

CCSB EDI Companion Guide Design

Version 3.1

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TABLE OF CONTENTS

1. PREFACE.....	3
2. INTRODUCTION	3
2.1. BACKGROUND	3
2.2. BUSINESS PURPOSE.....	4
3. FILE NAMING CONVENTIONS.....	4
4. FILE TRANSFER PROCESS	5
5. ACKNOWLEDGMENTS AND BUSINESS EDITS	5
5.1. TA1 INTERCHANGE ACKNOWLEDGMENT	5
5.2. 999 FUNCTIONAL ACKNOWLEDGMENTS	5
6. SUBSCRIBERS/DEPENDENTS.....	6
7. UPPERCASE LETTERS, SPECIAL CHARACTERS, AND DELIMITERS.....	6
8. CONTROL SEGMENTS/ENVELOPES.....	6
9. CCSB BUSINESS RULES AND LIMITATIONS	8
9.1. GENERAL BUSINESS RULES EXCEPTIONS	8
9.2. CCSB MARKET RATE CALCULATIONS EXCEPTIONS	8
10. DETAILED BUSINESS SCENARIOS FOR 834.....	8
10.1. INITIAL ENROLLMENT SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER ..	8
10.2. ENROLLMENT CONFIRMATION/EFFECTUATION SUPPLEMENTAL INSTRUCTIONS - QHP ISSUER TO CCSB	14
10.3. CCSB MARKET CANCELLATION SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER (SUBSCRIBER LEVEL - ENTIRE ENROLLMENT GROUP)	16
10.4. CCSB TERMINATION TRANSACTION - CCSB TO QHP ISSUER (SUBSCRIBER AND/OR MEMBER LEVEL)	18
11. THIS SECTION DESCRIBES OTHER TRANSACTIONS TYPE OCCURING AFTER THE INITIAL ENROLLMENT SENT BY CCSB TO QHP	20
11.1. CCSB CHANGE TRANSACTIONS	20
11.2. CCSB RE-INSTATEMENT TRANSACTION WITHOUT LAPSE IN COVERAGE	20
11.3. CCSB RE-ENROLL TRANSACTION WITH LAPSE IN COVERAGE.....	21
12. CCSB MEMBERSHIP - ANNUAL RENEWALS.....	22

12.1. PASSIVE MEMBER RENEWAL – NO PLAN CHANGE	22
12.2. ACTIVE RENEWAL - PLAN CHANGE WITH NEW CARRIER	22
12.3. ACTIVE RENEWAL - PLAN CHANGE WITH SAME CURRENT CARRIER	23
13. WEEKLY / MONTHLY FULL MEMBERSHIP AUDIT & RECONCILIATION.....	23
14. LANGUAGE CODES	24
14.1. SPOKEN LANGUAGE CODES	24
14.2. WRITTEN LANGUAGE CODES	24
15. RACE/ETHNICITY CODES	24
16. VERSION HISTORY	26

1. PREFACE

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with CCSB, the Health Insurance Exchange for the state of California. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides and the CMS Standard Companion Guide Transaction, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data CCSB. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

2. INTRODUCTION

2.1. BACKGROUND

The state of California is creating a health insurance exchange called CCSB to comply with the Affordable Care Act (ACA). CCSB will help individuals and small employers CCSB for, select and enroll in high quality, affordable health plans that fit their needs.

In order for CCSB to run an exchange, it must submit enrollment information to CMS according to the standards they have developed. This standard will be the basis on which CCSB will exchange information with insurance carriers. Modifications to the CMS guide will be made where necessary.

This companion guide contains detailed information about how CCSB will use the **CMS Standard Companion Guide Transaction Version 1.7** and the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

2.2. BUSINESS PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA) requires CCSB and all health insurance carriers to comply with the Electronic Data Interchange (EDI) standards for health care as established by the Department of Health and Human Services (HHS.). Those compliance standards are codified in the ASC X12N 5010 version of the Technical Report Type 3 (TR3) for each transaction type. CCSB will trade the following health care transaction types:

- 834 Membership Enrollments
- 820 Payment Remittance
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the WPC website at <http://www.wpc-edi.com/>.

