



Book of Business Description Chart Quick Guide for Certified Enrollers

Overview

The charts below list all columns that currently exist within the Book of Business Details only view and Book of Business Formatted report and their descriptions. This information is provided to assist enrollers in understanding the Book of Business Extract and the information it contains.

Book of Business – Details Only View

Column	Content	Field Description
A	Year of Application	Provides the year the enrollee's application was submitted.
B-E	Full Name & Date of Birth	Enrollee's first, middle, and last name and birth date.
F	SSN Last 4	Last 4 digits of the enrollee's Social Security Number.
G-L	Contact Information	Address, email, and home phone number.
M	Customer email	
N	CalHEERS Application ID	Covered California Application ID number.
O	Application Status	The status of the application (i.e. In Progress, Submitted, Withdrawn, Terminated). This is separate from the case status and enrollment status.
P	Case Status	The status of the case (i.e., active, inactive). When active, there is current enrollment or eligibility. When inactive, there is no current enrollment or eligibility for the enrollees on the case.
Q	Enrollment Status	The status of the enrollment (i.e., Pending, Enrolled/Confirmed, Canceled, Terminated).
R	Plan Type	The type of plan selected (i.e., Health or Dental).
S	Medi-Cal Eligibility Status	The member's Medi-Cal eligibility status (Eligible, Discontinue, Conditional Eligible, Pending, Unknown, Ineligible).
T	APTC Eligibility Status	Displays the eligibility status of Advance Premium Tax Credit for the consumer application (Eligible,



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Column	Content	Field Description
		Conditional Eligible, Ineligible, Discontinue, Unknown).
U	CSR Eligibility Status	Displays the eligibility status of Cost-Sharing Reduction for the consumer (Eligible, Conditional Eligible, Ineligible, Discontinue, Unknown).
V	CCP Eligibility Status	Covered California Plan Eligibility Status (Eligible, Conditional Eligible, Ineligible, Discontinue, Unknown)
W	State Subsidy Status	
X	Income Used to Calculate APTC	The income amount used to calculate APTC, which may differ from the income reported if income sources reported are not countable.
Y	Federal Poverty Level Percentage (%)	A measure of income level issued annually by the U.S. Department of Health and Human Services used to determine eligibility for certain programs and benefits.
Z	Number of Enrolled Members	The number of household members enrolled in the case.
AA	Consent Valid Through Coverage Year	
AB	Preferred Language	The language each household member most prefers to communicate in.
AC	Mixed Household Status	This Y/N indicator tells you if this case is a mixed household (Covered California and Medi-Cal eligible members).
AD-AF	Household Name	Primary Contact first, middle, and last name.
AG	Household Email	Primary Contact email address.
AH	Household Preferred Language	The language the Primary Contact most prefers to communicate in.



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Column	Content	Field Description
AI-AJ	Household Contact Information	Primary Contact address and home phone number.
AK	Federal Tax ID	The Employer Identification Number used to identify the business and used to file taxes for the Agency or Entity.
AL	Carrier Name	Depending on the Plan Type listed in column R, this column will tell you which medical or dental plan your enrollee has enrolled in.
AM	Plan Level	The metal level of the plan selected.
AN	Plan Name	The name of the plan selected.
AO	Plan Effective Date	The date that the coverage of the plan starts.
AP	Termination Date	The date the applicant ends coverage.
AQ	Net Premium Amount	Health Plan Premium after subsidies are applied.
AR	Gross Premium Amount	Health Plan Premium before subsidies are applied.
AS	APTC Amount	Advanced Premium Tax Credit Amount.
AT	State Subsidy	Any State Subsidy the member qualifies for.
AU	Renewal State Subsidy	Populates during Renewals only to show the new State Subsidy for the following plan year.
AV	California Premium Credit Subsidy	
AW	Strike Lockout Subsidy	
AX	Old APTC Amount	The APTC amount for the member before being renewed.
AY	Old Gross Premium	Health Plan Premium amount before subsidies are applied for the member before being renewed.
AZ	Old State Subsidy	State Subsidy amount for the member before being renewed.



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Column	Content	Field Description
BA	Enroller Contact	
BB	CalHEERS Case ID	Covered California Case ID number for that applicant.

