GetInsured

The GetInsured State-Based Marketplace (SBM) Platform

Exchange-Issuer Reconciliation Guide

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1. Introduction

Reconciliation with the Exchange system leverages the FFM RCNI file approach to reconciliation. It is a non-834 method of comparing a snapshot of the current policy data like premiums and APTC amounts. The Exchange may lag in alignment to FFM specifications. Issuers should follow the instructions in this guide, noting the Exchange may differ from FFM processes.

2. High level process overview

Each month, Issuers send their enrollment data to the Exchange for the Exchange's reconciliation system to perform the data comparison. Issuers will resolve data discrepancies identified in the discrepancy report within their system. The process consists of the following steps:

1. Issuers generate a reconciliation ("recon") file based on a snapshot of the current data in their system and send it to the Exchange in the (date range based) format used by the FFM. This file includes all enrollments in the Exchange system for a given coverage year. The data elements in this file format are included in 4. Issuer reconciliation file instructions for reference.

2. The Exchange's reconciliation system translates this data into a monthly format.

3. The Exchange's reconciliation system loads and stores this data.

4. The Exchange's reconciliation system compares, analyzes, and generates the discrepancy report.

5. The Exchange's reconciliation system identifies cases such as confirming pending enrollments that can be automatically fixed on the Exchange side.

6. The Exchange's reconciliation system sends the discrepancy report (see 5. Issuer discrepancy report) to Issuers to make corrections.

7. Issuers review the discrepancy report and either fix or contest the discrepancy. This is an operational process between Issuers and the Exchange. The Exchange's Customer Admin Portal has an interface called the Reconciliation Workbench which manages and tracks this process.
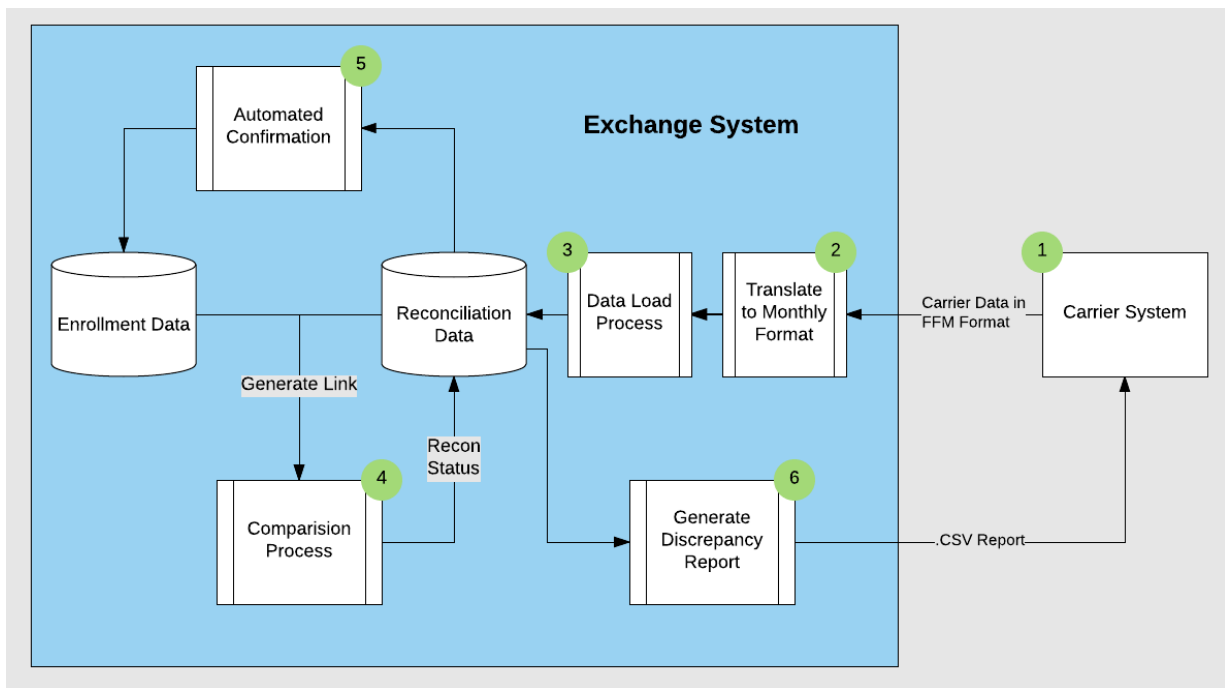
Figure 1: Reconciliation Process Flow using an RCNI File

3. Addressing discrepancies

3.1. Discrepancy workflow between the Exchange and Issuers

3.1.1. Division of responsibilities

Both the Exchange and Issuers are responsible for correcting data discrepancies. The table below details which party is responsible for correcting data depending on the data field.

Table 1. Data field discrepancy responsibility

Data Field	Assignee
Enrollment Status	Exchange
Enrollee Status	Exchange
All Other Fields	Issuers

3.1.2. Identifying discrepancies

For each unique discrepancy identified for a given enrollment, a record is inserted into the Exchange's discrepancy table. A unique discrepancy represents the combination of Enrollment ID and Field Name for which the discrepancy is detected.

The comparison of data is performed each month and identifies:
1. New discrepancies
2. Prior month discrepancies that are now resolved

Resolved discrepancies are kept open in the Exchange's system until the following month, when the scheduled comparison occurs and finds no discrepancy at which point, the data is no longer marked as a discrepancy.

3.2. Automated corrections to enrollment status discrepancies: "Pending" to "Confirmed"

The automated process to confirm a pending enrollment will be triggered immediately after populating the discrepancy table. This occurs as part of the monthly reconciliation process. Although the automated process will immediately resolve this type of discrepancy, these discrepancies will be kept open and assigned to the Exchange in the discrepancy table until the next monthly process automatically removes the discrepancy marker. Until then, it will be kept open and reported to Issuers in the discrepancy report for their reference in the event Issuers wish to research the cause of the effectuation discrepancy.

This automated process benefits both the Exchange and Issuers because it is more efficient than manually correcting data - which is labor and resource intensive.

4. Issuer reconciliation file instructions

Once per month, Issuers generate a reconciliation file based on a current snapshot of data in their system and send it to the Exchange in date-range format. This file includes data for all enrollments in the Issuer system for a given coverage year.

4.1. The reconciliation file (RCNI) data

The reconciliation process between the Exchange and Issuers leverages the existing FFM pipe delimited file format which many Issuers already use. This file format consists of two sections – 01 Detail record layout and 02 summary record layout. Note that all fields in the detail and summary record must be accounted for even if the value is null.

Example with single and multiple sequential null values:

01|956042390||NV0|75719|75719NV002|20190620|2282122|Mike|
|Kristy|20170305|M|877311435|N|19|1000001543|1000001545|106538133|106538133|249|106538
133|908 W Linden St||Reno|NV|89501|908 W Linden St||Reno|NV|89501|32031|R-
NV002|3084452345|2|75719NV002000401|20190501|20191231|0||||||0|||31.52|20190501|
|Y|106538133|2019||N|123907456|Barbara Douglas|||||||||||||

02|75719||NV0|75719|75719NV002|20190620|51|16|33|1257.92|0|

Issuers should include the RCNI file enrollments that are in the following statuses:
- Pending
- Confirm
- Cancel
- Term

4.1.1. '01' Detail record layout

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
1	Record Code	Designates the type of record; for a detailed record, this value must always be "01"	**Must be present**	String (Numeric)	2	No
2	Trading Partner ID	The Trading Partner ID associated with the QHP ID Lookup Key of the enrollment record	Issuers should send HIOS ID here.	String (Alphanumeric)	5-10	No

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
3	SPOE ID	This field is to be sent as 10 blank spaces	Issuers can send 10 blank spaces here. The Exchange is not planning to validate or use this value.	n/a	10	No
4	Tenant ID	Two-character state abbreviation plus a zero (e.g. XX0, where XX is the state code)	This field represents the state identifier. Issuers should send {state_abbreviation}0 (e.g., AK0) in this field. The Exchange will validate this field.	String (Alphanumeric)	3	Yes
5	HIOS ID	Identifier for the Issuer as assigned via the Health Insurance Oversight System; corresponds to the first 5 characters of the QHP ID	**Must be present** Issuers should send HIOS ID here. The Exchange will validate this field.	String (Numeric)	5	Yes (critical field)
6	QHPID Lookup Key	First 10 characters of the QHP ID associated with the enrollment record; used to map the QHP to a Trading Partner ID on the EDI Registration Form	The Exchange expects all Issuers to send all the policies in one file instead of generating one file per QHPID. Therefore, the Exchange will ignore this field.	String (Alphanumeric)	10	No
7	Issuer Extract Date	Date the enrollment record was extracted from the Issuer's system	Send the date when the data is extracted. The Exchange is going to use the latest information in the Exchange system for comparison, but date from field will be used to detect missing enrollments. Enrollment present in the Exchange system that was created after this date will not be flagged as missing enrollment. Note: Issuers must populate the Issuer Extract Date. The Exchange will use this field to determine which policies are missing from the Issuer file. In the event that Issuers do not send the Issuer Extract Date, the Exchange's fall-back logic will use the start date of the month in which the file was received and subtract a configurable number of days (default is 3 days) as the Issuer Extract Date.	Date (YYYYMMDD)	8	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
8	Issuer Extract Time	Time the enrollment record was extracted from the Issuer's system	The Exchange will only use the date part and ignore the exact time.	Time (HHMMSSmm)	8	Yes

Qualified Individual (QI) Information

Note: There are may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
9	QI First Name	First name of the qualified individual (member)	**Must be present** The Exchange will compare this field.	String	1-35	Yes (case insensitive)
10	QI Middle Name	Middle name of the qualified individual (member)	The Exchange will compare the middle initial and not the full middle name.	String	1-25	Yes (case insensitive)
11	QI Last Name	Last name of the qualified individual (member)	**Must be present** The Exchange will compare this field.	String	1-60	Yes (case insensitive)
12	QI Birth Date	Birthdate of the qualified individual (member)	**Must be present** The Exchange will compare this field.	Date (YYYYMMDD)	8	Yes
13	QI Gender	Member gender; allowed values are F – female or M – male	The Exchange will compare this field.	String (Alphabetical)	1	Yes
14	QI Social Security Number (SSN)	Social Security Number of the member	The Exchange will compare this field. Mandatory when present on the application for the enrollee.	String (Numeric)	9	Yes
15	Subscriber Indicator	Indicates whether the member is the subscriber of the enrollment group: Y – Subscriber N – Dependent Member	The Exchange will validate this field. All policies in the file should have one subscriber. If the policy had multiple subscribers throughout the lifecycle, Issuers should send the latest one. Note: If this field is not populated, the policy will result in error and will not be reconciled.	String	1	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
16	Individual Relationship Code	Indicates the member's relationship to the subscriber for the enrollment group; use the ASC X12 values in Table 2 Should the Issuer's system not have the ASC X12 code available then the Issuer should crosswalk to the following four values: 01 – Spouse 18 – Self 19 – Child G8 – Other Relative	**Must be present** The Exchange will compare this field. The Exchange will use values sent in the 834s for relationships.	String (Alphanumeric)	2	Yes

