



**NEW MEXICO  
HEALTH INSURANCE EXCHANGE**

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**RECONCILIATION GUIDE**

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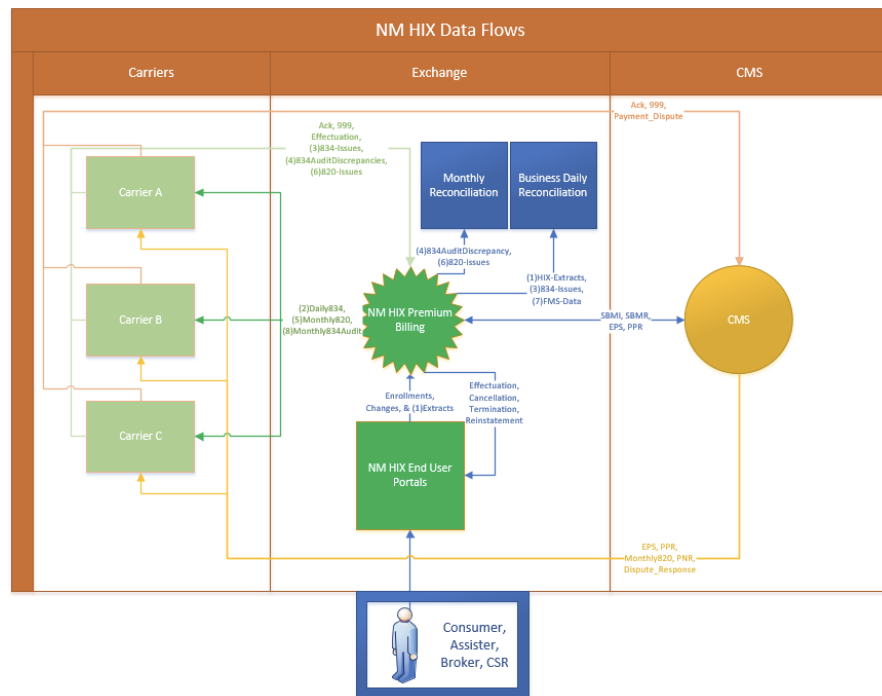
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## 2 RECONCILIATION OVERVIEW

The Reconciliation Team is responsible for monitoring all outbound and inbound files as well as reviewing and resolving all discrepancies identified through the 834 Daily, 834 Audit, 999 files, and 820 file. Through reconciliation, the goal is to identify issues as early as possible, in an effort to respond quickly and minimize the impact of issues and reduce the volume of discrepancies.

All files are shared via SFTP. Below is the list of files that are exchanged.

File Type	Carrier	File Direction	Frequency
834 EDI	All	Outbound	Daily (Mon- Fri)
999 Daily	All	Inbound	Daily (Mon- Fri)
834 EDI Issues File	All	Inbound	Daily (Mon- Fri)
834 EDI (Audit)	All	Outbound	Monthly, on 5 <sup>th</sup> of the month
999 Audit	All	Inbound	Monthly
834 EDI (Audit) Discrepancy File	All	Inbound	Monthly, between 5th-10 <sup>th</sup> of the month
Manual Request	All	Outbound	Daily (Mon- Fri)
Manual Request Question	All	Inbound	Daily (Mon- Fri)
820 EDI	All	Outbound	Monthly
820 Discrepancy File	All	Inbound	Monthly



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### 3 834 DAILY ISSUES RECONCILIATION

Enrollment additions, changes, cancelations, and terminations are sent daily to the carriers in an EDI format via the 834 job. The Daily 834 files are available for carriers on their SFTP server. Each carrier has specific requirements based on their system functionality and rules. Carriers process and validate the transactions against their enrollment data and generate a discrepancy report by the end of the next business day to be posted on the SFTP server.

On a daily basis (business days), the Reconciliation Team researches and resolves the issues reported by the carriers via the 834 Daily Issues Report. Any action that must be taken by the Recon team is sent via EDI or Manuals.

