

The GetInsured State-Based Exchange (SBE) Platform

Exchange-Issuer Reconciliation Guide

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These materials are GetInsured work product and are intended solely for Client's use.

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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 a 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.

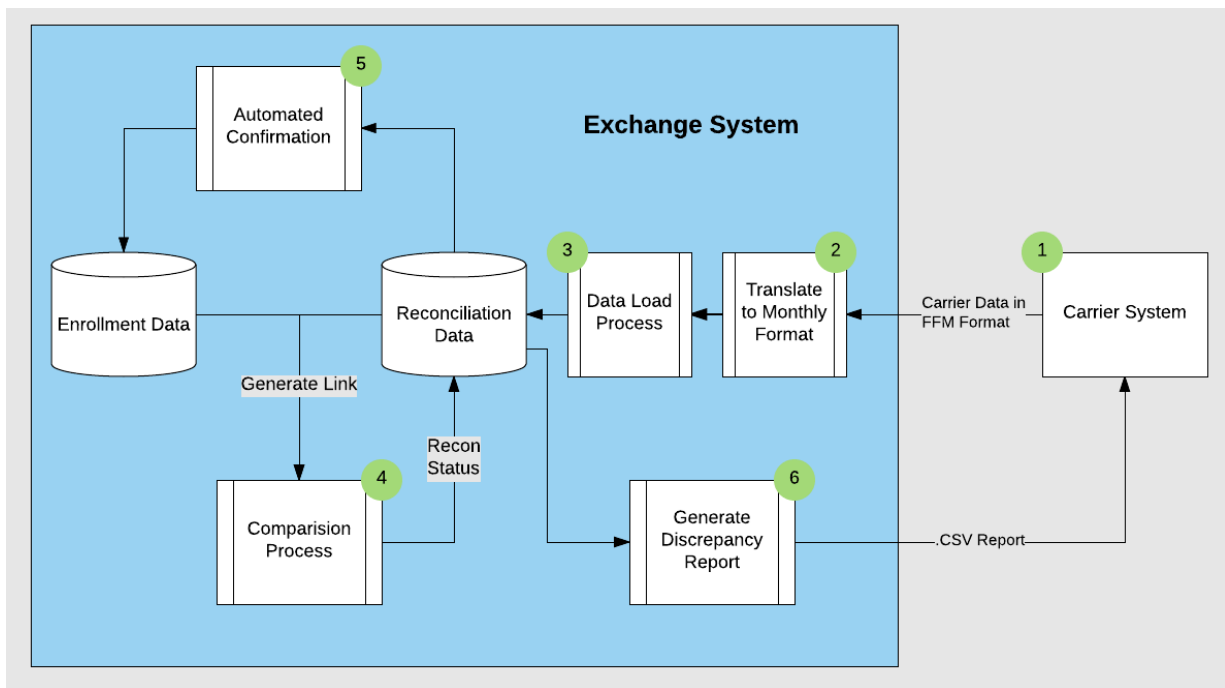


Figure 1: Reconciliation Process Flow using an RCNI File

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.

Please note that the rules for '01' Detail record fields 38 through 51 are different for Subscriber records versus non-Subscriber records, according to the details provided in the "Exchange Description" column in [Section 4.1.1](#) below.

For the subscriber:

- The general rule for the subscriber is per Exchange-Assigned Subscriber ID that one '01' Detail record be included in the RCNI for each financial span of each Exchange-Assigned Policy Number.
 - The Exchange defines financial span as a discreet span of time, within the bounds of the Benefit Start Date and Benefit End Date, beginning with an Effective Date and concluding with the Coverage End Date.
 - For the financial span, the policy's enrollment grouping and financial values (Total Premium, and if applicable, Applied APTC, CSR, State Subsidy) remain constant and unchanged.
 - In the case of a mid-month birth/adoption/death event where a prorated total premium amount applies to the policy, a separate financial span for the subscriber should be reported for the prorated month. See [Section 4.4](#) item 11 for additional details and examples in [Section 4.4.1](#) and [Section 4.4.2](#).
- When a change in circumstances triggers a re-rating for a given policy (e.g. the addition of a spouse to existing coverage), an 834 maintenance transaction will be transmitted from Exchange to the Issuer.
 - The financial effective date of that change marks the beginning of a new financial span. Each day of coverage must fall within one and only one financial span, and there can be no gaps between financial spans.
 - Refer to the 834 Companion Guide section 11.1.3. for additional explanation of the 2750 loops and effective date examples.

For non-subscribers:

- The general rule for a non-subscriber is per Exchange-Assigned Member ID that one '01' Detail record be included in the RCNI for each dependent-level coverage span of each Exchange-Assigned Policy Number.
 - The Exchange defines dependent-level coverage span as a discreet span of time, beginning with a Benefit Start Date and concluding with a Benefit End Date, during which a non-subscriber is actively enrolled in coverage.
 - In terms of the information transmitted via 834, the general rule is that each Member Level Detail (INS) loop belonging to a non-subscriber should be represented by a unique row in the RCNI.
- Dependent-level spans are generally per enrollment span (changes to Benefit Start Date to Benefit End Date) or individual premium span (changes to Individual Premium Amount).
 - It is possible for a single policy to contain multiple coverage spans for the same individual; for example, a child might be voluntarily disenrolled after gaining MEC through a college health plan, but then re-enrolled later in the year (with a gap in coverage) after moving home. Each span of coverage for the individual should be reported separately with the appropriate Benefit Start Date and Benefit End Date.

- It is possible through manual corrective action that a single individual might have multiple coverage spans on a single policy with no gap in between them; for example, a child might be accidentally disenrolled from a policy and then reinstated with a one-month gap in coverage, after which the Subscriber might contact the Exchange’s call center and request that the most recent coverage span be backdated to close the gap.

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. The RCNI file is not a fixed position file and should not contain leading or trailing spaces/blanks as they could lead to unexpected discrepancies. See Figure 2 example below.

```
01|956042390||NV0|75719|75719NV002|20190620|2282122|Mike|
|Kristy|20170305|M|877311435|N|19|1000001543|1000001545|106538133|106538133|249|10653813
3|908 W Linden St||Reno|NV|89501|908 W Linden St||Reno|NV|89501|32031|R-
NV002|3084452345|2|75719|NV002000401|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|
```

Figure 2: RCNI File snippet with single and multiple sequential null values

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 notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
1	Record Code	Designates the type of record; for a detailed record, this value must always be "01"		2 String N	M	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.	5-10 String AN	M	No
3	SPOE ID	This field is to be sent as 10 blank spaces	Issuers can send 10 blank spaces here instead of the 1. The Exchange is not planning to validate or use this value.	10 n/a	M	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.	3 String AN	M	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	Issuers should send HIOS ID here. The Exchange will validate this field.	5 String N	M	Yes
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. Issuers can send as null	10 String AN	O	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.	8 Date YYYYMMDD	M	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			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 fallback 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	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.	8 Time HHMMSSmm	O	Yes

