
Covered California EDI Companion Guide

Version 20.09.05

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1. Preface

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Covered California, 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 intends 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 with Covered California. 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 created a health insurance exchange called Covered California to comply with the Affordable Care Act (ACA). Covered California helps individuals and small employers shop for, select and enroll in high quality, affordable health plans that fit their needs. In order for Covered California 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 Covered California will exchange information with insurance Issuers. However, minor deviations from the CMS Standard Companion Guide Transaction Version 3.2 may be made where necessary and we will call out these deviations in this guide. Please note this Companion Guide is applicable **ONLY** for the Individual Exchange Market.

This Companion Guide contains detailed information about how Covered California will use the **CMS Standard Companion Guide Transaction Version 3.2** 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 Covered California and all health insurance Issuers 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. Covered California will trade the following health care transaction types:

- 834 Membership Enrollments
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

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

This Companion Guide will be used in conjunction with the respective TR3s and is not meant to replace them. This Companion Guide applies to the Individual Market only and does not provide instructions for the SHOP market (Small Business Health Options).

3. File naming conventions

The naming conventions for files transferred between Covered California and the insurance Issuers are as follows:

Table 1 - File naming conventions

Txn Type	Frequency Daily*, M=Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
834	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_834_INDV_<CCYMMDDHHMSS>.edi
834	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_834_INDV_<CCYMMDDHHMSS>.<BenefitYearYYYY>.edi
TA1	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<CCYMMDDHHMSS>.edi
TA1	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_TA1_834_INDV_<CCYMMDDHHMSS>.edi
999	Daily	Individual Enrollments	I	from_<HIOS_Issuer_ID>_CA_999_834_INDV_<CCYMMDDHHMSS>.edi
999	Daily	Individual Enrollments	O	to_<HIOS_Issuer_ID>_CA_999_834_INDV_<CCYMMDDHHMSS>.edi

Note: “In” and “Out” are from the Covered California perspective, that is, Inbound to Covered California and Outbound from Covered California. File names are case sensitive.

4. File transfer process

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

5. Acknowledgments and Instructions for TA1/999

EDI interchanges submitted to Covered California are processed through compliance edits that generate acknowledgments indicating the portions of data that were accepted vs. rejected. Those acknowledgment files are returned to the submitter. Similarly, Issuers are also expected to generate and return acknowledgments for Covered California submitted files. Please note the difference between Confirmation and Acknowledgment transactions. Confirmation transactions are generated and sent by the Issuer to Covered California when the Policy is Effectuated (i.e. consumer makes a payment).

Important Note: Carriers are required to return Covered California issued control numbers in TA1/999 response files.

NOTE: The TA1/999 transaction instructions provided in this Companion Guide must be used in conjunction with the X231A1 ASC X12 Implementation Guide. For further information on the ASC X12 guide, please refer to Washington Publishing Company at www.wpc-edi.com or ASC X12 at www.x12.org.

6. TA1 Interchange Acknowledgment

Covered California trades a TA1 interchange acknowledgment transaction for every ISA/IEA interchange in an 834 file. For 834's, Covered California currently sends a single ISA/IEA interchange per file to the Issuers, so the expectation is that a single TA1 file will be sent by the Issuer to the Exchange for every 834 file they receive from the Exchange. It is **highly recommended** that Issuers also send a single ISA/IEA interchange in their 834 files to the Exchange with the expectation that the Exchange will send a single TA1 file containing one or more TA1 transactions to the Issuer. We recommend against sending multiple ISA/IEA interchanges in a single file; if you cannot comply with this request, please contact Covered CA and provide an explanation.

Covered California and the Issuer will not trade TA1 and 999 acknowledgements for TA1/999 files. Make sure to set ISA14 to the value "0" in the TA1 and 999. Failure to do so will result in the TA1 or 999 not passing validation and left unprocessed by the Exchange.

Table 2 – Supplemental Instructions TA1 Interchange Acknowledgment

Reference	Name	Codes	Notes/Comments
ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
ISA01	Authorization Information Qualifier	00	Enter the value "00" — No Authorization Information Present.
ISA13	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by an Issuer in TA1 files and expects these elements to be unique each time. Covered California will reject the ISA/IEA interchange if an Issuer sends a duplicate value in ISA13 and it will reject a GS/GE functional group if an Issuer sends a duplicate value in

			GS06.
ISA14	Acknowledgment Requested	0	This value must be set to "0".
TA1	Interchange Acknowledgement		A TA1 will always be sent to indicate whether there were any interchange level errors.
TA101	Interchange Control Number		<p>Carriers should always send this value. Covered California validates all ISA13 and GS06 control numbers sent by an Issuer in TA1 files and expects these elements to be unique each time. Covered California will reject the ISA/IEA interchange if an Issuer sends a duplicate value in ISA13 and it will reject a GS/GE functional group if an Issuer sends a duplicate value in GS06.</p> <p>Must match ISA13 value from sent 834.</p>
TA102	Interchange Date		Must match ISA09 value from sent 834.
TA103	Interchange Time		Must match ISA10 value from sent 834.
TA104	Interchange Acknowledgment Code	A, R	<p>Covered California will only support Codes "A" and "R" in this field.</p> <p>The value "R" will be used to indicate that the transmitted interchange control header and/or trailer in the 834 had errors causing it to not be accepted. The expected response to this code is to correct the error in the 834 and resend it.</p>
TA105	Interchange Note Code	028-031	The Exchange will not support TA1 error codes 028-031. Please refer to TR3 for definition of these codes.

7. TA1 Acceptance Example

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1825*^*00501*000000002*0*P*::~~TA1*152611109*150918*1109*A*000~IEA*0*00000000
2~
```

TA1 Rejection Example

TA1 indicating that because an 834 had a duplicate interchange control number, the interchange was rejected:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1825*^*00501*000000002*0*P*::~~TA1*152611109*150918*1109*R*025~IEA*0*000000002~
```

8. Functional Acknowledgments

- Covered California trades a 999 functional acknowledgment transaction for every GS/GE functional group in an ISA/IEA interchange in an 834. Covered California currently sends a single GS/GE functional group within each ISA/IEA interchange to the Issuers. The expectation is that a single 999 file with a single ISA/IEA containing a single GS/GE containing a single ST/SE loop containing 1 or more occurrences of the AK2 loop will be sent by the Issuers to the Exchange for every 834 file they receive from the Exchange. It is **highly recommended** that Issuers also send a single GS/GE functional group within each ISA/IEA interchange in their 834 file to the Exchange with the expectation that the Exchange will return a single 999 file with a single ISA/IEA containing a single GS/GE containing a single ST/SE loop containing 1 or more occurrences of the AK2 loop to the Issuer.
- If an 834 file generates a TA1 transaction with a reject code, no further processing of the 834 interchange will occur. In such an instance, a 999 transaction will **not** be traded for that 834.
- GS06 and GS02 control numbers **cannot** have any leading 0's.

Table 3 – Supplemental Instructions 999 Functional Acknowledgments

Reference	Name	Codes	Notes/Comments
ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
ISA13	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by an Issuer in 999 files and expects these elements to be unique each time. Covered California will reject the ISA/IEA interchange if an Issuer sends a duplicate value in ISA13 and it will reject a GS/GE functional group if an Issuer sends a duplicate value in GS06.
ISA14	Acknowledgment Requested	0	This value must be set to "0".
GS	Functional Group		

	Header		
GS02	Application Sender's Code		Covered California expects GS02 and GS06 control numbers to not have leading 0's. Otherwise, it will result in an error.
GS06	Interchange Control Number		Covered California validates all ISA13 and GS06 control numbers sent by Issuers in TA1, 999, and 834 files and expects it to be unique each time. Covered California will reject the file if Issuers send duplicate ISA13 and GS06 control numbers. Covered California also expects GS02 and GS06 control numbers to not have leading 0's. Otherwise, it will result in an error.
AK101	Functional Identifier Code		Carriers should use the value in GS01 from the functional group to which this 999-transaction set is responding.
AK102	Group Control Number		Carriers should use the value in GS06 from the functional group to which this 999-transaction set is responding.
AK201	Transaction Set Identifier Code		Carriers should use the value in ST01 from the transaction set to which this 999-transaction set is responding.
AK202	Transaction Set Control Number		Carriers should use the value in ST02 from the transaction set to which this 999-transaction set is responding.

Examples of 999's:

a) When the 834 transaction has no validation issues, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1641*^*00501*000000001*0*P*::~GS*FA*CA0*473103726*20160426*164140*1*X*005010X231
A1~ST*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220
A1~IK5*A~AK9*A*1*1*1~SE*6*0001~GE*1*1~IEA*1*000000001~
```

b) When the 834 is missing a 1000A N1 segment (where N101 = "P5"), the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1706*^*00501*000000001*0*P*::~GS*FA*CA0*473103726*20160426*170631*1*X*005010X231
A1~ST*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220
A1~IK3*N1*41*2750*1~IK5*R*5~AK9*R*1*1*0~SE*7*0001~GE*1*1~IEA*1*000000001~
```

c) When the 834 has the 1000A N1 segment, but 1000A N104 is missing, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1715*^*00501*000000001*0*P*::~GS*FA*CA0*473103726*20160426*171514*1*X*005010X231
A1~ST*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220
A1~IK3*N1*7*1000*8~IK4*4*67*7~IK4*4*67*2~IK5*R*5~AK9*R*1*1*0~SE*9*0001~GE*1*1~IEA*1*00000
0001~
```

d) When 2100A NM109 is missing, the 999 will look like this:

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*473103726
*160426*1726*^*00501*000000001*0*P*::~GS*FA*CA0*473103726*20160426*172631*1*X*005010X231
A1~ST*999*0001*005010X231A1~AK1*BE*152611109*005010X220A1~AK2*834*000000001*005010X220
A1~IK3*NM1*19*2100*8~CTX*SUBSCRIBER NUMBER
REF02:6693~IK4*9*67*2~IK5*R*5~AK9*R*1*1*0~SE*9*0001~GE*1*1~IEA*1*000000001~
```

9. 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 the initial enrollment for any of the Subscriber's dependents.

If the household case has a single enrollment group, then the default Subscriber is the Primary Tax filer.

If the Primary Tax filer is not in the enrollment group (either does not opt for coverage or, due to custom grouping is in a different enrollment group), then the subscriber is the oldest (adult) member.

Important Note: For child only policies, Covered California will assign the youngest member on the policy as the Subscriber. This is done to minimize the occurrence of Subscriber changes caused due to the oldest child aging out.

10. Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, spaces, and other special characters except for 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

Important Note: Usage of any other combination of characters as terminators such as a tilde followed by a line feed, tilde followed by carriage return, etc. will cause file to be marked as unusable and therefore will not be processed.

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

Valid examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

11. Control Segments/Envelopes

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are in the HIPAA implementation guides. The following sections address specific information needed by Covered California 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 4 - ISA/GS Segment Instructions

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Authorization Information	ISA02	Not used
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Security Information	ISA04	Not used
Interchange Sender ID	ISA06	“CA0 “ For outbound to Issuer or CMS, it is the string “CA0” with 12 padded spaces after it.