Identifying Information

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
17	Exchange-Assigned Subscriber ID	Exchange-Assigned identifier for the subscriber of the enrollment group; if the member in the record is the subscriber, this will be the same as the Exchange-Assigned Member ID Must be 10 characters, including leading zeros	This is a very critical and required field used to group records belonging to a given policy and consumer. Issuers should send Exchange Assigned Subscriber ID here. The Exchange will use this field as the key for mapping after matching Exchange Assigned Policy ID.	String (Numeric)	10	Yes (Unique Secondary Key)
18	Exchange-Assigned Member ID	Exchange-Assigned identifier for the member Must be 10 characters, including leading zeros	This is a very critical and required field used to group records belonging to a given policy and consumer. Issuers should send Exchange Assigned Member ID here. The Exchange will use this field as the secondary key for mapping after matching Exchange Assigned Policy ID.	String (Numeric)	10	Yes (Unique Secondary Key)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
19	Issuer-Assigned Subscriber ID	Issuer-Assigned identifier for the subscriber of the enrollment group; typically, this should be the same as the Issuer-Assigned Member ID of the subscriber	Issuers should send their Issuer Assigned Subscriber ID here.	String (Alphanumeric)	1-50	No (may change in the future)
20	Issuer-Assigned Member ID	Issuer-Assigned identifier for the member	Issuers should send their Issuer Assigned Member ID here.	String (Alphanumeric)	1-50	No (may change in the future)
21	Exchange-Assigned Policy Number	Identifier for this enrollment policy document, generated by the FFM	**Must be present** This is a very critical and required field used to group records belonging to a given policy and consumer. Issuers should send Exchange Assigned Policy ID here. The Exchange will use this field as the primary key for mapping.	String (Numeric)	1-15	Yes (Unique Primary Key)
22	Issuer-Assigned Policy ID	Policy number for the benefit coverage as assigned by the Issuer; this value must be populated for proper determination of the enrollment group from the Issuer's perspective This value must be unique to an enrollment group (within a HIOS ID) and consistent across all members of the enrollment group	The Exchange will treat this as an optional field since some of the Issuers may not assign Issuer Assigned Policy ID.	String (Alphanumeric)	1-50	No

Residential Address Information

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
23	Residential Address Line 1	Residential street address of the member (Line 1)	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Note: The Exchange maintains separate Residential Address values for each individual member within the household. Issuers are instructed to send the Residential Address value they have on file for each member.	String	1-55	Yes
24	Residential Address Line 2	Residential street address of the member (Line 2)	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail.	String	1-55	Yes
25	Residential City Name	Residential city of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail.	String	1-30	Yes
26	Residential State Code	State abbreviation for the residential state of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail.	String	2	Yes
27	Residential ZIP Code	Residential ZIP Code of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Note: limited to 5 position zip code	Integer	5	Yes

Mailing Address Information

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
28	Mailing Address Line 1	Mailing street address of the member (Line 1)	Issuers should remove leading and trailing spaces from this field. If Issuers have a bad address on file (returned mail), then populate as "BAD ADDRESS" (case insensitive) Note: The Exchange maintains separate Mailing Address values for each individual member within the household. Issuers are instructed to send the Mailing Address value they have on file for each member	String	1-55	Yes (case insensitive with removal of leading/trailing spaces)
29	Mailing Address Line 2	Mailing street address of the member (Line 2)	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	String	1-55	Yes
30	Mailing Address City	Mailing city of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	String	1-30	Yes
31	Mailing Address State Code	State abbreviation for the mailing state of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	String	2	Yes
32	Mailing Address ZIP Code	Mailing ZIP Code of the member	Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address". Note: limited to 5 position zip	Integer	5	Yes

Other Demographic Information

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
33	Residential County Code	Residential County (Federal Information Processing Standard – FIPS) Code of the member	This field will be strictly validated by the Exchange.	String (Numeric)	5	Yes
34	Rating Area	Rating area of the enrollment, based on residential address; only applies to subscriber records	This field will be strictly validated by the Exchange.	String (Alphanumeric)	7	Yes
35	Telephone Number	Primary contact telephone number for the member	This field will be strictly validated by the Exchange.	String (Numeric)	10	Yes

Benefit Coverage & Financial Information

Note: There are may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
36	Tobacco Use Code	Specifies whether the member has indicated tobacco use in the past six months: 1 – Tobacco Use 2 – No Tobacco Use Note: For any individual under 18 years of age, this field should always be sent with a value of 2	For Exchanges that use Tobacco Use Code, expected values are: 1 – Tobacco Use 2 – No Tobacco Use For Exchanges that do not use Tobacco Use Code, do not populate this field. Null value is required.	Integer	1	Yes
37	QHP Identifier	Full 16-character Qualified Health Plan (QHP) identifier, including CSR variant; required for all records	**Must be present** This field will be strictly validated by the Exchange.	String (Alphanumeric)	16	Yes
38	Benefit Start Date	Effective date of benefit coverage associated with this enrollment record; required for all records	**Must be present** The Exchange expects this date to always be present for all member records in the file and not just in the subscriber	Date (YYYYMMDD)	8	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
			record. This field will be strictly validated by the Exchange and if this field is not sent correctly, then it will lead to an error and inability to reconcile that policy. At the subscriber level, the Benefit Start Date should be equal to the effective date of the policy. This value should be the same for all detail records related to a given subscriber/policy. Multiple or differing values for Benefit Start Date should never be provided at the subscriber level. At the dependent level, this value should be equal to the start date of each discreet span of coverage. For dependents with a single, continuous span of coverage, only a single detail record should be provided, and the Benefit Start Date value should be equal to the effective date of the policy. For a dependent with a gap between two or more discreet spans of coverage, one detail record should be provided for each discreet span of coverage, and each Benefit Start Date value should be equal to the start date of its respective span. This date should not be greater than Benefit End Date.			
39	Benefit End Date	Last date of benefit coverage associated with this enrollment record; a blank date may be sent for open-ended or cancelled coverage	**Must be present** This field will be strictly validated by the Exchange using similar rules as Benefit Start Date above. At the subscriber level, the Benefit End Date should be equal to the policy's Coverage End Date in the Exchange system. This value should be the same for all detail records	Date (YYYYMMDD)	8	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
			related to a given subscriber/policy. Multiple or differing values for Benefit Start Date should never be provided at the subscriber level. At the dependent level, this value should be equal to the end date of each discreet span of coverage. For dependents with a single, continuous span of coverage, only a single detail record should be provided, and the Benefit End Date value should be equal to the policy's Coverage End Date. For a dependent with a gap between two or more discreet spans of coverage, one detail record should be provided for each discreet span of coverage, and each Benefit end Date value should be equal to the last day of coverage of its respective span. Note: This date cannot be null. The Exchange expects this date to be 12/31 of the given coverage year for an effectuated active enrollment. For terminated policies, the Exchange expects this date to be the termination date. For a cancelled policy, the Exchange expects this date to match the Benefit Start Date (or optionally Benefit Start Date minus 1.			
40	Applied APTC Amount	Amount of Advance Premium Tax Credit applied to the premium monthly, based on the subscriber's election during enrollment; only applies to subscriber records, otherwise blank Note: If there is no APTC applied to the enrollment, the Issuer may send the Applied APTC Amount as blank or explicitly as 0.00	If there is no APTC Applied, Issuers should send this field as null. If APTC is applied this field is mandatory for the subscriber record only.	Dollars and Cents (####.##)	4-8	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
41	Applied APTC Effective Date	Effective date of the monthly applied APTC amount; only applies to subscriber records with a positive Applied APTC Amount, otherwise blank	The Exchange will validate this date to be present within the coverage period of the enrollment. For example, for a 2021 policy, this date should be within the year 2021. If there is no APTC Applied, Issuers can leave this field blank. If APTC is applied this field is mandatory for the subscriber record only.	Date (YYYYMMDD)	8	Yes (critical field)
42	Applied APTC End Date	End date of the monthly applied APTC amount; only applies to subscriber records with a positive Applied APTC Amount, otherwise blank	The Exchange will validate this date to be present within the coverage period of the enrollment. For example, for a 2021 policy, this date should be within the year 2021. If there is no APTC Applied, Issuers can leave this field blank. If APTC is applied this field is mandatory for the subscriber record only.	Date (YYYYMMDD)	8	Yes (critical field)
43	CSR Amount	Monthly Cost Sharing Reduction amount based on plan selection and member eligibility; only applies to subscriber records, otherwise blank Note: If there is no CSR applied to the enrollment, the Issuer may send the CSR Amount as blank or explicitly as 0.00	If there is no CSR applied, Issuers should send this field as null. If CSR is applied this field is mandatory for the subscriber record only.	Dollars and Cents (####.##)	4-8	Yes (critical field)
44	CSR Effective Date	Effective date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank	The Exchange will validate this date to be present within the coverage period of the enrollment. For example, for a 2021 policy, this date should be within the year 2021. If there is no CSR, Issuers can leave this field blank. If CSR is applied this field is mandatory for the subscriber record only.	Date (YYYYMMDD)	8	Yes (critical field)
45	CSR End Date	End date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank Note: A blank date may be	The Exchange will validate this date to be present within the coverage period of the Enrollment. For example, for a 2021 policy, this date should be within the year 2021. If there is no CSR, Issuers can leave this field blank. If CSR is	Date (YYYYMMDD)	8	Yes (critical field)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
		sent for open-ended or cancelled coverage	applied this field is mandatory for the subscriber record only.			
46	Total Premium Amount	Total monthly premium amount for the enrollment group; only applies to subscriber records, otherwise blank	The Exchange will compare this field with the Monthly Gross Premium (total premium excluding PTA deduction) after translating the financial spans into monthly premiums. This field is mandatory for the subscriber record only.	Dollars and Cents (####.##)	4-8	Yes (critical field)
47	Total Premium Effective Date	Effective date of the monthly Total Premium Amount; only applies to subscriber records, otherwise blank	This field represents the financial spans and cannot be blank. The Exchange will use this field to translate the financial spans into monthly premiums to compare against monthly premiums stored in the Exchange system. This field is mandatory for the subscriber record only.	Date (YYYYMMDD)	8	Yes (critical field)
48	Total Premium End Date	End date of the monthly Total Premium Amount; only applies to subscriber records, otherwise blank Note: A blank date may be sent for open-ended or cancelled coverage	This field represents the financial spans and cannot be blank. The Exchange will use this field to translate the financial spans into monthly premiums to compare against monthly premiums stored in the Exchange system. This field is mandatory for the subscriber record only.	Date (YYYYMMDD)	8	Yes (critical field)
49	Individual Premium Amount	Monthly premium amount associated with the individual member; sent for both subscriber and dependent member records, if available in the Issuer's system	The Exchange is not planning to compare / validate the individual level premiums. Issuers can send this field if available.	Dollars and Cents (####.##)	4-8	No
50	Individual Premium Effective Date	Effective date of the monthly individual premium amount; sent for both subscriber and dependent member records, if available in the Issuer's system	The Exchange is not planning to compare / validate the individual level premiums. Issuers can send this field if available.	Date (YYYYMMDD)	8	No
51	Individual Premium End Date	End date of the monthly individual premium amount; sent for both subscriber and dependent member records, if	The Exchange is not planning to compare / validate the individual level premiums. Issuers can send this field if available.	Date (YYYYMMDD)	8	No

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
		available in the Issuer's system Note: A blank date may be sent for open-ended or cancelled coverage				
52	Initial Premium Paid Status	Indicates if the initial binder payment has been made for the enrollment, leading to effectuated coverage: Y – Effectuated (active or terminated coverage) N – Uneffectuated (awaiting binder payment) C – Cancelled (no binder payment received, no period of coverage) This value is to be sent with the subscriber of the enrollment group and will apply to all members of the enrollment group	The Exchange will use this field to determine policy status in the Exchange system. The Exchange will use the logic below to translate this field to the Exchange status: If "Y, then the Exchange will consider this as Confirm. If "N", then the Exchange will consider this as Pending. If "C," then the Exchange will consider this as Cancel.	String (Alphabetical)	1	Yes
53	Issuer-Assigned Record Trace Number	Optional Issuer-Assigned identifier for the reconciliation record to track the specific record through the process; this value will be carried through to the corresponding record on the Outbound Enrollment Reconciliation File	This is an optional field for the Exchange.	String (Alphanumeric)	1-50	No
54	Coverage Year	Relevant 4-digit Plan Year represented by the enrollment record; this value should be consistent for all records in the file	**Must be present** The Exchange will validate this year with the coverage period of the policy.	String (Numeric)	4	Yes
55	Paid Through Date	Date through which the member has made payment for benefit coverage (as provided by the Issuer); only applies to subscriber records, otherwise blank. Note: This information is not currently being reported to the IRS. Therefore, Issuers may submit a value in this	Issuers should send the premium paid to date end (DTP*343) here. This date applies on inbound 834 for cancel/term for non-payment. This is an optional field for the Exchange, but Issuers are advised to send this so that the Exchange has this	Date (YYYYMMDD)	8	No (may change in the future)

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
		field or leave it blank for all records.	information to gauge policy termination due to non-payment risk.			
56	End of Year Termination Indicator	Indicates if the enrollment record will be terminated effective December 31st of the given plan year and should be ineligible for reenrollment through Batch AutoRenewal; 'Y' indicates terminated 12/31 of the plan year, otherwise blank Note: FFM is not updating with Issuer information at this time. Therefore, Issuers may submit a value in this field or leave it blank for all records.	The Exchange is going to use this field to determine if a given policy is terminated. Recommended to send 'Y' if policy is terminated, else sent blank or null	String (Alphabetical)	1	No (may change in the future)

Note: As of release 20.9, configuration exists at the Exchange level, the previous file layout, where the usage of fields 57 & 58 was reversed, or an updated file layout for fields 57 thru 63 is used. See section 4.1.1.1 for additional file expansion notes.