Qualified Individual (QI) Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
9	QI First Name	First name of the qualified individual (member)	The Exchange will compare this field.	1-35 String AN	M	Yes, case insensitive
10	QI Middle Name	Middle name of the qualified individual (member)	The Exchange will compare this field. The Exchange expects the same value as the consumer provided and was sent on the EDI 834.	1-25 String AN	O	Yes, case insensitive
11	QI Last Name	Last name of the qualified individual (member)	The Exchange will compare this field.	1-60 String AN	M	Yes, case insensitive
12	QI Birth Date	Birthdate of the qualified individual (member)	The Exchange will compare this field.	8 Date YYYYMMDD	M	Yes
13	QI Gender	Member gender; allowed values are F – female or M – male	The Exchange will compare this field.	1 String AN	O	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
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.	8 String N	O	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.	1 String AN	M See exchange notes	Yes
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	The Exchange will compare this field. The Exchange will use the exact values sent in the 834s for relationships. Issuers should not default to G8 as the FFM does.	2 String AN	M	Yes

Identifying Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	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	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.	10 String N	M	Yes, Unique Secondary Key

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
		Member ID Must be 10 characters, including leading zeros	The Exchange will use this field as the key for mapping after matching Exchange Assigned Policy ID.			
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.	10 String N	M	Yes, Unique Secondary Key
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.	1-50 String AN	R	No
20	Issuer- Assigned Member ID	Issuer-Assigned identifier for the member	Issuers should send their Issuer Assigned Member ID here.	1-50 String AN	R	No
21	Exchange- Assigned Policy Number	Identifier for this enrollment policy document, generated by the FFM	This is a 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.	1-15 String N	M	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.	1-50 String AN	R	No

Residential Address Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
23	Residential Address Line 1	Residential street address of the member (Line 1)	<p>Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail, see mailing address line 1 for additional instructions.</p> <p>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.</p>	1-55 String AN	R	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.	1-55 String AN	R	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.	1-30 String AN	R	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.	2 String AN	R	Yes
27	Residential ZIP Code	Residential ZIP Code of the member	<p>Issuers should remove leading and trailing spaces from this field. Issuers should not send bad address labels here for returned mail.</p> <p>Note: limited to 5 position zip code</p>	5 String N	R	Yes

Mailing Address Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
28	Mailing Address Line 1	Mailing street address of the member (Line 1)	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) See Section 5.3.6.1 Mailing address check for additional details. Note: The Exchange maintains separate Mailing Address values for each household member. Issuers are instructed to send the Mailing Address value they have on file for each member	1-55 String AN	R	Yes, case insensitive with removal of leading/trailing spaces
29	Mailing Address Line 2	Mailing street address of the member (Line 2)	Remove leading and trailing spaces from this field. Do not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	1-55 String AN	R	Yes
30	Mailing Address City	Mailing city of the member	Remove leading and trailing spaces from this field. Do not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	1-30 String AN	R	Yes
31	Mailing Address State Code	State abbreviation for the mailing state of the member	Remove leading and trailing spaces from this field. Do not send bad address labels here for returned mail. Leave field null if Mailing address 1 sent as "bad address".	2 String AN	R	Yes
32	Mailing Address ZIP Code	Mailing ZIP Code of the member	Remove leading and trailing spaces from this field. Do 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	5 String N	R	Yes

Other Demographic Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
33	Residential County Code	Residential County (Federal Information Processing Standard – FIPS) Code of the member	The Exchange will strictly validate this field.	5 String N	R	Yes
34	Rating Area	Rating area of the enrollment, based on residential address; only applies to subscriber records	The Exchange will strictly validate this field.	7 String AN	R	Yes
35	Telephone Number	Primary contact telephone number for the member	The Exchange will strictly validate this field.	10 String N	R	Yes

Benefit Coverage & Financial Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	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, the <u>current</u> value is required for all rows for the consumer even if the value contradicts the premium for that row. 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.	1 String N	R	Yes
37	16-digit Plan ID	Full 16-character Qualified Health Plan (QHP) identifier, including CSR variant; required for all records	The Exchange will strictly validate this field.	16 String AN	M	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
38	Benefit Start Date	Effective date of benefit coverage associated with this enrollment record; required for all records	<p>The Exchange expects this date to always be present for all member records in the file and not just in the subscriber 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.</p> <p>For the subscriber, the Benefit Start Date should equal the effective date of the policy. This value should be the same for each subscriber detail record related to a given policy.</p> <p>For non-subscribers, this value should be equal to the start date of the respective coverage span. If a single individual has multiple spans of coverage on a single policy (i.e. multiple INS loops on a single 834 transaction), each coverage span should be represented by its own distinct detail record, and the Benefit Start Date value of each record should equal the corresponding start date of the coverage span.</p> <p>This date must be greater than the Benefit End Date (Field 39).</p>	8 Date YYYYMMDD	M See exchange notes	Yes
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	<p>This field will be strictly validated by the Exchange using similar rules as Benefit Start Date above.</p> <p>For the subscriber, the Benefit End Date should equal the policy's Coverage End Date. This value should be the same for each subscriber detail record related to a given policy.</p> <p>For non-subscribers, this value should be equal to the end date of each respective coverage span. If a single</p>	8 Date YYYYMMDD	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			<p>individual has multiple spans of coverage on a single policy (i.e. multiple INS loops on a single 834 transaction), each coverage span should be represented by a separate and distinct detail record, and the Benefit End Date value of each record should equal the corresponding end date of the coverage span.</p> <p>Note: This date cannot be null. The Exchange expects this date to be 12/31 of the given coverage year for an active effectuated enrollment. For terminated policies, the Exchange expects this date to be the coverage end date. For a cancelled policy, the Exchange expects this date to match the Benefit Start Date. No discrepancy is raised if Benefit Start Date is one day prior (i.e., -1).</p>			
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	<p>If there is no APTC Applied, Issuers should send this field as null.</p> <p>If APTC is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the Monthly Applied APTC Amount for the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span.</p> <p>Optional for non-subscriber.</p> <p>See Section 5.3.6.4 APTC Over-allocation check for additional details</p>	4-8 Dollars and Cents #####.##	M See exchange notes	Yes
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. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the	8 Date YYYYMMDD	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			<p>subscriber's Benefit End Date (Field 39).</p> <p>If there is no APTC Applied, Issuers can leave this field blank.</p> <p>If APTC is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the effective date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span.</p> <p>Optional for non-subscriber.</p>			
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	<p>The Exchange will validate this date to be present within the coverage period of the enrollment. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the subscriber's Benefit End Date (Field 39).</p> <p>If there is no APTC Applied, Issuers can leave this field blank.</p> <p>If APTC is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the end date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span.</p> <p>Optional for non-subscriber.</p>	8 Date YYYYMMDD	M See exchange notes	Yes
43	CSR Amount	<p>Monthly Cost Sharing Reduction amount based on plan selection and member eligibility; only applies to subscriber records, otherwise blank</p> <p>Note: If there is no CSR applied to the enrollment,</p>	<p>If there is no CSR applied, Issuers should send this field as null.</p> <p>If CSR is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the Monthly CSR Amount for the</p>	4-8 Dollars and Cents #####.##	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
		the Issuer may send the CSR Amount as blank or explicitly as 0.00	respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span. Optional for non-subscriber.			
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. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the subscriber's Benefit End Date (Field 39). If there is no CSR, Issuers can leave this field blank. If CSR is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the effective date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span. Optional for non-subscriber.	8 Date YYYYMMDD	M See exchange notes	Yes
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 sent for open-ended or cancelled coverage	The Exchange will validate this date to be present within the coverage period of the Enrollment. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the subscriber's Benefit End Date (Field 39). If there is no CSR, Issuers can leave this field blank. If CSR is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the end date of the respective financial span. Please note that a separate detail record must be provided at the	8 Date YYYYMMDD	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			subscriber level for each financial span. Optional for non-subscriber.			
46	Total Premium Amount	Total monthly premium amount for the enrollment group; only applies to subscriber records, otherwise blank	This field is mandatory for the subscriber record(s) only, and the value should be equal to the Monthly Gross Premium Amount of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span. Optional for non-subscriber.	4-8 Dollars and Cents #####.##	M See exchange notes	Yes
47	Total Premium Effective Date	Effective date of the monthly Total Premium Amount; only applies to subscriber records, otherwise blank	This field is mandatory for the subscriber record(s) only, and the value should be equal to the effective date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span. Optional for non-subscriber.	8 Date YYYYMMDD	M See exchange notes	Yes
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 is mandatory for the subscriber record(s) only, and the value should be equal to the end date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span. Optional for non-subscriber.	8 Date YYYYMMDD	M See exchange notes	Yes
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. For the subscriber, this value should equal the Monthly individual premium amount for the respective financial span. For non-subscribers, this value should equal the	4-8 Dollars and Cents #####.##	O	No