#### 3.1 NAMING CONVENTION

##### From Carrier

CARRIER	FILE NAME
BCBS	834_Issues_BCBS_YYYYMMDD.csv
Molina	834_Issues_Molina_YYYYMMDD.csv
True Health	834_Issues_TrueHealth_YYYYMMDD.csv
Friday Health	834_Issues_FridayHealth_YYYYMMDD.csv
Western Sky	834_Issues_WesternSky_YYYYMMDD.csv
Best Life	834_Issues_BestLife_YYYYMMDD.csv
Presbyterian	834_Issues_Presbyterian_YYYYMMDD.csv

#### 3.2 FILE DETAILS

The following logic should be used when creating the 834 Issues file:

- File can be sent as a CSV or Excel file.
- The file should contain all data the carrier received in the 834 EDI for that transaction.
- The file should also contain two additional fields that describe the error/issue the carrier experience, and the date of the file.
- We would expect to receive an 834 Issues file within one business after the 834 EDI was sent.

#### 3.3 PROCESS DETAILS

As part of the daily operations calendar, the exchange (NFP) produces and distributes the 834 daily EDI files to Carriers. The Carrier's will run a process and provide enrollment issues in the form of an 834 issues response. All issues are tracked individually. To that end, the comparison results lead to one of three outcomes, new issue, updated issue, or closed issue. For each individual issue that remains open, the Team determines whether the Team will continue to observe, send/re-send 834 EDI, engage the Carrier via manual process (only when EDI cannot resolve), or engage the Carrier to resolve a technical EDI blocker issue.

- Each business day, produce an 834 EDI file and send it to each Carrier.

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- Each Carrier should process the 834 EDI and send back the 834 Issue file.
- Receive and review the 834 Issue file from each Carrier.
- Evaluate the error provided by Carrier and review the 834 EDI submitted
  - If an issue is identified in the 834 submission, correct it and resend
  - If no correctable issue is identified in the 834 submission and/or the error message indicates the systems are already in alignment (example: error says member already enrolled), then take no additional action
- Record/Update Issue
  - Record New Issue (issue observed for the first time across any Reconciliation touchpoint)
  - Update Existing Issue (issue observed is known issue from any Reconciliation touchpoint)

### 3.4 FILE LAYOUT

Below is an example layout of the 834 Issue file.

FIELD NAME	SOURCE
ERROR_MESSAGE	Carrier
CREATED_DATE	Carrier
Any other Fields Carrier wishes to append	Carrier
FILE_CNTRL_NUMBER	NMHIX 834 EDI
MAINTENANCE_TYPE_CODE	NMHIX 834 EDI
MAINTENANCE_REASON_CODE	NMHIX 834 EDI
MAINTENANCE_EFFECTIVE_DATE	NMHIX 834 EDI
ADDL_MAINT_REASON	NMHIX 834 EDI
ADDL_MAINT_EFFECTIVE_DATE	NMHIX 834 EDI
SUBSCRIBER_EXCHANGE_ID	NMHIX 834 EDI
MEMBER_EXCHANGE_ID	NMHIX 834 EDI
SUBSCRIBER_SSN	NMHIX 834 EDI
MEMBER_SSN	NMHIX 834 EDI
MEDICAL_HIOS_ID	NMHIX 834 EDI
DENTAL_HIOS_ID	NMHIX 834 EDI
LAST_NAME	NMHIX 834 EDI
FIRST_NAME	NMHIX 834 EDI
MIDDLE_INITIAL	NMHIX 834 EDI
GENDER_CODE	NMHIX 834 EDI
DATE_OF_BIRTH	NMHIX 834 EDI
RELATIONSHIP_CODE	NMHIX 834 EDI
MARITAL_CODE	NMHIX 834 EDI
HOME_ADDRESS_LINE1	NMHIX 834 EDI
HOME_ADDRESS_LINE2	NMHIX 834 EDI

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HOME_CITY	NMHIX 834 EDI
HOME_STATE	NMHIX 834 EDI
HOME_ZIP	NMHIX 834 EDI
HOME_FIPSCOUNTY	NMHIX 834 EDI
APTC_AMOUNT	NMHIX 834 EDI
APTC_AMOUNT_DATE	NMHIX 834 EDI
PREMIUM_AMT_TOTAL	NMHIX 834 EDI
PREMIUM_AMT_TOTAL_DATE	NMHIX 834 EDI
ETC.	NMHIX 834 EDI

## 4 834 AUDIT DISCREPANCY RECONCILIATION

All active enrollments are sent to the carriers monthly for audit purposes. Carriers submit a discrepancy report on the 2nd-3rd business day after the audit file is posted. Audit discrepancies file layout is similar to the daily discrepancies file layout. Therefore, apart from a few scenarios, the Monthly Audit File Process can follow the 834 Daily process for analysis.

