Member Files

03/29/2016

Files MC-F-001 Managed Care Enrollment Letter Extract

General Information

This tape contains enrollee name and address data, and pre-assignment data for pre-assigned enrollees that have an aid category that is a part of the Aged, Disabled, and Blind group. These enrollees will receive a pre-assignment letter and list of providers from which a selection can be made. This tape is used by North American Marketing (NAM) to send enrollees the letter and provider list.

Subsystem:	Recipient
Copybook:	MCF001
	N/A
File Organization:	Sequential
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065) Pre-Enrollment Providers Processing (MCM066)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF001	DE3046	HOUSEHOLD HEAD NAME	Case Name
MCF001	DE3487	CASE-LAST-NAME	Case Last Name
MCF001	DE3488	CASE-FIRST-NAME	Case First Name
MCF001	DE3489	CASE-MID-INIT	Case Middle Initial
MCF001	DE3490	CASE-NAME-SUFFIX	Case Name Suffix
MCF001	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF001	DE3114	HOUSEHOLD	Enrollee Additional Address Name

		ADDRESS 2	
MCF001	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF001	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF001	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF001	DE3003	ENROLLEE NAME	Enrollee Full Name
MCF001	DE3110	ENROLLEE-LAST-NAME	Enrollee Last Name
MCF001	DE3111	ENROLLEE-FIRST-NAME	Enrollee First Name
MCF001	DE3112	ENROLLEE-MID-INIT	Enrollee Middle Initial
MCF001	DE3113	ENROLLEE-NAME-SUFFIX	Enrollee Name Suffix
MCF001	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF001	DE4085	PROVIDER NAME	Provider Name
	DE4249	PROV_NAME_ TYPE	Provider Name Type
MCF001	DE4096	PROVIDER ADDRESS 1	Provider Attention Name
MCF001	DE4097	PROVIDER ADDRESS 2	Provider Address Line
MCF001	DE4130	PROVIDER CITY	Provider Address City Name
MCF001	DE4099	PROVIDER ZIP CODE	Provider Address ZIP Code
MCF001	DE4090	PROVIDER PHONE	Provider Phone Number
MCF001	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF001	DE3009	AID CATEGORY	Enrollee Eligibility Aid Category
MCF001	DE0002	PRINT DATE	Calculated
MCF001	DE0002	FUTURE MONTH	Calculated
MCF001	DE0002	LETTER IND	Calculated
MCF001	DE4098	PROVIDER STATE	Provider Address State

Files MC-F-002 FAMILIES AND CHILDREN MEDALLION ENROLLMENT TAPE

General Information

This tape contains enrollee name and address data, and pre-assignment data for pre-assigned enrollees that have an Aid Category that is a part of the Families and Children group. These enrollees will receive a pre-assignment letter and list of providers from which a selection can be made. This tape is used by North American Marketing to send enrollees the letter and provider list.

Subsystem:	Recipient
Copybook:	MCF002
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065) Pre-Enrollment Providers Processing (MCM066)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF002	DE3046	HOUSEHOLD HEAD NAME	Case Name
MCF002	DE3487	HOUSEHOLD HEAD LAST NAME	Case Last Name
MCF002	DE3489	HOUSEHOLD HEAD MID INIT	Case Middle Initial
MCF002	DE3488	HOUSEHOLD HEAD FIRST NAME	Case First Name
MCF002	DE3490	HOUSEHOLD	Case Name Suffix

		HEAD NAME SUFFIX	
MCF002	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF002	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name
MCF002	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF002	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF002	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF002	DE3003	ENROLLEE NAME	Enrollee Full Name
MCF002	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF002	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF002	DE3112	ENROLLEE MID INIT	Enrollee Middle Initial
MCF002	DE3113	ENROLLEE NAME SUFFIX	Enrollee Name Suffix
MCF002	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF002	DE4085	PROVIDER NAME	Provider Name
	DE4249	PROVIDER NAME TYPE	Provider Name Type
MCF002	DE4096	PROVIDER ADDRESS 1	Provider Attention Name
MCF002	DE4097	PROVIDER ADDRESS 2	Provider Address Line
MCF002	DE4130	PROVIDER CITY	Provider Address City Name
MCF002	DE4099	PROVIDER ZIP CODE	Provider Address ZIP Code
MCF002	DE4090	PROVIDER PHONE	Provider Phone Number
MCF002	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF002	DE3009	AID CATEGORY	Enrollee Eligibility Aid Category
MCF002	DE0000	PRINT DATE	
MCF002	DE0000	FUTURE MONTH	

MCF002	DE0000	LETTER IND	
MCF002	DE4098	PROVIDER STATE	Provider Address State

Files MC-F-003 Enrollment Tape

General Information

This tape file is sent to Commonwealth Martin who uses it to send pre-assignment letters.

Subsystem:	Member
Copybook:	MCF003B
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065) CCC Pre-Enrollment Letters Processing (MCM465)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF003	DE3487	HOUSEHOLD HEAD LAST NAME	Case Last Name
MCF003	DE3488	HOUSEHOLD HEAD FIRST NAME	Case First Name
MCF003	DE3489	HOUSEHOLD HEAD MIDDLE INITIAL	Case Middle Initial
MCF003	DE3490	HOUSEHOLD HEAD SUFFIX	Case Name Suffix
MCF003	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF003	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name
MCF003	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF003	DE3117	HOUSEHOLD	Enrollee State Code

		STATE	
MCF003	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF003	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF003	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF003	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF003	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF003	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial
MCF003	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix
MCF003	DE4700	PREASSGN PROVIDER	National Provider Identifier
MCF003	DE4085	PRE-ASSIGNED PROVIDER NAME	Provider Name
MCF003	DE3039	CASE FIPS	Case Administrative FIPS Code
MCF003	DE5264	CASE ADDRESS NAME	Locality Region Type Address Name
MCF003	DE5265	CASE ADDITIONAL NAME	Locality Region Type Additional Address Name
MCF003	DE5266	CASE STREET ADDRESS	Locality Region Type Street Address
MCF003	DE5267	CASE CITY	Locality Region Type City Name
MCF003	DE5268	CASE STATE	Locality Region Type State Code
MCF003	DE5269	CASE ZIP CODE 1ST FIVE	Locality Region Type Zip Code (first 5 digits)
MCF003	DE5269	CASE ZIP CODE LAST FOUR	Locality Region Type Zip Code (last 4 digits)

Files MC-F-004 Managed Care Re-Enrollment Tape

General Information

The Managed Care Re-Enrollment tape contains the name and address of enrollees that are re-eligible as a result of the 60 day re-enrollment process. The tape is sent to North American Marketing who uses the data to produce letters informing the enrollee of their re-enrollment back to the last provider (Primary Care Provider or Health Maintenance Organization).

Subsystem:	Recipient
Copybook:	MCF004
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF004	DE3487	HOUSEHOLD HEAD NAME	Case Last Name
MCF004	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF004	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name
MCF004	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF004	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF004	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF004	DE3110	ENROLLEE NAME	Enrollee Last Name

MCF004	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF004	DE4085	PROVIDER NAME	Provider Name
MCF004	DE4249	PROVIDER NAME TYPE	Provider Name Type
MCF004	DE4096	PROVIDER ADDRESS 1	Provider Attention Name
MCF004	DE4097	PROVIDER ADDRESS 2	Provider Address Line
MCF004	DE4130	PROVIDER CITY	Provider Address City Name
MCF004	DE4099	PROVIDER ZIP	Provider Address ZIP Code
MCF004	DE4090	PROVIDER PHONE	Provider Phone Number
MCF004	DE4700	PROVIDER ID	National Provider Identifier
MCF004	DE4006	PROVIDER CLASS TYPE	Provider Type
MCF004	DE3008	RECIPIENT LOCALITY	Enrollee FIPS Code
MCF004	DE3009	AID CATEGORY	Enrollee Eligibility Aid Category
MCF004	DE0000	PRINT DATE	
MCF004	DE0000	LETTER IND	
MCF004	DE4098	PROVIDER STATE	Provider Address State

Files MC-F-005 HMO Enrollment Tapes (Enrollment File)

General Information

The HMO Enrollment File is a list of enrollees that have been assigned (for the next month) to a specific HMO. Any HMO may elect to receive Enrollment tape.

Subsystem:	Recipient
Copybook:	MCF005
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Re-Create HMO Enrollment File Processing (MCR120)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF005	DE4082	OUT-SERV-CENTER	Provider Service Center
MCF005	DE0002	OUT-MAINTENACE-TYPE-CD	Calculated
MCF005	DE4700	OUT-PROV-NUMBER	National Provider Identifier
MCF005	DE3550	OUT-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF005	DE3162	OUT-EFF-DATE	Enrollment Monthly Effective Date
MCF005	DE4085	OUT-PROV-NAME	Provider Name
MCF005	DE9517	OUT-PROV-FEDERAL-TAX-ID	HIPP SSN/FEIN Number
MCF005	DE3073	OUT-MAINTENACE-	Enrollee Benefit Closure Reason

		RSN-CD	
MCF005	DE3093	OUT-RECIP-NUMBER	Enrollee Permanent Identification Number
MCF005	DE3199	OUT-PD-CODE	PD Code
MCF005	DE3043	OUT-CASE-NUMBER	Case Identification Number
MCF005	DE3010	OUT-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
MCF005	DE3011	OUT-ELIG-END-DATE	Enrollee Eligibility End Date
MCF005	DE3064	OUT-ENR-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
MCF005	DE3065	OUT-ENR-END-DATE	Enrollee Benefit Enrollment End Date
MCF005	DE3003	OUT-RECIP-NAME	Enrollee Full Name
MCF005	DE3110	OUT-RECIP-LAST	Enrollee Last Name
MCF005	DE3111	OUT-RECIP-FIRST	Enrollee First Name
MCF005	DE3112	OUT-MID-INIT	Enrollee Middle Initial
MCF005	DE3113	OUT-RECIP-SUFFIX	Enrollee Name Suffix
MCF005	DE3034	OUT-SOC-SEC-NUMBER	Enrollee Social Security Number (SSN)
MCF005	DE3004	OUT-ADDRESS	Enrollee Address
MCF005	DE3115	OUT-ADDRESS-1	Enrollee Street Address
MCF005	DE3114	OUT-ADDRESS-2	Enrollee Additional Address Name
MCF005	DE3116	OUT-CITY	Enrollee City Name
MCF005	DE3117	OUT-STATE	Enrollee State Code
MCF005	DE3118	OUT-ZIP9	Enrollee ZIP Code
MCF005	DE3008	OUT-FIPS-CODE	Enrollee FIPS Code
MCF005	DE3005	OUT-DATE-OF-BIRTH	Enrollee Birth Date
MCF005	DE3007	OUT-RECIP-SEX	Enrollee Sex Code
MCF005	DE0002	OUT-FEE	Calculated
MCF005	DE3476	OUT-LANGUAGE-CD	Enrollee Primary Language Code

MCF005	DE3164	OUT-REPORT-NAME	Enrollment Report Name
MCF005	DE0002	OUT-TPL-COUNT	Calculated
MCF005	DE3658	OUT-TPL-POLICY-NO	TPL Policy Number
MCF005	DE3013	OUT-TPL-COVERAGE-CD	TPL Coverage Code
MCF005	DE3673	OUT-TPL-CARRIER-NAME	TPL Carrier Name
MCF005	DE3657	OUT-TPL-INS-TYPE-CODE	TPL Carrier Code
MCF005	DE3659	OUT-TPL-BEG-DATE	TPL Policy Effective Date
MCF005	DE3660	OUT-TPL-END-DATE	TPL Policy End Date
MCF005	DE0002	OUT-PAYER-RESPON-SEQ-CD	Calculated
MCF005	DE3095	OUT-RECIP-PHONE	Enrollee Telephone Number
MCF005	DE3006	OUT-RACE	Enrollee Race Code
MCF005	DE9578	OUT-REMIT-DT	Remittance Payment Date
MCF005	DE3009	OUT-PROG-DESG	Enrollee Eligibility Aid Category
MCF005	DE5249	OUT-REGION-CODE	Region Code
MCF005	DE3067	OUT-ENROLLMNT-CODE	Enrollee Benefit Initial Preassignment Code
MCF005	DE0002	OUT-RERUN	Calculated
MCF005	DE0002	OUT-MEDICARE-INDICATOR	Calculated

Files MC-F-006 HMO Enrollment Tapes (TPL Carrier File)

General Information

This is a version of the TPL Carrier File that each HMO may elect to receive.

Subsystem:	Recipient
Copybook:	MCF006
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	HMO Enrollment Processing (MCM090)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
MCF006	DE3657	TPL CARRIER CODE	TPL Carrier Code
MCF006	DE0011	CAR-TRANS-DATE	Row Update Date
MCF006	DE3673	CAR-INQUIRY-NAME	TPL Carrier Name
MCF006	DE3681	CAR-INQUIRY-CONTACT	TPL Carrier Contact Name

MCF006	DE3680	CAR-INQUIRY-PHONE	TPL Carrier Phone Number
MCF006	DE3674	CAR-INQUIRY-ADDR1	TPL Carrier Additional Address Name
MCF006	DE3675	CAR-INQUIRY-ADDR2	TPL Carrier Address Line
MCF006	DE3676	CAR-INQUIRY-CITY	TPL Carrier City Name
MCF006	DE3677	CAR-INQUIRY-STATE	TPL Carrier State Code
MCF006	DE3678	CAR-INQUIRY-ZIP	TPL Carrier ZIP Code
MCF006	DE3679	CAR-INQUIRY-FED-ID-NUM	TPL Carrier Federal Identification Number
MCF006	DE3708	CAR-INQUIRY-REMARKS	TPL Carrier Remarks
MCF006	DE3709	CAR-BILLING-NAME	TPL Carrier Billing Name
MCF006	DE3710	CAR-BILLING-CONTACT	TPL Carrier Billing Contact Name
MCF006	DE3711	CAR-BILLING-PHONE	TPL Carrier Billing Telephone Number
MCF006	DE3712	BILLING-ADDR1	TPL Carrier Billing Additional Address Name
MCF006	DE3713	BILLING-ADDR2	TPL Carrier Billing Address Line
MCF006	DE3714	BILLING-CITY	TPL Carrier Billing City Name
MCF006	DE3715	BILLING-STATE	TPL Carrier Billing State Code
MCF006	DE3716	BILLING-ZIP	TPL Carrier Billing ZIP Code
MCF006	DE3679	CAR-BILLING-FED-ID-NUM	TPL Carrier Federal Identification Number
MCF006	DE3717	CAR-BILLING-REMARKS	TPL Carrier Billing Remarks

Files MC-F-007 Infocrossing Daily Batch Transaction Request File

General Information

This file now contains 2 different layouts: 1 for the enrollment data and 1 for the address changes. The layout used is controlled by the CMS Batch File Type.

Layout 1: This file stores Infocrossing Batch Transaction Request data for Enrollments, Dis-enrollments, Cancellations, Opt-Ins, and Opt-Outs changes as part of the MMP (Medicare Medicaid Project). Infocrossing acts as the fiscal agent and interface for CMS since it processes information through a copy of the CMS MBD (Medicare Beneficiary Database). CMS Daily Transaction Reply Report (DTRR) Data File.

Layout 2: This file stores Infocrossing Batch Transaction Request data for Residence Address Changes as part of the MMP (Medicare Medicaid Project). Infocrossing acts as the fiscal agent and interface for CMS since it processes information through a copy of the CMS MBD (Medicare Beneficiary Database).

Subsystem:	Member
Copybook:	MCF007 MCF008 (Residence Address Changes only)
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Infocrossing Daily Batch Transaction Request Process (MCD001) On request process to resend Daily Batch MMA Transaction request file to CMS vendor (MCD003EZ)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
Layout 1:			
MCF007	DE3350	MCF007-RECORD-ID	CMS Record ID
MCF007	DE3359	MCF007-ACCOUNT	CMS Transaction Tracking ID
MCF007		MCF007-FIL1	

MCF007	DE3353	MCF007-PLAN-ID	CMS MCO Contract Number
MCF007		MCF007-FIL2	
MCF007	DE3354	MCF007-BTCH-NUMBER	CMS Batch Number
MCF007	DE3355	MCF007-TRAN-COUNT	CMS Transaction Count
MCF007	DE3351	MCF007-BTCH-FILE-TYPE	CMS Batch File Type
MCF007	DE3352	MCF007-CMS-APPROVAL-REQ-ID	CMS Approval Request ID
MCF007		MCF007-FIL3	
MCF007	DE3350	MCF007-RECORD-ID	CMS Record ID
MCF007	DE3955	MCF007-HICN	Person Identifier Value
MCF007	DE3110	MCF007-LAST-NAME	Enrollee Last Name
MCF007	DE3111	MCF007-FIRST-NAME	Enrollee First Name
MCF007	DE3112	MCF007-MIDDLE-INIT	Enrollee Middle Initial
MCF007	DE3007	MCF007-SEX	Enrollee Sex Code
MCF007	DE3005	MCF007-DOB	Enrollee Birth Date
MCF007	DE3364	MCF007-EGHP-FLAG	CMS EGHP Flag
MCF007	DE3553	MCF007-PBP	Benefit Definition Plan Benefit Code
MCF007	DE3356	MCF007-ELECTION-TYPE	CMS Election Type
MCF007	DE3353	MCF007-CONTRACT	CMS MCO Contract Number
MCF007	DE3386	MCF007-APPLICATION-RECEIPT-DT	CMS Application Receipt Date
MCF007	DE3357	MCF007-TRAN-CODE	CMS Transaction Codes
MCF007	DE3358	MCF007-DNRL-REASON	CMS Denial Reason Codes
MCF007	DE3365	MCF007-EFF-DT	CMS Record Effective Date
MCF007	DE3366	MCF007-SEGMENT-ID	CMS Segment ID
MCF007	DE3362	MCF007-ESRD-OVERRIDE	CMS ESRD OVERRIDE
MCF007	DE3363	MCF007-PREM-PAY-OPTION	CMS Premium Payment Option
MCF007	DE3367	MCF007-PARTC-PREM	CMS PARTC Premium
MCF007	DE3368	MCF007-CREDIT-CVRG-FLAG	CMS Creditable Coverage Flag
MCF007	DE3361	MCF007-NUNCMO	CMS Number of Uncovered Months
MCF007	DE3369	MCF007-EMPLOYER-SUBSID-OVR-FLG	CMS Employer Subsidy Enrollment Over-ride Flag
MCF007	DE3370	MCF007-PARTD-OPT-OUT-FLAG	CMS PARTD Opt-Out Flag
MCF007	DE3373	MCF007-PARTD-RX-ID	CMS RX ID
MCF007	DE3374	MCF007-PARTD-RX-GROUP	CMS RX Group
MCF007	DE3372	MCF007-SECONDARY-DRUG-INS-FLAG	CMS Secondary Drug Insurance Flag
MCF007	DE3375	MCF007-SECONDARY-RX-ID	CMS Secondary RX ID
MCF007	DE3376	MCF007-SECONDARY-RX-GROUP	CMS Secondary RX Group
MCF007	DE3377	MCF007-PARTD-RX-BIN	CMS PARTD RX BIN
MCF007	DE3378	MCF007-PARTD-RX-PCN	CMS PARTD RX PCN
MCF007	DE3379	MCF007-SECONDARY-DRUG-	CMS PARTD Secondary RX BIN

		BIN	
MCF007	DE3380	MCF007-SECONDARY-DRUG-PCN	CMS PARTD Secondary RX PCN
MCF007	DE3360	MCF007-ENRL-SOURCE	CMS Enrollment Source
MCF007	DE3117	MCF007-STATE	Enrollee State Code
MCF007	DE3008	MCF007-COUNTY	Enrollee FIPS Code
MCF007	DE3381	MCF007-STATE-COUNTY-VAL-FLAG	CMS State/County Validateion Flag
MCF007	DE3382	MCF007-SNP-ERSD-OVERRIDE-FLAG	CMS Special Needs ERSD Override Flag
MCF007	DE3383	MCF007-PBP-CHANGE-FLAG	CMS PBP Change Flag
MCF007	DE3371	MCF007-MMP-OPT-OUT-FLAG	CMS MMP Opt-Out Flag
MCF007		MCF007-FIL4	
MCF007	DE3384	MCF007-TRAN-MAINT-FLAG	CMS Transaction Maintenance Flag
MCF007	DE3385	MCF007-OVERRIDE-FLAG	CMS Bypass Edit Flag
MCF007	DE3359	MCF007-TRAN-TRACKING-ID	CMS Transaction Tracking ID
Layout 2:			
MCF008	DE3350	MCF008-RECORD-ID	CMS Record ID
MCF008	DE3359	MCF008-ACCOUNT	CMS Transaction Tracking ID
MCF008		MCF008-FIL1	
MCF008	DE3353	MCF008-PLAN-ID	CMS MCO Contract Number
MCF008		MCF008-FIL2	
MCF008	DE3354	MCF008-BTCH-NUMBER	CMS Batch Number
MCF008	DE3355	MCF008-TRAN-COUNT	CMS Transaction Count
MCF008	DE3351	MCF008-BTCH-FILE-TYPE	CMS Batch File Type
MCF008	DE3352	MCF008-CMS-APPROVAL-REQ-ID	CMS Approval Request ID
MCF008		MCF008-FIL3	
MCF008	DE3350	MCF008-RECORD-ID	CMS Record ID
MCF008	DE3955	MCF008-HICN	Person Identifier Value
MCF008	DE3110	MCF008-LAST-NAME	Enrollee Last Name
MCF008	DE3111	MCF008-FIRST-NAME	Enrollee First Name
MCF008	DE3112	MCF008-MIDDLE-INIT	Enrollee Middle Initial
MCF008	DE3007	MCF008-SEX	Enrollee Sex Code
MCF008	DE3005	MCF008-DOB	Enrollee Birth Date
MCF008		MCF008-FIL4	
MCF008	DE3353	MCF008-CONTRACT	CMS MCO Contract Number
MCF008		MCF008-FIL5	
MCF008	DE3357	MCF008-TRAN-CODE	CMS Transaction Codes
MCF008		MCF008-FIL6	
MCF008	DE3365	MCF008-EFF-DT	CMS Effective Date
MCF008		MCF008-FIL7	

MCF008	DE3115	MCF008-RES-ADDRESS-LINE1	Enrollee Street Address
MCF008	DE3115	MCF008-RES-ADDRESS-LINE2	Enrollee Street Address
MCF008	DE3387	MCF008-ADDRESS-UPDT-DEL-FLAG	CMS Address Update Delete Flag
MCF008	DE3116	MCF008-RES-CITY	Enrollee City Name
MCF008	DE3117	MCF008-RES-STATE	Enrollee State Code
MCF008	DE3118	MCF008-RES-ZIP	Enrollee ZIP Code
MCF008	DE3118	MCF008-RES-ZIP-EXT	Enrollee ZIP Code
MCF008	DE3388	MCF008-END-DT	CMS Residence Address End Date
MCF008		MCF008-FIL8	
MCF008	DE3384	MCF008-TRAN-MAINT-FLAG	CMS Transaction Maintenance Flag
MCF008	DE3385	MCF008-OVERRIDE-FLAG	CMS Bypass Edit Flag
MCF008	DE3359	MCF008-TRAN-TRACKING-ID	CMS Transaction Tracking ID

Files MC-F-007A Infocrossing Daily Batch Transaction Response File

General Information

This is the response file received from the CMS vendor for the MMA Batch Transaction Request file sent in the Daily process (VAPND001) as part of the MMP (Medicare Medicaid Project).

Subsystem:	Member
Copybook:	MCF007A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	On request process to resend Daily Batch MMA Transaction request file to CMS vendor (MCD003EZ) MMA Daily response file to check error code 60 (MCD001EZ).
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF007A	DE3350	MCF007-RECORD-ID	CMS Record ID
MCF007A	DE3359	MCF007-ACCOUNT	CMS Transaction Tracking ID
MCF007A		MCF007-FIL1	
MCF007A	DE3353	MCF007-PLAN-ID	CMS MCO Contract Number
MCF007A		MCF007-FIL2	
MCF007A	DE3354	MCF007-BTCH-NUMBER	CMS Batch Number
MCF007A	DE3355	MCF007-TRAN-COUNT	CMS Transaction Count
MCF007A	DE3351	MCF007-BTCH-FILE-TYPE	CMS Batch File Type
MCF007A	DE3352	MCF007-CMS-APPROVAL-REQ-ID	CMS Approval Request ID
MCF007A		MCF007-FIL3	
MCF007A	DE3350	MCF007-RECORD-	CMS Record ID

		ID	
MCF007A	DE3955	MCF007-HICN	Person Identifier Value
MCF007A	DE3357	MCF007-TRAN-CODE	CMS Transaction Codes
MCF007A	DE3110	MCF007-LAST-NAME	Enrollee Last Name
MCF007A	DE3111	MCF007-FIRST-NAME	Enrollee First Name
MCF007A	DE3112	MCF007-MIDDLE-INIT	Enrollee Middle Initial
MCF007A	DE3007	MCF007-SEX	Enrollee Sex Code
MCF007A	DE3005	MCF007-DOB	Enrollee Birth Date
MCF007A	DE3364	MCF007-EGHP-FLAG	CMS EGHP Flag
MCF007A	DE3553	MCF007-PBP	Benefit Definition Plan Benefit Code
MCF007A	DE3356	MCF007-ELECTION-TYPE	CMS Election Type
MCF007A	DE3353	MCF007-CONTRACT	CMS MCO Contract Number
MCF007A	DE3386	MCF007-APPLICATION-RECEIPT-DT	CMS Application Receipt Date
MCF007A	DE3358	MCF007-DNRL-REASON	CMS Denial Reason Codes
MCF007A	DE3365	MCF007-EFF-DT	CMS Record Effective Date
MCF007A	DE3366	MCF007-SEGMENT-ID	CMS Segment ID
MCF007A		MCF007-PLAN-DESG	'MMP' - MMP program will have an Infocrossing designation of "MMP". Note that this is only an Infocrossing assigned value.
MCF007A		FILLER	
MCF007A	DE3362	MCF007-ESRD-OVERRIDE	CMS ESRD OVERRIDE
MCF007A	DE3363	MCF007-PREM-PAY-OPTION	CMS Premium Payment Option
MCF007A	DE3367	MCF007-PARTC-PREM	CMS PARTC Premium
MCF007A		FILLER	
MCF007A	DE3368	MCF007-CREDIT-CVRG-FLAG	CMS Creditable Coverage Flag
MCF007A	DE3361	MCF007-NUNCMO	CMS Number of Uncovered Months
MCF007A	DE3369	MCF007-EMPLOYER-SUBSID-OVR-FLG	CMS Employer Subsidy Enrollment Override Flag

MCF007A	DE3370	MCF007-PARTD-OPT-OUT-FLAG	CMS PARTD Opt-Out Flag
MCF007A	DE3373	MCF007-PARTD-RX-ID	CMS RX ID
MCF007A	DE3374	MCF007-PARTD-RX-GROUP	CMS RX Group
MCF007A	DE3372	MCF007-SECONDARY-DRUG-INS-FLAG	CMS Secondary Drug Insurance Flag
MCF007A	DE3375	MCF007-SECONDARY-RX-ID	CMS Secondary RX ID
MCF007A	DE3376	MCF007-SECONDARY-RX-GROUP	CMS Secondary RX Group
MCF007A	DE3377	MCF007-PARTD-RX-BIN	CMS PARTD RX BIN
MCF007A	DE3378	MCF007-PARTD-RX-PCN	CMS PARTD RX PCN
MCF007A	DE3379	MCF007-SECONDARY-DRUG-BIN	CMS PARTD Secondary RX BIN
MCF007A	DE3380	MCF007-SECONDARY-DRUG-PCN	CMS PARTD Secondary RX PCN
MCF007A	DE3360	MCF007-ENRL-SOURCE	CMS Enrollment Source
MCF007A	DE3384	MCF007-TRAN-MAINT-FLAG	CMS Transaction Maintenance Flag
MCF007A	DE3117	MCF007-STATE	Enrollee State Code
MCF007A	DE3008	MCF007-COUNTY	Enrollee FIPS Code
MCF007A	DE3383	MCF007-PBP-CHANGE-FLAG	CMS PBP Change Flag
MCF007A	DE3371	MCF007-MMP-OPT-OUT-FLAG	CMS MMP Opt-Out Flag
MCF007A		FILLER	
MCF007A		MCF007-FIL4	
MCF007A		MCF007-TRAN90-MAINT-FLAG	CMS POS Drug edit Update/Delete Flag
MCF007A		MCF007-TRAN90-POS-STATUS	POS DRUG EDIT status, values are: "N" Notification "I" Implementation "T" Termination
MCF007A		MCF007-TRAN90-POS-CLASS	POS DRUG EDIT class, Value is "OPI"

MCF007A		MCF007-TRAN90-POS-CODEÂ	POS DRUG EDIT code. Values are PS1 or PS2.
MCF007A		MCF007-TRAN90-NOTIFY-DT	Notification date.
MCF007A		MCF007-TRAN90-IMPL-DATE	POS DRUG EDIT implementation date.
MCF007A		MCF007-TRAN90-TERM-DATE	POS DRUG EDIT termination date.
MCF007A	DE3115	MCF007-RES-ADDRESS-LINE1	Enrollee Street Address
MCF007A	DE3115	MCF007-RES-ADDRESS-LINE2	Enrollee Street Address
MCF007A	DE3387	MCF007-TRAN76-MAINT-FLAG	CMS Address Update Delete Flag
MCF007A	DE3116	MCF007-RES-CITY	Enrollee City Name
MCF007A	DE3117	MCF007-RES-STATE	Enrollee State Code
MCF007A	DE3118	MCF007-RES-ZIP9	Enrollee ZIP Code
MCF007A	DE3388	MCF007-RES-END-DT	CMS Residence Address End Date
MCF007A	DE3359	MCF007-TRAN-TRACKING-ID	CMS Transaction Tracking ID
MCF007A		FILLER	
MCF007A		MCF007-ERROR-CODE	CMS Transaction Error codes

Files MC-F-008 Infocrossing Batch Address Input File

General Information

This file stores Infocrossing Batch Transaction Request data for Residence Address Changes as part of the MMP (Medicare Medicaid Project). Infocrossing acts as the fiscal agent and interface for CMS since it processes information through a copy of the CMS MBD (Medicare Beneficiary Database).

Subsystem:	Member
Copybook:	MCF008 (Residence Address Changes only)
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Infocrossing Daily Batch Transaction Request Process (MCD001)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF008	DE3350	MCF008-RECORD-ID	CMS Record ID
MCF008	DE3359	MCF008-ACCOUNT	CMS Transaction Tracking ID
MCF008		MCF008-FIL1	
MCF008	DE3353	MCF008-PLAN-ID	CMS MCO Contract Number
MCF008		MCF008-FIL2	
MCF008	DE3354	MCF008-BTCH-NUMBER	CMS Batch Number
MCF008	DE3355	MCF008-TRAN-COUNT	CMS Transaction Count
MCF008	DE3351	MCF008-BTCH-FILE-TYPE	CMS Batch File Type
MCF008	DE3352	MCF008-CMS-APPROVAL-REQ-ID	CMS Approval Request ID
MCF008		MCF008-FIL3	
MCF008	DE3350	MCF008-RECORD-ID	CMS Record ID
MCF008	DE3955	MCF008-HICN	Person Identifier Value

MCF008	DE3110	MCF008-LAST-NAME	Enrollee Last Name
MCF008	DE3111	MCF008-FIRST-NAME	Enrollee First Name
MCF008	DE3112	MCF008-MIDDLE-INIT	Enrollee Middle Initial
MCF008	DE3007	MCF008-SEX	Enrollee Sex Code
MCF008	DE3005	MCF008-DOB	Enrollee Birth Date
MCF008		MCF008-FIL4	
MCF008	DE3353	MCF008-CONTRACT	CMS MCO Contract Number
MCF008		MCF008-FIL5	
MCF008	DE3357	MCF008-TRAN-CODE	CMS Transaction Codes
MCF008		MCF008-FIL6	
MCF008	DE3365	MCF008-EFF-DT	CMS Effective Date
MCF008		MCF008-FIL7	
MCF008	DE3115	MCF008-RES-ADDRESS-LINE1	Enrollee Street Address
MCF008	DE3115	MCF008-RES-ADDRESS-LINE2	Enrollee Street Address
MCF008	DE3387	MCF008-ADDRESS-UPDT-DEL-FLAG	CMS Address Update Delete Flag
MCF008	DE3116	MCF008-RES-CITY	Enrollee City Name
MCF008	DE3117	MCF008-RES-STATE	Enrollee State Code
MCF008	DE3118	MCF008-RES-ZIP	Enrollee ZIP Code
MCF008	DE3118	MCF008-RES-ZIP-EXT	Enrollee ZIP Code
MCF008	DE3388	MCF008-END-DT	CMS Residence Address End Date
MCF008		MCF008-FIL8	
MCF008	DE3384	MCF008-TRAN-MAINT-FLAG	CMS Transaction Maintenance Flag
MCF008	DE3385	MCF008-OVERRIDE-FLAG	CMS Bypass Edit Flag
MCF008	DE3359	MCF008-TRAN-TRACKING-ID	CMS Transaction Tracking ID

Files MC-F-010 Dual CMS Daily Transaction Reply Report File

General Information

This file is received from CMS to document all transactions that were processed by CMS. This file is used to reconcile and receive proper payments from CMS. CMS Daily Transaction Reply Report (DTRR) Data File.

Subsystem:	Member
Copybook:	MCF010
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC CMS Daily Transaction Reply Report CSV Program (MCD002)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF010	DE3955	MCF010-HICN	Person Identifier Value
MCF010	DE3110	MCF010-LAST-NAME	Enrollee Last Name
MCF010	DE3111	MCF010-FIRST-NAME	Enrollee First Name
MCF010	DE3112	MCF010-MIDDLE-INIT	Enrollee Middle Initial
MCF010	DE3007	MCF010-SEX	Enrollee Sex Code
MCF010	DE3005	MCF010-DOB	Enrollee Birth Date
MCF010	DE3350	MCF010-RECORD-TYPE	CMS Record ID
MCF010	DE3353	MCF010-CONTRACT	CMS MCO Contract Number
MCF010	DE3117	MCF010-STATE	Enrollee State name
MCF010	DE3008	MCF010-COUNTY	Enrollee County code
MCF010	DE3417	MCF010-DISABILITY-IND	CMS Disability Indicator
MCF010	DE3319	MCF010-HOSPICE-IND	CMS Hospice Status
MCF010	DE3418	MCF010-INST-NHC-HCBS	CMS Insti-tutional/NHC/HCBS Indicator
MCF010	DE3362	MCF010-ESRD-IND	CMS ESRD Override

MCF010	DE3419	MCF010-TRAN-REPLY-CODE	CMS Transaction Reply Code
MCF010	DE3357	MCF010-TRAN-CODE	CMS Transaction Codes
MCF010	DE3420	MCF010-ENTITLEMENT-TYPE	CMS Entitlement Type
MCF010	DE3365	MCF010-EFF-DT	CMS Record Effective Date
MCF010	DE3423	MCF010-WORKING-AGED-IND	CMS Working Aged Indicator
MCF010	DE3553	MCF010-PLAN-BENEFIT-PACKAGE	Benefit Definition Plan Benefit Code
MCF010	DE3389	MCF010-TRANSACTION-DT	CMS Transaction Date
MCF010	DE3424	MCF010-UI-INITIATED-CHG-FLAG	CMS UI Initiated Change Flag
MCF010	DE3422	MCF010-TRC-FIELD	CMS Transaction Reply Code Data
MCF010	DE3425	MCF010-DNRL-EFF-DT	CMS Disenrollment Effective Date
MCF010	DE3345	MCF010-NEW-ENRL-EFF-DT	CMS Enrollment Date
MCF010	DE3955	MCF010-CLAIM-NUMBER-OLD	Person Identifier Value
MCF010	DE3036	MCF010-DATE-OF-DEATH	Enrollee Date of Death
MCF010	DE3320	MCF010-HOSPICE-BEG-DATE	CMS Hospice Start Date
MCF010	DE3321	MCF010-HOSPICE-END-DATE	CMS Hospice End Date
MCF010	DE3326	MCF010-ESRD-BEG-DATE	CMS ESRD Begin Date
MCF010	DE3327	MCF010-ESRD-END-DATE	CMS ESRD End Date
MCF010	DE3426	MCF010-INST-NHC-BEG-DATE	CMS Institutional NHC Begin Date
MCF010	DE3329	MCF010-MDCD-BEG-DATE	CMS Medicaid (MDCD) Start Date
MCF010	DE3330	MCF010-MDCD-END-DATE	CMS Medicaid (MDCD) End Date
MCF010	DE3316	MCF010-PARTA-END-DATE	CMS PARTA End Date
MCF010	DE3427	MCF010-WA-BEG-DATE	CMS Working Aged Begin Date
MCF010	DE3428	MCF010-WA-END-DATE	CMS Working Aged End Date
MCF010	DE3429	MCF010-PARTA-REINST-	CMS PARTA or PARTB

		DATE	Reinstate Date
MCF010	DE3318	MCF010-PARTB-END-DATE	CMS PARTB End Date
MCF010	DE3429	MCF010-PARTB-REINST-DATE	CMS PARTA or PARTB Reinstate Date
MCF010	DE3117	MCF010-STATE-OLD	Enrollee State name
MCF010	DE3008	MCF010-COUNTY-OLD	Enrollee County code
MCF010	DE3345	MCF010-ATTEMPTED-ENRL-EFF-DT	CMS Enrollment Date
MCF010	DE3430	MCF010-PBP-EFF-DT	CMS PBP Effective Date
MCF010	DE3285	MCF010-PARTD-PREM-RATE	CMS PARTD Premium Rate
MCF010	DE3286	MCF010-UI-INFO-CHNG-DT	CMS UI Information Change Date
MCF010	DE3367	MCF010-PARTC-PREM-MODIFIED	CMS PartC Premium
MCF010	DE3036	MCF010-DATE-OF-DEATH-REMOVED	Enrollee Date of Death
MCF010	DE3287	MCF010-DIALYSIS-END-DT	CMS Dialysis End Date
MCF010	DE3288	MCF010-TRANSPLANT-FAIL-DT	CMS Transplant Failure Date
MCF010	DE3118	MCF010-ZIP-CODE-NEW	Enrollee Zip Code
MCF010	DE3289	MCF010-DISTRICT-OFFICE-CD	CMS District Office
MCF010	DE3353	MCF010-PREV-PARTD-CONTRACT	CMS MCO Contract Number
MCF010	DE3290	MCF010-SOURCE-ID	CMS Source ID
MCF010	DE3553	MCF010-PRIOR-PBP	Benefit Definition Plan Benefit Code
MCF010	DE3386	MCF010-APPLICATION-DT	CMS Application Date
MCF010	DE3291	MCF010-UI-DESIGNATION	CMS UI Designation
MCF010	DE3292	MCF010-OUT-OF-AREA-FLAG	CMS Out of Area Flag
MCF010	DE3293	MCF010-SEGMENT-NUMBER	CMS Segment Number
MCF010	DE3294	MCF010-PARTC-PREM-BENEFICIARY	CMS Beneficiarys PartC or PartD Premium
MCF010	DE3294	MCF010-PARTD-PREM-BENEFICIARY	CMS Beneficiarys PartC or PartD Premium
MCF010	DE3356	MCF010-ELECTION-TYPE	CMS Election Type
MCF010	DE3360	MCF010-ENRL-SOURCE	CMS Enrollment Source

MCF010	DE3370	MCF010-PARTD-OPT-OUT-FLAG	CMS PARTD Opt-Out Flag
MCF010	DE3363	MCF010-PREM-WTHELD-OPTION	CMS Premium Payment Option
MCF010	DE3361	MCF010-NUNCMO	CMS Number of Uncovered Months
MCF010	DE3368	MCF010-CREDIT-CVRG-FLAG	CMS Creditable Coverage Flag
MCF010	DE3369	MCF010-EMPLYR-SUBSIDY-OVR-FLAG	CMS Employer Subsidy Enrollment Override Flag
MCF010	DE3295	MCF010-PROCESSING-TIMESTAMP	CMS Processing Timestamp
MCF010	DE3372	MCF010-SECONDARY-DRUG-INS-FLAG	CMS Secondary Drug Insurance Flag
MCF010	DE3375	MCF010-SECONDARY-RX-ID	CMS Secondary RX ID
MCF010	DE3376	MCF010-SECONDARY-RX-GROUP	CMS Secondary RX Group
MCF010	DE3364	MCF010-EGHP-FLAG	CMS EGHP Flag
MCF010	DE3338	MCF010-PARTD-LIPS-LEVEL	CMS Low Income Premium Subsidy Level
MCF010	DE3337	MCF010-LOW-INC-COPAY-CAT	CMS Low Income Subsidy (LIS) Co-Pay Category
MCF010	DE3335	MCF010-LOW-INC-PD-EFF-DT	CMS Low Income Subsidy (LIS) Begin Date
MCF010	DE3296	MCF010-PARTD-LATE-ENRL-LEP	CMS PARTD Late Enrollment Penalty Amount
MCF010	DE3297	MCF010-PARTD-LATE-ENRL-LEP-WV	CMS PARTD Late Enrollment Penalty Waived Amount
MCF010	DE3298	MCF010-PARTD-LATE-ENRL-LEP-SBS	CMS PARTD Late Enrollment Penalty Subsidy Amount
MCF010	DE3299	MCF010-PARTD-LOW-INC-PRM-SBS	CMS PARTD Low Income Premium Subsidy Amount
MCF010	DE3377	MCF010-PARTD-RX-BIN	CMS PARTD RX BIN
MCF010	DE3378	MCF010-PARTD-RX-PCN	CMS PARTD RX PCN
MCF010	DE3374	MCF010-PARTD-RX-GROUP	CMS RX Group
MCF010	DE3373	MCF010-PARTD-RX-ID	CMS RX ID
MCF010	DE3379	MCF010-SECONDARY-RX-BIN	CMS PARTD Secondary RX BIN
MCF010	DE3380	MCF010-SECONDARY-RX-PCN	CMS PARTD Secondary RX PCN
MCF010	DE3587	MCF010-DEMINIMUS-DIFF-AMT	CMS Deminimus Difference Amount

MCF010	DE3586	MCF010-MSP-STATUS-FLAG	CMS Medicare Secondary Payer Status Flag
MCF010	DE3336	MCF010-LOW-INC-PD-END-DT	CMS Low Income Subsidy (LIS) End Date
MCF010	DE3579	MCF010-LOW-INC-SOURCE-CD	CMS Low Income Subsidy Source Code
MCF010	DE3580	MCF010-ENRL-TYPE-FLAG	CMS Enrollment Type Flag
MCF010	DE3581	MCF010-APPLICATION-DT-IND	CMS Application Date Indicator
MCF010	DE3582	MCF010-TRC-SHORT-NAME	CMS TRC Short Name
MCF010	DE3583	MCF010-DNRL-REASON	CMS Disenrollment Reason Code
MCF010	DE3371	MCF010-MMP-OPT-OUT-FLAG	CMS MMP Opt-Out Flag
MCF010	DE3584	MCF010-TRAN-TRACKING-ID-SYS	CMS System Transaction Tracking ID
MCF010	DE3359	MCF010-TRAN-TRACKING-ID-PLAN	CMS Transaction Tracking ID
		MCF010-CMS-DTRR-VERBATIM-DTL RECORD	
MCF010	DE3955	MCF010-HICN-VBTM	Person Identifier Value
MCF010	DE3110	MCF010-LAST-NAME-VBTM	Enrollee Last Name
MCF010	DE3111	MCF010-FIRST-NAME-VBTM	Enrollee First Name
MCF010	DE3112	MCF010-MIDDLE-INIT-VBTM	Enrollee Middle Initial
MCF010	DE3007	MCF010-SEX-VBTM	Enrollee Sex Code
MCF010	DE3005	MCF010-DOB-VBTM	Enrollee Birth Date
MCF010	DE3350	MCF010-RECORD-TYPE-VBTM	CMS Record ID
MCF010	DE3353	MCF010-CONTRACT-VBTM	CMS MCO Contract Number
MCF010	DE3585	MCF010-PLAN-TRAN-TEXT-VBTM	CMS Plan Transaction Text Verbatium
MCF010	DE3332	MCF010-TRAN-ACCPT-REJECT-FLAG	CMS Transaction Accept/Reject Flag
MCF010	DE3584	MCF010-TRAN-TRACK-ID-SYS-VBTM	CMS System Transaction Tracking ID
MCF010	DE3359	MCF010-TRAN-TRACK-ID-PLAN-VBTM	CMS Transaction Tracking ID

Files MC-F-010 New County Enrollment File

General Information

This file contains information that is used by the Managed Care monthly batch pre-assignment/assignment process to start a Managed Care program in a county for the first time. As an example, this information would be used to bring MEDALLION II to a county that currently has MEDALLION and/or Options. This data is entered via the New County Enrollment Data screen (MC-S-040).

