	2	CASE_ID	10 Digit AHBX Case ID	int	N
	3	SUBSCRIBER_ID	CalHEERS issued	int	N

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	4	MEMBER_ID	CalHEERS issued	int	N
	5	ENROLLMENT_ID	A key uniquely identifying a family/policy/enrollment /segment	int	N
	6	CREATION_TIMESTAMP	The creation date of the initial enrollment	date format: YYYYMMDDhhmmss	N
	7	LAST_UPDATED_TIMESTAMP	Date enrollment was last modified	date format: YYYYMMDDhhmmss	N
	8	PREMIUM_PAID_THROUGH_DATE	Premium paid through date	date format: YYYYMMDD	Y
	9	PLAN_TYPE	Health or Dental	char (3), allowed values: HLT, DEN	N
	10	RENEWAL_FLAG	Flag indicating renewal/renewal type	char (1) allowed values: A, M (auto/manual)	Y
	11	RATING_AREA	Rating area Code	char (7), like 'R-CA%'	N
	12	BENEFIT_START_DATE	Members start date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates depending on their transaction history (term/re-enroll, maintenance, etc.)	date format: YYYYMMDD	N

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	13	BENEFIT_END_DATE	Member's end date for benefits for a specific enrollment segment/period. Any one member/subscriber can have multiple start dates depending on their transaction history (term/re-enroll, maintenance, etc.).	date format: YYYYMMDD	N
	14	MEMBER_STATUS	Enrollee level status for a specific enrollment segment/period. Any consumer can have multiple historic enrollment statuses (cancelled, terminated etc. specific to the segment/period) and a single current enrollment status.	varchar (7) Allowed values: PENDING, CONFIRM, TERM, CANCEL	N
	15	PLAN_ID	16 Digit CMS Plan ID	char (16)	N
Financia	16	GROSS_PREMIUM_AMOUNT	Policy level Gross Premium	decimal (6,2)	N

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17	GROSS_PREMIUM_JAN	Monthly Level GROSS Premium	decimal (6,2)	Y
18	GROSS_PREMIUM_FEB			
19	GROSS_PREMIUM_MAR			
20	GROSS_PREMIUM_APR			
21	GROSS_PREMIUM_MAY			
22	GROSS_PREMIUM_JUN			
23	GROSS_PREMIUM_JUL			
24	GROSS_PREMIUM_AUG			
25	GROSS_PREMIUM_SEP			
26	GROSS_PREMIUM_OCT			

27	GROSS_PREMIUM_NOV			
28	GROSS_PREMIUM_DEC			
29	APTC_AMOUNT	Policy level APTC amount as designated by the consumer for a specific enrollment segment/period.	decimal (6,2)	N

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30	APTC_JAN	APTC_FEB	Monthly level APTC amount as designated by the consumer for a specific enrollment segment/period.	decimal (6,2)	Y
31	APTC_MAR	APTC_APR			
32	APTC_MAY	APTC_JUN			
33	APTC_JUL	APTC_AUG			
34	APTC_SEP	APTC_OCT			
35	APTC_NOV	APTC_DEC			
36					
37					
38					
39					
40					
41					
42	STATE_SUBSIDY_AMOUNT		Policy level State Subsidy amount as designated by the consumer for a specific enrollment segment/period.	decimal (6,2)	N

43	STATE_SUBSIDY_JAN	Monthly level State Subsidy	decimal (6,2)	Y
44	STATE_SUBSIDY_FEB			
45	STATE_SUBSIDY_MAR			
46	STATE_SUBSIDY_APR			
47	STATE_SUBSIDY_MAY			
48	STATE_SUBSIDY_JUN			
49	STATE_SUBSIDY_JUL			
50	STATE_SUBSIDY_AUG			
51	STATE_SUBSIDY_SEP			
52	STATE_SUBSIDY_OCT			
53	STATE_SUBSIDY_NOV			
54	STATE_SUBSIDY_DEC			