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			Monthly individual premium amount for the respective coverage span.			
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	<p>The Exchange is not planning to compare / validate the individual level premiums. Issuers can send this field if available.</p> <p>For the subscriber, this value should equal the effective date of the respective financial span.</p> <p>For non-subscribers, this value should equal the effective date of the respective coverage span.</p>	8 Date YYYYMMDD	O	No
51	Individual Premium End Date	<p>End date of the monthly individual premium amount; sent for both subscriber and dependent member records, if available in the Issuer's system</p> <p>Note: A blank date may be sent for open-ended or cancelled coverage</p>	<p>The Exchange is not planning to compare / validate the individual level premiums. Issuers can send this field if available.</p> <p>For the subscriber, this value should equal the end date of the respective financial span.</p> <p>For non-subscribers, this value should equal the end date of the respective coverage span.</p>	8 Date YYYYMMDD	O	No
52	Initial Premium Paid Status	<p>Indicates if the initial binder payment has been made for the enrollment, leading to effectuated coverage:</p> <p>Y – Effectuated (active or terminated coverage) N – Uneffectuated (awaiting binder payment) C – Cancelled (no binder payment received, no period of coverage)</p> <p>This value is to be sent with the subscriber of the enrollment group and will apply to all members of the enrollment group</p>	<p>The Exchange will use this field to determine confirmation date and enrollment status in the Exchange system. The Exchange will use the logic below to translate this field to the Exchange status:</p> <p>If "Y," then the Exchange will consider this as binder payment Confirmed.</p> <p>If "N", then the Exchange will consider this as Pending.</p> <p>If "C," then the Exchange will consider this as Cancel.</p> <p>This field is mandatory for the subscriber record only.</p>	1 String AN	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			See Section 5.3.6.2 Initial Premium Paid Status check and Section 5.3.7 Effectuation Auto-Fix for additional details.			
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.	1-50 String AN	O	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	The Exchange will validate this year with the coverage period of the policy.	4 String N	M	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 field or leave it blank for all records.	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 information to gauge policy termination due to non-payment risk.	8 Date YYYYMMDD	R	No
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 does not validate this field. Recommended to send 'Y' if policy is terminated, else send blank or null	1 String AN	R	No (may change in the future)

Agent / Broker Information

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional Updated to align to FFM recon spec v5_12 format.

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	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 ACT01 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 be 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.	1-10 String N	M See Exchange notes	Yes
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 <u>Full name</u> 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.	1-150 String AN	M See Exchange notes	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.	1 String AN	O	No

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
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.	1-25 String AN	O	No
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.	2-3 String AN	O	No

Cancellation and Termination Reason

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional Updated to align to FFM recon spec v5_12 format.

Note: Exchange functionality is limited to reference codes 1, 6, and 13 only, which correspond to 834 INS04 MRC values Voluntary Term/Cancel (14), Non-payment Term/Cancel (59), and Death (03) respectively.

Reference Table 2 in [Section 4.1.1.3](#) below for values used with fields 62 and 63 and more details.

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	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 the reference code does not match with Exchange	1-2 String N	O	Yes, see Table 2

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			maintenance reason code for cancellation. See Table 2 and Section 5.3.6.3 Cancellation and Termination Reason Code check for additional information			
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 the reference code does not match with Exchange maintenance reason for termination. see Table 2 and Section 5.3.6.3 Cancellation and Termination Reason Code check for additional information	1-2 String N	0	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: A configuration exists at the Exchange level to support two possible RCNI formats: 1) the file layout ends at field 63 or 2) is expanded to include fields 64 – 72 to support state subsidy reconciliation.

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
64	Future 1	Future use	Send as null	1 String AN	0	No
65	Future 2	Future use	Send as null	1 String AN	0	No
66	Future 3	Future use	Send as null	1 String AN	0	No
67	Future 4	Future use	Send as null	1 String AN	0	No

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
68	Future 5	Future use	Send as null	1 String AN	O	No
69	Future 6	Future use	Send as null	1 String AN	O	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 (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
70	State Subsidy Amount	Not Applicable	<p>If there is no State Subsidy applied to the enrollment, the Issuer may send the Monthly State Subsidy Amount as blank, null, or explicitly as 0.00.</p> <p>If State Subsidy is applied, this field is mandatory for the subscriber record(s) only, and the value should be equal to the Monthly State Subsidy Amount for the respective financial span based on the subscriber's election during enrollment.</p> <p>Optional for non-subscriber.</p>	4-8 Dollars and Cents #####.##	M See exchange notes	Yes
71	State Subsidy Effective Date	Not Applicable	<p>The Exchange will validate this date to be present within the coverage period of the enrollment. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the subscriber's Benefit End Date (Field 39).</p> <p>If there is no State Subsidy, Issuers should send this field as blank or null.</p> <p>If State Subsidy is applied, this field is mandatory for the subscriber record(s) only, and</p>	8 Date YYYYMMDD	M See exchange notes	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			<p>the value should be equal to the effective date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span.</p> <p>Optional for non-subscriber.</p>			
72	State Subsidy End Date	Not Applicable	<p>The Exchange will validate this date to be present within the coverage period of the enrollment. This date cannot be less than the subscriber's Benefit Start Date (Field 38) nor greater than the subscriber's Benefit End Date (Field 39).</p> <p>If there is no State Subsidy, Issuers should send this field as blank or null.</p> <p>If State Subsidy is applied this field is mandatory for the subscriber record(s) only, and the value should be equal to the end date of the respective financial span. Please note that a separate detail record must be provided at the subscriber level for each financial span.</p> <p>Optional for non-subscriber.</p>	8 Date YYYYMMDD	M See exchange notes	Yes