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	NEW COUNTY ENROLLMENT LOCALITY CODE (3238)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3238	NEW COUNTY ENROLLMENT LOCALITY CODE	New County Enrollment Locality Code
	DE3239	NEW COUNTY ENROLLMENT OLD BENEFIT CODE	New County Enrollment Old Benefit Code
	DE3240	NEW COUNTY ENROLLMENT NEW BENEFIT CODE	New County Enrollment New Benefit Code
	DE3241	NEW COUNTY ENROLLMENT	New County Enrollment Implementation Date

		IMPLEMENTATION DATE	
	DE3242	NEW COUNTY ENROLLMENT INITIAL PRE-ASSIGNMENT PERIOD	New County Enrollment Initial Pre-assign-ment Period
	DE3243	NEW COUNTY ENROLLMENT CANCEL CODE	New County Enrollment Cancel Code
	DE3243	NEW COUNTY ENROLLMENT CANCEL DATE	New County Enrollment Cancel Code
	DE3246	NEW COUNTY ENROLLMENT COMPLETION DATE	New County Enrollment Completion Date

Files MC-F-011 Open Enrollment File

General Information

This file contains the Managed Care open enrollment data that is used by the Managed Care monthly batch pre-assignment (and assignment) process. It identifies the start date and duration of open enrollment periods by benefit plan and/or locality (city/county). This data is entered via the Open Enrollment Data screen (MC-S-030).

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	OPEN ENROLLMENT BENEFIT PLAN (3232)
Alternate Key:	OPEN ENROLLMENT LOCALITY CODE (3233)
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3232	OPEN ENROLLMENT BENEFIT PLAN	Open Enrollment Benefit Code
	DE3233	OPEN ENROLLMENT LOCALITY CODE	Open Enrollment Locality Code
	DE3234	OPEN ENROLLMENT START MONTH	Open Enrollment Start Month
	DE3235	OPEN ENROLLMENT NUMBER OF DAYS	Open Enrollment Number of Months
	DE3236	OPEN ENROLLMENT	Open Enrollment Months After Enrollment

		DAYS AFTER ENROLLMENT	

Files MC-F-012 Managed Care Assignment / Region Change Letter File

General Information

This file is sent to Commonwealth Martin who uses it to send Assignment/Region Change Letters.

Subsystem:	Member
Copybook:	MCF012
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065) HMO Enrollment Processing (MCM090)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF012	DE5032	M2AR-PRINT-DATE	
MCF012	DE3487	M2AR-HEAD-LAST	Case Last Name
MCF012	DE3488	M2AR-HEAD-FIRST	Case First Name
MCF012	DE3489	M2AR-HEAD-MID	Case Middle Initial
MCF012	DE3490	M2AR-HEAD-SUFF	Case Name Suffix
MCF012	DE3115	M2AR-ADDR1	Enrollee Street Address
MCF012	DE3114	M2AR-ADDR2	Enrollee Additional Address Name
MCF012	DE3116	M2AR-CITY	Enrollee City Name
MCF012	DE3117	M2AR-STATE	Enrollee State Code
MCF012	DE3118	M2AR-ZIP-1ST-FIVE M2AR-ZIP-LAST-FOUR	Enrollee ZIP Code
MCF012	DE3008	M2AR-CITY-COUNTY	Enrollee FIPS Code
MCF012	DE4006	M2AR-PCT	Provider Class Type

MCF012	DE0002	M2AR-LETTER-IND	
MCF012	DE3093	M2AR-ENROL-ID-NUMBER	Enrollee Permanent Identification Number
MCF012	DE3110	M2AR-ENROL-LAST	Enrollee Last Name
MCF012	DE3111	M2AR-ENROL-FIRST	Enrollee First Name
MCF012	DE3112	M2AR-ENROL-MID	Enrollee Middle Initial
MCF012	DE3113	M2AR-ENROL-SUFF	Enrollee Name Suffix
MCF012	DE3009	M2AR-AID-CATEGORY	Enrollee Eligibility Aid Category
MCF012	DE4700	M2AR-PREASSGN-PROVIDER	National Provider Identifier
MCF012	DE4085	M2AR-PREASSGN-PROV-NAME	Provider Name
MCF012	DE4249	M2AR-PREASSGN-PROV-NAME-T	Provider Name Type
MCF012	DE4096	M2AR-PROV-ADDR-1	Provider Attention Name
MCF012	DE4097	M2AR-PROV-ADDR-2	Provider Address Line
MCF012	DE4130	M2AR-PROV-CITY	Provider Address City Name
MCF012	DE4098	M2AR-PROV-STATE	Provider Address State
MCF012	DE4099	M2AR-PROV-ZIP	Provider Address ZIP Code
MCF012	DE4090	M2AR-PROV-PHONE	Provider Phone Number

Files MC-F-012 Pre-Assignment Algorithms File

General Information

This file is used to store pre-assignment algorithms used in the monthly batch pre-assignment process. Examples of a pre-assignment are Random Pre-Assignment, History Pre-Assignment, 60-Day Re-Enrollment.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	PREASSIGNMENT BENEFIT CODE (3225)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3226	PREASSIGNMENT LOCALITY CODE	Region Type
	DE3227	PREASSIGNMENT AID CATEGORY	Preassignment Aid Category
	DE3228	PREASSIGNMENT PROV TYPE	Preassignment Provider Specialty
	DE3229	PREASSIGNMENT ALGORITHM CODE	Preassignment Algorithm Code
	DE3230	PREASSIGNMENT ALGORITHM BEGIN DATE	Preassignment Algorithm Begin Date
	DE3231	PREASSIGNMENT ALGORITHM END DATE	Preassignment Algorithm End Date

	DE3182	PREASSIGNMENT ALGORITHM END REASON	Preassignment Algorithm End Reason

Files MC-F-013 Managed Care Assignment file for Enhanced eligibility enrollment members / Region Change Letter File for Enhanced Eligibility enrollment members

General Information

This file is sent to Commonwealth Martin who uses it to send Assignment/Region Change Letters for Enhanced Eligibility Enrollment members

Subsystem:	Member
Copybook:	MCF013
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065) HMO Enrollment Processing (MCM090)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF013	DE5032	M2E3-PRINT-DATE	
MCF013	DE3487	M2E3-HEAD-LAST	Case Last Name
MCF013	DE3488	M2E3-HEAD-FIRST	Case First Name
MCF013	DE3489	M2E3-HEAD-MID	Case Middle Initial
MCF013	DE3490	M2E3-HEAD-SUFF	Case Name Suffix

MCF013	DE3561	M2E3-ADDR1	Case Street Address
MCF013	DE3560	M2E3-ADDR2	Case Additional Address Name
MCF013	DE3562	M2E3-CITY	Case City Name
MCF013	DE3563	M2E3-STATE	Case State Code
MCF013	DE3564	M2E3-ZIP-1ST-FIVE M2E3-ZIP-LAST-FOUR	Case ZIP Code
MCF013	DE3008	M2E3-CITY-COUNTY	Enrollee FIPS Code
MCF013	DE4006	M2E3-PCT	Provider Class Type
MCF013	DE0002	M2E3-LETTER-IND	
MCF013	DE3093	M2E3-ENROL-ID-NUMBER	Enrollee Permanent Identification Number
MCF013	DE3110	M2E3-ENROL-LAST	Enrollee Last Name
MCF013	DE3111	M2E3-ENROL-FIRST	Enrollee First Name
MCF013	DE3112	M2E3-ENROL-MID	Enrollee Middle Initial
MCF013	DE3113	M2E3-ENROL-SUFF	Enrollee Name Suffix
MCF013	DE3009	M2E3-AID-CATEGORY	Enrollee Eligibility Aid Category
MCF013	DE4700	M2E3-PREASSGN-PROVIDER	National Provider Identifier
MCF013	DE4085	M2E3-PREASSGN-PROV-NAME	Provider Name
MCF013	DE4249	M2E3-PREASSGN-PROV-NAME-T	Provider Name Type
MCF013	DE4096	M2E3-PROV-ADDR-1	Provider Attention Name
MCF013	DE4097	M2E3-PROV-ADDR-2	Provider Address Line
MCF013	DE4130	M2E3-PROV-CITY	Provider Address City Name
MCF013	DE4098	M2E3-PROV-STATE	Provider Address State
MCF013	DE4099	M2E3-PROV-ZIP	Provider Address ZIP Code
MCF013	DE4090	M2E3-PROV-PHONE	Provider Phone Number

Files MC-F-015 On Request Enrollee Tape

General Information

This file is created on request by DMAS and contains the names and addresses of Managed Care-eligible enrollees that reside in the specified localities (DMAS specifies the localities on the form). The tape file is sent to North American Marketing who uses it to mail information to the enrollees.

Subsystem:	Recipient
Copybook:	MCF015
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Managed Care Eligible Enrollee Extract Processing (MCR115)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF015	DE3487	HOUSEHOLD HEAD LAST NAME	Case Last Name
MCF015	DE3488	HOUSEHOLD HEAD FIRST NAME	Case First Name
MCF015	DE3489	HOUSEHOLD HEAD MIDDLE INITIAL	Case Middle Initial
MCF015	DE3490	HOUSEHOLD HEAD SUFFIX	Case Name Suffix
MCF015	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF015	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name

MCF015	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF015	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF015	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF015	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF015	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF015	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial
MCF015	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix
MCF015	DE3034	ENROLLEE SOCIAL SECURITY NUMNER	Enrollee Social Security Number (SSN)
MCF015	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF015	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF015	DE0002	PRINT DATE	Calculated
MCF015	DE3043	CASE ID	Case Identification Number

Files MC-F-016 Enrollees Eligible for Pre-assignment

General Information

This file is created by the Managed Care monthly processing cycle. It stores enrollee data for individuals who are eligible for pre-assignment in the current month.

Subsystem:	Recipient
Copybook:	MCF016
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	NMP-ENROL-ID-NO (3093)
Alternate Key:	NMP-CASE-NUMBER (3043) NMP-ENRL-ZIP-GROUP (5279) NMP-GEO-COUNTY (3008)
Program:	VALTC Eligible Pre-assignment (MCD015) PCCM Eligible Pre-Assignment (MCM015) Pre-Assignment of Previous Provider Processing (MCM025) Pre-Assignment of History Provider Processing (MCM030) Locality Totals for Provider Slots Processing (MCM035) Random Pre-Assignment Processing (MCM040) Enrollee Provider Assignment Processing (MCM050) Pre-Enrollment Letters Processing (MCM065) Non Managed Care Enrollees Report (MCM200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF016	DE3093	NMP-ENROL-ID-NO	Enrollee Permanent Identification Number
MCF016	DE3003	NMP-ENROL-NAME	Enrollee Full Name
MCF016	DE3110	NMP-ENROL-LAST-NAME	Enrollee Last Name

MCF016	DE3111	NMP-ENROL-FIRST-NAME	Enrollee First Name
MCF016	DE3112	NMP-ENROL-MIDDLE-INITIAL	Enrollee Middle Initial
MCF016	DE3113	NMP-ENROL-SUFFIX	Enrollee Name Suffix
MCF016	DE3004	NMP-ENROL-MAILING-ADDRESS	Enrollee Address
MCF016	DE3114	NMP-MAIL-ADDRESS-LINE-1	Enrollee Additional Address Name
MCF016	DE3115	NMP-MAIL-ADDRESS-LINE-2	Enrollee Street Address
MCF016	DE3116	NMP-MAIL-CITY	Enrollee City Name
MCF016	DE3117	NMP-MAIL-ADDRESS-STATE	Enrollee State Code
MCF016	DE3118	NMP-MAIL-ZIP-CODE	Enrollee ZIP Code
MCF016	DE3095	NMP-ENROL-PHONE	Enrollee Telephone Number
MCF016	DE3008	NMP-GEO-COUNTY	Enrollee FIPS Code
MCF016	DE3039	NMP-ADM-COUNTY	Case Administrative FIPS Code
MCF016	DE3005	NMP-DATE-OF-BIRTH	Enrollee Birth Date
MCF016	DE3007	NMP-SEX	Enrollee Sex Code
MCF016	DE3009	NMP-AID-CATEGORY	Enrollee Eligibility Aid Category
MCF016	DE3550	NMP-BENEFIT-PLAN-CODE	Benefit Definition Benefit Plan Code
MCF016	DE3010	NMP-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
MCF016	DE3011	NMP-ELIG-END-DATE	Enrollee Eligibility End Date
MCF016	DE3451	NMP-ELIG-CANCEL-REASON	Eligibility Cancel Reason
MCF016	DE3452	NMP-ELIG-CANCEL-DATE	Eligibility Cancel Date

MCF016	DE3142	NMP-PCN-ENROLL-TYPE	Enrollee Benefit Managed Care Type
MCF016	DE3067	NMP-ENROLL-PREASN-CODE	Enrollee Benefit Initial Preassignment Code
MCF016	DE0002	NMP-ENROLL-ASSIGN-CODE	Calculated
MCF016	DE3062	NMP-PREASN-PROV	Enrollee Benefit Provider Identification Number
MCF016	DE4006	NMP-PREASN-PROV-TYPE	Provider Type
MCF016	DE4007	NMP-PREASN-PROV-SPEC	Provider Specialty Code
MCF016	DE4085	NMP-PREASN-PROV-NAME	Provider Name
MCF016	DE4090	NMP-PREASN-PROV-PHONE	Provider Phone Number
MCF016	DE3154	NMP-DATE-PRE-ASSIGNED	Enrollee Benefit Assignment Code Update Date
MCF016	DE3064	NMP-PREASN-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
MCF016	DE3065	NMP-PREASN-END-DATE	Enrollee Benefit Enrollment End Date
MCF016	DE3062	NMP-ASSIGNED-PROV	Enrollee Benefit Provider Identification Number
MCF016	DE4006	NMP-ASSIGNED-PROV-TYPE	Provider Type
MCF016	DE4007	NMP-ASSIGNED-PROV-SPEC	Provider Specialty Code
MCF016	DE4085	NMP-ASSIGNED-PROV-NAME	Provider Name
MCF016	DE4090	NMP-ASSIGNED-PROV-PHONE	Provider Phone Number
MCF016	DE3154	NMP-DATE-ASSIGNED	Enrollee Benefit Assignment Code Update Date
MCF016	DE3064	NMP-ASSIGNED-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
MCF016	DE3065	NMP-	Enrollee Benefit Enrollment End Date

		ASSIGNED-END-DATE	
MCF016	DE3043 DE	NMP-CASE-NUMBER	Case Identification Number
MCF016	DE3306	NMP-MONEY-PAYMENT-STATUS	Aid Category Money Payment Status Code
MCF016	DE3901	NMP-PERSON-ID	Person ID
MCF016	DE5279	NMP-ENRL-ZIP-GROUP	Locality Region Type Zip Groups
MCF016	DE5249	NMP-ENRL-REGION	Region Code
MCF016	DE3021	NMP-PRE-ASSIGN-CVAL	Enrollee Benefit Preassignment Code
MCF016	DE0000	NMP-ENRL-AGE-TYPE	
MCF016	DE3550	NMP-BENEFIT-PKG	Benefit Definition Benefit Plan Code
MCF016	DE4700	NMP-PREASGN-NPI	National Provider Identifier
MCF016	DE4143	NMP-PREASGN-SITE-IND	NPI XREF Site Number
MCF016	DE4700	NMP-ASSIGN-NPI	National Provider Identifier
MCF016	DE4143	NMP-ASSIGN-SITE-IND	NPI XREF Site Number

Files MC-F-017 PCN Providers with Number of Enrollees Allowed

General Information

A file of Primary Care Providers within each locality.

Subsystem:	RECIPIENT
Copybook:	MCF017
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	PPR-PROVIDER-NO-KEY (4002)
Alternate Key:	PPR-COUNTY-ALTKEY-SEQNO (0002) PPR-COUNTY-CODE-ALTKEY (4089) PPR-INCENTIVE-ALTKEY (0002) PPR-SCRAMBLER-ALTKEY (0002) PPR-ZIP-GRP-ALTKEY (5279) PPR-ZIP-GRP-SEQNO (0002)
Program:	PCCM Provider Slot Processing (MCM020) Pre-Assignment of Previous Provider Processing (MCM025) Pre-Assignment of History Provider Processing (MCM030) Locality Totals for Provider Slots Processing (MCM035) Random Pre-Assignment Processing (MCM040)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF017	DE4002	PPR-PROVIDER-NO-KEY	Provider Identification Number
MCF017	DE4089	PPR-COUNTY-CODE-ALTKEY	Provider Locality Code
MCF017	DE4208	PPR-PROV-PROGRAM-CODE	Provider Program Code

MCF017	DE4205	PPR-MEDICAID-ELIG-FROM-DT	Provider Program Code Begin Date
MCF017	DE4206	PPR-MEDICAID-ELIG-THRU-DT	Provider Program Code End Date
MCF017	DE4205	PPR-MC-ELIG-FROM-DT	Provider Program Code Begin Date
MCF017	DE4206	PPR-MC-ELIG-THRU-DT	Provider Program Code End Date
MCF017	DE4006	PPR-PROVIDER-TYPE	Provider Type
MCF017	DE4007	PPR-SPECIALTY	Provider Specialty Code
MCF017	DE4123	PPR-MAX-ENROLLEES	Provider Managed Care Maximum Slots
MCF017	DE0002	PPR-ASGND-SLOTS	Calculated
MCF017	DE0002	PPR-SLOTS-PROPORTION	Calculated
MCF017	DE0002	PPR-RECIPS-PREASGN-THIS-ENROLL	Calculated
MCF017	DE4402	PPR-PCN-ENROLL-TYPE	Provider Managed Care Panel Enrollment Type
MCF017	DE0000	PPR-AGE-TYPE	
MCF017	DE4436	PPR-HANDICAP-ACCESS	Provider Managed Care Handicap Accessibility Indicator
MCF017	DE5249	PPR-PROV-REGION	Region Code
MCF017	DE5279	PPR-ZIP-GRP-ALTKEY	Locality Region Type Zip Groups
MCF017	DE4002	PPR-PROVIDER-ORIG-KEY	Provider Identification Number
MCF017	DE0002	PPR-COUNTY-ALTKEY-SEQNO	Calculated
MCF017	DE0002	PPR-INCENTIVE-ALTKEY	Calculated
MCF017	DE0002	PPR-SCRAMBLER-ALTKEY	Calculated

MCF017	DE0002	PPR-ZIP-GRP-SEQNO	Calculated
MCF017	DE0002	PPR-OPEN-SLOTS	Calculated
MCF017	DE5279	PPRP-PROV-ZIP-GRP	Locality Region Type Zip Groups
MCF017	DE4700	PPR-PROVIDER-NPI	National Provider Identifier
MCF017	DE4208	PPR-MCO-NETWK-PGM	Provider Program Code
MCF017	DE4143	PPR-PROV-SITE-IND	NPI XREF Site Number

Files MC-F-019 Managed Care Medallion III Enrollment Extract

General Information

This file contains Medallion III enrollee name and address data, and pre-assignment data for pre-assigned enrollees. These enrollees will receive a pre-assignment letter and list of providers from which a selection can be made. The file is used by the DMAS mailing contractor to send enrollees the letter and provider list.

Subsystem:	Recipient
Copybook:	MCF019
	N/A
File Organization:	Sequential
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF019	DE3046	HOUSEHOLD HEAD NAME	Case Name
MCF019	DE3487	CASE-LAST-NAME	Case Last Name
MCF019	DE3488	CASE-FIRST-NAME	Case First Name
MCF019	DE3489	CASE-MID-INIT	Case Middle Initial
MCF019	DE3490	CASE-NAME-SUFFIX	Case Name Suffix
MCF019	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF019	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name

MCF019	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF019	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF019	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF019	DE3003	ENROLLEE NAME	Enrollee Full Name
MCF019	DE3110	ENROLLEE-LAST-NAME	Enrollee Last Name
MCF019	DE3111	ENROLLEE-FIRST-NAME	Enrollee First Name
MCF019	DE3112	ENROLLEE-MID-INIT	Enrollee Middle Initial
MCF019	DE3113	ENROLLEE-NAME-SUFFIX	Enrollee Name Suffix
MCF019	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF019	DE4085	PROVIDER NAME	Provider Name
MCF019	DE4249	PROV-NAME-TYPE	Provider Name Type
MCF019	DE4096	PROVIDER ADDRESS 1	Provider Attention Name
MCF019	DE4097	PROVIDER ADDRESS 2	Provider Address Line
MCF019	DE4130	PROVIDER CITY	Provider Address City Name
MCF019	DE4099	PROVIDER ZIP CODE	Provider Address ZIP Code
MCF019	DE4090	PROVIDER PHONE	Provider Phone Number
MCF019	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF019	DE3009	AID CATEGORY	Enrollee Eligibility Aid Category
MCF019	DE0002	PRINT DATE	Calculated
MCF019	DE0002	FUTURE MONTH	Calculated
MCF019	DE0002	LETTER IND	Calculated
MCF019	DE4098	PROVIDER STATE	Provider Address State

Files MC-F-020 VACMS MC Assignment Enrollee Extract

General Information

This file stores changes done to VACMS Enrollees with their MC assignment data.

Subsystem:	Recipient
Copybook:	MCF020
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	DAILY EXTRACT TO VACMS (MCD020)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF020	DE3955	MCO-EXTR-VACMS-IND-ID	VACMS Client ID/Enrollee ID
MCF020	DE3258	MCO-EXTR-VACMS-CASE-ID	VACMS Case ID
MCF020	DE4700	MCO-EXTR-PROV-ID	Provider NPI ID
MCF020	DE3553	MCO-BNFT-PLAN-CODE	Benefit Plan Code
MCF020	DE3010	MCO-EXTR-BEGIN-DT	Eligibility Enrollment Begin Date

Files MC-F-021 FAMIS Medallion II Enrollee Letter Extract

General Information

This file is created by program MCM065 and is used to store enrollee data used to generate letters to CMSIP Medallion II enrollees informing them of their pre-assignment to an HMO.

Subsystem:	RECIPIENT
Copybook:	MCF021
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Letters Processing (MCM065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF021	DE3046	CMM2-LET-HOUSEHOLD-HEAD-NAME	Case Name
MCF021	DE3487	CMM2-LET-HEAD-LAST	Case Last Name
MCF021	DE3488	CMM2-LET-HEAD-FIRST	Case First Name
MCF021	DE3489	CMM2-LET-HEAD-MID	Case Middle Initial
MCF021	DE3490	CMM2-LET-HEAD-SUFF	Case Name Suffix
MCF021	DE3004	CMM2-LET-HOUSEHOLD-ADDRESS	Enrollee Address
MCF021	DE3114	CMM2-LET-ADDR1	Enrollee Additional Address Name

MCF021	DE3115	CMM2-LET-ADDR2	Enrollee Street Address
MCF021	DE3116	CMM2-LET-CITY	Enrollee City Name
MCF021	DE3117	CMM2-LET-STATE	Enrollee State Code
MCF021	DE3118	CMM2-LET-ZIP	Enrollee ZIP Code
MCF021	DE3008	CMM2-LET-CITY-COUNTY	Enrollee FIPS Code
MCF021	DE3110	CMM2-LET-ENROL-LAST	Enrollee Last Name
MCF021	DE3111	CMM2-LET-ENROL-FIRST	Enrollee First Name
MCF021	DE3112	CMM2-LET-ENROL-MID	Enrollee Middle Initial
MCF021	DE3113	CMM2-LET-ENROL-SUFF	Enrollee Name Suffix
MCF021	DE4700	PREASSGN PROVIDER	National Provider Identifier
MCF021	DE4085	CMM2-LET-PREASSGN-PROV-NAME	Provider Name
MCF021	DE4249	CMM2-LET-PREASSGN-PROV-NAME-TYPE	Provider Name Type
MCF021	DE3093	CMM2-ENROL-ID-NUMBER	Enrollee Permanent Identification Number

Files MC-F-026 ABD, HMO, Families and Children Provider Extract File

General Information

This file is an extract created by program MCM066 to provide North American Marketing with provider data related to Aged, Blind or Disabled enrollees pre-assigned to primary care providers or possibly Options HMOs. The file is used for mailing the enrollee pre-assignment letters.

Subsystem:	RECIPIENT
Copybook:	MCF026
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pre-Enrollment Providers Processing (MCM066)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF026	DE3008	ABD-ENROL-CC	Enrollee FIPS Code
MCF026	DE5249	ABD-REGION-CODE	Region Code
MCF026	DE5250	ABD-REGION-NAME	Region Name
MCF026	DE4089	ABD-PROV-CC	Provider Locality Code
MCF026	DE5255	ABD-PROV-CC-NAME	Locality Name
MCF026	DE4007	ABD-PROV-SPEC-CODE	Provider Specialty Code
MCF026	DE4298	ABD-PROV-SPEC-TITLE	Provider Specialty Code Description
MCF026	DE4085	ABD-PROV-NAME	Provider Name

MCF026	DE4249	ABD-PROV-NAME-TYPE	Provider Name Type
MCF026	DE4201	ABD-PROV-ADD1	Provider Contact Name
MCF026	DE4096	ABD-PROV-ADD2	Provider Attention Name
MCF026	DE4097	ABD-PROV-ADD1	Provider Address Line
MCF026	DE4130	ABD-ADD4-CITY	Provider Address City Name
MCF026	DE4098	ABD-ADD5-STATE	Provider Address State
MCF026	DE4099	ABD-ADD5-ZIP5	Provider Address ZIP Code
MCF026	DE4090	ABD-PROV-PHONE	Provider Phone Number
MCF026	DE4227	ABD-REMARKS	Provider Comment Field
MCF026	DE0002	ABD-PROV-OFFICE-CODE	Calculated
MCF026	DE4085	ABD-ALPHA-FOR-SORT	Provider Name
MCF026	DE4402	PL-PROV-PANEL-TYPE	Provider Managed Care Panel Enrollment Type
MCF026	DE4404	PL-PROV-AGE-TYPE	Provider Managed Care Panel Enrollment Age Type

Files MC-F-029 HMO Enrollee Letter Extract File

General Information

This file is created by program MCM065 and is used to store enrollee data used to generate letters to enrollees informing them of their pre-assignment to an HMO.

Subsystem:	RECIPIENT
Copybook:	MCF009
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF009	DE3046	ET-HOUSEHOLD-HEAD-NAME	Case Name
MCF009	DE3114	ET-HOUSEHOLD-ADDR-1	Enrollee Additional Address Name
MCF009	DE3115	ET-HOUSEHOLD-ADDR-2	Enrollee Street Address
MCF009	DE3116	ET-HOUSEHOLD-CITY	Enrollee City Name
MCF009	DE3117	ET-HOUSEHOLD-STATE	Enrollee State Code
MCF009	DE3118	ET-	Enrollee ZIP Code

		HOUSEHOLD-ZIP	
MCF009	DE3003	ET-ENROL-NAME	Enrollee Full Name
MCF009	DE3093	ET-ENROL-ID	Enrollee Permanent Identification Number
MCF009	DE4085	ET-PROV-NAME	Provider Name
MCF009	DE4096	ET-PROV-ADDR-2	Provider Attention Name
MCF009	DE4130	ET-PROV-CITY-ST	Provider Address City Name
MCF009	DE4099	ET-PROV-ZIP	Provider Address ZIP Code
MCF009	DE4090	ET-PROV-PHONE	Provider Phone Number
MCF009	DE3008	ET-ENROL-CNTY	Enrollee FIPS Code
MCF009	DE3009	ET-AID-CATEGORY	Enrollee Eligibility Aid Category

Files MC-F-030 HMO Record Count File

General Information

This file stores the counts of enrollees to be included with the HMO Enrollment data files.

Subsystem:	RECIPIENT
Copybook:	MCF030
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF030	DE0000	WS-COUNTS-PGM-ID	
MCF030	DE0000	WS-COUNTS-TOTREC	

Files MC-F-031 HMO & CCC Enrollment File

General Information

The HMO & CCC Enrollment File is a list of enrollees that have been assigned (for the next month) to a specific HMO or CCC MCO. Each MCO may elect to receive an enrollment tape.

Subsystem:	Member
Copybook:	MCF031
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Weekly/Monthly Claims/PAs for VALTC Recipients (CPR240) Compare VALTC Recipients/Provider Data Current and Prior files (CPR240EZ) 834 Enrollment/Disenrollment Roster (EDM300) HMO Enrollment Processing (MCM090) CCC Enrollment Processing (MCM834) Re-Create HMO Enrollment File Processing (MCR120) VALTC Weekly MCO Enrollment Processing (MCW090) Enrollee 834 Extract to DORAL (Dental Benefits Administrator) (RSM115) Enrollee 834 Extract to BHSA (Magellan is the contractor as of 12/01/13) (RSM125)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF031	DE4082	HE-SERV-CENTER	Provider Service Center
MCF031	DE0002	HE-MAINTENACE-TYPE-CD	Calculated

MCF031	DE4700	HE-PROV-NUMBER	National Provider Identifier
MCF031	DE3550	HE-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031	DE3162	HE-EFF-DATE	Enrollment Monthly Effective Date
MCF031	DE4085	HE-PROV-NAME	Provider Name
MCF031	DE9517	HE-PROV-FEDERAL-TAX-ID	HIPP SSN/FEIN Number
MCF031	DE3073	HE-MAINTENACE-RSN-CD	Enrollee Benefit Closure Reason
MCF031	DE3093	HE-RECIP-NUMBER	Enrollee Permanent Identification Number
MCF031	DE3199	HE-PD-CODE	PD Code
MCF031	DE3043	HE-CASE-NUMBER	Case Identification Number
MCF031	DE3010	HE-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
MCF031	DE3011	HE-ELIG-END-DATE	Enrollee Eligibility End Date
MCF031	DE3064	HE-ENR-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
MCF031	DE3065	HE-ENR-END-DATE	Enrollee Benefit Enrollment End Date
MCF031	DE3003	HE-RECIP-NAME	Enrollee Full Name
MCF031	DE3110	HE-RECIP-LAST	Enrollee Last Name
MCF031	DE3111	HE-RECIP-FIRST	Enrollee First Name
MCF031	DE3112	HE-MID-INIT	Enrollee Middle Initial
MCF031	DE3113	HE-RECIP-SUFFIX	Enrollee Name Suffix
MCF031	DE3034	HE-SOC-SEC-NUMBER	Enrollee Social Security Number (SSN)
MCF031	DE3004	HE-ADDRESS	Enrollee Address
MCF031	DE3115	HE-ADDRESS-1	Enrollee Street Address
MCF031	DE3114	HE-ADDRESS-2	Enrollee Additional Address Name
MCF031	DE3116	HE-CITY	Enrollee City Name
MCF031	DE3117	HE-STATE	Enrollee State Code
MCF031	DE3118	HE-ZIP9	Enrollee ZIP Code

MCF031	DE3008	HE-FIPS-CODE	Enrollee FIPS Code
MCF031	DE3005	HE-DATE-OF-BIRTH	Enrollee Birth Date
MCF031	DE3007	HE-RECIP-SEX	Enrollee Sex Code
MCF031	DE0002	HE-FEE	Calculated
MCF031	DE3476	HE-LANGUAGE-CD	Enrollee Primary Language Code
MCF031	DE3164	HE-REPORT-NAME	Enrollment Report Name
MCF031	DE0002	HE-TPL-COUNT	Calculated
MCF031	DE3658	HE-TPL-POLICY-NO	TPL Policy Number
MCF031	DE3013	HE-TPL-COVERAGE-CD	TPL Coverage Code
MCF031	DE3673	HE-TPL-CARRIER-NAME	TPL Carrier Name
MCF031	DE3657	HE-TPL-INS-TYPE-CODE	TPL Carrier Code
MCF031	DE3659	HE-TPL-BEG-DATE	TPL Policy Effective Date
MCF031	DE3660	HE-TPL-END-DATE	TPL Policy End Date
MCF031	DE3058	HE-PAYER-RESPON-SEQ-CD	Response Seq Code
MCF031	DE3095	HE-RECIP-PHONE	Enrollee Telephone Number
MCF031	DE3006	HE-RACE	Enrollee Race Code
MCF031	DE9578	HE-REMIT-DT	Remittance Payment Date
MCF031	DE3009	HE-PROG-DESG	Enrollee Eligibility Aid Category
MCF031	DE5249	HE-REGION-CODE	Region Code
MCF031	DE3067	HE-ENROLLMNT-CODE	Enrollee Benefit Initial Preassignment Code
MCF031	DE0002	HE-RERUN	Calculated
MCF031	DE3655	HE-MEDICARE-INDICATOR	Medicare Premium Indicator
MCF031	DE9843	HE-OBJECT-CODE	Budget Object Code

MCF031	DE3250	HE-AGE-CATG	Age Category
MCF031	DE3550	HE-WAIVER-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031	DE3566	HE-WAIVER-PROV-NUMBER	WAIVER PROV NUMBER
MCF031	DE3556	HE-WAIVER-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031	DE3557	HE-WAIVER-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031	DE3567	HE-WAIVER-PROV-QUAL	WAIVER PROV QUAL
MCF031	DE4835	HE-PATIENT-PAY	Patient Pay Amount
MCF031	DE4801	HE-PP-FROM-DATE	Patient Pay Begin Date
MCF031	DE4802	HE-PP-END-DATE	Patient Pay End Date
MCF031	DE3550	HE-EI-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031	DE3144	HE-EI-PROV-NUMBER	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF031	DE3556	HE-EI-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031	DE3557	HE-EI-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031	DE3567	HE-EI-PROV-QUAL	WAIVER PROV QUAL
MCF031	DE3550	HE-FC-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031	DE3144	HE-FC-PROV-NUMBER	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF031	DE3556	HE-FC-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031	DE3557	HE-FC-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031	DE3567	HE-FC-PROV-QUAL	WAIVER PROV QUAL

Files MC-F-031B HMO Enrollment File

New 834 Extract file for BHSA and Dental vendors.

