Data Integrity
Reconciliation Process Guide

Version 2.0

Individual Market

March, 2016

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1. Introduction

1.1. Document Purpose

The Reconciliation Process Guide shall define the scope and expectations for a reoccurring reconciliation. Fundamental to this process is the ability to readily identify, track, and resolve artifacts that result from transactions between Covered California, through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), and its Issuers.

The resolution process will be performance tuned over time to accommodate for enrollment complexity and the transparency required for root cause analysis. Revisions to the process and file formats will be managed in accordance with the reconciliation cycles and captured in subsequent versions of this guide.

Table 1. Revision History

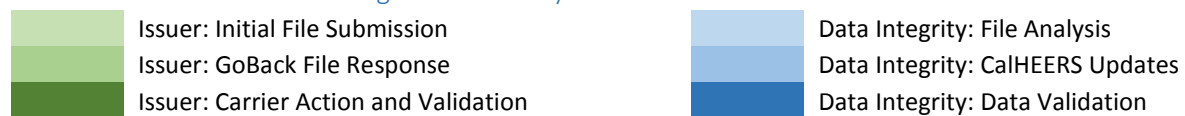| DATE	REVISION #	REVISION DESCRIPTION
06/03/2015	1.0	Initial version
08/11/2015	1.5	L2 and L3 updates
02/20/2016	2.0	GoBack and Carrier Action updates

1.2. Intended Users

The Reconciliation Process Guide is intended for account managers and staff of the enrollment, payment processing, and supporting technical teams of Qualified Health Plans (QHP) / Qualified Dental Plans (QDP) who are responsible for electronic transactions with Covered California through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS).

2. Reconciliation Scope

2.1. Data Reconciliation Schedule

Covered California and CalHEERS will engage in a monthly reconciliation process with all Issuers participating on the individual market; including both health and dental carriers. Applying key lessons learned from previous benefit years, the Program Integrity Division (PID), by way of the Data Integrity Unit, will continue to monitor and facilitate all eligibility and enrollment reconciliation efforts with the Issuers.

Figure 1: Monthly Data Reconciliation Schedule

Issuer: Initial File Submission		Data Integrity: File Analysis
Issuer: GoBack File Response		Data Integrity: CalHEERS Updates
Issuer: Carrier Action and Validation		Data Integrity: Data Validation

Reconciliation Cycle	Monthly Reconciliation			
	Week 1	Week 2	Week 3	Week 4

2.2.   Reconciliation Data Model

The Program Integrity Unit serves as the single point of contact for reconciliatory activities between CalHEERS and all Issuers participating on the individual market. The reconciliation data model has been engineered to leverage tiered enrollment validations and the simplicity of atomic processing rules to achieve the necessary performance agility required by the California Health Benefit Exchange, its Issuers, and consumers alike.

In what is an inherently asynchronous transactional system, the reconciliation process is intended to evaluate the nature of enrollment transactions and bring synchronicity between the Issuer's systems and CalHEERS where necessary. Serving as the single point of contact for reconciliatory activities, the reconciliation process provides operational efficiencies to core business processes at an enterprise level. Issuer synchronization of consumer enrollment ensures consistency of Federal reporting to both the Center for Medicare and Medicaid Services (CMS) and the Internal Revenue Service (IRS), business analytics in support of market research and quality measures, and promotes materially accurate billed per member per month (PMPM) participation fees.

The Data Integrity Unit works closely with internal departments to monitor and solution discrepancies that arise in the underlying data. Similarly, it is the expectation of Covered California that each Issuer will coordinate their reconciliatory efforts with the respective internal departments; including Enrollment, Service Center, Finance, and any Technical vendors.

3. Weekly Reconciliation File

Covered California will provide a Reconciliation File to the Issuers each week. The purpose of the weekly file is to provide a one-way comprehensive snapshot view of the full enrollment population for Issuers to reference.

For those members who are missing from the Issuer system, their transactions should be reconstituted from the weekly recon file. Any new enrollments, indicated by either a new Enrollment ID or Maintenance to an existing Enrollment ID, should be reconstituted with all associated values. For any maintenance transactions on existing enrollments, the associated values should be applied on a going forward basis only. Where there is any concern over applying these rules, please contact the Plan Management Division by way of your Plan Manager and the Program Integrity Unit.

