Provider Reporting

Data File Record Layouts

COMMERCIAL

File Name: REMITTANCE DETAIL
Report Number: ACE_RPT_BRM_12

All records in this file are 194 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
Provider ID	019-022	X(4)	PPG number
Provider Name	023-055	X(33)	PPG name
Address	056-080	X(25)	PPG address
City	081-097	X(17)	PPG city
State	098-099	X(2)	PPG state
Zip Code	100-108	X(9)	PPG zip code
Filler	109-194	X(86)	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
Member Code	047-049	X(3)	A code that describes a member's sex and relationship to the subscriber. See member code table for values
Satellite Provider ID	050-053	X(4)	Used only for consolidated files. Reflects site where member is enrolled
Physician ID	054-059	X(6)	If physician level report this number will be a Health Net assigned PCP number
Plan Code	060-063	X(4)	Medical plan of the employer group the member belongs to
Filler	064-064	X(1)	Filler
Age	065-067	X(3)	Member's age as of the last day of the month
Birth date	068-075	X(8)	CCYYMMDD Members birth date

Remittance effective month	076-081	X(6)	CCYYMM effective month for the adjustment
Change description	082-096	X(15)	Description of the change reported
Adjustment Amount	097-104	s9(5)v99	Net amount of adjustment
Product Code	105-108	X(4)	Product description (i.e. HMO, FLX, IND, SBP, AIM, HFN, etc.) – contact PNA for the complete list of available product codes.
Fund Type	109-109	X(1)	Describes the claims funding type (F = flex, R = regular, S = self)
Remit Category	110-112	X(3)	Description of line of coverage (available in only 12D, 12E, and 12F report types).
Filler	113-123	X(11)	Filler
Reference ID	124-132	X(9)	Member Reference ID
Cin	133 - 141	X(9)	Cin Number
Aid Code	142 - 143	X(2)	Aid Code
Aid Cat	144 - 146	X(3)	Aid Category
Case ID	147 - 160	X(14)	Medi_Cal Case ID
Project Code	161 - 163	X(3)	Project Code
MCR A	164 - 164	X(1)	Medicare Code A
MCR B	165 - 165	X(1)	Medicare Code B
MCR D	166 - 166	X(1)	Medicare Code D
SPD/MCR Dual Flag	167 - 167	X(1)	SPD Member / Medicare Dual Flag
CCS Flag	168 - 169	X(2)	CCS Flag
Filler	170 - 194	X(25)	Blanks

Trailer Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = trailer record
Title	002-009	X(8)	"REM SUM"
Total Remittance Adjustments to Prior Periods	010-021	s9(9)v99	Total of the net remittance adjustments applied in the current month for prior periods
Total Remittance Rates	022-033	S9(9)v99	Total remittance rates for each member for the current month (without any adjustments)
Total of Remittance Adjustments to Current Periods	034-045	S9(9)v99	Total adjustments applied to the current month rates
Total Remittance Amount	046-057	S9(9)v99	Total current month remittance equal to (total prior period adjustments + total current period rates + total current period adjustments)
Total Detail Records	058-065	9(8)	Total detail records (record type = 2) on the file
Filler	066-194	X(129)	Blanks