Agent / Broker Information

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point. Updated to align to FFM recon spec v5_12 format.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
57	Agent / Broker NPN	The National Producer Number of the agent/broker, if applicable Note: This field must be populated if Agent/Broker First and Last Name are populated, otherwise no updates will be made to Agent/Broker information on the FFM	Issuer is expected to send the value sent in ACT segment of the 834 in this field. This is the agent's s NPN (National Producer Number) OR State License Number. Whichever value your state implementation dictates. Note: Discrepancy will get created if value is missing or does not match. Note: HIX currently sends both the agent's federal tax ID number (N104/BO) AND the agent's NPN or SLN (ACT01) in the 834.	String (Numeric)	1-10	Yes

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
58	Agent / Broker First Name	First name of the agent / broker associated with the enrollment, if applicable Note: This field must be populated if Agent / Broker NPN is populated, otherwise no updates will be made to agent / Broker information on the FFM	Issuer is expected to send the Full name of the agent / broker as sent in the N102/BO of the 834, when applicable Length defined as 1-150 to accept full agent name. Discrepancy will be created if this field does not match agent name associated with enrollment.	String	1-150 (may change to 1-25 in the future)	Yes
59	Agent/ Broker Middle Initial	Middle initial of the agent/broker associated with the enrollment, if applicable Note: This field is optional if other Agent/Broker information is provided, otherwise blank	Middle initial of the agent/broker associated with the enrollment, if applicable No discrepancy will be created if this field is not populated or does not match	String	1	No (may change in the future)
60	Agent/ Broker Last Name	Last name (or second part of company name) of the agent/broker associated with the enrollment, if applicable Note: This field must be populated if Agent/Broker NPN and Agent/Broker First Name are populated, otherwise no updates will be made to Agent/Broker information on the FFM	Last name (or second part of company name) of the agent/broker associated with the enrollment, if applicable No discrepancy will be created if this field is not populated or does not match	String	1-25	No (may change in the future)
61	Agent/ Broker Suffix	Suffix of the agent/broker associated with the enrollment, if applicable Allowed values are: II, III, IV, V, Jr., Sr. Note: This field is optional if other Agent/Broker information is provided, otherwise blank	Suffix of the agent/broker associated with the enrollment, if applicable Allowed values are: II, III, IV, V, Jr., Sr. No discrepancy will be created if this field is not populated or does not match	String	2-3	No (may change in the future)

Cancellation and Termination Reason

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point. Updated to align to FFM recon spec v5_12 format.

Note: Exchange functionality is limited to reference codes 1, 6, and 13 only, as Additional Maintenance Reason Codes CANCEL and TERM, as well as the ability to differentiate Death use case can be matched. Other AMRC values, could be enabled in the future.

Reference Table 2 in section 4.1.1.3 below for values used with fields 62 and 63.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
62	Cancellation Reason Code	Indicates the reason for cancellation of the policy; use the values in Table '2' Note: This field should be left blank if the policy is not cancelled in the Issuer system	Indicates the reason for cancellation of the policy. Note: This field should be null or sent as blank if the policy is not cancelled in the Issuer system Comparison limited to subscriber records only. Discrepancy will be created if reference code is not a match with Exchange maintenance reason code for cancellation. see Table 2	String (Numeric)	1-2	Yes, see Table 2
63	Termination Reason Code	Indicates the reason for termination of the policy; use the values in Table '2' Note: This field should be left blank if the policy is not terminated in the Issuer system	Indicates the reason for termination of the policy. Note: This field should be null or sent as blank if the policy is not terminated in the Issuer system Comparison limited to subscriber records only. Discrepancy will be created if reference code is not a match with Exchange maintenance reason for termination. see Table 2	String (Numeric)	1-2	Yes, see Table 2

4.1.1.1 '01' Detail record placeholder fields for future use

Placeholders for future CMS use

Note: The following section is not found in the CMS RCNI defined 01 Detail record. The following 6 placeholder fields are reserved to align with future CMS additions to the 01 Detail record.

Note: As of 21.1 release, a configuration exists at the Exchange level to support three possible RCNI formats: 1) the file layout ends at field 58, or 2) ends at field 63, or 3) is expanded to include fields 64 – 72 to support state subsidy reconciliation.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
64	Future 1	Future use	Send as null	String	1	No
65	Future 2	Future use	Send as null	String	1	No
66	Future 3	Future use	Send as null	String	1	No

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
67	Future 4	Future use	Send as null	String	1	No
68	Future 5	Future use	Send as null	String	1	No
69	Future 6	Future use	Send as null	String	1	No

4.1.1.2 '01' Detail record custom extension fields for State Subsidy

Custom extension for fields not defined within CMS RCNI 01 Detail record

Note: The following section is not found in the CMS RCNI defined 01 Detail record. Customized fields added to support State Subsidy values in the same manner as APTC, CSR, Premiums

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
70	State Subsidy Amount	Not Applicable	Mandatory if State Subsidy is applicable. Amount of State Subsidy applied to the premium monthly, based on the subscriber's election during enrollment; only applies to subscriber records, otherwise blank Note: If there is no State Subsidy applied to the enrollment, the Issuer may send the State Subsidy Amount as blank, null, or explicitly as 0.00.	Dollars and Cents (####.##)	4-8	Yes (critical field)
71	State Subsidy Effective Date	Not Applicable	Mandatory if State Subsidy is applicable. The Exchange will validate this date to be present within the coverage period of the enrollment. For example, for a 2020 policy, this date should be within the year 2020. If there is no State Subsidy, Issuers should send this field as blank or null.	Date (YYYYMMDD)	8	Yes (critical field)
72	State Subsidy End Date	Not Applicable	Mandatory if State Subsidy is applicable. The Exchange will validate this date to be present within the coverage period of the enrollment. For example, for a 2020 policy, this date should be within the year 2020. End date is used to align the date horizon for the State Subsidy amount to the Exchange monthly amounts. If there is no State Subsidy, Issuers should send this field as blank or null.	Date (YYYYMMDD)	8	Yes (critical field)

4.1.1.3 Cancellation/Termination Reason Code Table 2 Reference code list

Includes mapping to Additional Maintenance Reason Code (AMRC) values used in EDI 834 transactions. Comparison is limited to Cancellation Reason Code and Termination Reason Code on the subscriber record. Any cancel or termination reason code on a dependent record shall be ignored and no discrepancy raised.

Note: "Outbound" indicates the reason code is used on transactions from FFM to the Issuer; "Inbound" indicates the Issuer has initiated the cancellation or termination.

Note: Exchange functionality is limited to reference codes 1, 6, and 13 only, as Additional Maintenance Reason Codes CANCEL and TERM, as well as the ability to differentiate Death use case can be matched. Other AMRC values, could be enabled in the future. To avoid unexpected discrepancies, limit usage of fields 62 and 63 to situations where the policy was cancelled or terminated and reference codes 1, 6, or 13 applies.

Table 2. Cancellation / Termination reason code reference list (source: FFM recon spec v5_12)

Reference Code	Description	Inbound/ Outbound	Cancel AMRC	Termination AMRC	Used by Exchange	EDI 834 MRC
1	Voluntary Withdrawal	Outbound	CANCEL	TERM	Yes	14
2	No Longer Eligible (NLE) Due to Unresolved Data Matching Issue (DMI)	Outbound	CANCEL-NLE	TERM-NLE	No	
3	Change in Circumstance (CIC)	Outbound	CANCELCIC	TERMCIC	No	
4	Stop QHP Due to Other Coverage	Outbound	n/a	TERM-OTH-COVERAGE	No	
5	BAR Carry-Forward Cancel	Outbound	CANCEL-CARRYFORWARD	n/a	No	
6	Non-Payment	Inbound	CANCEL	TERM	Yes	59
7	Free Look Cancel	Inbound	CANCEL-FLC	n/a	No	
8	HICS	Inbound	CANCEL-HICS	TERM-HICS	No	
9	Fraud	Inbound	CANCEL-FRD	n/a (removed by CMS in 834 v4.2)	No	
10	Anti-Duplication	Inbound	CANCEL-ANTIDUPLICATION	TERM-ANTIDUPLICATION	No	
11	Out of Area	Inbound	CANCEL-OUT-OF-AREA	n/a	No	
12	Other	Inbound	CANCEL-OTH	TERM-OTH	No	
13	Death (of Subscriber)	Outbound	CANCEL-PDM	TERM-PDM	Yes	03
14	Rescind Coverage	Inbound	CANCEL-RESCIND	n/a	No	

4.1.2. '02' Summary record layout

Note: There may be differences between the FFM description and the Exchange description. Issuers should always refer to the information in the Exchange description column. The FFM description is provided as a comparative point.

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
1	Record Code	Designates the type of record; for a summary record, this value must always be "02"	**Must be present** Designates the type of record; for a summary record, this value must always be "02."	String (Numeric)	2	Yes
2	Trading Partner	The Trading Partner ID associated with each QHP ID Lookup Key in the corresponding "01" detail records	Issuers should send the HIOS ID here.	String (Alphanumeric)	5-10	Yes
3	SPOE ID	This field is to be sent as 10 blank spaces	This field is to be sent as 10 blank spaces.	n/a	10	Yes
4	Tenant ID	Two-character state abbreviation plus a zero (e.g. XX0, where XX is the state code)	This field represents the state identifier. Issuers should send {state_abbreviation}0 (e.g., AK0) in this field. The Exchange will validate this field.	String (Alphanumeric)	3	
5	HIOS ID	Identifier for the Issuer as assigned via the Health Insurance Oversight System; corresponds to the first 5 characters of the QHP ID	**Must be present** The Exchange will use this field to identify the Issuer.	String (Numeric)	5	Yes
6	QHPID Lookup Key	First 10 characters of the QHP ID associated with the last "01" detail record in the file; used to map the QHP to a Trading Partner ID on the EDI Registration Form	The Exchange expects all Issuers to send all the policies in one file instead of generating one file per QHPID. Therefore, the Exchange will ignore this field.	String (Alphanumeric)	10	No
7	Issuer Extract Date	Date the record set was extracted from the Issuer's system	Send the date when the data is extracted. The Exchange is going to use the latest information in the Exchange system for comparison but date from field will be used to detect missing enrollments. Enrollment present in the Exchange system that was created after this date will not be flagged as missing enrollment.	Date (YYYYMMDD)	8	Yes

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
			Note: Issuers must populate the Issuer Extract Date. The Exchange will use this field to determine which policies are actually missing from the Issuer file. In the event that Issuers do not send the Issuer Extract Date, the Exchange's fall-back logic will use the start date of the month in which the file was received and subtract a configurable number of days (default is 3 days) as the Issuer Extract Date.			
8	Total Number of Records	The total number of "01" and "02" records associated with the HIOS ID in the logical file	Issuers should populate this field. The Exchange is going to use this field to validate the count of policies in the file and to check for file data integrity.	Integer		Yes
9	Total Number of Subscribers	Basic count of all "01" records associated with the HIOS ID that have a value of Y in the Subscriber Indicator field Please note: This is not a count of unique subscribers	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	Integer		No
10	Total Number of Dependent Members	Basic count of all "01" records associated with the HIOS ID that have a value of N in the Subscriber Indicator field Please note: This is not a count of unique dependent members	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	Integer		No
11	Total Premium Amount	Basic sum of the Total Premium Amount in all "01" records associated with the HIOS ID Please note: This is not a sum of active or current premium values only; all records are to be included in the sum	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	Dollars and Cents (##########.##)		No
12	Total Applied	Basic sum of the Applied APTC Amount in all "01"	Issuers are advised to populate this field. However,	Dollars and Cents		No