4. Monthly Reconciliation Process

This section includes the summary process flow and accompanying detailed activity narrative for the Covered California and Issuer data reconciliation process. Each cycle will leverage the Weekly Reconciliation File containing a comprehensive snapshot view of the full enrollment population. Each reconciliation cycle is based on a specific file, referenced by the audit date in the first column of the file. This date is commonly referred to as the audit date or anchor point for a given reconciliation cycle. During the later phase of each monthly reconciliation, Issuers will be expected to action various resolution methods. Future iterations of the reconciliation process will include both 834s and system data fixes as stipulated by the reconciliation analysis, processing rules, and corresponding root cause findings.
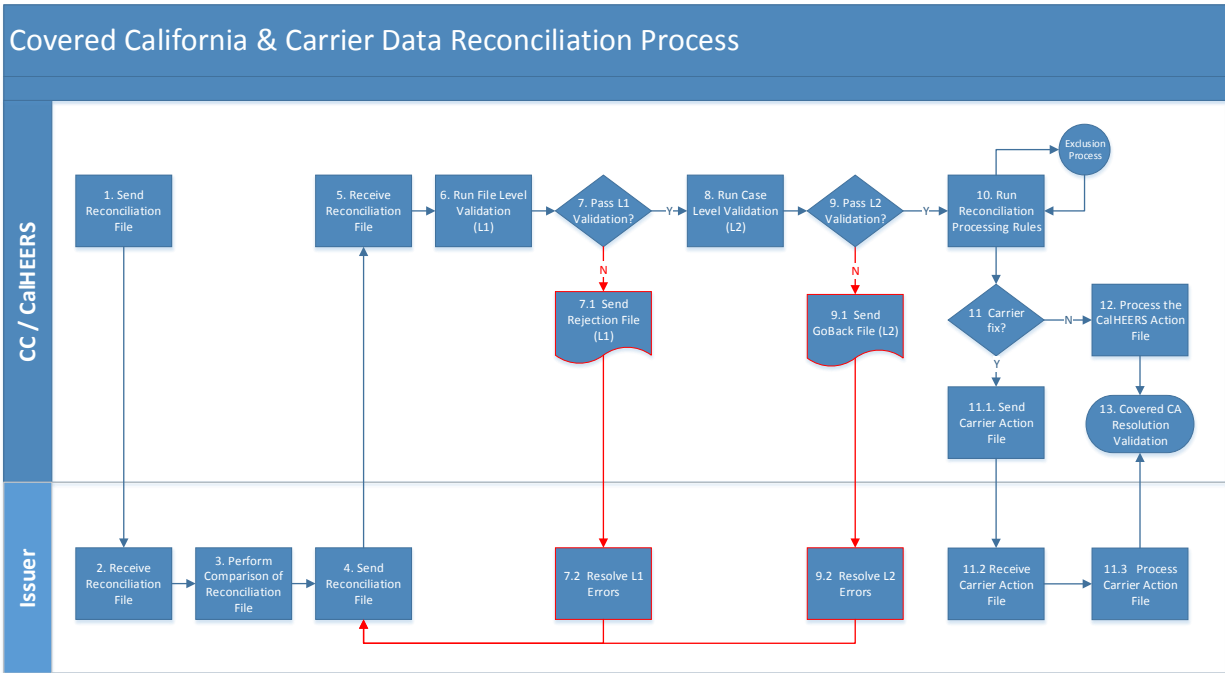
Figure 3: Data Reconciliation Process Diagram

Table 1: Data Reconciliation Process Narrative

Ref #	Activity	Actor	Activity Detail
1	**Send Reconciliation CSV File**	CC / CalHEERS	Reconciliation cycles will be based on the Weekly Reconciliation CSV file sent on the date stipulated in the reconciliation schedule. **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip <HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_HEALTH_20150520.2015.csv.zip
2	**Receive Reconciliation CSV File**	Issuer	Issuers can expect the Weekly Reconciliation files via the same method and location as 834s are received. Section 5.2 of the Reconciliation Process Guide: **Weekly Reconciliation File Layout**, includes a comprehensive list of reconcilable fields with their associated description and required technical format.

