

Covered California
Certification Application for Plan Year 2021
Appendix K NOD 23 Report Glossary

EmployerExchangeID	GroupName	Region	QHPID	MedicalPlanName	GroupEffMonth	CoveragePrd	SubscriberName	MemberExchangeID	MemberDateOfBirth	GrossPaymentReceived	IssuerGrossPremiumCharge	GrossRateDiff	DiscrepancyKeyword
--------------------	-----------	--------	-------	-----------------	---------------	-------------	----------------	------------------	-------------------	----------------------	--------------------------	---------------	--------------------

Covered California
 Certification Application for Plan Year 2018
 Appendix K NOD 23 Report Glossary

EmployerExchangeID	Employer ID #
GroupName	Employer Name
Region	Northern or Southern California. NOTE: Field can be left blank.
QHPID	QHP or QDP HIOS Plan ID
MedicalPlanName	Medical or Dental Plan Marketing Name
GroupEffMonth	Group's Coverage Effective Date (MO/DD/YYYY)
CoveragePrd	Month-Year premium disputing (eg. MAR-15)
SubscriberName	Employee Name (First Name Last Name)
MemberExchangeID	Covered California member assigned ID# (eg. Z followed by 10 digits)
MemberDateof Birth	Member's Date of Birth (MO/DD/YYYY)
GrossPaymentReceived	Gross payment amount received from employer
IssuerGrossPremiumCharge	Member premium amount
GrossRateDiff	$GrossPaymentReceived - IssuerGrossPremiumCharge = Gross\ Rate\ Difference$
DiscrepancyKeyword	Payment Discrepancy Type (eg. Overpayment, Underpayment, or No Payment)