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

3. FILE NAMING CONVENTIONS

The naming conventions for files transferred between CCSB and the Insurance Issuers (Carriers) are as follows:

Trxn Type	Frequency Daily*, Weekly, Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
834	Daily	Enrollments	I/O	to_<Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi from_<Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi
Audit	Weekly/ Monthly	Enrollment Reconciliation (edi)	O	to_<Issuer_ID>_CA_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi
Audit	Weekly/ Monthly	Enrollment Reconciliation (csv)	O	<Issuer>_SHOP_Enrollment_Recon_ALL_MM_DD_YYYY_HHMMSS.csv
TA1	Daily	Enrollment File Acknowledgment	I/O	from_<Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi
TA1	Weekly/ Monthly	Enrollment Reconciliation File Acknowledgment	I	from_<Issuer_ID>_CA_TA1_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi
999	Daily	Enrollment Acknowledgment	I/O	from_<Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi

999	Weekly/ Monthly	Enrollment Reconciliation Acknowledgment	I	from_<Issuer_ID>_CA_999_834_RECONSHOP_<YYYYMMDDHHMMSS>.edi
820	Monthly	Payment Remittance	O	to_<Issuer_ID>_CA_820_SHOP_<YYYYMMDDHHMMSS>.edi to_<Issuer_ID>_CA_820_SHOP_<YYYYMMDDHHMMSS>.csv
TA1	Monthly	Payment Remittance File Ack	I	from_<Issuer_ID>_CA_TA1_820_SHOP_<YYYYMMDDHHMMSS>.edi
999	Monthly	Payment Remittance File Ack	I	from_<Issuer_ID>_CA_999_820_SHOP_<YYYYMMDDHHMMSS>.edi

4. FILE TRANSFER PROCESS

Information on where to drop files, landing zone, etc. will be provided in a future version of this document are provided in a separate document.

5. ACKNOWLEDGMENTS AND BUSINESS EDITS

EDI interchanges submitted to CCSB are processed through compliance edits that generate acknowledgments (Ack) files indicating the portions of data that were accepted vs. rejected. Those acknowledgment (Ack) files are returned to the submitter.

5.1. TA1 INTERCHANGE ACKNOWLEDGMENT

- CCSB expects to receive a TA1 interchange acknowledgment from Carrier within 24-hours, for every outbound 834 and 820 file sent.
- CCSB will send a TA1 acknowledgement within 24-hours, for every inbound 834 received when requested in the interchange control header.
- CCSB will require the request for a TA1 in the control header to be in all outbound and inbound 834 data. The request for a TA1 is part of the validation process, so any 834 data without this request will fail validation.
- CCSB will not support TA1 error codes 028-031.
- CCSB will only support Interchange Acknowledgement Codes "A" and "R".
- Note: No outbound TA1 is sent out for 820 file since CCSB do not receive any 820 from Issuers.

5.2. 999 FUNCTIONAL ACKNOWLEDGMENTS

- CCSB expects to receive a 999 functional acknowledgment from Carrier within 24-hours, for every functional group sent in every 834 and 820 file. However, if the entire CCSB 834 file is rejected, on the QHP side, then CCSB does not expect a 999 file to be sent back, only a TA1 must be sent with a rejected "R" code.
- CCSB will send 999 functional acknowledgements to Carrier within 24-hours, for every functional group in every inbound 834 file received.

- If a TA1 is rejected, a 999 will not be sent.
- Note: No outbound 999 is sent out for 820 file since CCSB do not receive any 820 from Issuers.

6. SUBSCRIBERS/DEPENDENTS

Subscribers and dependents are sent as separate occurrences of Loop 2000 within the same file. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents.