Ref #	Activity	Actor	Activity Detail
3	**Perform Comparison of Reconciliation File**	Issuer	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. Issuers should prepare and execute the file comparison in agreement with field mapping that is unique to each Issuer's data model. The expectation is to produce a comparative view of the reconciliation file that includes all necessary enrollment segment details to determine root cause of a discrepancy and the resolution method by way of processing rules. Once a comparison extract has been completed, it is expected that each Issuer will perform file level validations. Those file level validations include, but are not limited to the following: • No enrollment duplications per member. By concatenating Fields 4 (Member ID) & 5 (Enrollment ID) there should be no duplicate values. • All required fields are populated. (See Null Allowed column of the Weekly Reconciliation File Layout document). • Verify all fields are in the correct format, with no additional characters or additional formatting. • Benefit End Dates should be blank if it has not yet been determined for an enrollment. High Dates are not acceptable return values. • Cancellations should be consistently identifiable by having the same Benefit Start and End Dates. • No additional columns containing 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 left as blank. For those members who are missing from the Reconciliation File, Issuers are expected to utilize the defined field list and technical field requirements of the Reconciliation File to send all relevant information to Covered California for review. See Step 4.1 for file naming convention.
4	**Send Reconciliation File**	Issuer	Issuers should utilize the Data Integrity area of the Plan Management Extranet site to send inbound response files for the reconciliation process. If there are provisioning or technical questions on utilizing the Extranet, please contact your Plan Manager or the Data Integrity Unit. **File naming convention:** from_\<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_\<Time Generated YYYYMMDD>.\<Benefit Year>.csv.zip from_\<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_\<Time Generated YYYYMMDD>.\<Benefit Year>.csv.zip **Example:** from_55555_INDV_ENROLLMENT_RECON_20150520.2015.csv.zip

Ref #	Activity	Actor	Activity Detail
4.1	Send Missing Member File	Issuer	For the file containing members who are missing from the Reconciliation File, Issuer should use the following naming convention: **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_MISSING_HEALTH_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip <HIOS ID>_INDV_ENROLLMENT_MISSING_DENTAL_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_MISSING_DENTAL_20150520.2015.csv.zip
5	Receive Reconciliation File	CC / CalHEERS	Each reconciliation will be saved in the Extranet data library.
6	Run File Level Validation (L1)	CC / CalHEERS	Upon receipt of each Reconciliation File, its contents will be validated for accuracy and completeness. File level validations (L1) will be run in accordance with the field requirements detailed in Section 5.2: **Weekly Reconciliation File Layout**.
7	Pass L1 Validation?	CC / CalHEERS	A file that fails L1 Validation will be returned to the Issuer in its entirety. An L1 Rejection is avoidable through comprehensive review prior to submission of the Reconciliation file. See **Activity 7.1: Send Rejections File (L1).** A file that passes L1 Validation will be passed on for case level validation. From this point onward through the process, reconciliation files will be partitioned and routed accordingly. See **Activity 8: Run Case Level Validation (L2)**
7.1	Send Rejections File (L1)	CC / CalHEERS	Issuers will be notified of L1 File Rejections through email communication.
7.2	Resolve L1 Errors	Issuer	The Issuer will review and resolve the L1 errors and resubmit the file. **File naming convention:** from_<HIOS ID>_INDV_ENROLLMENT_RECON_HEALTH_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip from_<HIOS ID>_INDV_ENROLLMENT_RECON_DENTAL_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_DENTAL_20150520.2015.csv.zip
8	Run Case Level Validation (L2)	CC / CalHEERS	A file that passes L1 Validation will be passed on for Case Level Validation (L2). An L2 rejection is any enrollment or eligibility submission that violates standard business rules. These Case level rejections (L2) include but are not limited to: Subscriber to Member enrollment agreement, Invalid coverage dates, and Policy violations.

Ref #	Activity	Actor	Activity Detail
9	**Pass L2 Validation?**	CC / CalHEERS	A case that fails L2 Validation will be returned to the Issuer in its entirety at the case level. See **Activity 9.1: Send GoBack File (L2)** A case that passes L2 Validation will be passed on and will run through the Reconciliation Processing Rules Engine. See **Activity 10: Run Reconciliation Processing Rules Engine**
9.1	**Send GoBack File (L2)**	CC / CalHEERS	L2 Rejection Files will be returned to the Issuer at the case level. That is, if a single enrollment for a member is rejected, then the entire case will be returned. In the initial state of the reconciliation process an additional column will be included to designate which row(s) contain an error within the file. Errors will be defined by means of a discrepancy code. As the reconciliation process matures the additional column will contain more granularity. **File naming convention:** <HIOS ID>_INDV_ENROLLMENT_GOBACK_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** 55555_INDV_ENROLLMENT_RECON_GOBACK_20150520.2015.csv.zip
9.2	**Resolve L2 Errors (L2)**	Issuer	An L2 Rejection is any enrollment or eligibility submission that violates standard business rules. Issuers will be required to review these cases and make any necessary changes to resolve the error type provided. It is expected that GoBack files will take approximately 2-3 Business days to resolve. It is anticipated that as cases increase in complexity that the coordination and communication with CoveredCA will proportionally increase. With maturity of the reconciliation process, it is expected that GoBack files will take approximately 1-2 Business days to resolve. As familiarity with the error codes increases it is anticipated that processing efficiency will proportionally increase. **Return File Naming Convention:** from_<HIOS ID>_INDV_ENROLLMENT_RECON_GOBACK_<Time Generated YYYYMMDD>.<Benefit Year>.csv.zip **Example:** from_59042_INDV_ENROLLMENT_RECON_GOBACK_20150520.2015.csv.zip
10	**Run Reconciliation Processing Rules Engine**	CC / CalHEERS	For all those cases which pass Case Level Validation (L2), they will be run through the Reconciliation Processing Rules Engine. The Processing Rules Engine initially identifies accurate and discrepant enrollment records. For each discrepancy, the Processing Rules Engine will evaluate a case for completeness with respect to: Period of Enrollment, Current Status, Member Identifying Information, and Eligibility Components. Exclusions Process: Exclusions are any case that is actively being resolved through other business channels. This includes, but not limited to the following: Appeals, Escalations, Informal Resolution, and Tickets. These cases will be excluded from the reconciliation processing rules.