### 4.1 NAMING CONVENTION

#### From Carrier

CARRIER	FILE NAME
BCBS	834_Audit_BCBS_YYYYMMDD.csv
Molina	834_Audit_Molina_YYYYMMDD.csv
True Health	834_Audit_TrueHealth_YYYYMMDD.csv
Friday Health	834_Audit_FridayHealth_YYYYMMDD.csv
Western Sky	834_Audit_WesternSky_YYYYMMDD.csv
Best Life	834_Audit_BestLife_YYYYMMDD.csv
Presbyterian	834_Audit_Presbyterian_YYYYMMDD.csv

### 4.2 FILE DETAILS

The following logic should be used when creating the 834 Issues file:

- File can be sent as a CSV or Excel file.
- The file should contain all data the carrier received in the 834 Audit EDI for that transaction.
- The file should also include two additional fields that describe the error/issue, the carrier experience, and the file's date.
- We would expect to receive an 834 Audit Discrepancy file within 2nd-3rd business day after the 834 Audit EDI was sent.

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### 4.3 PROCESS DETAILS

As part of the monthly Operations calendar, the Exchange (NFP) will produce and distribute 834 Monthly Audit files to Carriers (usually on the 5th). The Carrier's will run a process and provide enrollment discrepancies in the form of an 834 Audit discrepancy response. All issues are tracked individually. To that end, the comparison results lead to one of three outcomes, new issue, updated issue, or closed issue. Regarding each individual issue that remains open, the Team member determines whether the Team will continue to observe, send/re-send 834 EDI to the carrier, engage the Carrier via manual process (only when EDI cannot resolve), or engage the Carrier to resolve a technical EDI blocker issue.

- On the 5th or the first business day after the 5th of each month, produce an 834 Audit file and send to each Carrier.
- Each Carrier will process their comparison and provide an 834 discrepancy response, usually within 2<sup>nd</sup>-3<sup>rd</sup> business days.
- Record/Update Issue
  - Record New Issue (issue observed for the first time across any Reconciliation touchpoint)
  - Update Existing Issue (issue observed is known issue from any Reconciliation touchpoint)
- For New and Existing Issues, evaluate the identified difference AND determine an action
  - Failure to propagate HIX/FMS data to Carrier
    - Corrective Action - Send/Re-send 834 EDI to bring Carrier in alignment with Exchange
  - Repeated failure of 834 EDI transmissions to resolve issue – if you are seeing the issue for the second month
    - Corrective Action Option A – Engage Carrier for manual file driven resolution. Systematic constraints, usually time oriented, won't allow processing of EDI, thereby, Exchange submits corrective transactions via Excel workbook
    - Corrective Action Option B – Engage Carrier EDI counterparts to determine an EDI centric resolution by resolving a technical blocker (EDI processing issue is there on either side)
- Review Open Issues
  - Close Issues – if issues reported from the previous cycle are not recurring in the current audit, the issue may be closed

### 4.4 FILE LAYOUT

Below is an example layout of the 834 Audit file.

FIELD NAME	SOURCE
ERROR_MESSAGE	Carrier
CREATED_DATE	Carrier
Any other Fields Carrier wishes to append	Carrier
FILE_CNTRL_NUMBER	NMHIX 834 EDI
MAINTENANCE_TYPE_CODE	NMHIX 834 EDI