7. UPPERCASE LETTERS, SPECIAL CHARACTERS, AND DELIMITERS

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters with the exception of those used for delimiters.

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

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

8. CONTROL SEGMENTS/ENVELOPES

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA implementation guides. The following sections address specific information needed by CCSB in order to process the ASC X12N/005010X220A1-834 Benefit Enrollment and Maintenance Transaction. This information

should be used in conjunction with the ASC X12N/005010X220 –Benefit Enrollment and Maintenance TR3.

Table 1 – ISA/GS Segment Instructions

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	330812456
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>"
Interchange Acknowledgment Requested	ISA14	"1" for 834/820 "0" for TA1/999
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	330812456
Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>"
Group Control Number	GS06	The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 834 transaction.
Version/Release/Industry Identifier Code	GS08	"005010X220A1"

9. CCSB BUSINESS RULES AND LIMITATIONS

Refer to the CMS Companion Guide Version 1.7 for information on business rules and limitations. CCSB will be following these rules with the following exception to the General Business Rules:

9.1. GENERAL BUSINESS RULES EXCEPTIONS

CCSB will send separate transactions if multiple products (Medical & Dental) are selected from the same issuer. CCSB will **not** send these as multiple Member Detail Loops at the 2000 Member Level like the FFE. Refer to section 9.2 of CMS 834 Companion Guide Version 1.7 for additional details. CCSB identifies unique enrollment group as a combination of household case id and subscriber id.

CCSB Market: Only CCSB can Add/Term/Cancel/Change CCSB enrollments.

9.2. CCSB MARKET RATE CALCULATIONS EXCEPTIONS

- From 01/01/2014 to 12/31/2017 CCSB did **not** have Family Rated Definitions/Calculations for CCSB markets as it is Per Member Per Month (PMPM).
- From 01/01/2018 CCSB will be using Percent of Payment Per Member (PPPM) instead of PMPM, unless a retroactivity record prior to 01/01/2018 is referenced.
- Other Payment Amounts (OTH PAY AMT 1) will not be used.

10. DETAILED BUSINESS SCENARIOS FOR 834

10.1. INITIAL ENROLLMENT SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER

An Initial Enrollment transmission is created by CCSB and sent to the QHP Issuer after an application has been determined eligible and a QHP has been selected.

Not all reporting categories from Table 10 of CMS 834 Companion Guide Version 1.7 are being used.

Note: Each Element code value represents a separate line for same Element.

Table 2 - 834 Supplemental Instructions for Initial Enrollment

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN08	Action Code	2	
Header	DTP	File Effective Date		Will transmit to indicate the date the information was gathered if that date is not the same as ISA09/GS04 date

Table or Loop	Element	Industry/Element Name	Code	Instruction
	DTP01	Date Time Qualifier	303	Maintenance Effective
Header	QTY	Transaction Set Control Totals		Will transmit all 3 iterations of this segment.
	QTY01	Quantity Qualifier	TO	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N"
			ET	Employee Total (Subscribers). Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y"
1000A	N1	Sponsor Name		
			24	CCSB Market. (CCSB Market identifies the employer group.)
			94	When the Sponsor Tax ID does not exist, CCSB Assigned Subscriber ID is sent
1000B	N1	Payer		Identifies the issuer of the QHP
	N103	Identification Code Qualifier	94	CCSB will not transmit this value.
			XV	Will transmit the CMS HPID.
1000C	N1	TPA/Broker Name		Will transmit if a broker was involved in the enrollment
1000C	ACT	TPA/Broker Account Information		Will transmit if a broker was involved in the enrollment
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	EC	
	INS08	Employment Status Code	AC	
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	