Field	Data Element	FFM Description	Exchange Description	Data Type	Length	Compared to Exchange
	APTC Amount	records associated with the HIOS ID Please note: This is not a sum of active or current APTC values only; all records are to be included in the sum	the Exchange will not be using this field for comparison or validation.	(##########.##)		

4.2. File name format

The reconciliation process uses data from the RCNI filename to identify the Issuer name and the coverage year for the data reported in the file. The RCNI filename follows this format:

DIRECTION_HIOSID_MARKET_FILETYPE_COVERAGEYEAR_DATETIME.IN

where:

- DIRECTION indicates the direction of file transfer relative to the Issuer (either "from" or "to"); this value is always "from" for RCNI files

- HIOSID is the numeric identifier assigned to the Issuer by the Health Insurance and Oversight System (HIOS)

- MARKET is the abbreviation for the marketplace

- FILETYPE identifies the file type; for RCNI files, the file type is MONTHLYRECON (monthly reconciliation)

- COVERAGEYEAR is the coverage year for which the data is being reported, in CCYY format

- DATETIME is the date and time when the data was extracted, in CCYYMMDDHHMMSS format

4.2.1. Issuer to Exchange file format

Note: DATETIME is expected to reflect the date and time when the data was extracted. File should be extracted and sent within the same month for which needs to be reconciled.

DIRECTION_HIOSID_MARKET_FILETYPE_COVERAGEYEAR_DATETIME.IN

For example: from_59765_INDV_MONTHLYRECON_2020_20200402150258.IN

4.2.2. Exchange to Issuer file format

The Exchange will generate one discrepancy file per incoming Issuer file. For example, if a given Issuer sends two files for two different coverage years in a month, they will receive two discrepancy files. The file naming convention used to generate this discrepancy file:

```
DIRECTION_HIOSID_MARKET_FILETYPE_COVERAGEYEAR_DATETIME.OUT
```

For example: to_59765_INDV_MONTHLYDISCREPANCY_2020_DATETIME.OUT

Note: The name of the file for which the discrepancy report is in reference to will be provided inside the csv file in the last column named "Recon File Name."

4.3. Frequency files should be sent

Modeled in part on CMS's reconciliation process with SBMs, the Exchange will determine if they require Issuers to participate in a recurring reconciliation process with previous coverage year(s). As the IRS requires SBMs to retain enrollment data and send 1095A forms to consumers for a period of seven years, Issuers should also expect to continue sending reconciliation files to the Exchange for a period of seven years.

4.3.1. Submission Schedule

Issuers should expect to send the RCNI file to the Exchange system on a recurring basis. The Exchange system can receive files at any time; however, the Exchange operations team will determine a date by which each Issuer must send their RCNI files. Reconciliation files for each coverage year should be sent no more than once per month.

Note: The Exchange accepts 1 file for each month in a coverage year, any additional reconciliation file received is marked as "Duplicate".

Beyond the current plan year, the Exchange will determine if Issuers should expect to send RCNI files in the following pattern, for previous coverage year(s) reconciliation data:

Table 3. Example RCNI file submission schedule

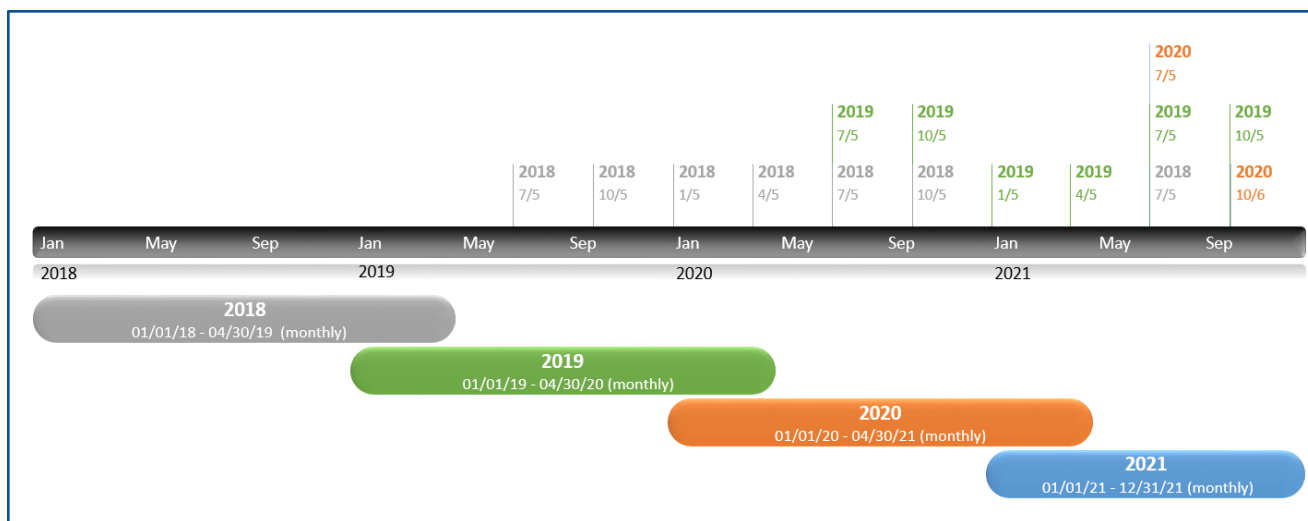| Year	Submission Frequency	Submission Frequency Total
Year-1 (current plan year)	Monthly	
Year-2	Monthly for the first 4 months + Quarterly beginning July	Total of 16 monthly submissions
Year-3	Quarterly	Total of 6 quarterly submissions
Year-4 to the end of Year-7	Annually	Total of 4 annual submissions

Figure 2: Gantt view of example RCNI file submission schedule

4.3.2. Resubmission for corrected RCNI file

If Issuers need to submit an additional corrected RCNI file, they must work with Exchange team to coordinate, via Exchange support ticket. After the first file is received, any subsequent file is automatically marked as duplicate, and requires manual handling by the production support team to process successfully.

4.4. Data population

In order for the Exchange to correctly process the file, Issuers should pay special attention to this section and populate the data based on following rules.

1. Issuers must send one file containing all their enrollments instead of generating one file per QHPID Lookup Key. The Exchange will ignore the QHPID Lookup Key field.

2. Timing of Running the Comparison Between the Exchange and the Issuer RCNI file: The Exchange will maintain a record of the date the RCNI file was generated by the Issuer (e.g., the "Issuer Extract Date"). This date is either sent by the Issuer in the RCNI file (preferred) or is a derived date calculated as three days prior to the month of receipt's first date (e.g., if the date of receipt is April 12, the date used for the calculation is three days prior to April 1). This date is included in the summary section of the RCNI file. Comparisons will include the day of the last Issuer Extract Date to the day before the current Issuer Extract Date.

3. Please refer to section 4.1.1. for Exchange usage of each field in the 01 Detail record. Note: If any of the following fields are missing from the 01 Detail record, it will result in an error for that record and unable to be processed for discrepancies. Any member having the same Exchange policy ID as one that is missing one of the following fields will also be flagged as an error because processing cannot proceed until every member of a given enrollment record has the following fields.

Table 4. Data fields which must be present on every 01 Detail record

Field position	Field name
Field-1	Record Code
Field-5	HIOS ID
Field-9	QI First Name
Field-11	QI Last Name
Field-12	QI Birth Date
Field-16	Individual Relationship Code
Field-21	Exchange Assigned Policy ID
Field-37	QHP Identifier
Field-38	Benefit Start Date
Field-39	Benefit End Date
Field-54	Coverage Year

4. Issuers must populate "Total Number of Records" in the summary section. The Exchange will validate this count to ensure data integrity before processing the file.

5. Matching Between the Exchange and the Issuer RCNI file: The Exchange uses the Exchange Assigned Policy ID and the HIOS ID to match records from the Issuer's RCNI file to the enrollment in the Exchange's system. Therefore, these two fields are among the mandatory fields. If these two data points are not included in the RCNI file, the record will be flagged as a discrepancy.

6. A Subscriber Indicator: For each policy, there should be one record with "Subscriber Indicator" field set to Y. Otherwise, the policy will be flagged as an error and will not be reconciled.

7. Coverage Period: The following coverage date fields should always be sent for all the records in the file (including dependent records). When processed against the subscriber record, these dates will represent the Policy Coverage Period. When processed against dependent record, these dates represent the Member Coverage Period. If these fields are not populated, it will lead to error and failure to reconcile that policy.

   ○ The Exchange expects the Benefit Start Date and End Dates to be for the duration of the policy, for example 1/1-12/31.
      ■ Benefit Start Date
      ■ Benefit End Date

8. Dates for Premium Translation: Because Issuers will send premiums in the file in date range format, the Exchange will have to translate date range to monthly premiums. In order to do this, the Exchange will rely on the following date fields to be populated accurately to span

the full coverage period of the policy. Issuers should pay close attention to the following special rules:

- The premium date range information should be sent using the following two date fields:
  - Total Premium Effective Date
  - Total Premium End Date

- These dates are required and must be sent with the subscriber record. The subscriber record should be repeated for each date range.

- The Exchange will ignore the values sent with the dependent record.

9. The Exchange will not use Individual Premium Amount, Individual Premium Effective Date, and Individual Premium End Date fields. Data sent in those fields will be ignored.

10. The Exchange will translate this to monthly premiums and validate if all months within the Policy Coverage Period are sent. If a month is found missing, then the entire policy will result in an error and will not be reconciled.

11. Prorated Premiums: The Exchange will prorate the Issuer sent premiums in the "Total Premium Amount" field and compare it with the monthly premium stored in the Exchange system. If the prorated premiums do not match, then a discrepancy code with a corresponding month indicator will be sent back to the Issuer in the discrepancy report. Issuers are expected to return the prorated amount. See 6.1.4. Premium proration where consumers have mid-month start or end dates for proration business rules

12. APTC Amounts: Similar to premium translation to monthly format, the Exchange will also translate the APTC amounts to monthly amounts based on the dates sent in the file. If there is no APTC Applied, Issuers should send this field as null.

- The Exchange will use the fields below to determine monthly APTC amounts:
  - Applied APTC Effective Date
  - Applied APTC End Date
  - Applied APTC Amount

- The Exchange expects the APTC effective and end dates to be populated all the time for the subscriber record if Applied APTC Amount field is sent. If the date fields are missing, it will lead to error and failure to reconcile that policy.

- Note: The Exchange will not prorate APTC amounts for mid-month scenarios but will cap the APTC amount to prorated premium applicable for that month. The Exchange will validate that the APTC is being over allocated and accordingly return an error message. Issuers are expected to return the capped amount.

13. CSR Amounts: Similar to premium translation to monthly format, the Exchange will also translate the CSR amounts to monthly amounts based on the dates sent in the file. If there is no CSR applied, Issuers should send this field as null.

   ○ The Exchange will use the fields below to determine monthly CSR amounts:
      ■ CSR Effective Date
      ■ CSR End Date
      ■ CSR Amount

   ○ The Exchange will calculate monthly CSR amounts similar to monthly premiums using the formula below. Issuers are expected to return the monthly CSR amount.

      ■ Calculated monthly CSR Amount = Monthly Premium x CSR Multiplier %

   ○ The monthly CSR amount will be rounded off using half-up rounding modality.

   ○ Note: The Exchange will be sending this Monthly CSR Amount to CMS for reporting. It is important that Issuers review this formula and reconcile this monthly value.