Ref #	Activity	Actor	Activity Detail
11	**Issuer Fix?**	CC / CalHEERS	Each case that was identified by the Processing Rules Engine as actionable will be assigned a fix owner. If the Rule Engine identifies the Issuer as the owner, an Issuer Resolution file will be generated. See **Activity 11.1: Send Carrier Action File** If the Rules Engine identifies CC / CalHEERS as the owner, a CC / CalHEERS Action file will be generated. See **Activity 12: CalHEERS Action File.**
11.1	**Send Carrier Action File**	CC / CalHEERS	As an output of the Reconciliation Process Rules Engine, CC / CalHEERS will produce a Resolution File. The Resolution File Generation is the product of the reconciliation cascade. The Resolution File 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 Issuer) • Carrier Action: This flag will designate, for each pair of rows, the method identified for resolution. (e.g. 834, Data Fix, etc.)
11.2	**Receive Carrier Action File**	Issuer	Files can be retrieved from the Data Integrity section of the Plan Management Extranet.
11.3	**Process Carrier Action File**	Issuer	During the initial state of the reconciliation process, it is expected that Resolution Files will take approximately 1-2 Weeks to resolve based on volume. It is anticipated that as resolutions increase in complexity, the coordination and communication with CoveredCA will proportionally increase. There may be unique circumstances where a multi-step process is required between Issuers and CalHEERS. As the reconciliation process matures, it is expected that Carrier Action Files will take approximately 1 Week to resolve. As familiarity with the error codes increases it is expected that processing efficiency will proportionally increase.
12	**Process CaLHEERS Action File**	CC / CalHEERS	
13	**Resolution Validation**	CC / CalHEERS	CoveredCA and CalHEERS will routinely validate the cases identified during the resolution process are no longer discrepant. Those cases which persist from one reconciliation cycle to the next, without resolution, will be escalated as required. Comprehensive metrics and performance standards will be closely monitored 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 3 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. Reconciliation File

5.1. Reconciliation File Rules

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

Table 2: Fields to Open as Text

Field #	Field Name
6	CREATION_TIMESTAMP
7	LAST_UPDATED_TIMESTAMP
11	RATING_AREA
25	SSN
28	MEMBER_RELATIONSHIP_TO_SUB
40	RESIDENTIAL_COUNTY_FIPS_CODE
61	BROKER_ID
63	BROKER_FEDERAL_EIN
64	BROKER_LICENSE_NUMBER
65	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 those members who are missing from the Reconciliation File, Issuers are expected to utilize the defined field list and technical field requirements of the Reconciliation File to send all relevant information to Covered California for review. See Step 4, Section 4.1: Monthly Reconciliation Process, Table 1: Data Reconciliation Process Narrative for file naming convention.

5.2. Reconciliation File Layout

	#	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 subscriber key	Int	N
	4	MEMBER_ID	CalHEERS issued 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	LAST_PREMIUM_PAID_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
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	Y