General Information

The HMO Enrollment File is a list of enrollees that have been assigned (for the next month) to a specific HMO. Each HMO may elect to receive an enrollment tape.

Subsystem:	RECIPIENT
Copybook:	MCF031B
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee 834 Extract to Dental vendor (Dental Benefits Administrator) (RSM115) Enrollee 834 Extract to BHSA vendor (RSM125) Monthly PMPM report for enrollees with Dental coverage (FNR110) Monthly PMPM report for enrollees with BHSA (FNM210)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF031B	DE4082	HE-SERV-CENTER	Provider Service Center
MCF031B	DE4700	HE-PROV-NUMBER	National Provider Identifier
MCF031B	DE3550	HE-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031B	DE3162	HE-EFF-DATE	Enrollment Monthly Effective Date
MCF031B	DE4085	HE-PROV-NAME	Provider Name
MCF031B	DE9517	HE-PROV-FEDERAL-TAX-ID	HIPP SSN/FEIN Number
MCF031B	DE0002	HE-MAINTENACE-TYPE-CD	Calculated
MCF031B	DE3073	HE-MAINTENACE-RSN-CD	Enrollee Benefit Closure Reason
MCF031B	DE3093	HE-RECIP-NUMBER	Enrollee Permanent Identification Number
MCF031B	DE3199	HE-PD-CODE	PD Code
MCF031B	DE3043	HE-CASE-NUMBER	Case Identification Number
MCF031B	DE3010	HE-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
MCF031B	DE3011	HE-ELIG-END-DATE	Enrollee Eligibility End Date
MCF031B	DE3064	HE-ENR-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date

MCF031B	DE3065	HE-ENR-END-DATE	Enrollee Benefit Enrollment End Date
MCF031B	DE3003	HE-RECIP-NAME	Enrollee Full Name
MCF031B	DE3110	HE-RECIP-LAST	Enrollee Last Name
MCF031B	DE3111	HE-RECIP-FIRST	Enrollee First Name
MCF031B	DE3112	HE-MID-INIT	Enrollee Middle Initial
MCF031B	DE3113	HE-RECIP-SUFFIX	Enrollee Name Suffix
MCF031B	DE3034	HE-SOC-SEC-NUMBER	Enrollee Social Security Number (SSN)
MCF031B	DE3004	HE-ADDRESS	Enrollee Address
MCF031B	DE3115	HE-ADDRESS-1	Enrollee Street Address
MCF031B	DE3114	HE-ADDRESS-2	Enrollee Additional Address Name
MCF031B	DE3116	HE-CITY	Enrollee City Name
MCF031B	DE3117	HE-STATE	Enrollee State Code
MCF031B	DE3118	HE-ZIP9	Enrollee ZIP Code
MCF031B	DE3008	HE-FIPS-CODE	Enrollee FIPS Code
MCF031B	DE3005	HE-DATE-OF-BIRTH	Enrollee Birth Date
MCF031B	DE3007	HE-RECIP-SEX	Enrollee Sex Code
MCF031B	DE0002	HE-FEE	Calculated
MCF031B	DE3476	HE-LANGUAGE-CD	Enrollee Primary Language Code
MCF031B	DE3164	HE-REPORT-NAME	Enrollment Report Name
MCF031B	DE0002	HE-TPL-COUNT	Calculated
MCF031B	DE3658	HE-TPL-POLICY-NO	TPL Policy Number
MCF031B	DE3013	HE-TPL-COVERAGE-CD	TPL Coverage Code
MCF031B	DE3673	HE-TPL-CARRIER-NAME	TPL Carrier Name
MCF031B	DE3657	HE-TPL-INS-TYPE-CODE	TPL Carrier Code
MCF031B	DE3659	HE-TPL-BEG-DATE	TPL Policy Effective Date
MCF031B	DE3660	HE-TPL-END-DATE	TPL Policy End Date
MCF031B	DE3058	HE-PAYER-RESPON-SEQ-CD	Response Seq Code
MCF031B	DE3095	HE-RECIP-PHONE	Enrollee Telephone Number
MCF031B	DE3006	HE-RACE	Enrollee Race Code
MCF031B	DE9578	HE-REMIT-DT	Remittance Payment Date
MCF031B	DE3009	HE-PROG-DESG	Enrollee Eligibility Aid Category
MCF031B	DE5249	HE-REGION-CODE	Region Code
MCF031B	DE3067	HE-ENROLLMNT-CODE	Enrollee Benefit Initial Preassignment Code
MCF031B	DE0002	HE-RERUN	Calculated
MCF031B	DE3655	HE-MEDICARE-INDICATOR	Medicare Premium Indicator
MCF031B	DE9843	HE-OBJECT-CODE	Budget Object Code
MCF031B	DE3250	HE-AGE-CATG	Age Category
MCF031B		HE-ENRL-GAP-	Calculated

		REISSUE-IND	
MCF031B	DE4835	HE-PATIENT-PAY	Patient Pay Amount
MCF031B	DE4801	HE-PP-FROM-DATE	Patient Pay Begin Date
MCF031B	DE4802	HE-PP-END-DATE	Patient Pay End Date
MCF031B	DE0002	HE-BENEFIT-COUNT	Calculated
MCF031B	DE3550	HE-BNFT-PLN	Benefit Definition Benefit Plan Code
MCF031B	DE3144	HE-PROV-NUBR	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF031B	DE3556	HEI-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031B	DE3557	HE-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031B	DE3567	HE-PROV-QUAL	Provider Qualifier.

Files MC-F-031T Transportation Enrollment File

General Information

The Transportation Enrollment File is a list of enrollees that have transportation benefits.

Subsystem:	RECIPIENT
Copybook:	MCF031T
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee 834 Extract to Transportation Vendor (RSM215)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF031T	DE4082	HE-SERV-CENTER	Provider Service Center
MCF031T	DE4700	HE-PROV-NUMBER	National Provider Identifier
MCF031T	DE3550	HE-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031T	DE3162	HE-EFF-DATE	Enrollment Monthly Effective Date
MCF031T	DE4085	HE-PROV-NAME	Provider Name
MCF031T	DE9517	HE-PROV-FEDERAL-TAX-ID	HIPP SSN/FEIN Number
MCF031T	DE0002	HE-MAINTENACE-TYPE-CD	Calculated
MCF031T	DE3073	HE-MAINTENACE-RSN-CD	Enrollee Benefit Closure Reason
MCF031T	DE3093	HE-RECIP-NUMBER	Enrollee Permanent Identification Number
MCF031T	DE3199	HE-PD-CODE	PD Code
MCF031T	DE3043	HE-CASE-NUMBER	Case Identification Number
MCF031T	DE3010	HE-ELIG-BEGIN-	Enrollee Eligibility Begin Date

		DATE	
MCF031T	DE3011	HE-ELIG-END-DATE	Enrollee Eligibility End Date
MCF031T	DE3064	HE-ENR-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
MCF031T	DE3065	HE-ENR-END-DATE	Enrollee Benefit Enrollment End Date
MCF031T	DE3003	HE-RECIP-NAME	Enrollee Full Name
MCF031T	DE3110	HE-RECIP-LAST	Enrollee Last Name
MCF031T	DE3111	HE-RECIP-FIRST	Enrollee First Name
MCF031T	DE3112	HE-MID-INIT	Enrollee Middle Initial
MCF031T	DE3113	HE-RECIP-SUFFIX	Enrollee Name Suffix
MCF031T	DE3034	HE-SOC-SEC-NUMBER	Enrollee Social Security Number (SSN)
MCF031T	DE3004	HE-ADDRESS	Enrollee Address
MCF031T	DE3115	HE-ADDRESS-1	Enrollee Street Address
MCF031T	DE3114	HE-ADDRESS-2	Enrollee Additional Address Name
MCF031T	DE3116	HE-CITY	Enrollee City Name
MCF031T	DE3117	HE-STATE	Enrollee State Code
MCF031T	DE3118	HE-ZIP9	Enrollee ZIP Code
MCF031T	DE3008	HE-FIPS-CODE	Enrollee FIPS Code
MCF031T	DE3005	HE-DATE-OF-BIRTH	Enrollee Birth Date
MCF031T	DE3007	HE-RECIP-SEX	Enrollee Sex Code
MCF031T	DE0002	HE-FEE	Calculated
MCF031T	DE3476	HE-LANGUAGE-CD	Enrollee Primary Language Code
MCF031T	DE3164	HE-REPORT-NAME	Enrollment Report Name
MCF031T	DE0002	HE-TPL-COUNT	Calculated
MCF031T	DE3658	HE-TPL-POLICY-NO	TPL Policy Number
MCF031T	DE3013	HE-TPL-COVERAGE-CD	TPL Coverage Code
MCF031T	DE3673	HE-TPL-CARRIER-NAME	TPL Carrier Name
MCF031T	DE3657	HE-TPL-INS-TYPE-CODE	TPL Carrier Code
MCF031T	DE3659	HE-TPL-BEG-DATE	TPL Policy Effective Date
MCF031T	DE3660	HE-TPL-END-DATE	TPL Policy End Date
MCF031T	DE3058	HE-PAYER-RESPON-SEQ-CD	Response Seq Code
MCF031T	DE3095	HE-RECIP-PHONE	Enrollee Telephone Number
MCF031T	DE3006	HE-RACE	Enrollee Race Code
MCF031T	DE9578	HE-REMIT-DT	Remittance Payment Date

MCF031T	DE3009	HE-PROG-DESG	Enrollee Eligibility Aid Category
MCF031T	DE5249	HE-REGION-CODE	Region Code
MCF031T	DE3067	HE-ENROLLMNT-CODE	Enrollee Benefit Initial Preassignment Code
MCF031T	DE0002	HE-RERUN	Calculated
MCF031T	DE3655	HE-MEDICARE-INDICATOR	Medicare Premium Indicator
MCF031T	DE9843	HE-OBJECT-CODE	Budget Object Code
MCF031T	DE3250	HE-AGE-CATG	Age Category
MCF031T	DE3550	HE-WAIVER-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031T	DE3566	HE-WAIVER-PROV-NUMBER	WAIVER PROV NUMBER
MCF031T	DE3556	HE-WAIVER-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031T	DE3557	HE-WAIVER-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031T	DE3567	HE-WAIVER-PROV-QUAL	WAIVER PROV QUAL
MCF031T	DE4835	HE-PATIENT-PAY	Patient Pay Amount
MCF031T	DE4801	HE-PP-FROM-DATE	Patient Pay Begin Date
MCF031T	DE4802	HE-PP-END-DATE	Patient Pay End Date
MCF031T	DE3550	HE-EI-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031T	DE3144	HE-EI-PROV-NUMBER	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF031T	DE3556	HE-EI-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031T	DE3557	HE-EI-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031T	DE3567	HE-EI-PROV-QUAL	WAIVER PROV QUAL
MCF031T	DE3555	HE-BENEFIT-PLAN	Benefit Definition Plan Short Name
MCF031T	DE3037	HE-ELIG-ADD	Eligibility Date Added
MCF031T	DE3095	HE-RECIP-WORK-PHONE	Enrollee Telephone Number
MCF031T	DE0002	HE-ENROL-DATA-COUNT	Calculated
MCF031T	DE3551	HE-PROGRAM-CODE	Benefit Definition Plan Program Code
MCF031T	DE3552	HE-SUB-PROGRAM-CODE	Benefit Definition Plan Subprogram Code
MCF031T	DE3553	HE-PLAN-CODE	Benefit Definition Plan Benefit Code
MCF031T	DE3064	HE-BNFT-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date

MCF031T	DE3065	HE-BNFT-END-DATE	Enrollee Benefit Enrollment End Date
MCF031T	DE3551	HE-ENRL-BNFT-TYPE	Benefit Definition Plan Program Code
MCF031T	DE3550	HE-BENEFIT-CODE	Benefit Definition Benefit Plan Code (1st 2 bytes only)
MCF031T	N/A	HE-PROV-IDENTIFIER	Value is a hard-coded 'P3' – Primary Care Provider.
MCF031T	DE3144	HE-ENROL-PROV-ID	Enrollee Benefit Plan HMO/PCP Provider Identification
MCF031T	DE4085	HE-ENROL-PROV-NAME	Provider Name
MCF031T	DE4096	HE-PROV-ADDRESS-1	Provider Attention Name
MCF031T	DE4097	HE-PROV-ADDRESS-2	Provider Address Line
MCF031T	DE4130	HE-PROV-CITY	Provider Address City Name
MCF031T	DE4098	HE-PROV-STATE	Provider Address State
MCF031T	DE4099	HE-PROV-ZIP-9	Provider Address ZIP Code
MCF031T	DE4090	HE-PROV-WORK-PHONE	Provider Phone Number

Files MC-F-033 File from HMO with PCP Assignments for HMO Enrollees

General Information

This file is received from the Enrollee Broker BENOVA or individual HMO's and contains Primary Care Providers that are assigned Enrollees.

Subsystem:	Recipient
Copybook:	MCF033
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Update PCP Assignments Within HMO for Enrollees (MCR150)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF033	DE3093	HMO-ENROLLEE-ID	Enrollee Permanent Identification Number
MCF033	DE3071	HMO-PATIENT-ID	Enrollee Benefit Patient Account
MCF033	DE3062	HMO-PROVIDER-ID	Enrollee Benefit Provider Identification Number
MCF033	DE3144	HMO-PCP-ID	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF033	DE3145	HMO-PCP-BEGIN-DATE	Enrollee Benefit Plan HMO/PCP Provider Begin Date
MCF033	DE3147	HMO-PCP-END-DATE	Enrollee Benefit Plan HMO/PCP Provider End Date
MCF033	DE3149	HMO-PCP-PROV-TYPE	Enrollee Benefit Plan HMO/PCP Provider Type
MCF033	DE3150	HMO-PCP-UPDATE-DATE	Enrollee Benefit Plan HMO/PCP Provider Update Date

MCF033	DE3956	HMO-TRANS-CODE	HMO Transaction Code

Files MC-F-034 YTD Managed Care Disenrollment File

General Information

This File contains monthly totals of managed care disenrollment by type (type of disenrollment). It is used to produce a year to date Managed Care Disenrollment Report.

Subsystem:	Recipient
Copybook:	MCF034
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Managed Care Dis-enrollment Report (MCM320)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF034	DE3550	MCD-BENEFIT-PLAN-CODE	Benefit Definition Benefit Plan Code
MCF034	DE0002	MCD-DISENROLL-DATE	Calculated
MCF034	DE0002	MCD-PLAN-CHANGE	Calculated
MCF034	DE0002	MCD-SEL-MED	Calculated
MCF034	DE0002	MCD-LOST-ELIG	Calculated
MCF034	DE0002	MCD-AID-PROG-CHANGE	Calculated
MCF034	DE0002	MCD-TPL	Calculated
MCF034	DE0002	MCD-DEATH	Calculated
MCF034	DE0002	MCD-NH	Calculated

Files MC-F-036 VALTC Enrollment Letter Extract

General Information

N/A

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files MC-F-037 VALTC Re-Enrollment Tape File

General Information

N/A

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files MC-F-110 Medicaid MEDALLION Physician Proposed New Client Assignment Report file

General Information

This file is extracted from the MC-O-100 file and uploaded to the corporate server and sent to providers.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	Seq. FB/133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims Provider Labels Extract Process MEDALLION Physician Proposed New Client Assignment (MCR211)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE4089	CITY-COUNTY CODE	Provider Locality Code
	DE5255	(CITY-COUNTY DESCRIPTION)	Locality Name
	DE4007	SPECIALTY CODE	Provider Specialty Code
	DE0002	(SPECIALTY CODE DESCRIPTION)	Calculated
	DE4085	(PROVIDER NAME)	Provider Name
	DE4700	(PROVIDER NUMBER)	National Provider Identifier

	DE4096	(ADDRESS LINE 1)	Provider Attention Name
	DE4097	(ADDRESS LINE 2)	Provider Address Line
	DE4130	(CITY)	Provider Address City Name
	DE4098	(STATE)	Provider Address State
	DE4099	(ZIP)	Provider Address ZIP Code
	DE3110	ENROLLEE NAME (LAST)	Enrollee Last Name
	DE3111	(FIRST)	Enrollee First Name
	DE3112	(MI)	Enrollee Middle Initial
	DE3093	ENROL. ID	Enrollee Permanent Identification Number
	DE3115	MAILING ADDRESS (LINE 1)	Enrollee Street Address
	DE3114	(LINE 2)	Enrollee Additional Address Name
	DE3116	(CITY)	Enrollee City Name
	DE3117	(STATE)	Enrollee State Code
	DE3118	(ZIP)	Enrollee ZIP Code
	DE0002	TOTAL FOR PHYSICIAN	Calculated
	DE0002	TOTAL NEW CLIENTS	Calculated
	DE0002	TOTAL PHYSICANS	Calculated
	DE0002	TOTAL ENROLLEES REPORTED	Calculated
	DE3007	SEX	Enrollee Sex Code
	DE3009	Program Designation (Aid Category)	Enrollee Eligibility Aid Category
	DE0002	Age	Calculated
	DE4143	Provider Site Indicator	NPI XREF Site Number

Files MC-F-111 Medicaid MEDALLION Physician Proposed New Client Assignment Labels File

General Information

This file contains provider information for provider labels.

Subsystem:	Recipient
Copybook:	CPPRVLBL
	N/A
File Organization:	Seq. FB/133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims Provider Labels Extract Process MEDALLION Physician Proposed New Client Assignment (MCR211)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4700	Provider ID	National Provider Identifier
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files MC-F-190 Daily MCO Letter Request File

General Information

This file is a temporary letter file created by program MCD190 and is used to store members newly added into the system and eligible for managed care. It will include enrollee and case details.

Subsystem:	RECIPIENT
Copybook:	MCF190
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Create MMIS Daily Letter File for Managed Care (MCD190)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF190	DE3039	MCF190-CASE-FIPS	Case FIPS
MCF190	DE3431	MCF190-CASEWORKER-ID	Caseworker Number
MCF190	DE3043	MCF190-CASE-ID	Case ID
MCF190	DE3001	MCF190-ENRL-ID	Enrollee ID
MCF190	DE3480	MCF190-CASE-REL	Case Relationship
MCF190	DE3901	MCF190-PERSON-ID	Person ID
MCF190	DE3154	MCF190-MCO-EFF-DATE	MCO Effective date
MCF190	DE3905	MCF190-CORRESP-ID	Correspondence ID Literal RSO190
MCF190	DE3046	MCF190-CASE-NAME	Case Name
MCF190	DE3003	MCF190-ENRL-NAME	Enrollee Full Name

Files MC-F-210 CCC Weekly Benefit Assignment Comma-Delimited File

This file contains the CCC Benefit Assignment (MC-O-210) in a comma-delimited file format. It contains the following data lines per request: 1) Header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) CCC Benefit Assignment data. This file is sent to the user to VIEW or DOWNLOAD the file in an EXCEL format.

Subsystem:	Member
Copybook:	MCF210
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Weekly Benefit Assignment (MCW210)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF210	DE3955	MCO210D-MEMBER-ID	Person Identifier Value
MCF210	DE3008	MCO210D-MEMBER-FIPS	Enrollee FIPS Code
MCF210	DE5249	MCO210D-REGION	Region Code
MCF210	DE0002	MCO210D-AGE	Current Date minus D_BIRTH (DE3005)
MCF210	DE3551 DE3552 DE3553	MCO210D-BNFT-PLAN	Plan Program Code + Plan Sub-program Code + Plan Benefit Code combined
MCF210	DE4002	MCO210D-PREASSN-MCO	Provider Identification Number , when C_DISPOSITION_CVAL (DE3141) = 'P'
MCF210	DE3064	MCO210D-PREASSN-DT	Enrollee Benefit Enrollment Begin Date, when C_DISPOSITION_CVAL (DE3141) = 'P'
MCF210	DE4002	MCO210D-ASSGN-MCO	Provider Identification Number , when C_DISPOSITION_CVAL (DE3141) = 'A'

MCF210	DE3064	MCO210D-ASSGN-DT	Enrollee Benefit Enrollment Begin Date, when C_DISPOSITION_CVAL (DE3141) = 'A'
MCF210	DE3280	MCO210D-INDICATOR	CCC INDICATOR

Files MC-F-211 CCC Monthly Eligible Members Not Assigned Comma-Delimited File

This file contains the CCC Eligible Members Not Assigned (MC-F-211) in a comma-delimited file format. It contains the following data lines per request: 1) Header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) CCC Eligible Members Not Assigned data. This file is sent to the user to VIEW or DOWNLOAD the file in an EXCEL format.

Subsystem:	Member
Copybook:	MCF211D
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Eligible Members Not Assigned with CCC Indicator Code (MCM211) Monthly Eligible Members Not Assigned without CCC Indicator Code (MCM211A)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF211D	DE3110	MCF211D-MEMB-LNAME	Enrollee Last Name
MCF211D	DE3111	MCF211D-MEMB-FNAME	Enrollee First Name
MCF211D	DE3955	MCF211D-MEMB-ID	Person Identifier Value, when C_ ID_TYPE_CVAL = 'PERL'
MCF211D	DE3008	MCF211D-MEMB-FIPS	Enrollee FIPS Code
MCF211D	DE5249	MCF211D-MEMB-REGION	Region Code, detail line
MCF211D	DE3955	MCF211D-MEMB-MCARE-ID	Person Identifier Value, when C_

			ID_TYPE_CVAL = 'HIC '
MCF211D	DE3005	MCF211D-MEMB-DOB	Enrollee Date of Birth
MCF211D	DE3280	MCF211D-MEMB-CCC-IND	CCC INDICATOR

Files MC-F-214 CCC Monthly member MCO Change Report Comma-Delimited File

This file contains the CCC Monthly Member MCO History Report (MC-F-214) in a comma-delimited file format. It contains the following data lines per request: 1) Header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) CCC Monthly Members MCO Change data. This file is sent to the user to VIEW or DOWNLOAD the file in an EXCEL format.

Subsystem:	Member
Copybook:	N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Eligible Members Not Assigned (MCM214)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF214	DE3955	MCM214D-MEMBER-ID	Person Identifier Value, when C_ID_TYPE_CVAL = 'PERL'
MCF214	DE3110	MCM214D-MEMBER-LAST-NAME	Enrollee First Name
MCF214	DE3111	MCM214D-MEMBER-FIRST-NAME	Enrollee Last Name
MCF214	DE4700	MCM214D-PREV-MCO	National Provider Identifier
MCF214	DE4085	MCM214D-PREV-MCO-NM	Provider Name
MCF214	DE3064	MCM214D-PR-ELIG-BEGIN-DT	Enrollee Benefit Enrollment Begin Date
MCF214	DE3065	MCM214D-PR-ELIG-END-DT	Enrollee Benefit Enrollment End Date

MCF214	DE4700	MCM214D-MCO-CURRENT	National Provider Identifier
MCF214	DE4085	MCM214D-MCO-CURRENT-NM	Provider Name
MCF214	DE3064	MCM214D-CR-ELIG-BEGIN-DT	Enrollee Benefit Enrollment Begin Date
MCF214	DE3065	MCM214D-CR-ELIG-END-DT	Enrollee Benefit Enrollment End Date
MCF214	DE4700	MCM214D-PROSP-MCO	National Provider Identifier
MCF214	DE4085	MCM214D-PROSP-MCO-NM	Provider Name
MCF214	DE3064	MCM214D-NX-ELIG-BEGIN-DT	Enrollee Benefit Enrollment Begin Date
MCF214	DE3065	MCM214D-NX-ELIG-END-DT	Enrollee Benefit Enrollment End Date
MCF214	DE3073	MCM214D-BNFT-CANCEL-RSN	Enrollee Benefit Closure Reason

Files MC-F-216 HCS-BHSA

General Information

This File is provided by Magellan on a Monthly Basis, it contains Behavioral Health Service Authorizations.

Subsystem:	Member
Copybook:	MCF216
File Organization:	Sequential
Device Type:	DISK
Primary Key:	TRACKING-NO/SEQ-NO
Alternate Key:	MBR-ID
Program:	CCC Weekly and Monthly MTR Program (MCM220)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF216		HCS-AU-REC-STATUS	Record Status– Add Change or Delete
MCF216		HCS-AU-MBR	Member Enrollee ID
MCF216		HCS-AU-PRV-ID	Provider ID (NPI)
MCF216		HCS-AU-PRV-NME	Provider Name
MCF216		HCS-AU-PRV-ADR	Provider Address
MCF216		HCS-AU-PRV-CTY	Provider City
MCF216		HCS-AU-PRV-ST	Provider State
MCF216		HCS-AU-PRV-ZIP	Provider Zip Code
MCF216		HCS-AU-PRV-ZIP1	Provider Zip+4
MCF216		HCS-AU-PRV-PHN	Provider Phone Number
MCF216		HCS-AU-TRACKING-NO	Magellan Auth Tracking Number (MAT#)
MCF216		HCS-AU-STATUS	Approved/Void/Denied
MCF216		HCS-AU-TYPE	Service Auth Type
MCF216		HCS-AU-ADM-DTE	Action Date CCYYMMDD
MCF216		HCS-AU-STR-DTE	Auth Start Date CCYYMMDD
MCF216		HCS-AU-END-DTE	Auth End Date CCYYMMDD
MCF216		HCS-AU-DENIAL	Denial Reason
MCF216		HCS-AU-CPT-CD	CPT Code
MCF216		HCS-AU-CPT-DSC	CPT Code Description
MCF216		HCS-AU-TTL-RQD	Total Requested

MCF216		HCS-AU-TTL-APP	Total Approved
MCF216		HCS-MMIS-SEQ-NO	Internally generated Sequence number

Files MC-F-217 Consumer Directed Claims

General Information

This File is provided by DMAS on a Weekly Basis, it contains Consumer Directed Claims.

Subsystem:	Member
Copybook:	MCF217
File Organization:	Sequential
Device Type:	DISK
Primary Key:	SEQ-NO
Alternate Key:	RECIP-ID
Program:	CCC Weekly and Monthly MTR Program (MCM220)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF217		DIR-RECIP-IDX	Member Enrollee ID
MCF217		DIR-PROV-CD	Provider ID
MCF217		DIR-PROC-CD	Procedure Code
MCF217		DIR-SRVC-CD	Service Type Code
MCF217		DIR-V-US	
MCF217		DIR-PATN-PAY	Patient Pay Amout
MCF217		DIR-UNIT-COST	Unit Cost
MCF217		DIR-BA-OBJ	Object Code
MCF217		DIR-REMIT-DATE	Payment Date
MCF217		DIR-SERVICE-DATE	Service Date
MCF217		DIR-CARE-DESCR	Service Description
MCF217		DIR-RECIP-FNAME	Member First Name
MCF217		DIR-RECIP-LNAME	Member Last Name
MCF217		DIR-RECIP-IDN	Member ID
MCF217		DIR-RECIP-SEX	Member Sex
MCF217		DIR-RECIP-RACE	Member Race
MCF217		DIR-RECIP-SSN	Member SSN
MCF217		DIR-RECIP-DOB	Member Date Of Birth
MCF217		DIR-RECIP-FIPS	Member County FIPS code

MCF217		DIR-RECIP-DOD	Member Date Of Death
MCF217		DIR-BNFT-PGM	Member Benefit Program
MCF217		DIR-PROG	Member Prog code
MCF217		DIR-EXCP-IND1	Waiver Exception Ind 1
MCF217		DIR-EXCP-IND2	Waiver Exception Ind 2
MCF217		DIR-EXCP-IND3	Waiver Exception Ind 3
MCF217		DIR-WAIVER-TYPE	Type of Waiver
MCF217		DIR-RECIP-DATE	Eligibility Date
MCF217		DIR-ERROR1	Claims Error on file
MCF217		DIR-ERROR2	Claims Error on file
MCF217		DIR-PAY-ROLL-IND	Pay Roll Ind
MCF217		DIR-ORIG-QE-FILENO	Original File Number
MCF217		DIR-TRANS-NO	Transaction Number
MCF217		DIR-MMIS-SEQ-NO	Internally generated Sequence number

Files MC-F-220 CCC MTR

General Information

CCC MEDICAID TRANSITIONS REPORT (MTR) DATA FOR ALL CCC MMPS. DATA WILL BE
TRANSMITTED WEEKLY AND MONTHLY TO MMPS. THE WEEKLY DATA WILL CONTAIN ACTIVE CCC MEMBER DATA. THE MONTHLY DATA WILL CONTAIN PASSIVE CCC MEMBER
DATA.

Subsystem:	Member
Copybook:	MCF220
File Organization:	Sequential, Delimited
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC Weekly and Monthly MTR Program (MCM220)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF220	N/A	MTR-RUN-DATE	System Generated
MCF220	N/A	MTR-HDR-PIPE-01	System Generated
MCF220	DE4151	MTR-PLAN-NBR	Provider NPI
MCF220	N/A	MTR-HDR-PIPE-02	System Generated
MCF220	DE3064	MTR-PLAN-BEG-DATE	Enrollee Benefit Begin
MCF220	N/A	MTR-HDR-PIPE-03	System Generated
MCF220	N/A	MTR-REC-TYPE	MTR Record type Valid Values: BH, BA, CL, CD and PA
MCF220	N/A	MTR-HDR-PIPE-04	System Generated
MCF220	DE3955	MTR-RECIP-ID	Enrollee Identification
MCF220	N/A	MTR-HDR-PIPE-05	System Generated
MCF220	DE3110	MTR-RECIP-LAST-NM	Enrollee Last Name
MCF220	N/A	MTR-HDR-PIPE-06	System Generated
MCF220	DE3111	MTR-RECIP-FIRST-NM	Enrollee First Name
MCF220	N/A	MTR-HDR-PIPE-07	System Generated
MCF220	DE3112	MTR-RECIP-MIDDLE-NM	Enrollee Middle Name
MCF220	N/A	MTR-HDR-PIPE-08	System Generated
MCF220	DE3005	MTR-BIRTH	Enrollee Date of Birth

MCF220	N/A	MTR-HDR-PIPE-09	System Generated
MCF220	DE3007	MTR-SEX	Enrollee Sex
MCF220	N/A	MTR-HDR-PIPE-10	System Generated
MCF220	DE3008	MTR-FIPS	Member County FIPS Code
MCF220	N/A	MTR-HDR-PIPE-11	System Generated
MCF220	DE3432	MTR-CASE-REVW-DT	Member Case Review Date
MCF220	N/A	MTR-HDR-PIPE-12	System Generated
MCF220	DE3009	MTR-AID-CAT	Enrollee AID Category
MCF220	N/A	MTR-HDR-PIPE-13	System Generated
MCF220	DE3280	MTR-CCC-IND	CCC indicator
MCF220	N/A	MTR-HDR-PIPE-14	System Generated
MCF220	DE2002	MTR-CL-SERV-TYPE	Claim Service Type
MCF220	N/A	MTR-CL-PIPE-01	System Generated
MCF220	DE4700	MTR-CL-SERV-PROV-NPI	Service Provider NPI
MCF220	N/A	MTR-CL-PIPE-02	System Generated
MCF220	DE4085	MTR-CL-SERV-PROV-NAME	Service Provider Name
MCF220	N/A	MTR-CL-PIPE-03	System Generated
MCF220	DE2038	MTR-CL-SRV-CAT	Service Category
MCF220	N/A	MTR-CL-PIPE-04	System Generated
MCF220	DE4006	MTR-CL-PROV-CLS-TYPE	Provider Class
MCF220	N/A	MTR-CL-PIPE-05	System Generated
MCF220	DE4007	MTR-CL-PRV-SPEC	Provider Specialty
MCF220	N/A	MTR-CL-PIPE-06	System Generated
MCF220	DE5301	MTR-CL-PRIM-DIAG	Primary Diagnosis Code
MCF220	N/A	MTR-CL-PIPE-07	System Generated
MCF220	DE5002	MTR-CL-PROC-CD	Procedure Code
MCF220	N/A	MTR-CL-PIPE-08	System Generated
MCF220	DE5001	MTR-CL-PROC-CD-TYPE	Procedure Code Type
MCF220	N/A	MTR-CL-PIPE-09	System Generated
MCF220	DE2150	MTR-CL-ICD-VERS-SUBM	Submitted ICD Version Code
MCF220	N/A	MTR-CL-PIPE-10	System Generated
MCF220	DE2151	MTR-CL-ICD-VERS-DTRM	Determined ICD Version Code
MCF220	N/A	MTR-CL-PIPE-11	System Generated
MCF220	DE2477 DE2478 DE2480 DE2343	MTR-CL-ICN	Claim ICN
MCF220	N/A	MTR-CL-PIPE-12	System Generated
MCF220	DE2102	MTR-CL-BILLTYPE	Facility Bill Type
MCF220	N/A	MTR-CL-PIPE-13	System Generated
MCF220	DE2016	MTR-CL-COV-CHG	Billed Coverage Changed
MCF220	N/A	MTR-CL-PIPE-14	System Generated
MCF220	DE2173	MTR-CL-PLACE	Place of Service

MCF220	N/A	MTR-CL-PIPE-15	System Generated
MCF220	DE2826	MTR-CL-PRSC-PRV	Prescribing Provider
MCF220	N/A	MTR-CL-PIPE-16	System Generated
MCF220	DE2010	MTR-CL-FROM-DATE	DOS From
MCF220	N/A	MTR-CL-PIPE-17	System Generated
MCF220	DE2011	MTR-CL-THRU-DATE	DOS Thru
MCF220	N/A	MTR-CL-PIPE-18	System Generated
MCF220	DE3072	MTR-CL-WAIVER-IND	LOC indicator
MCF220	N/A	MTR-CL-PIPE-19	System Generated
MCF220	DE3064	MTR-CL-WAIVER-BEGDT	LOC Begin Date
MCF220	N/A	MTR-CL-PIPE-20	System Generated
MCF220	DE3065	MTR-CL-WAIVER-ENDDT	LOC End Date
MCF220	N/A	MTR-CL-PIPE-21	System Generated
MCF220	DE4151	MTR-CL-NF-PROV-ID	Waiver Provider NPI
MCF220	N/A	MTR-CL-PIPE-22	System Generated
MCF220	N/A	MTR-CL-FILLER	Filler
MCF220	DE2508	MTR-PA-TYPE	System Generated
MCF220	N/A	MTR-PA-PIPE-01	System Generated
MCF220	DE2499 DE2498	MTR-PA-NUM	Combination of N_DAYS_SINCE and I_PA_SEQ_NO
MCF220	N/A	MTR-PA-PIPE-02	System Generated
MCF220	DE2610	MTR-PA-FROM-DATE	Service Auth From date
MCF220	N/A	MTR-PA-PIPE-03	System Generated
MCF220	DE2611	MTR-PA-THRU-DATE	Service Auth Thru Date
MCF220	N/A	MTR-PA-PIPE-04	System Generated
MCF220	DE2613	MTR-PA-INIT-UNITS	SA Initial units
MCF220	N/A	MTR-PA-PIPE-05	System Generated
MCF220	DE2345	MTR-PA-AMT	Service Auth amount
MCF220	N/A	MTR-PA-PIPE-06	System Generated
MCF220	DE2346	MTR-PA-USED-UNIT	Service Auth Used Units
MCF220	N/A	MTR-PA-PIPE-07	System Generated
MCF220	DE2233	MTR-PA-BILLED-UNITS	Service Auth Billed Units
MCF220	N/A	MTR-PA-PIPE-08	System Generated
MCF220	DE2212	MTR-PA-REFILL	Service Auth Refill
MCF220	N/A	MTR-PA-PIPE-09	System Generated
MCF220	DE2634	MTR-PA-PER-FREQ	Service Auth frequency
MCF220	N/A	MTR-PA-PIPE-10	System Generated
MCF220	DE2211	MTR-PA-PHARM-PRESC-NUM	Service Auth Pharmacy Prescription number
MCF220	N/A	MTR-PA-PIPE-11	System Generated
MCF220	DE2216	MTR-PA-DAYS-SUP	Service Auth number of Days supply
MCF220	N/A	MTR-PA-PIPE-12	System Generated

MCF220	DE5200	MTR-PA-C-NDC	Service Auth Drug NDC
MCF220	N/A	MTR-PA-PIPE-13	System Generated
MCF220	N/A	MTR-PA-FILLER	Filler
MCF220	MCF216	MTR-BA-AU-STAT	Record Status - Add Change or Delete
MCF220	N/A	MTR-BA-PIPE-01	System Generated
MCF220	MCF216	MTR-BA-AU-PRVID	Provider ID (NPI)
MCF220	N/A	MTR-BA-PIPE-02	System Generated
MCF220	MCF216	MTR-BA-AU-PRVNM	Provider ID (NPI)
MCF220	N/A	MTR-BA-PIPE-03	System Generated
MCF220	MCF216	MTR-BA-AU-PRVADR	Provider Address
MCF220	N/A	MTR-BA-PIPE-04	System Generated
MCF220	MCF216	MTR-BA-AU-PRV-CTY	Provider City
MCF220	N/A	MTR-BA-PIPE-05	System Generated
MCF220	MCF216	MTR-BA-AU-PRVST	Provider State
MCF220	N/A	MTR-BA-PIPE-06	System Generated
MCF220	MCF216	MTR-BA-AU-PRVZIP	Provider Zip Code
MCF220	N/A	MTR-BA-PIPE-07	System Generated
MCF220	MCF216	MTR-BA-AU-PRVZIP1	Provider Zip+4
MCF220	N/A	MTR-BA-PIPE-08	System Generated
MCF220	MCF216	MTR-BA-AU-PRVPHN	Provider Phone Number
MCF220	N/A	MTR-BA-PIPE-09	System Generated
MCF220	MCF216	MTR-BA-AU-AUTHNO	Magellan Auth Tracking Number (MAT#)
MCF220	N/A	MTR-BA-PIPE-10	System Generated
MCF220	MCF216	MTR-BA-AU-AUTHSTS	Approved/Void/Denied
MCF220	N/A	MTR-BA-PIPE-11	System Generated
MCF220	MCF216	MTR-BA-AU-TYPE	Service Auth Type
MCF220	N/A	MTR-BA-PIPE-12	System Generated
MCF220	MCF216	MTR-BA-AU-ADMDATE	Action Date CCYYMMDD
MCF220	N/A	MTR-BA-PIPE-13	System Generated
MCF220	MCF216	MTR-BA-AU-STARTDATE	Auth Start Date CCYYMMDD
MCF220	N/A	MTR-BA-PIPE-14	System Generated
MCF220	MCF216	MTR-BA-AU-END-DATE	Auth End Date CCYYMMDD
MCF220	N/A	MTR-BA-PIPE-15	System Generated
MCF220	MCF216	MTR-BA-AU-DENIAL	Denial Reason
MCF220	N/A	MTR-BA-PIPE-16	System Generated
MCF220	MCF216	MTR-BA-AU-CPTCD	CPT Code
MCF220	N/A	MTR-BA-PIPE-17	System Generated
MCF220	MCF216	MTR-BA-AU-CPTDESC	CPT Code Description
MCF220	N/A	MTR-BA-PIPE-18	System Generated
MCF220	MCF216	MTR-BA-AU-TOTREQ	Total Requested
MCF220	N/A	MTR-BA-PIPE-19	System Generated
MCF220	MCF216	MTR-BA-AU-TOLAPR	Total Approved

MCF220	N/A	MTR-BA-PIPE-20	System Generated
MCF220	N/A	MTR-BA-FILLER	Filler
MCF220	MCF217	MTR-CD-RECIP-ID	Member ID
MCF220	N/A	MTR-CD-PIPE-01	System Generated
MCF220	MCF217	MTR-CD-CLM-TYPE	Valid Value 'CD'
MCF220	N/A	MTR-CD-PIPE-02	System Generated
MCF220	MCF217	MTR-CD-SRVC-DATE	DOS From date
MCF220	N/A	MTR-CD-PIPE-03	System Generated
MCF220	MCF217	MTR-CD-PROGRAM	Claim Program
MCF220	N/A	MTR-CD-PIPE-04	System Generated
MCF220	MCF217	MTR-CD-PROC-CD	Procedure Code
MCF220	N/A	MTR-CD-PIPE-05	System Generated
MCF220	MCF217	MTR-CD-V-US	User Defined
MCF220	N/A	MTR-CD-PIPE-06	System Generated
MCF220	MCF217	MTR-CD-PA-NUM	Valid Value '00000000000'
MCF220	N/A	MTR-CD-FILLER	Filler

Files MC-F-300 Claims Provider Labels Parameter File

General Information

Copymember=????????. LRECL=????.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	Seq FB / 80
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims Provider Labels Extract Process MEDALLION Physician Proposed New Client Assignment (MCR211)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0002	PARM-MSG	Calculated
	DE0002	PARM-MM	Calculated
	DE0002	PARM-DD	Calculated
	DE0002	PARM3	Calculated

Files MC-F-400 CCC Infocrossing Eligibility Request File

This file contains a list of enrollees who are eligible for the CCC program.

