Provider Reporting

Data File Record Layouts

SENIORITY PLUS

File Name: REMITTANCE DETAIL
Report Number: SPC_RPT_BRM_20

All records in this file are 161 bytes long. There are three record types: Header, Detail and Trailer. Data expressed as an "X" format is left justified and blank filled. Data expressed as "9" format is right justified and zero filled. All dollar amount fields are signed (-, +) and contain assumed decimals.

Header Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"1" = header record
Title	002-009	X(8)	"REM HDR"
Information Effective Date	010-017	X(8)	CCYYMMDD, Remittance 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	109-157	X(49)	Blank

Detail Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"2" = detail record
Last Name	002-018	X(17)	Member's last name
First Name	019-028	X(10)	Member's first name
Middle Name	029-029	X(1)	Member's middle initial
Subscriber ID	030-038	X(9)	Subscriber's social security number
Group ID	039-046	X(8)	Member's employer group number
Cin number	047-055	X(9)	Cin number
Aid code	056-057	X(2)	Aid code
Aid category	058-060	X(3)	Aid category
Project code	061-063	X(3)	Project code
Medicare stat A	064-064	X(1)	Medicare stat A
Medicare Stat B	065-065	X(1)	Medicare Stat B
Medicare stat D	066-066	X(1)	Medicare stat D
Member Code	067-069	X(3)	Member Code
Satellite Provider ID	070-073	X(4)	Used only for consolidated files. Reflects site where member is enrolled
Physician ID	074-079	X(6)	If physician level report this number will be a Health Net assigned PCP number

Plan Code	080-083	X(4)	Medical plan of the employer group the member belongs to
Contract Type	084-084	X(1)	Contract Type
Age	085-087	X(3)	Member's age as of the last day of the month
Birth date	088-095	X(8)	CCYYMMDD Members birth date
Remittance effective month	096-101	X(6)	CCYYMM effective month for the adjustment
Change description	102-116	X(15)	Description of the change reported
Adjustment Amount	117-123	s9(5)v99	Net amount of adjustment
Dialysis Indicator	124-124	X(1)	Member Dialysis Indicator
Filler	125-128	X(4)	Filler
Medicare Part A stat	129-129	X(1)	Part A status
Medicaid Stat	130-130	X(1)	Member's Medicaid status (Y/N)
Member status	131-131	X(1)	Member's Medicare status (O=Standard, 1=ESRD, 2=Hospice, 3=Institutionalized)
Working aged	132-132	X(1)	Member's working aged status
Priority Type	133-133	X(1)	Priority Type
Medicaid Add On	134-134	X(1)	Y = Entitled to Medicaid Add On
Previously disabled	135-135	X(1)	Y = Original reason of entitlement
Default risk indicator	136-136	X(1)	Y = Default factor used
PIP DCG Code	137-138	9(2)	Member's risk adjustor code
SCC Code	139-143	9(5)	Member's state and county code that the % of HCFA payment is based on
Reference ID	144-152	X(9)	Member Reference ID
Filler	153-160	X(8)	Blanks

Trailer Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"4" = trailer record
Title	002-009	X(8)	"REM SUM"
Total Remittance Adjustments to Prior Periods	010-020	s9(9)v99	Total of the net remittance adjustments applied in the current month for prior periods
Total Remittance Rates	021-031	s9(9)v99	Total remittance rates for each member for the current month (without any adjustments)
Total of Remittance Adjustments to Current Periods	032-042	s9(9)v99	Total adjustments applied to the current month rates
Total Remittance Amount	043-053	s9(9)v99	Total current month remittance equal to (total prior period adjustments + total current period rates + total current period adjustments)
Total Remittance Records	054-061	9(8)	Total detail records on the file
TTL MBR SPC	062-069	9(8)	Total SPC member count
TTL MBR SP1	070-077	9(8)	Total SP1 member count
Filler	078-153	X(76)	Blanks