

## ELECTRONIC MEDIA FORMAT – ELIGIBILITY SUMMARY BY GROUP FILE

Field Name	Position	Format	Description
<b>Header Record</b>			
Record Type	001-001	X(1)	“1” = Header Record
Title	002-009	X(8)	“PGRP HDR”
Info Effective Date	010-017	X(8)	CCYYMMDD, effective date
Provider Type	018-018	X(1)	“M” = Medical Provider “H” = “Hospital” rovider
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	109-142	X(34)	Blanks
<b>Detail Record</b>			
Record Type	001-001	X(1)	“2” = Detail Record
Group Name	002-051	X(50)	Health Net employer/individual group name
Group ID	052-059	X(8)	Health Net employer/individual group number
Plan Code	060-063	X(4)	Medical plan of the employer/ individual group to which the member belongs
Re-Rate Month	064-065	X(2)	Open enrollment month
Rate Effective Month	066-073	X(8)	Date of current capitation rate
Subscriber	074-081	9(8)	Number of subscribers per employer/individual group eligible for this provider
Dependent	082-089	9(8)	Number of dependents per employer/individual group eligible for this provider/hospital
Members	090-097	9(8)	Number of members per employer/individual group eligible for this provider/hospital
Filler	098-142	x(45)	Blanks

Field Name	Position	Format	Description
<b>Trailer Record</b>			
Record Type	001-001	X(1)	“3” = Trailer record
Title	002-009	X(8)	“PGRP SUM”
Total Members	010-017	9(8)	Total number of members
Total Records	018-025	9(8)	Total number of records processed
Filler	026-142	X(117)	Blanks