[4.1.1.3 Cancellation/Termination Reason Code Table 2 Reference code list](#)

In Table 2 below, reference codes are leveraged from the FFM, and includes mapping to Additional Maintenance Reason Code (AMRC) values used in EDI 834 transactions and the equivalent EDI 834 Maintenance Reason Code (MRC). RCNI 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.

- “Outbound” in Table 2 indicates the reason code is used on transactions from the Exchange to the Issuer; “Inbound” indicates the Issuer has initiated the cancellation or termination.
- The Exchange only uses RCNI reference codes 1, 6, and 13.

- Other RCNI reference codes 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 only. The Exchange may recommend limiting usage of fields 62 and 63 to only termination/cancellation for non-payment (i.e. reference code '6')

Sending on the RCNI in fields 62 or 63 values such as MRC "AI" will result in a discrepancy. See [5.3.6.3 Cancellation and Termination Reason Code check](#) for the list of outcomes based on the matching of the reference code as compared to the Exchange 834 MRC.

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

Note: Grayed out rows are not used by the Exchange

RCNI field 62 / 63 Reference Code	Description	Inbound/ Outbound	Cancel AMRC (Additional Maintenance Reason Code)	Termination AMRC (Additional Maintenance Reason Code)	Used by Exchange	Equivalent EDI 834 Maintenance Reason Code
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	07
3	Change in Circumstance (CIC)	Outbound	CANCELCIC	TERMCIC	No	14
4	Stop QHP Due to Other Coverage	Outbound	n/a	TERM-OTH-COVERAGE	No	14
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	14
8	HICS	Inbound	CANCEL-HICS	TERM-HICS	No	26
9	Fraud	Inbound	CANCEL-FRD	n/a (removed by CMS in 834 v4.2)	No	07
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	07

4.1.2. '02' Summary record layout

Note: There may be differences between the FFM description and the Exchange notes. Issuers should always refer to the information in the Exchange notes column. The FFM description is provided as a comparative point. Required field values: M Mandatory, R Recommended, O Optional

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
1	Record Code	Designates the type of record; for a summary record, this value must always be "02"	Designates the type of record; for a summary record, this value must always be "02."	2 String N	M	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.	5-10 String AN	M	Yes
3	SPOE ID	This field is to be sent as 10 blank spaces	This field is to be sent as 10 blank spaces.	10 n/a	M	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., AKO) in this field. The Exchange will validate this field.	3 String AN	M	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	The Exchange will use this field to identify the Issuer.	5 String N	M	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.	10 String AN	O	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	8 Date YYYYMMDD	M	Yes

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
			<p>be flagged as missing enrollment.</p> <p>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 fallback 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.</p>			
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.	1-20 String N	R	No
9	Total Number of Subscribers	<p>Basic count of all “01” records associated with the HIOS ID that have a value of Y in the Subscriber Indicator field</p> <p>Please note: This is not a count of unique subscribers</p>	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	1-20 String N	R	No
10	Total Number of Dependent Members	<p>Basic count of all “01” records associated with the HIOS ID that have a value of N in the Subscriber Indicator field</p> <p>Please note: This is not a count of unique dependent members</p>	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	1-20 String N	R	No
11	Total Premium Amount	<p>Basic sum of the Total Premium Amount in all “01” records associated with the HIOS ID</p> <p>Please note: This is not a sum of active or current premium values only; all records are to be included in the sum</p>	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	4-13 Dollars and Cents #####.##	R	No

Field	Data Element	FFM Description (for reference only)	Exchange notes where differs from FFM Description	Length / Data Type	Required field	Compared to Exchange
12	Total Applied APTC Amount	Basic sum of the Applied APTC Amount in all "01" 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	Issuers are advised to populate this field. However, the Exchange will not be using this field for comparison or validation.	4-13 Dollars and Cents #####.##	R	No

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 (either "INDV" or "SHOP")
- **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. Files should be extracted and sent within the same month for reconciliation.

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 is 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 SBEs, the Exchange will determine if they require Issuers to participate in a recurring reconciliation process with previous coverage year(s). As the IRS requires SBEs to retain enrollment data and send 1095-A forms to consumers for a period of seven years. If the Exchange implements a recurring reconciliation process, Issuers could expect to continue sending reconciliation files to the Exchange up to 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	Total of 12 monthly submissions
Year-2	Monthly for the first 3 months + Quarterly beginning April	Total of 3 monthly submissions + 3 quarterly submission in Year-2
Year-3	Quarterly	Total of 4 quarterly submissions in Year-3
Year-4 to the end of Year-7	Annually	Total of 4 annual submissions in Year-4 through Year-7



Figure 3: 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 an 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.

For the subscriber, the expectation is one '01' Detail record per Exchange-Assigned Policy Number for Exchange-Assigned Subscriber ID for each financial span (changes to Applied ATPC, CSR, Total Premium).

For non-subscribers, the expectation is one '01' Detail record per Exchange-Assigned Policy Number for Exchange-Assigned Member ID per enrollment span (changes to Benefit Start Date to Benefit End Date, typically due to gap in coverage) or individual premium span (changes to Individual Premium Amount).

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	16-digit Plan ID
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: In the event of a mid-month birth, adoption, or death where there is a partial month coverage in a financial span, the Exchange expects the Issuer to send the prorated premium amount in the “Total Premium Amount” field. The Exchange will compare it with the prorated 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 [6.1.3. 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 not being over allocated and accordingly return an error message if it is. 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.
 - $\text{Calculated monthly CSR Amount} = \text{Monthly Premium} \times \text{CSR Multiplier \%}$
 - 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”. See [5.3.6.1 Mailing address check](#) for additional details.
- Note: This indicator should be sent only in Mailing Address field and not for Residential Address field which should continue to send the Residential Address as provided for the enrollment.
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 1095-As 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 sends this Monthly State Subsidy Amount to CMS for reporting. It is important that Issuers review this formula and reconcile this monthly value.
19. Tobacco Use Code: The Exchange expects the most recently transmitted tobacco use code value, i.e. the current value, is required on all rows for a given consumer, even if this value contradicts the premium amount for that row.