		For inbound from Issuer, it is the Issuer's federal tax id. Issuers should pad this value with spaces at the end to make it 15 characters long.
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVER'S FEDERAL TAX ID>" For outbound to Issuer, it's the Issuer's federal tax id (padded with spaces at the end to make it 15 characters long).
Interchange Date	ISA09	The date format is YYMMDD where YY = year (00-99), MM = month (01-12), and DD = day (01-31).
Interchange Time	ISA10	The time format is HHMM where HH = hours (00-23) and MM = minutes (00-59).
Repetition Separator	ISA11	"^" This delimiter is used to separate repeated occurrences of a composite data structure.
Interchange Control Version Number	ISA12	"00501"
Interchange Control Number	ISA13	Important Note: Covered California tracks and validates this control number and expects it to be unique for the timeline of the Issuer. This field cannot be recycled. If Issuer sends a duplicate control number in ISA13, then the file will be rejected. 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 transactions. For more information, check GS06 or refer to TR3 documentation.
Interchange Acknowledgment Requested	ISA14	"1" for 834 "0" for TA1/999
Interchange Usage Indicator	ISA15	"P" for Production data "T" for Test data Covered California uses this code to indicate whether data enclosed by this interchange envelope is Production or Test.
Functional Identifier Code	GS01	"BE"

Application Sender's Code	GS02	<p>Used to identify the unit sending the information.</p> <p>For outbound to Issuer, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is: "CA0"</p> <p>For outbound to CMS, it's the 14-digit plan id.</p> <p>Important Note: For inbound from Issuer, it's the Issuer's Federal Tax ID. Issuers should NOT pad this element with spaces at the end, as doing so will result in an error.</p> <p>For inbound from CMS, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is: "CA0"</p>
Application Receiver's Code	GS03	<p>"<RECEIVER'S FEDERAL TAX ID>"</p> <p>For outbound to Issuer, it's the Issuer's Federal Tax ID (padded with spaces at the end to make it 15 character long).</p> <p>For outbound to CMS, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange the value is: "CA0"</p> <p>For inbound from Issuer, it's a 2-character abbreviation for a State Exchange followed by "0". For California State Exchange, the value is: "CA0"</p> <p>For inbound from CMS, it's the 14-digit plan id.</p>
Date	GS04	<p>Represents the file creation date. Expressed in the form CCYYMMDD where CC = century (20), YY = year (00-99), MM = month (01-12), and DD = day (01-31)</p>
Time	GS05	<p>Represents the file creation time.</p> <p>For outbound, Covered California will use HHMM format.</p> <p>For inbound, Covered California will accept any of the following allowed formats:</p> <ul style="list-style-type: none"> ● HHMM ● HHMMSS ● HHMMSSD ● HHMMSSDD

		Where: HH = hours (00-23), MM = minutes (00-59), SS = seconds (00-59), D = tenth of seconds (0-9), and DD = hundreds of seconds (00-99). The recommended format is HHMM.
Group Control Number	GS06	<p>Important Note: Covered California tracks and validates this control number and expects it to be unique for the timeline of the Issuer. If Issuer sends across a duplicate control number in GS06, then the file will be rejected.</p> <p>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 transactions.</p> <p>In order to provide sufficient discrimination for the acknowledgment process to operate reliably and to ensure that audit trails are unambiguous, the combination of GS01, GS02, GS03, and Functional Group Control Numbers (GS06, GE02) shall by themselves be unique within a reasonably extended timeframe whose boundaries shall be defined by trading partner agreement. Because at some point it may be necessary to reuse a sequence of control numbers, the Functional Group Date and Time may serve as an additional discriminant only to differentiate functional group identity over the longest possible time frame.</p> <p>For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.</p>
Version/Release/Industry Identifier Code	GS08	"005010X220A1"
Transaction Set Identifier Code	ST01	"834"
Transaction Set Control Number	ST02	The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.
Implementation Convention Reference	ST03	"005010X220A1"

	<p>This element must be populated with the guide identifier named in Section 1.2 of TR3 documentation.</p> <p>This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (ST/SE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.</p>
--	---

Control Segment Example

```
ISA*00*      *00*      *ZZ*CA0      *ZZ*123456789  *150514*1451*^*00501*999999999*1*T*:
GS*BE*CA0*123456789*20150514*1451*999999999*X*005010X220A1
ST*834*000000001*005010X220A1
```

Note: All above mentioned control segment data elements are required to be sent in all transactions – Initial Enrollment, Confirmation, Change Reporting (Maintenance), and Disenrollment.

12. Covered California Business Rules

Refer to the CMS Companion Guide Version 3.2 for information on business rules and limitations. Covered California will be following these rules with the following exceptions to the General Business Rules:

12.1. General Business Rules Exceptions

Covered California will send separate transactions if multiple products (Medical & Dental) are selected from the same Issuer. Covered California 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 3.2 for additional details. Covered California identifies unique enrollment group as a combination of household case id and Subscriber ID.

12.2. Individual Market Calculation Exceptions

- Covered California will **not** have Family Rated Definitions (Composite Rating).
- Other Payment Amount (OTH PAY AMT 2) will not be used

Refer to section 9.5 of CMS 834 Companion Guide Version 3.2 for additional details.

13. Detailed Business Scenarios for 834

13.1. Covered California to Issuer - Initial Enrollment Instructions (Outbound)

An Initial Enrollment transmission is created by the Exchange and will be 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 3.2 are used.

Table 5 - 834 Supplemental Instructions for Initial Enrollment

Table or Loop	Element	Industry/Element Name	Code	Instructions
Header	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code		Covered California will transmit "00".
	BGN02	Transaction Set Reference Number		For outbound 834's (from Exchange -> Issuer), from the XML, the EDI map combines <HIOS_Issuer_ID> with <txnCreateDateTime> and maps it to this element. For example, if the HIOS Issuer ID is "34567" and the transaction creation date/time is "20150521121234", then this element would contain "3456720150521121234". For inbound 834's (from Issuer -> Exchange), Issuers typically send their own number, perhaps using a different algorithm to generate it.
	BGN03	Transaction Set Creation Date		CCYYMMDD portion of <txnCreateDateTime>
	BGN04	Transaction Set Creation Time		hhmssdd portion of <txnCreateDateTime>
	BGN08	Action Code	2	"2" is used to identify a transaction of additions, terminations and changes to the current enrollment.
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.
	DTP01	Date Time Qualifier	303	Maintenance Effective date

Header	QTY	Transaction Set Control Totals		Will transmit all 3 iterations of this segment.
	QTY01	Quantity Qualifier	TO DT ET	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. 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". 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		The sponsor name will be the primary household contact (PHC) regardless if PHC is the subscriber, or if the primary tax filer is not applying for coverage.
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Sponsor Name		Mapped to Sponsor Name
	N103	Identification Code Qualifier	FI 94	Sponsor Tax ID Exchange Assigned Subscriber ID
	N104	Identification Code		Individual Market. Sponsor Tax ID When the Sponsor Tax ID is not available, the Exchange Assigned Subscriber ID will be sent.
1000B	N1	Payer		Identifies the Issuer of the QHP
	N101	Entity Identifier Code	IN	Insurer
	N103	Identification Code Qualifier	94 XV	Covered California will not transmit this value. Will transmit the CMS HPID.
1000C	N1	Third Party Administrator (TPA)/Broker Name		Will transmit if a broker was involved in the enrollment. Refer to TR3 documentation for instructions.
	N101	Entity Identifier Code	BO	Broker or Sales Office
	N102	TPA or Broker Name		Mapped to Broker/Agent Name

	N103	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number
1100C	ACT	TPA/Broker Account Information		Will transmit if a broker was involved in the enrollment. Refer to TR3 documentation for instructions.
2000	INS	Member Level Detail		
	INS01	Member Type Indicator	Y	"Y" indicates that the member is the Subscriber.
			N	"N" indicates that the member is not the Subscriber.
	INS02	Individual Relationship Code	See Instructions	<p>Mapped to the Individual's relationship to the listed Subscriber. Following are the possible codes/values.</p> <ul style="list-style-type: none"> 01 Spouse 03 Father or Mother 04 Grandfather or Grandmother 05 Grandson or Granddaughter 06 Uncle or Aunt 07 Nephew or Niece 08 Cousin 10 Foster Child 11 Son-in-law or Daughter-in-law 12 Brother-in-law or Sister-in-law 13 Mother-in-law or Father-in-law 14 Brother or Sister 15 Ward 16 Stepparent 17 Stepson or Stepdaughter 18 Self 19 Child 23 Sponsored Dependent - Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.

				24 Parent's Domestic Partner 25 Ex-spouse 26 Guardian 31 Court Appointed Guardian 53 Domestic Partner D2 Trustee G8 Other Relationship G9 Other Relative
	INS03	Maintenance Type Code	See Instructions	Following are the possible value based on the enrollment event scenario. <ul style="list-style-type: none"> ● 001 Change – Used to indicate a change to an existing Subscriber/dependent record. ● 021 Addition – Used to add a Subscriber or dependent. ● 024 Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent. ● 025 Reinstatement - Used to reinstate an enrollment. Note: Code 030 (Audit or Compare) will not be used by Covered California.
	INS04	Maintenance Reason Code	See Instructions	Refer to Section 20 of this document for list of codes supported by Covered California. Note: Covered California will send code EC for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice.
	INS05	Benefit Status Code	A	Indicates Active
	INS08	Employment Status Code	AC	Covered California will use this (when INS01 = "Y")
	INS12	Member Individual Death Date		This is the date of death for the Subscriber/dependent and does not replace the use of the termination date within the 2300 loop.
2000	REF	Subscriber Identifier		

	REF01	Reference Identification Qualifier	0F	Exchange Assigned Subscriber ID Identifier
	REF02	Subscriber Identifier		The Exchange Assigned ID of the Subscriber (Member ID of the Subscriber).
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		<p>Policy ID (Enrollment ID)</p> <p>Issuers are required to send this ID back in the Confirmation 834s.</p> <p>This is a unique identifier for each enrollment in Covered California’s system. If the consumer reports a change event (special enrollment period) and keeps the current enrollment, this ID will remain the same. It will change only when the consumer discontinues the old enrollment and shops for a new enrollment.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Outbound 834: Exchange Assigned Member ID Identifier.
	REF01	Reference Identification Qualifier	Q4	Outbound 834: This segment will never be transmitted by Covered California.
	REF01	Reference Identification Qualifier	ZZ	Outbound: Transmit "ZZ" when the Issuer Assigned Subscriber ID is available in the system.