Table or Loop	Element	Industry/Element Name	Code	Instruction
	REF02	Subscriber Identifier		CCSB Assigned ID of the subscriber (member id of subscriber). If enrollment is for dependents only, the oldest member will be the subscriber.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Will transmit when CCSB Assigned Member ID will be conveyed in REF02.
			6O	CCSB will not transmit this value.
2100A	NM1	Member Name		
	NM109	Member Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the member's SSN when known.
2100A	PER	Member Communications Numbers		Will transmit three communication contacts - -- home phone, work phone, cell phone, or email address --- when the information is available. Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the 3rd communication contact will not be sent.
2100A	N3	Member Street Address		Address provided by Subscriber
2100A	N4	Member City, State, ZIP Code		Address provided by Subscriber
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available. See http://www.itl.nist.gov/fipspubs/codes/ca.txt
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date		
	DMG03	Gender Code		
	DMG04	Marital Status Code		
	DMG05-03	Race or Ethnicity Code		Will transmit when available. Refer to section 14 for the codes that are supported.

Table or Loop	Element	Industry/Element Name	Code	Instruction
	DMG06	Citizenship Status Code		Will transmit when available
2100A	EC	Employment Class		This segment will never be transmitted for CCSB.
2100A	ICM	Member Income		This segment will never be transmitted for CCSB.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted for CCSB.
2100A	HLH	Member Health Information		This segment will never be transmitted for CCSB.
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Spoken and Written language information will be transmitted when known.
2100A	LUI01	Identification Code Qualifier	LE	Refer to section 13 for the spoken and written language codes supported.
	LUI04	Language Use Indicator	6 7	Written Language Spoken Language
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments.
2100D		Member Employer Loop		This loop will never be transmitted for CCSB.
2100E		Member School Loop		This loop will never be transmitted for CCSB.
2100F		Custodial Parent Loop		Since minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers when known.
2100G		Responsible Person Loop		The Custodial Parent loop and the Responsible Person loop may both be transmitted for an enrollment.
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code		Will transmit "QD" or "S1" as appropriate.
	NM109	Responsible Party Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the SSN when known.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2100G	PER	Responsible Person Communication Numbers		<p>Will transmit three communication contacts - -- home phone, work phone, cell phone, or email address --- when the information is available.</p> <p>Communication contacts will be sent in the following order: 1st --- Primary Phone ("TE") 2nd --- Secondary Phone ("AP") 3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages). If no preferred communication method is chosen, the 3rd communication contact will not be sent.</p>
2100H		Drop-Off Location Loop		This loop will never be transmitted for CCSB.
2200		Disability Information Loop		This loop will never be transmitted for CCSB.
2300	HD	Health Coverage		
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348	<p>Member Effective Date.</p> <p>Will not transmit "349" since an Enrollment Period End Date is never sent on an Initial Enrollment.</p> <p>Will not transmit "695" since 2300 REF (Prior Coverage Months) will never be sent on an Initial enrollment.</p>
2300	REF	Health Coverage Policy Number		

Table or Loop	Element	Industry/Element Name	Code	Instruction
	REF01	Reference Identification Qualifier	CE E8 1L	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID) Will transmit QHP Employer Case ID, when provided by QHP or CCSB provided Case ID, as in 1L, will be conveyed in the associated REF02 element. CCSB Market: Will transmit when CCSB Assigned Policy ID (Employer Case ID) will be conveyed in the associated REF02 element. (P0000nnnnn)
2300	REF	Prior Coverage Months		This segment will never be transmitted for CCSB.
2300	IDC	Identification Card		This segment will never be transmitted for CCSB.
2310		Prior Information Loop		This loop will never be transmitted for CCSB.
2320		Coordination of Benefits Loop		This loop will never be transmitted for CCSB.
2330		Coordination of Benefits Related Entity Loop		This loop will never be transmitted for CCSB.
2700		Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop.
2750	REF02	SOURCE EXCHANGE ID		See section 9.0 - CCSB will send 330812456 or "PCMI" for the SOURCE EXCHANGE ID.