	#	Field	Description	Technical Field Description	Null Allowed
Enrollment	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
Eligibility	15	PLAN_ID	16 Digit CMS Plan ID	char(16)	N
	16	ATPC_AMOUNT	Policy level APTC amount as designated by the consumer for a specific enrollment segment/period.	decimal(6,2)	N
	17	APTC_START_DATE	Currently N/A	date format: YYYYMMDD	Y
	18	ATPC_END_DATE	Currently N/A	date format: YYYYMMDD	Y
	19	CSR_AMOUNT	Policy Level CSR Amount for a specific enrollment segment/period.	decimal(6,2)	Y
	20	GROSS_PREMIUM	Policy Level GROSS Premium	decimal(6,2)	N
	21	INDV_RESP_AMOUNT	Individual Responsible Amount Premium	Decimal(6,2)	N
	22	NET_PREMIUM	Policy Level NET Premium	decimal(6,2)	N
Demographic	23	FIRST_NAME	Member First Name	varchar(100)	N
	24	MIDDLE_NAME	Member Middle Name	varchar(100)	Y
	25	LAST_NAME	Member Last Name	varchar(100)	N
	26	SSN	Social Security Number	char(9)	Y
	27	BIRTH_DATE	Member DOB	date format: YYYYMMDD	N
	28	DATE_OF_DEATH	Date of death if applicable	date format: YYYYMMDD	Y
	29	MEMBER_RELATIONSHIP_TO_SUB	Relationship of the Member to the Subscriber	char(2)	Y
	30	GENDER	Gender, Allowed Values: M, F	char(1)	N
	31	RACE_ETHNICITY_TYPE	Race Code	varchar(500)	Y
	32	LANGUAGE_SPOKEN	Language Code	varchar(5)	Y

	#	Field	Description	Technical Field Description	Null Allowed
Demographic	33	LANGUAGE_WRITTEN	Language Code	varchar(5)	Y
	34	PHONE_NUMBER	Phone number (No Formatting)	char(10)	Y
	35	EMAIL_ADDRESS	Email Address	varchar(250)	Y
	36	RESIDENTIAL_ADDR_LINE1	Street Address of Residence	varchar(1000)	N
	37	RESIDENTIAL_ADDR_LINE2	Street Address of Residence Continued	varchar(1000)	Y
	38	RESIDENTIAL_CITY_NAME	City of Residence	varchar(1000)	N
	39	RESIDENTIAL_STATE_CODE	State of Residence	char(2)	N
	40	RESIDENTIAL_ZIP_CODE	Zip Code of Residence	char(5)	N
	41	RESIDENTIAL_COUNTY_FIPS_CODE	Address Information Derived from RESIDENTIAL _ZIP_CODE	char(4)	N
	42	MAILING_ADDR_LINE1	Street Mailing Address	varchar(1000)	N
	43	MAILING_ADDR_LINE2	Street Mailing Address Continued	varchar(1000)	Y
	44	MAILING_CITY_NAME	City Mailing Address	varchar(1000)	N
	45	MAILING_STATE_CODE	State Mailing Address	char(2)	N
	46	MAILING_ZIP_CODE	Zip Code Mailing Address	char(5)	N
	47	RESPONSIBLE_PERSON_INDV_ID	Responsible Person Individual ID	Int	Y
	48	RESPONSIBLE_PERSON_FIRST_NAME	Responsible Person First Name	varchar(100)	Y
	49	RESPONSIBLE_PERSON_LAST_NAME	Responsible Person Last Name	varchar(100)	Y
	50	RESPONSIBLE_PERSON_PHONE	Responsible Person Phone	char(10)	Y
	51	RESPONSIBLE_PERSON_ADDR_LINE1	Responsible Person Street Address	varchar(1000)	Y
	52	RESPONSIBLE_PERSON_ADDR_LINE2	Responsible Person Street Address Continued	varchar(1000)	Y
	53	RESPONSIBLE_PERSON_CITY_NAME	Responsible Person City	varchar(1000)	Y
	54	RESPONSIBLE_PERSON_STATE_CODE	Responsible Person State	char(2)	Y
	55	RESPONSIBLE_PERSON_ZIP_CODE	Responsible Person Zip Code	char(5)	Y
	56	CUSTODIAL_PARENT_INDV_ID	Custodial Parent Individual ID	Int	Y
	57	CUSTODIAL_PARENT_FIRST_NAME	Custodial Parent First Name	varchar(100)	Y
	58	CUSTODIAL_PARENT_LAST_NAME	Custodial Parent Last Name	varchar(100)	Y