14. Bad Mailing Address: Issuers can help the Exchange flag bad mailing addresses (returned mail) by sending "BAD ADDRESS" (case insensitive) value in "Mailing Address Line 1" field. All other fields for Mailing Address should be sent as null when sending "BAD ADDRESS".

   ○ Note: This indicator should be sent only in Mailing Address field and not for Residential Address field.

15. Policy Effectuation Status: The Exchange will use the "Initial Premium Paid Status" field to reconcile the policy status in the Exchange's reconciliation system. The rule applied:

   ○ If "Y", then the Exchange will mark this enrollment as Confirm.

   ○ If "N", then the Exchange will mark this enrollment as Pending.

   ○ If "C," then the Exchange will mark this enrollment as Cancel.

16. Policy Termination Status: The Exchange does not use the "End of Year Termination Indicator" field to determine if a given policy is terminated.

17. Issuers should populate consumer's last premium paid through end date (DTP*343) in the "Paid Through Date" field (e.g., field-55). This is an optional field and will not be used for discrepancy identification. But this information is a back-up in case the last premium paid through date is not received through the 834. This date is required for the Exchange to accurately format 1095s in the event of termination for non-payment.

18. State Subsidy Amounts: Similar to premium translation to monthly format, the Exchange will also translate the State Subsidy amounts to monthly amounts based on the dates sent in the file. Note: If there is no State Subsidy applied to the enrollment, the Issuer may send the State Subsidy Amount as blank, null, or explicitly as 0.00.

- The Exchange will use the fields below to determine monthly State Subsidy amounts:
    - State Subsidy Effective Date
    - State Subsidy End Date
    - State Subsidy Amount

- The Exchange expects the State Subsidy effective and end dates to be populated all the time for the subscriber record if State Subsidy Amount field is sent. If the date fields are missing, it will lead to error and failure to reconcile that policy.

- Note: The Exchange will not prorate State Subsidy amounts for mid-month scenarios but will cap the APTC amount + State Subsidy amount to prorated premium applicable for that month. Capping logic is the same as used for APTC. Issuers are expected to return the capped amount.

- Note: The Exchange will be sending this Monthly State Subsidy Amount to CMS for reporting. It is important that Issuers review this formula and reconcile this monthly value.

5. Issuer discrepancy report

5.1. File format

Based on the results on the data comparison described in section 5.3 below, a discrepancy report with all identified discrepancies will be reported back to Issuers in .csv format. Issuers can open the discrepancy report in a spreadsheet application or import into their own systems for further analysis, using it as a basis to investigate and fix or contest discrepancies.

Note: Policies without any discrepancies are excluded from the Issuer discrepancy report.

Table 5. Discrepancy report data elements

Data Element	Description	Data Type	Field Length
Exchange Assigned Policy ID	The policy identifier assigned by the Exchange	String (Numeric)	1-15
Plan ID	The plan identifier assigned by the Issuer	String (Alphanumeric)	16
Member Last Name	The last name of the enrollee	String	1-60
Member First Name	The first name of the enrollee	String	1-35
Exchange Assigned Member ID	The enrollee identifier assigned by the Exchange	String (Numeric)	10
Issuer Assigned Member ID	The enrollee identifier assigned by the Issuer	String (Numeric)	1-50
Subscriber Last Name	The subscriber last name	String	1-60
Subscriber First Name	The subscriber first name	String	1-35
Exchange Assigned Subscriber ID	The subscriber identifier assigned by the Exchange	String (Numeric)	10
Issuer Assigned Subscriber ID	The subscriber identifier assigned by the Issuer	String (Numeric)	1-50

Discrepancy Reason Code	A code that identifies which data element in an enrollment record contains the discrepant data (see Table 17)	String	1-50
Discrepancy Reason Text	The name of the data element that contains the discrepant data or a description of the discrepancy	String	7-10
<Exchange> Value	The value of the discrepant data on the Exchange side	Varies	Refer to 01 Detail layout 4.1.1
Issuer Value	The value of the discrepant data on the Issuer side	Varies	Refer to 01 Detail layout 4.1.1
Date of Discrepancy	The date when the discrepancy record was created during reconciliation processing	Date	8
Recon File Name	The filename of the RCNI file	String (Alphanumeric)	51
Autofixed by <Exchange>	Indicates whether an effectuation discrepancy was auto-fixed by the Exchange: • Yes for Discrepancy Reason Code 8200_AA • No for all other Discrepancy Reason Codes	String	1
Assignee	The entity responsible for correcting the discrepancy: either the Issuer (designated as "Carrier" in the Discrepancy Report) or the Exchange	String	7-8
Enrollment Status	• The enrollment status (PENDING, CONFIRM, CANCEL, or TERM) in the Exchange's enrollment records; see Enrollment Specifications • The system can be configured to either include or exclude the Enrollment Status column in the discrepancy report; see 6.1 Reconciliation Configuration	String	4-7

A sample discrepancy report opened in a spreadsheet application is provided below for reference:

	A	B	C	D	E	F	G	H	I	J	K
1	Exchange Assigned Policy ID	Plan ID	Member Last Name	Member First Name	Exchange Assigned Member ID	Issuer Assigned Member ID	Subscriber Last Name	Subscriber First Name	Exchange Assigned Subscriber ID	Issuer Assigned Subscriber ID	Discrepancy Reason Code
2	252525	99999AK002000601	Brown	Jack	1077700259		Brown	Jack	1077700259		8000_AD
3	262626	99999AK002000501	Smith	Mary	1077701464	999917551	Smith	James	1077701463	999917551	2000A_AC
4	272727	99999AK002000401	Doe	John	1077701543	999938133	Doe	John	1077701543	999938133	1000C_AC
5	272727	99999AK002000401	Doe	John	1077701543	999938133	Doe	John	1077701543	999938133	9000_AE
6	303030	99999AK002000301	Doe	Jane	1009998899	999938888	Doe	Jane	1009998899	999938888	8200_AA

	L	M	N	O	P	Q	R	S
1	Discrepancy Reason Text	Exchange Value	Issuer Value	Date of Discrepancy	Recon File Name	Autofixed by Exchange	Assignee	Enrollment Status
2	Enrollment Missing in File			20190621	from_99999_INDV_MONTHLYRECON_2019_201906202282122.IN	N	Carrier	TERM
3	Relationship Code	14	19	20190621	from_99999_INDV_MONTHLYRECON_2019_201906202282122.IN	N	Carrier	CONFIRM
4	Agent Account Number	123123123	345345345	20190621	from_99999_INDV_MONTHLYRECON_2019_201906202282122.IN	N	Carrier	CONFIRM
5	May Premium	88.7		20190621	from_99999_INDV_MONTHLYRECON_2019_201906202282122.IN	N	Carrier	CONFIRM
6	Effectuation Status	PENDING	Y	20190621	from_99999_INDV_MONTHLYRECON_2019_201906202282122.IN	Y	Exchange	PENDING

Figure 3. Snapshot of Discrepancy Report

5.2. Discrepancy reason codes

The table below contains the full list of discrepancy reason codes that could be reported:

Table 6. Discrepancy reason code list

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
1000C_AA	Agent Name	Broker Name	Issuer	Exchange	Used
1000C_AC	Agent Account Number	Broker Account Number	Issuer	Exchange	Used
2000_AA	Issuer Assigned Member ID	ID assigned by the Issuer for the individual.	Exchange	Issuer	Used
2000_AB	Issuer Assigned Subscriber ID	ID assigned by the Issuer for the Subscriber of the Policy	Exchange	Issuer	Used
2000A_AC	Relationship Code	Relationship of member to the subscriber	Issuer	Exchange	Used
2100A_AA	Last Name	Enrollee Last Name	Issuer	Exchange	Used
2100A_AB	First Name	Enrollee First Name	Issuer	Exchange	Used
2100A_AC	Middle Name	Enrollee Middle Name	Issuer	Exchange	Used
2100A_AE	SSN	Social Security Number	Issuer	Exchange	Used
2100A_AF	Telephone Number	Primary Phone Number	Issuer	Exchange	Used
2100A_AI	Residential Address Line 1	Residential Address Line 1	Issuer	Exchange	Used
2100A_AJ	Residential Address Line 2	Residential Address Line 1	Issuer	Exchange	Used
2100A_AK	Residential City Name	Residential City Name	Issuer	Exchange	Used
2100A_AL	Residential State Code	Residential State Code.	Issuer	Exchange	Used
2100A_AM	Residential Postal Code	Residential Zip Code	Issuer	Exchange	Used
2100A_AN	Residential County Code	Residential County Code	Issuer	Exchange	Used
2100A_AO	Birth Date	Enrollee Birth date.	Issuer	Exchange	Used
2100A_AP	Gender	Enrollee Gender	Issuer	Exchange	Used
2100A_AS	Tobacco Usage	Tobacco Usage Flag	Issuer	Exchange	Used
2100C_AA	Mailing Address Line 1	Mailing Address Line 1	Issuer	Exchange	Used
2100C_AB	Mailing Address Line 2	Mailing Address Line 2	Issuer	Exchange	Used
2100C_AC	Mailing City Name	Mailing Address City	Issuer	Exchange	Used
2100C_AD	Mailing State Code	Mailing Address State Code	Issuer	Exchange	Used
2100C_AE	Mailing Postal Code	Mailing Address Zip	Issuer	Exchange	Used
2300_AA	Plan ID	CMS Plan ID	Issuer	Exchange	Used
2300_AB	Subscriber Benefit Begin Date	Start Date for the Benefits	Issuer	Exchange	Used
2300_AC	Subscriber Benefit End Date	End Date for the Benefits	Issuer	Exchange	Used
2300_AD	Member Benefit Begin Date	Start Date for member benefits	Issuer	Exchange	Used
2300_AE	Member Benefit End Date	End Date for member benefits	Issuer	Exchange	Used
2750_AA	Enrollment Non-payment Cancellation Reason Code	Non-payment cancellation reason code	Exchange	Issuer	Used
2750_AB	Enrollment Other Cancellation Reason Code	Other cancellation reason code	Issuer	Exchange	Used
2750_BA	Enrollment Non-payment Termination Reason Code	Non-payment termination reason code	Exchange	Issuer	Used
2750_BB	Enrollment Other Termination Reason Code	Other termination reason code	Issuer	Exchange	Used
8000_AA	Member Missing in HIX	Member Not in Exchange System	Issuer	Exchange	Used
8000_AB	Member Missing in File	Member Not in Issuer System	Issuer	Exchange	Used
8000_AC	Enrollment Missing in HIX	Enrollment Not in Exchange System	Issuer	Exchange	Used
8000_AD	Enrollment Missing in File	Enrollment Not in Issuer System	Issuer	Exchange	Used
8100_AA	Returned Mailing Address	Bad Mailing Address	Issuer	Exchange	Used