Book of Business – Formatted View

Column	Content	Field Description
B	Enroller Contact	Certified Enroller certified with Covered California and delegated to the enrollee's case. This will only appear for users that have access to the full Agency or Entity Book of Business
C	CalHEERS Case ID	Covered California Case ID number for that applicant.
D	Year of Application	Provides the year the consumer's application was submitted.
E-H	Full Name & Date of Birth	Enrollee's first, middle, and last name and birth date.
I	SSN Last 4	Last 4 digits of the consumer's Social Security Number.
J-P-	Contact Information	Address, home phone number, and email.
Q	CalHEERS Application ID	Covered California Application ID number.
R	Application Status	The status of the application (i.e. In Progress, Submitted, Withdrawn, Terminated). This is separate from the case status and enrollment status.
S	Case Status	The status of the case (i.e., active, inactive). When active, there is current enrollment or eligibility. When inactive, there is no current enrollment or eligibility for the enrollees on the case.
T	Enrollment Status	The status of the enrollment (i.e., Pending, Enrolled/Confirmed, Canceled, Withdrawn, Terminated).



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Column	Content	Field Description
U	Plan Type	The type of plan selected (i.e., Health or Dental).
V	Medi-Cal Eligibility Status	The member's Medi-Cal eligibility status (Eligible, Discontinue, Conditional Eligible, Pending, Unknown, Ineligible).
W	APTC Eligibility Status	Displays the eligibility status of Advance Premium Tax Credit for the consumer application (Eligible, Conditional Eligible, Ineligible, Discontinue, Unknown).
X	CSR Eligibility Status	Displays the eligibility status of Cost-Sharing Reduction for the consumer (Eligible, Conditional Eligible, Ineligible, Discontinue, Unknown).
Y	CCP Eligibility Status	Covered California Plan Eligibility Status (Eligible, Conditional Eligible, Ineligible, Discontinue, Unknown)
Z	State Subsidy Status	
AA	Income Used to Calculate APTC	The income amount used to calculate APTC, which may differ from the income reported if income sources reported are not countable.
AB	FPL%	Measure if income level issued annually by the U.S. Department of Health and Human Services used to determine eligibility for certain programs and benefits.
AC	Number of Enrolled Members	The number of household members enrolled in the case.
AD	Consent Valid Through Coverage Year	The benefit year through which Consent for Verification is valid.
AE	Preferred Language	The language each household member most prefers to communicate in.
AF	Mixed Household Status	This Y/N indicator tells you if this case is a mixed household (Covered California and Medi-Cal eligible members).



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Column	Content	Field Description
AG-AI	Household Name	Primary Contact first, middle, and last name.
AJ	Household Email	Primary Contact email address.
AK	Household Preferred Language	The language the Primary Contact most prefers to communicate in.
AL-AM	Household Contact Information	Primary Contact address and home phone number.
AN	Enroller Name	
AO	Federal Tax ID	The Employer Identification Number used to identify the business and used to file taxes for the Agency or Entity.
AP	Carrier Name	Depending on the Plan Type listed in column R, this column will tell you which medical or dental plan your enrollee has enrolled in.
AQ	Plan Level	The metal level of the plan selected.
AR	Plan Name	The name of the plan selected.
AS	Plan Effective Date	The date that the coverage of the plan starts.
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Column	Content	Field Description
BA	California Premium Credit Subsidy	
BB	Strike Lockout Subsidy	
BC	Old Gross Premium	Health Plan Premium amount before subsidies are applied for the member before being renewed.
BD	Old APTC Amount	The APTC amount for the member before being renewed.
BE	Old State Subsidy	State Subsidy amount for the member before being renewed.

Glossary of Terms

Application Status

In-Progress: The application has been started but not completed and is still available in CalHEERS.

Submitted: The application has been submitted to Covered California in CalHEERS.

Withdrawn: The application was withdrawn from CalHEERS.

Terminated: The application was terminated in CalHEERS. The consumer will need to begin another application to receive health coverage through Covered California.

Case Status

Active: There is current enrollment or eligibility.

Inactive: There is no current enrollment or eligibility for the consumers on the case.

Closed/Duplicate: Case that has been closed by an Admin user either at the enrollee's request or if it has been identified as a duplicate. All enrollment is terminated and eligibility discontinued.

Enrollment Status

Pending: Enrollee currently has a health plan that is pending binder payment.

Enrolled/Confirmed: Enrollee has selected a plan and has effectuated coverage with a binder payment.

Canceled: Enrollment in a Covered California health plan has been canceled.

Terminated: Enrollment in a Covered California health plan has been terminated.