			23	<p>Note: Issuer Assigned Member ID is not present in the Initial Enrollment 834 and the Issuers are expected to send it back in all transactions. Once Covered California gets this value from Issuers, any consecutive 834 resulting from change reporting, will have Issuer Assigned ID.</p> <p>Inbound 834: Issuers to send back the Issuer Assigned Member ID.</p>
	REF02	Member ID		Exchange Assigned Member ID or Issuer Assigned Member ID depending on REF01 code.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	See Instructions	<p>It can be one of the following values based on the enrollment event scenario.</p> <ul style="list-style-type: none"> ● 303 Maintenance Effective - This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300. ● 356 Eligibility Begin - The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700.
	DTP02	Date Time Period Format Qualifier	D8	Indicates that the date will be passed in CCYYMMDD format. Covered California will always use this format.
	DTP03	Status Information Effective Date		Date is passed in CCYYMMDD format. i.e., 20150514
2100A	NM1	Member Name		
	NM108	Identification Code Qualifier	34	SSN
	NM109	Member Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the member's SSN

				when known. NM108/09 not sent if no value known.
2100A	PER	Member Communications 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:</p> <p>1st --- Primary Phone ("TE")</p> <p>2nd --- Secondary Phone ("AP")</p> <p>3rd --- Preferred Communication Method ("EM" for email or "BN" for a phone number for receiving text messages). If there isn't a preferred communication method chosen, the 3rd communication contact will not be sent.</p>
	PER01	Contact Function Code	IP	Insured Party
	PER03	Communication Number Qualifier	TE	Primary Phone ("TE")
	PER04	Communication Number	See Instructions	When PER03 = "TE", map to memberPrimaryPhoneNo
	PER05	Communication Number Qualifier	AP	Secondary Phone ("AP")
	PER06	Communication Number		When PER05 = "AP", map to memberSecondaryPhoneNo
	PER07	Communication Number Qualifier		<p>"EM", if consumer selected email as preferred method of communication.</p> <p>"BN", if consumer selected phone number for receiving text messages.</p>
	PER08	Communication Number	See Instructions	<p>When PER07 = "BN", map to memberPreferredSMS</p> <p>When PER07 = "EM", map to memberPreferredEmail</p>
2100A	N3	Member Address		Member Home Address will always be sent for each member. Applies to all transactions.
2100A	N4	Member City, State, ZIP Code		Member Home Address will always be sent for each member. Applies to all transactions.
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available. See

				http://www.itl.nist.gov/fipspubs/co-codes/ca.txt
2100A	DMG	Member Demographics		
	DMG01	Date Time Qualifier	D8	Date in CCYYMMDD format.
	DMG02	Member Birth Date	See instructions	Member's Date of Birth expressed in format CCYYMMDD will be passed here.
	DMG03	Gender Code	F M	Member's Gender code will be passed in this field. Female Male
	DMG04	Marital Status Code	Refer to TR3 for codes	The Marital Status Code will be transmitted for Individual Markets for the Subscriber.
	DMG05-03	Race or Ethnicity Code	See instructions	Race or Ethnicity codes will be transmitted, when available, with a maximum of ten unique codes. Note: If no value is selected on portal, then no value will be sent to carriers. Refer to section 19 for the codes that are supported.
	DMG06	Citizenship Status Code	See instructions	This is sent only in the Subscriber loop. Will transmit when available. Following are the possible values. <ul style="list-style-type: none"> ● "1" - U.S. Citizen ● "3" - Resident Alien
2100A	EC	Employment Class		This segment will never be transmitted by Covered California.
2100A	ICM	Member Income		This segment will never be transmitted by Covered California.
2100A	AMT	Member Policy Amounts		This segment will never be transmitted by Covered California.
2100A	HLH01	Tobacco usage indicator	U	This segment will be transmitted by Covered California.

				“U” – Unknown
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Spoken and Written language information will be transmitted when known. Refer to section 18 for the spoken and written language codes supported.
2100A	LUI01	Identification Code Qualifier	LE	Refer to section 18 for the spoken and written language codes supported.
	LUI02	Language Identification Code		Refer to section 18 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. This segment will be used while making updates or corrections to Name and/or SSN. When used, this segment will be populated with the prior Name and/or SSN of the member so that Issuers can use it to match up in their system. Please refer to TR3 documentation for additional information.
2100C	N3	Member Mailing Address		Member Mailing Address will be sent if different from Home Address for each member. Applies to all transactions.
2100C	N4	Member Mailing City, State, ZIP Code		Member Mailing Address will be sent if different from Home Address for each member. Applies to all transactions.
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available. See http://www.itl.nist.gov/fipspubs/codes/ca.txt
2100D		Member Employer Loop		This loop will never be transmitted by Covered California.
2100E		Member School Loop		This loop will never be transmitted by Covered California.
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		Covered California will transmit "QD" or "S1" as appropriate. Covered California will transmit "S1" if Responsible Party is Parent. Else, Covered California will transmit "QD".
	NM109	Responsible Party Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the SSN when known.
2100G	PER	Responsible Person Communication Numbers		Populated similar to 2100A PER element. Please refer to the instructions provided in that section.
2100H		Drop-Off Location Loop		This loop will never be transmitted for Covered California.
2200		Disability Information Loop		This loop will never be transmitted for Covered California.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	See Instructions	Following are the possible values based on the enrollment event scenario. 001 Change 021 Addition 024 Cancellation or Termination - Use this code for cancelling/terminating a coverage 025 Reinstatement - Used to reinstate an enrollment Note: Codes 002 (Delete), 026 (Correction), 030 (Audit), and 032 (Employee Information Not Applicable) will not be used by Covered California.
	HD03	Insurance Line Maintenance Type Code	HLT DEN	"HLT" is transmitted if the enrollment is on a health/medical plan. "DEN" is transmitted if the enrollment is on a dental plan.

2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier		<p>Outbound Direction: For Outbound 834s, Covered California will transmit one of the following values based on enrollment event scenario.</p> <ul style="list-style-type: none"> • 303 Maintenance Effective Date – This is the effective date of a change where a member’s coverage is not being added or removed • 348 Benefit Begin Date – This is the effective date of coverage. This code must always be sent when adding or reinstating coverage. Transmit “348” for the Actual Enrollment Begin Date. Enrollment into the QHP is not effectuated until the initial premium has been paid. • 349 Benefit End Date – The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01. Will not transmit “349”; an Enrollment Period End Date is not sent on initial enrollment transactions. Transmit “349” for an Enrollment Period End Date when cancelling an enrollment period. Transmit “349” for an Enrollment Period End Date when terminating an enrollment period.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier Note: This REF segment repeats for following codes.	CE	CE (Class of Contract Code): Populated with 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)

			1L	<p>1L: Policy ID (Enrollment ID), which is the unique identifier for an enrollment, will be passed in this field.</p> <p>Important Note - Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and send back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
			ZZ	<p>ZZ (Mutually Defined): Covered California will transmit Household Case ID.</p>
2300	REF	Prior Coverage Months		This segment will never be transmitted for Covered California.
2300	IDC	Identification Card		This segment will never be transmitted for Covered California.
2310		Provider Information Loop		This loop will never be transmitted for Covered California.
2320		Coordination of Benefits Loop		This loop will never be transmitted for Covered California.
2330		Coordination of Benefits Related Entity Loop		This loop will never be transmitted for Covered California.
2700		Member Reporting Categories Loop		This loop will be transmitted when additional premium category reporting is appropriate. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to the 2750 loop.
2750	REF02	SOURCE EXCHANGE ID		Covered California will send “CA0” for the SOURCE EXCHANGE ID.
2750	N1	Reporting Category		Reporting Category for APTC

				Note: This entire segment will appear for the Subscriber and dependents.
	N101		75	Participant
	N102			Value = "APTC AMT"
	REF01		9V	Payment Category
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format.
	DTP03			APTC Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "CSR AMT"
	REF01		9V	Payment Category
	REF02			Value = CSR Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format.
	DTP03			CSR Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for state subsidy Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "OTH PAY AMT 1"
	REF01		9V	Payment Category
	REF02			Value = State Subsidy Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format.
	DTP03			State subsidy Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Member Level Premium
	N101		75	Participant

	N102			Value = "PRE AMT 1"
	REF01		9X	Account Category
	REF02			Value = Member Level Premium
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format.
	DTP03			Member Level Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for RATING AREA Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "RATING AREA"
	REF01		9X	Account Category
	REF02			Value = Member's Rating Area
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Rating Area Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Net Premium Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "TOT RES AMT"
	REF01		9V	Payment Category
	REF02			Value = Net Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Net Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium. Note: This entire segment will appear only for the Subscriber.

	N101		75	Participant
	N102			Value = "PRE AMT TOT"
	REF01		9X	Account Category
	REF02			Value = Gross Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYYMMDD format
	DTP03			Gross Premium Effective Date in CCYYMMDD format.
2750	N1	Reporting Category		Reporting Category for passing previous Policy ID (Enrollment ID) with Old Subscriber Note: This entire segment will appear only for the Subscriber in ADD transaction. It will be populated whenever the new/initial enrollment is a result of the termination of their previous enrollment. For e.g. Subscriber flip, CSR Change, adding a member back to the enrollment group, renewals. Additional scenarios found in section 15, 15.6, 16, and 16.5.
	N101		75	Participant
	N102			Value = "OLD POLICY ID"
	REF01		17	Client Reporting Category
	REF02			Value = Policy ID (Enrollment ID) of the old Enrollment with prior Subscriber.
	DTP01		007	Effective
	DTP02		D8	Date in CCYYMMDD format
	DTP03			Effective Date in CCYYMMDD format.

13.2. Covered California to Issuer - Cancellation Instructions (Outbound)

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, on or after the effective date of initial coverage. Cancellation can occur at Enrollment Group level or Member Level. A cancellation is defined by the enrollment end date being = to the enrollment start date.

13.2.1. Enrollment Group Level Cancellation Instructions

Covered California will send a Cancellation transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or moving out of a coverage area before coverage starts.

Table 6 - 834 Supplemental Instructions for Individual Market Cancellation

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y	Enrollment group level cancellation will be sent at the Subscriber level in this loop.
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.
	INS04	Maintenance Reason Code	01	Divorce
			03	Death
			07	Termination of Benefits
			14	Voluntary Withdrawal
			22	Plan Change
			43	Change of Location - Use this code to indicate a change of address.
			AI	Plan change that results in CSR Level change (No reason given - see Maintenance Reason codes).
	INS08	Employment Status Code	TE	Carriers will use TE code for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		
	REF01	Exchange Assigned Subscriber ID	0F	Exchange Assigned Subscriber ID Identifier

	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		<p>Policy ID (Enrollment ID), which is the unique identifier for an enrollment, will be passed in this field.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and send it back on all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment
	REF01	Reference Identification Qualifier	17	Covered California will transmit Exchange Assigned Member ID in REF02.
			23	Covered California will transmit Issuer Assigned Member ID in REF02 if value present in Covered California’s system.
			ZZ	Covered California will transmit the Issuer Assigned Subscriber ID in REF02 if the value is present in Covered California’s system.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of

				02/28/2001 is passed, then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2100A	HLH	Member Health Information		This segment will be transmitted by Covered California.
2100A	HLH01	Tobacco usage indicator	U	This segment will be transmitted by Covered California. "U" - Unknown
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
			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	1L	Policy ID (Enrollment ID), which is the unique identifier for an enrollment, should be passed in this field. Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to store this ID in their system and send it back on all 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 3.2 for

				explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 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	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL"

13.2.2. Member Level Cancellation Instructions

This transaction is used when Covered California cancels individuals in the enrollment group rather than the entire enrollment group. This will only be used by Covered California to communicate member level cancellations to Issuers. Issuers will **not** use this transaction to send cancellations to Covered California.

Table 7 - 834 Supplemental Instructions for Individual Market Cancellation (Member Level)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	N	Member level cancellation will be sent at dependent loop.
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.
	INS04	Maintenance Reason Code	01	Divorce
			03	Death
			07	Termination of Benefits
			14	Voluntary Withdrawal
			22	Plan Change
			43	Change of Location - Use this code to indicate a change of address.
			AI	Plan change that results in CSR Level change (No reason given - see Maintenance Reason codes).
	INS08	Employment Status Code	TE	Carriers will use TE code for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	Exchange Assigned Subscriber ID Identifier

	REF02	Subscriber Identifier		The Exchange Assigned ID of the Subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		<p>Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California’s System.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and include it in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
2000	REF	Member Supplemental Identifier		Covered California will transmit IDs shown below when they were present on the Initial Enrollment.
	REF01	Reference Identification Qualifier	17	Use “17” when the Exchange Assigned Member ID is conveyed in REF02.
	REF01	Reference Identification Qualifier	23	Use “23” when the QHP Issuer Assigned Member ID is conveyed in REF02.
	REF01	Reference Identification Qualifier	ZZ	Use “ZZ” when the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
	REF01	Reference Identification Qualifier	OF	Use “OF” when the Exchange Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		

	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed, then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2100A	HLH	Member Health Information		This segment will be transmitted by Covered California.
2100A	HLH01	Tobacco usage indicator	U	This segment will be transmitted by Covered California. "U" - Unknown
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination - Use this code for cancelling/terminating a coverage
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	349	Enrollment Period End Date. Covered California will transmit the benefit begin date from the Initial Enrollment transaction as the Coverage end date.
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 will be conveyed in the associated REF02 element. (HIOS ID).
			1L	Policy ID (Enrollment ID), which is the unique identifier for an

				<p>enrollment, should be passed in this field.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and send it back in all 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p> <p>Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.</p>
2700		Member Reporting Categories Loop	X9	<p>One iteration of this loop is required for all terminations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to loop 2700.</p>
2750	N1	Reporting Category		<p>See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to the 2750 loop.</p>
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL"

13.3. Covered California to Issuer - Termination Instructions (Outbound)

A Termination transaction is initiated when the enrollment is ended after the coverage has begun. A termination transaction can occur either after an enrollment has been effectuated or before an enrollment has been effectuated. In both scenarios, the enrollment end date is always set as a date

after the enrollment start date. The termination date can be changed to an earlier date in a maintenance transaction.

