

XSD Element Name	Purpose	DataType	Min Length	Max Length	Min Occ	Max Occ	Is Mandatory ?
GroupEnrollmentMaintenance	Root Element - Transfers employer group information to the issuers system				1	1	Y
FileInformation	Contains the elements required to identify the group file data.				1	1	Y
MessageID	Randomly assigned Message Id # for XML file	Text	2	50			Y
FileName	Name of XML File sent	Text	39	39			N
EnrollmentAction	Group's enrollment action type	Code					Y
SenderId	Pinnacle Tax id assigned as the Sender's Exchange Id.	Text	4	15			Y
ReceiverID	Issuer's 5 digit assigned by the Exchange.	Text	4	15			Y
Employer	This element is used to collect the required information about the employer/group				1	N	Y
Name	Name of the Employer (Group)	Text	1	60			Y
EmployerID	Unique Identification number for the employer	Text	4	15			Y
EmployerTypeCode	Classification of Business Type that the Employer involved in (like Corporation, Church, Tax-Exempt, Partnership etc.)	Code					Y
TaxPayerIdentificationNumber	Employer Federal Tax Payer Identification Number	Numeric	9	9			Y
GroupSize	Number of employees qualified to receive healthcare benefit	Numeric	1	6			N
GroupTermination	Group's Termination Information						N
GroupTerminationDate	Termination date for the group	Date					N
GroupTerminationReasonCode	Reason code value as to why Group is being terminated	Text	9	11			N
OriginalEffectiveDate	Original enrollment date of the Employer	Date					Y
RenewalEffectiveDate	Employer's next annual renewal date	Date					N
OutOfStateIndicator	Optional indicator of whether the employer group is out of state	Indicator	1	1			N
Address	This Segment contains the member employer's address				1	1	Y
Addressline1	Address line 1 of address	Text	1	55			Y
Addressline2	Address line 2 of address	Text	1	55			N
CityName	City name of address	Text	2	30			Y
StateCode	State Code for the Address.	Text	2	2			Y
PostalCode	The postal zip code of address.	Text	5	10			Y
EmployerContactInformation	To provide the communication information for the Employer				1	2	Y
ContactType	Purpose for which the contact person is being contacted (See values)	Code					Y
ContactPersonName	To provide the name of the Contact person				1	1	Y
LastName	Last name of the Contact Person.	Text	1	60			Y
FirstName	First name of the Contact Person.	Text	1	35			Y
PrimaryTelephoneNumber	Primary Telephone Number	Numeric	10	10			Y
PrimaryTelephoneExtensionNumber	Primary Telephone Extension Number	Numeric	4	4			N
AlternateTelephoneNumber	Alternate Telephone Number	Numeric	10	10			N
EmailID	Electronic Mail	Text	1	256			Y
FaxNumber	Fax Number	Numeric	10	10			N
PreferredContactMode	Preferred method of communication for Employer	Code					Y
ContinuationCoverageType	Type of Continuation coverage Provided	Code					N
ProbationaryPeriod	Reports the Probationary Period for the employee	Numeric	1	3			N
Broker	This element is used to collect the required information about the Broker				0	1	N
Name	Name of the Broker	Text	1	60			N
TaxPayerIdentificationNumber	Federal Tax Payer Identification Number	Numeric	9	9			N
AccountNumber	Account number assigned by the state to the Broker	Text	1	35			N
BrokerContactInformation	To provide the communication information for the Broker				0	1	N
ContactPersonName	To provide the name of the Contact person for Broker				0	1	N
LastName	Last name of the Contact Person.	Text	1	60			Y
FirstName	First name of the Contact Person.	Text	1	35			Y
PrimaryTelephoneNumber	Primary Telephone Number	Numeric	10	10			N
PrimaryTelephoneExtensionNumber	Primary Telephone Extension Number	Numeric	4	4			N
AlternateTelephoneNumber	Alternate Telephone Number	Numeric	10	10			N
EmailID	Electronic Mail	Text	1	256			N
FaxNumber	Fax Number	Numeric	10	10			N
PreferredContactMode	Preferred method of communication for Brokers	Code					N
Plans	This element is used to collect the required information about the employer Plans				1	1	Y
Plan	Individual Plan related information is collected in this element				1	N	Y
PlanID	Plan ID that the employer is offering. This plan ID will be used by the carrier to setup a Group ID for any employees enrolling in the plan.	Text	4	20			Y
PlanStartDate	Plan start date - effective date of the plan.	Date					N
MetalLevelCode	Type of Metal Level: Medical: Bronze, Silver, Gold, or Platinum; and Dental: CHD or Family (or FAM) and (High & Low till 12/2015)	Code			1	1	Y
CoverageType	Indicates the type of coverage for the Plan (see value)	Code					N
AdditionalNotes	Captures any other additional information for the employer group		1	256	0	1	N