10.2. ENROLLMENT CONFIRMATION/EFFECTUATION SUPPLEMENTAL INSTRUCTIONS - QHP ISSUER TO CCSB

Table 3 - 834 Supplemental Instructions for Confirmation/Effectuation

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Transmit the value from BGN02 in the initial enrollment transaction.
Header	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation, transmit accurate totals instead of the values received in the Initial Enrollment transaction.
	QTY01	Quantity Qualifier	TO	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.
			DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.
			ET	Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y". CCSB requires all three be sent.
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	28	Will transmit "28" when the QHP Issuer has effectuated member coverage.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02.
			ZZ	Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02.
2100B		Incorrect Member Name Loop		Do not transmit this loop as member information may not be corrected in an effectuation/confirmation transmission.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	DTP	Health Coverage Dates		2 iterations are required.
	DTP01	Date Time Qualifier	348	The Actual Enrollment Begin Date. It must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
			543	The Last Premium Paid Date. It must be transmitted. For CCSB, send last day of month of effectuation (e.g., Send 1/31/2014 when effectuation date is 1/1/2014).
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all confirmations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guideline for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CONFIRM"

10.3. CCSB MARKET CANCELLATION SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER (SUBSCRIBER LEVEL - ENTIRE ENROLLMENT GROUP)

Following the CMS standard companion guide, a cancellation transaction can be initiated by either CCSB only. A cancellation transaction is initiated when the enrollment is to be ended without coverage ever being effectuated. A cancellation can occur any time prior to the effective date of initial coverage.

CCSB will send a cancellation transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or another employer and moving out of a coverage area before coverage is started.

Table 4 - 834 Supplemental Instructions for CCSB Market Cancellation

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	07	We will use this as the Maintenance Reason Code.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier	0F	CCSB Subscriber assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	CCSB Member assigned ID. Can also be Subscriber.
			23	When the QHP Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356 357	Original Effective Date (optional) Eligibility End Date (optional)
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2300	HD	Health Coverage		

Table or Loop	Element	Industry/Element Name	Code	Instruction
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348 349	Enrollment Period Begin Date. Enrollment Period End Date must match the benefit begin date sent on the Initial Enrollment.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS guide for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CANCEL"

10.4. CCSB TERMINATION TRANSACTION - CCSB TO QHP ISSUER (SUBSCRIBER AND/OR MEMBER LEVEL)

Following the CMS standard companion guide, a termination transaction shall be initiated by CCSB. A termination transaction is initiated when the enrollment is to be ended after coverage has been effectuated. This transaction is sent at the subscriber and/or member level and terminates any member(s) of the enrollment.

CCSB will send a termination transaction to the QHP Issuer for a variety of reasons including the Member terminating from the employer group.

Table 5 - 834 Supplemental Instructions for CCSB Market Termination

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	07	We will use this as the Maintenance Reason Code.
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
	REF01	Member Identifiers	17	CCSB Assigned Member ID is conveyed in REF02.
			23	For the QHP Issuer Assigned Member ID is conveyed in REF02.
			ZZ	For the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356 357	Original Effective Date (optional) Eligibility End Date (optional)
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	

Table or Loop	Element	Industry/Element Name	Code	Instruction
	HD04	Plan HIOS ID		
2300	DTP	Health Coverage Dates		Both dates are required.
	DTP01	Coverage Period	348 349	Either original or Last Plan Effective Date Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	CCSB Market: Will transmit when the Employer Group Number will be conveyed in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	CCSB Market: Will transmit when CCSB Assigned Policy ID (Employer Case ID) will be conveyed in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.
2300	REF	Health Coverage Policy Number		
2700		Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS guide for explicit instructions related to loop 2700
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 for explicit instructions related to the 2750 loop.
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"TERM"

11. THIS SECTION DESCRIBES OTHER TRANSACTIONS TYPE OCCURING AFTER THE INITIAL ENROLLMENT SENT BY CCSB TO QHP

Unlike the CMS companion guide, CCSB will send the normal set of transactions type (change, or reinstate) to reflect members circumstance since initial enrollment and/or last termination.