This transaction is sent at the Subscriber level and the Issuer is expected to terminate all members on the enrollment. Terminations can also occur at Member Level. It is possible for consumers whose enrollments are still in pending state within the system to terminate their coverage after the coverage start date has elapsed. In this scenario, carriers will receive a termination transaction and the future end date of the enrollment.

13.3.1. Enrollment Group Level Termination Instructions

Covered California will send a termination transaction to the QHP Issuer for a variety of reasons. This includes the individual getting coverage through an employer or moving out of a coverage area.

Table 8 - 834 Supplemental Instructions for Individual Market Termination

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.
	INS04	Maintenance Reason Code	01	Divorce – Use this code when subscriber leaves the enrollment group resulting in a termination transaction for the whole group.
			03	Death
			07	Termination of Benefits
			14	Voluntary Withdrawal
			22	Plan Change
			43	Change of Location - Use this code to indicate a change of address.
			AI	Plan change that results in CSR Level change (No reason given - see Maintenance Reason codes).
	INS08	Employment Stats Code	TE	Carriers will use TE code for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		

	REF02	Subscriber Identifier		The Exchange Assigned ID of the Subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		<p>Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California's System.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment.
	REF01		17	Use "17" when the Exchange Assigned Member ID is conveyed in REF02.
	REF01		23	Use "23" when the QHP Issuer Assigned Member ID is conveyed in REF02.
	REF01		ZZ	Use "ZZ" when the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed, then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		Covered California will transmit the Coverage End Date.

2100A	HLH	Member Health Information		This segment will be transmitted by Covered California.
2100A	HLH01	Tobacco usage indicator	U	This segment will be transmitted by Covered California. “U” - Unknown
2300	DTP	Health Coverage Dates		Covered California will transmit both dates.
	DTP01	Coverage Period	348 349	Benefit Begin Date – This is the effective date of coverage. Benefit End Date – The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01. Transmit “349” for an Enrollment Period End Date when terminating an enrollment period.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE 1L	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and will be conveyed in the associated REF02 element. (HIOS ID). Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California’s System. Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and return in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS Standard Companion Guide Transaction

				Version 3.2 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 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	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"TERM"

13.3.2. Member Level Termination Instructions

This transaction is used when Covered California terminates individuals (e.g. dependents) in the enrollment group rather than the entire enrollment group. This will only be used by Covered California to communicate member level terminations to Issuers.

Important Note: Issuers will **not** use this transaction to send terminations to Covered California.

Table 9 - 834 Supplemental Instructions for Individual Market Termination (Member Level)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.

	INS04	Maintenance Reason Code	01 03 07 14 22 43 AI	Divorce Death Termination of Benefits Voluntary Withdrawal Plan Change Change of Location - Use this code to indicate a change of address. Plan change that results in CSR Level change (No reason given - see Maintenance Reason codes).
	INS08	Employment Status Code	TE	Carriers will use TE code for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		Covered California will transmit the Exchange Assigned ID of the Subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Policy ID (Enrollment ID), which is the unique identifier for an enrollment, will be passed in this field. Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2000	REF	Member Supplemental Identifier		Covered California will transmit the IDs shown below when they were present on the Initial Enrollment.

	REF01		17	Use "17" when the Exchange Assigned Member ID is conveyed in REF02.
			23	Use "23" when the QHP Issuer Assigned Member ID is conveyed in REF02.
			ZZ	Use "ZZ" when the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed, then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		Covered California will transmit the Coverage End Date.
2100A	HLH	Member Health Information		This segment will be transmitted by Covered California.
2100A	HLH01	Tobacco usage indicator	U	This segment will be transmitted by Covered California. "U" - Unknown
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	Cancellation or Termination - Use this code for cancelling/terminating a coverage
2300	DTP	Health Coverage Dates		Covered California will transmit both dates.
	DTP01	Coverage Period	348	Benefit Begin Date - This is the effective date of coverage.
			349	Benefit End Date - The termination date represents the last date of coverage in which claims will be paid for the individual being

				terminated. For example, if a date of 02/28/2001 is passed then claims for this individual will be paid through 11:59 p.m. on 2/28/01. Transmit "349" for an Enrollment Period End Date when terminating an enrollment period.
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).
			1L	Covered California will transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California's System. Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to store this ID in their system and return it in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
			X9	Covered California will 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 terminations. See Section 9.6 of the CMS Standard Companion Guide Transaction

				Version 3.2 for explicit instructions related to loop 2700.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 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	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"TERM"

13.4. Issuer to Covered California Instructions (Inbound)

13.4.1. Overview of Covered California Inbound Processing Rules

Covered California handles Confirmations, Cancellations and Terminations from Issuers at the Subscriber level. Therefore, any inbound terminations or cancellations 834 transactions will error if not accompanied by Subscriber information in the file.

Issuers are **not** allowed to terminate or cancel an enrollment for **any reason other than Non-payment**.

This field is an optional field in the 834, but Issuers are **required** to populate and send it in all transactions.

Issuers are also not allowed to send different termination dates for different members in the same enrollment. Also, Covered California recommends that Issuers send the End Date equal to the Start Date for cancellations.

While processing any type of inbound transaction, if Covered California finds the member or the enrollment in Covered California's system is cancelled, then the transaction sent from the Issuers will be ignored. Similarly, Issuer sent termination transactions will be ignored if the Issuer sent TERM date is greater than the TERM date already present in Covered California's system.

If Carriers send effectuations at the member level and include the subscriber, these member-level transactions will be accepted.

Confirmations on enrollments that have future dated terminations will be processed.

Table 10 – Inbound Processing Rules

Type	Confirmation	Cancellation	Termination
Transaction Level	Subscriber Level (Only Subscriber information is required in the file).	Subscriber Level (Only Subscriber information is required in the file).	Subscriber Level (Only Subscriber information is required in the file).
Data Elements Updated in Covered California’s System	<ul style="list-style-type: none"> Enrollment Status Member Status Issuer IDs Last Payment Date 	<ul style="list-style-type: none"> Reason Code End Date Enrollment Status Member Status 	<ul style="list-style-type: none"> Reason Code End Date Enrollment Status Member Status Issuer IDs Last Premium Date
Validations Performed	<ul style="list-style-type: none"> Enrollment Record in Covered California’s System should not be in Cancel Status. Covered California will validate the Start Date sent by the Carriers and reject the transaction if it does not match the start date in Covered California’s System. 	<ul style="list-style-type: none"> Covered California will validate and reject the transaction if Reason code is not equal to 59. Covered California will validate the End Date sent by the Carriers and reject the transaction if it does not match the Start date. Covered California will reject cancellation transactions that are at member level. 	<ul style="list-style-type: none"> Enrollment Record in Covered California’s System should not be in Cancel Status. Covered California will validate and reject the transaction if Reason code is not equal to 59. Covered California will validate the End Date sent by the Carriers and reject the transaction if it is not greater than the Start date. Covered California will reject termination transactions that are at member level.

Carriers are not required to send back the following fields in inbound 834:

- HLH01 (Tobacco Usage Indicator)

13.4.2. Issuer to Covered California - Confirmation Instructions

In response to an initial enrollment file, Carriers will send an 834 Effectuation file to the Exchange. In addition to the initial enrollment data, the Effectuation transaction may also include several Carrier-assigned data elements such as Policy ID.

When a new member is added to a pending enrollment and has a different start date from the subscriber, the system will accept an effectuation transaction in either of the following formats:

1. An effectuation transaction with only the subscriber’s information contained in it.
2. An effectuation transaction with both the subscriber and each dependent member’s information contained in it.

Carriers should always send an Effectuation every time Covered California sends an Enrollment transaction of type 021-EC. Sending Effectuations for Maintenance Add transactions are not required.

Carriers must send effectuations for all pending enrollments upon receipt of binder payment, even if a future dated termination is present. The effectuation should not contain the coverage end date.

Table 11 - 834 Supplemental Instructions for Confirmation/Effectuation

Table or Loop	Element	Industry/Element Name	Code	Instructions
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Issuers should 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: Issuers should 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: Issuers should transmit to indicate that the value

			ET	<p>conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.</p> <p>Employee Total: Issuers should transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y".</p> <p>Covered California requires all three be sent.</p>
2000	INS	Member Level Detail		<p>Important Note: Covered California handles Effectuations at the Subscriber level. Therefore, any inbound Effectuation transactions will error if not accompanied by Subscriber information in the file.</p>
	INS04	Maintenance Reason Code	28	<p>Issuers should transmit "28" when the QHP Issuer has effectuated member coverage.</p>
	INS08	Employment Status Code	AC	<p>Carriers must use AC code for Effectuation transactions.</p>
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	<p>Policy ID Identifier</p>
	REF02	Member Group or Policy Number		<p>Policy ID (Enrollment ID), which is the unique identifier for an enrollment, will be passed in this field.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to send it back in all 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>

2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Use "17" when the Exchange Assigned Member ID conveyed in REF02.
			23	Use "23" when the QHP Issuer Assigned Member ID conveyed in REF02.
			ZZ	Use "ZZ" when the QHP Issuer Assigned Subscriber ID conveyed in REF02.
2000	DTP	Member Level Dates		This segment is required when adding a Subscriber or Dependent.
2100A	N4	Member City, State, Zip Code		Member Home Address
	N406	Location Identifier		The Member City, State, ZIP Code Location Identifier (2100A, N406) is required, for Individual Markets, when the Member Supplemental Identifier (2000, INS04) equals EC, 41 or 28.
2100A	DMG	Member Demographics		Note: For confirmation transaction, DMG segment is optional. However, if the carriers choose to send DMG05 Race/Ethnicity and/or DMG06 Citizenship on the confirmation, then DMG01, DMG02, DMG03, and DMG04 are also required. See Table 5 for details of DMG segment.
	DMG01	Date Time Qualifier	D8	Date in CCYYMMDD format.
	DMG02	Member Birth Date	See instructions	Member's Date of Birth expressed in format CCYYMMDD will be passed here.