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	55	CA_PREMIUM_CREDIT_AMO UNT	Policy level California Premium Credit amount as designated by the consumer for a specific enrollment segment/period.	decimal (6,2)	N
	56	CA_PREMIUM_CREDIT_JAN	Monthly level California Premium Credit	decimal (6,2)	Y
	57	CA_PREMIUM_CREDIT_FEB			
	58	CA_PREMIUM_CREDIT_MAR			
	59	CA_PREMIUM_CREDIT_APR			
	60	CA_PREMIUM_CREDIT_MAY			
	61	CA_PREMIUM_CREDIT_JUN			
	62	CA_PREMIUM_CREDIT_JUL			
	63	CA_PREMIUM_CREDIT_AUG			
	64	CA_PREMIUM_CREDIT_SEP			
	65	CA_PREMIUM_CREDIT_OCT			
	66	CA_PREMIUM_CREDIT_NOV			
	67	CA_PREMIUM_CREDIT_DEC			

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	68	NET_PREMIUM_AMOUNT	Policy level NET Premium	decimal (6,2)	N
	69	NET_PREMIUM_JAN	Monthly level NET Premium	decimal (6,2)	Y
	70	NET_PREMIUM_FEB			
	71	NET_PREMIUM_MAR			
	72	NET_PREMIUM_APR			
	73	NET_PREMIUM_MAY			
	74	NET_PREMIUM_JUN			
	75	NET_PREMIUM_JUL			
	76	NET_PREMIUM_AUG			
	77	NET_PREMIUM_SEP			
	78	NET_PREMIUM_OCT			
	79	NET_PREMIUM_NOV			
	80	NET_PREMIUM_DEC			
	81	CSR_AMOUNT	Policy level CSR Amount for a specific enrollment segment/period	decimal (6,2)	N
	82	FIRST_NAME	Member First Name	varchar (100)	N
Application	83	MIDDLE_NAME	Member Middle Name	varchar (100)	Y
	84	LAST_NAME	Member Last Name	varchar (100)	N
	85	SSN	Social Security Number	char (9)	Y
	86	BIRTH_DATE	Member DOB	date format: YYYYMMDD	N
	87	ISSUER_SUBSCRIBER_ID	Carrier Assigned Subscriber Individual Key	varchar (50)	Y
	88	ISSUER_MEMBER_ID	Carrier Assigned Individual Key	varchar (50)	Y
	89	CSR_CREDIT_NET_AMT	Enrollment Level CSR Credit Net amount	decimal (6,2)	Y
	90	CSR_CREDIT_NET_JAN			

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91	CSR_CREDIT_NET_FEB	Monthly level CSR Credit Net Amount	decimal (6,2)	Y
92	CSR_CREDIT_NET_MAR			
93	CSR_CREDIT_NET_APR			
94	CSR_CREDIT_NET_MAY			
95	CSR_CREDIT_NET_JUN			
96	CSR_CREDIT_NET_JUL			
97	CSR_CREDIT_NET_AUG			
98	CSR_CREDIT_NET_SEP			
99	CSR_CREDIT_NET_OCT			
100	CSR_CREDIT_NET_NOV			
101	CSR_CREDIT_NET_DEC			
102	ISSUER_DISPUTE_FLAG	Carrier assigned dispute flag	varchar (5) allowed values: 1.1, 1.2, 1.3, 2.1, 3.1, 4.1, 4.2, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 6.1, 7.1	N
103	COMMENTS	Carrier Comments	varchar (350)	Y

Carrier Comments

Covered California encourages carrier comments for each record submitted for dispute. Prior to submitting a dispute, a carrier is expected to identify what and where there is a discrepancy and communicate the root cause for each dispute record. Comments add valuable context during the research and evaluation phase of the Dispute Cycle and may assist in the identification of the carrier's root cause. During carrier and Data Integrity unit discussions in the engagement phase of the cycle, participants may also review or reference carrier comments. When providing a comment, it is critical that carriers indicate the precise type of enrollment or financial data change requested. For example, in a financial dispute (where the carrier Dispute Flag is 5.4, 5.5, 5.6, 5.7, 5.8, or 5.9), if a carrier disputes an enrollment's monthly financial value, then the carrier must note exactly which month(s) are in dispute in the COMMENTS field of the dispute file.