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MAINTENANCE_REASON_CODE	NMHIX 834 EDI
MAINTENANCE_EFFECTIVE_DATE	NMHIX 834 EDI
ADDL_MAINT_REASON	NMHIX 834 EDI
ADDL_MAINT_EFFECTIVE_DATE	NMHIX 834 EDI
SUBSCRIBER_EXCHANGE_ID	NMHIX 834 EDI
MEMBER_EXCHANGE_ID	NMHIX 834 EDI
SUBSCRIBER_SSN	NMHIX 834 EDI
MEMBER_SSN	NMHIX 834 EDI
MEDICAL_HIOS_ID	NMHIX 834 EDI
DENTAL_HIOS_ID	NMHIX 834 EDI
LAST_NAME	NMHIX 834 EDI
FIRST_NAME	NMHIX 834 EDI
MIDDLE_INITIAL	NMHIX 834 EDI
GENDER_CODE	NMHIX 834 EDI
DATE_OF_BIRTH	NMHIX 834 EDI
RELATIONSHIP_CODE	NMHIX 834 EDI
MARITAL_CODE	NMHIX 834 EDI
HOME_ADDRESS_LINE1	NMHIX 834 EDI
HOME_ADDRESS_LINE2	NMHIX 834 EDI
HOME_CITY	NMHIX 834 EDI
HOME_STATE	NMHIX 834 EDI
HOME_ZIP	NMHIX 834 EDI
HOME_FIPSCOUNTY	NMHIX 834 EDI
APTC_AMOUNT	NMHIX 834 EDI
APTC_AMOUNT_DATE	NMHIX 834 EDI
PREMIUM_AMT_TOTAL	NMHIX 834 EDI
PREMIUM_AMT_TOTAL_DATE	NMHIX 834 EDI
ETC.	NMHIX 834 EDI

## 5 820 MONTHLY DISCREPANCIES RECONCILIATION

CCSB will generate and send 820 EDI files to carriers. Carriers should compare the payments in the file against their records and generate/submit an 820 discrepancy report.

On a monthly basis (once we receive the 820 discrepancy report), the Reconciliation Team researches and resolves the discrepancies reported by the carriers via the 820 discrepancy report. Any action that the Recon team must take is sent via EDI or Manuals.

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## 5.1 FILE NAMING CONVENTION

### From Carrier

CARRIER	FILE NAME
BCBS	820_Discrepancies_BCBS_YYYYMMDD.xlsx
Molina	820_Discrepancies_Molina_YYYYMMDD.xlsx
True Health	820_Discrepancies_TrueHealth_YYYYMMDD.xlsx
Friday Health	820_Discrepancies_FridayHealth_YYYYMMDD.xlsx
Western Sky	820_Discrepancies_WesternSky_YYYYMMDD.xlsx
Best Life	820_Discrepancies_BestLife_YYYYMMDD.xlsx
Presbyterian	820_Discrepancies_Presbyterian_YYYYMMDD.xlsx

## 5.2 FILE DETAILS

The following logic should be used when creating the 820 Discrepancy file:

- File can be sent as a CSV or Excel file.
- The file should only contain the discrepancies from the most recent 820 EDI file.

## 5.3 PROCESS DETAILS

Usually, the only valid reason for a payment discrepancy is an unresolved enrollment or demographic data discrepancy. The premium rates are pre-set, and the business criteria for applying the rates are also well defined and thoroughly tested. In the rare case that a payment discrepancy does not correlate to an enrollment or demographic data discrepancy, the stakeholders must review the case(s) and determine a peripheral reason for the discrepancy. In these cases, a process or software defect is most likely occurring, residing in the process or software of either the Carrier or the Exchange. Through collaboration, the stakeholders will share information and data and agree on a game plan to try to identify and resolve the underlying issue.

- On a monthly basis, produce an 820 EDI file and send to each Carrier.
- Each Carrier will process and provide an 820 discrepancy response within five business days from when they received the 820 EDI.
- Receive and review the 820 Issue file from each Carrier.
- For each 820 issue reported, review the relevant enrollment and billing history.
  - Check if there is an open or recent reconciliation issue that could be responsible for the 820 discrepancy
    - If so, proceed to Record/Update Issue and indicate known issue as source of the 820 discrepancy.
    - If not,
      - Proceed and record a new issue.
      - Then proceed to Payment Issue mitigation process.
- Record/Update Issue

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- Record New Issue (issue observed for the first time across any Reconciliation touchpoint)
- Update Existing Issue (issue observed is known issue from any Reconciliation touchpoint)
- Payment Issue Mitigation Process
  - Ad-hoc meetings, as/when needed. For any payment issues which cannot be correlated to an enrollment discrepancy, we will meet and review each issue with the following stakeholders – Exchange Finance, NFP Reconciliation team, and Carrier Finance. There should not be payment issues which do not correlate to an enrollment issue, but, if there are we will need to understand the issue and subsequently NFP Reconciliation team will review each case, engage Optum/HIX Ops as needed, and create a customized plan to resolve an identified underlying issue which resides on the Exchange side or coordinate and collaborate with Carrier IT staff for resolving a Carrier issue.