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
8200_AA*	Effectuation Status	Effectuation Status	Exchange	Issuer	Used
8200_AB	Effectuation Status - Member	Member Effectuation Status	Exchange	Issuer	Not used
8200_AC	Cancelled Enrollment in HIX	Enrollment Cancelled in HIX	Issuer	Exchange	Not used
8200_AD	Enrollment Cancelled in Issuer File	Enrollment Cancelled in Issuer File	Issuer	Exchange	Used
8300_AA	EOY Termination Status	Enrollment End of Year Termination Status	Exchange	Issuer	Used
8300_AB	EOY Termination Status - Member	Member End of Year Termination Status	Exchange	Issuer	Used
8400_AA	Coverage Year	Coverage Year	Issuer	Exchange	Used
8500_AA	Split Household	Split Household	Issuer	Exchange	Used
9000_AA	January Premium	January Premium	Issuer	Exchange	Used
9000_AB	February Premium	February Premium	Issuer	Exchange	Used
9000_AC	March Premium	March Premium	Issuer	Exchange	Used
9000_AD	April Premium	April Premium	Issuer	Exchange	Used
9000_AE	May Premium	May Premium	Issuer	Exchange	Used
9000_AF	June Premium	June Premium	Issuer	Exchange	Used
9000_AG	July Premium	July Premium	Issuer	Exchange	Used
9000_AH	August Premium	August Premium	Issuer	Exchange	Used
9000_AI	September Premium	September Premium	Issuer	Exchange	Used
9000_AJ	October Premium	October Premium	Issuer	Exchange	Used
9000_AK	November Premium	November Premium	Issuer	Exchange	Used
9000_AL	December Premium	December Premium	Issuer	Exchange	Used
9100_AA	January APTC	January APTC	Issuer	Exchange	Used
9100_AB	February APTC	February APTC	Issuer	Exchange	Used
9100_AC	March APTC	March APTC	Issuer	Exchange	Used
9100_AD	April APTC	April APTC	Issuer	Exchange	Used
9100_AE	May APTC	May APTC	Issuer	Exchange	Used
9100_AF	June APTC	June APTC	Issuer	Exchange	Used
9100_AG	July APTC	July APTC	Issuer	Exchange	Used
9100_AH	August APTC	August APTC	Issuer	Exchange	Used
9100_AI	September APTC	September APTC	Issuer	Exchange	Used
9100_AJ	October APTC	October APTC	Issuer	Exchange	Used
9100_AK	November APTC	November APTC	Issuer	Exchange	Used
9100_AL	December APTC	December APTC	Issuer	Exchange	Used
9200_AA	January CSR	January CSR	Issuer	Exchange	Used
9200_AB	February CSR	February CSR	Issuer	Exchange	Used
9200_AC	March CSR	March CSR	Issuer	Exchange	Used
9200_AD	April CSR	April CSR	Issuer	Exchange	Used
9200_AE	May CSR	May CSR	Issuer	Exchange	Used
9200_AF	June CSR	June CSR	Issuer	Exchange	Used
9200_AG	July CSR	July CSR	Issuer	Exchange	Used
9200_AH	August CSR	August CSR	Issuer	Exchange	Used
9200_AI	September CSR	September CSR	Issuer	Exchange	Used
9200_AJ	October CSR	October CSR	Issuer	Exchange	Used
9200_AK	November CSR	November CSR	Issuer	Exchange	Used
9200_AL	December CSR	December CSR	Issuer	Exchange	Used
9300_AA	January Rating Area	January Rating Area	Issuer	Exchange	Used
9300_AB	February Rating Area	February Rating Area	Issuer	Exchange	Used
9300_AC	March Rating Area	March Rating Area	Issuer	Exchange	Used
9300_AD	April Rating Area	April Rating Area	Issuer	Exchange	Used
9300_AE	May Rating Area	May Rating Area	Issuer	Exchange	Used
9300_AF	June Rating Area	June Rating Area	Issuer	Exchange	Used

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
9300_AG	July Rating Area	July Rating Area	Issuer	Exchange	Used
9300_AH	August Rating Area	August Rating Area	Issuer	Exchange	Used
9300_AI	September Rating Area	September Rating Area	Issuer	Exchange	Used
9300_AJ	October Rating Area	October Rating Area	Issuer	Exchange	Used
9300_AK	November Rating Area	November Rating Area	Issuer	Exchange	Used
9300_AL	December Rating Area	December Rating Area	Issuer	Exchange	Used
9400_AA	Subscriber Mismatch	Subscriber Mismatch	Issuer	Exchange	Used
9400_AB	Multiple Subscribers Found	Multiple Subscribers Found	Issuer	Exchange	Used
9500_AA	APTC Over-allocation for January	Over-allocation of APTC for January	Issuer	Exchange	Used
9500_AB	APTC Over-allocation for February	Over-allocation of APTC for February	Issuer	Exchange	Used
9500_AC	APTC Over-allocation for March	Over-allocation of APTC for March	Issuer	Exchange	Used
9500_AD	APTC Over-allocation for April	Over-allocation of APTC for April	Issuer	Exchange	Used
9500_AE	APTC Over-allocation for May	Over-allocation of APTC for May	Issuer	Exchange	Used
9500_AF	APTC Over-allocation for June	Over-allocation of APTC for June	Issuer	Exchange	Used
9500_AG	APTC Over-allocation for July	Over-allocation of APTC for July	Issuer	Exchange	Used
9500_AH	APTC Over-allocation for August	Over-allocation of APTC for August	Issuer	Exchange	Used
9500_AI	APTC Over-allocation for September	Over-allocation of APTC for September	Issuer	Exchange	Used
9500_AJ	APTC Over-allocation for October	Over-allocation of APTC for October	Issuer	Exchange	Used
9500_AK	APTC Over-allocation for November	Over-allocation of APTC for November	Issuer	Exchange	Used
9500_AL	APTC Over-allocation for December	Over-allocation of APTC for December	Issuer	Exchange	Used
9600_AA	January State Subsidy	January State Subsidy	Issuer	Exchange	Used if applicable
9600_AB	February State Subsidy	February State Subsidy	Issuer	Exchange	Used if applicable
9600_AC	March State Subsidy	March State Subsidy	Issuer	Exchange	Used if applicable
9600_AD	April State Subsidy	April State Subsidy	Issuer	Exchange	Used if applicable
9600_AE	May State Subsidy	May State Subsidy	Issuer	Exchange	Used if applicable
9600_AF	June State Subsidy	June State Subsidy	Issuer	Exchange	Used if applicable
9600_AG	July State Subsidy	July State Subsidy	Issuer	Exchange	Used if applicable
9600_AH	August State Subsidy	August State Subsidy	Issuer	Exchange	Used if applicable
9600_AI	September State Subsidy	September State Subsidy	Issuer	Exchange	Used if applicable
9600_AJ	October State Subsidy	October State Subsidy	Issuer	Exchange	Used if applicable
9600_AK	November State Subsidy	November State Subsidy	Issuer	Exchange	Used if applicable
9600_AL	December State Subsidy	December State Subsidy	Issuer	Exchange	Used if applicable

* The effectuation status will be auto-fixed by the system.

5.3. Reconciliation Hierarchy logic

The Exchange uses a series of data match conditions to perform a snapshot comparison of Issuer data and Exchange data to check for discrepancies.

The checks occur in a particular sequence so that the system can find certain key issues first (such as a missing enrollment) and record a limited set of discrepancies for those issues. Otherwise, such issues could generate multiple discrepancies for a given record, filling the discrepancy report with "noise" and making it difficult to spot the discrepancies that need to be fixed.

These checks are completed for each 01 Detail record contained in the Issuer RCNI file against the Exchange database for all enrollments as of the Issuer cutoff date (aka Exchange Data Extraction Date) for the coverage year indicated in the RCNI filename and records. Enrollments created after the Issuer cutoff date are not included in the Exchange data set being matched. A configuration, set at the Exchange level, is used to set the number of days before the RCNI Issuer Extract Date to determine the which enrollments are included in the Exchange snapshot.

> The Issuer cutoff date uses the 01 Detail RCNI field 7 "Issuer Extract Date" minus the number of days in the configuration (Default is 3).
> Example: Issuer Extract Date 03/15/2020, configuration value 3, creation date cutoff 03/15/2020 - 3 days = 03/12/2020.

A configuration, set at the Exchange level, determines if an auto-fix function is run to bring pending Exchange enrollment status in line with confirmed enrollment status sent by the Issuer in the RCNI file.

Summary of checks in the order performed:
- Check 1: Is the Exchange Assigned Policy ID missing in the Issuer data?
- Check 2: Is the enrollment canceled in the Exchange data?
- Check 3: Are the values for Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, or QHP Identifier missing or mismatched?
- Check 4: For each Exchange Assigned Policy ID, is there a match of Exchange Assigned Member ID's?
- Check 5: Is the enrollment canceled in the Issuer data?
- Check 6: The system checks for discrepancies between the Issuer data and the Exchange data in all remaining data points:
- Check 7: For each enrollment status discrepancy that was identified in Check 5, the system checks to see if three conditions are true for a given Exchange Assigned Policy ID: The enrollment status is PENDING in the Exchange data; the confirmation date is empty in the Exchange data; and the initial premium paid status is Y (yes) in the Issuer data. If true, the

Exchange updates the enrollment status for each policy member from PENDING to CONFIRM

5.3.1. Check 1: Exchange-Assigned Policy ID missing in File

For the first check in the reconciliation logic, the system looks to see if the Exchange Assigned Policy ID is missing is in the RCNI file. To perform this check, the system compares the Exchange Assigned Policy ID value in the 01 Detail record of the RCNI file to the data in the Exchange snapshot.

If the Exchange-Assigned Policy ID found in the Exchange database for the coverage year, does not find a matching value in the Issuer RCNI file, a discrepancy reason code '8000_AD' is raised, with the discrepancy reason text 'Enrollment Missing in File'.

Due to the Exchange-Assigned Policy ID missing in the RCNI file, the following discrepancies are also recorded in the discrepancy report. Check proceeds to the next Detail record.

- Exchange-Assigned Subscriber ID does not find a matching value, and results in discrepancy reason code '9400_AA' being raised, with the discrepancy reason text 'Subscriber Mismatch'.
- Identifier does not find a matching value, and results in discrepancy reason code '2300_AA' being raised, with the discrepancy reason text 'Plan ID'.

Table 7. Example of when Exchange-Assigned Policy ID missing in file check conditions are met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code
Exchange-Assigned Policy ID	123	Blank	Not found	8000_AD
Exchange-Assigned Subscriber ID	1234567890	Blank	Not found	9400_AA
QHP Identifier	23456AK001000999	Blank	Not found	2300_AA

If these conditions are not met, detail record proceeds to the next condition check.

5.3.2. Check 2: Exchange Canceled Enrollment check

In Check 2, the system looks for a canceled enrollment by comparing the combination of Enrollment Status, Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, and QHP Identifier in the RCNI file to the data in the Exchange snapshot.

For a given Exchange-Assigned Policy ID, if the Enrollment Status in the Exchange database equals 'CANCEL' and if the Exchange-Assigned Policy ID, Exchange-Assigned Subscriber ID, and QHP Identifier are missing (not sent) on the Issuer RCNI detail record, the detail record is skipped, no discrepancy is recorded in the discrepancy report. Check proceeds to the next Detail record.

Table 8. Example of when Exchange Canceled Enrollment check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code
Enrollment Status	=CANCEL		TRUE	N/A

Exchange-Assigned Policy ID		Not found	TRUE	N/A
Exchange-Assigned Subscriber ID		Not found	TRUE	N/A
QHP Identifier		Not found	TRUE	N/A

If these conditions are not met, detail record proceeds to the next condition check.

5.3.3. Check 3: Policy ID, Subscriber ID, and QHP Identifier match

In Check 3, the system evaluates the combination of these three data points for any missing or mismatched values: Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, and QHP Identifier.

If the Exchange-Assigned Policy ID found on the Issuer RCNI file does not find a matching value in the Exchange enrollment records, a discrepancy reason code '8000_AC' is raised, with the discrepancy reason text 'Enrollment Missing in HIX'.

If the Exchange-Assigned Subscriber ID found on the Issuer RCNI file does not find a matching value on the Exchange-Assigned Policy ID in the Exchange enrollment record, a discrepancy reason code '9400_AA' is raised, with the discrepancy reason text 'Subscriber Mismatch'.

If the QHP Identifier found on the Issuer RCNI file does not find a matching value on the Exchange-Assigned Policy ID in the Exchange enrollment record, a discrepancy reason code '2300_AA' is raised, with the discrepancy reason text 'Plan ID'.

After checking the combination of these three data points, Exchange-Assigned Policy ID, or Exchange-Assigned Subscriber ID, or QHP Identifier the appropriate discrepancy(s) are recorded in the discrepancy report. Check proceeds to the next Detail record.

Table 9. Example of when Exchange-Assigned Policy ID, Subscriber ID, QHP Identifier check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code
Exchange-Assigned Policy ID	123 Blank	456 456	If not found or mismatch	8000_AC
Exchange-Assigned Subscriber ID	Blank 1234567890 1234567890 Blank	Blank Blank 4567890123 4567890123	If not found or mismatch	9400_AA
QHP Identifier	Blank 23456AK001000999 23456AK001000999 Blank	Blank Blank 56789AK001000888 56789AK001000888	If not found or mismatch	2300_AA

If these conditions are not met, detail record proceeds to the next condition check.