	#	Field	Description	Technical Field Description	Null Allowed
	59	CUSTODIAL_PARENT_ADDR_LINE1	Custodial Parent Street Address	varchar(1000)	Y
	60	CUSTODIAL_PARENT_ADDR_LINE2	Custodial Parent Street Address Continued	varchar(1000)	Y
	61	CUSTODIAL_PARENT_CITY_NAME	Custodial Parent City	varchar(1000)	Y
	62	CUSTODIAL_PARENT_STATE_CODE	Custodial Parent State	char(2)	Y
	63	CUSTODIAL_PARENT_ZIP_CODE	Custodial Parent Zip Code	char(5)	Y
Agent	64	BROKER_ID	CalHEERS Assigned Broker ID	Int	Y
	65	AGENT_BROKER_NAME	Latest Broker Name	varchar(100)	Y
	66	BROKER_FEDERAL_EIN	Latest Broker Federal EIN	varchar(50)	Y
	67	BROKER_LICENSE_NUMBER	Latest Broker License Number	varchar(50)	Y
	68	BROKER_CERTIFICATION_NUMBER	Latest Broker Certification Number	varchar(50)	Y
	69	BROKER_DELEGATED_TO_CASE_DATE	The date the broker was delegated to the case	date format: YYYYMMDDhhmmss	Y
Primary	70	ISSUER_MEMBER_ID	Issuer Assigned Individual Key	varchar(50)	Y
	71	ISSUER_SUBSCRIBER_ID	Issuer Assigned Subscriber Key	varchar(50)	Y

6. GoBack File

6.1. L2 Validation Rules

The following table provides the Error Codes (Discrepancies) and corresponding rules that will be applied during the Case Level L2 Validation. An individual record may be flagged for more than one Error Code or Discrepancy type. Multiple discrepancy types will be concatenated as appropriate. As enrollment scenarios dictate, new L2 validation rules may be implemented.

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, 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 benefit year.
L2 - H	For any enrollment which is confirmed or terminated having a non-zero duration of coverage, it must have a paid through 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	Enrollment record has a functionally invalid combination of status and benefit coverage dates. e.g. "TERM" with no end date, or "CANCEL" where benefit start date and benefit end date are not equal.
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.
\<blank\>	If case appears on the GoBack file with no discrepancies, then there exists an error for this household with another Issuer. Once the case is validated for accuracy, no corrective action is required.

6.2. GoBack File Layout

	#	Field Header
Primary	1	AUDIT_DATE
	2	CASE_ID
	3	SUBSCRIBER_ID
	4	MEMBER_ID
	5	ENROLLMENT_ID
	6	CREATION_TIMESTAMP
	7	LAST_UPDATED_TIMESTAMP
	8	LAST_PREMIUM_PAID_DATE
	9	PLAN_TYPE
	10	RENEWAL_FLAG
	11	RATING_AREA
Enrollment	12	BENEFIT_START_DATE
	13	BENEFIT_END_DATE
	14	MEMBER_STATUS
Eligibility	15	PLAN_ID
	16	ATPC_AMOUNT
	17	APTC_START_DATE
	18	ATPC_END_DATE
	19	CSR_AMOUNT
	20	GROSS_PREMIUM
	21	NET_PREMIUM
	22	ISSUER_MEMBER_ID
	23	ISSUER_SUBSCRIBER_ID
	24	DISCREPANCIES

The table on the left provides the outbound GoBack File layout that Issuers will receive from Covered California. The outbound GoBack File from Covered California has a truncated field list to minimize the file size and volume of data being transferred.

By design, the inbound Issuer GoBack response file will replace those enrollment records submitted on the initial Issuer response file. As such, it is vital that the inbound Issuer GoBack response must adhere to the Reconciliation File format by including all required fields (71) as defined in Section 5.2 Reconciliation File Layout. Any inbound GoBack File will be expressly rejected in its entirety when the aforementioned field requirement is not followed.

Issuers may find instances where a case that is not on the GoBack file requires resubmission. The GoBack process is designed to handle the resubmission of any case. Every case is subjected to all validations even if they were not originally flagged as having an error.

6.3. Error Report

Once the inbound GoBack response file has been successfully loaded, 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 persistent L2 validation errors will be reviewed and corrective action will be included in the initial response of the following reconciliation cycle. Cases that exhibit persistent L2 validation errors are reviewed and each Issuer will be expected to meaningfully respond to enquires over these errors. This may include root cause analysis of 834 transactions, enrollment validations, or payment verification from the Issuer system.

7. Carrier Action File

7.1. Carrier Action File Layout

	#	Field Header
Primary	1	RECORD_ORIGIN
	2	AUDIT_DATE
	3	CASE_ID
	4	SUBSCRIBER_ID
	5	MEMBER_ID
	6	ENROLLMENT_ID
	7	CREATION_TIMESTAMP
	8	LAST_UPDATED_TIMESTAMP
	9	LAST_PREMIUM_PAID_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
	17	ISSUER_MEMBER_ID
	18	ISSUER_SUBSCRIBER_ID
	19	CARRIER_ACTION

Once the inbound GoBack response file has been successfully loaded, every enrollment submitted through the reconciliation process, and having passed all previous validations, is evaluated through the Processing Rules Engine.

