Provider Reporting

Data File Record Layouts

COMMERCIAL/MEDI-CAL (ACE)

File Name: ELIGIBILITY
Report Number: ACE_RPT_BRM_42

All records in this file are 400 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.

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	109-400	X(292)	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
Blank	030-038	X(9)	Field was previously used for Member SSN, which was replaced with member Reference ID, positioned at the end record.
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 ID	064-071	X(8)	Coordination of Benefits ID
Birth date	072-079	X(8)	CCYYMMDD, Member's birth date
Satellite Provider ID	080-083	X(4)	Used only for consolidated files. Displays site where member is enrolled
Physician ID	084-089	X(6)	If physician level report, Health Net assigned PCP number, otherwise will be PPG number

Field Name	Position	Format	Description
Provider Effective Date	090-097	X(8)	CCYYMMDD, the date member is effective with this medical group
Cancel Effective Date	098-105	X(8)	CCYYMMDD, the date member cancelled with this medical group
Product Code	106-109	X(4)	HMO="HMO Medical", SNN="Silver Network", etc.
Fund Type	110-110	X(1)	Claims Funding Type – R=Regular, S=Self, F=Flex
Rx Indicator	111-111	X(1)	Pharmacy Benefit Indicator - Y/N
Filler	112-112	X(1)	Blanks
Member Address_50	113-162	X(50)	Member's full Address
Member City	163-179	X(17)	Member's City
Member State	180-181	X(2)	Member's State
Member Zip Code	182-190	X(9)	Member's Zip Code
Member Phone Number	191-200	X(10)	Member's Home Phone Number
Member Reference ID	201-209	X(9)	Member Reference ID
Spoken Language	210-212	X(3)	Member Preferred Spoken Language (ISO code)
Written Language	213-215	X(3)	Member Preferred Written Language (ISO code)
Race	216-218	X(3)	Member Race
Ethnicity	219-221	X(3)	Member enthnicity
APTC flag	222-222	X(1)	APTC flag
DLQ flag	223-223	X(1)	Delinquency flag
Dlq month indicator	224-224	X(1)	Delinquency month indicator
Dlq start date	225-232	X(8)	Delinquency start date
Dlq end date	233-240	X(8)	Delinquency end date
Tribal flag	241-241	X(1)	Tribal flag
Aid category	242-244	X(3)	Aid category
Aid code	245-246	X(2)	Aid code
Project code	247-249	X(3)	Project code
Cin number	250-258	X(9)	Cin number
Medical case id	259-272	X(14)	Medical case id
Medicare stat A	273-273	X(1)	Medicare stat A
Medicare Stat B	274-274	X(1)	Medicare Stat B
Medicare stat D	275-275	X(1)	Medicare stat D
SPD/Dual flag	276-276	X(1)	SPD/Dual flag
CCS Flag	277-278	X(2)	CCS Flag
PCP Name	279-308	X(30)	Member's PCP Name
Redetermination date	309-316	X(8)	Annual Redetermination date
Med provider id	317-321	X(5)	Member's medical provider id
Full payment date	322-329	X(8)	Full payment date
PCP Site id	330-337	X(8)	PCP's site id
HCP Code	338-339	X(2)	HCP Code
RC Indicator	**340-340**	**X(1)**	**RC Indicator Value "Y" or "N"**
RC name	**341-390**	**X(50)**	**RC name**
Filler	**391-400**	**X(10)**	**Blank Spaces (Not Used)**

COB Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = COB Record
COB Carrier id	002-009	X(8)	Table COB carrier id
COB Carrier Name	010-039	X(30)	COB Carrier Name
Filler	040-400	X(361)	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
Total member SPC	026-033	X(8)	Member SPC
Total member SP1	034-041	X(8)	Member SP1
Filler	042-400	X(359)	Blank Spaces (Not Used)