In the example figure below, the carrier provides a clear and concise description of the change requested. This clarification is critical during active dispute research and evaluation. See the figures below.

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Figure 4 – Example of using carrier comments in disputes

Gross_Premium_Amount	Gross_Premium_Amount_JAN	Gross_Premium_Amount_FEB	Gross_Premium_Amount_MAR	Gross_Premium_Amount_APR	(Columns T-B0)	Issuer_Dispute_FLAG	COMMENTS
1274.28	1274.28	1274.28	984.25	984.25	XX	5.4	Gross Premium amount for April 2018 should be 984.25

APTC_Amount	APTC_Amount_JAN	APTC_Amount_FEB	APTC_Amount_MAR	APTC_Amount_APR	(Columns T-B0)	Issuer_Dispute_FLAG	COMMENTS
275.25	275.25	275.25	275.25	275.25	XX	5.5	APTC amount for March 2018 should be 275.25

19. D2 File Validations

The following table details non-disputable flags (errors) and the corresponding rules that Covered California applies during D2 record-level validation. Covered California may assign more than one non-disputable flag to an individual record.

Table 14 - D2 error codes for disputes

Non-Disputable Flag	Rule
D2-A1	When ISSUER_DISPUTE_FLAG = "6.1", and the MEMBER_ID and ENROLLMENT_ID submitted = CH REM ID
D2-A2	When ISSUER_DISPUTE_FLAG is "6.1," and ENROLLMENT_ID = NULL, and CASE_ID and MEMBER_ID submitted = CH CASE_ID and MEMBER_ID
D2-A3	When ISSUER_DISPUTE_FLAG is 6.1, and ISSUER_ENROLLMENT_ID + MEMBER_ID submitted = CH REM ID, and the CH SUBSCRIBER_ID provided by the carrier is not accurate
D2-B	The Audit Date, MEMBER_ID, ENROLLMENT_ID, and ISSUER_DISPUTE_FLAG concatenation must be globally unique (no duplicates)
D2-C	ISSUER_DISPUTE_FLAG value is not "1.1, 1.2, 1.3, 2.1, 3.1, 4.1, 4.2, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 6.1, or 7.1"
D2-D	When Null allowed is N, then the field must contain a value
D2-F	For any carrier Dispute record, the BENEFIT_START_DATE must be equal to or less than BENEFIT_END_DATE
D2-G	Carrier Dispute record BENEFIT_START_DATE and BENEFIT_END_DATE must be within the allowable benefit year

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D2-H	When the carrier has the enrollment's status as CONFIRM or TERM, and PREMIUM PAID THROUGH DATE = NULL. PREMIUM PAID THROUGH DATE cannot be greater than BENEFIT END DATE.
D2-J	The carrier dispute record has a functionally invalid combination of status and benefit coverage dates. (E.g. "CANCEL" where BENEFIT_START_DATE and BENEFIT_END_DATE are not equal.)
D2-K	When the Issuer Dispute record has the enrollment's status as PENDING, and ISSUER_DISPUTE_FLAG is not 6.1
D2-L	For Health carriers, NET PREMIUM must always be greater than or equal to zero. For Dental carriers, NET PREMIUM must always be greater than zero. Also, the Gross Premium less the APTC, Strike Lockout Subsidy / State Subsidy, California Premium Credit must equal the Net Premium (GP – APTC – SLS / State Subsidy – California Premium Credit = NP)
D2-M	When the Issuer Dispute record for Subscriber has financial values Not Null for any of the months before the benefit start date or after the benefit end date (outside the coverage period), OR financial values are Null for any of the coverage months (within the coverage period)
D2-N	The case will flag if the member's status in CalHEERS is either "CANCEL" or "TERM," the carrier's Benefit End Date is later than CalHEERS' Benefit End Date, the plan type is "Health," the benefit year is 2026, and the case was last updated before February 2, 2026.

D2 Validation: GoBack File and Error Report Layout

The GoBack file provides carriers with an initial status update for each submitted dispute that contains a D2 error. Covered California flags any record that does not pass D2 validation according to the applicable D2 rule and returns the findings to the respective carrier through the GoBack file. The carrier may correct returned records and resubmit them for reevaluation.