11.1. CCSB CHANGE TRANSACTIONS

CCSB will issue a standard Change transaction to update information that has changed pertaining to Subscriber/Dependent/Agent/GA, as applicable.

Examples of this would be: Name, Address and contact information changes.

CCSB will send a Change transaction/record to QHP Issuer whenever any change occurs to Subscriber's/Dependent's record from the original enrollment as shown in Table 6 below.

Table 6 - 834 Supplemental Instructions for CCSB – Change Transaction

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	001	
	INS04	Maintenance Reason Code	AI	
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	

11.2. CCSB RE-INSTATEMENT TRANSACTION WITHOUT LAPSE IN COVERAGE

Following the CMS standard companion guide, a re-instatement transaction is generated when an enrollee who has been previously terminated, needs to be re-enrolled without a lapse in coverage.

Table 7 - 834 Supplemental Instructions for CCSB Market – Re-instatement

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	025	
	INS04	Maintenance Reason Code	41	
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	Either original or Last Plan Effective Date
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	025	

11.3. CCSB RE-ENROLL TRANSACTION WITH LAPSE IN COVERAGE

For Member(s) of a Group that has previously terminated from CCSB, and later wishes to re-apply, must have at least one full month of lapse in coverage, must be re-enrolled/re-apply with a new Effective Date.

Table 8 - 834 Supplemental Instructions for CCSB Market – Re-enroll/re-apply

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	EC	
2000	REF	Member Supplemental Identifier		Transmit The IDs shown below when they were present on the Initial Enrollment
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	New Effective Date
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	

12. CCSB MEMBERSHIP - ANNUAL RENEWALS

The following sections describe the types of transactions that will be sent to the QHP Issuers (Carriers) at annual renewal period.

12.1. PASSIVE MEMBER RENEWAL – NO PLAN CHANGE

During the Renewal period, if Member(s) elect to keep the same Carrier Plan as the previous plan year, unless otherwise requested by Carrier, CCSB will NOT send any 834 Member(s) record to the Carrier.

Note: At a Group level, CCSB will send to Carrier a Group “Renewal” action XML file with all appropriate Plans, but with:

- New Renewal Effective Date
- New Plan Start Date.
- All Plans offered by the Group for the new year.

12.2. ACTIVE RENEWAL - PLAN CHANGE WITH NEW CARRIER

During the renewal and/or open enrollment period, if a Member selects a different Carrier Plan than their current Carrier Plan, the following transactions are sent by CCSB:

1. A termination transaction **is** sent to the current Carrier with existing Plan.
Loop 2000: INS03 = '024';
Loop 2300: DTP348 – Last Effective Date; DTP349 – Plan Term Date
2. An initial Add enrollment transaction is sent to the new Carrier with new Plan.
INS03 = '021';
Loop 2300: DTP348 – New Plan Year Effective Date
3. Carriers are required to send a TA1 and 999 to confirm receipt of file and member(s) transaction were processed successfully.
4. Carrier receiving the new enrollments, are also required to send CCSB a return 834 “Effectuation” transaction to confirm the new Member(s) are processed with Carrier assigned Member Id.

12.3. ACTIVE RENEWAL - PLAN CHANGE WITH SAME CURRENT CARRIER

At renewal period, Member(s) can change to a new Plan offered by the Group, with same Carrier. This is reported by CCSB via the 834 transaction in the same file and within same transaction segment.

- A termination transaction **is** sent to the current Carrier with existing Plan:-
Loop 2000: INS03 = '024';
Loop 2300: DTP348 – Last Effective Date; DTP349 – Plan Term Date
- An add transaction is sent to the same Carrier with new Plan:-
Loop 2000 INS03 = '021';
Loop 2300: DTP348 – New Plan Year Effective Date
- Carriers are required to send a TA1 and 999 to confirm file and member transaction were processed successfully.