Subsequently, each carrier will receive a Carrier Action File. The purpose of this file is to indicate which cases have been identified as requiring an update to the Issuer system. Similarly, through the reconciliation process Covered California identifies those cases which require an update in CalHEERS. The table below illustrates all of the fields included in the Carrier Action File layout.

The file layout has 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 intuitive visualization of the required action. On the other hand, for those taking a technical approach the records can be joined to each other to support automated review.

The Carrier Action field at the end of the file, column (U), will stipulate what reconcilable field requires an update in the Issuer's system of record. This will be a combination of enrollment status, benefit start date, and benefit end date. In the example below, the Issuer would be required to update the status to TERM and apply the end date of 07/31/2016.

RECORD_ORIGIN	START_DATE	END_DATE	MEMBER_STATUS	CARRIER_ACTION
CARRIER	20160301		CONFIRM	Issuer must update Status and End date
CALHEERS	20160301	20160731	TERM	

It is expected that cases identified for resolution will not have the discrepancy persist for longer than 3 consecutive monthly reconciliation cycles. All resolution cases that are out of compliance with aging guidelines will be escalated to Leadership as necessary. 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.

7.2. Processing Rules Engine

For all those cases which pass Case Level Validation (L2), they will be run through the Reconciliation Processing Rules Engine. The Processing Rules Engine initially identifies accurate and discrepant enrollment records. For each discrepancy, the Processing Rules Engine will evaluate a case for completeness with respect to: Period of Enrollment, Current Status, Member Identifying Information, and Eligibility Components.

The last premium paid date is a vital logical operator that contributes to the accuracy of the enrollment information as submitted by the Issuer. This is especially true for the reconciliation of terminated and cancelled enrollments potentially related to non-payment of premiums. The last premium paid date is used to denote **the last day of the month in which a consumer is paid through**. For example, in the instance of a cancellation, the benefit start and end date should be equal and the last premium paid date should be less than the benefit end date or null. In the instance of a confirmed enrollment, the last premium paid through date should be at least within the allotted grace period for the given policy. As consumers may pay for several months into the future, the last premium paid date may extend as far as the last day of the benefit year for a confirmed enrollment during any given reconciliation cycle.

8. Exclusion Process

The exclusion process was designed to exclude cases that are actively being resolved through other business channels and 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 Issuer's system will be in alignment.

Any case which is excluded is done so at the end of the reconciliation process. In other words, each excluded case will carry with it the appropriate validation error or accurate flag. This is to ensure that sufficient monitoring is in place for those cases which are being excluded for a prolonged period of time. The proactive monitoring of excluded cases provides valuable insight into the timeliness of the aforementioned business processes updating the enrollment records in both CalHEERS and the Issuer's system.

9. Appendix A: Sample Reconciliation Scenarios

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

Transaction Example 1: Reconciliation File with Multiple Transactions

Scenario:

- On 12/13/2014 a one member household completes the initial application and plan selection (Plan ID: 55555CA038000301) for a 01/01/2015 benefit start date
- On 04/05/2015 the primary applicant adds a dependent and selects a new plan (Plan ID: 55555CA038000304)
- On 09/10/2015 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 2015 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	13579	20141213...	20150413...	20150101	20150430	TERM	55555CA038000301	100	350	123 Sunny Beach Dr.
5000000001	11111	11111	43080	20150405...	20150910...	20150501	20150930	TERM	55555CA038000304	150	425	123 Sunny Beach Dr.
5000000001	11111	11112	43080	20150405...	20150910...	20150501	20150930	TERM	55555CA038000304	150	425	123 Sunny Beach Dr.
5000000001	11111	11111	102708	20150910...	20151010...	20151001		CONFIRM	55555CA038000306	200	300	123 Sunny Beach Dr.
5000000001	11111	11112	102708	20150910...	20151010...	20151001		CONFIRM	55555CA038000306	200	300	123 Sunny Beach Dr.

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

Scenario:

- On 12/13/2014 a two member household completes the initial application and plan selection for a 01/01/2015 benefit start date
- On 11/05/2015 the primary applicant changes their residential address from 123 Sunny Beach Dr. to 555 Main St through the Covered California portal

October 2015 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	123456	20141213	20141213	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	123456	20141213	20141213	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.