The GoBack file generated after processing the initial dispute file will include the keyword GOBACK and will be zipped with a unique password for each carrier. See Section 5 above for more information on how to open the ZIP file using the password.

File naming convention:

File Type	Plan Type	File Name
GoBack (ZIP)	Health	<HIOS ID>_DISPUTE_RECON_HEALTH_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>_<CurrentDateMMDDHHMM>.csv.zip
GoBack (ZIP)	Dental	<HIOS ID>_DISPUTE_RECON_DENTAL_GOBACK_<Audit Date YYYYMMDD>.<Benefit Year YYYY>_<CurrentDateMMDDHHMM>.csv.zip

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Following the GoBack Response, any D2 errors detected during this phase will be shared with the respective carriers through the D2 Validation Error Report. Carriers have the opportunity to correct the returned records and resubmit them at the start of the next Dispute Cycle if the discrepancy persists. Therefore, carriers need to review disputes for accuracy and consistency before submission.

Covered California may also return Dispute records to the carrier if the dispute is determined invalid. Invalid disputes are those that conflict with the Covered California member's eligibility. Covered California flags these disputes in the D2 Validation Error Report under the "ERROR_FLAG" column accordingly.

File Type	Plan Type	File Name
D2 Error Report (ZIP)	Health	<HIOS_ID>_D2_VALIDATION_ERROR_REPORT_HEALTH_<Audit_Date_YYYYMMDD>.<Benefit_Year_YYYY>_<CurrentDateMMDDHHMM>.csv.zip
D2 Error Report (ZIP)	Dental	<HIOS_ID>_D2_VALIDATION_ERROR_REPORT_DENTAL_<Audit_Date_YYYYMMDD>.<Benefit_Year_YYYY>_<CurrentDateMMDDHHMM>.csv.zip

The table below describes the technical formatting requirements for the D2 Validation Error Report.

Note: Carriers who submit a dispute file receive the D2 Validation Error Report during week 3 of each Dispute Cycle

Table 15 – Layout for the D2 Validation Error Report

DIU INTERNAL TRACKING	1	ERROR_FLAG
	2	ID
	3	FILE_ID
	4	ISSUER_HIOS_ID
PRIMARY	5	AUDIT_DATE
	6	CASE_ID
	7	SUBSCRIBER_ID
	8	MEMBER_ID
	9	ENROLLMENT_ID
	10	CREATION_TIMESTAMP
	11	LAST_UPDATED_TIMESTAMP
	12	PREMIUM_PAID_THROUGH_DATE
	13	PLAN_TYPE
	14	RENEWAL_FLAG
	15	RATING_AREA
ENROLLMENT	16	BENEFIT_START_DATE
	17	BENEFIT_END_DATE
	18	MEMBER_STATUS
	19	PLAN_ID
FINANCIAL	20	GROSS_PREMIUM_AMOUNT
	21	GROSS_PREMIUM_JAN
	22	GROSS_PREMIUM_FEB
	23	GROSS_PREMIUM_MAR
	24	GROSS_PREMIUM_APR
	25	GROSS_PREMIUM_MAY
	26	GROSS_PREMIUM_JUN