Note: Unless, Carrier is going to change the Member's Carrier assigned Id, Carrier are not required to send CCSB an 834 effectuation transaction to confirm the new Plan change for the same existing Member.

13. WEEKLY / MONTHLY FULL MEMBERSHIP AUDIT & RECONCILIATION

- CCSB will send to QHP issuer, a full Membership file in a CMS standard 834/Edi format , but can send CSV format to Carrier. However, Carrier is required to convert to 834/Edi format as soon as possible.
- The Audit file shall consists of Maintenance Type Code (INS03) of "030". For CSV format, a Record_Type field references the phrase "Audit".
- CCSB requires QHP issuers to use this Audit file to reconcile membership accordingly and report any discrepancies found to CCSB.
- CCSB shall send this Audit file to QHP Issuer may send on a weekly basis, but may change to a monthly basis at later predefined date.

Since CCSB is the system of records, QHP Issuers must reconcile this information with their systems and report any discrepancies to CCSB in a separate Discrepancy reporting format provided to the QHP. CCSB will use the reported discrepancy(ies) and respond accordingly.

14. LANGUAGE CODES

14.1. SPOKEN LANGUAGE CODES

CCSB will send the following codes for spoken language:

- eng – English
- ara – Arabic
- hye – Armenian
- fas – Farsi
- khmr – Cambodian
- cesm – Cantonese
- cmn – Mandarin
- hmn – Hmong
- kor – Korean
- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

14.2. WRITTEN LANGUAGE CODES

CCSB will send the following codes for spoken language:

- eng - English
- ara – Arabic
- hye - Armenian
- fas – Farsi
- khmr – Cambodian
- zho – Traditional Chinese character
- hmn – Hmong
- kor – Korean
- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

15. RACE/ETHNICITY CODES

CCSB will send the following codes race/ethnicity:

- 2182-4 Cuban
- 2148-5 Mexican, Mexican American or Chicano/a
- 2180-8 Puerto Rican
- 1002-5 American Indian or Alaskan Native
- 2029-7 Asian Indian
- 2054-5 Black or African American
- 2034-7 Chinese
- 2036-2 Filipino

- 2086-7 Guamanian or Chamorro
- 2039-6 Japanese
- 2040-4 Korean
- 2079-2 Native Hawaiian
- 2028-9 Other Asian
- 2500-7 Other Pacific Islander
- 2080-0 Samoan
- 2047-9 Vietnamese
- 2106-3 White
- 2131-1 Other

16. VERSION HISTORY

Date	Version	Nature of Change	User
02/20/2013	1.1	Initial Version	
02/26/2013	1.2	Format Change	
03/01/2013	1.3	Format Change	
3/08/2013	1.4	Added sections on File Naming Conventions, File Transfer. Added delimiters that will be used. Added demographic information details	
4/17/2013	1.5	Added section 9 on Business Rules and Limitations Added section 10.5 Individual/CCSB Termination per CMS update Miscellaneous updates to match CMS guide.	
7/23/2013	1.6	Updated section 2 File Naming Conventions Added "CCSB will require the request for a TA1 in the control header to be in all outbound and inbound 820 and 834 data. The request for a TA1 is part of the validation process, so any 820 or 834 data without this request will fail validation." to section 4.1 TA1, Interchange Acknowledgements Added "If TA1 is rejected, a 999 will not be sent" to section 4.2, 999 Functional Acknowledgements Added GS08 to table in section 8 Control Segments/Envelopes Updates to section 10.1 Initial Enrollment <ul style="list-style-type: none"> Added 2000 REF01 and updated description for 2000 REF02 Subscriber Identifier to refer to household case id and employee case id in section 10.1. Added link to county codes to 2100A N406 Added 2100A DMG05-02 Race or Ethnicity Code Removed 2100A DMG11 Composite Race or Ethnicity Information Added new section 10.4 Individual and CCSB Market Cancellation Supplemental Instructions (Member Level) for exchange based member level cancellations. Added use of "1L", Exchange Assigned Policy ID (Employer Case ID), to 2300 REF01 in all transactions for CCSB Market. Made Individual Market Termination Supplemental Instructions also applicable to CCSB, section 10.5 (previously 10.4). Added use of "X9", Issuer Assigned Policy Identifier, to 2300 REF01 to Individual and CCSB Market Termination Supplemental Instructions transaction.	