4.4.1. Example: Mid-Month birth added to existing policy

The following is an example where a 2/5 mid-month birth added a baby to an existing policy with a benefit start date of 1/1. For this use case, there would be 3 financial spans required on the RCNI file. One to represent the financial span from the beginning of the year until the month prior to the birth, one for the month of birth, and one for the month after the birth until the end of the year or until another financial change begins a new financial span. See [Example 2](#) on the 'RCNI_Proration_examples' worksheet.



RCNI Proration
examples_04252024.

Key take aways from the example worksheet for the subscriber record:

- Benefit Start Date and Benefit End Date remain the same for all 3 coverage spans and reflect the Policy effective date = 20230101 and the Policy's coverage end date = 20231231 respectively.

- Applied APTC (which may be capped at EHB portion of gross premium), CSR, Individual Premium reflects the monthly amount applicable for each of the 3 financial spans as follows:
 - Span 1: Effective Date = 20230101, End Date = 20230131 – prior to birth month
 - Span 2: Effective Date = 20230201, End Date = 20230228 – birth month
 - Span 3: Effective Date = 20230301, End Date = 20231231 – after birth month
- Total Premium reflects the monthly amount applicable for the financial spans before and after the month of birth, and the prorated monthly amount for the financial span of the birth month as follows:
 - Span 1: Effective Date = 20230101, End Date = 20230131 – full monthly Total Premium
 - Span 2: Effective Date = 20230201, End Date = 20230228 – prorated monthly Total Premium with the partial amount for the days of the added baby
 - Span 3: Effective Date = 20230301, End Date = 20231231 – full monthly Total Premium

For the added baby non-subscriber record, enrolled from date of birth 2/5:

- Benefit Start Date and Benefit End Date reflect the coverage start date = 20230205 and the coverage end date = 20231231 respectively.
- Individual Premium reflects the monthly amount, not a prorated amount, for the added non-subscribers coverage span as follows:
 - Effective Date = 20230205, End Date = 20231231

If there are additional non-subscribers on the policy, assuming they were enrolled from the start of the policy 1/1, the following would apply.

Note: Example 2 on the worksheet does not include any additional non-subscribers such as a spouse or other children.

- Benefit Start Date and Benefit End Date reflect the coverage start date = 20230101 and the coverage end date = 20231231 respectively.
- Individual Premium reflects the monthly amount for the non-subscribers coverage span as follows:
 - Effective Date = 20230101, End Date = 20231231

4.4.2. Example: Mid-Month birth terms existing policy and adds new policy

The following is an example where a 2/5 mid-month birth resulted in the consumer shopping for a new plan with the added a baby and terminating the existing policy on 2/4 which had a benefit start date of 1/1. For this use case, there would be 3 financial spans required on the RCNI file. One to represent the prior policy with a financial span from the beginning of the year until it was termination on 2/4, one for the new policy starting on the birth date for the month of the birth, and one for the month after the birth until the end of the year or until another financial change begins a new financial span. See [Example 3](#) on the 'RCNI_Proration_examples' worksheet.

Key take aways from the example worksheet for the subscriber record for both policies:

Prior policy:

- Benefit Start Date and Benefit End Date are as follows:
 - Span 1 and 2: Prior policy with effective date = 20230101 and the Policy's coverage end date = 20230204 respectively.
- Applied APTC (which may be capped at EHB portion of gross premium), CSR, Individual Premium reflects the monthly amount applicable for each of the financial spans as follows:
 - Span 1: Prior policy with Effective Date = 20230101, End Date = 20230131 – prior to birth month
 - Span 2: Prior policy with Effective Date = 20230201, End Date = 20230204 – birth month
- Total Premium reflects the monthly amount applicable for the financial spans before and after the month of birth, and the prorated monthly amount for the financial span of the birth month as follows:
 - Span 1: Prior policy with Effective Date = 20230101, End Date = 20230131 – full monthly Total Premium
 - Span 2: Prior policy with Effective Date = 20230201, End Date = 20230204 – prorated monthly Total Premium with the partial amount for the days of the coverage

New policy:

- Benefit Start Date and Benefit End Date are as follows:
 - Span 1 and 2: New policy with effective date = 20230205 and the Policy's coverage end date = 20231231 respectively.
- Applied APTC (which may be capped at EHB portion of gross premium), CSR, Individual Premium reflects the monthly amount applicable for each of the financial spans as follows:
 - Span 1: New policy with Effective Date = 20230205, End Date = 20230228 – birth month
 - Span 2: New policy with Effective Date = 20230301, End Date = 20231231 – after birth month
- Total Premium reflects the monthly amount applicable for the financial spans before and after the month of birth, and the prorated monthly amount for the financial span of the birth month as follows:
 - Span 1: New policy with Effective Date = 20230205, End Date = 20230228 – prorated monthly Total Premium with the partial amount for the days of the added baby
 - Span 2: New policy with Effective Date = 20230301, End Date = 20231231 – full monthly Total Premium

For the added baby non-subscriber record, enrolled from date of birth 2/5:

- Benefit Start Date and Benefit End Date reflect the coverage start date = 20230205 and the coverage end date = 20231231 respectively.
- Individual Premium reflects the monthly amount, not a prorated amount, for the non-subscribers coverage span as follows:
 - New policy with Effective Date = 20230205, End Date = 20231231

If there are any additional non-subscribers on the policy, assuming they were enrolled from the start of the prior policy 1/1 and re-enrolled on the new policy as of 2/5, the following would apply.

Note: Example 3 on the worksheet does not include any additional non-subscribers such as a spouse or other children.

- Benefit Start Date and Benefit End Date reflect for the prior policy the coverage start date = 20230101 and the coverage end date = 20230204 and for the new policy the coverage start date = 20230205 and the coverage end date = 20231231 respectively.
- Individual Premium reflects the monthly amount for the non-subscribers coverage span as follows:
 - Prior policy with Effective Date = 20230101, End Date = 20230204
 - New policy with Effective Date = 20230205, End Date = 20231231

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	7-10
Discrepancy Reason Text	The name of the data element that contains the discrepant data or a description of the discrepancy	String	1-50
Data Element	Description	Data Type	Field Length
<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 the Exchange auto-fixed an effectuation discrepancy: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
	Exchange Assigned	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
1	252525	99999AK002000601	Brown	Jack	1077700259		Brown	Jack	1077700259		8000_AD
2	262626	99999AK002000501	Smith	Mary	1077701464	999917551	Smith	James	1077701463	999917551	2000A_AC
3	272727	99999AK002000401	Doe	John	1077701543	999938133	Doe	John	1077701543	999938133	1000C_AC
4	272727	99999AK002000401	Doe	John	1077701543	999938133	Doe	John	1077701543	999938133	9000_AE
5	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 4. 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

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
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
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

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
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

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
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
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

Discrepancy Reason Code	Data Element Name	Brief Description of the Information	Who makes the correction	Source of Truth	Usage
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 exchange confirmation date and enrollment status will be auto-fixed by the system.