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27	GROSS_PREMIUM_JUL
28	GROSS_PREMIUM_AUG
29	GROSS_PREMIUM_SEP
30	GROSS_PREMIUM_OCT
31	GROSS_PREMIUM_NOV
32	GROSS_PREMIUM_DEC
33	APTC_AMOUNT
34	APTC_PREMIUM_JAN
35	APTC_PREMIUM_FEB
36	APTC_PREMIUM_MAR
37	APTC_PREMIUM_APR
38	APTC_PREMIUM_MAY
39	APTC_PREMIUM_JUN
40	APTC_PREMIUM_JUL
41	APTC_PREMIUM_AUG
42	APTC_PREMIUM_SEP
43	APTC_PREMIUM_OCT
44	APTC_PREMIUM_NOV
45	APTC_PREMIUM_DEC
46	STATE_SUBSIDY_AMOUNT
47	STATE_SUBSIDY_PREMIUM_JAN
48	STATE_SUBSIDY_PREMIUM_FEB
49	STATE_SUBSIDY_PREMIUM_MAR
50	STATE_SUBSIDY_PREMIUM_APR
51	STATE_SUBSIDY_PREMIUM_MAY
52	STATE_SUBSIDY_PREMIUM_JUN
53	STATE_SUBSIDY_PREMIUM_JUL
54	STATE_SUBSIDY_PREMIUM_AUG
55	STATE_SUBSIDY_PREMIUM_SEP
56	STATE_SUBSIDY_PREMIUM_OCT
57	STATE_SUBSIDY_PREMIUM_NOV
58	STATE_SUBSIDY_PREMIUM_DEC
59	CA_PREMIUM_CREDIT_AMOUNT
60	CA_PREMIUM_CREDIT_JAN
61	CA_PREMIUM_CREDIT_FEB
62	CA_PREMIUM_CREDIT_MAR
63	CA_PREMIUM_CREDIT_APR
64	CA_PREMIUM_CREDIT_MAY
65	CA_PREMIUM_CREDIT_JUN
66	CA_PREMIUM_CREDIT_JUL
67	CA_PREMIUM_CREDIT_AUG
68	CA_PREMIUM_CREDIT_SEP
69	CA_PREMIUM_CREDIT_OCT
70	CA_PREMIUM_CREDIT_NOV
71	CA_PREMIUM_CREDIT_DEC
72	NET_PREMIUM_AMOUNT
73	NET_PREMIUM_JAN
74	NET_PREMIUM_FEB
75	NET_PREMIUM_MAR
76	NET_PREMIUM_APR
77	NET_PREMIUM_MAY
78	NET_PREMIUM_JUN
79	NET_PREMIUM_JUL

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	80	NET_PREMIUM_AUG
	81	NET_PREMIUM_SEP
	82	NET_PREMIUM_OCT
	83	NET_PREMIUM_NOV
	84	NET_PREMIUM_DEC
	85	CSR_AMOUNT
APPLICATION	86	FIRST_NAME
	87	MIDDLE_NAME
	88	LAST_NAME
	89	SSN
	90	BIRTH_DATE
	91	ISSUER_SUBSCRIBER_ID
	92	ISSUER_MEMBER_ID
	93	CSR_CREDIT_NET_AMT
	94	CSR_CREDIT_NET_JAN
	95	CSR_CREDIT_NET_FEB
	96	CSR_CREDIT_NET_MAR
	97	CSR_CREDIT_NET_APR
	98	CSR_CREDIT_NET_MAY
	99	CSR_CREDIT_NET_JUN
	100	CSR_CREDIT_NET_JUL
	101	CSR_CREDIT_NET_AUG
	102	CSR_CREDIT_NET_SEP
	103	CSR_CREDIT_NET_OCT
	104	CSR_CREDIT_NET_NOV
	105	CSR_CREDIT_NET_DEC
DISPUTE INFORMATION	106	ISSUER_DISPUTE_FLAG
	107	COMMENTS

20. Disputable Records

Disputable records are those that pass all D1 and D2 validations and do not conflict with member eligibility requirements. The Data Integrity Unit categorizes these records and routes them internally within Covered California to identify the root cause. During the research phase of the Dispute Cycle, the Data Integrity Unit tracks the current working status of each dispute record.

21. Dispute Disposition Report

At the end of each Dispute Cycle, carriers receive a Dispute Disposition Report. The report includes the most recent status disposition for each valid dispute submitted during the cycle and identifies where the dispute resides within Covered California's research and resolution path. Covered California will not reevaluate disputes with a Closed or Invalid status type in subsequent Dispute Cycles and will return those records to the carrier without further evaluation.

Each dispute returned in the Dispute Disposition file includes a single status in the STATUS column. This status gives carriers visibility into where a dispute record falls within Covered California's research and resolution workflow. When a dispute is returned with an In Progress status, it means the record remains under research, and Covered California will provide status updates in subsequent carrier reporting.