	DMG03	Gender Code	F M	Member's Gender code will be passed in this field. Female Male
	DMG04	Marital Status Code	Refer to TR3 for codes	The Marital Status Code should be used only when the Subscriber indicator (loop 2000, INS01) is equal to Y.
2100B		Incorrect Member Name Loop		Important Note: Do not transmit this loop. Covered California will ignore this field and will not update this in the system.
2300	DTP	Health Coverage Dates		2 iterations are required.
	DTP01	Date Time Qualifier	348 543	The Actual Enrollment Begin Date must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid. The Last Premium Paid Date must be transmitted.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	1L X9	1L and X9 instances are required at the 2300 loop. Policy ID (Enrollment ID), which is the unique identifier for an enrollment will be passed in this field. Important Note: Since this Policy ID is the unique Identifier for an enrollment in Covered California's system, Issuers are required to send back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected. For X9, transmit with the QHP Issuer assigned Health Coverage

			CE	<p>Purchased Policy Number conveyed in the associated REF02 element.</p> <p>For 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)</p>
2700		Member Reporting Categories Loop		<p>One iteration of this loop is required for all confirmations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to loop 2700.</p>
2750	N1	Reporting Category		<p>See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to the 2750 loop.</p>
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Member Reporting Category Reference ID		<p>"CONFIRM"</p> <p>Important Note: Issuers are required to send this value as "CONFIRM" otherwise the 834 transaction will result in an error at Covered California.</p>

13.4.3. Issuer to Covered California - Cancellation Instructions

Issuers will send a cancellation transaction when the initial premium payment is not received in a timely manner for a specific enrollment. A cancellation from the Issuer will result in all enrollees for the enrollment to be cancelled. This means the enrollment end date will be set to the same as the enrollment start date. Carriers need to send cancellations for all pending enrollments when a binder payment is not received, even if a future dated termination is present.

Table 12 - 834 Supplemental Instructions for Individual Market Cancellation

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y N	Y: Subscriber loop is required for Cancellation. N: Dependent loop is optional because Covered California treats Cancellation at Subscriber level.
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" value because the only valid reason for cancellation is non-payment of premium. Important Note: Covered California will reject the transaction if any other code is sent in this field.
	INS08	Employment Status Code	TE	Carriers must only use TE code for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the primary coverage person.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier

	REF02	Member Group or Policy Number		<p>Policy ID (Enrollment ID), which is the unique identifier for an enrollment, will be passed in this field.</p> <p>Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.</p>
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment.
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID is conveyed in REF02.
			23	When the Issuer Assigned Member ID is conveyed in REF02.
			ZZ	When the Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed, then claims for this individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation must match the benefit begin date sent on the Initial Enrollment.
2100A	DMG	Member Demographics		

	DMG04	Marital Status Code	Refer to TR3 for codes	The Marital Status Code should be used only when the Subscriber indicator (loop 2000, INS01) is equal to Y.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	349	Enrollment Period End Date. Important Note: For all cancellation transactions, Issuers are required to send the start date equal to the end date. Failure to do so will result in rejection. Also, note that Covered California will treat Cancellations at the Subscriber Level.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE 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). Policy ID (Enrollment ID), which is the unique identifier for an enrollment should be passed in this field. Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all cancellations. See Section 9.6 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to loop 2700.

2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 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	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"CANCEL" Issuers should send "CANCEL" if End Date is equal to or less than the Start Date. Else, send "TERM" in this field.

13.4.4. Issuer to Covered California - Termination Instructions

Issuers will only send a termination transaction when the premium payment is not received in a timely manner for a specific enrollment. A termination from the Issuer will result in **all** enrollees for the enrollment being terminated.

Table 13 - 834 Supplemental Instructions for Individual Market Termination

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS01	Subscriber Identifier	Y N	Y: Subscriber loop is required for Termination. N: Dependent loop is optional because Covered California treats Termination at the Subscriber level.
	INS03	Maintenance Type Code	024	Cancellation or Termination - Used for cancellation, termination, or deletion of a Subscriber or dependent.
	INS04	Maintenance Reason Code	59	This is a required field and Issuers must transmit "59" because the only valid reason for Termination is non-payment of premium.

				Important Note: Covered California will reject the transaction if any other code is sent in this field.
	INS08	Employment Status Code	TE	Carriers must only use “TE” for Cancellation and Termination transactions.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		The Exchange Assigned ID of the Subscriber.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California’s System. Important Note: Since this is the unique Identifier for an enrollment in Covered California’s system, Issuers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the Initial Enrollment.
	REF01		17	Use “17” when the Exchange Assigned Member ID is conveyed in REF02.
	REF01		23	Use “23” when the Issuer Assigned Member ID is conveyed in REF02.
	REF01		ZZ	Use “ZZ” when the Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	357	Eligibility End - The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. For example, if a date of 02/28/2001 is passed, then claims for this

				individual will be paid through 11:59 p.m. on 02/28/2001.
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2100A	DMG	Member Demographics		
	DMG04	Marital Status Code	Refer to TR3 for codes	The Marital Status Code should be used only when the Subscriber indicator (loop 2000, INS01) is equal to Y.
2300	DTP	Health Coverage Dates		Both dates are required. Important Note: Issuers are required to send the same Termination dates for all the members. Covered California treats Termination at the Subscriber level and will use the Subscriber's Termination date as the end date for the rest of the dependents.
	DTP01	Coverage Period	343 349	Premium Paid To Date End must be sent. Enrollment Period End Date.
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).
			1L	Issuers should transmit Policy ID (Enrollment ID), which is the unique identifier for an enrollment in Covered California's System. Important Note: Since this is the unique Identifier for an enrollment in Covered California's system, Issuers are required to store this ID in their system and send it back in all the 834 transactions in both the 2000 and 2300 loops. Otherwise the transaction will be rejected.
2700		Member Reporting Categories Loop		One iteration of this loop is required for all terminations. See Section 9.6 of the CMS

				Standard Companion Guide Transaction Version 3.2 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	Client Reporting Category
	REF02	Member Reporting Category Reference ID		"TERM"

14. Issuer to Covered California - Other Transaction Instructions

Issuers should not send transactions other than Confirmation, Termination, or Cancellation. Covered California will not accept the following INS03 values and sending these will result in an error:

- 001 – Change
- 002 - Delete
- 025 - Reinstatement
- 026 - Correction
- 030 - Audit
- 032 - Employee Information Not Applicable

15. Covered California to Issuer - Other Transaction Instructions

This section describes other transactions that are patterned after the initial enrollment.

15.1. Change Transactions - Covered California to Issuer

Covered California will issue a standard Change transaction to update information that has changed. Examples of this would be name changes and contact information changes.

Carriers should expect to receive maintenance transactions on all enrollment statuses - including terminated enrollments.

15.2. Address Changes

Following the CMS standard Companion Guide, Covered California will send 2 transactions to the Issuer when a change of address results in termination. An example of a change of address resulting in termination occurs when the same plan is not available in the region associated with the new address. The first transaction will be a change of address and the second the termination. If the change of address does not result in termination of coverage, the second transaction (the termination) will **not** be sent. A third transaction will be sent if the consumer enrolls in a new plan with the same Issuer.

Table 14 – Supplemental Instructions for Address Changes

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type	001	Covered California will use code 001 (Change) for Address Change transaction.
	INS04	Maintenance Reason Code	43	Covered California will use code 43 (Change of Location) for Address Change transaction.

15.3. Reinstatement Supplemental Instructions

A Reinstatement transaction is generated when an enrollee who has been cancelled or terminated needs to be reinstated. The format of 834 transactions for Reinstatement will look similar to an Initial Enrollment transaction with the following minor differences. As part of the Reinstatement process, Covered California will revert the enrollment status and enrollment dates back to the original state of the enrollment.

1. When a plan is reinstated, the enrollment reverts to the status prior to the dis-enrollment.
 - a. For an enrollment with a confirmation date, the new enrollment status after reinstatement is CONFIRM and an effectuation is not required.
 - b. For an enrollment without a confirmation date, the new enrollment status after reinstatement is PENDING and an effectuation is required.

2. When a plan is reinstated, only the enrollees whose termination date is equal to the termination date of the subscriber will be reinstated.
 - a. If a dependent is removed from an enrollment prior to the end and has a coverage end date that is different from that of the subscriber, that dependent will not be reinstated with the enrollment.
 - b. If a dependent is added to an enrollment prior to the coverage end date, and then has the same end date as the subscriber, that dependent will be included in the reinstatement.
3. A reinstatement transaction can be sent before or after the benefit end date of a terminated transaction for early termination dates prior to 12/31.

Note: Only Covered California can initiate a Reinstatement transaction. Issuers are not allowed to send reinstatement transactions through inbound 834s.

Table 15 - Supplemental Instructions for Reinstatement (Re-enrollment)

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type	025	Code 025 will be used for Reinstatement transactions.
	INS04	Maintenance Reason Code	41	Code 41 (Re-enrollment) will be used for Reinstatement transactions.
2000	REF	Member GS06 Supplemental Identifier		This will not be transmitted.
	REF01		Q4	This will not be transmitted.
2300	HD01	Health Coverage	025	Code 025 will be used for Reinstatement transactions.

15.4. Change in Health Coverage

Covered California will send two Coverage Level Change transactions to the Issuer when an enrollee’s health coverage level changes. The first Coverage Level Change transaction will convey a coverage termination for the old coverage level and a second Coverage Change transaction will convey a coverage level addition (new coverage).

For these transactions, multiple ST/SE will be sent and one INS segment per person.

15.5. Removal of Subscriber

Covered California will send removal of an existing Subscriber as a Termination or Cancellation on the previous Policy ID (Enrollment ID), followed by a new Initial Enrollment (new Policy ID) transaction with the new Subscriber. Issuers should treat the new Policy ID similar to how they treat an Initial Enrollment. That is, Issuers are expected to send a Confirmation for the new enrollment.

In order to help Issuers differentiate a new Enrollment due to Subscriber change, a custom field has been added to the 2750 Reporting loop on the Initial Enrollment 834 transaction. This field will appear only on those new enrollments where a Subscriber change took place and this field will not be sent for regular Initial Enrollment transactions. Below is an example of how this field will look in the 2750 reporting loop.

Example:

```
N1*75*OLD POLICY ID  
REF*17*1002032323  
DTP*007*D8*20151031
```

15.6 Enrollee Dependent added back to Enrollment after Termination/Cancel

In the case where an enrollee was at one point enrolled with other members of a household, was thereafter terminated, and subsequently is given coverage again with a new start date, Issuers will receive two transactions:

- A termination transaction that terminates the enrollment for all enrollees on the enrollment,
- Followed by an add transaction that enrolls the previously terminated enrollee, with the original member ID, along with the other enrollees on the enrollment. The previously terminated enrollee dependent's premium may be rerated, while the other enrollees will not. 2750 loop containing the OLD POLICY ID is sent.

This will apply whether the dependent is terminated or cancelled from the enrollment.

This will apply whether there is a gap in coverage for the dependent or not.

When the enrollee dependent is added back with a gap in coverage, the Member ID will remain the same and the Enrollment ID will be different.

Transaction will require effectuation.

Example:

Initial add of subscriber and dependent(s).

```
INS*Y*18*021*EC*A***AC~
```

```
REF*1L*476883~--First Enrollment ID
```

REF*17*012203303~--Subscriber Member Id

DTP*348*D8*20200101~

INS*N*19*021*EC*A~

REF*1L*476883~

REF*17*0122033037~--child Member Id

INS*N*01*021*EC*A~

REF*1L*476883~

REF*17*0122033032~--Spouse Member ID

Maintenance transaction for subscriber with termination transaction to remove dependent, and no change on remaining dependent (spouse).

INS*Y*18*001*AI*A***AC~

REF*1L*476883~--first enrollment Id

REF*17*012203303~--subscriber member Id

INS*N*01*001*AI*A~

REF*1L*476883~

REF*17*0122033032~--Spouse Member Id

INS*N*19*024*AI*A~

REF*1L*476883~

REF*17*0122033037~--child Member Id (Termed)

DTP*348*D8*20200101~

DTP*349*D8*20200331~

N1*75*ADDL MAINT REASON~

REF*17*TERM~

DTP*007*D8*20200331~

INS*N*01*001*AI*A~

REF*1L*476883~

REF*17*0122033032~--Spouse member ID

Termination of subscriber (and any remaining dependents).