## 5.4 FILE LAYOUT

Below is an example layout of the 820 Discrepancy file.

FIELD NAME	SOURCE
CARRIER_RATE	Carrier
ERROR_DESCRIPTION	Carrier
Any other Fields Carrier wishes to append	Carrier
SUBSCRIBER_FIRST_NAME	NMHIX 820
SUBSCRIBER_LAST_NAME	NMHIX 820
EXCHANGE_SUBSCRIBER_ID	NMHIX 820
PLAN_ID	NMHIX 820
EXCHANGE_POLICY_ID	NMHIX 820
PAYMENT_AMOUNT	NMHIX 820
COVERAGE_PERIOD	NMHIX 820

## 6 999 FILES

999 files are received from carriers for daily and monthly audit EDI files. These files contain acceptance and reject for each transaction sent on the EDI. Rejects are for EDI transactions which carriers cannot consume.

The reconciliation team will review these files on a daily basis and will take action on any rejections that are reported via these files.

999 File is covered in more detail in the 834 companion guide.

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## 7 ENROLLMENT EXTRACT FILE

The Enrollment Extract Reconciliation process is a daily activity of validating and resolving inconsistent data between beWellnm and carrier RCNI/Enrollment extract. Carriers will need to send an RCNI/Enrollment extract, a snapshot of enrollments in their system, daily to reflect the daily transactions that are sent downstream on 834 EDI files. This is now a required and vital step that would allow for faster issue resolution confirmation and reduce the need for other enrollment questions.

**Commented [ME1]:** Remove the "Optional" and add the expectation for two files only. Which means when we start getting 2024 files we should stop getting 2022.

### 7.1 NAMING CONVENTION

#### From Carrier

CARRIER	FILE NAME
BCBS	Extract_BCBS_IND_2022_YYYYMMDD.csv
	Extract_BCBS_IND_2023_YYYYMMDD.csv
Molina	Extract_Molina_IND_2022_YYYYMMDD.csv
	Extract_Molina_IND_2023_YYYYMMDD.csv
Presbyterian	Extract_Presbyterian_IND_2022_YYYYMMDD.csv
	Extract_Presbyterian_IND_2023_YYYYMMDD.csv
Western Sky	Extract_WesternSky_IND_2022_YYYYMMDD.csv
	Extract_WesternSky_IND_2023_YYYYMMDD.csv
Best Life	Extract_BestLife_IND_2022_YYYYMMDD.csv
	Extract_BestLife_IND_2023_YYYYMMDD.csv
True Health	Extract_TrueHealth_IND_YYYYMMDD.csv
Friday Health	Extract_Friday_IND_YYYYMMDD.csv

### 7.2 FILE DETAILS

The following logic should be used when creating the Enrollment Extract:

- File should only be sent as a CSV file.
- Each file should include all segments for Active and Terminated records for that policy year.
- Starting November 2022, two files are expected from each carrier participating in 2023.
- A **MAX** of two files will be required going forward.
- When the 2024 files start being sent (November 2023), the 2022 files should be discontinued.
- Cancelled segments can also be included but are not required.
- File might include a member more than once to account for scenarios such as:
  - The member had break in coverage
  - The member changed plans
  - The members premium amount changed

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### 7.3 PROCESS DETAILS

As part of the daily operations calendar, the Exchange (NFP) will load the latest Enrollment Extract into the system. The NFP Reconciliation team will then use this data to verify discrepancies and/or confirm discrepancies/issue resolution.

### 7.4 FILE LAYOUT

Below is the Enrollment Extract File layout.