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Note: If a dispute is still in an “In Progress” status at the close of a Dispute Cycle, the respective carrier will see the same dispute appear in reporting for the next Dispute Cycle - even if they have not submitted the dispute again in the following cycle.

Below is a table that describes each Status designation that carriers should expect to see in the STATUS column:

Table 16 - Dispute Disposition categories

The table below provides a detailed description of each field in the Dispute Disposition Report.

Status	Definition
IN PROGRESS	The Data Integrity unit has assigned the dispute record to a Covered California research channel
CLOSED CH = ISSUER	Covered California has researched the dispute record, identified root cause and applied final updates. In this status, the CalHEERS and carrier enrollment elements match.
CLOSED CH <> ISSUER	Covered California has researched the dispute record, identified root cause, and applied final updates. In this status, the CalHEERS and carrier enrollment elements do not match.
CLOSED CH <> ISSUER_CCA POLICY	Covered California has researched the dispute record, identified root cause and applied final updates. In this status, the CalHEERS and carrier enrollment elements do not match because of a conflict with Covered California Policy requirements.

Table 17 - Dispute Disposition File Layout

PRIMARY	1	AUDIT_DATE
	2	HIOS_ID
	3	CASE_ID
	4	SUBSCRIBER_ID
	5	MEMBER_ID
	6	ENROLLMENT_ID
	7	CREATION_TIMESTAMP
	8	LAST_UPDATED_TIMESTAMP
	9	PREMIUM_PAID_THROUGH_DATE
	10	PLAN_TYPE
	11	RENEWAL_FLAG
	12	RATING_AREA
ENROLLMENT	13	BENEFIT_START_DATE
	14	BENEFIT_END_DATE
	15	MEMBER_STATUS
	16	PLAN_ID
FINANCIAL	17	GROSS_PREMIUM_AMOUNT

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	18	GROSS_PREMIUM_JAN
	19	GROSS_PREMIUM_FEB
	20	GROSS_PREMIUM_MAR
	21	GROSS_PREMIUM_APR
	22	GROSS_PREMIUM_MAY
	23	GROSS_PREMIUM_JUN
	24	GROSS_PREMIUM_JUL
	25	GROSS_PREMIUM_AUG
	26	GROSS_PREMIUM_SEP
	27	GROSS_PREMIUM_OCT
	28	GROSS_PREMIUM_NOV
	29	GROSS_PREMIUM_DEC
	30	APTC_AMOUNT
	31	APTC_PREMIUM_JAN
	32	APTC_PREMIUM_FEB
	33	APTC_PREMIUM_MAR
	34	APTC_PREMIUM_APR
	35	APTC_PREMIUM_MAY
	36	APTC_PREMIUM_JUN
	37	APTC_PREMIUM_JUL
	38	APTC_PREMIUM_AUG
	39	APTC_PREMIUM_SEP
	40	APTC_PREMIUM_OCT
	41	APTC_PREMIUM_NOV
	42	APTC_PREMIUM_DEC
	43	STATE_SUBSIDY_AMOUNT
	44	STATE_SUBSIDY_PREMIUM_JAN
	45	STATE_SUBSIDY_PREMIUM_FEB
	46	STATE_SUBSIDY_PREMIUM_MAR
	47	STATE_SUBSIDY_PREMIUM_APR
	48	STATE_SUBSIDY_PREMIUM_MAY
	49	STATE_SUBSIDY_PREMIUM_JUN
	50	STATE_SUBSIDY_PREMIUM_JUL
	51	STATE_SUBSIDY_PREMIUM_AUG
	52	STATE_SUBSIDY_PREMIUM_SEP
	53	STATE_SUBSIDY_PREMIUM_OCT
	54	STATE_SUBSIDY_PREMIUM_NOV
	55	STATE_SUBSIDY_PREMIUM_DEC
	56	CA_PREMIUM_CREDIT_AMOUNT
	57	CA_PREMIUM_CREDIT_JAN
	58	CA_PREMIUM_CREDIT_FEB
	59	CA_PREMIUM_CREDIT_MAR
	60	CA_PREMIUM_CREDIT_APR
	61	CA_PREMIUM_CREDIT_MAY
	62	CA_PREMIUM_CREDIT_JUN

