

# Provider Reporting

## Data File Record Layouts

### COMMERICAL (ACE)

File Name: ELIGIBILITY

Report Number: ACE\_RPT\_BRM\_42

All records in this file are 512 bytes long. There are four record types: Header, Detail, COB, and the Trailer record. Data expressed in the "X" format is left justified and blank filled, data expressed in the "9" format is right-justified and zero filled.

#### Header Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"1" = Header record
Title	002-009	X(8)	"ELIG HDR"
Info Effective Date	010-017	X(8)	CCYYMMDD, effective date
Provider Type	018-018	X(1)	"M" = Medical Provider - "H" = Hospital Provider
Provider ID	019-022	X(4)	PPG, or Hospital Number
Provider Name	023-055	X(33)	PPG, or Hospital Name
Address	056-080	X(25)	PPG, or Hospital Address
City	081-097	X(17)	PPG, or Hospital City
State	098-099	X(2)	PPG, or Hospital State
Zip Code	100-108	X(9)	PPG, or Hospital Zip Code
Filler	109-512	X(404)	Blank Spaces (Not Used)

#### Detail Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"2" = Detail Record
Member's Last Name	002-018	X(17)	Member's Last Name
Member's First Name	019-028	X(10)	Member's First Name
Member's Middle Initial	029-029	X(1)	Member's Middle Initial
Person ID	030-038	X(9)	Person ID
Group ID	039-046	X(8)	Health Net Employer / Individual Group Number
Member Code	047-049	X(3)	A code that describes the member's sex and a member's relationship to the subscriber
Insight Indicator	050-050	X(1)	Y/N Member has Mental Health Benefits
Plan Code	051-054	X(4)	Medical Plan of the employer / individual group the member belongs to
Office Visit Co-pay	055-057	X(3)	Office Visit Co-pay
DME Benefit	058-060	X(3)	Durable Medical Equipment benefit Co-pay
ER Benefit	061-063	X(3)	Emergency Room Co-pay
COB ID	064-071	X(8)	Coordination of Benefits ID
Birth date	072-079	X(8)	CCYYMMDD, Member's birth date
Satellite Provider ID	080-083	X(4)	Used only for consolidated files. Displays site where member is enrolled
Physician ID	084-089	X(6)	If physician level report, Health Net assigned PCP number, otherwise will be PPG number
Provider Effective Date	090-097	X(8)	CCYYMMDD, the date member is effective with this medical group