Field	Data Element	Description	Data Type	Length	Required
1	Record Code	Designates the type of record; for a detail record, this value must always be 01	String (Numeric)	2	N
2	Trading Partner ID	The Trading Partner ID associated with the QHP ID Lookup Key of the enrollment record	String (Alphanumeric)	5-10	Y
3	SPOE ID	This field is to be sent as ten blank spaces	n/a	10	N
4	Tenant ID	Two-character state abbreviation plus a zero (e.g. XX0, where XX is the state code)	String (Alphanumeric)	3	N
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	String (Numeric)	5	Y
6	QHPID Lookup Key	First ten 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	String (Alphanumeric)	10	N
7	Issuer Extract Date	Date the enrollment record was extracted from the Issuer's system	Date (YYYYMMDD)	8	Y
8	Issuer Extract Time	Time the enrollment record was extracted from the Issuer's system	Time (HHMMSSmm)	8	Y
<b>Qualified Individual (QI) Information</b>					
9	QI First Name	First name of the qualified individual (member)	String	1-35	Y
10	QI Middle Name	Middle name of the qualified individual (member)	String	1-25	N
11	QI Last Name	Last name of the qualified individual (member)	String	1-60	Y
12	QI Birth Date	Birthdate of the qualified individual (member)	Date (YYYYMMDD)	8	Y
13	QI Gender	Member gender; allowed values are F - female or M -male	String (Alphabetical)	1	Y
14	QI Social Security Number (SSN)	Social Security Number of the member	String (Numeric)	9	N
15	Subscriber Indicator	Indicates whether the member is the subscriber of the enrollment group: Y -Subscriber N -Dependent Member	String	1	Y

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16	Individual Relationship Code	Indicates the member's relationship to the subscriber for the enrollment group; use the ASC X12 values in Table 1 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	String (Alphanumeric)	2	Y
<b>Identifying Information</b>					
17	Exchange-Assigned Subscriber ID	Exchange-Assigned identifier for the subscriber of the enrollment group; if the member in the record is the subscriber, this will be the same as the Exchange-Assigned Member ID	String (Numeric)	1-50	Y
18	Exchange-Assigned Member ID	Exchange-Assigned identifier for the member	String (Numeric)	1-50	Y
19	Issuer-Assigned Subscriber ID	Issuer-Assigned identifier for the subscriber of the enrollment group; if the member in the record is the subscriber, this should be the same as the Issuer-Assigned Member ID	String (Alphanumeric)	1-50	Y
20	Issuer-Assigned Member ID	Issuer-Assigned identifier for the member	String (Alphanumeric)	1-50	Y
21	Exchange-Assigned Policy Number	Identifier for this enrollment policy document, generated by the FFM	String (Numeric)	1-15	Y
22	Issuer-Assigned Policy ID	Policy number for the benefit coverage as assigned by the Issuer; this value <b>must</b> 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	String (Alphanumeric)	1-50	N
<b>Residential Address Information</b>					
23	Residential Address Line 1	Residential street address of the member (Line 1)	String	1-55	Y
24	Residential Address Line 2	Residential street address of the member (Line 2)	String	1-55	N
25	Residential City Name	Residential city of the member	String	1-30	Y
26	Residential State Code	State abbreviation for the residential state of the member	String	2	Y
27	Residential ZIP Code	Residential ZIP Code of the member	Integer	9	Y
<b>Mailing Address Information</b>					
28	Mailing Address Line 1	Mailing street address of the member (Line 1)	String	1-55	N
29	Mailing Address Line 2	Mailing street address of the member (Line 2)	String	1-55	N
30	Mailing Address City	Mailing city of the member	String	1-30	N
31	Mailing Address State Code	State abbreviation for the mailing state of the member	String	2	N
32	Mailing Address ZIP Code	Mailing ZIP Code of the member	Integer	9	N

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Other Demographic Information					
33	Residential County Code	Residential County (Federal Information Processing Standard - FIPS) Code of the member	String (Numeric)	5	N
34	Rating Area	Rating area of the enrollment, based on residential address; only applies to subscriber records	String	7	N
35	Telephone Number	Primary contact telephone number for the member	String (Numeric)	10	N
Benefit Coverage & Financial Information					
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	Integer	1	N
37	QHP Identifier	Full 16-character Qualified Health Plan (QHP) identifier, including CSR variant; required for all records	String (Alphanumeric)	16	Y
38	Benefit Start Date	Effective date of benefit coverage associated with this enrollment record; required for all records	Date (YYYYMMDD)	8	Y
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	Date (YYYYMMDD)	8	Y
40	Applied APTC Amount	Amount of Advance Premium Tax Credit <i>applied to the premium monthly</i> , 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	Dollars and Cents (####.##)	4-8	Y
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	Date (YYYYMMDD)	8	Y
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	Date (YYYYMMDD)	8	Y
43	CSR Amount	Monthly Cost Sharing Reduction amount based on plan selection and member eligibility; only applies to subscriber records, otherwise blank NOTE: If there is no CSR applied to the enrollment, the Issuer may send the CSR Amount as blank or explicitly as 0.00	Dollars and Cents (####.##)	4-8	N
44	CSR Effective Date	Effective date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank	Date (YYYYMMDD)	8	N