XSD Node Name	Qualifier	Explanation
EnrollmentAction	Open Enrollment	For enrolling a new Group
	Maintenance	For changes made to the Group information
	Terminate	For whenever Group is to be Terminated
	Renewal	Used whenever the Group Renews for another year
	Reinstate	Used whenever the Group is Reinstated after being terminated
ContactType	Billing	Contact Information for Billing related communication
	Benefits	Contact Information for Benefits related communication
	Both	Contact Information for Both Billing & Benefits related communication
PreferredContactMode	Mail	Contact through postal mail
	Email	Contact through electronic mail
CoverageType	EMP	Employee only Plan
	FAM	Employee + Family Plan
MetalLevelCode	Bronze	Bronze Health Plans
	Silver	Silver Health Plans
	Gold	Gold Health Plans
	Platinum	Platinum Health Plans
	Family or FAM	Family Dental
	CHD	Pediatric Only Dental
	High	High for Groups that are still on 2014 Plans and have not renewed yet!
ContinuationCoverageType	C	Continuation Coverage provided through COBRA
	S	State Mandated Continuation Coverage
OutOfStateIndicator	N	No
	Y	Yes
EmployerTypeCode	C-Corp	Private Sector - Corporation Type C
	S-Corp	Private Sector - Corporation Type S
	Self-Employed	Private Sector - 1040 Schedule C Business (self-employed)
	Partnership	Private Sector - Partnership Entity
	TaxExempt-Organization	Private Sector Tax Exempt organization including corporation, trust, limited liability company, or association
	Church	Church or Church-affiliated
	LocalGovernment	State or Local Government
	ForeignGovernment	Foreign Government
	Sole Proprietorship	Sole Proprietorship
FileName	<xml filename>	Name of XML file sent out: 2015_08_15_XXXX_GRP_<date-time>.xml which should be used to extract and send back to Exchange immediately within 24 hrs.
GroupTerminationReasonCode		
	Voluntary	To Provide a highlevel reason for Group Termination.
	InVoluntary	Requested by the Employer to terminate Terminated for other reason such as Non-Payment!

Covered California
Certification Application for Plan Year 2019
Appendix P CCSB Group XML Schema v2.1a

Revision	Author	Date	Notes
2.1	Ford Hanson	9/29/2014	Added the following new fields: i) Group Size; ii) Group Termination Date; iii) Plan Start Date;. Moved Metal Level down to Plan level section. For Open Enrollment Action - added 1 new Code value: "Renewal".
2.1	Ford Hanson	6/17/2015	Added the following lines: 1. Added "Reinstate" code under EnrollmentAction; 2. Added xml Filename; 3. Added new GroupTermination sub-hdr line and a GroupTerminationReasonCode field; 4. Added 2 Qualifier Values for GroupTerminationReasonCode.
2.1a	Ford Hanson	8/15/2015	Amendment: Removed FileConfirmationCode and FileResponseCode values;
2.1a	Ford Hanson	9/30/2015	Made some minor word corrections and additions to this sheet
2.1a	Ford Hanson	10/9/2015	Amended Metal level value as both FAM and Family as it could be either but translat to family plan.