Subsystem:	Member
Copybook:	MCF400
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly File Creation of Eligible CCC Enrollees Program (MCM400) Process info crossing daily eligibility file to populate valid header record (MCM400EZ).
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF400	DE3350	MCF400-HEADER-ID	CMS Record ID
MCF400	DE3359	MCF400-ACCOUNT	CMS Transaction Tracking ID
MCF400	DE3389	MCF400-TRANS-DATE	CMS Transaction Date
MCF400	DE3390	MCF400-RECORD-CNT	CMS Record Count
MCF400	DE3350	MCF400-DETAIL-ID	CMS Record ID
MCF400	DE3955	MCF400-HICN	Person Identifier Value
MCF400	DE3110	MCF400-LAST-NAME	Enrollee Last Name
MCF400	DE3391	MCF400-SEQ-NUM	CMS Sequence Number
MCF400	DE3005	MCF400-DOB	Enrollee Birth Date

Files MC-F-401 Reassign File

General Information

Reassign File received annually. It is used to update/insert records on table RS_ENRL_CCC_IND.

Subsystem:	Member
Copybook:	MCF401
File Organization:	Sequential
Device Type:	Disk
Primary Key:	DTL-MEDI-HIC-NUM
Alternate Key:	N/A
Program:	Reassign Update (MCY401)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
		REASSIGN-HEADER-RECORD	
MCF401	DE3392	HDR-HEADER-CODE	CMS Reassign Header Code
MCF401	DE3393	HDR-SENDING-CODE	CMS Reassign Sending Code
MCF401	DE3389	HDR-FILE-CREATE-DATE	CMS Transaction Date
MCF401	DE3394	HDR-FILE-CNTL-NUM	CMS Reassign File Control Number
		REASSIGN DETAIL-RECORD	
MCF401	DE3395	DTL-REC-TYP	CMS Reassign Detail Record Type
MCF401	DE3955	DTL-MEDI-HIC-NUM	Person Identifier Value
MCF401	DE3034	DTL-SOC-SEC-NUM	Enrollee Social Security Number (SSN)
MCF401	DE9560	DTL-PAYEE-NAME	Enrollee Full Name
MCF401	DE3111	DTL-FIRST-NAME	Enrollee First Name
MCF401	DE3112	DTL-MIDL-NAME	Enrollee Middle Initial
MCF401	DE3110	DTL-LAST-NAME	Enrollee Last Name
MCF401	DE3114	DTL-ADDR-LINE1	Enrollee Additional Address Name

MCF401	DE3115	DTL-ADDR-LINE2	Enrollee Street Address
MCF401	DE3115	DTL-ADDR-LINE3	Enrollee Street Address
MCF401	DE3115	DTL-ADDR-LINE4	Enrollee Street Address
MCF401	DE3115	DTL-ADDR-LINE5	Enrollee Street Address
MCF401	DE3115	DTL-ADDR-LINE6	Enrollee Street Address
MCF401	DE3116	DTL-CITY	Enrollee City Name
MCF401	DE3117	DTL-STATE	Enrollee State Code
MCF401	DE3118	DTL-ZIP-CODE	Enrollee ZIP Code
MCF401	DE3588	DTL-NXT-YR-ORG-NAM	CMS Organization Name
MCF401	DE3589	DTL-NXT-YR-PLAN-NAM	CMS Plan Name
MCF401	DE3578	DTL-NXT-YR-SRC-PHONE	CMS Source Groups Phone Number
MCF401	DE3590	DTL-NXT-YR-WEB-ADDR	CMS Source Groups Web Address
MCF401	DE3337	DTL-LIS-SUB-COPAY-CAT	CMS Low Income Subsidy (LIS) Copay Category
MCF401	DE3365	DTL-NXT-YR-EFF-DTE	CMS Record Effective Date
MCF401	DE3338	DTL-PART-D-PERCENT	CMS Low Income Premium Subsidy Level
MCF401	DE3291	DTD-PDP-REGION-ID	CMS UI Designation
MCF401	DE3588	DTL-CUR-YR-ORG-NAM	CMS Organization Name
MCF401	DE3589	DTL-CUR-YR-PLAN-NAM	CMS Plan Name
MCF401	DE3578	DTL-CUR-YR-SRC-PHONE	CMS Source Groups Phone Number
MCF401	DE3591	DTL-CUR-YR-PREM-LIAB	CMS Plans Premium Liability
MCF401	DE3290	DTL-NXT-YR-CNTR-NUM	CMS Source ID
MCF401	DE3553	DTL-NXT-YR-PBP-NUM	Benefit Definition Plan Benefit Code
MCF401	DE3290	DTL-CUR-YR-CNTR-NUM	CMS Source ID
MCF401	DE3553	DTL-CUR-YR-PBP-NUM	Benefit Definition Plan Benefit Code
MCF401	DE3591	DTL-NXT-YR-PREM-LIAB	CMS Plans Premium Liability
		REASSIGN-TRAILER-RECORD	
MCF401	DE3392	TRL-HEADER-CODE	CMS Reassign Header Code
MCF401	DE3393	TRL-SENDING-CODE	CMS Reassign Sending Code
MCF401	DE3389	TRL-FILE-CREATE-DATE	CMS Transaction Date
MCF401	DE3394	TRL-FILE-CNTL-NUM	CMS Reassign File Control Number
MCF401	DE3390	TRL-REC-COUNT	CMS Record Count

Files MC-F-405 Dual Infocrossing Eligibility Response

General Information

This file layout is no longer needed, as part of EWO 2016-019-001 M changes two different file layouts MC-F-405A and MC-F-405B were created to replace the MC-F-405 file layout. This file is received from CMS Vendor, Infocrossing, as a response to our request to determine if VAMMIS dual-eligible recipients are also confirmed on CMS.

Subsystem:	Member
Copybook:	MCF405
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	MMP Eligibility Response Batch Process (MCM405) MMP Eligibility Response file verification process (MCM405EZ)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
		MCF405-DUA-INFO-ELIG-RESP-HDR	
MCF405	DE3350	MCF405-RECORD-ID	Record Identifier
MCF405	DE3359	MCF405-ACCOUNT	CMS Transaction Tracking ID
MCF405	DE3389	MCF405-TRANS-DATE	CMS Transaction Date
MCF405	DE3396	MCF405-LOAD-EFF-DATE	CMS Load Effective Date
MCF405	DE3397	MCF405-UNCOV-MTHS-EFF-DATE	CMS Uncovered Months Effective Date
		MCF405-DUA-INFO-ELIG-RESP-DTL	
MCF405	DE3350	MCF405-RECORD-ID	Record Identifier
MCF405	DE3955	MCF405-HICN	Person Identifier Value

MCF405	DE3110	MCF405-LAST-NAME	Enrollee Last Name
MCF405	DE3398	MCF405-HICN-SW	CMS HICN Switch
MCF405	DE3399	MCF405-LNAME-DOB-SW	CMS Last Name Date of Birth Switch
MCF405	DE3110	MCF405-CMS-LAST-NAME	Enrollee Last Name
MCF405	DE3111	MCF405-CMS-FIRST-NAME	Enrollee First Name
MCF405	DE3112	MCF405-CMS-MIDDLE-INIT	Enrollee Middle Initial
MCF405	DE3007	MCF405-CMS-SEX	Enrollee Sex Code
MCF405	DE3005	MCF405-CMS-DOB	Enrollee Birth Date
MCF405	DE3315	MCF405-CMS-PARTA-ENT-DATE	CMS PARTA Entry Date
MCF405	DE3316	MCF405-CMS-PARTA-END-DATE	CMS PARTA End Date
MCF405	DE3317	MCF405-CMS-PARTB-ENT-DATE	CMS PARTB Entry Date
MCF405	DE3318	MCF405-CMS-PARTB-END-DATE	CMS PARTB End Date
MCF405	DE3117	MCF405-CMS-STATE	Enrollee State Code
MCF405	DE3008	MCF405-CMS-COUNTY	Enrollee FIPS Code
MCF405	DE3319	MCF405-CMS-HOSPICE-STATUS	CMS Hospice Status
MCF405	DE3320	MCF405-CMS-HOSPICE-START-DATE	CMS Hospice Start Date
MCF405	DE3321	MCF405-CMS-HOSPICE-END-DATE	CMS Hospice End Date
MCF405	DE3322	MCF405-CMS-INST-STATUS	CMS Institutional Status
MCF405	DE3323	MCF405-CMS-INST-START-DATE	CMS Institutional Start Date
MCF405	DE3324	MCF405-CMS-INST-END-DATE	CMS Institutional End Date
MCF405	DE3325	MCF405-CMS-ESRD-STATUS	CMS ESRD Status
MCF405	DE3326	MCF405-CMS-ESRD-START-DATE	CMS ESRD Start Date
MCF405	DE3327	MCF405-CMS-ESRD-END-DATE	CMS ESRD End Date
MCF405	DE3328	MCF405-CMS-MDCD-STATUS	CMS Medicaid (MDCD) Status
MCF405	DE3329	MCF405-CMS-MDCD-START-DATE	CMS Medicaid (MDCD) Start Date

MCF405	DE3330	MCF405-CMS-MDCD-END-DATE	CMS Medicaid (MDCD) End Date
MCF405	DE3364	MCF405-CMS-EGHP-IND	CMS EGHP Flag
MCF405	DE3331	MCF405-CMS-LIVING-STATUS	CMS Living Status
MCF405	DE3036	MCF405-CMS-DEATH-DATE	Enrollee Date of Death
MCF405	DE3955	MCF405-CMS-XREF-CLM-NUMBER	Person Identifier Value
MCF405	DE3333	MCF405-CMS-RACE-CODE	CMS Race Code
MCF405	DE3334	MCF405-CMS-PARTD-ELIG-START-DT	CMS PARTD Eligible Start Date
MCF405	DE3335	MCF405-CMS-PARTD-LIS-SB-BEG-DT	CMS Low Income Subsidy (LIS) Begin Date
MCF405	DE3336	MCF405-CMS-PARTD-LIS-SB-END-DT	CMS Low Income Subsidy (LIS) End Date
MCF405	DE3337	MCF405-CMS-PARTD-LIS-SB-CO-IND	CMS Low Income Subsidy (LIS) Co-pay Category
MCF405	DE3338	MCF405-CMS-PARTD-LIS-SB-PERCNT	CMS Low Income Premium Subsidy Level
MCF405	DE0002	MCF405-CMS-PARTD-OCCURRENCES	Calculated
MCF405	DE3341	MCF405-CMS-PARTD-ENRL-EFF-DT	CMS PARTD Enrollment Effective Date
MCF405	DE3342	MCF405-CMS-PARTD-DNRL-EFF-DT	CMS PARTD Disenrollment Effect-ive Date
MCF405	DE3343	MCF405-CMS-POTENTIAL-UNC-MTHS	CMS Potential Uncovered Months
MCF405	DE3344	MCF405-CMS-INQUIRY-TYPE	CMS Inquiry Type
MCF405	DE0002	MCF405-CMS-ENRL-OCCURRENCES	Calculated
MCF405	DE3353	MCF405-CMS-ENRL-PLAN-ID	CMS MCO Contract Number
MCF405	DE3345	MCF405-CMS-ENRL-DATE	CMS Enrollment Date
MCF405	DE3346	MCF405-CMS-ENRL-DRUG-PLAN-IND	CMS Enrollment Drug Plan Indicator
MCF405	DE0002	MCF405-CMS-NUNCMO-OCCURRENCES	Calculated
MCF405	DE3347	MCF405-CMS-NUNCMO-START-DT	CMS Number of Uncovered Months Start Date
MCF405	DE3361	MCF405-CMS-NUNCMO-	CMS Number of Uncovered Months

		MTHS	
MCF405	DE3348	MCF405-CMS-NUNCMO-IND	CMS Number of Uncovered Months Indicator
MCF405	DE3349	MCF405-CMS-NUNCMO-TOTUNC-MTHS	CMS Total Number of Uncoverd Months
MCF405	DE0002	MCF405-CMS-RDS-OCCURRENCES	Calculated
MCF405	DE3412	MCF405-CMS-RDS-EFF-DT	CMS RDS Effective Date
MCF405	DE3413	MCF405-CMS-DNRL-DT	CMS RDS Disenrollment Date
MCF405	DE3391	MCF405-SEQUENCE-NUMBER	CMS Sequence Number
MCF405	DE3955	MCF405-HICN-X-CLAIM-NUMBER	Person Identifier Value
MCF405	DE3955	MCF405-ERR-ENROLLEE-ID	Person Identifier Value
MCF405	DE0002	MCF405-ERR-OCCURRENCES	Calculated
MCF405	DE3414	MCF405-ERR-CD	CMS Transaction Reply Type
MCF405	DE3415	MCF405-ERR-START-DT	CMS Error Start Date
MCF405	DE3416	MCF405-ERR-END-DT	CMS Error End Date

Files MC-F-405A Dual Infocrossing Eligibility Response

General Information

This file is received from CMS Vendor, Infocrossing, as a response to our request to determine if VAMMIS dual-eligible recipients are also confirmed on CMS. This file represents the response file as it comes in from the vendor (without error codes).

Subsystem:	Member
Copybook:	MCF405A
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	MMP Eligibility Response Batch Process (MCM405) MMP Eligibility Response file verification process (MCD405EZ)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
		MCF405A-DUA-INFO-ELIG-RESP-HDR	
MCF405A	DE3350	MCF405A-RECORD-ID	Record Identifier
MCF405A	DE3359	MCF405A-ACCOUNT	CMS Transaction Tracking ID
MCF405A	DE3389	MCF405A-TRANS-DATE	CMS Transaction Date
MCF405A	DE3396	MCF405A-LOAD-EFF-DATE	CMS Load Effective Date
MCF405A	DE3397	MCF405A-UNCOV-MTHS-EFF-DATE	CMS Uncovered Months Effective Date
		MCF405A-DUA-INFO-ELIG-RESP-DTL	
MCF405A	DE3350	MCF405A-RECORD-ID	Record Identifier
MCF405A	DE3955	MCF405A-HICN	Person Identifier Value
MCF405A	DE3110	MCF405A-LAST-NAME	Enrollee Last Name
MCF405A	DE3398	MCF405A-HICN-SW	CMS HICN Switch
MCF405A	DE3399	MCF405A-LNAME-DOB-SW	CMS Last Name Date of Birth Switch
MCF405A	DE3110	MCF405A-CMS-LAST-NAME	Enrollee Last Name

MCF405A	DE3111	MCF405A-CMS-FIRST-NAME	Enrollee First Name
MCF405A	DE3112	MCF405A-CMS-MIDDLE-INIT	Enrollee Middle Initial
MCF405A	DE3007	MCF405A-CMS-SEX	Enrollee Sex Code
MCF405A	DE3005	MCF405A-CMS-DOB	Enrollee Birth Date
MCF405A	DE3315	MCF405A-CMS-PARTA-ENT-DATE	CMS PARTA Entry Date
MCF405A	DE3316	MCF405A-CMS-PARTA-END-DATE	CMS PARTA End Date
MCF405A	DE3317	MCF405A-CMS-PARTB-ENT-DATE	CMS PARTB Entry Date
MCF405A	DE3318	MCF405A-CMS-PARTB-END-DATE	CMS PARTB End Date
MCF405A	DE3117	MCF405A-CMS-STATE	Enrollee State Code
MCF405A	DE3008	MCF405A-CMS-COUNTY	Enrollee FIPS Code
MCF405A	DE3319	MCF405A-CMS-HOSPICE-STATUS	CMS Hospice Status
MCF405A	DE3320	MCF405A-CMS-HOSPICE-START-DATE	CMS Hospice Start Date
MCF405A	DE3321	MCF405A-CMS-HOSPICE-END-DATE	CMS Hospice End Date
MCF405A	DE3322	MCF405A-CMS-INST-STATUS	CMS Institutional Status
MCF405A	DE3323	MCF405A-CMS-INST-START-DATE	CMS Institutional Start Date
MCF405A	DE3324	MCF405A-CMS-INST-END-DATE	CMS Institutional End Date
MCF405A	DE3325	MCF405A-CMS-ESRD-STATUS	CMS ESRD Status
MCF405A	DE3326	MCF405A-CMS-ESRD-START-DATE	CMS ESRD Start Date
MCF405A	DE3327	MCF405A-CMS-ESRD-END-DATE	CMS ESRD End Date
MCF405A	DE3328	MCF405A-CMS-MDCD-STATUS	CMS Medicaid (MDCD) Status
MCF405A	DE3329	MCF405A-CMS-MDCD-START-DATE	CMS Medicaid (MDCD) Start Date
MCF405A	DE3330	MCF405A-CMS-MDCD-END-DATE	CMS Medicaid (MDCD) End Date
MCF405A	DE3364	MCF405A-CMS-EGHP-IND	CMS EGHP Flag
MCF405A	DE3331	MCF405A-CMS-LIVING-STATUS	CMS Living Status
MCF405A	DE3036	MCF405A-CMS-DEATH-DATE	Enrollee Date of Death
MCF405A	DE3955	MCF405A-CMS-XREF-CLM-NUMBER	Person Identifier Value
MCF405A	DE3333	MCF405A-CMS-RACE-CODE	CMS Race Code
MCF405A	DE3334	MCF405A-CMS-PARTD-ELIG-START-DT	CMS PARTD Eligible Start Date
MCF405A	DE3335	MCF405A-CMS-PARTD-LIS-SB-BEG-DT	CMS Low Income Subsidy (LIS) Begin Date
MCF405A	DE3336	MCF405A-CMS-PARTD-LIS-SB-END-DT	CMS Low Income Subsidy (LIS) End Date
MCF405A	DE3337	MCF405A-CMS-PARTD-LIS-SB-CO-IND	CMS Low Income Subsidy (LIS) Co-pay Category

MCF405A	DE3338	MCF405A-CMS-PARTD-LIS-SB-PERCNT	CMS Low Income Premium Subsidy Level
MCF405A	DE0002	MCF405A-CMS-PARTD-OCCURRENCES	Calculated
MCF405A	DE3341	MCF405A-CMS-PARTD-ENRL-EFF-DT	CMS PARTD Enrollment Effective Date
MCF405A	DE3342	MCF405A-CMS-PARTD-DNRL-EFF-DT	CMS PARTD Disenrollment Effective Date
MCF405A	DE3343	MCF405A-CMS-POTENTIAL-UNC-MTHS	CMS Potential Uncovered Months
MCF405A	DE3344	MCF405A-CMS-INQUIRY-TYPE	CMS Inquiry Type
MCF405A	DE0002	MCF405A-CMS-ENRL-OCCURRENCES	Calculated
MCF405A	DE3353	MCF405A-CMS-ENRL-PLAN-ID	CMS MCO Contract Number
MCF405A	DE3345	MCF405A-CMS-ENRL-DATE	CMS Enrollment Date
MCF405A	DE3346	MCF405A-CMS-ENRL-DRUG-PLAN-IND	CMS Enrollment Drug Plan Indicator
MCF405A	DE0002	MCF405A-CMS-NUNCMO-OCCURRENCES	Calculated
MCF405A	DE3347	MCF405A-CMS-NUNCMO-START-DT	CMS Number of Uncovered Months Start Date
MCF405A	DE3361	MCF405A-CMS-NUNCMO-MTHS	CMS Number of Uncovered Months
MCF405A	DE3348	MCF405A-CMS-NUNCMO-IND	CMS Number of Uncovered Months Indicator
MCF405A	DE3349	MCF405A-CMS-NUNCMO-TOTUNC-MTHS	CMS Total Number of Uncoverd Months
MCF405A	DE0002	MCF405A-CMS-RDS-OCCURRENCES	Calculated
MCF405A	DE3412	MCF405A-CMS-RDS-EFF-DT	CMS RDS Effective Date
MCF405A	DE3413	MCF405A-CMS-DNRL-DT	CMS RDS Disenrollment Date
MCF405A	DE3391	MCF405A-SEQUENCE-NUMBER	CMS Sequence Number
MCF405A	DE3955	MCF405A-HICN-X-CLAIM-NUMBER	Person Identifier Value
MCF405A		MCF405A-CMS-UNLAWFUL-OCCURS	Calculated
MCF405A		MCF405A-CMS-INELIG-STRT-DT	Medicare Ineligibility start date
MCF405A		MCF405A-CMS-INELIG-END-DT	Medicare Ineligibility End date

Files MC-F-405B Dual Infocrossing Eligibility Response (Rejects)

General Information

This file is a copy of the original response file received from CMS Vendor, Infocrossing as a response to our request to determine if VAMMIS dual-eligible recipients are also confirmed on CMS systems. This copy contains error codes that the fiscal agent will need for downstream file processing.

Subsystem:	Member
Copybook:	MCF405B
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	MMP Eligibility Response Batch Process (MCM405) CCC Infocrossing Eligibility Error Report Program (MCM406) Infocrossing Monthly Summary Report Program (MCM470)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
		MCF405-DUA-INFO-ELIG-RESP-HDR	
MCF405	DE3350	MCF405-RECORD-ID	Record Identifier
MCF405	DE3359	MCF405-ACCOUNT	CMS Transaction Tracking ID
MCF405	DE3389	MCF405-TRANS-DATE	CMS Transaction Date
MCF405	DE3396	MCF405-LOAD-EFF-DATE	CMS Load Effective Date
MCF405	DE3397	MCF405-UNCOV-MTHS-EFF-DATE	CMS Uncovered Months Effective Date
		MCF405-DUA-INFO-ELIG-RESP-DTL	
MCF405	DE3350	MCF405-RECORD-ID	Record Identifier
MCF405	DE3955	MCF405-HICN	Person Identifier Value
MCF405	DE3110	MCF405-LAST-NAME	Enrollee Last Name
MCF405	DE3398	MCF405-HICN-SW	CMS HICN Switch

MCF405	DE3399	MCF405-LNAME-DOB-SW	CMS Last Name Date of Birth Switch
MCF405	DE3110	MCF405-CMS-LAST-NAME	Enrollee Last Name
MCF405	DE3111	MCF405-CMS-FIRST-NAME	Enrollee First Name
MCF405	DE3112	MCF405-CMS-MIDDLE-INIT	Enrollee Middle Initial
MCF405	DE3007	MCF405-CMS-SEX	Enrollee Sex Code
MCF405	DE3005	MCF405-CMS-DOB	Enrollee Birth Date
MCF405	DE3315	MCF405-CMS-PARTA-ENT-DATE	CMS PARTA Entry Date
MCF405	DE3316	MCF405-CMS-PARTA-END-DATE	CMS PARTA End Date
MCF405	DE3317	MCF405-CMS-PARTB-ENT-DATE	CMS PARTB Entry Date
MCF405	DE3318	MCF405-CMS-PARTB-END-DATE	CMS PARTB End Date
MCF405	DE3117	MCF405-CMS-STATE	Enrollee State Code
MCF405	DE3008	MCF405-CMS-COUNTY	Enrollee FIPS Code
MCF405	DE3319	MCF405-CMS-HOSPICE-STATUS	CMS Hospice Status
MCF405	DE3320	MCF405-CMS-HOSPICE-START-DATE	CMS Hospice Start Date
MCF405	DE3321	MCF405-CMS-HOSPICE-END-DATE	CMS Hospice End Date
MCF405	DE3322	MCF405-CMS-INST-STATUS	CMS Institutional Status
MCF405	DE3323	MCF405-CMS-INST-START-DATE	CMS Institutional Start Date
MCF405	DE3324	MCF405-CMS-INST-END-DATE	CMS Institutional End Date
MCF405	DE3325	MCF405-CMS-ESRD-STATUS	CMS ESRD Status
MCF405	DE3326	MCF405-CMS-ESRD-START-DATE	CMS ESRD Start Date
MCF405	DE3327	MCF405-CMS-ESRD-END-DATE	CMS ESRD End Date
MCF405	DE3328	MCF405-CMS-MDCD-STATUS	CMS Medicaid (MDCD) Status
MCF405	DE3329	MCF405-CMS-MDCD-START-DATE	CMS Medicaid (MDCD) Start Date
MCF405	DE3330	MCF405-CMS-MDCD-END-DATE	CMS Medicaid (MDCD) End Date
MCF405	DE3364	MCF405-CMS-EGHP-IND	CMS EGHP Flag
MCF405	DE3331	MCF405-CMS-LIVING-STATUS	CMS Living Status
MCF405	DE3036	MCF405-CMS-DEATH-DATE	Enrollee Date of Death
MCF405	DE3955	MCF405-CMS-XREF-CLM-NUMBER	Person Identifier Value
MCF405	DE3333	MCF405-CMS-RACE-CODE	CMS Race Code
MCF405	DE3334	MCF405-CMS-PARTD-ELIG-START-DT	CMS PARTD Eligible Start Date
MCF405	DE3335	MCF405-CMS-PARTD-LIS-SB-BEG-DT	CMS Low Income Subsidy (LIS) Begin Date
MCF405	DE3336	MCF405-CMS-PARTD-LIS-SB-END-DT	CMS Low Income Subsidy (LIS) End Date
MCF405	DE3337	MCF405-CMS-PARTD-LIS-SB-CO-IND	CMS Low Income Subsidy (LIS) Co-pay Category
MCF405	DE3338	MCF405-CMS-PARTD-LIS-SB-PERCNT	CMS Low Income Premium Subsidy Level

MCF405	DE0002	MCF405-CMS-PARTD-OCCURRENCES	Calculated
MCF405	DE3341	MCF405-CMS-PARTD-ENRL-EFF-DT	CMS PARTD Enrollment Effective Date
MCF405	DE3342	MCF405-CMS-PARTD-DNRL-EFF-DT	CMS PARTD Disenrollment Effective Date
MCF405	DE3343	MCF405-CMS-POTENTIAL-UNC-MTHS	CMS Potential Uncovered Months
MCF405	DE3344	MCF405-CMS-INQUIRY-TYPE	CMS Inquiry Type
MCF405	DE0002	MCF405-CMS-ENRL-OCCURRENCES	Calculated
MCF405	DE3353	MCF405-CMS-ENRL-PLAN-ID	CMS MCO Contract Number
MCF405	DE3345	MCF405-CMS-ENRL-DATE	CMS Enrollment Date
MCF405	DE3346	MCF405-CMS-ENRL-DRUG-PLAN-IND	CMS Enrollment Drug Plan Indicator
MCF405	DE0002	MCF405-CMS-NUNCMO-OCCURRENCES	Calculated
MCF405	DE3347	MCF405-CMS-NUNCMO-START-DT	CMS Number of Uncovered Months Start Date
MCF405	DE3361	MCF405-CMS-NUNCMO-MTHS	CMS Number of Uncovered Months
MCF405	DE3348	MCF405-CMS-NUNCMO-IND	CMS Number of Uncovered Months Indicator
MCF405	DE3349	MCF405-CMS-NUNCMO-TOTUNC-MTHS	CMS Total Number of Uncoverd Months
MCF405	DE0002	MCF405-CMS-RDS-OCCURRENCES	Calculated
MCF405	DE3412	MCF405-CMS-RDS-EFF-DT	CMS RDS Effective Date
MCF405	DE3413	MCF405-CMS-DNRL-DT	CMS RDS Disenrollment Date
MCF405	DE3391	MCF405-SEQUENCE-NUMBER	CMS Sequence Number
MCF405	DE3955	MCF405-HICN-X-CLAIM-NUMBER	Person Identifier Value
MCF405		MCF405-CMS-UNLAWFUL-OCCURS	Calculated
MCF405		MCF405-CMS-INELIG-STRT-DT	Medicare Ineligibility start date
MCF405		MCF405-CMS-INELIG-END-DT	Medicare Ineligibility End date
MCF405	DE3955	MCF405-ERR-ENROLLEE-ID	Person Identifier Value
MCF405	DE0002	MCF405-ERR-OCCURRENCES	Calculated
MCF405	DE3414	MCF405-ERR-CD	CMS Transaction Reply Type
MCF405	DE3415	MCF405-ERR-START-DT	CMS Error Start Date
MCF405	DE3416	MCF405-ERR-END-DT	CMS Error End Date

Files MC-F-410 CCC Initial OP-IN Letter Extract File

General Information

This tape file is sent to Commonwealth Martin who uses it to send initial OP-IN letters to CCC enrollees.

Subsystem:	Member
Copybook:	MCF003
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC OP-IN Eligible Member Letter Extract (MCM410)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF003	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF003	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF003	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial
MCF003	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix
MCF003	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF003	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name
MCF003	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF003	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF003	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF003	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF003	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF003	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF003	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF003	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial

MCF003	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix
MCF003	DE4700	PREASSGN PROVIDER	National Provider Identifier
MCF003	DE4085	PRE-ASSIGNED PROVIDER NAME	Provider Name

Files MC-F-415 CCC MMP Pre-Assignment Input File

General Information

This file is the input file for the pre-assignment process.

Subsystem:	Member
Copybook:	MCF415
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC Monthly Extract of Members who are Eligible for Pre-Assignment Program (MCM415)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF415	DE3955	MCF415-HICN	Person Identifier Value
MCF415	DE3901	MCF415-PERSON-ID	Person ID
MCF415	DE3955	MCF415-ENROLLEE-ID	Person Identifier Value
MCF415	DE3110	MCF415-LAST-NAME	Enrollee Last Name
MCF415	DE3111	MCF415-FIRST-NAME	Enrollee First Name
MCF415	DE3112	MCF415-MIDDLE-INIT	Enrollee Middle Initial
MCF415	DE3005	MCF415-DOB	Enrollee Birth Date
MCF415	DE3339	MCF415-MMP-ID	Medicare Medicaid Plan ID

Files MC-F-416 CCC Enrollees Eligible for Pre-assignment

General Information

This file is created by the Managed Care monthly processing cycle for CCC members. It stores enrollee data for CCC individuals who are eligible for pre-assignment in the current month.

Subsystem:	Member
Copybook:	MCF416
File Organization:	Sequential
Device Type:	Tape
Primary Key:	CCC-ENROL-ID-NO
Alternate Key:	CCC-CASE-NUMBER CCC-ENRL-ZIP-GROUP CCC-GEO-COUNTY
Program:	CCC Monthly Extract of Members who are Eligible for Pre-Assignment Program (MCM415) CCC Pre-Assignment of History Provider Processing (MCM425) CCC Pre-Assignment of Previous Provider Processing (MCM430) CCC Random Pre-Assignment Processing (MCM440) Actual Assignment of Enrollees Processing (MCM450) CCC Pre-Enrollment Letters Processing (MCM465)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF416	DE3093	CCC-ENROL-ID-NO	Enrollee Permanent Identification Number
MCF416	DE3901	CCC-PERSON-ID	Person identification number
MCF416	DE5279	CCC-ENRL-ZIP-GROUP	Enrollee Zip group
MCF416	DE3008	CCC-GEO-COUNTY	Enrollee County code
MCF416	DE3043	CCC-CASE-NUMBER	Enrollee Case number
MCF416	DE3110	CCC-ENROL-LAST-NAME	Enrollee last name
MCF416	DE3111	CCC-ENROL-FIRST-NAME	Enrollee first name
MCF416	DE3112	CCC-ENROL-MIDDLE-	Enrollee Middle initial

		INITIAL	
MCF416	DE3113	CCC-ENROL-SUFFIX	Enrollee Name Suffix
MCF416	DE3114	CCC-MAIL-ADDRESS-LINE-1	Enrollee Additional Address Name
MCF416	DE3115	CCC-MAIL-ADDRESS-LINE-2	Enrollee Street address
MCF416	DE3116	CCC-MAIL-CITY	Enrollee City name
MCF416	DE3117	CCC-MAIL-ADDRESS-STATE	Enrollee State name
MCF416	DE3118	CCC-MAIL-ZIP-CODE	Enrollee Zip code
MCF416	DE3095	CCC-ENROL-PHONE	Enrollee phone number
MCF416	DE3008	CCC-ADM-COUNTY	Enrollee administrative FIPS code
MCF416	DE3005	CCC-DATE-OF-BIRTH	Enrollee Date of birth
MCF416	DE3007	CCC-SEX	Enrollee Sex code
MCF416	DE3009	CCC-AID-CATEGORY	Enrollee Aid category
MCF416	DE3551 DE3552 DE3553	CCC-BENEFIT-PLAN-CODE	Enrollee CCC Benefit plan code
MCF416	DE3550	CCC-BENEFIT-PKG	Enrollee CCC benefit package
MCF416	DE3010	CCC-ELIG-BEGIN-DATE	Enrollee eligibility begin date
MCF416	DE3011	CCC-ELIG-END-DATE	Enrollee eligibility end date
MCF416	DE3451	CCC-ELIG-CANCEL-REASON	Enrollee eligibility cancel reason
MCF416	DE3452	CCC-ELIG-CANCEL-DATE	Enrollee eligibility cancel date
MCF416	DE3142	CCC-PCN-ENROLL-TYPE	Enrollee benefit managed care type
MCF416	DE3021	CCC-ENROLL-PREASN-CODE	Enrollee benefit initial preassignment code
MCF416	DE3019	CCC-ENROLL-ASSIGN-CODE	Enrollee benefit assignment code
MCF416	DE4002	CCC-PREASN-PROV	Enrollee benefit provider identification number
MCF416	DE4700	CCC-PREASN-NPI	National provider identifier
MCF416	DE4143	CCC-PREASN-NPI-SITE-IND	NPI XREF Site number
MCF416	DE4006	CCC- PREASN -PROV-TYPE	Provider Type
MCF416	DE4007	CCC- PREASN -PROV-SPEC	Provider specialty code
MCF416	DE4085	CCC- PREASN -PROV-NAME	Provider Name
MCF416	DE4090	CCC- PREASN -PROV-	Provider Phone number

		PHONE	
MCF416	DE3154	CCC-DATE-PRE-ASSIGNED	Enrollee benefit assignment code update date
MCF416	DE3064	CCC-PREASN-BEGIN-DATE	Enrollee benefit enrollment begin date
MCF416	DE3065	CCC-PREASN-END-DATE	Enrollee benefit enrollment end date
MCF416	DE4002	CCC-ASSIGNED-PROV	Enrollee Benefit Provider identification number
MCF416	DE4700	CCC-ASSIGN-NPI	National provider identifier
MCF416	DE4143	CCC-ASSIGN-NPI-SITE-IND	NPI XREF Site number
MCF416	DE4006	CCC-ASSIGNED-PROV-TYPE	Provider type
MCF416	DE4007	CCC-ASSIGNED-PROV-SPEC	Provider specialty code
MCF416	DE4085	CCC-ASSIGNED-PROV-NAME	Provider name
MCF416	DE4090	CCC-ASSIGNED-PROV-PHONE	Provider phone number
MCF416	DE3154	CCC-DATE-ASSIGNED	Enrollee benefit assignment code update date
MCF416	DE3064	CCC-ASSIGNED-BEGIN-DATE	Enrollee benefit enrollment begin date
MCF416	DE3065	CCC-ASSIGNED-END-DATE	Enrollee benefit enrollment end date
MCF416	DE3306	CCC-MONEY-PAYMENT-STATUS	Aid category money payment status code
MCF416	DE5249	CCC-ENRL-REGION	Region code
MCF416	DE3021	CCC-PRE-ASSIGN-CVAL	Enrollee benefit pre-assignment code
MCF416	DE4404	CCC-ENRL-AGE-TYPE	Enrollee age type – Adult/Child
MCF416	DE3339	CCC-MMP-ID	Medicare Medicaid Plan ID

Files MC-F-500 CCC Cancel Letter Extract File

General Information

This tape file is sent to Commonwealth Martin who uses it to send Cancel letters to CCC enrollees.

Subsystem:	Member
Copybook:	MCF003
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC Cancel Letter Extract File Process (MCM500)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF003	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF003	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF003	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial
MCF003	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix
MCF003	DE3115	HOUSEHOLD ADDRESS 1	Enrollee Street Address
MCF003	DE3114	HOUSEHOLD ADDRESS 2	Enrollee Additional Address Name
MCF003	DE3116	HOUSEHOLD CITY	Enrollee City Name
MCF003	DE3117	HOUSEHOLD STATE	Enrollee State Code
MCF003	DE3118	HOUSEHOLD ZIP CODE	Enrollee ZIP Code
MCF003	DE3008	ENROLLEE LOCALITY	Enrollee FIPS Code
MCF003	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
MCF003	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
MCF003	DE3111	ENROLLEE FIRST NAME	Enrollee First Name
MCF003	DE3112	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial
MCF003	DE3113	ENROLLEE SUFFIX	Enrollee Name Suffix

MCF003	DE4700	PREASSGN PROVIDER	National Provider Identifier
MCF003	DE4085	PRE-ASSIGNED PROVIDER NAME	Provider Name

Files RS-F-001 VMAP Phone Matches

General Information

This is a sequential file used to process enrollees that receive reduced phone rates. The records are matched against the Enrollee Master file to see if the enrollees are active, cancelled or not on file.

Subsystem:	Recipient
Copybook:	RSF001
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Provider Change - Level of Care & Assessments (ASR400) VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF001	DE3034	IN-SSN	Enrollee Social Security Number (SSN)
RSF001	DE3110	IN-RECIP-LSTNME	Enrollee Last Name
RSF001	DE3095	IN-PH1	Enrollee Telephone Number
RSF001	DE3095	IN-PH2	Enrollee Telephone Number
RSF001	DE3095	IN-PH3	Enrollee Telephone Number
RSF001	DE0000	IN-BUS-OFF-CDE	

Files RS-F-003 Phone Match Updates

General Information

This is an output tape file that contains phone match updates that are sent back to the phone company.