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	63	CA_PREMIUM_CREDIT_JUL
	64	CA_PREMIUM_CREDIT_AUG
	65	CA_PREMIUM_CREDIT_SEP
	66	CA_PREMIUM_CREDIT_OCT
	67	CA_PREMIUM_CREDIT_NOV
	68	CA_PREMIUM_CREDIT_DEC
	69	NET_PREMIUM_AMOUNT
	70	NET_PREMIUM_JAN
	71	NET_PREMIUM_FEB
	72	NET_PREMIUM_MAR
	73	NET_PREMIUM_APR
	74	NET_PREMIUM_MAY
	75	NET_PREMIUM_JUN
	76	NET_PREMIUM_JUL
	77	NET_PREMIUM_AUG
	78	NET_PREMIUM_SEP
	79	NET_PREMIUM_OCT
	80	NET_PREMIUM_NOV
	81	NET_PREMIUM_DEC
APPLICATION	82	FIRST_NAME
	83	MIDDLE_NAME
	84	LAST_NAME
	85	BIRTH_DATE
	86	ISSUER_MEMBER_ID
	87	ISSUER_SUBSCRIBER_ID
	88	CSR_CREDIT_NET_AMT
	89	CSR_CREDIT_NET_JAN
	90	CSR_CREDIT_NET_FEB
	91	CSR_CREDIT_NET_MAR
	92	CSR_CREDIT_NET_APR
	93	CSR_CREDIT_NET_MAY
	94	CSR_CREDIT_NET_JUN
	95	CSR_CREDIT_NET_JUL
	96	CSR_CREDIT_NET_AUG
	97	CSR_CREDIT_NET_SEP
	98	CSR_CREDIT_NET_OCT
	99	CSR_CREDIT_NET_NOV
	100	CSR_CREDIT_NET_DEC
DISPUTE INFORMATION	101	ISSUER_DISPUTE_FLAG
	102	DISPUTE_DISPOSITION_FLAG
	103	COMMENTS

File Naming Convention:

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File Type	Plan Type	File Name
Disposition Report	Health	<HIOS ID>_DISPUTE_DISPOSITION_RESPONSE_CYCLE2_HEALTH_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip
Disposition Report	Dental	<HIOS ID>_DISPUTE_DISPOSITION_RESPONSE_CYCLE2_DENTAL_<Audit Date YYYYMMDD>.<Benefit Year>_<CurrentDateMMDDHHMM>.csv.zip

Appendix C: Acronyms and Key Terms

- APTC: Advanced Premium Tax Credit.
- Anchor Date: The Weekly Audit File date used as the reference point for a Reconciliation or Dispute Cycle.
- CalHEERS: California Healthcare Eligibility, Enrollment, and Retention System.
- Carrier Action File: A file returned to carriers showing records requiring carrier action after reconciliation processing.
- CMS: Centers for Medicare & Medicaid Services.
- Data Integrity Unit (DIU): The Covered California team responsible for managing reconciliation and dispute operations described in this guide.
- D1: Initial dispute submission validation performed before D2 review, where applicable.
- D2: Record-level dispute validation applied to carrier dispute submissions.
- FTB: Franchise Tax Board.
- GoBack File: A returned file identifying basic enrollment error records that require carrier correction and resubmission.
- HIOS ID: Health Insurance Oversight System identifier assigned to a carrier.
- IRS: Internal Revenue Service.
- L1: File-level validation performed on inbound reconciliation files.
- L2: Case-level validation performed on reconciliation records after L1 passes.
- QDP: Qualified Dental Plan.
- QHP: Qualified Health Plan.
- REM_ID: A unique identifier created by concatenating Enrollment_ID and Member_ID.
- SBMI: State-Based Marketplace Inbound.
- STATUS: The disposition value returned in dispute reporting to show a dispute record's current state.
- Weekly Audit File: The recurring outbound file that provides a full snapshot of the carrier's enrollment population for reconciliation reference.