Cancel Effective Date	098-105	X(8)	CCYYMMDD, the date member cancelled with this medical group
Product Code	106-109	X(4)	HMO="HMO Medical", SNN="Silver Network", etc.
Fund Type	110-110	X(1)	Claims Funding Type – R=Regular, S=Self, F=Flex
Rx Indicator	111-111	X(1)	Pharmacy Benefit Indicator - Y/N
PR_TY	112-112	X(1)	PR_TY
Member Address_50	113-162	X(50)	Member's full Address
Member City	163-179	X(17)	Member's City
Member State	180-181	X(2)	Member's State
Member Zip Code	182-190	X(9)	Member's Zip Code
Member Phone Number	191-200	X(10)	Member's Home Phone Number
Member Reference ID	201-209	X(9)	Member Reference ID
Spoken Language	210-212	X(3)	Member Preferred Spoken Language (ISO code)
Written Language	213-215	X(3)	Member Preferred Written Language (ISO code)
Race	216-218	X(3)	Member Race
Ethnicity	219-221	X(3)	Member ethnicity
APTC flag	222-222	X(1)	APTC flag
DLQ flag	223-223	X(1)	Delinquency flag
DIQ month indicator	224-224	X(1)	Delinquency month indicator
DIQ start date	225-232	X(8)	Delinquency start date
DIQ end date	233-240	X(8)	Delinquency end date
Tribal flag	241-241	X(1)	Tribal flag
Aid category	242-244	X(3)	Aid category
Aid code	245-246	X(2)	Aid code
Project code	247-249	X(3)	Project code
CIN number	250-258	X(9)	(Medi-Cal) Client Identification Number
Medi-Cal case id	259-272	X(14)	Medi-Cal case id
Medicare stat A	273-273	X(1)	Medicare stat A
Medicare Stat B	274-274	X(1)	Medicare Stat B
Medicare stat D	275-275	X(1)	Medicare stat D
SPD/Dual flag	276-276	X(1)	SPD/Dual flag
CCS Flag	277-278	X(2)	CCS Flag
PCP Name	279-308	X(30)	Member's PCP Name
Redetermination date	309-316	X(8)	Annual Redetermination date
Med provider id	317-321	X(5)	Member's medical provider id
Full payment date	322-329	X(8)	Full payment date
PCP Site id	330-337	X(8)	PCP's site id
HCP Code	338-339	X(2)	HCP Code
RC Indicator	340-340	X(1)	Regional Center Indicator Value "Y" or "N"
RC name	341-390	X(50)	Regional Center name
Alternate Format	391-393	X(03)	Alternate Format
Member Suffix	394-396	X(03)	Member Suffix
Assignment Type	397-398	X(02)	C – Choice, PT – Provider Transfer, DF – Default Family Choice, DP – Default Prior Choice, D – Default Value
Filler	399-400	X(02)	Blank Spaces (Not Used)
OHC Policy ID	401-415	X(15)	Policy ID for Other Health Coverage
Filler	416-416	X(1)	Blank Space
OHC Effective Date	417-424	X(8)	Effective Date of Other Health Coverage
Filler	425-425	X(1)	Blank Space
OHC Expiration Date	426-433	X(8)	Expiration Date of Other Health Coverage
Filler	434-434	X(1)	Blank Space
OHC Code Curr Month	435-435	X(1)	Other Health Coverage Code from 834 file A - Pay and chase (applies to any carrier) C - Military benefits comprehensive

			E - Vision plans
			F - Medicare Part C health plan
			G - Medical parolee
			H - Multiple plans comprehensive
			I - Institutionalized
			K - Kaiser
			N - No OHC
			P - Preferred Provider Organization/Prepaid Health Plan/Health Maintenance Organization/Exclusive Provider Organization or not otherwise specified
			V - Any carrier other than the above (includes multiple coverage)
			W - Multiple plans non-comprehensive
Filler	436-441	X(6)	OHC Code in effect for previous month
Original Effective Date	442-449	X(8)	Original effective date with the health plan (reserved for future use)
Filler	450-450	X(1)	Blank Space
Department code	451-456	X(6)	Department code
Filler	457-512	X(56)	Blank Space (not used)

### COB Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = COB Record
COB Carrier id	002-009	X(8)	Table COB carrier id
COB Carrier Name	010-039	X(30)	COB Carrier Name
OHC_Address_1	040-064	X(25)	OHC_Address_1
OHC_Address_2	065-089	X(25)	OHC_Address_2
OHC_City	090-106	X(17)	OHC_City
OHC_State	107-108	X(02)	OHC_State
OHC_ZIP_Code	109-119	X(11)	OHC_ZIP Code
OHC_Carrier Phone 1	120-134	X(15)	OHC_Carrier_Phone 1
OHC_Carrier Phone 2	135-149	X(15)	OHC_Carrier_Phone 2
OHC_Carrier Phone 3	150-164	X(15)	OHC_Carrier_Phone 3
OHC_Remark 1	165-214	X(50)	OHC_Remark 1
OHC_Remark 2	215-264	X(50)	OHC_Remark 2
Filler	265-512	X(248)	Blank Spaces (Not Used)

### Trailer Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"4" = Trailer Record
Title	002-009	X(8)	"ELIG SUM"
Total Members EOM	010-017	9(8)	Total Members as of month end
Total Members in Month	018-025	9(8)	Total members eligible at least one day of the month
Total member SPC	026-033	X(8)	Member SPC
Total member SP1	034-041	X(8)	Member SP1
Filler	042-512	X(471)	Blank Spaces (Not Used)