Subsystem:	Recipient
Copybook:	RSF003
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF003	DE3034	OUT-SSN	Enrollee Social Security Number (SSN)
RSF003	DE3110	OUT-RECIP-LSTNME	Enrollee Last Name
RSF003	DE3095	OUT-TELEPHONE-NO	Enrollee Telephone Number
RSF003	DE0000	OUT-BUS-OFF-CDE	
RSF003	DE3499	OUT-ELIG-IND	Enrollee Eligibility Status Code

Files RS-F-004A DMAS Enrollee and Case Counts by Aid Category for RS-O-264A

General Information

This file stores accumulations of case and enrollee counts by Aid Category within each City/County Code.

Subsystem:	Recipient
Copybook:	RSF004
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	RSF004-FIPS-CODE (3039)
Alternate Key:	N/A
Program:	Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065) Read RS-F-004 to Create RS-O-264 (RSM070)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF004	DE3039	RSF004-FIPS-CODE	Case Administrative FIPS Code
RSF004	DE5264	RSF004-FIPS-NAME	Locality Region Type Address Name
RSF004	DE5265	RSF-FIPS-ADDL-NAME	Locality Region Type Additional Address Name
RSF004	DE5266	RSF-FIPS-STREET	Locality Region Type Street Address
RSF004	DE5267	RSF004-CITY	Locality Region Type City Name
RSF004	DE5268	RSF004-FIPS-STATE	Locality Region Type State Code
RSF004	DE5269	RSF004-FIPS-	Locality Region Type Zip Code

		ZIP	
RSF004	DE0002	RSF004-NBR-AID-CATGS	Calculated
RSF004	DE3009	RSF004-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF004	DE3306	RSF004-MPSC	Aid Category Money Payment Status Code
RSF004	DE0002	RSF004-ELIGS-TOTAL	Calculated
RSF004	DE0002	RSF004-CHILD-CASES-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-CHILD-ELIGS-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-ADULT-CASES-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-ADULT-ELIGS-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-CASES-TOTAL	Calculated

Files RS-F-004B DSS Enrollee and Case Counts by Aid Category for RS-O-264B

General Information

This file stores accumulations of case and enrollee counts by Aid Category within each City/County Code for DSS. The contents of this file are similar to RS-F-004A except that it does not contain any counts for enrollees with a case worker ID that begins with 'V', or an aid category greater than '099'.

Subsystem:	Recipient
Copybook:	RSF004
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	RSF004-FIPS-CODE (3039)
Alternate Key:	N/A
Program:	Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065) Read RS-F-004 to Create RS-O-264 (RSM070)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF004	DE3039	RSF004-FIPS-CODE	Case Administrative FIPS Code
RSF004	DE5264	RSF004-FIPS-NAME	Locality Region Type Address Name
RSF004	DE5265	RSF004-FIPS-ADDL-NAME	Locality Region Type Additional Address Name
RSF004	DE5266	RSF004-STREET	Locality Region Type Street Address
RSF004	DE5267	RSF004-CITY	Locality Region Type City Name
RSF004	DE5268	RSF004-STATE	Locality Region Type State Code
RSF004	DE5269	RSF004-ZIP	Locality Region Type Zip Code

RSF004	DE0002	RSF004-NBR-AID-CATGS	Calculated
RSF004	DE3009	RSF004-AID-CATG	Enrollee Eligibility Aid Category
RSF004	DE3306	RSF004-MPSC	Aid Category Money Payment Status Code
RSF004	DE0002	RSF004-CASES-TOTAL	Calculated
RSF004	DE0002	RSF004-CHILD-CASES-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-ELIGS-TOTAL	Calculated
RSF004	DE0002	RSF004-CHILD-ELIGS-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-ADULT-CASES-SUBTOTAL	Calculated
RSF004	DE0002	RSF004-ADULT-ELIGS-SUBTOTAL	Calculated

Files RS-F-005A DMAS Enrollee Data to Create RS-F-004A

General Information

This is data extracted from the Recipient Enrollee Master Extract (RS-F-104) to be used in producing report RS-O-264. . Copy Library Module is RSF005.

Subsystem:	Recipient
Copybook:	RSF005
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	RSF005-FIPS-CODE (3039)
Alternate Key:	N/A
Program:	Extract Enrollee Data from RS-F-104 to Create RS-F-005 (RSM060) Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF005	DE3039	RSF005-FIPS-CODE	Case Administrative FIPS Code
RSF005	DE3009	RSF005-AID-CATG	Enrollee Eligibility Aid Category
RSF005	DE3043	RSF005-CASE	Case Identification Number
RSF005	DE3005	RSF005-BIRTH-DATE	Enrollee Birth Date

Files RS-F-005B DSS Enrollee Data to Create RS-F-004B

General Information

This is data extracted from the Recipient Enrollee Master Extract (RS-F-104) to be used in producing report RS-O-264A. Copy Library Module is RSF005.

Subsystem:	Recipient
Copybook:	RSF005
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	RSF005-FIPS-CODE (3039)
Alternate Key:	N/A
Program:	Extract Enrollee Data from RS-F-104 to Create RS-F-005 (RSM060) Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF005	DE3039	RSF005-FIPS-CODE	Case Administrative FIPS Code
RSF005	DE3009	RSF005-AID-CATG	Enrollee Eligibility Aid Category
RSF005	DE3043	RSF005-CASE	Case Identification Number
RSF005	DE3005	RSF005-BIRTHDATE	Enrollee Birth Date

Files RS-F-006 DSS Patient Pay Extract

General Information

This is a file of Patient Pay Information delivered to DSS.

Subsystem:	Member
Copybook:	RSF006
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	DSS Patient Pay Extract (RSR012)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF006	DE3955	PP-I-ENROLLEE	Enrollee Permanent Identification Number
RSF006	DE3043	PP-I-CASE	Case Identification Number
RSF006	DE3111	PP-C-NAME-FIRST	Enrollee First Name
RSF006	DE3110	PP-C-NAME-LAST	Enrollee Last Name
RSF006	DE3112	PP-C-MIDDLE-INIT	Enrollee Middle Initial
RSF006	DE3113	PP-C-NAME-SUFFIX	Enrollee Name Suffix
RSF006	DE3039	PP-C-CASE-FIPS	Case Administration FIPS Code
RSF006	DE4801	PP-D-PP-BEGIN	Patient Pay Begin Date
RSF006	DE4802	PP-D-PP-END	Patient Pay End Date
RSF006	DE4838	PP-C-PP-STAT-CVAL	Patient Pay Status
RSF006	DE4835	PP-PATN-PAY-AMT	Patient Pay Amount
RSF006	DE4800	PP-C-CHG-RVAL	Patient Pay Reason Code
RSF006	DE4843	PP-C-ECODE-ID	ECODE
RSF006	DE0005	PP-D-ADDED	Current Date
RSF006	DE0011	PP-D-REC-UPDT	Row Update Date

Files RS-F-008 Recipient Spend Down Data Store

General Information

This file houses recipient spend down amounts maintained by the DSS worker. Amounts include original liability, current expenditures, and balances for multiple begin and end date periods.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	VSAM
Device Type:	On-line DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-009 HIPP Extract File

General Information

This is a SAS formatted enrollee file for MCV/VCU. It is a full copy of the enrollee record.

Subsystem:	Recipient
Copybook:	RSF009
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	HIPP Data Extract (RSW009) SAS Library Loader Recipient HIPP Status File (SSW063)
Graphics:	RS-F-009

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF009	DE0002	RSF009-HIPP-HEADER-LABEL	Calculated
RSF009	DE0002	RSF009-HIPP-EXECUTION-DATE	Calculated
RSF009	DE9522	RSF009-HIPP-CASE-NUMBER	HIPP File Number
RSF009	DE9550	RSF009-HIPP-ENRL-DATE	HIPP Open Enrollment From Date
RSF009	DE9544	RSF009-HIPP-CASE-STATUS-CODE	HIPP Enrollee Status Code
RSF009	DE9507	RSF009-HIPP-PREM-IND	HIPP Program Indicator
RSF009	DE9537	RSF009-HIPP-PREM-AMT	HIPP Premium Amount
RSF009	DE9588	RSF009-HIPP-PAYEE	Remittance Payee Identification Number

RSF009	DE9508	RSF009-PAYEE-START-DATE	HIPP Payee Start Date
RSF009	DE9511	RSF009-HIPP-PAYEE-END-DATE	HIPP Payee End Date
RSF009	DE9572	RSF009-HIPP-CASE-BEGIN-DATE	HIPP-CASE-BEGIN-DATE
RSF009	DE9552	RSF009-HIPP-ANALYST	HIPP Analyst ID
RSF009	DE9905	RSF009-HIPP-CASE-STATUS-DATE	HIPP Case Status Date
RSF009	DE9564	RSF009-HIPP-COBRA-BEGIN-DATE	HIPP Cobra Begin Date
RSF009	DE9903	RSF009-HIPP-COBRA-END-DATE	HIPP Cobra End Date
RSF009	DE9573	RSF009-HIPP-MNTH-HLT-PRM-AMT	HIPP Monthly Health Premium Amount
RSF009	DE9574	RSF009-HIPP-MNTH-DNT-PRM-AMT	HIPP Monthly Dental Premium Amount
RSF009	DE9545	RSF009-HIPP-MNTH-TOT-PRM-AMT	HIPP Monthly Total Premium Amount
RSF009	DE9902	RSF009-HIPP-MNTH-PAYMT-AMT	HIPP Monthly Payment Amount
RSF009	DE3153	RS-PEND-SOURCE	Plan First Indicator

Files RS-F-01 Recipient Eligibility Master File

General Information

Medicaid eligible recipients and their case. This conversion file is being used as input/output in some pre-conversion programs.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Vsam
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Recipient Level Purge (RSC000) Address Cleanup (Postal Abbreviations) (RSC001)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-010 ID Card Vendor Tape

General Information

This file is used to transmit data to the ID card vendor for the production of ID cards in the current Virginia MMIS.

Subsystem:	Recipient
Copybook:	RSF010
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee ID Cards and Daily Notifications (RSD022) Create RS-O-199 (RECIPIENT ID CARD REQUEST REPORT) (RSD023) Initial Letter for Plastic ID Card Implementation (RSR001)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF010	DE3093	RSF010-EMB-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF010	DE3482	RSF010-EMB-ID-CARD-NUMBER	Enrollee ID Card Sequence Number
RSF010	DE3110	RSF010-EMB-NAME-LAST	Enrollee Last Name
RSF010	DE3111	RSF010-EMB-NAME-FIRST	Enrollee First Name
RSF010	DE3112	RSF010-EMB-NAME-INIT	Enrollee Middle Initial
RSF010	DE3113	RSF010-EMB-NAME-SUFF	Enrollee Name Suffix
RSF010	DE3005	RSF010-EMB-BIRTH-DATE	Enrollee Birth Date

RSF010	DE3007	RSF010-EMB-GENDER	Enrollee Sex Code
RSF010	DE3093	RSF010-ENC-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF010	DE3482	RSF010-ENC-ID-CARD-NUMBER	Enrollee ID Card Sequence Number
RSF010	DE3905	RSF010-LTR-CORRESP-ID	Correspondence Output Identifier
RSF010	DE3022	RSF010-LTR-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF010	DE3110	RSF010-LTR-NAME-LAST	Enrollee Last Name
RSF010	DE3111	RSF010-LTR-NAME-FIRST	Enrollee First Name
RSF010	DE3112	RSF010-LTR-NAME-INIT	Enrollee Middle Initial
RSF010	DE3113	RSF010-LTR-NAME-SUF	Enrollee Name Suffix
RSF010	DE3115	RSF010-LTR-ADDR1	Enrollee Street Address
RSF010	DE3114	RSF010-LTR-ADDR2	Enrollee Additional Address Name
RSF010	DE3116	RSF010-LTR-CITY	Enrollee City Name
RSF010	DE3117	RSF010-LTR-STATE	Enrollee State Code
RSF010	DE3118	RSF010-LTR-ZIP	Enrollee ZIP Code
RSF010	DE3093	RSF0101-LTR-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF010	DE3043	RSF010-LTR-CASE-ID	Case Identification Number

Files RS-F-011 Enrollment Reviews

General Information

This file contains enrollment errors encountered during the monthly recertification cycle. The file is sent to DSS so that the errors may be investigated and corrected as necessary.

Subsystem:	Recipient
Copybook:	RSF011
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Eligibility Post Edit Control Report (RSM002) Enrollee Eligibility Birth date Reviews (RSM005) Enrollee Eligibility Review and Enrollment Errors (RSM035) Enrollee Special Reviews (RSM040)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF011	DE0000	New Field Defin-ition	
RSF011	DE3039	Local Welfare Office Code	Case Administrative FIPS Code
RSF011	DE5249	Region Code	Region Code
RSF011	DE3431	Case Worker Number	Case Worker Number
RSF011	DE3043	Case ID	Case Identification Number
RSF011	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF011	DE3003	Enrollee Name	Enrollee Full Name
RSF011	DE3006	Enrollee Race	Enrollee Race Code
RSF011	DE3007	Enrollee Sex	Enrollee Sex Code
RSF011	DE3005	Enrollee Birth Date	Enrollee Birth Date

RSF011	DE3009	Enrollee Aid Category (Program Designation)	Enrollee Eligibility Aid Category
RSF011	DE3034	Enrollee SSN	Enrollee Social Security Number (SSN)
RSF011	DE3703	Enrollee TPL Codes	TPL Policy Type
RSF011	DE3018	RECIP-PI	Enrollee Medicare Premium Payment Type Codes
RSF011	DE3002	Enrollee Medicare Claim Number	Medicare Number
RSF011	DE3031	RECIP-SSA-CODE	BENDEX SSA Information Exchange Code
RSF011	DE3521	RECIP-BX-SMIB	BENDEX SMI Non Covered Reason Code
RSF011	DE3432	Enrollee Review Date	Case Review Date
RSF011	DE3115	Enrollee Street Address	Enrollee Street Address
RSF011	DE3114	Enrollee Additional Street Address	Enrollee Additional Address Name
RSF011	DE3116	Enrollee City Name	Enrollee City Name
RSF011	DE3117	Enrollee State	Enrollee State Code
RSF011	DE3118	Enrollee Zip Code	Enrollee ZIP Code
RSF011	DE3434	Enrollee Special Follow-up Date	DSS Special Follow Up Effective Date
RSF011	DE3046	Case Name	Case Name
RSF011	DE0000	Recip Errors	
RSF011	DE0000	Recip Level Rev	
RSF011	DE0000	Recip Level Bdte	
RSF011	DE0000	Recip Level Spfolw	
RSF011	DE3039	LWO Code	Case Administrative FIPS Code
RSF011	DE5249	LWO Region Code	Region Code
RSF011	DE3431	LWO CW No	Case Worker Number
RSF011	DE3043	LWO CASE ID	Case Identification Number
RSF011	DE3093	LWO Recip	Enrollee Permanent Identification Number
RSF011	DE0002	LWO Active Cnt	Calculated

Files RS-F-014 Recipient NPI Conversion Details

General Information

Contains details of Recipient Benefit Packages converted to NPI.

Subsystem:	Recipient
Copybook:	RSF014
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Recipient NPI Conversion (RSC014) Recipient NPI Conversion Report (RSC016)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF014	DE0002	RSF014-REC-TYPE	Calculated
RSF014	DE0002	RSF014-MTH-END-DT	Calculated
RSF014	DE0002	RSF014-MTH-BEG-DT	Calculated
RSF014	DE0002	RSF014-RUN-TYPE	Calculated
RSF014	DE0002	RSF014-PLAN-NAME	Calculated
RSF014	DE4002	RSF014-PROV	Provider Identification Number
RSF014	DE3551	RSF014-BNFT-PGM	Benefit Definition Plan Program Code
RSF014	DE3552	RSF014-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code

RSF014	DE3553	RSF014-PLAN-CD	Benefit Definition Plan Benefit Code
RSF014	DE3072	RSF014-BNFT-LOC-EXCP	Benefit Plan Exception Indicator
RSF014	DE0002	RSF014-ACTION	Calculated
RSF014	DE3550	RSF014-BENEFIT-PKG	Benefit Definition Benefit Plan Code
RSF014	DE3901	RSF014-PERSON	Person ID
RSF014	DE3924	RSF014-BENEFIT-SEQ	Enrollee Benefit Package Sequence Number
RSF014	DE3039	RSF014-FIPS-INIT	Case Administrative FIPS Code
RSF014	DE3064	RSF014-ENROLL-BEGIN	Enrollee Benefit Enrollment Begin Date
RSF014	DE3065	RSF014-ENROLL-END	Enrollee Benefit Enrollment End Date
RSF014	DE3554	RSF014-BNFT-PKG-NAME	Benefit Definition Plan Name
RSF014	DE4085	RSF014-PROV-NAME	Provider Name

Files RS-F-020 Transitional Coverage Under Welfare Reform Enrollee Extract

General Information

This file contains extract records of enrollees that have a AFDC Indicator beginning with the letters 'W' or 'D'.

Subsystem:	Recipient
Copybook:	RSF020
	N/A
File Organization:	sequential
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Transitional Coverage Under Welfare Reform Enrollee Extract (RSQ020) Transitional Coverage Under Welfare Reform Claims Extract (RSQ022) Transitional Coverage Under Welfare Reform Report (RSQ025)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF020	DE3901	Person ID	Person ID
RSF020	DE3093	Enrollee Permanent Identification Number	Enrollee Permanent Identification Number
RSF020	DE3043	Case Identification Number	Case Identification Number
RSF020	DE3480	Case Relationship	Enrollee Relationship to Case Head Code
RSF020	DE3039	Case Admin Fips	Case Administrative FIPS Code
RSF020	DE3434	DSS Special Follow Up Effective Date	DSS Special Follow Up Effective Date

RSF020	DE3433	DSS Special Follow Up Code	DSS Special Follow Up Code
RSF020	DE0002	Enrollee Age in years	Calculated
RSF020	DE3452	Eligibility Cancel Date/End Date	Eligibility Cancel Date
RSF020	DE3006	Enrollee Race Code	Enrollee Race Code
RSF020	DE3009	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category
RSF020	DE3009	Enrollee Transitional Aid Category	Enrollee Eligibility Aid Category
RSF020	DE3499	Enrollee Transitional Aid Status	Enrollee Eligibility Status Code
RSF020	DE3499	Enrollee Eligibility Aid Status	Enrollee Eligibility Status Code
RSF020	DE3452	Transitional Eligibility Cancel/End Date	Eligibility Cancel Date
RSF020	DE4002	Enrollee Transitional HMO Provider Id	Provider Identification Number
RSF020	DE0002	Enrollee Physician Claim Amount	Calculated
RSF020	DE0002	Enrollee Pharmacy Claim Amount	Calculated
RSF020	DE0002	Enrollee Other Practitioner Claim Amount	Calculated
RSF020	DE0002	Enrollee Hospital Claim Amount	Calculated
RSF020	DE0002	Enrollee Other Services Claim Amount	Calculated
RSF020	DE0002	Enrollee Physician Claims count	Calculated
RSF020	DE0002	Enrollee Pharmacy Claims count	Calculated
RSF020	DE0002	Enrollee Other	Calculated

		Services Claims count	
RSF020	DE0002	Enrollee Other Practitioner Claims count	Calculated
RSF020	DE0002	Enrollee Hospital Claims count	Calculated

Files RS-F-021 Possible Duplicate Enrollee review request

General Information

This is a file of Possible duplicate Enrollee IDs review requests.

Subsystem:	Recipient
Copybook:	RSF021
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	DUP-DMAS-REVIEW-FLAG (3994)
Program:	Duplicate Recipient Statistics Reporting (RSR069) Add Enrollee to Duplicate Exempt File (RSR070) Duplicate Recipient - File cleanup (RSR071) Enrollee File Inquiry/Update Menu (RST005) Enrollee File Edit/Update Main Program (RST010) Possible Duplicate Enrollee Review Request (RST021)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF021	DE0012	DUP-DSS-OPER-ID	User/Operator ID
RSF021	DE3994	DUP-DMAS-REVIEW-FLAG	DMAS Review Flag
RSF021	DE3995	DUP-DSS-REQUEST-TYPE	Request Type
RSF021	DE3996	DUP-DSS-REQUEST-DATE	Request Date
RSF021	DE3093	DUP-ENROLLEE-ID	Enrollee Permanent Identification Number

RSF021	DE0012	DUP-DMAS-OPER-ID	User/Operator ID
RSF021	DE3026	DUP-DMAS-REVIEW-DATE	Enrollee Update Transaction Date
RSF021	DE3034	DUP-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF021	DE3043	DUP-CASE-ID	Case Identification Number
RSF021	DE3110	DUP-NAME-LAST	Enrollee Last Name
RSF021	DE3111	DUP-NAME-FIRST	Enrollee First Name
RSF021	DE3112	DUP-NAME-MID	Enrollee Middle Initial
RSF021	DE3113	DUP-NAME-SUFF	Enrollee Name Suffix
RSF021	DE3005	DUP-BIRTH-DATE	Enrollee Birth Date
RSF021	DE3007	DUP-SEX	Enrollee Sex Code
RSF021	DE3997	DUP-ADAPT-IND	ADAPT Indicator

Files RS-F-030 TANF Letter Request File

General Information

This is a temporary file that is used to produce the Families and Children Fail to Respond Cancellation Letter (RS-O-169), the Families and Children Cancellation Letter (RS-O-170) and the Families and Children 12 month Extended Cancellation List (RS-O-160).

Subsystem:	Recipient
Copybook:	RSF030
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Enrollee Recertification and Auto-Closures (RSM010)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF030	DE3039	Case FIPs	Case Administrative FIPS Code
RSF030	DE3431	Case Worker ID	Case Worker Number
RSF030	DE3043	Case ID	Case Identification Number
RSF030	DE3480	Case Relationship	Enrollee Relationship to Case Head Code
RSF030	DE3901	Person ID	Person ID
RSF030	DE3093	Enrollee Permanent Identification Number	Enrollee Permanent Identification Number
RSF030	DE3433	DSS Special Follow Up Code	DSS Special Follow Up Code
RSF030	DE3434	DSS Followup Date	DSS Special Follow Up Effective Date
RSF030	DE3451	Cancel Reason	Eligibility Cancel Reason

RSF030	DE3452	Cancel Date	Eligibility Cancel Date
RSF030	DE3905	Correspondence ID	Correspondence Output Identifier
RSF030	DE3046	Case Name	Case Name
RSF030	DE3003	Enrollee Name	Enrollee Full Name

Files RS-F-035 edb Return File

General Information

N/A

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-039 Medicare Part B Buy-In Codes Conversion File.

General Information

This file is created by the Buy-In (Eligibility) Codes Conversion Process or program, RSC039. All Medicare Part B Premium Segments whose Buy-In Codes were changed will be written to this file. These records will be used as input by a utility program to replace all segments on the Recipient Database whose Buy-In Codes require modification.

Subsystem:	Recipient
Copybook:	RSF039
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF039	DE3901	RSF039-I-PERSON	Person ID
RSF039	DE0002	RSF039-I-MC-BUYIN-SEQ-NUM	Calculated
RSF039	DE3097	RSF039-D-PREM-PAY-TRANS	Enrollee Medicare Premium Payment Transaction Date
RSF039	DE3103	RSF039-C-PREM-PAY-TRANS	Premium Payment Transaction Code Response
RSF039	DE3102	RSF039-C-SMI-ELIG	Enrollee Buy-In SMI Eligibility Code
RSF039	DE3090	RSF039-D-	Enrollee Medicare Status Date

		MCARE-BUYIN-STAT	
RSF039	DE3018	RSF039-C-MCARE-PREM-TYP	Enrollee Medicare Premium Payment Type Codes
RSF039	DE3029	RSF039-D-PREM-PAY-BEGIN	Enrollee Medicare Premium Payment Start Date
RSF039	DE3033	RSF039-D-PREM-PAY-END	Enrollee Medicare Premium Payment Stop Date
	DE3030	RSF039-N-PREM-PAY-AMT	Enrollee Medicare Premium Payment Amount
RSF039	DE3103	RSF039-C-PREM-PAY	Premium Payment Transaction Code Response
RSF039	DE3023	RSF039-D-PREM-PAY-ORIG	Enrollee Medicare Begin Date
RSF039	DE3100	RSF039-C-OPTION-STATUS	Option Status Code
RSF039	DE3092	RSF039-F-REDUCED-PARTA	Enrollee Medicare Premium Payment Reduced Part A Indicator
RSF039	DE3800	RSF039-F-PREM-SURCH	Enrollee Premium Surcharge Indicator
RSF039	DE3045	RSF039-C-PREM-PAY-AGCY	Enrollee Medicare Premium Payment Agency Code
RSF039	DE3026	RSF039-H-REC-UPDT	Enrollee Update Transaction Date

Files RS-F-041 Citizenship Level and Identity Verification Extract

General Information

RSM041

Subsystem:	Recipient
Copybook:	RSF041
	N/A
File Organization:	QSAM
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF041	DE3499	RSF041-VMPRS30-AID-STATUS	Enrollee Eligibility Status Code
RSF041	DE5249	RSF041-VMPRF14-REGION	Region Code
RSF041	DE5250	VMPRF041-VMPRF14-REGION-NAME	Region Name
RSF041	DE5254	RSF041-VMPRF08-LOCALITY	MMIS Locality Code based on Postal Code
RSF041	DE3955	RSF041-VMPPZ08-ID-VALUE-PRL	Person Identifier Value
RSF041	DE3955	RSF041-VMPPZ08-ID-	Person Identifier Value

		VALUE-SSN	
RSF041	DE5255	RSF041-VMPRF08-LOC-NAME	Locality Name
RSF041	DE3431	RSF041-VMPRS19-CASEWORKER	Case Worker Number
RSF041	DE3432	RSF041-VMPRS17-REVIEW	Case Review Date
RSF041	DE3111	RSF041-VMPPZ06-NAME-FIRST	Enrollee First Name
RSF041	DE3110	RSF041-VMPPZ06-NAME-LAST	Enrollee Last Name
RSF041	DE3112	RSF041-VMPPZ06-MI	Enrollee Middle Initial
RSF041	DE3113	RSF041-VMPPZ06-SUFFIX	Enrollee Name Suffix
RSF041	DE3005	RSF041-VMPPZ03-BIRTH	Enrollee Birth Date
RSF041	DE3009	RSF041-VMPRS30-AID-CATG	Enrollee Eligibility Aid Category
RSF041	DE3451	RSF041-VMPRS30-CANCEL-RSN	Eligibility Cancel Reason
RSF041	DE3165	RSF041-VMPPZ03-CITIZEN-LVL	Enrollee Citizenship Level
RSF041	DE3166	RSF041-VMPPZ03-ID-TYPE-VERI	Enrollee Identity Verification

Files RS-F-045 Enrollee Input Request Data File

General Information

This file contains input data needed for a variety of programs that will execute daily if a request is present.

Subsystem:	Recipient
Copybook:	RSF045
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Managed Care Eligible Enrollee Extract Processing (MCR115) Re-Create HMO Enrollment File Processing (MCR120) Withdrawn Provider Processing (MCR140) Pre-Assigned Enrollees w/ Prior-Auths Reporting (MCR310) Enrollee Backup Control Totals (RSD005) Identify Recipients due Certificate of Former Coverage (RSM030) Enrollee Print Facsimile (RSR005) Case Print Facsimile (RSR007) Enrollees by Aid Category Extract (RSR020) Enrollees by Aid Category Report (RSR022) Fraud/Conviction Update (RSR025) Certificate of Former Coverage Report (RSR040) Create Enrollee or Case Labels on Request (RSR060) Add Enrollee to Duplicate Exempt File (RSR070) Enrollees in Benefit Plan to be Closed Report (RSR075) Benefit Package Enrollment Rules Report (RSR080) Eligibility Rules Report (RSR090) Enrollee Input Request Data (RST045) Enrollees Exempt from Duplicate Check Program (RST048)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF045	DE3101	RSF045-REC-TYPE	Input Request Data
RSF045	DE3034	RSF045-SSN-KEY	Enrollee Social Security Number (SSN)
RSF045	DE3101	RSF045-TRAN-KEY	Input Request Data
RSF045	DE3093	RSF045-ENROLLEE-KEY	Enrollee Permanent Identification Number
RSF045	DE3101	RSF045-FUNCTION-KEY	Input Request Data
RSF045	DE3101	RSF045-PRINT-TYPE-KEY	Input Request Data
RSF045	DE0010	RSF045-RECORD-DATE	Row Insert Date
RSF045	DE0012	RSF045-OPER-ID	User/Operator ID
RSF045	DE3101	RSF045-TYPE-01-CANCEL-CC	Input Request Data
RSF045	DE3101	RSF045-TYPE-01-CANCEL-YY	Input Request Data
RSF045	DE3101	RSF045-TYPE-01-CANCEL-MM	Input Request Data
RSF045	DE3101	RSF045-TYPE-01-CANCEL-DD	Input Request Data
RSF045	DE4002	RSF045-TYPE-01-CANCEL-PROV	Provider Identification Number
RSF045	DE4002	RSF045-TYPE-01-NEW-PROV	Provider Identification Number
RSF045	DE4002	RSF045-TYPE-02-PROVIDER	Provider Identification Number
RSF045	DE3101	RSF045-TYPE-02-EFF-DATE	Input Request Data
RSF045	DE5254	RSF045-TYPE-03-LOC	MMIS Locality Code based on Postal Code
RSF045	DE3101	RSF045-TYPE-04-CUTOFF-DATE	Input Request Data
RSF045	DE3008	RSF045-TYPE-04-LOC	Enrollee FIPS Code

RSF045	DE3551	RSF045-TYPE-05-PROGRAM	Benefit Definition Plan Program Code
RSF045	DE3552	RSF045-TYPE-05-SUB-PROGRAM	Benefit Definition Plan Subprogram Code
RSF045	DE3553	RSF045-TYPE-05-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF045	DE3072	RSF045-TYPE-05-EXCP-IND	Benefit Plan Exception Indicator
RSF045	DE3101	RSF045-TYPE-06-LABEL-OPT	Input Request Data
RSF045	DE3039	RSF045-TYPE-06-LOC	Case Administrative FIPS Code
RSF045	DE3101	RSF045-TYPE-07-STAT	Input Request Data
RSF045	DE3039	RSF045-TYPE-07-LOC	Case Administrative FIPS Code
RSF045	DE3101	RSF045-TYPE-08-OPT-CODE	Input Request Data
RSF045	DE3101	RSF045-TYPE-08-OPT-DATE	Input Request Data
RSF045	DE3008	RSF045-TYPE-08-LOC	Enrollee FIPS Code
RSF045	DE3009	RSF045-TYPE-08-AID-CAT	Enrollee Eligibility Aid Category
RSF045	DE3101	RSF045-TYPE-09-REPORT-REQ	Input Request Data
RSF045	DE3101	RSF045-TYPE-10-TRAN-CODE	Input Request Data
RSF045	DE3200	RSF045-TYPE-10-SSN	Eligibility Fraud Social Security Number (SSN)
RSF045	DE3202	RSF045-TYPE-10-LAST-NAME	Eligibility Fraud Last Name
RSF045	DE3203	RSF045-TYPE-10-FIRST-NAME	Eligibility Fraud First Name
RSF045	DE3204	RSF045-TYPE-10-MID-INIT	Eligibility Fraud Middle Initial
RSF045	DE3205	RSF045-TYPE-10-SUFFIX	Eligibility Fraud Suffix
RSF045	DE3206	RSF045-TYPE-10-BIRTH-DATE	Eligibility Fraud Birth Date

RSF045	DE3207	RSF045-TYPE-10-CONVICT-DATE	Eligibility Fraud Conviction Date
RSF045	DE3208	RSF045-TYPE-10-END-DATE	Eligibility Fraud End Date
RSF045	DE3201	RSF045-TYPE-10-LOC	Eligibility Fraud Locality Code
RSF045	DE3101	RSF045-TYPE-11-TRAN-CODE	Input Request Data
RSF045	DE3210	RSF045-TYPE-11-SSN	Eligibility Uncompensated Property Transfer Social Security Number (SSN)
RSF045	DE3211	RSF045-TYPE-11-LAST-NAME	Eligibility Uncompensated Property Transfer Last Name
RSF045	DE3212	RSF045-TYPE-11-FIRST-NAME	Eligibility Uncompensated Property Transfer First Name
RSF045	DE3213	RSF045-TYPE-11-MID-INIT	Eligibility Uncompensated Property Transfer Middle Initial
RSF045	DE3214	RSF045-TYPE-11-SUFFIX	Eligibility Uncompensated Property Transfer Suffix
RSF045	DE3215	RSF045-TYPE-11-BIRTH-DATE	Eligibility Uncompensated Property Transfer Birth Date
RSF045	DE3216	RSF045-TYPE-11-TRANSFER-DATE	Eligibility Uncompensated Property Transfer Date
RSF045	DE3217	RSF045-TYPE-11-DESICION-DATE	Eligibility Uncompensated Property Transfer Decision Date
RSF045	DE3218	RSF045-TYPE-11-END-DATE	Eligibility Uncompensated Property Transfer End Date
RSF045	DE3220	RSF045-TYPE-11-LOC	Eligibility Uncompensated Property Transfer Locality Code
RSF045	DE3219	RSF045-TYPE-11-TRANSFER-AMT	Eligibility Uncompensated Property Transfer Amount
RSF045	DE3101	RSF045-TYPE-12-PRINT-TYPE	Input Request Data
RSF045	DE3093	RSF045-TYPE-12-BEGIN-ID	Enrollee Permanent Identification Number
RSF045	DE3101	RSF045-TYPE-12-PRINT-COUNT	Input Request Data
RSF045	DE3101	RSF045-TYPE-13-REPORT-	Input Request Data

		TYPE	
RSF045	DE3901	RSF045-TYPE-14-I-PERSON	Person ID
RSF045	DE3010	RSF045-TYPE-14-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF045	DE3452	RSF045-TYPE-14-END-DATE	Eligibility Cancel Date

Files RS-F-060 Patient Pay Trigger file

General Information

Contains the trigger record details for generating the Patient Pay Notice Of Obligation Letter RS-O-064.