INS*Y*18*024*14*A***TE~

REF*0F*012203303~

REF*1L*476883~

REF*17*012203303~

DTP*303*D8*20200614~

DTP*349*D8*20200630~

N1*75*ADDL MAINT REASON~

REF*17*TERM~

DTP*007*D8*20200630~

Add transaction of subscriber and dependent(s) including dependent A with same Member IDs (as the initial add transaction) and a new Enrollment ID.

INS*Y*18*021*EC*A***AC~

REF*0F*012203303~-- --Subscriber Member Id

REF*1L*476884~--New Enrollment ID

DTP*348*D8*20200701~

N1*75*OLD POLICY ID~

REF*17*476883~

DTP*007*D8*20200630~ - Transaction date

INS*N*01*021*EC*A~

REF*0F*012203303~

REF*1L*476884~

REF*17*0122033032~-- Spouse member ID

DTP*348*D8*20200701~

INS*N*19*021*EC*A~

REF*0F*012203303~

REF*1L*476884~

REF*17*0122033037~ --child Member Id

DTP*348*D8*20200701~

15.7. Overrides

Carriers should know that Covered California Admin users will have the ability to edit enrollments and such edits could occur at any time after a consumer has completed plan selection. These edits will have one of the following three transaction types:

- 021 – Add
- 001 – Change
- 024 - Cancel or Term

Possible maintenance reasons sent for each of the transaction types:

- 021 – Add
 - Member Benefit Selection (EC)
- 001 – Change
 - No Reason Given (AI)
 - Benefit Selection (29) used to indicate change in coverage start date
- 024 - Cancel or Term
 - No Reason Given (AI)
 - Voluntary Withdrawal (14)
 - Terminate for Non-Pay (59) - used when the transaction from the Carrier to Covered California fails. This transaction is not sent from Covered California to the Carrier.

15.8. State Subsidy

California will be further subsidizing health care coverage. This state subsidy will be communicated to carriers using “OTH PAY AMT 1”. The value sent in this field will be \$0 to any positive dollar amount. The state subsidy loops will always be present in the EDI. This means:

- If the consumer elects \$50, the state subsidy loops on the EDI will show \$50.
- If the consumer is eligible, but elects \$0, the state subsidy loops on the EDI will show \$0.

- If the consumer is not eligible, the state subsidy loops on the EDI will show \$0.
- This loop is sent in both Medical and Dental enrollments.

In the event of loss of state subsidy for an enrollment group, there is no termination, no change in policy ID, and no change in enrollment status. Updated EDI 834 is sent with transaction type “001”, Maintenance Reason Code “AI”, the current policy ID, and 2750 loop of “OTH PAY AMT 1” will reflect \$0, and “TOT RES AMT” will reflect the updated Total Individual Responsibility Amount.

Table 16 - 834 Supplemental Instructions for Individual Market – State Subsidy

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	001	Covered California will use code 001 (Change) for State Subsidy Change transaction.
	INS04	Maintenance Reason Code	AI	Plan change that results in CSR Level change (No reason given - see Maintenance Reason codes).
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Covered California will pass the current Policy ID (Enrollment ID). Policy ID does not change for a loss of state subsidy for the enrollment group.
2750	N1	Reporting Category		See Sections 9.6.1 and 9.6.2 of the CMS Standard Companion Guide Transaction Version 3.2 for explicit instructions related to the 2750 loop.
2750	REF02	SOURCE EXCHANGE ID		Covered California will send “CA0” for the SOURCE EXCHANGE ID.
2750	N1	Reporting Category		Reporting Category for APTC. Note: This entire segment will appear for the Subscriber and dependent.
	N101		75	Participant

	N102			Value = "APTC AMT"
	REF01		9V	Payment Category
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			APTC Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "CSR AMT"
	REF01		9V	Payment Category
	REF02			Value = CSR Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			CSR Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for state subsidy Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "OTH PAY AMT 1"
	REF01		9V	Payment Category
	REF02			Value = State Subsidy Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			State subsidy Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Member Level Premium.
	N101		75	Participant

	N102			Value = "PRE AMT 1"
	REF01		9X	Account Category
	REF02			Value = Member Level Premium
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Member Level Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for RATING AREA. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "RATING AREA"
	REF01		9X	Account Category
	REF02			Value = Member's Rating Area
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Rating Area Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Net Premium. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "TOT RES AMT"
	REF01		9V	Payment Category
	REF02			Value = Net Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Net Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant

	N102			Value = "PRE AMT TOT"
	REF01		9X	Account Category
	REF02			Value = Gross Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Gross Premium Effective Date in CCYMMDD format.

15.9. Agent Delegation

The Agent of Record for an enrollment is sent with each transaction (initial enrollment, maintenance, dis-enrollment, and/or renewal) when an active delegation exists. Carriers should update their records based on the information that is populated in Loop 1000C of the EDI transaction.

- If an agent delegation is added after the enrollment transaction was sent to the carrier, it is sent as a maintenance transaction with the reason code "AI" and the agent's information is populated in Loop 1000C.
- If an agent delegation is removed after the enrollment transaction was sent to the carrier, it is sent as a maintenance transaction with the reason code "AI" and there is no information populated in Loop 1000C.
- If the user opts to change the Agent of Record delegation from Agent A to Agent B for an enrollment record, there will be one maintenance transaction for the removal of Agent A and a second maintenance transaction with the addition of Agent B.

16. Annual Renewals - Individual Market

There are two types of renewals – Active and Passive. An Active Renewal (also called a Manual Renewal) is initiated by an enrollee returning to the Marketplace during the Open Enrollment Period and selecting a plan. A Passive Renewal (also called as Auto-Renewal), is initiated without the intervention of the enrollee.

16.1. Same Plan for Current Issuer

During the renewal period, if a consumer selects or is automatically renewed into the same plan as their existing enrollment (same Issuer):

1. A termination transaction is **not** sent to the current Issuer for the current enrollment.
2. An enrollment transaction is sent to the existing Issuer having the same data as an initial enrollment transaction with the changes in Table 17:
3. Issuers are required to send a TA1 and 999.

4. Issuers are **recommended** to send an 834 confirmation for 2021 and will be required to send 834 confirmations for 2022
5. **Important Note:** Covered California treats each coverage year enrollment as separate Policy IDs (Enrollment IDs). Therefore, Issuers are expected to send separate TERM/CANCEL transactions for both coverage years.

Table 17 - 834 Supplemental Instructions for Individual Market – Renewal with Same Plan for Same Issuer

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	41	Re-enrollment The first 14 digits of the CMS Plan ID for the current year match the first 14 digits of the CMS Plan ID for the new benefit year.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Covered California will issue a new Policy ID (Enrollment ID) for a renewed Enrollment.
2750	N1	Reporting Category		Transmit the IDs shown below when they were present on the Initial Enrollment.
	N101	Entity Identifier Code	75	Participant
	N102	Name	REN/REN P	“REN” will be sent for an Active Renewal and “REN P” will be sent for a Passive Renewal.
	REF01		17	Client Reporting Category
	REF02		REN/REN P	“REN” will be sent for an Active Renewal and “REN P” will be sent for a Passive Renewal.
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Renewal Date in CCYMMDD format.

2750	N1	Reporting Category		Reporting Category for APTC. Note: This entire segment will appear for the Subscriber and dependent.
	N101		75	Participant
	N102			Value = "APTC AMT"
	REF01		9V	Payment Category
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			APTC Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "CSR AMT"
	REF01		9V	Payment Category
	REF02			Value = CSR Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			CSR Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for state subsidy Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "OTH PAY AMT 1"
	REF01		9V	Payment Category
	REF02			Value = State Subsidy Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			State subsidy Effective Date in CCYMMDD format.

2750	N1	Reporting Category		Reporting Category for Member Level Premium.
	N101		75	Participant
	N102			Value = "PRE AMT 1"
	REF01		9X	Account Category
	REF02			Value = Member Level Premium
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Member Level Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for RATING AREA. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "RATING AREA"
	REF01		9X	Account Category
	REF02			Value = Member's Rating Area
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Rating Area Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Net Premium. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "TOT RES AMT"
	REF01		9V	Payment Category
	REF02			Value = Net Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Net Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium.

				Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "PRE AMT TOT"
	REF01		9X	Account Category
	REF02			Value = Gross Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Gross Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		
	N101		75	Participant
	N102			Value = "OLD POLICY ID"
	REF01		17	Client Reporting Category
	REF02			Value = previous Exchange (REF*1L)
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Date in CCYMMDD format

16.2. Different Plan for current Issuer

During the renewal period, if a consumer selects a different plan than their existing enrollment but the Issuer is the same or if the Plan Name is the same on the Portal, but the CMS Plan ID is different from one benefit year to the next and this mapping is provided in the crosswalk template:

1. A termination transaction is **not** sent to the current Issuer for the current enrollment.
2. An enrollment transaction is sent to the existing Issuer having the same data as an initial enrollment with the changes indicated in Table 18 below.
3. Issuers are required to send a TA1 and 999.

Issuers are **recommended** to send an 834 confirmation for 2021 and will be required to send 834 confirmations for 2022 **Important Note:** Covered California treats each coverage year enrollment as separate Policy IDs (Enrollment IDs). Therefore, Issuers are expected to send separate TERM/CANCEL transactions for both coverage years when terminating for Non-Payment. Carriers are not required to send a TERM transaction at the end of each plan year.

Table 18 - 834 Supplemental Instructions for Individual Market – Renewal with Different Plan for Current Issuer

Table or Loop	Element	Industry/Element Name	Code	Instructions
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	22	Plan Change The first 14 digits of the CMS Plan ID for the current year do not match the first 14 digits of the CMS Plan ID for the new benefit year.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	Policy ID Identifier
	REF02	Member Group or Policy Number		Covered California will issue a new Policy ID (Enrollment ID) for a renewed Enrollment.
2750	N1	Reporting Category		Transmit the IDs shown below when they were present on the Initial Enrollment.
	N101	Entity Identifier Code	75	Participant
	N102	Name	REN/ RENP	“REN” will be sent for an Active Renewal. will be sent for an Active Renewal. “RENP” will be sent for a Passive Renewal. If there is a crosswalk plan mapped for the next benefit year.