** See [Section 5.3.6.4 APTC Over-allocation check](#) for additional details

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 in the Issuer 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 cancelled in the Exchange data?
- Check 3: Are the values provided on the Issuer data for Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, or 16-digit Plan ID missing or mismatched with the Exchange snapshot?
- Check 4: For each Exchange Assigned Policy ID, is there a match of Exchange Assigned Member ID’s?
- Check 5: Is the enrollment cancelled 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 Issuer provided RCNI file

For the first check in the reconciliation logic, the system looks to see if the Exchange Assigned Policy ID is missing 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 & Text
Exchange-Assigned Policy ID	123	Blank	Not found	8000_AD Enrollment Missing in File
Exchange-Assigned Subscriber ID	1234567890	Blank	Not found	9400_AA Subscriber Mismatch
16-digit Plan ID	23456AK001000999	Blank	Not found	2300_AA Plan ID

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

5.3.2. Check 2: Exchange Enrollment in CANCEL Status

In Check 2, the system looks for a cancelled enrollment by comparing the combination of Enrollment Status, Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, and 16-digit Plan ID 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 16-digit Plan ID 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 Cancelled Enrollment check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code & Text
Enrollment Status	=CANCEL	N/A	TRUE	N/A
Exchange-Assigned Policy ID	123	Not found	TRUE	N/A
Exchange-Assigned Subscriber ID	1234567890	Not found	TRUE	N/A
16-digit Plan ID	23456AK001000999	Not found	TRUE	N/A

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

5.3.3. Check 3: Issuer RCNI provided Policy ID, Subscriber ID, and 16-digit Plan ID Missing or Mismatched

In Check 3, the system evaluates the combination of these data points for any missing or mismatched values: Exchange Assigned Policy ID, Exchange Assigned Subscriber ID, and 16-digit Plan ID.

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 16-digit Plan 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 '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 16-digit Plan ID the appropriate discrepancy(s) are recorded in the discrepancy report. Note: Plan ID column on discrepancy report reflects null when these three discrepancies are reported. Check proceeds to the next Detail record.

Table 9. Example of when Exchange-Assigned Policy ID, Subscriber ID, 16-digit Plan ID check condition is met

Field Description	Exchange Enrollment	Issuer RCNI	Result	Discrepancy Reason Code & Text
Exchange-Assigned Policy ID	123 Blank	456 456	If not found or mismatch	8000_AC Enrollment Missing in HIX
Exchange-Assigned Subscriber ID	Blank 1234567890 1234567890 Blank	Blank Blank 4567890123 4567890123	If not found or mismatch	9400_AA Subscriber Mismatch
16-digit Plan ID	Blank 23456AK001000999 23456AK001000999 Blank	Blank Blank 56789AK001000888 56789AK001000888	If not found or mismatch	2300_AA Plan ID

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

5.3.4. Check 4: Exchange-Assigned Member ID Missing or Mismatched in Issuer provided RCNI file

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 & Text
Exchange-Assigned Policy ID	456	456	Match	
Exchange-Assigned Member ID	Blank 1212121212	5678901234 5678901234	If not found or mismatch	8000_AA Member Missing in HIX
Exchange-Assigned Member ID	1234567890 1234567890	Blank 4567890123	If not found or mismatch	8000_AB Member Missing in File

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

5.3.5. Check 5: Enrollment Cancelled on Issuer provided RCNI file

In Check 5, the system looks for enrollments that are cancelled on the issuer side, and then checks whether those enrollments are also cancelled on the exchange side. The system performs this check in two parts.

First: The system evaluates the issuer side by comparing the Benefit Start Date and Benefit End Date values for each given policy ID in the 01 Detail record. If those values are equal (indicating that the enrollment status is cancelled on the issuer side).

Second: For an enrollment identified as cancelled on the issuer side, the system checks whether that enrollment is also cancelled in the exchange snapshot. If it is true that the enrollment status isn't equal to CANCEL in the exchange snapshot, a discrepancy reason code '8200_AD' is raised, with the discrepancy reason text 'Enrollment Cancelled in Issuer File'.

Note: If Check 5 results in '8200_AD' discrepancy, the system doesn't raise discrepancies for any of the monthly values on that 01 Detail record including premium amounts, APTC amounts, CSR amounts, Rating Area, APTC Over-allocation amounts, or State Subsidy amounts. Those monthly discrepancies are recorded for historical purposes. Goal of Check 5 is to eliminate from 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.

Table 11. Table 1. Example of when Check 5 conditions are met

Field Description	Exchange Value	Issuer Value	Result	Discrepancy Reason Code & Text
Benefit Start Date Benefit End Date	Not evaluated	20220301 20220301	Equal ¹	N/A
Enrollment Status	not equal to CANCEL	N/A	TRUE	8200_AD Enrollment Cancelled in Issuer File

¹ In the RCNI file, a Benefit Start Date that is equal to the Benefit End Date indicates that the enrollment is cancelled on the issuer side.

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. Described below are details for some of the discrepancy checks that are processed.

5.3.6.1 Mailing address check

As part of Check 6, RCNI fields 28 through 32 have additional logic if field 28 is populated with “bad address” (case insensitive with a single space between the word ‘bad’ and the word ‘address’) and fields 29 through 32 are null. Instead of discrepancy codes for each Mailing address field (discrepancy codes 2100C_AA through 2100C_AE, a single discrepancy code “8100_AA” Returned Mailing Address is passed on the discrepancy report.

5.3.6.2 Initial Premium Paid Status check

As part of Check 6, RCNI field 52, 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 12. 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	

Check #	Issuer Initial Premium Paid Status value	Exchange Enrollment Status	Exchange Enrollment Confirmation Date	Result	Discrepancy Reason Code
13	Y	TERM	Exists	No discrepancy	
14	Y	TERM	Null	Discrepancy Auto-fix to populate confirmation date	8200_AA Effectuation Status

[5.3.6.3 Cancellation and Termination Reason Code check](#)

As part of Check 6, RCNI fields 62 and 63, the Cancellation and Termination Reason Codes are matched. The table below shows each of the comparison checks and expected result.

Table 13. 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	No discrepancy	Issuer '1' Exchange 'A1'
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'

[5.3.6.4 APTC Over-allocation check](#)

As part of Check 6, RCNI fields 40 and 46 are compared to validate if the Issuer provided Total Premium Amount is greater than the Issuer provided Applied APTC amount. The APTC Over-allocation check is summing each instance of Applied APTC amount for a financial span and matching against the last instance of the Issuer provided Total Premium Amount for the subscriber. This APTC Over-allocation check is done for each calendar month of the enrollment policy. No Exchange values are used in the APTC Over-allocation check.

- Requirement is for no more than one subscriber record for the same calendar month across financial spans. For example, Applied APTC amount for June financial span (6/1-6/30) cannot be repeated or split mid-month across multiple subscriber records for the same enrollment policy.