Subsystem:	Recipient
Copybook:	RSF060
	N/A
File Organization:	VSAM
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Notice Of Obligation Letter (RS-O-070) Program (RSD061) Patient Pay Calculations Screen (RST060) Patient Pay COLA update process (RSY040)
Graphics:	RS-F-060

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF060	DE3901	Person ID	Person ID
RSF060	DE0002	Trigger row seq number	Calculated
RSF060	DE4801	Begin Date	Patient Pay Begin Date
RSF060	DE4802	End Date	Patient Pay End Date
RSF060	DE0002	Trigger Key Sequence number	Calculated
RSF060	DE3001	Enrollee ID	Enrollee Identification Number
RSF060	DE3003	Enrollee Name	Enrollee Full Name
RSF060	DE3431	Case Worker	Case Worker Number
RSF060	DE3039	FIPS Code	Case Administrative FIPS Code
RSF060	DE3107	Mail To Indicator	Enrollee Address Type

RSF060	DE3114	Mail To Name	Enrollee Additional Address Name
RSF060	DE4002	Provider Individual ID	Provider Identification Number
RSF060	DE4807	Employer 1	Employer Name
RSF060	DE4807	Employer 2	Employer Name
RSF060	DE4800	Reason	Patient Pay Reason Code
RSF060	DE4803	SSA	SSA
RSF060	DE4804	SSI	SSI
RSF060	DE4805	Other unearned	Other Unearned Income
RSF060	DE0002	Total unearned	Calculated
RSF060	DE4808	Employer 1 income	Employee Income
RSF060	DE4808	Employer 2 income	Employee Income
RSF060	DE0002	Total earned	Calculated
RSF060	DE4844	Gross income	Gross Income
RSF060	DE4811	Special Earnings Indicator	Special Earnings Indicator
RSF060	DE4824	Sp Earnings Allowance Max	Special Earnings Allowance
RSF060	DE0002	NF Total earned income	Calculated
RSF060	DE0002	NF Minus Earnings Deduction	Calculated
RSF060	DE0002	NF Divided By 2	Calculated
RSF060	DE0002	NF Sub Total	Calculated
RSF060	DE0002	NF Plus Earnings Deduction	Calculated
RSF060	DE0002	NF Total	Calculated
RSF060	DE4817	NF Special Earnings Allowance	NF Special Earnings Allowance
RSF060	DE4819	CBC Percent SSI	CBC SSI Percent
RSF060	DE0002	CBC Max Allowed Deduction	Calculated
RSF060	DE0002	CBC Total Earned Income	Calculated
RSF060	DE4821	CBC Special Earnings Allowance	CBC Special Earnings Allowance
RSF060	DE4831	SD Liab/MN Over-	SD Liability

		ride	
RSF060	DE4832	Remaining Income	Remaining Income
RSF060	DE4822	Basic Allowance Indicator	Basic Allowance Indicator
RSF060	DE4823	Basic Allowance	Basic Allowance
RSF060	DE4824	Sp Earning Allow-ance	Special Earnings Allowance
RSF060	DE4825	Guardian Fee	Guardian Fee
RSF060	DE4826	Total PNA/PMA	Total PNA PMA
RSF060	DE4827	Spousal Allow-ance	Spousal Allowance
RSF060	DE4828	Dependent Fam-ily Allowance	Dependent Family Allowance
RSF060	DE4829	Non Covered Medical Expense	Non Covered Medical Expenses
RSF060	DE4830	Home Main-tenance	Home Maintenance
RSF060	DE4845	Total	Override Total
RSF060	DE4831	SD Liability	SD Liability
RSF060	DE4833	Contributable Income	Contributable Income
RSF060	DE4835	Patient Pay	Patient Pay Amount
RSF060	DE4834	Medicaid Rate	Medicaid Rate
RSF060	DE0005	Date Added	Current Date
RSF060	DE0011	DB Rec Timestamp	Row Update Date

Files RS-F-061 Notice Of Obligation Input To Workflowone To Create Letter RS-O-064

General Information

Notice Of Obligation Input To Workflowone To Create Letter RS-O-064

Subsystem:	Recipient
Copybook:	RSF061
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Notice Of Obligation Letter (RS-O-070) Program (RSD061)
Graphics:	RS-F-061

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF061	DE0000	RSF061-MAIL-TO-ADDRESS1	
RSF061	DE0000	RSF061-MAIL-TO-ADDRESS2	
RSF061	DE0000	RSF061-MAIL-TO-CITY	
RSF061	DE0000	RSF061-MAIL-TO-STATE	
RSF061	DE0000	RSF061-MAIL-TO-ZIP	
RSF061	DE0000	RSF061-RECIPIENT-NAME	
RSF061	DE3955	RSF061-	Person Identifier Value

		RECIPIENT-ID	
RSF061	DE5254	RSF061-FIPS	MMIS Locality Code based on Postal Code
RSF061	DE5264	RSF061-AGENCY-NAME	Locality Region Type Address Name
RSF061	DE5266	RSF061-AGENCY-ADDRESS	Locality Region Type Street Address
RSF061	DE5267	RSF061-AGENCY-CITY	Locality Region Type City Name
RSF061	DE5268	RSF061-AGENCY-ST	Locality Region Type State Code
RSF061	DE5269	RSF061-AGENCY-ZIP	Locality Region Type Zip Code
RSF061	DE5270	RSF061-AGENCY-PHONE	Locality Phone No
RSF061	DE4801	RSF061-PAT-EFF-DATE-OF-PAT-PAY	Patient Pay Begin Date
RSF061	DE4800	RSF061-PAT-REASON	Patient Pay Reason Code
RSF061	DE4805	RSF061-PAT-OTHER-UNEARNED-INC	Other Unearned Income
RSF061	DE4803	RSF061-PAT-SSA-INC	SSA
RSF061	DE0002	RSF061-PAT-TOTAL-EARNED-INC	Calculated
RSF061	DE4844	RSF061-PAT-GROSS-INC	Gross Income
RSF061	DE4831	RSF061-PAT-SDL-INC	SD Liability
RSF061	DE4832	RSF062-PAT-TOTAL-REMAINING-INC	Remaining Income
RSF061	DE4826	RSF061-PAT-PER-MAINT-ALLOW	Total PNA PMA
RSF061	DE4827	RSF061-PAT-SPOUSE-ALLOW	Spousal Allowance

RSF061	DE4828	RSF061-PAT-FAMILY-ALLOW	Dependent Family Allowance
RSF061	DE4830	RSF061-PAT-HOME-MAINT-ALLOW	Home Maintenance
RSF061	DE4829	RSF061-PAT-NON-COV-MED-ALLOW	Non Covered Medical Expenses
RSF061	DE4845	RSF061-PAT-INC-AFTER-ALLOW	Override Total
RSF061	DE4831	RSF061-PAT-SPENDDOWN-LIABILITY	SD Liability
RSF061	DE4833	RSF061-PAT-CONTR-INC	Contributable Income
RSF061	DE4834	RSF061-PAT-MEDICAID-RATE	Medicaid Rate
RSF061	DE4835	RSF061-PAT-PATIENT-PAY	Patient Pay Amount
RSF061	DE3431	RSF061-CASE-WORKER	Case Worker Number
RSF061	DE0005	RSF061-DATE-OF-NOTICE	Current Date
RSF061	DE0000	RSF061-LETTER-CORR-ID	
RSF061	DE0000	RSF061-PRIMARY-ID	
RSF061	DE0000	RSF061-SECONDARY-ID	
RSF061	DE0000	RSF061-LETTER-DATE	
RSF061	DE0000	RSF061-CONTROL-PAGE-NO	
RSF061	DE0000	RSF061-ORIENTATION	
RSF061	DE0000	RSF061-LOGO-IND	
RSF061	DE0000	RSF061-SPECIAL-	

		INSERT	
RSF061	DE0000	RSF061-EXTRACT-ADDR	
RSF061	DE0000	RSF061-ADDR-LINE	
RSF061	DE0000	RSF061-ADDR-COL	
RSF061	DE0000	RSF061-MAIL-TO-NAME	

Files RS-F-062 Notice Of Obligation DSS Report RS-O-063 Input

General Information

Notice Of Obligation DSS Report RS-O-069 Input

Subsystem:	Recipient
Copybook:	RSF062
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Notice Of Obligation Letter (RS-O-070) Program (RSD061)
Graphics:	RS-F-062

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF062	DE3107	RSF062-MAIL-TO-TYPE	Enrollee Address Type
RSF062	DE0000	RSF062-MAIL-TO-NAME	
RSF062	DE0000	RSF062-MAIL-TO-ADDRESS1	
RSF062	DE0000	RSF062-MAIL-TO-ADDRESS2	
RSF062	DE0000	RSF062-MAIL-TO-CITY	
RSF062	DE0000	RSF062-MAIL-TO-STATE	
RSF062	DE0000	RSF062-MAIL-TO-ZIP	
RSF062	DE0000	RSF062-RECIPIENT-	

		NAME	
RSF062	DE3955	RSF062-RECIPIENT-ID	Person Identifier Value
RSF062	DE5254	RSF062-FIPS	MMIS Locality Code based on Postal Code
RSF062	DE5264	RSF062-AGENCY-NAME	Locality Region Type Address Name
RSF062	DE5266	RSF062-AGENCY-ADDRESS	Locality Region Type Street Address
RSF062	DE5267	RSF062-AGENCY-CITY	Locality Region Type City Name
RSF062	DE5268	RSF061-AGENCY-ST	Locality Region Type State Code
RSF062	DE5269	RSF061-AGENCY-ZIP	Locality Region Type Zip Code
RSF062	DE5270	RSF062-AGENCY-PHONE	Locality Phone No
RSF062	DE5249	RSF062-REGION	Region Code
RSF062	DE5250	RSF062-REGION-DESC	Region Name
RSF062	DE4801	RSF062-PAT-EFF-DATE-OF-PAT-PAY	Patient Pay Begin Date
RSF062	DE4800	RSF061-PAT-REASON	Patient Pay Reason Code
RSF062	DE4803	RSF062-PAT-SSA-INC	SSA
RSF062	DE4805	RSF062-PAT-OTHER-UNEARNED-INC	Other Unearned Income
RSF062	DE0002	RSF062-PAT-TOTAL-EARNED-INC	Calculated
RSF062	DE4844	RSF062-PAT-GROSS-INC	Gross Income
RSF062	DE4831	RSF061-PAT-SDL-INC	SD Liability
RSF062	DE4832	RSF062-PAT-TOTAL-REMAINING-INC	Remaining Income

RSF062	DE4826	RSF062-PAT-PER-MAINT-ALLOW	Total PNA PMA
RSF062	DE4827	RSF062-PAT-SPOUSE-ALLOW	Spousal Allowance
RSF062	DE4828	RSF062-PAT-FAMILY-ALLOW	Dependent Family Allowance
RSF062	DE4829	RSF062-PAT-NON-COV-MED-ALLOW	Non Covered Medical Expenses
RSF062	DE4830	RSF062-PAT-HOME-MAINT-ALLOW	Home Maintenance
RSF062	DE4845	RSF062-PAT-INC-AFTER-ALLOW	Override Total
RSF062	DE4831	RSF062-PAT-SPENDDOWN-LIABILITY	SD Liability
RSF062	DE4833	RSF062-PAT-CONTR-INC	Contributable Income
RSF062	DE4835	RSF062-PAT-MEDICAID-RATE	Patient Pay Amount
RSF062	DE4834	RSF062-PAT-PATIENT-PAY	Medicaid Rate
RSF062	DE3431	RSF062-CASE-WORKER	Case Worker Number
RSF062	DE0005	RSF062-DATE-OF-NOTICE	Current Date

Files RS-F-063 Patient Pay Add/Update

General Information

Patient Pay Add/Update

Subsystem:	Recipient
Copybook:	RSF063
	N/A
File Organization:	sequential
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF063	DE5249	Region	Region Code
RSF063	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF063	DE5255	Locality Name	Locality Name
RSF063	DE3431	Case Worker	Case Worker Number
RSF063	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF063	DE3003	Enrollee Name	Enrollee Full Name
RSF063	DE0000	Add/Update	
RSF063	DE4800	Reason	Patient Pay Reason Code
RSF063	DE4834	Patient Pay	Medicaid Rate
RSF063	DE4834	Prior Patient Pay	Medicaid Rate

Files RS-F-064 Enrollees with active LOC and eligibility but no 122 (DSS)

General Information

Cumulative report of all enrollees with active LOC and eligibility but no 122 (DSS).

Subsystem:	Recipient
Copybook:	RSF064
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF064	DE5249	Region	Region Code
RSF064	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF064	DE5255	Locality Name	Locality Name
RSF064	DE3431	Case Worker	Case Worker Number
RSF064	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF064	DE3003	Enrollee Name	Enrollee Full Name
RSF064	DE3072	EI	Benefit Plan Exception Indicator
RSF064	DE4700	Provider ID	National Provider Identifier
RSF064	DE3064	LOC Begin Date	Enrollee Benefit Enrollment Begin Date
RSF064	DE3065	LOC End Date	Enrollee Benefit Enrollment End Date
RSF064	DE3009	Aid Category	Enrollee Eligibility Aid Category
RSF064	DE3010	Eligibility Begin Date	Enrollee Eligibility Begin Date
RSF064	DE3011	Eligibility End	Enrollee Eligibility End Date

		Date	

Files RS-F-065 Enrollees with active LOC and eligibility with 122 on file

General Information

Cumulative report of all enrollees with active LOC and eligibility with 122 on file.

Subsystem:	Recipient
Copybook:	RSF065
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF065	DE5249	Region	Region Code
RSF065	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF065	DE5255	Locality Name	Locality Name
RSF065	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF065	DE3003	Enrollee Name	Enrollee Full Name
RSF065	DE3072	EI	Benefit Plan Exception Indicator
RSF065	DE4700	Provider ID	National Provider Identifier
RSF065	DE3064	LOC Begin Date	Enrollee Benefit Enrollment Begin Date
RSF065	DE3065	LOC End Date	Enrollee Benefit Enrollment End Date
RSF065	DE3009	Aid Category	Enrollee Eligibility Aid Category
RSF065	DE3010	Elig Begin Date	Enrollee Eligibility Begin Date
RSF065	DE3011	Elig End Date	Enrollee Eligibility End Date
RSF065	DE4834	Patient Pay Amount	Medicaid Rate

RSF065	DE4801	Last Action Date	Patient Pay Begin Date

Files RS-F-066 Enrollees with active LOC and no active eligibility

General Information

Cumulative report of all enrollees with active LOC and no active eligibility.

Subsystem:	Recipient
Copybook:	RSF066
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF066	DE5249	Region	Region Code
RSF066	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF066	DE5255	Locality Name	Locality Name
RSF066	DE3431	Case Worker	Case Worker Number
RSF066	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF066	DE3003	Enrollee Name	Enrollee Full Name
RSF066	DE3072	EI	Benefit Plan Exception Indicator
RSF066	DE4700	Provider ID	National Provider Identifier
RSF066	DE3064	LOC Begin Date	Enrollee Benefit Enrollment Begin Date
RSF066	DE3065	LOC End Date	Enrollee Benefit Enrollment End Date

Files RS-F-067 Enrollees in 300% group with active eligibility and no active LOC

General Information

Cumulative report of all enrollees in 300% group with active eligibility and no active LOC.

Subsystem:	Recipient
Copybook:	RSF067
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF067	DE5249	Region	Region Code
RSF067	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF067	DE5255	Locality Name	Locality Name
RSF067	DE3431	Case Worker	Case Worker Number
RSF067	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF067	DE3003	Enrollee Name	Enrollee Full Name
RSF067	DE3009	Aid Category	Enrollee Eligibility Aid Category
RSF067	DE3010	Eligibility Begin Date	Enrollee Eligibility Begin Date
RSF067	DE3011	Eligibility End Date	Enrollee Eligibility End Date

Files RS-F-068 Enrollees with LOC in a pending status(DSS)

General Information

Cumulative report of all enrollees with LOC in a pending status(DSS).

Subsystem:	Recipient
Copybook:	RSF068
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay Monitor Report process (RSM061) Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF068	DE5249	Region	Region Code
RSF068	DE5254	Locality	MMIS Locality Code based on Postal Code
RSF068	DE5255	Locality Name	Locality Name
RSF068	DE3431	Case Worker	Case Worker Number
RSF068	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF068	DE3003	Enrollee Name	Enrollee Full Name
RSF068	DE3072	EI	Benefit Plan Exception Indicator
RSF068	DE4700	Provider ID	National Provider Identifier
RSF068	DE3064	LOC Begin Date	Enrollee Benefit Enrollment Begin Date
RSF068	DE3065	LOC End Date	Enrollee Benefit Enrollment End Date
RSF068	DE3009	Aid Category	Enrollee Eligibility Aid Category
RSF068	DE3010	Eligibility Begin Date	Enrollee Eligibility Begin Date
RSF068	DE3011	Eligibility End	Enrollee Eligibility End Date

		Date	
RSF068	DE4834	Patient Pay	Medicaid Rate
RSF068	DE4801	Last Action Date	Patient Pay Begin Date

Files RS-F-100 Enrollee MEC 1095B form Extract File

General Information

This file stores Enrollee MEC 1095B form data in the RS-F-100 format for various batch processing.

Subsystem:	Recipient
Copybook:	RSF100, RSF101
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Programs RSY100 Enrollee Annual IRS Extract file With MEC Eligibility Member data (RSY100) Programs RSW104 Enrollee Weekly correction process IRS Extract file (RSW104) Programs RSD104 1094/1095 Daily Re-Issue Processing (RSD104) Programs RSR102 IRS transmitted data tables insert process (RSR012)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF100		RS-1095B-RECORD-TYP	'DTL' for detail records and 'TRL' for trailer records.
RSF100	DE9019	RS-1095B-RECORD-ID	UNIQUE RECORD ID
RSF100		RS-1095B-TST-SCENARIO-ID	
RSF100	DE9020	RS-1095B-CORRECTED-IND	O-ORIGINAL /C-CORRECTIONS/R-REISSUE
RSF100	DE9019	RS-1095B-CORCTD-REC-ID	For Corrections - value is determined from Receipt ID and Record ID. Others - Spaces.
RSF100	DE9022	RS-1095B-CORCTD-FNAME	For Corrections - Case Name from Part II data. Others - Spaces.

RSF100	DE9022	RS-1095B-CORCTD-MINAME	
RSF100	DE9022	RS-1095B-CORCTD-LNAME	
RSF100		RS-1095B-CORCTD-SUFNAME	
RSF100		RS-1095B-CORCTD-SSN	For Corrections - Case SSN from Part II data. Others - Spaces.
RSF100	DE9001	RS-1095B-TAX-YEAR	For Corrections - Tax year from most recent 1095B form. Others - Spaces.
RSF100	DE9021	RS-1095B-CASE-ID	UNIQUE CASE ID
RSF100	DE9022	RS-1095B-CASE-FIRST-NAME	CASE NAME SENT TO IRS
RSF100		RS-1095B-CASE-MI-NAME	
RSF100		RS-1095B-CASE-LAST-NAME	
RSF100		RS-1095B-CASE-NAME-SUF	
RSF100	DE9023	RS-1095B-CASE-SSN	CASE SSN SENT TO IRS
RSF100		RS-1095B-CASE-DOB	Always Spaces.
RSF100	DE9024	RS-1095B-CASE-ADDR1	CASE ADDR1 SENT TO IRS
RSF100	DE9025	RS-1095B-CASE-ADDR2	CASE ADDR2 SENT TO IRS
RSF100	DE9026	RS-1095B-CASE-CITY	CASE CITY SENT TO IRS
RSF100	DE9027	RS-1095B-CASE-STATE	CASE STATE SENT TO IRS
RSF100	DE9028	RS-1095B-CASE-ZIPCD	CASE ZIP SENT TO IRS
RSF100		RS-1095B-CASE-ZIPCD-EXT	
RSF100		RS-1095B-POLICY-ORIGIN	"C"
RSF100		RS-1095B-PROV-NAME	
RSF100		RS-1095B-PROV-EID	
RSF100		RS-1095B-PROV-PHONE	
RSF100		RS-1095B-PROV-ADDR1	Address Line
RSF100		RS-1095B-PROV-CITY	City Name
RSF100		RS-1095B-PROV-STATE	State Code

RSF100		RS-1095B-PROV-ZIPCD	ZIP Code
RSF100	DE9033	RS-1095B-ENRL-ID	Enrollee Permanent Identification Number
RSF100	DE9034	RS-1095B-ENRL-FIRST-NAME	Enrollee First Name
RSF100		RS-1095B-ENRL-MI-NAME	Enrollee Middle Initial
RSF100		RS-1095B-ENRL-LAST-NAME	Enrollee Last Name
RSF100		RS-1095B-ENRL-NAME-SUF	Enrollee Name Suffix
RSF100	DE9035	RS-1095B-ENRL-SSN	Enrollee Social Security Number (SSN)
RSF100	DE4336	RS-1095B-ENRL-DOB	Enrollee Date of Birth.
RSF100	DE9037	RS-1095B-ENRL-12-MTH-ELIG	Enrollee Eligibility Status in Tax year
RSF100	DE9038	RS-1095B-ELIG-JAN-FLG	Enrollee Eligibility Status in Tax year January month.
RSF100	DE9039	RS-1095B-ELIG-FEB-FLG	Enrollee Eligibility Status in Tax year February month.
RSF100	DE9040	RS-1095B-ELIG-MAR-FLG	Enrollee Eligibility Status in Tax year March month.
RSF100	DE9041	RS-1095B-ELIG-APR-FLG	Enrollee Eligibility Status in Tax year April month.
RSF100	DE9042	RS-1095B-ELIG-MAY-FLG	Enrollee Eligibility Status in Tax year May month.
RSF100	DE9043	RS-1095B-ELIG-JUN-FLG	Enrollee Eligibility Status in Tax year June month.
RSF100	DE9044	RS-1095B-ELIG-JUL-FLG	Enrollee Eligibility Status in Tax year July month.
RSF100	DE9045	RS-1095B-ELIG-AUG-FLG	Enrollee Eligibility Status in Tax year August month.
RSF100	DE9046	RS-1095B-ELIG-SEP-FLG	Enrollee Eligibility Status in Tax year September month.
RSF100	DE9047	RS-1095B-ELIG-OCT-FLG	Enrollee Eligibility Status in Tax year October month.
RSF100	DE9048	RS-1095B-ELIG-NOV-FLG	Enrollee Eligibility Status in Tax year November month.
RSF100	DE9049	RS-1095B-ELIG-DEC-FLG	Enrollee Eligibility Status in Tax year December month.
RSF100	DE3039	RS-1095B-CASE-ADMIN-FIPS	Case FIPS code.
RSF101		RS-TRANS-RECORD-TYP	DTL - 1095B forms, TRL - 1094B form.
RSF101	DE9000	RS-TRANS-	1095B FORM UNIQUE REQUEST ID

		REQUEST-ID	
RSF101		RS-TRANS-PAYMNT-YEAR	Current year
RSF101		RS-TRANS-PRIR-YEAR-IND	"0" for current filing year "true" or "1" for prior filing year
RSF101		RS-TRANS-EIN	
RSF101		RS-TRANS-TYPE-CD	
RSF101		RS-TRANS-TEST-FILE-IND	
RSF101	DE9006	RS-TRANS-ORIG-RECEIPT-ID	IRS ORIGINAL RECEIPT ID
RSF101		RS-TRANS-BUSINESS-NAME	
RSF101		RS-TRANS-COMPANY-NAME	
RSF101		RS-TRANS-ADDR1	
RSF101		RS-TRANS-ADDR2	
RSF101		RS-TRANS-CITY	
RSF101		RS-TRANS-STATE	
RSF101		RS-TRANS-ZIPCD	
RSF101		RS-TRANS-FIRST-NAME	
RSF101		RS-TRANS-MI-NAME	
RSF101		RS-TRANS-LAST-NAME	
RSF101		RS-TRANS-NAME-SUF	
RSF101		RS-TRANS-CONTACT-PHONE	
RSF101		RS-TRANS-VENDOR-CODE	
RSF101		RS-TRANS-VNDR-FIRST-NAME	
RSF101		RS-TRANS-VNDR-MI-NAME	
RSF101		RS-TRANS-VNDR-LAST-NAME	
RSF101		RS-TRANS-VNDR-NAME-SUF	
RSF101		RS-TRANS-VNDR-CONTACT-PHONE	
RSF101	DE9013	RS-TRANS-TOT-1095B-COUNT	TOTAL 1095 FORMS IN FILE
RSF101		RS-TRANS-TOT-	TOTAL 1094 FORMS IN FILE, Always set with value

		1094B-COUNT	"1" .
RSF101		RS-1094B-TRANS-CNTRL-CD	
RSF101		RS-1094B-TRANS-SFTWR-ID	
RSF101	DE9007	RS-1094B-SUBMISSION-ID	
RSF101		RS-1094B-ORIG-SUBMISSION-ID	
RSF101		RS-1094B-TST-SCENARIO-ID	
RSF101	DE9001	RS-1094B-TAX-YEAR	1095B FORM TAX YEAR
RSF101		RS-1094B-PROV-BUSINESS-NAME	
RSF101		RS-1094B-PROV-EIN	
RSF101		RS-1094B-PROV-FIRST-NAME	
RSF101		RS-1094B-PROV-MI-NAME	
RSF101		RS-1094B-PROV-LAST-NAME	
RSF101		RS-1094B-PROV-NAME-SUF	
RSF101		RS-1094B-PROV-PHONE	
RSF101		RS-1094B-PROV-ADDR1	
RSF101		RS-1094B-PROV-CITY	
RSF101		RS-1094B-PROV-STATE	
RSF101		RS-1094B-PROV-ZIPCD	
RSF101		RS-1094B-ATTACH-COUNT	TOTAL 1095 FORMS IN FILE
RSF101		RS-1094B-SIGN-PIN	
RSF101		RS-1094B-PRSN-TITLE	
RSF101		RS-1094B-SIGN-DATE	

Files RS-F-100A IRS Response

General Information

This File is provided by IRS VIA BizTalk to be processed by the daily Response and error handling program.

Subsystem:	Member
Copybook:	RSF100A
File Organization:	Sequential
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	Submission Response and Errors Program (RSD102)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF100A		RS-RECORD-LEVEL-1094	Header Record
RSF100A	DE9009	RS-UTID	UT ID
RSF100A		RS-TRANS-TS	Transfer Time Stamp
RSF100A		RS-1094B-SUBMSN-STSCD	Submission Status Code
RSF100A	DE9005	RS-TRANS-RECEIPT-ID	Transfer Receipt ID
RSF100A		RS-1094B-ERR-MSGCD	Case Error Message Code
RSF100A		RS-1094B-ERR-MSGTXT	Case Error Message Text
RSF100A		RS-1094B-XPATH-CNTNT	Case X Path Content
RSF100A	DE9000	RS-1094B-REQUEST-ID	Case Request ID
RSF100A		RS-RECORD-LEVEL-1095	Detailed Record
RSF100A	DE9003	RS-1095B-ERR-SUBMSN-STSCD	Enrollee Error Submission Status Code
RSF100A	DE9004	RS-1095B-ERR-SUBMSN-ID	Enrollee Error Submission ID
RSF100A		RS-1095B-ERR-REC-ID1	Error Record ID
RSF100A	DE9019	RS-1095B-ERR-REC-ID2	Error Record ID
RSF100A		RS-1095B-ERR-SCHMA-ERR-DATA	Enrollee error Data
RSF100A	DE9017	RS-1095B-ERR-MSGCD	Enrollee Error Message Code
RSF100A	DE9018	RS-1095B-ERR-MSGTXT	Enrollee Error Message Text
RSF100A		RS-1095B-ERR-XPATH-CNTNT	Enrollee X Path Content

Files RS-F-100B Acknowledgement

General Information

This File is produced daily to be transmitted to the IRS Via BizTalk.

Subsystem:	Member
Copybook:	RSF100B
File Organization:	Sequential
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	Daily Acknowledgement Program (RSD101)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF100B	DE9005	RS-TRANS-RECIPT-ID	Transferred Receipt ID
RSF100B		RS-TRANS-CNTRL-ID	Transferred Control ID
RSF100B	DE9000	RS-TRANS-REQUEST-ID	Transferred Request ID

Files RS-F-103 Case Master Extract File

General Information

This is the control file used to assign new Enrollee IDs. It stores the most recently used Enrollee Identification number.

Subsystem:	Recipient
Copybook:	RSF103
	N/A
File Organization:	Sequential
Device Type:	On-line DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Backup Control Totals (RSD005) Annual Enrollee Master and Case data extract for SAS (RSD006A) Case Print Facsimile (RSR007) Enrollee Extracts for the IRP (RSR015) Annual Report of Cases with No Active Enrollees (RSY020)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF103	DE3043	RS-CASE-ID	Case Identification Number
RSF103	DE3469	RS-CASE-ADAPT-NUM	Case ADAPT Number
RSF103	DE3450	RS-CASE-SSN	Case Social Security Number
RSF103	DE3487	RS-CASE-NAME-LAST	Case Last Name
RSF103	DE3488	RS-CASE-NAME-FIRST	Case First Name
RSF103	DE3489	RS-CASE-NAME-MID	Case Middle Initial
RSF103	DE3490	RS-CASE-NAME-SUFF	Case Name Suffix

RSF103	DE3560	RS-CASE-ADDTL-ADDRESS	Case Additional Address Name
RSF103	DE3561	RS-CASE-STREET-ADDRESS	Case Street Address
RSF103	DE3562	RS-CASE-CITY-NAME	Case City Name
RSF103	DE3563	RS-CASE-STATE	Case State Code
RSF103	DE3564	RS-CASE-ZIP-CODE	Case ZIP Code
RSF103	DE3039	RS-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF103	DE3431	RS-CASE-WORKER	Case Worker Number
RSF103	DE3432	RS-CASE-REVIEW-DATE	Case Review Date
RSF103	DE3434	RS-CASE-FOLLOWUP-DATE	DSS Special Follow Up Effective Date
RSF103	DE3433	RS-CASE-FOLLOWUP-CODE	DSS Special Follow Up Code
RSF103	DE3093	RS-ATTACHED-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF103	DE3480	RS-ATTACHED-ENROLLEE-RELATION	Enrollee Relationship to Case Head Code
RSF103	DE3061	RS-CASE-DATE-ADDED	Case Date Added
RSF103	DE3258	RS-CASE-VACMS-NUM	Case VACMS Number

Files RS-F-104 Enrollee Master Extract File

General Information

This file stores Enrollee data in the old RS-F-100 format for various batch processing.

Subsystem:	Member
Copybook:	RSF104
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	RS-ENROLLEE-ID (3093)
Alternate Key:	N/A
Program:	PRELIMINARY EXTRACTION OF EPSDT ELIGIBILES (EPC001) Annual Benefit Usage Analysis (MRA060) Recipient Subsystem Interface (MRM030) Monthly HCFA-2082 Update (MRM160) HCFA-21 Recipient Extract File (MRM165) MARS Medicare Modernization Act (MMA) - Monthly Extraction Program (MRM170) HCFA-372 Extractor (MRM190) Recipient Subsystem Interface for 1915B Waiver reporting (MRM400) Recipient Subsystem Interface for 1915b Transportation Waiver reporting (MRM420) Create Quarterly MSIS Eligible's Extract File (MRQ175) MARS Medicare Modernization Act (MMA) - Weekly Extraction Program (MRW170) Enrollee Backup Control Totals (RSD005) Enrollee Master and Case data extract (RSD006) Annual Enrollee Master and Case data extract for SAS (RSD006A) Daily Recipient Eligibility Extract for DMAS PA Contractor (KePRO) (RSD203) Program RSD500 will build SX Enrollment Extract File (RSD500) Extract Enrollee Data from RS-F-104 to Create RS-F-005 (RSM060) Enrollee 834 Extract to Dental Benefits Administrator (RSM115) Enrollee 834 Extract to Behavioral Health Administrator (RSM125) Medicare Part B Premium Processing Program (RSM391) Extract for BENDEX Transactions (RSM401) Extract for DSS Data Warehouse Output Interface (RSM600) Disease Management Extract (RSM610) School Services Data Extract (RSQ030)

	Enrollee Print Facsimile (RSR005) ADAPT/VaMMIS Reconciliation File Extract (RSR010) Enrollee Extracts for the IRP (RSR015) Annual Summary of Enrollee Cancellations (RSY015) Annual Report of Cases with No Active Enrollees (RSY020) Managed Care Enrollee Summary (SUM355) SURS Claim Extract (Enrollee) (SUM805) SURS Enrollee Extract (SUM840) First IQ Enrollee Extract (VAFIQPR1) Medicaid Eligible Extract file for DSH (WME0101B)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF104	DE3093	RS-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF104	DE3901	RS-PERSON-ID	Person ID
RSF104	DE3002	RS-MEDICARE-ID	Medicare Number
RSF104	DE3034	RS-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF104	DE3043	RS-CASE-ID	Case Identification Number
RSF104	DE3480	RS-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code
RSF104	DE3039	RS-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF104	DE3431	RS-CASE-WORKER	Case Worker Number
RSF104	DE3096	RS-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF104	DE3955	RS-VACMS-ENRL-ID	Enrollee VACMS Identification number
RSF104	DE3110	RS-NAME-LAST	Enrollee Last Name
RSF104	DE3111	RS-NAME-FIRST	Enrollee First Name
RSF104	DE3112	RS-NAME-MID	Enrollee Middle Initial
RSF104	DE3113	RS-NAME-SUFF	Enrollee Name Suffix
RSF104	DE3107	RS-ADDRESS-TYPE	Enrollee Address Type
RSF104	DE3114	RS-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF104	DE3115	RS-STREET-ADDRESS	Enrollee Street Address
RSF104	DE3116	RS-CITY-NAME	Enrollee City Name
RSF104	DE3117	RS-STATE	Enrollee State Code
RSF104	DE3118	RS-ZIP-CODE	Enrollee ZIP Code
RSF104	DE3008	RS-ENROLLEE-FIPS	Enrollee FIPS Code
RSF104	DE3095	RS-ENROLLEE-PHONE	Enrollee Telephone Number
RSF104	DE3005	RS-BIRTH-DATE	Enrollee Birth Date
RSF104	DE3036	RS-DEATH-DATE	Enrollee Date of Death
RSF104	DE3252	RS-US-ENTRY-DATE	Enrollee Entry to US Date

RSF104	DE3253	RS-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF104	DE3251	RS-CITIZEN-STATUS	Enrollee Citizenship Status
RSF104	DE3476	RS-PRIMARY-LANGUAGE	Enrollee Primary Language Code
RSF104	DE3007	RS-SEX	Enrollee Sex Code
RSF104	DE3016	RS-MARITAL-STATUS	Enrollee Marital Status
RSF104	DE3006	RS-RACE	Enrollee Race Code
RSF104	DE3254	RS-ETHNICITY	Enrollee ethnicity codes
RSF104	DE3255	RS-VETERAN-IND	Enrollee Veteran/Dependent Indicator
RSF104	DE3340	RS-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code
RSF104	DE3443	RS-SOC-SEC-STATUS	Social Security Number (SSN) Status Code
RSF104	DE3059	RS-SUPPRESS-ID	Enrollee ID Card Suppress Production Indicator
RSF104	DE3485	RS-IMMUN-STATUS	Enrollee Immunization Status
RSF104	DE3402	RS-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF104	DE3936	RS-INFANT-MOTHER-ID	Enrollee Mother Identification Number
RSF104	DE3021	RS-PREASSIGN-CODE	Enrollee Benefit Preassignment Code
RSF104	DE3909	RS-CID-INDICATOR	Enrollee CID Indicator
RSF104	DE3032	RS-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF104	DE3093	RS-PRIMARY-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF104	DE3901	RS-PRIMARY-PERSON-ID	Person ID
RSF104	DE3093	RS-ASSOC-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF104	DE3901	RS-ASSOC-PERSON-ID	Person ID
RSF104	DE3277	RS-INCARC-BEGIN-DATE	Enrollee Incarceration begin date
RSF104	DE3278	RS-INCARC-END-DATE	Enrollee Incarceration End date
RSF104	DE3273	RS-INCARC-FAC-TYPE	Enrollee incarceration facility type
RSF104	DE3274	RS-INCARC-STATUS	Enrollee Incarceration status
RSF104	DE3035	RS-GROSS-INCOME	Enrollee Gross Income
RSF104	DE3475	RS-MONTHLY-HRS-WORKED	Enrollee Monthly Number of Hours Worked
RSF104	DE3170	RS-EMPLOYER-NAME	Employer Name
RSF104	DE3171	RS-EMPLOYER-ADDTL-ADDRESS	Employer Additional Address Name
RSF104	DE3172	RS-EMPLOYER-ADDRESS	Employer Address Line
RSF104	DE3173	RS-EMPLOYER-CITY	Employer City Name
RSF104	DE3174	RS-EMPLOYER-STATE	Employer State Code
RSF104	DE3175	RS-EMPLOYER-ZIP	Employer ZIP Code
RSF104	DE3176	RS-EMPLOYER-IRS-NO	Employer Federal Identification Number
RSF104	DE3177	RS-EMPLOYER-PHONE	Employer Phone Number
RSF104	DE3178	RS-EMPLOYER-CONTACT-NAME	Employer Contact Name
RSF104	DE3448	RS-BENDEX-DSS-INQ-	BENDEX DSS Inquiry Status Flag

		FLAG	
RSF104	DE3508	RS-BENDEX-PROOF-DOB	BENDEX Proof of Birth Date Indicator
RSF104	DE3516	RS-BENDEX-PAY-STAT-CODE	BENDEX Payment Status Code
RSF104	DE3517	RS-BENDEX-PAY-MNTH-BNFT	BENDEX Monthly Benefit Payable
RSF104	DE3512	RS-BENDEX-STATE-CONTROL	BENDEX State Control Data
RSF104	DE3509	RS-BENDEX-AGENCY-CODE	BENDEX Agency Code
RSF104	DE3031	RS-BENDEX-SSA-EXCHANGE	BENDEX SSA Information Exchange Code
RSF104	DE3511	RS-BENDEX-CAT-ASSIST	BENDEX Category of Assistance Code
RSF104	DE3447	RS-BENDEX-QUERY-CODE	BENDEX Query Code
RSF104	DE3535	RS-BENDEX-DUAL-ENTLMNT	BENDEX Dual Entitlement Indicator
RSF104	DE3510	RS-BENDEX-REC-SOURCE-CODE	BENDEX Record Source Code
RSF104	DE3520	RS-BENDEX-SSI-STATUS	BENDEX SSI Status Code
RSF104	DE3537	RS-BENDEX-SSI-DATE-ENTLMNT	BENDEX SSI Entitlement Date
RSF104	DE3518	RS-BENDEX-INIT-DATE-ENTLMNT	BENDEX Initial Entitlement Date
RSF104	DE3531	RS-BENDEX-RRB-STATUS	BENDEX RRB Status Code
RSF104	DE3532	RS-BENDEX-BLK-LUNG-STATUS	BENDEX Black Lung Entitlement Status
RSF104	DE3536	RS-BENDEX-DATE-DISABILITY	BENDEX Disability Onset Date
RSF104	DE3524	RS-BENDEX-SMI-PREM-PAYER	BENDEX SMI Premium Payer
RSF104	DE3521	RS-BENDEX-SMI-OPTION	BENDEX SMI Non Covered Reason Code
RSF104	DE3522	RS-BENDEX-SMI-DATE-ENTLMNT	BENDEX SMI Entitlement Date
RSF104	DE3525	RS-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF104	DE3523	RS-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable
RSF104	DE3539	RS-BENDEX-HOSP-PREM-PAYER	BENDEX HI Premium Payer
RSF104	DE3526	RS-BENDEX-HOSP-OPTION	BENDEX Hospital Insurance Option Code (HOC)
RSF104	DE3527	RS-BENDEX-HOSP-DATE-ENTLMNT	BENDEX Hospital Insurance Entitlement Date

RSF104	DE3529	RS-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date
RSF104	DE3528	RS-BENDEX-HOSP-PREMIUM	BENDEX Hospital Insurance Premium Amount Collectable
RSF104	DE3538	RS-BENDEX-PARTA-PREM-DATE	BENDEX Part A Third Party Premium Date
RSF104	DE3655	RS-BENDEX-PREMIUM-IND	Medicare Premium Indicator
RSF104	DE3463	RS-COMMENT-DATA	Enrollee Comment Field
RSF104	DE3121	RS-PEND-RSN-CODE	Enrollee Pend Location Code
RSF104	DE3119	RS-PEND-BEGIN-DATE	Enrollee Pend Payment Begin Date
RSF104	DE3120	RS-PEND-END-DATE	Enrollee Pend Payment End Date
RSF104	DE3403	RS-DISABILITY-CODE	Enrollee Disability Code
RSF104	DE3404	RS-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF104	DE3405	RS-DISABILITY-END-DATE	Enrollee Disability End Date
RSF104	DE5301	RS-HEALTH-COND-DIAG	Diagnosis Code
RSF104	DE3400	RS-HEALTH-COND-DIAG-BEGIN	Enrollee Health Condition Begin Date
RSF104	DE3401	RS-HEALTH-COND-DIAG-END	Enrollee Health Condition End Date
RSF104	DE3558	RS-HEALTH-COND-DIAG-END-RSN	Enrollee Health Condition End Reason
RSF104	DE5002	RS-HEALTH-COND-PROC	Procedure Code
RSF104	DE3459	RS-PAT-PAY-TYPE	Enrollee Patient Pay Type
RSF104	DE3460	RS-PAT-PAY-BALANCE	Enrollee Patient Pay Account Balance
RSF104	DE3461	RS-PAT-PAY-LIABILITY	Enrollee Patient Pay Liability
RSF104	DE3483	RS-PAT-PAY-BEGIN-DATE	Enrollee Patient Pay Begin Date
RSF104	DE3484	RS-PAT-PAY-END-DATE	Enrollee Patient Pay End Date
RSF104	DE3665	RS-PAT-PAY-STATUS	Patient Pay Status Code
RSF104	DE3125	RS-CMM-RES-BEGIN-DATE	Enrollee CMM Restriction Begin Date
RSF104	DE3130	RS-CMM-RES-END-DATE	Enrollee CMM Restriction End Date
RSF104	DE3132	RS-CMM-RES-END-RSN	Enrollee CMM Restriction End Reason
RSF104	DE3131	RS-CMM-RES-TYPE	Enrollee CMM Restriction Type
RSF104	DE3133	RS-CMM-RES-REVIEW-DATE	Enrollee CMM Restriction Review Date
RSF104	DE3136	RS-CMM-RES-LEVEL	Enrollee CMM Restriction Level
RSF104	DE3134	RS-CMM-RES-STATUS-CODE	Enrollee CMM Restriction Status Code
RSF104	DE3135	RS-CMM-RES-STATUS-DATE	Enrollee CMM Restriction Status Date
RSF104	DE3482	RS-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF104	DE3481	RS-ID-CARD-CURR-	Enrollee ID Card Reissue Reason

		ISSUE-RSN	
RSF104	DE3022	RS-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF104	DE3009	RS-ELIG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF104	DE3010	RS-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF104	DE3011	RS-ELIG-END-DATE	Enrollee Eligibility End Date
RSF104	DE3499	RS-ELIG-STATUS	Enrollee Eligibility Status Code
RSF104	DE3451	RS-ELIG-CANCEL-REASON	Eligibility Cancel Reason
RSF104	DE3452	RS-ELIG-CANCEL-DATE	Eligibility Cancel Date
RSF104	DE3453	RS-ELIG-REINSTATE-REASON	Enrollee Reinstatement Reason
RSF104	DE3473	RS-ELIG-EXTENTION-REASON	Enrollee Eligibility Extension Reason Code
RSF104	DE3041	RS-ELIG-APPL-DATE	Enrollee Application Date
RSF104	DE3551	RS-ELIG-AID-CAT-PGM	Benefit Definition Plan Program Code
RSF104	DE0017	RS-ELIG-AID-CAT-SEQ-NO	Display Seq Num
RSF104	DE3280	RS-ENRL-CCC-INDICATOR	CCC Indicator
RSF104	DE3281	RS-ENRL-CCC-HIST-BEGIN-DATE	CCC History Begin Date
RSF104	DE3282	RS-ENRL-CCC-HIST-END-DATE	CCC History End Date
RSF104	DE3283	RS-ENRL-CCC-LETTER-SENT-IND	CCC Letter Sent Indicator
RSF104	DE3284	RS-ENRL-CCC-LETTER-SENT-DATE	CCC Letter Sent Date
RSF104	DE0011	RS-ENRL-CCC-HIST-UPDT-DATE	CCC BP History update date.
RSF104	DE3813	RS-ENRL-CCC-END-REASON-CD	CCC BP end reason code
RSF104	DE3551	RS-PROGAM-CODE	Benefit Definition Plan Program Code
RSF104	DE3552	RS-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code
RSF104	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF104	DE3072	RS-EXCEPTION-INDICATOR	Benefit Plan Exception Indicator
		RS-ENROL-BEN-EXC-CODE-IND	
RSF104	DE3064	RS-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF104	DE3065	RS-ENROL-END-DATE	Enrollee Benefit Enrollment End Date
RSF104	DE3073	RS-ENROL-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF104	DE4700	RS-ENROL-NPI	National Provider Identifier
RSF104	DE3062	RS-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number

RSF104	DE3074	RS-ENROL-CHG-SOURCE	Enrollee Benefit Change Source
RSF104	DE3140	RS-ENROL-DISP-DATE	Enrollee Benefit Disposition Date
RSF104	DE3141	RS-ENROL-DISP	Enrollee Benefit Disposition Code
RSF104	DE3442	RS-ENROL-AUTH-FLAG	Nursing Home Benefit Authorization Flag
RSF104	DE3071	RS-ENROL-PAT-ACCT-NUM	Enrollee Benefit Patient Account
RSF104	DE3154	RS-ENROL-MC-ASGN-DATE	Enrollee Benefit Assignment Code Update Date
RSF104	DE3019	RS-ENROL-MC-ASGN-CODE	Enrollee Benefit Assignment Code
RSF104	DE3155	RS-ENROL-MC-DISASS-DATE	Enrollee Benefit Reassignment/Disassociation Code Update Date
RSF104	DE3067	RS-ENROL-MC-INIT-ASSIGN	Enrollee Benefit Initial Preassignment Code
RSF104	DE3142	RS-ENROL-MC-TYPE	Enrollee Benefit Managed Care Type
RSF104	DE4700	RS-ENROL-MC-HMO-PCP-ID	National Provider Identifier
RSF104	DE4700	RS-ENROL-MC-HMO-PCP-BEGIN	Enrollee Benefit Plan HMO/PCP Provider Begin Date
RSF104	DE3147	RS-ENROL-MC-HMO-PCP-END	Enrollee Benefit Plan HMO/PCP Provider End Date
RSF104	DE2165	RS-ENROL-TDO-COURT-LOC	Claim TDO Court Locality
RSF104	DE2166	RS-ENROL-TDO-COURT-TYPE	Claim TDO Court Type
RSF104	DE3470	RS-ENROL-TDO-WARRANT-NUM	TDO Warrant Number
RSF104	DE3099	RS-ENROL-TDO-PROV-IRS	TDO Provider IRS Number
RSF104	DE0017	RS-ENROL-AID-CAT-SEQ-NO	Display Seq Num
RSF104	DE3703	RS-TPL-POLICY-TYPE	TPL Policy Type
RSF104	DE3657	RS-TPL-POLICY-CARRIER	TPL Carrier Code
RSF104	DE3658	RS-TPL-POLICY-NUMBER	TPL Policy Number
RSF104	DE3659	RS-TPL-POLICY-BEGIN-DATE	TPL Policy Effective Date
RSF104	DE3660	RS-TPL-POLICY-END-DATE	TPL Policy End Date
RSF104	DE3671	RS-TPL-POLICY-COINSUR-AMT	TPL Policy Coinsurance Amount
RSF104	DE3695	RS-TPL-POLICY-DEDUCT-AMT	TPL Policy Deductible Amount
RSF104	DE3013	RS-TPL-COV-CODE	TPL Coverage Code
RSF104	DE3667	RS-TPL-COV-BEGIN-DATE	TPL Coverage Effective (Begin) Date

RSF104	DE3668	RS-TPL-COV-END-DATE	TPL Coverage End Date
RSF104	DE3672	RS-TPL-COV-COINSUR-AMT	TPL Coverage Co-pay Amount
RSF104	DE3696	RS-TPL-COV-DEDUCT-AMT	TPL Coverage Deductible Amount
RSF104	DE3656	RS-ENRL-RECIP-FRAIL-INDÂ	Enrollee Medically indicator type
RSF104	DE3803	RS-ENRL-RECIP-IND-STATUS	Enrollee Medically indicator status
RSF104	DE3807	RS-ENRL-RECIP-IND-BEG-DT	Enrollee Medically indicator begin date
RSF104	DE3802	RS-ENRL-RECIP-IND-END-DT	Enrollee Medically indicator end date
RSF104	DE3804	RS-ENRL-RECIP-IND-ADD-DT	Enrollee Medically indicator add date
RSF104	DE0011	RS-ENRL-RECIP-IND-UPD-DT	Enrollee Medically indicator update date
RSF104	DE0000	RS-ENRL-GAP-REISSUE-IND PIC	GAP Enrollee ID card reissue indicator

Files RS-F-105 Recipient School Services Data Extract

General Information

This is the Enrollee Case Cross-Reference data store. The file stores Case data and all enrollee IDs associated with the Case and their relationship to the Case-head or head-of-household.