	REF01		17	Client Reporting Category
	REF02		REN/ REN/P	“REN” will be sent for an Active Renewal and “REN/P” will be sent for a Passive Renewal.
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Renewal Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for APTC. Note: This entire segment will appear for the Subscriber and dependent.
	N101		75	Participant
	N102			Value = “APTC AMT”
	REF01		9V	Payment Category
	REF02			Value = Consumer Elected APTC Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			APTC Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for CSR Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = “CSR AMT”
	REF01		9V	Payment Category
	REF02			Value = CSR Amount.
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			CSR Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for state subsidy Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = “OTH PAY AMT 1”
	REF01		9V	Payment Category
	REF02			Value = State Subsidy Amount

	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			State subsidy Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Member Level Premium.
	N101		75	Participant
	N102			Value = "PRE AMT 1"
	REF01		9X	Account Category
	REF02			Value = Member Level Premium
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Member Level Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for RATING AREA. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "RATING AREA"
	REF01		9X	Account Category
	REF02			Value = Member's Rating Area
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Rating Area Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Net Premium. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "TOT RES AMT"
	REF01		9V	Payment Category
	REF02			Value = Net Premium Amount
	DTP01		007	Effective

	DTP02		D8	Date in CCYMMDD format
	DTP03			Net Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		Reporting Category for Gross Premium. Note: This entire segment will appear only for the Subscriber.
	N101		75	Participant
	N102			Value = "PRE AMT TOT"
	REF01		9X	Account Category
	REF02			Value = Gross Premium Amount
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Gross Premium Effective Date in CCYMMDD format.
2750	N1	Reporting Category		
	N101		75	Participant
	N102			Value = "OLD POLICY ID"
	REF91		17	Client Reporting Category
	REF02			Value = previous Exchange (REF*1L)
	DTP01		007	Effective
	DTP02		D8	Date in CCYMMDD format
	DTP03			Date in CCYMMDD format

16.3. Plan with New Carrier (Cross Carrier Auto-Renewal)

During the renewal period, if the consumer is automatically renewed into a different plan with a different carrier:

1. An enrollment level termination transaction is sent to the current Issuer with Maintenance Type = 024 and Reason Code = 07. Please note that REN or RENP indicators will not be sent in this transaction.
2. An initial enrollment transaction is sent to the new Issuer with Maintenance Type = 021 and Reason Code = EC. Please note that REN or RENP indicators will not be sent in this transaction.
3. Issuers are required to send a TA1 and 999.
4. New Issuers are required to send an 834 confirmation transaction.
5. The old Policy ID will not be sent to the new carrier.

Important Note: The renewed enrollment will remain in Pending status until the new Issuer sends the 834 confirmation. Also note, if the consumer does not make a payment, then the Issuer is expected to send an 834 cancellation transaction.

16.4. Plan with New Carrier (Manual Renewal)

During the renewal period, if a consumer selects a plan from a different Issuer than their current enrollment:

1. An enrollment level termination transaction is sent to the current Issuer.
2. An initial enrollment transaction is sent to the new Issuer.
3. Issuers are required to send a TA1 and 999.
4. New Issuers are required to send an 834-confirmation transaction.
5. The old policy ID is not sent to the new carrier.

Important Note: The renewed enrollment will remain in Pending status until the new Issuer sends the 834 confirmation. Also note, if the consumer does not make a payment, then the Issuer is expected to send an 834-cancellation transaction.

16.5. Additional Renewal Enrollment Scenarios

1. If a consumer actively shops during renewal without making any changes to the enrollment group, they are placed into the shopping flow. If they choose the same plan as their current enrollment, a '021-41' transaction with the old policy ID in the 2750 loop will be sent to the carrier. If they choose any plan that is different from their current enrollment, a '021-22' transaction with the old policy ID in the 2750 loop will be sent to the carrier. If they choose a plan from a different carrier, a '021-EC' transaction will be sent to the carrier.
2. If a consumer actively shops during renewal and adds a member to the enrollment group (one plan for all), they are placed into the shopping flow. If they choose the same plan as their current enrollment, a '021-41' transaction with the old policy ID in the 2750 loop will be sent to the carrier. If they choose any plan that is different from their current enrollment, a '021-22' transaction with the old policy ID in the 2750 loop will be sent to the carrier. If they choose a plan from a different carrier and/or make any changes to the enrollment group, a '021-EC' transaction will be sent to the carrier.
3. If a consumer actively shops during renewal and removes a member (subscriber and/or dependent(s)), they are placed into the shopping flow. A 021-EC transaction will be sent to the carrier. The enrollment will be in Pending status until the issuer sends the 834 transaction. This outcome also applies to scenarios where the enrollment group composition changes due to Medicare verification outcomes and/or changes in eligibility programs and/or catastrophic age out.
4. If a consumer actively shops during renewal including making changes to the enrollment group (in a household with custom grouping), they are placed into the shopping flow. A 021-EC transaction will be sent to the carrier. The enrollment will be in Pending status until the issuer sends the 834 transaction.
5. If a new member enters the system in the early part of Open Enrollment and enrolls in coverage for the current year and selects a plan for the new benefit year, then both enrollment transactions are sent to the Carrier as new add transactions and both require effectuation.

6. For active renewals on the same plan, where there is a Medicare transition and/or loss of state subsidy for all members in the enrollment group, a new policy for the next benefit year is created without state subsidy, references the old policy ID, and there is no change in enrollment status. Renewal EDI 834 is sent with transaction type "021", Maintenance Reason Code "41", the 2750 loop of old policy ID is populated, and 2750 loop of "OTH PAY AMT 1" will reflect \$0.

17. Monthly Reconciliation

Fundamental to the reconciliation 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. Issuers shall review and compare the Exchange enrollment reconciliation file, distributed monthly, against the Issuer's membership enrollment and financial databases. Issuers shall prepare a comparison extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the reconciliation process guide.

18. Language Codes

Note: For confirmation transaction, LUI segment is optional. See Table 5 for details of LUI segment.

18.1. Spoken Language Codes

Covered California 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

18.2. Written Language Codes

Covered California will send the following codes for written 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

19. Race/Ethnicity Codes

Covered California will send the following codes for race/ethnicity:

- 2182-4 Cuban
- 2148-5 Mexican, Mexican American or Chicano/a
- 2157-6 Guatemalan
- 2161-8 Salvadoran
- 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
- 2037-0 Hmong
- 2041-2 Laotian
- 2086-7 Guamanian or Chamorro
- 2039-6 Japanese
- 2040-4 Korean
- 2079-2 Native Hawaiian
- 2028-9 Other Asian
- 2080-0 Samoan
- 2047-9 Vietnamese
- 2106-3 White
- 2033-9 Cambodian
- 2135-2 Other Hispanic/Latino/Spanish2131-1 Other

Note: If no value for Race/Ethnicity is selected on portal, then no value will be sent to carriers.

Note: For confirmation transaction, DMG segment is optional. However, if the carriers choose to send DMG05 Race/Ethnicity and/or DMG06 Citizenship on the confirmation, then DMG01, DMG02, DMG03, and DMG04 are also required. See Table 5 for details of DMG segment.

20. Maintenance Reason Codes

Covered California will send the following maintenance reason codes under INS04 in the 2000 loop.

Note: Covered California currently does not support usage of Additional Maintenance Reason codes as defined by CMS in Companion Guide v3.2.

Reason Code	Reason Description
01	Divorce
02	Birth
03	Death
07	Termination of Benefits
14	Voluntary Withdrawal
22	Plan Change
25	Change in Identifying Data Elements
28	Initial Enrollment
29	Benefit Selection
32	Marriage
33	Personnel Data
41	Re-enrollment
43	Change of Location Use this code to indicate a change of address.
59	Non-Payment
AI	No Reason Given
EC	Member Benefit Selection

21. Glossary

Acronym	Definition
ACA	Patient Protection and Affordable Care Act
ACS	Accredited Standards Committee
AHBX	Accenture Health Benefits Exchange. This is also known as the CalHEERS Portal.
API	Application Program Interface. It is a set of routines, protocols, and tools for building software applications.
CalHEERS	California Healthcare Eligibility, Enrollment and Retention System
EDI	Electronic Data Interchange
FGS	Functional Group Structure File Transfer Protocol
FTP	File Transfer Protocol
GHIX	GetInsured Health Insurance Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	United States Department of Health and Human Services
HIOS	Health Insurance Oversight System is the federal government's primary data collection vehicle for health insurance "Exchanges" Marketplaces.
ICS	Interchange Control Structure
TIBCO	TIBCO Software Inc. is an American company that provides message queue software for companies to use on-premises or as part of cloud computing environments.
XML	Extensible Markup Language

22. Change Log

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 are used. Added demographic information details	
4/17/2013	1.5	Added section on Business Rules and Limitations Added section on Individual/SHOP Termination per CMS update	

		Miscellaneous updates to match CMS guide.	
7/23/2013	1.6	<p>Updated section on File Naming Conventions</p> <p>Added "The Exchange 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</p> <p>Added "If TA1 is rejected, a 999 will not be sent" to section 4.2, 999 Functional Acknowledgements</p> <p>Added GS08 to table in section 8 Control Segments/Envelopes</p> <p>Updates to section 10.1 Initial Enrollment</p> <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 <p>Added new section 10.4 Individual and SHOP Market Cancellation Supplemental Instructions (Member Level) for exchange-based member level cancellations.</p> <p>Added use of "1L", Policy ID (Employer Case ID), to 2300 REF01 in all transactions for SHOP Market.</p> <p>Made Individual Market Termination Supplemental Instructions also applicable to SHOP, section 10.5 (previously 10.4).</p> <p>Added use of "X9", Issuer Assigned Policy Identifier, to 2300 REF01 to Individual and SHOP Market Termination Supplemental Instructions transaction.</p>	
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"> • The Exchange will not support TA1 error codes 028-031. • The Exchange 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 the 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> <p>Added the following for Last Premium Paid date:</p> <ul style="list-style-type: none"> For SHOP, 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
09/09/2014	2.1	Resubmission of Final Artifact per CR 11118	Prema Narayanaswamy
12/5/2014	2.2	<p>CR 34811 - Include CMS Plan ID (2300, REF*CE) for inbound 834 Term, Cancel and Confirm transactions.</p> <p>Updated Sections 11.2, 11.3 and 11.5 Included REF*CE in 2300 loop</p>	Hilary Nguyen
1/21/2015	V3.0	Submission of Draft Artifact per CR 34811	Pirran Tukina

1/22/2015	V4.0	Submission of Final Artifact per CR 34811	Pirran Tukina
4/28/2015	V4.1	Added Enrollment ID for CR 29022	Linu Alex Robert Maltas
06/17/2015	V5.0	(Pending Approval) Submission of Draft Artifact per CR 29022 Revision 1	Pirran Tukina
6/16/2015	V5.1	Added comments for financial effective dates in the reporting loop for CR 36110	Linu Alex
06/18/2015	V6.0	Submission of Draft Artifact per CR 36110 Revision 1	Pirran Tukina
6/23/2015	V6.1	Updates to address feedback from the comment log for CR36110 & CR29022	Linu Alex
06/29/2015	V7.0	Submission of Final Artifact per CR 36110 Revision 1	Pirran Tukina
06/30/2015	V8.0	Submission of Final Artifact per CR 29022 Revision 1	Pirran Tukina
07/14/2015	V8.1	Reconciled to include only CR36110 & CR29022 updates	Pandu Palavalli & Carol Cramer
07/14/2015	V9.0	Submission of Draft Artifact per CR 29022 Revision 2	Pirran Tukina
07/15/2015	V10.0	Submission of Final Artifact per CR 29022 Revision 2	Pirran Tukina
07/30/2015	V10.1	Additional 29022 comments addresses <ul style="list-style-type: none"> • Updated Section 11.3 to indicate that Q4 will not be send • Added Glossary 	Linu Alex, Sameen Babur
04/26/2016	V10.2	Updated Companion Guide based on GI 2.0 functionality <ul style="list-style-type: none"> • Removed references of SHOP market • Added additional instructions for the control number segment • Added new instructions for TA1/999s. Carriers should pay special attention to this section. • Added a new section to provide instructions for handling of Subscriber Changes • Updated the list of Maintenance Reason Code • Updated Detailed Business Scenarios section for additional instructions on inbound transactions 	Linu Alex
04/29/2016	V11.0	Submission of Final Artifact per CR 57637	Sean Coleman
5/09/2016	V11.1	Revised based on review comment by Covered California	Linu Alex
05/17/2016	V12.0	Submission of final artifact per CR 57637	Sean Coleman