- If APTC capping is not considered, or if the Issuer sends multiple subscriber RCNI records for the same calendar month (either due to duplicate records or mid-month split) for the same enrollment policy and subscriber ID, an APTC over-allocation discrepancy might be raised. See duplicate RCNI record example in Figure 5 & 6 below.

In Figure 5, is a use case where duplicate RCNI records are sent for the same enrollment policy for the same financial span (06/01-08/31) for the subscriber and dependents.

- The discrepancy report conveys in the “HIX Value” the last instance of the Issuer provided RCNI field 46 Total Premium amount sent in the subscriber record. In the example, 149.33 populates the discrepancy report “HIX Value” for June, July, and August (Blue arrow in Figure 5 & 6).
- The check for APTC over-allocation is calculated by adding each instance of the Issuer provided RCNI field 40 Applied APTC amount sent in the subscriber record. Due to the duplicate records for the subscriber, in the example, the calculated amount 121.00 + 121.00 = 242.00 is populated in the discrepancy report “Issuer Value” for June, July, and August (Red arrows in Figure 5 & 6).

```
00101|20210601|20210831|121.00|20210601|20210831|||149.33|20210601|20210831|40.59|20210601|20210831|N||2021|
|20210601|20210831||||54.37|20210601|20210831|||2021|
000101|20210601|20210831|121.00|20210601|20210831|||149.33|20210601|20210831|40.59|20210601|20210831|N||2021|
|20210601|20210831||||54.37|20210601|20210831|||2021|
000101|20210601|20210831|54.37|20210601|20210831|||2021|
```

Figure 5. RCNI file snippet for APTC Over-allocation example

In Figure 6, the APTC over-allocation discrepancy is raised for the months of June, July, and August as the comparison of the calculated Applied APTC 242.00 (HIX Value, red arrow) is greater than the last instance of the Total Premium Amount of 149.33 (Issuer Value, blue arrow).

```
,9500_AF,APTC Over-allocation for June,149.33,242,20210123,from_00001_INDV_MONTHLYRECON_2021_2101200
,9500_AG,APTC Over-allocation for July,149.33,242,20210123,from_00001_INDV_MONTHLYRECON_2021_2101200
,9500_AH,APTC Over-allocation for August,149.33,242,20210123,from_00001_INDV_MONTHLYRECON_2021_21012
```

Figure 6. Discrepancy Report snippet for APTC Over-allocation example

5.3.7. Check 7: Effectuation Auto-Fix for confirmation date and enrollment status

In Check 7, the system checks the combination of the following data points to determine if the exchange confirmation date is eligible to be updated to current date, indicating that Issuer has received the binder payment and effectuation is confirmed. Additionally, this check determines if the exchange enrollment status is eligible to be updated to CONFIRM. The system performs this check in two parts. This auto-fix process is performed only if the Exchange specific configuration is set to TRUE. (Default is TRUE)

First: The system evaluates each enrollment status discrepancy that was identified during Check 6 based on a combination of two conditions: In the exchange snapshot, confirmation date is not present. In the 01 Detail of the RCNI file, Initial Premium Paid Status = “Y”. For a given Exchange-Assigned Policy ID, if both

conditions are true, the system updates the confirmation date with the current system date in the exchange enrollment records. Example: Exchange confirmation date is blank and Initial Premium Paid Status = “Y” and enrollment status is TERM, this results in the confirmation date being updated.

Table 14. Example of when Effectuation auto-fix check conditions for confirmation date are met

Field Description	Exchange Value	Issuer Value	Result
Exchange-Assigned Policy ID	456	456	Match
Enrollment Status	Not evaluated	N/A	N/A
Confirmation Date	Blank	N/A	TRUE
Initial Premium Paid Status	N/A	Y	TRUE

Table 15. Example of auto-fix updates applied to the affected policy ID

Field Description	Exchange Value before Auto-Fix	Exchange Value after Auto-Fix	Comment
Confirmation Date	Blank	03/10/2022	Updated from a blank value to the current system date

Second: The system evaluates each enrollment updated with a confirmation date, in the first step, if the following condition is true: In the exchange snapshot, is the Enrollment Status = Pending. For a given Exchange-Assigned Policy ID, if the condition is true, the system updates the enrollment status for all members of that policy from PENDING to CONFIRM in the exchange enrollment and enrollee records.

Table 16. Example of when Effectuation auto-fix check condition is met for enrollment status

Field Description	Exchange Value	Issuer Value	Result
Exchange-Assigned Policy ID	456	456	Match
Enrollment Status	PENDING	N/A	TRUE

Table 17. Example of auto-fix updates applied to all members of the affected policy ID

Field Description	Exchange Value before Auto-Fix	Exchange Value after Auto-Fix	Comment
Enrollment Status	PENDING	CONFIRM	Updated from PENDING to CONFIRM

Exchange confirmation date and enrollment status discrepancies that were auto-fixed by the system are listed as open discrepancies in the discrepancy report that is sent to the issuer, with 8200_AA as the discrepancy reason code, *Effectuation Status* as the discrepancy reason text, the exchange enrollment status in the “HIX Value” and “Enrollment Status” columns, a value of “Y” in the “Issuer Value” and “Autofixed by HIX” columns. Including auto-fixed discrepancies on the report informs the issuer that the discrepancy occurred, shows the enrollment status in the exchange system and that the confirmation date was updated.

When the following month’s RCNI file is processed, confirmation date and enrollment status discrepancies that were auto-fixed during the previous month’s processing will no longer show up as discrepancies, and so won’t be included in that month’s discrepancy report.

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. 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.

6.1.2. 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 and APTC amounts) 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.

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

In the event that one or more enrollees have mid-month start (birth/adoption) 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.

6.1.4. APTC capping

It is possible for the APTC amount 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 applied APTC to the amount of the gross premium minus the non-Essential Health Benefit (non-EHB) portion of the premium. Essential Health Benefit (EHB) percentage is typically 99-100% and non-EHB percentage is typically 1% or less.

Applied APTC \leq (Gross Premium – non-EHB portion of Gross Premium)

Example: Consumer Elected APTC is \$120, Gross Premium is \$100, EHB is 99% non-EHB is 1%. Non-EHB portion is calculated as $\$100 * 0.01 = \1 . Result is Applied APTC is capped at $\$99 = \100 Gross Premium - $\$1$ non-EHB portion

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.

6.1.5. 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. 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.

6.2.2. 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.

6.2.2.1. 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 1095-A 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 18. 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	<ul style="list-style-type: none">● Update the status to Confirm● Store the confirmation date
Confirm	<ul style="list-style-type: none">● 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	<ul style="list-style-type: none">● Ignore the attempt to update the enrollment status (e.g., status stays as Term)● Update the confirmation date for the enrollment
Cancel	<ul style="list-style-type: none">● 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.

6.2.2.2. Termination Transactions

The Exchange must structure 1095-A 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 information to ensure the 1095-A forms are correctly formatted.

