

# Provider Reporting

## Data File Record Layouts

### COMMERCIAL

File Name: ACTIVITY

Report Number: ACE\_RPT\_BRM\_11

All records in this file are 299 bytes long. This file has three record types: Header, Detail and Trailer. Data expressed in the "X" format is left justified and blank filled. Data expressed in the "9" format is right justified and zero filled.

#### Header Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"1" = Header record
Title	002-009	X(8)	"ACT HDR"
Activity Start	010-017	X(8)	CCYYMMDD, first day of activity included in file
Activity End Date	018-025	X(8)	CCYYMMDD, last day of activity included in file
Provider Type	026-026	X(1)	"M" = Medical Provider "H" = Hospital Provider
Provider ID	027-030	X(4)	PPG number
Provider Name	031-063	X(33)	PPG name
Address	064-088	X(25)	PPG address
City	089-105	X(17)	PPG city
State	106-107	X(2)	PPG state
Zip Code	108-116	X(9)	PPG zip code
Filler	117-299	X(183)	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)	Subscriber's social security number
Group ID	039-046	X(8)	Member's employer group number
Filler	047-047	X(1)	Blanks
Plan Code	048-051	X(4)	Medical plan of the employer group that the member belongs to
Member Code	052-054	X(3)	A code that describes a member's sex and relationship to the subscriber. ( <a href="#">See Member Code Table</a> for Values)
Age	055-057	X(3)	Member's age as of the last day of the month
Birth date	058-065	X(8)	CCYYMMDD Member's birth date
Physician's ID	066-071	X(6)	Health Net assigned PCP
Effective Date	072-079	X(8)	CCYYMMDD, date the member is eligible for benefits
Cancel Date	080-087	X(8)	CCYYMMDD, effective cancellation date with the medical group
Information Effective Date	088-095	X(8)	CCYYMMDD, effective date of the update

Information Update Date	096-103	X(8)	CCYYMMDD, business date the update was processed
Information Update Time	104-111	X(8)	HHMMSSHS, time of the day the update was processed
Change Type	112-113	X(2)	Code indicating the type of change processed
Change Description	114-128	X(15)	Description of the change reported
Address 1	129-153	X(25)	Member's address
Address 2	154-178	X(25)	Member's address continued
City	179-195	X(17)	Member's city
State	196-197	X(2)	Member's state
Zip Code	198-206	X(9)	Member's zip code
Home Phone	207-216	X(10)	Member's home phone
Work Phone	217-226	X(10)	Member's work phone
Filler	227-241	X(15)	Blanks
Product Code	242-245	X(4)	Product code
Reference ID	246-254	X(9)	
Cin	255-263	X(9)	Cin Number
Aid Code	264-265	X(2)	Aid Code
Aid Cat	266-268	X(3)	Aid Category
Case ID	269-282	X(14)	Medi_Cal Case ID
Project Code	283-285	X(3)	Project Code
MCR A	286-286	X(1)	Medicare Code A
MCR B	287-287	X(1)	Medicare Code B
MCR D	288-288	X(1)	Medicare Code D
MCR Dual Flag	289-289	X(1)	Medicare Code Dual Flag
CCS Flag	290-291	X(2)	Medicare Code CCS Flag
Filler	292-299	X(8)	Blank Spaces (Not Used)

#### Trailer Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = Trailer record
Title	002-009	X(8)	"ACT SUM"
Member Add's	010-017	9(8)	Total number of members added
Member Cancels	018-025	9(8)	Total number of members cancelled
Record Counts	026-033	9(8)	Total number of "detail" records on the file
Filler	034-299	X(266)	Blank Spaces (Not Used)