07/28/2016	V16.9.01	<p>Revised Section 3.0: File Naming Convention for Inbound and Outbound files to remove Benefit Year from the file name.</p> <p>Updated Section 10.1 Covered California to Issuer – Initial Enrollment Instructions</p> <ul style="list-style-type: none"> Added HLH01 Element in 2100A loop Added EC clarification in INS04 in the 2000 loop 	Linu Alex
07/28/2016	V16.9.10	Submission of artifact per CR 57637 revision 1	Kimberly Newsum
8/2/2016	V16.9.11	<ul style="list-style-type: none"> Revised Section 3.0: File Naming Convention for Outbound file to add Benefit Year to the file name. Note: Inbound files from carriers should not contain Benefit Year in the file name. Added section 12.6 to clarify Change Plan Effective Date functionality. Added an important note in section 5 asking carriers to return Covered California sent control numbers when sending acknowledgment. 	Linu Alex
8/3/2016	V16.9.20	Submission of artifact per CR 57637 Revision 1 – GI 2.0 Integration Comment Updates	Kimberly Newsum
8/5/2016	V16.9.21	<ul style="list-style-type: none"> Added note about not sending REF*Q4 in section 10.1 (Covered California to Issuer - Initial Enrollment Instructions) Removed Maintenance reason code 021 from the list in Section 11 (Issuer to Covered California - Other Transaction Instructions). 	Linu Alex
8/8/2016	V16.9.30	Submission of revision per CR 57367 – GI 2.0 Integration	Kimberly Newsum
9/9/2016	V16.9.31	<p>Revised sections 10.4 to clarify which scenarios will cause rejection at Covered California end.</p> <p>Revised section 10.1 to clarify that “TE” value will be sent for INS08 for all termination / cancellation cases.</p>	Linu Alex
9/19/2016	V16.9.40	Submission of artifact per CR 57637 – GI 2.0 Integration – Revision #6	Kimberly Newsum
11/10/2016	17.3.01	<ul style="list-style-type: none"> Revised section 10.4 to add rejection notes for Inbound 834s. Revised sections 10.1, 10.2, and 10.3 for HLH (Tobacco 	Linu Alex

		<p>usage) segment.</p> <ul style="list-style-type: none"> Revised note throughout the document to clarify that carriers need to send back Enrollment ID. Otherwise the transaction will get rejected. <p>Added instruction about REF and DTP segments for Renewal transactions.</p>	
11/14/2016	17.3.02	<ul style="list-style-type: none"> Revised Section 8 to clarify that GS02 should not be padded with spaces. Revised section 10.4.3 and 10.4.4 to clarify that “TE” value should be sent by Issuers for INS08 for all termination / cancellation cases. <p>Revised section 12.2 to add table indicating which maintenance type and reason code will be used for Address Change transactions.</p>	Linu Alex
1/6/2017	17.3.03	<ul style="list-style-type: none"> Revised section 10.1 to indicate that Marital Status Code (2100A, DMG04) will be transmitted for Individual Markets for the Subscriber. Revised section 10.4 to emphasize that carriers should not send Marital Status Code (Loop 2100A, DMG04) for dependents. 	Linu Alex
1/6/2017	17.3.10	Submission of artifact per CR 79756	SK Wang
1/30/2017	17.3.11	Updated per last minute comments from CalHEERS team.	Linu Alex
2/6/2017	17.3.20	Submission of artifact per comments for CR 79756 – Revision 1	Tara Sahaym
	17.9.01	<ul style="list-style-type: none"> Added note in section 6 to clarify that Covered California will select the youngest kid in a child only plan as the Subscriber. Also, removed an incorrect note from this section which indicated that the oldest member will be the Subscriber. Added a note in section 10.2.1, page 41 to indicate that inbound transactions will be rejected if Enrollment ID is not populated, Added a note on section 13.2, page 76 to clarify that carriers do not need to send end of plan year termination. Added a note to section 10.4.2, page 59 to indicate that carriers need to send back effectuation for all 021-EC type of transactions 	Linu Alex

06/05/2017	17.7.10	Submission of artifact per CR 83381 – Revision 1	Tara Sahaym
06/12/2017	17.7.11	<ul style="list-style-type: none"> Added note in section 10.4.1 to indicate that carriers do not need to send back certain fields (including Tobacco Indicator) in inbound 834. Added note about AC for Effectuation transaction in section 10.4.2. Removed note about AC for Cancellation and Termination transactions in sections 10.4.3 and 10.4.4. Added instructions for TA1 in section 5.1. Added instructions for AK101, AK102, AK201, and AK202 to the table in section 5.2. 	Linu Alex
06/12/2017	17.7.20	Submission of artifact per CR 83381 – Revision 1	Tara Sahaym
06/15/2017	17.7.21	Minor grammatical edits to section 10.4.2.	Linu Alex
06/15/2017	17.7.30	Final Submission of artifact per additional comments for CR 83381 – Revision 1	Tara Sahaym
	17.9.02	<ul style="list-style-type: none"> Added note in section 10.4.1 to indicate that carriers do not need to send back certain fields (including Tobacco Indicator) in inbound 834. Added note about AC for Effectuation transaction in section 10.4.2. Removed note about AC for Cancellation and Termination transactions in sections 10.4.3 and 10.4.4. Added instructions for TA1 in section 5.1. Added instructions for AK101, AK102, AK201, and AK202 to the table in section 5.2. 	Linu Alex
08/18/2017	17.9.03	Added instructions for Cross-carrier renewal under section 13.3.	Linu Alex
08/20/2017	17.9.10	Submission of artifact per CR 100364	Sekar Muthusamy

08/24/2017	17.9.11	<ul style="list-style-type: none"> Updated instructions for Cross-carrier renewal under section 13.3 per review comments Updated heading of section 13.4 to clarify it is intended for manual renewal 	Linu Alex
08/24/2017	17.9.20	Submission of artifact per CR 100364 review comments	Sekar Muthusamy
02/01/2018	18.4.01	Updated instructions under section 10.1, Loop 2100A, Element DMG05-03 to indicate that 'Other' will be sent as race and ethnicity code if no value is selected in the portal.	Linu Alex
06/11/2018	18.7.01	Updated instructions under section 10.4.2, Loop 2000, Element REF01 to note that Code 17, Exchange Assigned Member ID (REF*17) is required on the carrier confirmation inbound to Covered California.	Jo Lessley
06/12/2018	18.7.01	Misc. spelling corrections, updates to grammar, font and formatting. No changes to substantive information.	Patrick Anderson
06/25/2018	18.7.01	<ul style="list-style-type: none"> Updated instructions in sections 10.3.1 and 10.3.2, Loop 2000, Element INS04 to include the Maintenance Reason Codes that will be sent on carrier terminations inbound to Covered California. Misc. updates to font size, correct all instances of IL to 1L in REF01 segments of 2000 and 2300 Member Policy Number loops. 	Jo Lessley
12/21/2018	19.4.01	Replaced the Change Plan effective date with a section on Overrides.	Esther Ko
12/21/2018	19.4.10	Submission of artifact per CR 11970	Esther Ko
01/14/2019	19.4.11	Updates regarding enrollment edit override and typo clean-up.	Esther Ko
1/14/2019	19.4.20	Submission of artifact per CR 119170	Josias Caveto
02/06/2019	19.4.21	<p>Additional clean-up</p> <p>Renumbered reinstatement from 12.3 to 15.3</p> <p>Renumbered general processing rules from 10.4.1 to 13.4.1</p>	Esther Ko

2/06/2019	19.4.30	Submission of artifact per CR 119170	Josias Caveto
02/27/2019	19.4.31	Additional clean-up from CRFI	Esther Ko
03/20/2019	19.4.32	Clarification added	Esther Ko
3/20/2019	19.4.40	Submission of artifact per CR 119170	David Espinola
4/10/2019	19.4.41	Further clarification of cancellation in section 13.2 Clarified language in 13.4.2 and 13.4.3 Clarified language in 15.3	Lisa Howard
4/11/2019	19.4.50	Submission of artifact per CR 119170 Revision 8 per comments	David Espinola
4/15/2019	19.4.51	Additional document cleanup -Added table headers when table went to the next page	David Espinola
4/15/2019	19.4.60	Final Submission of artifact per CR 119170 Revision 8 per comments	David Espinola
04/24/2019	19.9.01	Added state subsidy to the initial enrollment (Exchange to Issuer) and annual renewals transactions Removed APTC and CSR loops from cancel and term transactions as they are not sent	Esther Ko
04/29/2019	19.9.10	Submission of artifact per CR 142486	David Espinola
05/13/2019	19.9.11	Addressed comments from review	Lisa Howard
05/15/2019	19.9.12	Added Agent Delegation section	Lisa Howard
05/15/2019	19.9.20	Submission of artifact per CR 142486 per comments	David Espinola

05/22/2019	19.9.21	Changed CMS Companion Guide reference from version 1.7 to version 3.2 per Covered CA direction	Lisa Howard
05/22/2019	19.9.30	Submission of artifact per CR 142486 per comments 2	David Espinola
06/03/2019	19.9.31	Added back Other to Ethnicity list	Lisa Howard
06/03/2019	19.9.40	Submission of artifact per CR 142486 Revision 1	David Espinola
06/14/2019	19.9.41	Added note about 'Other' in section 19 Race/Ethnicity Codes Updated language in Section 13.1 and 13.4.4	Esther Ko
06/17/2019	19.9.50	Submission of artifact per CR 142486 Revision 1 per comments	David Espinola
08/02/2019	19.9.51	Clarified that APTC will be sent in both Subscriber and Dependent levels.	Esther Ko
08/30/2019	19.9.60	Submission of artifact per CR 19.9 Doc Update CR 145783	David Espinola
11/1/2019	19.12.01	Updated section 16.4 for ALM 50871 Updated Section 19 for ALM 51229	Esther Ko
11/7/2019	19.12.10	Submission of artifact per CR 145784	David Espinola
03/04/2020	20.03.00	Updates made throughout document related to ALM 52510 and ALM 52629	Esther Ko
11/25/2019	20.6.01	Updated the section for Race/Ethnicity Codes to add 2 new values for CR 139192 Updated "Detailed Business Scenarios" (section 13.1) to remove the below note related to DMG05 for Race/Ethnicity mapping "Other (2131-1) will be sent if no value is selected in the portal."	Milind Kshirsagar

12/17/2019	20.6.01	Added section 15.6 - Adding member back to an enrollment added per CR 153779	Esther Ko
3/4/2020	20.6.02	Merged changes for 20.3 and 20.6 into document	Lisa Howard
4/7/2020	20.6.02	Updates from artifact per CR 157414, revision per comments Updated section 15.8 added new table 16 Updated section 16.1, renumbered table from 16 to 17 Updated section 16.2, renumbered table from 17 to 18	Janis Sachtjen
4/24/2020	20.6.02	Updates per CR 157414 comments	Janis Sachtjen
5/7/2020	20.6.02	Updates per R19.9 CR 136022 ALM_50781 comment Updates per CR 139192 ALM_52510 comment Updates per CR 142486 ALM_51229 comment	Janis Sachtjen
5/15/2020	20.9.00	Updates per CR 146748, comments in section 16 and 16.5	Janis Sachtjen
5/20/2020	20.9.01	Updates per CR 146748 CRFI discussion	Lisa Howard
5/20/2020	20.9.02	Further clarified renewal behavior per CR 146748 CRFI response	Lisa Howard
06/11/2020	20.9.03	Section 16, 16.1, 16.2, 16.5 updated for clarified renewal behavior per CR 146748 CRFI response.	Prema Narayanaswamy
6/15/2020	20.9.04	Section 16.5 item it updated to clarify renewal behavior for changes to an enrollment group.	Prema Narayanaswamy

6/23/2020	20.9.05	Section 16.5 clarified during walkthrough	Prema Narayanaswamy
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