5.3.4. Check 4: Exchange-Assigned Member ID match

In Check 4, the system evaluates the Exchange Assigned Member ID values for each given policy ID in the 01 Detail record. The system performs this check in two parts:

First: If the Exchange-Assigned Member ID found on the Issuer RCNI file, does not find a matching value on the Exchange-Assigned Policy ID in the Exchange enrollment record, a discrepancy reason code '8000_AA' is raised, with the discrepancy reason text 'Member Missing in HIX'. No further processing on that 01 Detail record, proceeds to the next 01 Detail record.

Second: If the Exchange-Assigned Member ID on the Exchange-Assigned Policy ID in the Exchange enrollment record does not find a matching value on the Issuer RCNI detail record, a discrepancy reason code '8000_AB' is raised, with the discrepancy reason text 'Member Missing in File'. No further processing on that 01 Detail record, proceeds to the next 01 Detail record.

Table 10. Example of when Exchange-Assigned Member ID check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code
Exchange-Assigned Policy ID	456	456	Match	
Exchange-Assigned Member ID	Blank 1212121212	5678901234 5678901234	If not found or mismatch	8000_AA
Exchange-Assigned Member ID	1234567890 1234567890	Blank 4567890123	If not found or mismatch	8000_AB

If these conditions are not met, detail record proceeds to the next condition check.

5.3.5. Check 5: Issuer Canceled Enrollment check

In Check 5, the system evaluates the Benefit Start Date and Benefit End Date values for each given policy ID in the 01 Detail record. If both values are the same date, the Issuer enrollment status is considered canceled. If the Exchange does not have a matching enrollment status, a discrepancy reason code '8200_AD' is raised, with the discrepancy reason text 'Enrollment Cancelled in Issuer File'.

No reported discrepancies are raised for any of the monthly values on that 01 Detail record including: Premium, APTC, CSR, Rating Area, Over-allocation, or State Subsidy. Note that the monthly discrepancies are recorded for historical purposes. Goal with this check is to eliminate on the discrepancy report, confusing and unnecessary reason codes 9000_xx through 9300_xx and 9500_xx through 9600_xx as discrepant items. No further processing on that 01 Detail record, proceeds to the next 01 Detail record.

5.3.6. Check 6: Remaining data points match

In Check 6, the system checks the remaining data points in the 01 Detail record against the values in the Exchange snapshot. If the system finds any discrepancies in these data points, it records the appropriate discrepancy reason codes in the discrepancy report.

As part of Check 6, the Initial Premium Paid Status is matched against the Exchange enrollment status. Possible values for Initial Premium Paid Status are 'C' Cancelled, 'N' Un-Effectuated, or 'Y' Effectuated. The table below shows each of the comparison checks and the expected result.

Table 11. Initial Premium Paid Status comparison checks

Check #	Issuer Initial Premium Paid Status value	Exchange Enrollment Status	Exchange Enrollment Confirmation Date	Result	Discrepancy Reason Code
1	C	CONFIRM	N/A	Discrepancy	8200_AD Enrollment Cancelled in Issuer File
2	C	PENDING	N/A	Discrepancy	8200_AD Enrollment Cancelled in Issuer File
3	C	CANCEL	N/A	No discrepancy	
4	C	TERM	N/A	Discrepancy	8200_AD Enrollment Cancelled in Issuer File
5	N	CONFIRM	N/A	No discrepancy	
6	N	PENDING	N/A	No discrepancy	
7	N	CANCEL	N/A	No discrepancy	
8	N	TERM	N/A	No discrepancy	
9	Y	CONFIRM	N/A	No discrepancy	
10	Y	PENDING	Null	Discrepancy Auto-fix to CONFIRM	8200_AA Effectuation Status
11	Y	CANCEL	Null	Discrepancy Does not Auto-fix	8200_AA Effectuation Status
12	Y	CANCEL	Exists	No discrepancy	
13	Y	TERM	N/A	No discrepancy	

As part of Check 6, the Cancellation and Termination Reason Codes are matched. The table below shows each of the comparison checks and expected result.

Table 12. Cancellation and Termination reason code comparison checks

Check #	Issuer reference code value	Exchange MRC value	Result / Discrepancy Reason Code	Example RCNI compare
1	6	59	No discrepancy	Issuer '6' Exchange '59'
2	13	03	No discrepancy	Issuer '13' Exchange '03'
3	1	14	No discrepancy	Issuer '1' Exchange '14'
4	Null	59	2750_AA Non-payment cancellation reason code or 2750_BA Non-payment termination reason code	Issuer null Exchange '59'
5	6	Null	2750_AA Non-payment cancellation reason code or 2750_BA Non-payment termination reason code	Issuer '6' Exchange null
6	Not null and not 6	59	2750_AA Non-payment cancellation reason code or 2750_BA Non-payment termination reason code	Issuer '1' Exchange '59'
7	6	Not 59	2750_AA Non-payment cancellation reason code or 2750_BA Non-payment termination reason code	Issuer '6' Exchange '14'
8	Not null and not 6	Not 59	2750_AB Other cancellation reason code or 2750_BB Other termination reason code	Issuer '1' Exchange 'AI'
9	Not null	Null	2750_AB Other cancellation reason code or 2750_BB Other termination reason code	Issuer '1' Exchange null
10	Null	Null	No discrepancy	Issuer null Exchange null

11	Null	Not null and not 59	No discrepancy	Issuer null Exchange '14'

5.3.7. Check 7: Effectuation auto-fix check

In Check 7, the system checks the combination of the following data points to determine if Exchange enrollment status is eligible to be updated to CONFIRM. This auto-fix process is performed only if the Exchange specific configuration is set to TRUE. (Default is TRUE)

For a given Exchange-Assigned Policy ID, if the following three conditions are true where Enrollment Status in Exchange = Pending, and Confirmation Date in Exchange is not present, and 01 Detail RCNI field 52 Initial Premium Paid Status = "Y", then update Enrollment Status in Exchange from PENDING to CONFIRM.

The enrollment status for all members on the Exchange-Assigned Policy ID are updated with the auto-fixing of enrollment status. Auto-fix is recorded in the discrepancy report with reason code '8200_AA' (Effectuation Status) and 'Y' indicator in the "Autofixed by Exchange" column.

Table 13. Example of when Effectuation auto-fix check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code
Exchange-Assigned Policy ID	456	456	Match	8200_AA
Enrollment Status	PENDING	CONFIRM	TRUE	
Confirmation Date	Not present	03/10/2020	TRUE	
Initial Premium Paid Status		Y	TRUE	

6. Enrollment Processes Impacting Reconciliation

The reconciliation process requirements are driven in part by how the Exchange's system processes enrollments. To facilitate and avoid reconciliation data discrepancies, the Exchange has a series of best practices that Issuers should follow.

6.1. Exchange to Issuers

One way to reduce reconciliation issues is for Issuers to understand and process data from the Exchange in the same manner used by the Exchange. To this end, this section explains how the Exchange addresses real-life scenarios that consumers may face so that Issuers will understand the business rules and what to expect to receive from the Exchange.

6.1.1. Types of transactions accepted by the Exchange

Issuers in most states are only allowed to Confirm or Terminate/Cancel a policy due to non-payment.

Best practice recommendation for Issuers

For all 834 transactions, Issuers may only send:
- Confirm
- Cancel for non-payment
- Term for non-payment

Requirement: Required

Rationale: Because the Exchange or a state agency determines eligibility for participating in the Exchange but Issuers are the source of truth for premium payments made to Issuers, Issuers are only allowed to send transactions that have payment implications.

6.1.2. Coverage Dates

As the arbiter of whether a consumer is eligible to purchase coverage through the Exchange, consumers must notify the Exchange of any change that may impact their coverage. These changes may also impact the coverage dates that the consumer is eligible for.

Best practice recommendation for Issuers

Issuers CANNOT:
- Modify the start date of a policy
- Term or cancel a policy for any reason other than non-payment (maintenance reason 59) - see 6.2.1. Enrollment status change due to payment for more detailed instruction
- Extend the termination date of an already terminated policy
- Set a termination date that is outside the coverage year of the policy

Requirement: Required

Rationale: If Issuers send coverage date updates without an accompanying MRC 59, the 834 file will be rejected. If updates are sent with an accompanying MRC 59, the 834 file will not be rejected. However, if the updates included in the MRC 59 transaction also include ones that violate the business rules, those updates will be ignored by the Exchange's enrollment system. At this point, the coverage date data will not be the same between the Exchange and Issuers. This will be a reconciliation issue.

6.1.3. Monthly financial breakdowns in the 834

There can be situations where changes to consumers' circumstances result in a change in their monthly premiums. While changes that impact enrollments prospectively can be sent to Issuers in

each subsequent 834 transaction, retroactive changes that impact premiums are not readily communicated. Retroactive changes can include:

- Retroactive termination

- Retroactive changes to effective dates require premiums to be recalculated for past coverage

- Retroactive changes to the effective date where the consumer's age changes because there is a birthday requires premiums to be recalculated

In order to facilitate reconciliation between Issuers and the Exchange, the Exchange's system stores financial data (e.g., premiums, APTC, etc) in a monthly breakdown.

Best practice recommendation for Issuers

> Ingesting the custom 2750 loops in the 834 will facilitate reconciliation.

Requirement: Highly recommended

Rationale: For the lifespan of the enrollment, the Exchange will send premium information in the 834 when the consumer either creates an enrollment or reports a change. The 834 contains custom loops that will inform Issuers of the premium amounts at a monthly breakdown. While consumption of these custom loops is not required, if Issuers are able to consume the data in these loops, it will facilitate reconciliation because each time Issuers receive an updated 834, these custom loops will display the current monthly breakdown that reflects any retroactive recalculation that resulted from the consumer's change.

6.1.4. Premium proration where consumers have mid-month start or end dates

In the event that one or more enrollees have mid-month start (birth) or end dates (death) for coverage, the premiums for those months are calculated based on the following proration formula that is in use by numerous Issuers, and is mandated by the Department of Insurance in many states.

Best practice recommendation for Issuers

> Please ensure that the proration formula to calculate premiums matches the one used by the Exchange.
>
> **Prorated Premium = (Whole Month Premium for Member / Days in the Month) X Days of Active Coverage for Member in the Month**
>
> Rounding of values is performed at the completion of the calculation and is rounded to two decimal places.

Requirement: Required

Rationale: When Issuers and the Exchange system use the same calculation, it will eliminate data discrepancies due to calculation differences. Note that this proration formula is only applied to premiums reported in the 2750 loops in the 834. However, the 2300 loop at the subscriber and dependent levels will report the full month premiums and premium effective dates. This is because the 834 standard requires the full monthly premium to be transmitted via EDI and does not allow for prorated amount to be sent.

6.1.5. APTC capping

It is possible for the APTC granted and elected by a consumer to exceed the gross premium of the selected policy. However, to permit a consumer's elected APTC to exceed the gross premium of the selected policy would result in a negative net premium - which cannot happen.

Best practice recommendation for Issuers

> Just be aware that the Exchange will cap the amount of APTC a consumer can elect to the amount of the gross premium.
>
> **Elected APTC ≤ Gross Premium**

Requirement: Information only

Rationale: In the event a consumer calls the Issuer to ask about APTC, Issuers will now know how to explain why the APTC amount is less than the amount the consumer elected.

6.1.6. Matching enrollments between the Exchange and Issuers

The Exchange empowers consumers to make edits to their enrollments as their life circumstances require. For example, a household may add or remove dependents at any time, the subscriber may become ineligible to purchase coverage through the Exchange and therefore must be removed from the plan, the household may need to adjust current year coverage while also signing up for coverage for an upcoming year, etc. As consumers experience life, there needs to be a way to accurately identify which plan for a consumer or group of consumers must be updated.

Best practice recommendation for Issuers

> For all 834 transactions, Issuers MUST send:
> - Subscriber member ID
> - Exchange assigned policy ID

Requirement: Required

Rationale: If Issuers attempt to update enrollment data without sending the subscriber member ID and the Exchange assigned policy ID in the 834 to accompany the data update, the Exchange

enrollment system will not be able to identify which enrollment to update and the 834 will be rejected.