Date	Version	Nature of Change	User
9/04/2013	1.7	<p>Updated to state transactions are based on CMS Standard Companion Guide Transaction V1.7</p> <p>Section 4.1 - Added the following:</p> <ul style="list-style-type: none"> CCSB will not support TA1 error codes 028-031. CCSB will only support Interchange Acknowledgement Codes "A" and "R". <p>Section 8 Control Segments/Envelopes</p> <ul style="list-style-type: none"> Updated ISA06 and GS02 in to send CA0 Updated ISA14 to send "0" for TA1/999 Added GS06 <p>Section 10.1</p> <ul style="list-style-type: none"> Updated 2000 REF02 to indicate member id of the subscriber will be sent for subscriber id. Updated 2100A DMG06 to indicate sending of Citizenship Status Code Updated 2100A LUI01 to indicate using ISO 639-6 language codes Updated 2300 REF01 to send ZZ containing Household Case ID or Employee Case ID Added SOURCE EXCHANGE ID value of CA0 to 2750 REF02 <p>Section 10.2</p> <ul style="list-style-type: none"> Added the following for Last Premium Paid date: For CCSB, send last day of month of effectuation (e.g., Send 1/31/2014 when effectuation date is 1/1/2014) 	
9/13/2013	1.8	<p>Added Section 13 for spoken and written language codes.</p> <p>Added Section 14 for race/ethnicity codes.</p>	
5/30/2014	1.9	Section 10.1 - Added 94 as a code for 1000A N1	
8/18/2014	1.10	Added new section 12 for annual renewals.	
08/21/2014	1.11	Submission of Draft Artifact per CR 11118	Michael Yeack
09/03/2014	1.12	Updated per Reviewer Comments	Prema Narayanaswamy
09/08/2014	2.0	Submission of Final Artifact per CR 11118	Michael Yeack

Date	Version	Nature of Change	User
09/09/2014	2.1	Resubmission of Final Artifact per CR 11118	Prema Narayanaswamy
10/17/2014	2.2	<p>CCSB Revisions:</p> <ol style="list-style-type: none"> 1) Version History moved to bottom of this document and updated section links. 2) Section 9 (Table 1); Section 11.1 (Table 2) - Updates to Sender /Source Ids: from CA0 to Pinnacle Tax Id: 330812456. 3) Section 12.4. Reinstatement rules for Member(s). 4) Section 13. Changed Annual Renewals to include CCSB. 5) Changes have been made to: Section 13.1 Para. 3; - No 999/TA1 for renewals. Section 13.2 – separated actions for CCSB and Individual Market. Section 13.3 – separated actions for CCSB and Individual Market. 6) Section 14 – Added Weekly to the frequency for full reconciliation file being sent. 	Ford Hanson
8/15/2018	3.0	<p>Main purpose of this version was to completely remove all Sections, references and information pertaining to INDIV Market and make this guide solely as a CCSB Guide.</p> <p>Note: Have also made several clarification modifications to CCSB processing guidelines, which are all highlighted in blue. Once you are satisfied with the clarifications mods, we will remove the blue highlights and send you a finalized version.</p>	Ford Hanson
05/31/2019	3.1	<p>Minor revision to following sections/pages highlighted in yellow.</p> <p>Page 4: Added new file naming line.</p> <p>Page 13. Loop 2300 for REF01 element.</p> <p>Page 23. Minor wording changes and additions regarding the Audit Reconciliation files.</p>	Ford Hanson

