

ELIGIBILITY REPORT FIELD DESCRIPTIONS

Field	Description
Header Information	
Report BRM42	A Health Net-assigned number for the Eligibility Report
Report Title	The name of the report
Date	The day/month/year that the report was system generated
Page Number	The page number of the report
Provider ID	Three- or Four-digit number Health Net assigns to each PPG
Provider Name	Name of the PPG
Provider Address	Address of the provider.
Provider Phone Number	Phone Number of the provider.
Report Information	
Member Name	First, last and middle initial of the member
Member Sex Code	A single-digit code indicating the gender of the subscriber: <ul style="list-style-type: none"> • M= male • F= female
Member ID	Reports for commercial providers will have subscriber's ID/Ref ID number as shown on the Health Net ID card (usually the subscriber's Social Security number) Reports for medical providers will have CIN Number(subscriber's client identification number)replaced for subscriber's ID/Ref ID
CMS HIC #	The identification number assigned to the member by the Centers for Medicare and Medicaid Services (CMS)
Group ID #	A eight-position code assigned to each employer group
Product code	A 3 or 4 position code that identifies the product type. Example, MDE, MLA, MCR, SDE, INDV
Plan Code	A three-character code that identifies the medical plan of the employer group assigned by Health Net. Example, BS5, BRZ, AMT, BS1
IN	A one-position code that identifies if a member has mental health benefits through an outside provider, for example, INSIGHT
RX	A one-position code that identifies if a member has pharmacy benefits as an optional benefit
Medi-Medi	A one-position flag which indicates if <ul style="list-style-type: none"> • Y - Dual Coverage (Both Medicare & Medical) • N – Only one Coverage (Medicare or Medical)
PR TY	A one-position code that identifies the product type of the member's employer group: <ul style="list-style-type: none"> • M = Standard HMO • P = POS HMO
Member Status	0 = Standard, 1 = ESRD, 2 = Hospice, 3 = Institutionalized, 4 = Working Aged
MHN	A one-position flag which indicate if member has MHN(Mental Health Net)

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CHI	A one-position flag which indicate if member has CHI(Chiro)
TPT	A one-position flag which indicate if member has TPT(Transportation)
Benefit/Copayment information	Office Visits(o/v) – benefit or copayment amount for office visits: DME - benefit or copayment amount for durable medical equipment ER - benefit or copayment amount for Emergency Room Yes – member is fully covered with no copayment required No – member is not covered for benefits at all \$/% - copayment indicated by dollar amount or percentage
COB ID	The Health Net COB carrier's ID for the member. This information may not always be current
Date of Birth	The member's date of birth
Physician ID	The assigned physician ID code used for site reports
Provider ID	The name of the PPG and the three- or four-digit number Health Net assigns to each PPG
Provider Effective Date	The date the member became eligible to use the PPG
Provider Cancel Date	The last day the member is eligible to receive services at the PPG
Funding Type	A one-position funding description for the corresponding product type: R = Regular funding F = Flex funding S = Self funding
CIN#	A 9 character number for Cin Number
Aid code	A two-position code(either two numbers or a number and a letter), which assist providers in identifying the types of services for which Medi-Cal recipients are eligible.
Project code	A 3-position code which identifies the project code of a member.
Medicare part A flag	A one-position flag which indicate if member has Part A coverage(Hospital insurance)
Medicare part B flag	A one-position flag which indicate if member has Part B coverage(Medical insurance)
Medicare part D flag	A one-position flag which indicate if member has Part D coverage(outpatient Prescription Drug insurance)
Aid category Description	A 15 position description that identifies the aid category in which the member belongs.
Dialysis Indicator	A one-position flag which indicate if member has dialysis
Address	The member's home address, city, state, zip & phone number.
Race Ethnicity	A 12 position code which indicates member spoken language, written language, race & ethnicity.
Coordination of Benefits (COB) Table	A summary of applicable COB carriers. This information is provided only if it is available on file
Totals	
Members eligible at month end	A summary of members who are eligible at month end according to product type
Total Members eligible at	A total summary of members who are eligible at month end for

Field	Description
month end	all product type