Subsystem:	Recipient
Copybook:	PAKEYRCD
	N/A
File Organization:	QSAM
Device Type:	On-line DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	School Services Data Extract (RSQ030) School Services Reimbursement File to PaperFree System (RSQ031) School Services Reimbursement Report Program (RSQ032) School Services Reimbursement Error Report (RSQ033)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRCD	DE4082	RSF105-SERVICE-CENTER	Provider Service Center
PAKEYRCD	DE4900	RSF105-SCHOOL-DIVISION	School Division Number
PAKEYRCD	DE3110	RSF105-ENROLLEE-LAST-NAME	Enrollee Last Name
PAKEYRCD	DE3111	RSF105-ENROLLEE-FIRST-NAME	Enrollee First Name
PAKEYRCD	DE3113	RSF105-	Enrollee Name Suffix

		ENROLLEE-SUFFIX	
PAKEYRCD	DE3093	RSF105-ENROLLEE-ID	Enrollee Permanent Identification Number
PAKEYRCD	DE3034	RSF105-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
PAKEYRCD	DE3114	RSF105-ENROLLEE-SSN	Enrollee Additional Address Name
PAKEYRCD	DE3115	RSF105-ENROLLEE-STREET-ADDRESS	Enrollee Street Address
PAKEYRCD	DE3116	RSF105-NROLLEE-CITY-NAME	Enrollee City Name
PAKEYRCD	DE3117	RSF105-ENROLLEE-STATE-CODE	Enrollee State Code
PAKEYRCD	DE3118	RSF105-ENROLLEE-ZIP	Enrollee ZIP Code
PAKEYRCD	DE3005	RSF105-ENROLLEE-DOB	Enrollee Birth Date
PAKEYRCD	DE3007	RSF105-ENROLLEE-GENDER	Enrollee Sex Code
PAKEYRCD	DE3551	RSF105-ENROLLEE-BENEFIT-PROG	Benefit Definition Plan Program Code
PAKEYRCD	DE3062	RSF105-ENROLLEE-MCO-ASSIGNED	Enrollee Benefit Provider Identification Number
PAKEYRCD	DE5254	RSF105-ENROLLEE-LOCALITY	MMIS Locality Code based on Postal Code
PAKEYRCD	DE3480	RSF105-ENROLLEE-PARENT-CONSENT	Enrollee Relationship to Case Head Code
PAKEYRCD	DE0002	RSF105-DESTINATION	Calculated
PAKEYRCD	DE4901	RSF105-SCHOOL-DIV-	School Division Name

		NAME	

Files RS-F-106 DSS ADAPT/VaMMIS Reconciliation Extract File

General Information

This is a file of input transaction data used to update the Aid Categories Rule Table. The updates originate with DMAS.

Subsystem:	Recipient
Copybook:	RSF106
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	AC-PD-CODE (3000)
Alternate Key:	N/A
Program:	ADAPT/VaMMIS Reconciliation File Extract (RSR010)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF106	DE3093	RSX-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF106	DE3034	RSX-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF106	DE3043	RSX-CASE-ID	Case Identification Number
RSF106	DE3480	RSX-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code
RSF106	DE3039	RSX-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF106	DE3431	RSX-CASE-WORKER	Case Worker Number
RSF106	DE3096	RSX-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF106	DE3110	RSX-NAME-LAST	Enrollee Last Name

RSF106	DE3111	RSX-NAME-FIRST	Enrollee First Name
RSF106	DE3112	RSX-NAME-MID	Enrollee Middle Initial
RSF106	DE3113	RSX-NAME-SUFF	Enrollee Name Suffix
RSF106	DE3107	RSX-ADDRESS-TYPE	Enrollee Address Type
RSF106	DE3114	RSX-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF106	DE3115	RSX-STREET-ADDRESS	Enrollee Street Address
RSF106	DE3116	RSX-CITY-NAME	Enrollee City Name
RSF106	DE3117	RSX-STATE	Enrollee State Code
RSF106	DE3118	RSX-ZIP-CODE	Enrollee ZIP Code
RSF106	DE3008	RSX-ENROLLEE-FIPS	Enrollee FIPS Code
RSF106	DE3095	RSX-ENROLLEE-PHONE	Enrollee Telephone Number
RSF106	DE3005	RSX-BIRTH-DATE	Enrollee Birth Date
RSF106	DE3252	RSX-US-ENTRY-DATE	Enrollee Entry to US Date
RSF106	DE3253	RSX-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF106	DE3251	RSX-CITIZEN-STATUS	Enrollee Citizenship Status
RSF106	DE3476	RSX-PRIMARY-LANGUAGE	Enrollee Primary Language Code
RSF106	DE3007	RSX-SEX	Enrollee Sex Code
RSF106	DE3016	RSX-MARITAL-STATUS	Enrollee Marital Status
RSF106	DE3006	RSX-RACE	Enrollee Race Code
RSF106	DE3340	RSX-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code
RSF106	DE3402	RSX-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF106	DE3093	RSX-PRIMARY-	Enrollee Permanent Identification Number

		ENROLLEE-ID	
RSF106	DE3403	RSX-DISABILITY-CODE	Enrollee Disability Code
RSF106	DE3404	RSX-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF106	DE3405	RSX-DISABILITY-END-DATE	Enrollee Disability End Date
RSF106	DE3009	RSX-ELIG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF106	DE3010	RSX-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF106	DE3011	ESX-ELIG-END-DATE	Enrollee Eligibility End Date
RSF106	DE3041	RSX-ELIG-APPL-DATE	Enrollee Application Date

Files RS-F-107 DSS Output Interface File

General Information

This is a file of update transactions for the Fraud Conviction File.

Subsystem:	Recipient
Copybook:	RSF107
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Extract for DSS Data Warehouse Output Interface (RSM600)
Graphics:	RS-F-107

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF107	DE8793	RSF107-REC-LEN	Record Length of DSS data warehouse extract
RSF107	DE3093	RECIP-ID	Enrollee Permanent Identification Number
RSF107	DE3002	CLM-NBR	Medicare Number
RSF107	DE3034	SSN	Enrollee Social Security Number (SSN)
RSF107	DE3043	CASE-ID	Case Identification Number
RSF107	DE3480	CASE-REL	Enrollee Relationship to Case Head Code
RSF107	DE3039	CASE-FIPS	Case Administrative FIPS Code
RSF107	DE3431	CASE-WORKER	Case Worker Number
RSF107	DE3096	VACIS-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF107	DE3110	R-LAST-NAME	Enrollee Last Name
RSF107	DE3111	R-FIRST-NAME	Enrollee First Name
RSF107	DE3112	R-MID-NAME	Enrollee Middle Initial
RSF107	DE3113	R-NAME-SUFF	Enrollee Name Suffix

RSF107	DE0000	R-FUL-NAME	
RSF107	DE3114	R-ADDL-ADDRESS	Enrollee Additional Address Name
RSF107	DE3115	R-STREET-ADDRESS	Enrollee Street Address
RSF107	DE3116	R-CITY	Enrollee City Name
RSF107	DE3117	RS-STATE	Enrollee State Code
RSF107	DE3118	R-ZIP9	Enrollee ZIP Code
RSF107	DE3008	R-FIPS	Enrollee FIPS Code
RSF107	DE3095	R-PHONE	Enrollee Telephone Number
RSF107	DE3005	R-BIRTH-DATE	Enrollee Birth Date
RSF107	DE3036	R-DEATH-DATE	Enrollee Date of Death
RSF107	DE3252	R-ENTRY-DT	Enrollee Entry to US Date
RSF107	DE3253	R-COUNTRY	Enrollee Country of Origin
RSF107	DE3251	R-CITIZEN-STATUS	Enrollee Citizenship Status
RSF107	DE3476	R-LANG	Enrollee Primary Language Code
RSF107	DE3007	R-SEX	Enrollee Sex Code
RSF107	DE3016	MARITAL STATUS	Enrollee Marital Status
RSF107	DE3006	R-RACE	Enrollee Race Code
RSF107	DE3340	R-SPL-ELG-CODE	Enrollee Special Eligibility Code
RSF107	DE3485	R-IMMU-STAT	Enrollee Immunization Status
RSF107	DE3402	R-EXPT-DELY-DT	Enrollee Expected Delivery/Delivery Date
RSF107	DE3936	R-MOT-ID	Enrollee Mother Identification Number
RSF107	DE3035	R-GROSS-INC	Enrollee Gross Income
RSF107	DE3475	R-MON-HRS-WRKED	Enrollee Monthly Number of Hours Worked
RSF107	DE3170	R-EMP-NAME	Employer Name
RSF107	DE3171	R-EMP-ADD-ADDRS	Employer Additional Address Name
RSF107	DE3172	R-EMP-ADDRS	Employer Address Line
RSF107	DE3173	R-EMP-CITY	Employer City Name
RSF107	DE3174	R-EMP-STATE	Employer State Code
RSF107	DE3175	R-EMP-ZIP	Employer ZIP Code
RSF107	DE3176	R-EMP-IRS-NO	Employer Federal Identification Number
RSF107	DE3177	R-EMP-PHONE	Employer Phone Number
RSF107	DE3178	R-EMP-CON-	Employer Contact Name

		NAME	
RSF107	DE3516	R-BEN-PAY-STAT-CODE	BENDEX Payment Status Code
RSF107	DE3517	R-BEN-MON-BNFT	BENDEX Monthly Benefit Payable
RSF107	DE3512	R-BEN-SSA-CLM-NO	BENDEX State Control Data
RSF107	DE3031	RS-BDX-SSA-EXC	BENDEX SSA Information Exchange Code
RSF107	DE3447	R-BX-QUERY-CODE	BENDEX Query Code
RSF107	DE3535	R-BDX-DUAL-ENTL	BENDEX Dual Entitlement Indicator
RSF107	DE3510	RS-BDX-RSC-CODE	BENDEX Record Source Code
RSF107	DE3520	RS-BDX-SSI-STAT	BENDEX SSI Status Code
RSF107	DE3537	RS-BDX-SSI-DT-ENT	BENDEX SSI Entitlement Date
RSF107	DE3518	RS-BDX-INI-DT-ENT	BENDEX Initial Entitlement Date
RSF107	DE3531	RS-BDX-RRB-STAT	BENDEX RRB Status Code
RSF107	DE3532	RS-BDX-BLK-LUN-STAT	BENDEX Black Lung Entitlement Status
RSF107	DE3524	RS-BDX-SMI-PREM-PAYER	BENDEX SMI Premium Payer
RSF107	DE3521	RS-BDX-SMI-OPT	BENDEX SMI Non Covered Reason Code
RSF107	DE3522	RS-BDX-SMI-DT-ENTMT	BENDEX SMI Entitlement Date
RSF107	DE3525	RS-BDX-SMI-TERM-DT	BENDEX SMI Termination Date
RSF107	DE3523	RS-BDX-SMI-PRE	BENDEX SMI Premium Amount Collectable
RSF107	DE3539	RS-BDX-HOSP-PRE-PAYER	BENDEX HI Premium Payer
RSF107	DE3526	RS-BDX-HOSP-OPT	BENDEX Hospital Insurance Option Code (HOC)
RSF107	DE3527	RS-BDX-HOSP-DT-ENT	BENDEX Hospital Insurance Entitlement Date
RSF107	DE3529	RS-BDX-HOSP-TRM-DT	BENDEX Hospital Insurance Termination Date

RSF107	DE3528	RS-BDX-HOSP-PREM	BENDEX Hospital Insurance Premium Amount Collectable
RSF107	DE3655	RS-BDX-PRE-IND	Medicare Premium Indicator
RSF107	DE3121	RS-PEND-RSN-CODE	Enrollee Pend Location Code
RSF107	DE3119	RS-PEND-BEGIN-DATE	Enrollee Pend Payment Begin Date
RSF107	DE3120	RS-PEND-END-DT	Enrollee Pend Payment End Date
RSF107	DE3403	RS-DISA-RSN-CODE	Enrollee Disability Code
RSF107	DE3404	RS-DISA-BGN-DT	Enrollee Disability Onset Date
RSF107	DE3405	RS-DISA-END-DT	Enrollee Disability End Date
RSF107	DE5301	RS-HEALTH-COND-DIAG	Diagnosis Code
RSF107	DE3400	RS-HEAL-COND-D-BEGIN	Enrollee Health Condition Begin Date
RSF107	DE3401	RS-HEALTH-COND-D-END	Enrollee Health Condition End Date
RSF107	DE3558	RS-HEALTH-COND-END-RSN	Enrollee Health Condition End Reason
RSF107	DE3655	RS-HEALTH-COND-PROC	Medicare Premium Indicator
RSF107	DE3459	RS-PAT-PAY-TYPE	Enrollee Patient Pay Type
RSF107	DE3460	RS-PAT-PAY-BALANCE	Enrollee Patient Pay Account Balance
RSF107	DE3461	RS-PAT-PAY-LIAB	Enrollee Patient Pay Liability
RSF107	DE3483	RS-PAT-PAY-BEG-DT	Enrollee Patient Pay Begin Date
RSF107	DE3484	RS-PAT-PAY-END-DT	Enrollee Patient Pay End Date
RSF107	DE3665	RS-PAT-PAY-STAT	Patient Pay Status Code
RSF107	DE3125	RS-CMM-RES-BEGIN-DT	Enrollee CMM Restriction Begin Date
RSF107	DE3130	RS-CMM-RES-	Enrollee CMM Restriction End Date

		END-DT	
RSF107	DE3132	RS-CMM-RES-END-RSN	Enrollee CMM Restriction End Reason
RSF107	DE3131	RS-CMM-RES-TYPE	Enrollee CMM Restriction Type
RSF107	DE3133	RS-CMM-RES-REW-DT	Enrollee CMM Restriction Review Date
RSF107	DE3136	RS-CMM-RES-LEVEL	Enrollee CMM Restriction Level
RSF107	DE3134	RS-CMM-RES-ST-CODE	Enrollee CMM Restriction Status Code
RSF107	DE3135	RS-CMM-RES-ST-DT	Enrollee CMM Restriction Status Date
RSF107	DE3482	RS-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF107	DE3481	RS-ID-CARD-ISS-RSN	Enrollee ID Card Reissue Reason
RSF107	DE3022	RS-ID-CARD-ISS-DT	Enrollee ID Card Issue/Reissue Date
RSF107	DE3009	RS-ELIG-AID-CATG	Enrollee Eligibility Aid Category
RSF107	DE3010	RS-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF107	DE3011	RS-ELIG-END-DT	Enrollee Eligibility End Date
RSF107	DE3499	RS-ELIG-STAT	Enrollee Eligibility Status Code
RSF107	DE3451	RS-ELIG-CAN-RSN	Eligibility Cancel Reason
RSF107	DE3452	RS-ELIG-CANCEL-DT	Eligibility Cancel Date
RSF107	DE3453	RS-ELIG-REIN-RSN	Enrollee Reinstatement Reason
RSF107	DE3473	RS-ELIG-EXT-RSN	Enrollee Eligibility Extension Reason Code
RSF107	DE3041	RS-ELIG-APPL-DATE	Enrollee Application Date
RSF107	DE3551	RS-ELIG-AID-CAT-PGM	Benefit Definition Plan Program Code
RSF107	DE3551	RS-PROGRAM-CODE	Benefit Definition Plan Program Code
RSF107	DE3552	RS-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code

RSF107	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF107	DE3072	RS-EXCEPTION-IND	Benefit Plan Exception Indicator
RSF107	DE3040	RS-E-B-EXC-CODE-IND	Benefit Exception Code Flag
RSF107	DE3064	RS-ENROL-BEGIN-DT	Enrollee Benefit Enrollment Begin Date
RSF107	DE3065	RS-ENROL-END-DT	Enrollee Benefit Enrollment End Date
RSF107	DE3073	RS-E-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF107	DE3062	RS-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number
RSF107	DE3657	RS-TPL-POLICY-CAR	TPL Carrier Code
RSF107	DE3658	RS-TPL-POLICY-NO	TPL Policy Number
RSF107	DE3013	RS-TPL-COV-CODE	TPL Coverage Code
RSF107	DE3667	RS-TPL-COV-BEGIN-DT	TPL Coverage Effective (Begin) Date
RSF107	DE3668	RS-TPL-COV-END-DT	TPL Coverage End Date
RSF107	DE3487	RS-T-CASE-NAME-LAST-	Case Last Name
RSF107	DE3488	RS-T-CASE-NAME-FIRST	Case First Name
RSF107	DE3489	RS-T-CASE-NAME-MI	Case Middle Initial
RSF107	DE3490	RS-T-CASE-NAME-SUF	Case Name Suffix
RSF107	DE0000	RS-T-CASE-FULL-NAME	
RSF107	DE3469	RS-T-CASE-I-AD-NUM	Case ADAPT Number
RSF107	DE3432	RS-T-CASE-DT-RVW	Case Review Date
RSF107	DE3433	RS-T-CASE-DSS-F-CVAL	DSS Special Follow Up Code
RSF107	DE3434	RS-T-CASE-	DSS Special Follow Up Effective Date

		DSS-F-EFF-DT	
RSF107	DE5244	RF11-C-REG-TYPE	Region Type
RSF107	DE5245	RF12-T-REG-TYPE-DES	Region Type Name
RSF107	DE5249	RF11-I-REGION	Region Code
RSF107	DE5250	RF10-T-REG-DES	Region Name
RSF107	DE3039	RS-CASE-ADM-FIPS	Case Administrative FIPS Code
RSF107	DE5255	RF08-T-LOC-NAME	Locality Name
RSF107	DE5264	RF04-T-ADDR-NAME	Locality Region Type Address Name
RSF107	DE5265	RF04-T-ADDL-NAME	Locality Region Type Additional Address Name
RSF107	DE5266	RF04-T-ST-ADDR	Locality Region Type Street Address
RSF107	DE5267	RF04-T-CITY	Locality Region Type City Name
RSF107	DE5268	RF04-C-STATE	Locality Region Type State Code
RSF107	DE5269	RF04-C-ZIP	Locality Region Type Zip Code
RSF107	DE3015	RS39-C-PREM-P-TR	Enrollee Medicare Premium Payment Trans-action Code
RSF107	DE3018	RS39-C-MDC-PM-TYPE	Enrollee Medicare Premium Payment Type Codes
RSF107	DE3090	RS39-D-MC-BUY-ST-DT	Enrollee Medicare Status Date
RSF107	DE3891	TP07-F-CURRENT	TPL ACTIVE COVERAGE FLAG
RSF107	DE3561	RS18-T-STREET	Case Street Address
RSF107	DE3564	RS18-C-ZIP-9	Case ZIP Code
RSF107	DE3449	RS55-C-BELOW-POVERTY	Enrollee FPL Status
RSF107	DE3462	RS55-D-FPL-STATUS-BEG	Enrollee FPL status begin date
RSF107	DE3165	RS-CITIZENSHIP-LVL	Enrollee Citizenship Level
RSF107	DE3166	RS-ID-TYPE-VERIFY	Enrollee Identity Verification
RSF107	DE3186	RS-SAME-AS-CASE-IND	Same as Case Address Indicator

RSF107	DE3187	RS-SAME-AS-CASE-FIPS	Same as Case FIPS Indicator
RSF107	DE3183	RS-AUTH-REP-NAME	Enrollee Authorized Representative Name
RSF107	DE3188	RS-AUTH-REP-EFF-DATE	Authorized Representative Effect Date
RSF107	DE3114	RS-AREP-ADDR-ADDL	Enrollee Additional Address Name
RSF107	DE3115	RS-AREP-ADDR-STREET	Enrollee Street Address
RSF107	DE3116	RS-AREP-ADDR-CITY	Enrollee City Name
RSF107	DE3117	RS-AREP-ADDR-STATE	Enrollee State Code
RSF107	DE3118	RS-AREP-ADDR-ZIP-9	Enrollee ZIP Code
RSF107	DE3095	RS-AREP-PHONE	Enrollee Telephone Number
RSF107	DE9522	RS-HIPP-CASE-ID	HIPP File Number
RSF107	DE9544	RS-HIPP-ENRL-STATUS	HIPP Enrollee Status Code
RSF107	DE3443	RS-SOC-SEC-STATUS	Social Security Number (SSN) Status Code
RSF107	DE3622	RS-SSA-CITIZENSHIP-STATUS	SSA Citizenship Status
RSF107	DE3624	RS-CITIZENSHIP-ID-DATE	Enrollee Citizenship Identity Date
RSF107	DE3623	RS-SSA-CITIZENSHIP-STATUS-DATE	SSA Citizenship Status Date

Files RS-F-107A FTP Parameter File

General Information

This file is produced as output of Program RSM600 used for DSS Data WareHouse Extract. This layout is provided for documentation purpose only. The WS_SYS_DATE is going to be populated based on date of run as YYYYMMDD.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	N/A
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Extract for DSS Data Warehouse Output Interface (RSM600)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	

Files RS-F-109 Enrollee Master Case Extract File

General Information

This file stores Enrollee master and case data to be loaded to the SAS data set.

Subsystem:	Member
Copybook:	RSF109
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	RS-ENROLLEE-ID (3093)
Alternate Key:	N/A
Program:	Enrollee Master and Case data extract (RSD006) Annual Enrollee Master and Case data extract for SAS (RSD006A) SAS Library Loader for Recipient/Enrollee Data (SSR060) SAS Library Loader for Recipient (SSW060)
Graphics:	RS-F-109

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF109	DE3093	RS-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF109	DE3901	RS-PERSON-ID	Person ID
RSF109	DE3002	RS-MEDICARE-ID	Medicare Number
RSF109	DE3034	RS-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF109	DE3043	RS-CASE-ID	Case Identification Number
RSF109	DE3480	RS-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code
RSF109	DE3039	RS-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF109	DE3431	RS-CASE-WORKER	Case Worker Number
RSF109	DE3096	RS-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF109	DE3955	RS-VACMS-ENRL-ID	Enrollee VACMS Identification number
RSF109	DE3110	RS-NAME-LAST	Enrollee Last Name
RSF109	DE3111	RS-NAME-FIRST	Enrollee First Name

RSF109	DE3112	RS-NAME-MID	Enrollee Middle Initial
RSF109	DE3113	RS-NAME-SUFF	Enrollee Name Suffix
RSF109	DE3107	RS-ADDRESS-TYPE	Enrollee Address Type
RSF109	DE3114	RS-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF109	DE3115	RS-STREET-ADDRESS	Enrollee Street Address
RSF109	DE3116	RS-CITY-NAME	Enrollee City Name
RSF109	DE3117	RS-STATE	Enrollee State Code
RSF109	DE3118	RS-ZIP-CODE	Enrollee ZIP Code
RSF109	DE3008	RS-ENROLLEE-FIPS	Enrollee FIPS Code
RSF109	DE3095	RS-ENROLLEE-PHONE	Enrollee Telephone Number
RSF109	DE3005	RS-BIRTH-DATE	Enrollee Birth Date
RSF109	DE3036	RS-DEATH-DATE	Enrollee Date of Death
RSF109	DE3252	RS-US-ENTRY-DATE	Enrollee Entry to US Date
RSF109	DE3253	RS-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF109	DE3251	RS-CITIZEN-STATUS	Enrollee Citizenship Status
RSF109	DE3476	RS-PRIMARY-LANGUAGE	Enrollee Primary Language Code
RSF109	DE3007	RS-SEX	Enrollee Sex Code
RSF109	DE3016	RS-MARITAL-STATUS	Enrollee Marital Status
RSF109	DE3006	RS-RACE	Enrollee Race Code
RSF109	DE3254	RS-ETHNICITY	Enrollee ethnicity codes
RSF109	DE3255	RS-VETERAN-IND	Enrollee Veteran/Dependent Indicator
RSF109	DE3340	RS-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code
RSF109	DE3443	RS-SOC-SEC-STATUS	Social Security Number (SSN) Status Code
RSF109	DE3059	RS-SUPPRESS-ID	Enrollee ID Card Suppress Production Indicator
RSF109	DE3485	RS-IMMUN-STATUS	Enrollee Immunization Status
RSF109	DE3402	RS-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF109	DE3936	RS-INFANT-MOTHER-ID	Enrollee Mother Identification Number
RSF109	DE3021	RS-PREASSIGN-CODE	Enrollee Benefit Preassignment Code
RSF109	DE3909	RS-CID-INDICATOR	Enrollee CID Indicator
RSF109	DE3032	RS-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF109	DE3093	RS-PRIMARY-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF109	DE3901	RS-PRIMARY-PERSON-ID	Person ID
RSF109	DE3093	RS-ASSOC-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF109	DE3901	RS-ASSOC-PERSON-ID	Person ID
RSF109	DE3277	RS-INCARC-BEGIN-DATE	Enrollee Incarceration begin date
RSF109	DE3278	RS-INCARC-END-DATE	Enrollee Incarceration End date
RSF109	DE3273	RS-INCARC-FAC-TYPE	Enrollee incarceration facility type
RSF109	DE3274	RS-INCARC-STATUS	Enrollee Incarceration status
RSF109	DE3035	RS-GROSS-INCOME	Enrollee Gross Income
RSF109	DE3475	RS-MONTHLY-HRS-	Enrollee Monthly Number of Hours Worked

		WORKED	
RSF109	DE3170	RS-EMPLOYER-NAME	Employer Name
RSF109	DE3171	RS-EMPLOYER-ADDTL-ADDRESS	Employer Additional Address Name
RSF109	DE3172	RS-EMPLOYER-ADDRESS	Employer Address Line
RSF109	DE3173	RS-EMPLOYER-CITY	Employer City Name
RSF109	DE3174	RS-EMPLOYER-STATE	Employer State Code
RSF109	DE3175	RS-EMPLOYER-ZIP	Employer ZIP Code
RSF109	DE3176	RS-EMPLOYER-IRS-NO	Employer Federal Identification Number
RSF109	DE3177	RS-EMPLOYER-PHONE	Employer Phone Number
RSF109	DE3178	RS-EMPLOYER-CONTACT-NAME	Employer Contact Name
RSF109	DE3448	RS-BENDEX-DSS-INQ-FLAG	BENDEX DSS Inquiry Status Flag
RSF109	DE3508	RS-BENDEX-PROOF-DOB	BENDEX Proof of Birth Date Indicator
RSF109	DE3516	RS-BENDEX-PAY-STAT-CODE	BENDEX Payment Status Code
RSF109	DE3517	RS-BENDEX-PAY-MNTH-BNFT	BENDEX Monthly Benefit Payable
RSF109	DE3512	RS-BENDEX-STATE-CONTROL	BENDEX State Control Data
RSF109	DE3509	RS-BENDEX-AGENCY-CODE	BENDEX Agency Code
RSF109	DE3031	RS-BENDEX-SSA-EXCHANGE	BENDEX SSA Information Exchange Code
RSF109	DE3511	RS-BENDEX-CAT-ASSIST	BENDEX Category of Assistance Code
RSF109	DE3447	RS-BENDEX-QUERY-CODE	BENDEX Query Code
RSF109	DE3535	RS-BENDEX-DUAL-ENTLMNT	BENDEX Dual Entitlement Indicator
RSF109	DE3510	RS-BENDEX-REC-SOURCE-CODE	BENDEX Record Source Code
RSF109	DE3520	RS-BENDEX-SSI-STATUS	BENDEX SSI Status Code
RSF109	DE3537	RS-BENDEX-SSI-DATE-ENTLMNT	BENDEX SSI Entitlement Date
RSF109	DE3518	RS-BENDEX-INIT-DATE-ENTLMNT	BENDEX Initial Entitlement Date
RSF109	DE3531	RS-BENDEX-RRB-STATUS	BENDEX RRB Status Code
RSF109	DE3532	RS-BENDEX-BLK-LUNG-STATUS	BENDEX Black Lung Entitlement Status
RSF109	DE3536	RS-BENDEX-DATE-DISABILITY	BENDEX Disability Onset Date
RSF109	DE3524	RS-BENDEX-SMI-PREM-	BENDEX SMI Premium Payer

		PAYER	
RSF109	DE3521	RS-BENDEX-SMI-OPTION	BENDEX SMI Non Covered Reason Code
RSF109	DE3522	RS-BENDEX-SMI-DATE-ENTLMNT	BENDEX SMI Entitlement Date
RSF109	DE3525	RS-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF109	DE3523	RS-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable
RSF109	DE3539	RS-BENDEX-HOSP-PREM-PAYER	BENDEX HI Premium Payer
RSF109	DE3526	RS-BENDEX-HOSP-OPTION	BENDEX Hospital Insurance Option Code (HOC)
RSF109	DE3527	RS-BENDEX-HOSP-DATE-ENTLMNT	BENDEX Hospital Insurance Entitlement Date
RSF109	DE3529	RS-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date
RSF109	DE3528	RS-BENDEX-HOSP-PREMIUM	BENDEX Hospital Insurance Premium Amount Collectable
RSF109	DE3538	RS-BENDEX-PARTA-PREM-DATE	BENDEX Part A Third Party Premium Date
RSF109	DE3655	RS-BENDEX-PREMIUM-IND	Medicare Premium Indicator
RSF109	DE3463	RS-COMMENT-DATA	Enrollee Comment Field
RSF109	DE3121	RS-PEND-RSN-CODE	Enrollee Pend Location Code
RSF109	DE3119	RS-PEND-BEGIN-DATE	Enrollee Pend Payment Begin Date
RSF109	DE3120	RS-PEND-END-DATE	Enrollee Pend Payment End Date
RSF109	DE3403	RS-DISABILITY-CODE	Enrollee Disability Code
RSF109	DE3404	RS-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF109	DE3405	RS-DISABILITY-END-DATE	Enrollee Disability End Date
RSF109	DE5301	RS-HEALTH-COND-DIAG	Diagnosis Code
RSF109	DE3400	RS-HEALTH-COND-DIAG-BEGIN	Enrollee Health Condition Begin Date
RSF109	DE3401	RS-HEALTH-COND-DIAG-END	Enrollee Health Condition End Date
RSF109	DE3558	RS-HEALTH-COND-DIAG-END-RSN	Enrollee Health Condition End Reason
RSF109	DE5002	RS-HEALTH-COND-PROC	Procedure Code
RSF109	DE3459	RS-PAT-PAY-TYPE	Enrollee Patient Pay Type
RSF109	DE3460	RS-PAT-PAY-BALANCE	Enrollee Patient Pay Account Balance
RSF109	DE3461	RS-PAT-PAY-LIABILITY	Enrollee Patient Pay Liability
RSF109	DE3483	RS-PAT-PAY-BEGIN-DATE	Enrollee Patient Pay Begin Date
RSF109	DE3484	RS-PAT-PAY-END-DATE	Enrollee Patient Pay End Date
RSF109	DE3665	RS-PAT-PAY-STATUS	Patient Pay Status Code

RSF109	DE3125	RS-CMM-RES-BEGIN-DATE	Enrollee CMM Restriction Begin Date
RSF109	DE3130	RS-CMM-RES-END-DATE	Enrollee CMM Restriction End Date
RSF109	DE3132	RS-CMM-RES-END-RSN	Enrollee CMM Restriction End Reason
RSF109	DE3131	RS-CMM-RES-TYPE	Enrollee CMM Restriction Type
RSF109	DE3133	RS-CMM-RES-REVIEW-DATE	Enrollee CMM Restriction Review Date
RSF109	DE3136	RS-CMM-RES-LEVEL	Enrollee CMM Restriction Level
RSF109	DE3134	RS-CMM-RES-STATUS-CODE	Enrollee CMM Restriction Status Code
RSF109	DE3135	RS-CMM-RES-STATUS-DATE	Enrollee CMM Restriction Status Date
RSF109	DE3482	RS-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF109	DE3481	RS-ID-CARD-CURR-ISSUE-RSN	Enrollee ID Card Reissue Reason
RSF109	DE3022	RS-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF109	DE3009	RS-ELIG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF109	DE3010	RS-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF109	DE3011	RS-ELIG-END-DATE	Enrollee Eligibility End Date
RSF109	DE3499	RS-ELIG-STATUS	Enrollee Eligibility Status Code
RSF109	DE3451	RS-ELIG-CANCEL-REASON	Eligibility Cancel Reason
RSF109	DE3452	RS-ELIG-CANCEL-DATE	Eligibility Cancel Date
RSF109	DE3453	RS-ELIG-REINSTATE-REASON	Enrollee Reinstatement Reason
RSF109	DE3473	RS-ELIG-EXTENTION-REASON	Enrollee Eligibility Extension Reason Code
RSF109	DE3041	RS-ELIG-APPL-DATE	Enrollee Application Date
RSF109	DE3551	RS-ELIG-AID-CAT-PGM	Benefit Definition Plan Program Code
RSF109	DE0017	RS-ELIG-AID-CAT-SEQ-NO	Display Seq Num
RSF109	DE3280	RS-ENRL-CCC-INDICATOR	CCC Indicator
RSF109	DE3281	RS-ENRL-CCC-HIST-BEGIN-DATE	CCC History Begin Date
RSF109	DE3282	RS-ENRL-CCC-HIST-END-DATE	CCC History End Date
RSF109	DE3283	RS-ENRL-CCC-LETTER-SENT-IND	CCC Letter Sent Indicator
RSF109	DE3284	RS-ENRL-CCC-LETTER-SENT-DATE	CCC Letter Sent Date
RSF109	DE0011	RS-ENRL-CCC-HIST-UPDT-DATE	CCC BP History update date.
RSF109	DE3813	RS-ENRL-CCC-END-REASON-CD	CCC BP end reason code

RSF109	DE3551	RS-PROGAM-CODE	Benefit Definition Plan Program Code
RSF109	DE3552	RS-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code
RSF109	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF109	DE3072	RS-EXCEPTION-INDICATOR	Benefit Plan Exception Indicator
RSF109	DE3040	RS-ENROL-BEN-EXC-CODE-IND	Benefit Exception Code Flag
RSF109	DE3064	RS-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF109	DE3065	RS-ENROL-END-DATE	Enrollee Benefit Enrollment End Date
RSF109	DE3073	RS-ENROL-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF109	DE3062	RS-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number
RSF109	DE4700	RS-ENROL-NPI	National Provider Identifier
RSF109	DE3062	RS-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number
RSF109	DE3074	RS-ENROL-CHG-SOURCE	Enrollee Benefit Change Source
RSF109	DE3140	RS-ENROL-DISP-DATE	Enrollee Benefit Disposition Date
RSF109	DE3141	RS-ENROL-DISP	Enrollee Benefit Disposition Code
RSF109	DE3442	RS-ENROL-AUTH-FLAG	Nursing Home Benefit Authorization Flag
RSF109	DE3071	RS-ENROL-PAT-ACCT-NUM	Enrollee Benefit Patient Account
RSF109	DE3154	RS-ENROL-MC-ASGN-DATE	Enrollee Benefit Assignment Code Update Date
RSF109	DE3019	RS-ENROL-MC-ASGN-CODE	Enrollee Benefit Assignment Code
RSF109	DE3155	RS-ENROL-MC-DISASS-DATE	Enrollee Benefit Reassignment/Disassociation Code Update Date
RSF109	DE3067	RS-ENROL-MC-INIT-ASSIGN	Enrollee Benefit Initial Preassignment Code
RSF109	DE3142	RS-ENROL-MC-TYPE	Enrollee Benefit Managed Care Type
RSF109	DE4700	RS-ENROL-MC-HMO-PCP-BEGIN	Enrollee Benefit Plan HMO/PCP Provider Begin Date
RSF109	DE3147	RS-ENROL-MC-HMO-PCP-END	Enrollee Benefit Plan HMO/PCP Provider End Date
RSF109	DE2165	RS-ENROL-TDO-COURT-LOC	Claim TDO Court Locality
RSF109	DE2166	RS-ENROL-TDO-COURT-TYPE	Claim TDO Court Type
RSF109	DE3470	RS-ENROL-TDO-WARRANT-NUM	TDO Warrant Number
RSF109	DE3099	RS-ENROL-TDO-PROV-IRS	TDO Provider IRS Number
RSF109	DE0017	RS-ENROL-AID-CAT-SEQ-NO	Display Seq Num
RSF109	DE3703	RS-TPL-POLICY-TYPE	TPL Policy Type

RSF109	DE3657	RS-TPL-POLICY-CARRIER	TPL Carrier Code
RSF109	DE3658	RS-TPL-POLICY-NUMBER	TPL Policy Number
RSF109	DE3659	RS-TPL-POLICY-BEGIN-DATE	TPL Policy Effective Date
RSF109	DE3660	RS-TPL-POLICY-END-DATE	TPL Policy End Date
RSF109	DE3671	RS-TPL-POLICY-COINSUR-AMT	TPL Policy Coinsurance Amount
RSF109	DE3695	RS-TPL-POLICY-DEDUCT-AMT	TPL Policy Deductible Amount
RSF109	DE3013	RS-TPL-COV-CODE	TPL Coverage Code
RSF109	DE3667	RS-TPL-COV-BEGIN-DATE	TPL Coverage Effective (Begin) Date
RSF109	DE3668	RS-TPL-COV-END-DATE	TPL Coverage End Date
RSF109	DE3672	RS-TPL-COV-COINSUR-AMT	TPL Coverage Co-pay Amount
RSF109	DE3696	RS-TPL-COV-DEDUCT-AMT	TPL Coverage Deductible Amount
RSF109	DE3656	RS-ENRL-RECIP-FRAIL-IND	Enrollee Medically indicator type
RSF109	DE3803	RS-ENRL-RECIP-IND-STATUS	Enrollee Medically indicator status
RSF109	DE3807	RS-ENRL-RECIP-IND-BEG-DT	Enrollee Medically indicator begin date
RSF109	DE3802	RS-ENRL-RECIP-IND-END-DT	Enrollee Medically indicator end date
RSF109	DE3804	RS-ENRL-RECIP-IND-ADD-DT	Enrollee Medically indicator add date
RSF109	DE0011	RS-ENRL-RECIP-IND-UPD-DT	Enrollee Medically indicator update date
RSF109	DE0000	RS-ENRL-GAP-REISSUE-IND PIC	GAP Enrollee ID card reissue indicator
RSF109	DE3015	RS-PREM-PAY-TRANS	Enrollee Medicare Premium Payment Transaction Code
RSF109	DE3449	RS-FPL-STAUS	Enrollee FPL Status
RSF109	DE3462	RS-FPL-STAUS-BEGIN	Enrollee FPL status begin date
RSF109	DE3165	RS-ENRL-CIT-LVL	Enrollee Citizenship Level
RSF109	DE3166	RS-ENRL-IDENTITY	Enrollee Identity Verification
RSF109	DE3186	RS-ENRL-CASE-ADDR-IND	Same as Case Address Indicator
RSF109	DE3187	RS-ENRL-CASE-FIPS-IND	Same as Case FIPS Indicator
RSF109	DE3487	RS-T-CASE-NAME-LAST	Case Last Name
RSF109	DE3488	RS-T-CASE-NAME-FIRST	Case First Name
RSF109	DE3489	RS-T-CASE-NAME-MI	Case Middle Initial
RSF109	DE3490	RS-T-CASE-NAME-SUF	Case Name Suffix

RSF109	DE3432	RS-D-REVIEW	Case Review Date
RSF109	DE3434	RS-C-DSS-FOLLWUP-CVAL	DSS Special Follow Up Code
RSF109	DE3433	RS-D-DSS-FOLLOWUP-EFF	DSS Special Follow Up Effective Date
RSF109	DE3469	RS-I-CASE-ADAPT-NUM	Case ADAPT Number
RSF109	DE3258	RS-VACMS-CASE-ID	Case VaCMS ID
RSF109	DE3560	RS-T-CASE-CONTACT-NAME	Case Additional Address Name
RSF109	DE3561	RS-T-CASE-STREET	Case Street Address
RSF109	DE3562	RS-T-CASE-CITY	Case City Name
RSF109	DE3563	RS-C-CASE-STATE	Case State Code
RSF109	DE3564	RS-C-CASE-ZIP	Case ZIP Code
RSF109	DE9522	RS-HIPP-CASE	HIPP File Number
RSF109	DE9544	RS-HIPP-STATUS	HIPP Enrollee Status Code
RSF109	DE3622	RS-SSA-CTZNSHP-STAT	SSA Citizenship Status
RSF109	DE3623	RS-SSA-CTZNSHP-STAT-DATE	SSA Citizenship Status Date
RSF109	DE3624	RS-CTZNSHP-ID-DATE	Enrollee Citizenship Identity Date

Files RS-F-110 Recipient School Services Comma Delimited File

General Information

This file stores the history of changes for specific enrollee demographic data elements defined by the RFP.

