

ACE\_RPT\_BRM\_42I

HEALTH NET CAPITATION

11-02-2014

INSTITUTIONAL EXPANDED ELIG REPORT FOR THE MONTH OF  
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11/14 (BY SITE)

PROVIDER ID: AMMMM SAMPLE PARK HOSPITAL- LAAI

BENEFIT/COPAY \$	DATE OF	PHY	MBR	PLAN	PROD FUND				
LAST NAME	FIRST NAME M	MBR-ID	CODE GROUP	CODE	IN RX	CODE	TYPE	O/V	DME
E/R C.O.B. BIRTH	ID	EFF DATE	CAN DATE						
SAMPLE	MEMEBER	99999999E	FM1 ABCD99	X9X	X	X XXX	X	XXX	
	01/01/XX 999999	01/01/XX							
ADDR: 9999 SAMPLE AVENUE					CITY: UNKNOWN				
ST:CA	ZIP: 99999 9999	PH:999 9999999							
AID-CODE: 9X	AID-CAT: 999	PROJ-COD: 999	CASE_NO:9999B9B9999999	MCR-ABD:	XXX				
SPD-DUAL:	CCS-FG:								

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PROVIDER ID: AMMMM SAMPLE PARK HOSPITAL- LAAI

BENEFIT/COPAY \$	DATE OF	PHY	MBR	PLAN	PROD FUND				
LAST NAME	FIRST NAME M	MBR-ID	CODE GROUP	CODE	IN RX	CODE	TYPE	O/V	DME
E/R C.O.B. BIRTH	ID	EFF DATE	CAN DATE						
SAMPLE	MEMBER	99999999F	MM1 ABCD99	X9X	X	X XXX	X	XXX	
	01/01/XX 999999	01/01/XX							
ADDR: 9999 SAMPLE AVENUE					CITY: UNKNOWN				
ST:CA	ZIP: 99999 9999	PH:999 9999999							
AID-CODE: 9X	AID-CAT: 999	PROJ-COD: 999	CASE_NO:999XX9XXX999999	MCR-ABD:	XXX				
SPD-DUAL:	CCS-FG:								

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11/14 (BY SITE)

PROVIDER ID: BN999 SAMPLE PARK HOSPITAL- LAAI

4730\_Expanded Eligibility Report\_ACE\_42I\_03.17.15.txt

BENEFIT/COPAY \$            DATE OF            PHY            MBR            PLAN            PROD FUND  
 LAST NAME            FIRST NAME M   MBR-ID            P R O V I D E R            CODE            IN RX CODE TYPE O/V   DME  
 E/R   C.O.B.   BIRTH            ID            EFF DATE CAN DATE

SAMPLE            MEMBER            X 99999999X MM1 XXXX99   X9X            X X XXX            X   XXX  
 01/01/XX 999999   01/01/XX

ADDR: 9999 SAMPLE AVENUE            CITY: UNKNOWN  
 ST:CA            ZIP: 99999 9999 PH:999 9999999  
 AID-CODE: 9X AID-CAT: 999 PROJ-COD: 999 CASE\_NO:99X9XX9XX99999 MCR-ABD:            XXX  
 SPD-DUAL:            CCS-FG:

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 PROVIDER ID: BN999 SAMPLE PARK HOSPITAL- LAAI

COORDINATION OF BENEFITS (C.O.B.)

TABLE

CARRIER CARRIER ID ID	CARRIER CARRIER NAME NAME	CARRIER ID	CARRIER NAME
ACARRIER K129230C	ANY CARRIER KAISER	DENT6584	DENTAL SELECT
M-CARE MEDI	M-CARE HMO (NOT MEDICARE) MEDICARE	M470WR	METROPOLITAN LIFE INS
PHP COVERAGE	PREFERRED HEALTH PARTNERSHIP	VCARRIER	ANY CARRIER-MULTIPLE

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PRODUCT AND FUNDING TYPE SUMMARY

MEMBERS ELIGIBLE	PRODUCT	PRODUCT	FUND	MEMBERS ELIGIBLE
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4730\_Expanded Eligibility Report\_ACE\_42I\_03.17.15.txt

AT LEAST ONE DAY	TYPE	DESCRIPTION	TYPE	AT MONTH END
33,208	MCL	MCL STANDARD	R	33,208
4,201	MCE	MCL STANDARD EXPAN	R	4,201
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37,409		TOTAL MEMBERS		37,409

AVAILABLE FUNDING TYPES:

- F - FLEX FUNDING
- R - REGULAR FUNDING
- S - SELF FUNDING

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