6.2. Issuers to Exchange

There are enrollment level business rules which will ignore the data update attempt by the Issuer even though the 834 may be successfully received. In this situation, there will be a discrepancy between the Issuer and Exchange data that will need to be reconciled. Issuers should be aware of these restrictions.

6.2.1. Enrollment status change due to payment

Premium payments are a process conducted between the consumer and Issuers directly; the Exchange plays no role in this transaction. Therefore, Issuers are the source of truth for data where payment or non-payment is the direct cause of a change.

6.2.1.1. Confirmation Transactions

The Exchange offers consumers an option to terminate their enrollment at the end of the current month, the end of the next month, or the month of the month after next month (e.g., "future dated Term"). This means that an enrollment can be in Term state prior to Issuers sending a confirmation to the Exchange. Because the Exchange uses the presence of a confirmation date as a flag for determining which enrollments must receive a 1095A form, it is imperative that Issuers continue to send a confirmation upon receipt of payment, even if they have received a termination transaction from the Exchange. Failing to do so will result in reconciliation issues.

Best practice recommendation for Issuers

| Always send a confirmation transaction if the consumer pays the binder payment. |

Requirement: Required

Description: Upon receipt of a confirmation transaction from the Issuer to the Exchange, the Exchange's enrollment system will make the following changes to enrollments given a specific status:

Table 14. Exchange system updates upon receipt of confirmation transaction

If the existing enrollment's status is...	Upon receipt of the transaction, the Exchange system will....
Pending	- Update the status to Confirm - Store the confirmation date

Confirm	- Ignore the attempt to update the enrollment status (e.g., status stays as Confirm) - Not store the confirmation date of the second confirmation transaction
Term	- Ignore the attempt to update the enrollment status (e.g., status stays as Term) - Update the confirmation date for the enrollment
Cancel	- Ignore the attempt to update the enrollment status (e.g., status stays as Cancel) - Not store the confirmation date of attempt to confirm

Issuers should also understand that the confirmation date stored by the Exchange's enrollment system (and therefore reconciliation system), is the date that the Exchange's enrollment system receives the transaction. The confirmation date that the Exchange's enrollment system stores is not the binder payment date.

6.2.1.2. Termination Transactions

The Exchange must structure 1095A forms to account for termination for non-payment. Because Issuers are the source of truth for this type of data, the Exchange relies on the Issuers to ensure information needed to format the 1095A form correctly are sent.

Best practice recommendation for Issuers

Always send the termination reason as "non-payment" and the premium paid to date end (343 value in the 834) for termination for non-payment transactions.

Requirement: Required

Description: Upon receipt of a termination transaction from the Issuer to the Exchange, the Exchange's enrollment system will make the following changes to enrollments given a specific status:

Table 15. Exchange system updates upon receipt of termination transaction

If the existing enrollment's status is...	Upon receipt of the transaction, the Exchange system will....
Pending	- Update the status to Term - Update the reason as "non-payment" - Update the premium paid to date end (343 value in the 834)
Confirm	- Update the status to Term - Update the reason as "non-payment" - Update the premium paid to date end (343 value in the 834)

Term	● Ignore the attempt to update the enrollment status (e.g., status stays as Term) ● Update the reason as "non-payment" ● Update the premium paid to date end (343 value in the 834)
Cancel	● Ignore the attempt to update the enrollment status (e.g., status stays as Cancel) ● Not store the reason as "non-payment" ● Not update the premium paid to date end (343 value in the 834)

6.2.1.3. Cancel Transactions

The Exchange must know whether a 1095A form must be sent for an enrollment. By definition, cancelled enrollments are enrollments for which consumers never paid a premium, received APTC, or experienced a coverage period. Thus, 1095A forms are not sent for canceled enrollments. Because Issuers are the source of truth for non-payment, the Exchange relies on Issuers to report on any cancellations due to non-payment.

Best practice recommendation for Issuers

Always send the cancellation reason as "non-payment" for cancellation non-payment transactions.

Requirement: Required

Description: Upon receipt of a cancellation transaction from the Issuer to the Exchange, the Exchange's enrollment system will make the following changes to enrollments given a specific status:

Table 16. Exchange system updates upon receipt of cancellation transaction

If the existing enrollment's status is...	Upon receipt of the transaction, the Exchange system will....
Pending	● Update the status to Cancel ● Update the reason as "non-payment"
Confirm	● Update the status to Cancel ● Update the reason as "non-payment"
Term	● Update the status to Cancel ● Update the reason as "non-payment"
Cancel	● Ignore the attempt to update the enrollment status (e.g., status stays as Cancel) ● Update the reason as "non-payment"

6.2.2. Where consumer circumstance results in mid-month start or end dates

In the event that one or more enrollees have mid-month start (birth) or end dates (death) for coverage, the premiums for those months are calculated based on the following proration formula that is in use by numerous Issuers, and is mandated by the Department of Insurance in many states.

Best practice recommendation for Issuers

> Please ensure that the proration formula to calculate premiums matches the one used by the Exchange.
>
> **Prorated Premium = (Whole Month Premium for Member / Days in the Month) X Days of Active Coverage for Member in the Month**
>
> Rounding of values is performed at the completion of the calculation and is rounded to two decimal places.

Requirement: Required

Description: When Issuers and the Exchange system use the same calculation, it will eliminate data discrepancies due to calculation differences. Note that this proration formula is only applied to premiums reported in the 2750 loops in the 834. However, the 2700 loop at the subscriber and dependent levels will report the full month premiums and premium effective dates. This is because the 834 standard requires the full monthly premium to be transmitted via EDI and does not allow for prorated amount to be sent.

7. Document Control

Date	Document Version	Revision Description	Author
03/20/2019	R2019	Initial Version	GetInsured
03/30/2019	R2019a	MNsure feedback from 2019.04.24 ● Fixed some typos ● Updated expected Issuer response to prorated / capped APTC, CSR	GetInsured
05/31/2019	R2019b	SSHIX & MNsure feedback from 2019.05.29 ● Clarified the timing of running the comparison between the Exchange and the Issuer RCNI file ● Clarified the mandatory fields in the RCNI file ● Clarified the matching logic between the Exchange and the Issuer RCNI file	GetInsured
07/1/2019	R2019c	SSHIX feedback from 2019.06.28	GetInsured
08/13/2019	R2019d	SSHIX feedback to make generic some instances where the example was state specific	GetInsured
02/25/2020	R2019f	Minor corrections in the document to indicate the ownership of fixes for discrepancies	GetInsured
3/27/2020	R2019g	Residential and Mailing address update	GetInsured
5/06/2020	R2019h	Modified total premium amount definition	GetInsured
5/22/2020	20.9.00	Reordered '01' Detail record to section 4.1.1 and '02' Summary record to 4.1.2. Updated comments in section 4.2.1 and 4.3.1 Added Enrollment Status in section 5.1 Updates to align to FFM inbound_enrollment_reconciliation_file_specification_v5_12.pdf • Updated FFM descriptions • Exchange description and usage, detail record 55. • Swaps placement of detail records 57 and 58, adds detail records 59-63, and cross reference table '2' for records 62-63. • Updates to section 5.2 discrepancy reason codes	GetInsured
6/4/2020	20.09.01	Add sample for pipe-delimited file in section 4.1 Revert description and usage, detail record 55. Updated field 58 Exchange description and usage to use for full agent/broker name for simpler validation to align to outbound 834 Broker Name as sent in N102/BO element.	GetInsured

		Issuer migration to new format configurable by state with requested deadline by 21.6 release. New discrepancy code 1000A_AA for recon hierarchy improvement	
6/11/2020	20.09.02	Revert new discrepancy code 1000A_AA for recon hierarchy improvement, use existing code 9400_AA	GetInsured
7/15/2020	20.09.03	Section 4.1.1 above "Agent / Broker Information", clarification to note configuration exists for file layout. Section 4.3 and 4.3.1, clarification of whether Exchange requires previous coverage year reconciliation data. Section 5, clarification to note configuration exists for Enrollment Status data in discrepancy report.	GetInsured
10/09/2020	21.01.00	• Add section 4 with description • Updated section 4.1 pipe-delimited sample. • Replaced 'carrier' with 'Issuer' throughout document • Updates to 4.1.1. fields 41-45 for Exchange description on ATPC, CSR amount and dates. • Update to 4.1.1 field 55 to clarify Exchange description to correct previous designation as "Last Premium Paid Date" (e.g. DTP*543 or "date of payment") to the proper designation as "Premium Paid to End Date" (e.g. DTP*343 or "end date of coverage based on last premium payment" as used for cancel/term for non-payment) • Update section 4.1.1 for configuration note "as of release 20.9" for field 57 & 58 vs 57 thru 63. • Clarification section 4.1.1 for cancellation and Termination reason usage and section 4.1.1.3 Table 2. • Add sections 4.1.1.1 thru 4.1.1.2 for placeholder fields and custom State Subsidy extension. • Update section 4.1.2 Compared to Exchange usage • Update section 4.2 and 4.2.2. descriptions • Add section 4.3.2 for resubmission process • Update to section 4.4 to revise step 17 for field 55 Paid Through Date and add step 18 for State Subsidy. • Update section 5.1 table of discrepancy report data elements and field lengths. Updated sample discrepancy report images. • Update section 5.2 discrepancy reason code table, including title change from "discrepancy error code" to "discrepancy reason code". Addition of new reason codes for state subsidy. • Add section 5.3 for Reconciliation Hierarchy logic. • Updated section 6.1.3 from optional to highly recommended.	GetInsured

12/31/2020	21.01.01	• Update section 4.1.1. field 14 and 28-32 description clarification. Field 56 description and usage set to 'No' and 4.4 item 16 clarification to indicate not used. • Update section 4.1.1 field 36 Tobacco Use Code, instructions to clarify for Exchanges not using this value.	GetInsured

05/17/2021	21.06.00	• Update entire document to add Table numbers, and replace "time range" with "date range"
		 • Update section 4.1.1
		    o Update fields 40 to 48 to clarify usage for subscriber and non-subscriber records.
		    o Update field 52 description to remove reference to Benefit End Date usage for comparison.
		    o Update fields 62 and 63 description to clarify comparison limited to subscriber records only.
		    o Update field 72 description to clarify usage of State Subsidy End Date.
		 • Update section 4.1.1 and 4.1.2 to clearly identify the 11 fields that must be present or will cause an error if missing
		 • Update section 4.1.1.3 to clarify comparison is for subscriber records only
		 • Update section 4.4
		    o Update item 3 to clarify usage of the noted data fields.
		    o Update item 7 to clarify expectation for Benefit Start and End Dates.
		    o Update item 12 to add clarifying statement if no APTC applied.
		    o Update item 13 to add clarifying statement if no CSR applied, and to rephrase from "proration" to calculated "monthly" amount. No change in functionality.
		    o Update item 14 to clarify populating Mailing Address fields for BAD ADDRESS usage.
		    o Update item 15 to remove reference to Benefit End Date usage for comparison.
		    o Update item 18 to add clarifying statement if no State Subsidy applied.
		 • Update section 5.1 to add note for excluded policies
		 • Update section 5.2 for 8200_AC as Not used
		 • Update Section 5.3 summary of checks
		    o Update title of section 5.3.2 as Exchange Canceled Enrollment check
		    o Insert a new Check 5 (section 5.3.5) for Issuer Canceled Enrollment check and increment previous Check 5 and 6 (section 5.3.6) to 6 and 7 (section 5.3.7).
			GetInsured

		o Update section 5.3.6 to add a table of initial premium paid status checks and a table of cancellation and termination reason code checks	
7/16/2021	21.06.00.NV1	• Updated Guidance re: Benefit Start Date and Benefit End Date in Section 4.1.1, Fields 38 and 39	SSHIX (R Cook)
9/29/2021	21.09.00.NV1	• No changes from previous version (21.06.00.NV1)	SSHIX (R Cook)