November 2015 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	123456	20141213	20151105	20150101		CONFIRM	55555CA038000301	100	500	555 Main St
5000000001	11111	11112	123456	20141213	20151105	20150101		CONFIRM	55555CA038000301	100	500	555 Main St

Transaction Example 3: Reconciliation File with Reinstatement Transaction

Scenario:

- On 12/13/2014 a two member household completes the initial application and plan selection for a 01/01/2015 benefit start date
- On 04/13/2015 the policy is terminated with an end of the month benefit end date of 04/30/2015
- On 11/01/2015, as a result of an Appeal decision, the policy is reinstated into the same plan and with the initial benefit start date of 01/01/2015

October 2015 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...	20150413...	20150101	21050430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20150413...	20150501	21050430	TERM	55555CA038000301	100	500	123 Sunny Beach Dr.

November 2015 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...	20151101...	20150101		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.
5000000001	11111	11112	222222	20141213...	20151101...	20150501		CONFIRM	55555CA038000301	100	500	123 Sunny Beach Dr.

10. Appendix B: Reconcilable Fields

The following table provides clarification on how the data returned by the Issuers in the Reconciliation fields will be managed.

- **Matching (M) -** These fields may be leveraged to match from the Reconciliation File to the Issuer'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 Issuers. This analysis will contribute to the prioritization of expanding the reconcilable fields in subsequent cycles.

	#	Field	Field Use
Primary	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
Enrollment	12	BENEFIT_START_DATE	R
	13	BENEFIT_END_DATE	R
	14	MEMBER_STATUS	R
Eligibility	15	PLAN_ID	M
	16	ATPC_AMOUNT	n/a
	17	APTC_START_DATE	n/a
	18	ATPC_END_DATE	n/a
	19	CSR_AMOUNT	M
	20	GROSS_PREMIUM	M
	21	INDVP_RESP_AMT	M
	22	NET_PREMIUM	M
Demographic	23	FIRST_NAME	D
	24	MIDDLE_NAME	D
	25	LAST_NAME	D
	26	SSN	D
	27	BIRTH_DATE	D

	#	Field	Field Use
Demographic	28	DATE_OF_DEATH	D
	29	MEMBER_RELATIONSHIP_TO_SUB	D
	30	GENDER	D
	31	RACE_ETHNICITY_TYPE	D
	32	LANGUAGE_SPOKEN	D
	33	LANGUAGE_WRITTEN	D
	34	PHONE_NUMBER	D
	35	EMAIL_ADDRESS	D
	36	RESIDENTIAL_ADDR_LINE1	D
	37	RESIDENTIAL_ADDR_LINE2	D
	38	RESIDENTIAL_CITY_NAME	D
	39	RESIDENTIAL_STATE_CODE	D
	40	RESIDENTIAL_ZIP_CODE	D
	41	RESIDENTIAL_COUNTY_FIPS_CODE	D
	42	MAILING_ADDR_LINE1	D
	43	MAILING_ADDR_LINE2	D
	44	MAILING_CITY_NAME	D
	45	MAILING_STATE_CODE	D
	46	MAILING_ZIP_CODE	D
	47	RESPONSIBLE_PERSON_INDV_ID	n/a
	48	RESPONSIBLE_PERSON_FIRST_NAME	n/a
	49	RESPONSIBLE_PERSON_LAST_NAME	n/a
	50	RESPONSIBLE_PERSON_PHONE	n/a
	51	RESPONSIBLE_PERSON_ADDR_LINE1	n/a
	52	RESPONSIBLE_PERSON_ADDR_LINE2	n/a
	53	RESPONSIBLE_PERSON_CITY_NAME	n/a
	54	RESPONSIBLE_PERSON_STATE_CODE	n/a
	55	RESPONSIBLE_PERSON_ZIP_CODE	n/a
	56	CUSTODIAL_PARENT_INDV_ID	n/a
	57	CUSTODIAL_PARENT_FIRST_NAME	n/a
	58	CUSTODIAL_PARENT_LAST_NAME	n/a
	59	CUSTODIAL_PARENT_ADDR_LINE1	n/a
	60	CUSTODIAL_PARENT_ADDR_LINE2	n/a
	61	CUSTODIAL_PARENT_CITY_NAME	n/a
	62	CUSTODIAL_PARENT_STATE_CODE	n/a
	63	CUSTODIAL_PARENT_ZIP_CODE	n/a
Agent	64	BROKER_ID	R
	65	AGENT_BROKER_NAME	R
	66	BROKER_FEDERAL_EIN	R
	67	BROKER_LICENSE_NUMBER	R

	#	Field	Field Use
	68	BROKER_CERTIFICATION_NUMBER	R
	69	BROKER_DELEGATED_TO_CASE_DATE	R
Primary	70	ISSUER_MEMBER_ID	n/a
	71	ISSUER_SUBSCRIBER_ID	n/a