**Carrier Participation Fee Billing Discrepancy Resolution Process**

Each month, Covered California will send the Carrier a Member Level Detail file (see Appendix C PMPM\_Member\_Level\_Detail\_Response SAMPLE) to support that month’s billing (lists all members being billed for).

Within the same file, the carrier must indicate in the discrepancy column any disputed billing, by indicating the discrepancy type (see Discrepancy Types section below). If the carrier does not dispute the billing, carrier may indicate “ok to pay” OR leave the column blank. The carrier may also provide comments in the column marked “comments”. This is an open ended field to provide further explanation or comments as needed.

Carrier must not modify the file structure or insert/delete any rows or columns as the responses will be appended to Exchange database for resolution purposes.

The following sections provide detailed instructions for completion of the monthly Member Level Detail file.

**DISCREPANCY types for Participation Fee Billing Discrepancy Resolution**

Cancellation – Policy was never effectuated.

Termination – Policy was once effectuated and is now terminated.

Effective Date – a mismatch between policy start dates or end dates exist

Duplicate – duplicate record exists (the record flagged is the duplicate; the current/correct record should not be flagged)

Missing (CC) – the record does not exist (on Covered CA side, but exists and is paying on carrier side)

Missing (Carrier) - the record does not exist in the Carrier enrollment system

Plan Difference – the plan identified does not agree to plan selection on Carrier record

Mismatch – Subscriber does not match member or vice versa

**Field Name Specifications**

Carriers must adhere to the following field name specifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Name** | **Data Type** | **Length** | **Description** | **Values** |
| Household Case ID | Number | 10 | Case ID (same for all members in same household.)e.g. 5000892117 |  |
| Enrollment\_ID | Number | varies | Subscriber ID (same for all members in same household.)e.g. 468751 |  |
| Subscriber Name | Short Text | varies | Subscriber name |  |
| Exchange Member ID | Number | varies | Member Individual ID (unique per member) |  |
| Member\_Name | Short Text | varies | Member full name |  |
| MbrSeqNum | Number | 1 | Member Sequence Number in the household |  |
| Member\_Type | Short Text | varies | Relationship to subscriber (Self, Spouse, Child, Other)  |  |
| Status | Short Text | varies | C (Current); RA (retro add); RT (retro terminate) |  |
| Member\_Start\_Date | Date/Time | 10 | Date enrollee first became eligible with CC.e.g. 2014-01-01 |  |
| Member\_End\_Date | Date/Time | 10 | e.g. 2079-06-01 |  |
| Coverage\_Start\_Date | Date/Time | 10 | Coverage start date for the policy. e.g. 2014-12-31 |  |
| Coverage\_End\_Date | Date/Time | 10 | Coverage end date for the policy e.g. 2079-06-01 |  |
| Carrier HIOS ID | Number | 5 | Carrier Specific Identifier |  |
| Carrier Policy ID | Mixed | 16 | Policy ID |  |
| Plan\_ID | Number | 3 | Plan identifier |  |
| Plan Name | Short Text | varies | Plan Name |  |
| Service Type | Short Text | 2 | Medical or Dental (ME or DE) |  |
| Plan Tier | Short Text | 2 | CA (Catastrophic); BR (Bronze); SL (Silver); GL (Gold); PL (Platinum) |  |
| Coverage\_Month\_Year | Date/Time | 7 | The specific period being billed for |  |
| PMPM Fee | Currency | 6 | PMPM fee |  |
| Discrepancy\_Type | Short Text | varies | Type of discrepancy (Missing CC, Missing Carrier, Cancellation, Termination, Plan Difference, Duplicate, Effective Date) |  |
| Comments | Long Text | varies | Comments |  |

**File Naming Convention**

Carriers must use the following specified file naming when submitting the monthly. PMPM\_Member\_Level\_Detail\_Response file:

HIOSID\_INDV\_YYYMO01\_Carrier\_Name\_PMPM\_Member\_Level\_Detail\_Response