

HEALTH NET Q/CARE SYSTEM

Effective Date February 1, 2004

Eligibility Specifications - 277 EZ-CAP

ITEM	TYPE	POSITION	NAME	DEFINITION
1	X(01)	01-01	Transaction Code	For full files, Transaction Code will be A (Add). For incremental update files: Transaction Code will be A (Add) if the member was added since last run/file. Transaction Code will be C (Change) for changes to member data since last run/file.
2	X(08)	02-09	File Create Date	Date file was created (CCYYMMDD)
3	X(11)	10-20	Member ID	Health Net member ID number
4	X(02)	21-22	County Code	Member county code: 10=Fresno; 19=Los Angeles; 33=Riverside; 34=Sacramento; 36=San Bernardino; 37=San Diego; 54=Tulare
5	X(02)	23-24	Aid Code	Member's current Medi-Cal aid category code
6	X(09)	25-33	CIN Number	Client Index Number assigned by DHS
7	X(02)	34-35	Relationship to Subscriber	Code defining member's relationship to subscriber, Medi-Cal always 01
8	X(30)	36-65	Last Name	Member's last name
9	X(15)	66-80	First Name	Member's first name
10	X(01)	81-81	Middle Initial	Member's middle initial
11	X(01)	82-82	Gender	Member's gender (M=male; F=female)
12	X(30)	83-112	Street Address	Member's street address
13	X(20)	113-132	City	Member's city
14	X(02)	133-134	State	Member's state
15	X(10)	135-144	Zip	Member's ZIP code (five or nine digit ZIP code)
16	X(10)	145-154	Home Phone	Home phone number including area code (no dashes, hyphen, or parentheses)
17	X(08)	155-162	Full Birth Date	Member's birth date (CCYYMMDD)
18	X(01)	163-163	Contract Type	Always "3"
19	X(01)	164-164	Other Coverage	'Y' if member has other insurance coverage, 'N' if member has no other insurance
20	X(01)	165-165	Other Coverage Primary/Secondary	P=Primary if member's other insurance coverage is primary; S=Secondary if member's other insurance coverage is secondary; Blank if member has no other insurance coverage
21	X(30)	166-195	Other Coverage Name	Name of other insurance carrier if member has other insurance coverage
22	X(02)	196-197	Health Plan Code	Always "HN"
23	X(02)	198-199	CCS Code	California Children Services Code: CA=CCS Elig Active; CC=CCS Elig Closed; CD=CCS Elig Denied; CM=Case Mgmt; CP=CCS Elig Pended; CR=CCS Elig Conflict Resolution; NA=CCS Newborn Elig Active; NC=CCS Newborn Elig Closed; ND=CCS Newborn Elig Denied; NP=CCS Newborn Elig Pending; NR=CCS Newborn Elig in Conflict Resolution

For assistance or questions, contact: Medi-Cal Provider Services Center at 1-800-675-6110

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ITEM	TYPE	POSITION	NAME	DEFINITION
24	X(01)	200	Member Language Code	1=Spanish; 7=English; C=Chinese; D= Cambodian; E= Armenian; H= Hmong; N=Russian; V=Vietnamese
25	X(01)	201	Member Ethnicity Code	1=White; 2=Hispanic; 3=Black; 4=Other Asian or Pacific Islander; A= Amerasian (Asian Mother/American Father); C=Chinese; N=Asian Indian; T=Laotian; V=Vietnamese
26	X(08)	202-209	PCP Effective Date	For medical group/PPG, the PCP effective date is the begin date of the member's most current PCP affiliation for this medical group/PPG. For ancillary hospitals, the effective date is the most current ancillary affiliation date for this facility. Note: if there are breaks in eligibility periods where the member's eligibility ended and was restarted, with the same affiliations, the effective date is the most current eligibility begin date (CCYYMMDD)
27	X(04)	210-213	Redetermination Date	Member's Medi-Cal redetermination date (YYMM)
28	X(06)	214-219	Benefit Option Code	Member's Health Net Benefit Option Code. Note: if the member is termed, the Benefit Option Code reported if from when they ended with the PCP/PPG. If the member is active, it is the current Benefit Option Code.
29	X(08)	220-227	Member Effective Date	The begin date associated with the member's medical group/PPG/facility affiliation. Note: if there are instances where the member's eligibility was ended and restarted with the same affiliation, then the effective date is the most current eligibility begin date. (CCYYMMDD)
30	X(08)	228-235	Member Termination Date	The end date associated with the member's medical group/PPG/facility affiliation. Note: if the member is no longer eligible with Health Net, this will have the member's eligibility termination date. If the member is currently eligible with Health Net and affiliated with the PPG/facility, this field will be blank. (CCYYMMDD)
31	X(03)	236-238	PCP Address Number	PCP's address number where the member is assigned to receive services
32	X(01)	239	Filler	Blank
33	X(07)	240-246	Provider/Facility License	Physician or facility license number
34	X(01)	247	Member Enrollment Status Code	Current enrollment status: E = Eligible; T = Terminated; P = Pending (for pending members, contact Health Net to obtain latest status)
35	X(30)	248-277	Provider Name	For medical group/PPG, the provider name is the PCP. Format is last name, comma, first name, middle initial. For ancillary hospitals, the provider name is the facility name.

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