Provider Reporting

Data File Record Layouts

SENIORITY PLUS

File Name: EXPANDED ELIGIBILITY
Report Number: SPC_RPT_BRM_42

All records in this file are 441 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.

Old Record Layout Size = 309

New Record Layout Size = 441

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	109-441	X(333)	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
Subscriber ID	030-038	X(9)	Sent as blanks
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 Carrier ID	064-071	X(8)	COB Carrier ID

CIN Number	072-080	X(9)	Member CIN # (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Aid Code	081-082	X(2)	Member Aid Code (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Aid Category	083-085	X(3)	Member Aid Category (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Project Code	086-088	X(3)	Member Project Code (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Medicare Status A	089-089	X(1)	Medicare Part A flag for the member (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Medicare Status B	090-090	X(1)	Medicare Part B flag for the member (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Medicare Status D	091-091	X(1)	Medicare Part D flag for the member (will be populated only for Duals and Medicaid members, will be blanks for Medicare)
Birth date	092-099	X(8)	CCYYMMDD, Member's birth date
Satellite Provider ID	100-103	X(4)	Used only for consolidated files. Displays site where member is enrolled
Physician ID	104-109	X(6)	If physician level report, Health Net assigned PCP number, otherwise will be PPG number
Provider Effective Date	110-117	X(8)	CCYYMMDD, the date member is effective with this medical group
Cancel Effective Date	118-125	X(8)	CCYYMMDD, the date member cancelled with this medical group
Product Code	126-129	X(4)	"MCR"=Medicare, "SDE" = Medicare SNP
Fund Type	130-130	X(1)	Fund Type
Rx Indicator	131-131	X(1)	Y/N. "N" if member OPT-OUT of Medicare Part D
Pr Ty	132-132	X(1)	Priority Type
Member Address 1	133-182	X(50)	Member's Address
Member City	183-199	X(17)	Member's City
Member State	200-201	X(2)	Member's State
Member Zip Code	202-210	X(9)	Member's Zip Code
Member Phone Number	211-220	X(10)	Member's Home Phone Number
Member Reference ID	221-229	X(9)	Member Reference ID
Medi-Medi indicator	230-230	X(1)	Medicaid indicator
CMS MBI	231-242	X(12)	CMS MBI
CMS Status	243-243	X(1)	0 = Standard, 1 = ESRD, 2 = Hospice, 3 = Institutionalized, 4 = Working Aged
Filler	244-244	X(1)	Blank Spaces (Not Used)
Spoken_language	245-247	X(3)	Member's spoken language
Written_language	248-250	X(3)	Member's written language
Race	251-253	X(3)	Member's Race
Ethnicity	254-256	X(3)	Member's Ethnicity
Dialysis Indicator	257-257	X(1)	Member Dialysis Indicator
Alternate Format	258-260	X(3)	Member Alternate Format
Person ID	261-271	X(11)	Person ID
PCP Name	272-301	X(30)	PCP Name

PBP	302-304	X(3)	Plan Benefit Package
CMS ID	305-309	X(5)	Centers for Medicare & Centers for Medicare & Medicaid Services Identification
RAF	310-314	X(5)	Risk Adjustment Factor
OHC Policy ID	315-329	X(15)	Other Health Coverage Policy ID (or "SSN")
Filler	330-441	X(112)	Blanks

COB Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = COB Record
COB Carrier ID	002-009	X(8)	COB ID
COB Carrier Name	010-039	X(30)	COB Carrier Name
OHC Address 1	040-064	X(25)	Carrier Address 1
OHC Address 2	065-089	X(25)	Carrier Address 2
OHC City	090-106	X(17)	Carrier City
OHC State	107-108	X(02)	Carrier State
OHC Zip Code	109-119	X(11)	Carrier Zip Code
Carrier phone 1	120-134	X(15)	Carrier Phone 1
Carrier phone 2	135-149	X(15)	Carrier Phone 2
Carrier phone 3	150-164	X(15)	Carrier Phone 3
OHC Remark 1	165-214	X(50)	OHC Remark 1
OHC Remark 2	215-264	X(50)	OHC Remark 2
Filler	265-441	X(177)	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
TTL MBR SPC	026-033	9(8)	Total SPC member count
TTL MBR SPC	034-041	9(8)	Total SP1 member count
Filler	042-441	X(400)	Blank Spaces (Not Used)