

ELIGIBILITY SUMMARY BY GROUP FILE

Eligibility Summary by Group File			
Field Name	Position	Format	Description
Header Record			
Record Type	001-001	X(1)	“1” = Header Record
Title	002-009	X(8)	“PGRP HDR”
Information 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
Provider Phone Number	109-118	X(10)	PPG or hospital phone number
Provider Phone Number Ext.	119-122	X(4)	PPG or hospital phone number extension
Filler	123-142	X(20)	Blank
Detail Record			
Record Type	001-001	X(1)	“2” Detail Record
Group Name	002-051	X(50)	Health Net employer/individual group name
Group ID	052-059	X(8)	Health Net employer/individual group number
Plan Code	060-063	X(4)	Medical plan of the employer/individual group the member belongs to
Filler	064-065	X(2)	Blank
Filler	066-073	X(8)	Blank
Filler	074-081	X(8)	Blank

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Filler	082-089	X(8)	Blank
Members	090-097	9(8)	Number of members per employer/individual group eligible for this provider/hospital
PR TY	098-098	X(1)	Product Type - "M" = Medicare, "P" = Medicare POS
Supplemental Codes	099-126	X(28)	Total number of members
Filler	127-142	X(16)	Blank
Trailer Record			
Record Type	001-001	X(1)	"3" = Trailer Record
Title	002-009	X(8)	"PGRP SUM"
Total Members	010-017	9(8)	Group supplemental benefit codes
Total Records	018-025	9(8)	Total number of records processed
Filler	026-142	X(117)	Blanks