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45	CSR End Date	End date of the monthly CSR amount; only applies to subscriber records with a positive CSR Amount, otherwise blank <b>Note:</b> a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8	N
46	Total Premium Amount	Total monthly premium amount for the enrollment group; only applies to subscriber records, otherwise blank	Dollars and Cents (####.##)	4-8	Y
47	Total Premium Effective Date	Effective date of the monthly total premium amount; only applies to subscriber records, otherwise blank	Date (YYYYMMDD)	8	Y
48	Total Premium End Date	End date of the monthly total premium amount; only applies to subscriber records, otherwise blank <b>Note:</b> a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8	Y
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	Dollars and Cents (####.##)	4-8	Y
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	Date (YYYYMMDD)	8	Y
51	Individual Premium End Date	End date of the monthly individual premium amount; sent for both subscriber and dependent member records, if available in the Issuer's system <b>Note:</b> a blank date may be sent for open-ended or cancelled coverage	Date (YYYYMMDD)	8	Y
52	Initial Premium Paid Status	Indicates if the initial binder payment has been made for the enrollment, leading to effectuated coverage: <b>Y</b> - Effectuated (active or terminated coverage) <b>N</b> - Uneffectuated (awaiting binder payment) <b>C</b> - Cancelled (no binder payment received, no period of coverage)  This value is to be sent with the subscriber of the enrollment group and will apply to <i>all</i> members of the enrollment group	String (Alphabetical)	1	N
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	String (Alphanumeric)	1-50	N
54	Coverage Year	Relevant 4-digit Plan Year represented by the enrollment record; this value should be consistent for all records in the file	String (Numeric)	4	N



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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	Date (YYYYMMDD)	8	N
<b>Agent/Broker Information</b>					
56	Agent/Broker Name	Full name of the agent/broker associated with the enrollment, if applicable <b>Note:</b> This field must be populated if Agent/Broker NPN is populated, otherwise no updates will be made to Agent/Broker information on the FFM	String	1 - 150	N
57	Agent/Broker NPN	The National Producer Number of the agent/broker, if applicable <b>Note:</b> This field must be populated if Agent/Broker Name is populated, otherwise no updates will be made to Agent/Broker information on the FFM	String (Numeric)	1 - 10	N
<b>HCAF Related Fields</b>					
58	State Subsidy Amount	State Premium Subsidy Credit applied to the premium monthly; only applies to subscriber records, otherwise blank NOTE: If there is no State Premium Subsidy applied to the enrollment, the Issuer may send the State Subsidy as blank or explicitly as 0.00	Dollars and Cents (####.##)	4-8	Y
59	State Subsidy Effective Date	Effective date of the monthly applied State Premium Subsidy; only applies to subscriber records with a positive State Premium Buy Down Amount, otherwise blank	Date (YYYYMMDD)	8	Y
60	State Subsidy End Date	End date of the monthly applied State Premium Subsidy; only applies to subscriber records with a positive State Premium Subsidy Amount, otherwise blank	Date (YYYYMMDD)	8	Y
61	State Buy Down Amount	State Premium Buy Down Credit applied to the premium monthly; only applies to subscriber records, otherwise blank NOTE: If there is no State Premium Buy Down applied to the enrollment, the Issuer may send the State Buy Down as blank or explicitly as 0.00	Dollars and Cents (####.##)	4-8	Y
62	State Buy Down Effective Date	Effective date of the monthly applied State Premium Buy Down; only applies to subscriber records with a positive State Premium Buy Down Amount, otherwise blank	Date (YYYYMMDD)	8	Y
63	State Buy Down End Date	End date of the monthly applied State Premium Buy Down; only applies to subscriber records with a positive State Premium Buy Down Amount, otherwise blank	Date (YYYYMMDD)	8	Y

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## 8 QUESTIONS

Questions regarding reconciliation or any other information covered in this guide should be sent to:

New Mexico Reconciliation Support Team  
[NMReconciliationSupport@nfp.com](mailto:NMReconciliationSupport@nfp.com)