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 19. 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	<ul style="list-style-type: none"> ● Update the status to Term ● Update the reason as “non-payment” ● Update the premium paid to date end (343 value in the 834)
Confirm	<ul style="list-style-type: none"> ● Update the status to Term ● Update the reason as “non-payment” ● Update the premium paid to date end (343 value in the 834)
Term	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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)

6.2.2.3. Cancel Transactions

The Exchange must know whether a 1095-A 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, 1095-A forms are not sent for cancelled 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 20. 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	<ul style="list-style-type: none"> ● Update the status to Cancel ● Update the reason as “non-payment”

Confirm	<ul style="list-style-type: none"> ● Update the status to Cancel ● Update the reason as “non-payment”
Term	<ul style="list-style-type: none"> ● Update the status to Cancel ● Update the reason as “non-payment”
Cancel	<ul style="list-style-type: none"> ● Ignore the attempt to update the enrollment status (e.g., status stays as Cancel) ● Update the reason as “non-payment”

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

In the event that one or more enrollees have mid-month start (birth/adoption) 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

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

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 <ul style="list-style-type: none"> Fixed some typos Updated expected Issuer response to prorated / capped APTC, CSR 	GetInsured
05/31/2019	R2019b	SSHIX & MNsure feedback from 2019.05.29 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.	GetInsured

		<p>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.</p> <p>Issuer migration to new format configurable by state with requested deadline by 21.6 release.</p> <p>New discrepancy code 1000A_AA for recon hierarchy improvement</p>	
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	<p>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.</p> <p>Section 5, clarification to note configuration exists for Enrollment Status data in discrepancy report.</p>	GetInsured
10/09/2020	21.01.00	<ul style="list-style-type: none"> • 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. 	GetInsured

		<ul style="list-style-type: none"> Updated section 6.1.3 from optional to highly recommended. 	
12/31/2020	21.01.01	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Update entire document to add Table numbers, and replace "time range" with "date range" Update section 4.1.1 <ul style="list-style-type: none"> Update fields 40 to 48 to clarify usage for subscriber and non-subscriber records. Update field 52 description to remove reference to Benefit End Date usage for comparison. Update fields 62 and 63 description to clarify comparison limited to subscriber records only. 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 <ul style="list-style-type: none"> Update item 3 to clarify usage of the noted data fields. Update item 7 to clarify expectation for Benefit Start and End Dates. Update item 12 to add clarifying statement if no APTC applied. Update item 13 to add clarifying statement if no CSR applied, and to rephrase from "proration" to calculated "monthly" amount. No change in functionality. Update item 14 to clarify populating Mailing Address fields for BAD ADDRESS usage. Update item 15 to remove reference to Benefit End Date usage for comparison. 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 <ul style="list-style-type: none"> Update title of section 5.3.2 as Exchange Cancelled Enrollment check Insert a new Check 5 (section 5.3.5) for Issuer Cancelled Enrollment check and increment previous 	GetInsured

		<p>Check 5 and 6 (section 5.3.6) to 6 and 7 (section 5.3.7).</p> <ul style="list-style-type: none"> ○ 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 	
12/13/2021	v22.01.00	<ul style="list-style-type: none"> • Update spelling of cancelled throughout for consistency • Update section 4 and 4.4 to clarify 01 Detail record expectations • Update section 4.1 to clarify file format requirement • Update section 4.1.1 to add links to reconciliation hierarchy checks where applicable. For field 52 to add requirement for subscriber only and reference to section 5.3.7 for additional details • Update section 4.1.1.3 to clarify usage and result of sending values such as "AI". Updated headers for Table 2 for clarity. Update reference MRC codes in Table 2. • Update section 4.3.1 Table 3 and Figure 3 for clarity • Update footnote for Section 5.2 Table 6 to clarify system behavior • Update section 5.3.5 to clarify usage and add example Table. Note: Remaining tables incremented by 1 (Table 12 through Table 17) • Update section 5.3.6. to add detail for two additional checks for mailing address and APTC Over-allocation and create sub-sections 5.3.6.1 through 5.3.6.4. Included with RCNI field is considered for each check. • Update section 5.3.6.2 to add missing condition • Update section 5.3.7 to clarify usage and add example Tables 	GetInsured
4/25/2024	v24.03.00	<p>Updated functionality covered in v24.03.00 is limited to:</p> <ul style="list-style-type: none"> • Update section 5.3.6.3 to update check 8 to 'No discrepancy' <p>The following changes are for clarification or correction only:</p> <ul style="list-style-type: none"> • Overall formatting to Calibri fonts and blue headings • Update section 4, 4.1.1, and 4.1.1.2 to add clarity for subscriber vs. non-subscriber record population for financial fields 38-51 and 70-72 • Update section 4.1.1 and 4.1.2 to add clarity to Exchange Notes and gray out FFM Description as for reference only. Added required field value • Update section 4.1.1 field 36 and added section 4.4 item 19 to clarify requirement for populating Tobacco Use Code 	GetInsured

		<ul style="list-style-type: none"> • Update section 4.1.1 field 37 and section 4.4 and all of section 5 for clarity by replacing “QHP Identifier” with “16-digit Plan ID • Update section 4.1.1 <ul style="list-style-type: none"> ○ Fields 3, 6, 23 and 28 to clarify sentence ○ Field 10 to clarify expected middle name ○ Field 16 to clarify G8 should not be used ○ Field 56 to clarify usage of EOY termination indicator ○ Cancellation and Termination Reason to clarify note ○ Removed outdated note above Agent/Broker Information that fields 57 and 58 were reversed • Update section 4.1.1.1 configuration note limited to two options 63 or 72 positions. • Update section 4.2 to clarify MARKET portion of filename • Update section 4.2.1 to clarify note • Update section 4.3 to clarify file frequency • Update section 4.4 <ul style="list-style-type: none"> ○ Item 11 to provide additional clarity for prorated premiums ○ Item 12 and item 14 to provide clarity for the note • Added sections 4.4.1 and 4.4.2 to provide examples for mid-month events for either update to an existing policy or resulting in a termination and re-enrollment to a new policy. Imbedded example RCNI proration worksheet. • Update section 5.1 table 5 to correct field lengths for Discrepancy Reason Code & Text • Update section 5.3 to clarify check 3 • Update section 5.3.1, 5.3.3, 5.3.4 and 5.3.5 titles to clarify check 1, 3, 4 and 5 • Update section 5.3.6.4 to clarify the descriptions for the example in figure 5 • Update section 6.1 to move what was section 6.1.1 “Types of transactions accepted by the Exchange” into a new section 6.2 to separate correctly. Renumbered sections 6.1.2 to 6.1.6 to 6.1.1 to 6.1.5. Renumbered sections 6.2.1 thru 6.2.2 to 6.2.2 thru 6.2.3 • Update section 6.1.4 to clarify APTC capping behavior 	
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