Subsystem:	Recipient
Copybook:	RSF110
	N/A
File Organization:	QSAM
Device Type:	On-line DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	School Services Reimbursement File to PaperFree System (RSQ031)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF110	DE4082	RSF110-SERVICE-CENTER	Provider Service Center
RSF110	DE4900	RSF110-SCHOOL-DIVISION	School Division Number
RSF110	DE3110	RSF110-ENROLLEE-LAST-NAME	Enrollee Last Name
RSF110	DE3111	RSF110-ENROLLEE-FIRST-NAME	Enrollee First Name
RSF110	DE3112	RSF110-ENROLLEE-MIDDLE-INITIAL	Enrollee Middle Initial
RSF110	DE3093	RSF110-	Enrollee Permanent Identification Number

		ENROLLEE-ID	
RSF110	DE3034	RSF110-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF110	DE3114	RSF110-ENROLLEE-ADDL-ADDR	Enrollee Additional Address Name
RSF110	DE3115	RSF110-ENROLLEE-STREET-ADDRESS	Enrollee Street Address
RSF110	DE3116	RSF110-ENROLLEE-CITY-NAME	Enrollee City Name
RSF110	DE3117	RSF110-ENROLLEE-STATE-CODE	Enrollee State Code
RSF110	DE3118	RSF110-ENROLLEE-ZIP	Enrollee ZIP Code
RSF110	DE3005	RSF110-ENROLLEE-DOB	Enrollee Birth Date
RSF110	DE3007	RSF110-ENROLLEE-GENDER	Enrollee Sex Code
RSF110	DE3551	RSF110-ENROLLEE-BENEFIT-PROG	Benefit Definition Plan Program Code
RSF110	DE3062	RSF110-ENROLLEE-MCO-ASSIGNED	Enrollee Benefit Provider Identification Number
RSF110	DE5254	RSF110-ENROLLEE-LOCALITY	MMIS Locality Code based on Postal Code
RSF110	DE3480	RSF110-ENROLLEE-PARENT-CONSENT	Enrollee Relationship to Case Head Code

Files RS-F-111 Cases and Associated Enrollees Extract

General Information

This is a data extract of Cases with the associated enrollees for the RS-O-627 report.

Subsystem:	Recipient
Copybook:	RSF111
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollees by Aid Category Extract (RSR020) Enrollees by Aid Category Report (RSR022)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF111	DE3039	ER-CURR-CC	Case Administrative FIPS Code
RSF111	DE3043	ER-CASE-ID	Case Identification Number
RSF111	DE3093	ER-RECIP-ID	Enrollee Permanent Identification Number
RSF111	DE3451	ER-CANCEL-REASON	Eligibility Cancel Reason
RSF111	DE3110	ER-ENRL-LAST	Enrollee Last Name
RSF111	DE3111	ER-ENRL-FIRST	Enrollee First Name
RSF111	DE3112	ER-ENRL-MI	Enrollee Middle Initial
RSF111	DE3114	ER-ENRL-ADDR1	Enrollee Additional Address Name
RSF111	DE3115	ER-ENRL-ADDR2	Enrollee Street Address
RSF111	DE3116	ER-ENRL-CITY	Enrollee City Name
RSF111	DE3117	RS-ENRL-STATE	Enrollee State Code

RSF111	DE3118	ER-ENRL-ZIP	Enrollee ZIP Code
RSF111	DE3006	ER-RACE	Enrollee Race Code
RSF111	DE3007	ER-SEX	Enrollee Sex Code
RSF111	DE3005	ER-BIRTH	Enrollee Birth Date
RSF111	DE3955	ER-CLAIM	Person Identifier Value
RSF111	DE3031	ER-SSA	BENDEX SSA Information Exchange Code
RSF111	DE3034	ER-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF111	DE3010	ER-BEG-DT	Enrollee Eligibility Begin Date
RSF111	DE3452	ER-END-DT	Eligibility Cancel Date
RSF111	DE3009	ER-AID-CATG	Enrollee Eligibility Aid Category

Files RS-F-117 TDO Court File

General Information

Contains TDO court codes and names.

Subsystem:	Recipient
Copybook:	RSF117
	N/A
File Organization:	Indexed by Court Code
Device Type:	Disk
Primary Key:	COURT-CODE (3478)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF117	DE3039	COURT-FIPS	Case Administrative FIPS Code
RSF117	DE3479	COURT-NAME	TDO Court Name

Files RS-F-122 TANF Autoclosures Report File for RSM015

General Information

This is a file of report records for program RSM015.

Subsystem:	Recipient
Copybook:	RSF122
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Enrollee Recertification and Auto-Closures (RSM010) Monthly Enrollee TANF Related Auto-Closures (RSM015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF122	DE3093	Rpt-Enrollee-Id	Enrollee Permanent Identification Number
RSF122	DE3110	Enrollee Last Name	Enrollee Last Name
RSF122	DE3111	Enrollee First Name	Enrollee First Name
RSF122	DE3112	Enrollee MI	Enrollee Middle Initial
RSF122	DE3009	Rpt-Aid-Category	Enrollee Eligibility Aid Category
RSF122	DE9986	Rpt-Cancel-Dt	Determined by Program Coded Logic
RSF122	DE3451	Rpt-Cancel-Reason	Eligibility Cancel Reason

Files RS-F-131 CID Extract File

General Information

Contains the data necessary to produce the CIDs.

Subsystem:	Recipient
Copybook:	RSF131
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Client Information Document Extract (RSD015) Client Information Document Print (RSD017)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF131	DE5699	Transaction	Log Transaction Code
RSF131	DE3043	Case-ID	Case Identification Number
RSF131	DE3039	Case Admin-istrative FIPS	Case Administrative FIPS Code
RSF131	DE3431	Case Worker	Case Worker Number
RSF131	DE3432	Case Review Date	Case Review Date
RSF131	DE3433	Case Followup Code	DSS Special Follow Up Code
RSF131	DE3434	Case Followup Date	DSS Special Follow Up Effective Date
RSF131	DE3450	Case SSN	Case Social Security Number
RSF131	DE3469	Case Adapt ID	Case ADAPT Number
RSF131	DE3560	Case Addr (Line 1)	Case Additional Address Name
RSF131	DE3561	Case Addr (Line 2)	Case Street Address

RSF131	DE3562	Case Addr (City)	Case City Name
RSF131	DE3563	Case Addr (State)	Case State Code
RSF131	DE3564	Case Addr (Zip)	Case ZIP Code
RSF131	DE3487	Casehead Name (Last)	Case Last Name
RSF131	DE3488	Casehead Name (First)	Case First Name
RSF131	DE3489	Casehead Name (MI)	Case Middle Initial
RSF131	DE3490	Casehead Name (Suffix)	Case Name Suffix
RSF131	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF131	DE3480	Case Rela-tionship	Enrollee Relationship to Case Head Code
RSF131	DE3034	SSN	Enrollee Social Security Number (SSN)
RSF131	DE3096	Adapt/Vacis	Enrollee ADAPT/VACIS Client Identification Number
RSF131	DE3340	Special Eligibility Indicator	Enrollee Special Eligibility Code
RSF131	DE3936	Infant Mother ID	Enrollee Mother Identification Number
RSF131	DE3476	Language	Enrollee Primary Language Code
RSF131	DE3110	Enrollee Last Name	Enrollee Last Name
RSF131	DE3111	Enrollee First Name	Enrollee First Name
RSF131	DE3112	Enrollee MI	Enrollee Middle Initial
RSF131	DE3113	Enrollee Suffix	Enrollee Name Suffix
RSF131	DE3005	Birth	Enrollee Birth Date
RSF131	DE3402	Expected Del Date	Enrollee Expected Delivery/Delivery Date
RSF131	DE3036	Death Date	Enrollee Date of Death
RSF131	DE3114	Enr Addr (Addi-tional Address Line)	Enrollee Additional Address Name
RSF131	DE3115	Enr Addr (Street Address)	Enrollee Street Address
RSF131	DE3116	Enr Addr (City)	Enrollee City Name
RSF131	DE3117	Enr Addr (State)	Enrollee State Code
RSF131	DE3118	Enr Addr (Zip Code)	Enrollee ZIP Code
RSF131	DE3008	Enrollee FIPS	Enrollee FIPS Code

RSF131	DE3095	Enrollee Phone	Enrollee Telephone Number
RSF131	DE3016	Marital Status	Enrollee Marital Status
RSF131	DE3006	Race	Enrollee Race Code
RSF131	DE3007	Sex	Enrollee Sex Code
RSF131	DE3251	Citizenship Code	Enrollee Citizenship Status
RSF131	DE3253	Country Origin	Enrollee Country of Origin
RSF131	DE3252	Entry Date	Enrollee Entry to US Date
RSF131	DE3121	Pend Claims Location	Enrollee Pend Location Code
RSF131	DE3119	Pend Claims Begin Date	Enrollee Pend Payment Begin Date
RSF131	DE3120	Pend Claims End Date	Enrollee Pend Payment End Date
RSF131	DE3403	Disability Code	Enrollee Disability Code
RSF131	DE3404	Disability Onset Date	Enrollee Disability Onset Date
RSF131	DE3405	Disability End Date	Enrollee Disability End Date
RSF131	DE3485	Immunization Status	Enrollee Immunization Status
RSF131	DE3472	Health Condition Diag	Enrollee Health Condition Code
RSF131	DE3400	Health Condition Begin Date	Enrollee Health Condition Begin Date
RSF131	DE3401	Health Condition End Date	Enrollee Health Condition End Date
RSF131	DE3558	Health Condition End Rsn	Enrollee Health Condition End Reason
RSF131	DE5002	Health Condition Procedure	Procedure Code
RSF131	DE3041	Current Elig Application Date	Enrollee Application Date
RSF131	DE3010	Current Elig Begin Date	Enrollee Eligibility Begin Date
RSF131	DE3011	Current Elig End Date	Enrollee Eligibility End Date
RSF131	DE3009	Current Elig Aid Category	Enrollee Eligibility Aid Category
RSF131	DE3452	Current Elig Cancel Date	Eligibility Cancel Date
RSF131	DE3451	Current Elig Cancel Rsn	Eligibility Cancel Reason

RSF131	DE3473	Current Elig Extension Rsn	Enrollee Eligibility Extension Reason Code
RSF131	DE3453	Current Elig Reinstate Rsn	Enrollee Reinstatement Reason
RSF131	DE3041	Application Date (Prior Coverage)	Enrollee Application Date
RSF131	DE3010	Begin Date (Prior Coverage)	Enrollee Eligibility Begin Date
RSF131	DE3011	End Date (Prior Coverage)	Enrollee Eligibility End Date
RSF131	DE3452	Cancel Date (Prior Coverage)	Eligibility Cancel Date
RSF131	DE3451	Cancel Rsn (Prior Coverage)	Eligibility Cancel Reason
RSF131	DE3473	Extension Rsn (Prior Coverage)	Enrollee Eligibility Extension Reason Code
RSF131	DE3453	Reinstate Rsn (Prior Coverage)	Enrollee Reinstatement Reason
RSF131	DE3059	ID Card Suppress Indicator	Enrollee ID Card Suppress Production Indicator
RSF131	DE3022	Last ID Card Issue Date	Enrollee ID Card Issue/Reissue Date
RSF131	DE3481	Last ID Card Reissue Rsn	Enrollee ID Card Reissue Reason
RSF131	DE3482	Last ID Card Sequence Num	Enrollee ID Card Sequence Number
RSF131	DE3551	Enrollee Benefit Program Code	Benefit Definition Plan Program Code
RSF131	DE3552	Enrollee Benefit Sub-Program Code	Benefit Definition Plan Subprogram Code
RSF131	DE3553	Enrollee Benefit Plan Benefit Code	Benefit Definition Plan Benefit Code
RSF131	DE3072	Enrollee Benefit Excp Code	Benefit Plan Exception Indicator
RSF131	DE4700	Enrollee Benefit Plan Provider	National Provider Identifier
RSF131	DE3064	Enrollee Benefit Plan Begin Date	Enrollee Benefit Enrollment Begin Date
RSF131	DE3065	Enrollee Benefit Plan End Date	Enrollee Benefit Enrollment End Date
RSF131	DE3073	Enrollee Benefit	Enrollee Benefit Closure Reason

		Plan End Rsn	
RSF131	DE3136	CMM Restrict Level	Enrollee CMM Restriction Level
RSF131	DE3131	CMM Restrict Type	Enrollee CMM Restriction Type
RSF131	DE3125	CMM Restrict Begin Date	Enrollee CMM Restriction Begin Date
RSF131	DE3130	CMM Restrict End Date	Enrollee CMM Restriction End Date
RSF131	DE3132	CMM Restrict End Rsn	Enrollee CMM Restriction End Reason
RSF131	DEDE3133	CMM Restrict Review Date	Enrollee CMM Restriction Review Date
RSF131	DE3134	CMM Restrict Status	Enrollee CMM Restriction Status Code
RSF131	DE3135	CMM Restrict Status Date	Enrollee CMM Restriction Status Date
RSF131	DE3459	Patient Pay Type	Enrollee Patient Pay Type
RSF131	DE3461	Patient Pay Liability	Enrollee Patient Pay Liability
RSF131	DE3460	Patient Pay Balance	Enrollee Patient Pay Account Balance
RSF131	DE3483	Patient Pay Begin Date	Enrollee Patient Pay Begin Date
RSF131	DE3484	Patient Pay End Date	Enrollee Patient Pay End Date
RSF131	DE3665	Patient Pay Status	Patient Pay Status Code
RSF131	DE3170	Employer Name	Employer Name
RSF131	DE3178	Employer Contact	Employer Contact Name
RSF131	DE3171	Employer Additional Street Address	Employer Additional Address Name
RSF131	DE3172	Employer Street Address	Employer Address Line
RSF131	DE3173	Employer City	Employer City Name
RSF131	DE3174	Employer State	Employer State Code
RSF131	DE3175	Employer Zip Code	Employer ZIP Code
RSF131	DE3177	Employer Phone	Employer Phone Number
RSF131	DE3176	Employer FIN	Employer Federal Identification Number
RSF131	DE3475	Enrollee Hours	Enrollee Monthly Number of Hours Worked

		Worked	
RSF131	DE3035	Enrollee Gross Income	Enrollee Gross Income
RSF131	DE3013	TPL Coverage Type	TPL Coverage Code
RSF131	DE3657	TPL Carrier	TPL Carrier Code
RSF131	DE3658	TPL Policy Number	TPL Policy Number
RSF131	DE3667	TPL Coverage Begin Date	TPL Coverage Effective (Begin) Date
RSF131	DE3668	TPL Coverage End Date	TPL Coverage End Date
RSF131	DE3002	Medicare Claim No (HIC)	Medicare Number
RSF131	DE3667	Part A Begin Date	TPL Coverage Effective (Begin) Date
RSF131	DE3668	Part A End Date	TPL Coverage End Date
RSF131	DE3667	Part B Begin Date	TPL Coverage Effective (Begin) Date
RSF131	DE3668	Part B End Date	TPL Coverage End Date
RSF131	DE3655	Premium Ind	Medicare Premium Indicator
RSF131	DE3031	SSA Exchange Code	BENDEX SSA Information Exchange Code
RSF131	DE3520	SSI Status	BENDEX SSI Status Code
RSF131	DE3537	SSI Entitlement Date	BENDEX SSI Entitlement Date
RSF131	DE3518	Initial Entitlement Date	BENDEX Initial Entitlement Date
RSF131	DE3447	Query Code	BENDEX Query Code
RSF131	DE3532	Black Lung Status	BENDEX Black Lung Entitlement Status
RSF131	DE3531	Railroad Status	BENDEX RRB Status Code
RSF131	DE3510	Bendex Source	BENDEX Record Source Code
RSF131	DE3535	Dual Entitlement	BENDEX Dual Entitlement Indicator
RSF131	DE3539	Hi Premium Payer	BENDEX HI Premium Payer
RSF131	DE3526	Hi Option Code	BENDEX Hospital Insurance Option Code (HOC)
RSF131	DE3527	Hi Entitlement Date	BENDEX Hospital Insurance Entitlement Date
RSF131	DE3528	Hi Premium Amt	BENDEX Hospital Insurance Premium Amount Collectable
RSF131	DE3529	Hi Termination Date	BENDEX Hospital Insurance Termination Date

RSF131	DE3524	Smi Premium Payer	BENDEX SMI Premium Payer
RSF131	DE3521	Smi Option Code	BENDEX SMI Non Covered Reason Code
RSF131	DE3522	Smi Entitlement Date	BENDEX SMI Entitlement Date
RSF131	DE3523	Smi Premium Amt	BENDEX SMI Premium Amount Collectable
RSF131	DE3525	Smi Termination Date	BENDEX SMI Termination Date

Files RS-F-136 Letters from RSM022

General Information

This file stores data to produce TANF extension letters with earnings reports.

Subsystem:	Recipient
Copybook:	RSF136
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	TANF Indicator Updates for 12 Months Extended Eligibility (RSM022) TANF 12-Month Extended Notification Letters with Earnings Report (RSM025)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF136	DE3039	CC-CODE	Case Administrative FIPS Code
RSF136	DE3431	CASE-WRK	Case Worker Number
RSF136	DE3487	CASE-NAME-LAST	Case Last Name
RSF136	DE3488	CASE-NAME-FIRST	Case First Name
RSF136	DE3489	CASE-NAME-MID	Case Middle Initial
RSF136	DE3490	CASE-NAME-SUFF	Case Name Suffix
RSF136	DE3043	CASE-ID	Case Identification Number
RSF136	DE3093	RECIP-ID	Enrollee Permanent Identification Number
RSF136	DE3433	TANF-CODE-OLD	DSS Special Follow Up Code
RSF136	DE3433	TANF-CODE-NEW	DSS Special Follow Up Code

RSF136	DE3434	TANF-FOLLOWUP-DATE	DSS Special Follow Up Effective Date
RSF136	DE3110	ENRL-NAME-LAST	Enrollee Last Name
RSF136	DE3111	ENRL-NAME-FIRST	Enrollee First Name
RSF136	DE3112	ENRL-NAME-MI	Enrollee Middle Initial
RSF136	DE3561	CASE STREET-ADDRESS	Case Street Address
RSF136	DE3562	CASE CITY-NAME	Case City Name
RSF136	DE3563	CASE STATE	Case State Code
RSF136	DE3564	CASE ZIP	Case ZIP Code
RSF136	DE3113	RSF136-ENRL-NAME-SUFFIX	Enrollee Name Suffix

Files RS-F-137 Errors from Zip Code Conversion

General Information

This file stores errors encountered when updating ZIP codes to "ZIP + 4' used as input to program RSM047 to produce reports.

Subsystem:	Recipient
Copybook:	RSF137
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Zip Code Conversion (RSM045) Zip Code Conversion Error Reports (RSM047)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF137	DE3039	ER-CITY-COUNTY	Case Administrative FIPS Code
RSF137	DE3093	ER-ENROLLEE-NUMBER	Enrollee Permanent Identification Number
RSF137	DE0000	ER-ENRL-CASE-IND	
RSF137	DE3114	ER-ADDRESS1	Enrollee Additional Address Name
RSF137	DE3115	ER-ADDRESS2	Enrollee Street Address
RSF137	DE3116	ER-CITY-NAME	Enrollee City Name
RSF137	DE3117	ER-STATE-CODE	Enrollee State Code
RSF137	DE3118	ER-Z5	Enrollee ZIP Code
RSF137	DE3118	ER-Z4	Enrollee ZIP Code
RSF137	DE0000	ER-ERROR-	

		MESSAGE	
RSF137	DE0000	ER-ERR-NBR	
RSF137	DE3451	ER-CANCEL-RSN	Eligibility Cancel Reason

Files RS-F-140 Uncompensated Transfer of Property Data Store

General Information

This is a file of individuals who have transferred property without due compensation.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Indexed by Social Security Number
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-145 Fraud/Conviction Data Store

General Information

This file stores records of individuals convicted of Medicaid fraud.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Indexed by Social Security Number
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-150 Enrollee Case Data Formatted for the IRP

General Information

This file stores basic demographic data for the Enrollee to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF150
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF150	DE3043	ENRLCASE-CASE-NO	Case Identification Number
RSF150	DE3469	ENRLCASE-VACIS-CLIENT-ID	Case ADAPT Number
RSF150	DE3450	ENRLCASE-SOC-SEC-NO	Case Social Security Number
RSF150	DE3432	ENRLCASE-REV-DATE	Case Review Date
RSF150	DE3490	ENRLCASE-NAME-SUFF	Case Name Suffix
RSF150	DE3489	ENRLCASE-NAME-MID	Case Middle Initial
RSF150	DE3487	ENRLCASE-NAME-LAST	Case Last Name
RSF150	DE3488	ENRLCASE-	Case First Name

		NAME-FIRST	
RSF150	DE3560	ENRLCASE-ADDR-LN1	Case Additional Address Name
RSF150	DE3561	ENRLCASE-ADDR-LN2	Case Street Address
RSF150	DE3562	ENRLCASE-CITY	Case City Name
RSF150	DE3563	ENRLCASE-STATE	Case State Code
RSF150	DE3564	ENRLCASE-ZIP	Case ZIP Code
RSF150	DE3039	ENRLCASE-CURR-CITY-COUNTY	Case Administrative FIPS Code
RSF150	DE3433	ENRLCASE-TANF-INDICATOR	DSS Special Follow Up Code
RSF150	DE3431	ENRLCASE-CASE-WRK	Case Worker Number
RSF150	DE3434	ENRLCASE-TANF-EFFECTIVE-DATE	DSS Special Follow Up Effective Date
RSF150	DE3258	ENRLCASE-VACMS-NUM	VACMS Case ID

Files RS-F-151 Enrollee Demographics Formatted for the IRP

General Information

This file stores detailed demographic data for the enrollee to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF151
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF151	DE3093	ENRLDETL-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF151	DE3043	ENRLDETL-CASE-NO	Case Identification Number
RSF151	DE3041	ENRLDETL-APPLIC-DATE	Enrollee Application Date
RSF151	DE3005	ENRLDETL-BIRTH-DATE	Enrollee Birth Date
RSF151	DE3532	ENRLDETL-BLK-LUNG-STATUS	BENDEX Black Lung Entitlement Status
RSF151	DE3031	ENRLDETL-BX-COMM1	BENDEX SSA Information Exchange Code
RSF151	DE3516	ENRLDETL-BX-PSC	BENDEX Payment Status Code
RSF151	DE3520	ENRLDETL-BX-	BENDEX SSI Status Code

		SCREEN	
RSF151	DE3510	ENRLDETL-BX-SOURCE	BENDEX Record Source Code
RSF151	DE3518	ENRLDETL-TITLE2-DATE	BENDEX Initial Entitlement Date
RSF151	DE0002	ENRLDETL-ELIG-OCCURS	Calculated
RSF151	DE3448	ENRLDETL-DSS-BENDEX-FLAG	BENDEX DSS Inquiry Status Flag
RSF151	DE3253	ENRLDETL-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF151	DE3002	ENRLDETL-CLAIM-NUMBER	Medicare Number
RSF151	DE3251	ENRLDETL-CITIZEN-STATUS	Enrollee Citizenship Status
RSF151	DE3909	ENRLDETL-CID-ID	Enrollee CID Indicator
RSF151	DE3539	ENRLDETL-HI-PAYOR	BENDEX HI Premium Payer
RSF151	DE3527	ENRLDETL-HI-DATE	BENDEX Hospital Insurance Entitlement Date
RSF151	DE3093	ENRLDETL-FORMER-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF151	DE3252	ENRLDETL-ENTRY-DATE	Enrollee Entry to US Date
RSF151	DE3111	ENRLDETL-NAME-FIRST	Enrollee First Name
RSF151	DE3535	ENRLDETL-MLTPLE	BENDEX Dual Entitlement Indicator
RSF151	DE3402	ENRLDETL-EXPECTED-DEL-DATE	Enrollee Expected Delivery/Delivery Date
RSF151	DE3522	ENRLDETL-PART-B-ELIG	BENDEX SMI Entitlement Date
RSF151	DE3448	ENRLDETL-NH-SSI-REPORT-FLAG	BENDEX DSS Inquiry Status Flag
RSF151	DE0002	ENRLDETL-NH-	Calculated

		OCCURS	
RSF151	DE3113	ENRLDETL-NAME-SUFF	Enrollee Name Suffix
RSF151	DE3112	ENRLDETL-NAME-MID	Enrollee Middle Initial
RSF151	DE3110	ENRLDETL-NAME-LAST	Enrollee Last Name
RSF151	DE0002	ENRLDETL-LOCKIN-OCCURS	Calculated
RSF151	DE3133	ENRLDETL-LI-REVIEW-DATE	Enrollee CMM Restriction Review Date
RSF151	DE3136	ENRLDETL-LI-LEVEL	Enrollee CMM Restriction Level
RSF151	DE3022	ENRLDETL-LAST-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF151	DE3340	ENRLDETL-SPEC-IND-CODE	Enrollee Special Eligibility Code
RSF151	DE3528	ENRLDETL-HI-PREMIUM	BENDEX Hospital Insurance Premium Amount Collectable
RSF151	DE3531	ENRLDETL-RR-BD-STATUS	BENDEX RRB Status Code
RSF151	DE3006	ENRLDETL-RACE	Enrollee Race Code
RSF151	DE3655	ENRLDETL-PREMIUM-IND	Medicare Premium Indicator
RSF151	DE3021	ENRLDETL-PCN-EXEMPT-RSN	Enrollee Benefit Preassignment Code
	DE3142	ENRLDETL-MANAGED-CARE-TYPE	Enrollee Benefit Managed Care Type
RSF151	DE0002	ENRLDETL-TPL-OCCURS	Calculated
RSF151	DE3443	ENRLDETL-SSN-STATUS-CODE	Social Security Number (SSN) Status Code
RSF151	DE3523	ENRLDETL-SMI-PREM	BENDEX SMI Premium Amount Collectable
	DE3524	ENRLDETL-SMI-PAYOR	BENDEX SMI Premium Payer

RSF151	DE3007	ENRLDETL-SEX	Enrollee Sex Code
RSF151	DE0002	ENRLDETL-CASE-MGMT-OCCURS	Calculated
RSF151	DE3521	ENRLDETL-BX-SMIB	BENDEX SMI Non Covered Reason Code
RSF151	3447	ENRLDETL-BX-QUERY	BENDEX Query Code
RSF151	3031	ENRLDETL-BX-COMM2	BENDEX SSA Information Exchange Code
RSF151	3517	ENRLDETL-BX-AMOUNT	BENDEX Monthly Benefit Payable
RSF151	3034	ENRLDETL-SOC-SEC-NO	Enrollee Social Security Number (SSN)

Files RS-F-152 Enrollee Eligibility Formatted for the IRP

General Information

This file stores eligibility data elements for the enrollee to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF152
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF152	DE3010	ENRLELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF152	DE3093	ENRLELIG-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF152	DE3043	ENRLELIG-CASE-NUMBER	Case Identification Number
RSF152	DE3452	ENRLELIG-CANCEL-DATE	Eligibility Cancel Date
RSF152	DE3011	ENRLELIG-END-DATE	Enrollee Eligibility End Date
RSF152	DE3009	ENRLELIG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF152	DE3451	ENRLELIG-CANCEL-REASN	Eligibility Cancel Reason
RSF152	DE3550	ENRL-BENEFIT-	Benefit Definition Benefit Plan Code

		PLAN1	
RSF152	DE3072	ENRL-ENROL-BEN-EXC-CODE-IND1	Benefit Plan Exception Indicator
RSF152	DE3064	ENRL-ENROL-BEGIN-DATE1	Enrollee Benefit Enrollment Begin Date
RSF152	DE3065	ENRL-ENROL-END-DATE1	Enrollee Benefit Enrollment End Date
RSF152	DE4700	ENRL-ENROL-NPI1	National Provider Identifier
RSF152	DE3062	ENRL-ENROL-PROV-ID1	Enrollee Benefit Provider Identification Number
RSF152	DE3550	ENRL-BENEFIT-PLAN2	Benefit Definition Benefit Plan Code
RSF152	DE3072	ENRL-ENROL-BEN-EXC-CODE-IND2	Benefit Plan Exception Indicator
RSF152	DE3064	ENRL-ENROL-BEGIN-DATE2	Enrollee Benefit Enrollment Begin Date
RSF152	DE3065	ENRL-ENROL-END-DATE2	Enrollee Benefit Enrollment End Date
RSF152	DE4700	ENRL-ENROL-NPI2	National Provider Identifier
RSF152	DE3062	ENRL-ENROL-PROV-ID2	Enrollee Benefit Provider Identification Number
RSF152	DE3550	ENRL-BENEFIT-PLAN3	Benefit Definition Benefit Plan Code
RSF152	DE3550	ENRL-ENROL-BEN-EXC-CODE-IND3	Benefit Definition Benefit Plan Code
RSF152	DE3064	ENRL-ENROL-BEGIN-DATE3	Enrollee Benefit Enrollment Begin Date
RSF152	DE3065	ENRL-ENROL-END-DATE3	Enrollee Benefit Enrollment End Date
RSF152	DE4700	ENRL-ENROL-NPI3	National Provider Identifier
RSF152	DE3062	ENRL-ENROL-PROV-ID3	Enrollee Benefit Provider Identification Number
RSF152	DE3550	ENRL-BENEFIT-PLAN4	Benefit Definition Benefit Plan Code
RSF152	DE3072	ENRL-ENROL-BEN-EXC-CODE-IND4	Benefit Plan Exception Indicator

RSF152	DE3064	ENRL-ENROL-BEGIN-DATE4	Enrollee Benefit Enrollment Begin Date
RSF152	DE3065	ENRL-ENROL-END-DATE4	Enrollee Benefit Enrollment End Date
RSF152	DE4700	ENRL-ENROL-NPI4	National Provider Identifier
RSF152	DE3062	ENRL-ENROL-PROV-ID4	Enrollee Benefit Provider Identification Number
RSF152	DE3550	ENRL-BENEFIT-PLAN5	Benefit Definition Benefit Plan Code
RSF152	DE3072	ENRL-ENROL-BEN-EXC-CODE-IND5	Benefit Plan Exception Indicator
RSF152	DE3064	ENRL-ENROL-BEGIN-DATE5	Enrollee Benefit Enrollment Begin Date
RSF152	DE3065	ENRL-ENROL-END-DATE5	Enrollee Benefit Enrollment End Date
RSF152	DE4700	ENRL-ENROL-NPI5	National Provider Identifier
RSF152	DE3062	ENRL-ENROL-PROV-ID5	Enrollee Benefit Provider Identification Number

Files RS-F-153 Enrollee Lockin File Formatted for the IRP

General Information

This file stores lock-in assignments for the enrollee when applicable. This is data to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF153
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF153	DE3064	ENRLLI-PHAR-BEG-DATE	Enrollee Benefit Enrollment Begin Date
RSF153	DE4700	ENRLLI-PHARMACY	National Provider Identifier
RSF153	DE3093	ENRLLI-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF153	DE3043	ENRLLI-CASE-NUMBER	Case Identification Number
RSF153	DE3065	ENRLLI-PHAR-END-DATE	Enrollee Benefit Enrollment End Date
RSF153	DE0002	ENRLLI-INDICATOR-SW	Calculated
RSF153	DE3072	ENRLLI-PCN-SELECT-RSN	Benefit Plan Exception Indicator
RSF153	DE4700	ENRLLI-	National Provider Identifier

		PHYSICIAN	
RSF153	DE3064	ENRLLI-PHY-BEG-DATE	Enrollee Benefit Enrollment Begin Date
RSF153	DE3065	ENRLLI-PHY-END-DATE	Enrollee Benefit Enrollment End Date

Files RS-F-154 Enrollee Nursing Home Formatted for the IRP

General Information

This file stores nursing home enrollment data elements for an enrollee when applicable. This is a data file created for download to the IRP.

Subsystem:	Recipient
Copybook:	RSF154
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF154	DE3064	ENRLNH-ADMISSN-DATE	Enrollee Benefit Enrollment Begin Date
RSF154	DE3093	ENRLNH-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF154	DE3043	ENRLNH-CASE-NUMBER	Case Identification Number
RSF154	DE3074	ENRLNH-CHG-SOURCE	Enrollee Benefit Change Source
RSF154	DE3073	ENRLNH-END-RSN	Enrollee Benefit Closure Reason
RSF154	DE4700	ENRLNH-PROV-ID	National Provider Identifier
RSF154	DE3072	ENRLNH-EXCEPTION-IND	Benefit Plan Exception Indicator

RSF154	DE3065	ENRLNH-END-DATE	Enrollee Benefit Enrollment End Date
RSF154	DE3064	ENRLNH-EFFECT-DATE	Enrollee Benefit Enrollment Begin Date

Files RS-F-155 Enrollee TPL Formatted for the IRP

General Information

This file stores minimal TPL data elements for the enrollee to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF155
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF155	DE3659	ENRLTPL-BEG-DATE	TPL Policy Effective Date
RSF155	DE3093	ENRLTPL-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF155	DE3043	ENRLTPL-CASE-NUMBER	Case Identification Number
RSF155	DE3660	ENRLTPL-END-DATE	TPL Policy End Date
RSF155	DE3658	ENRLTPL-POLICY-NO	TPL Policy Number
RSF155	DE3657	ENRLTPL-INS-CARRIER	TPL Carrier Code
RSF155	DE3013	ENRLTPL-COVERAGE-CODE	TPL Coverage Code

Files RS-F-156 CASE MANAGEMENT FILE FOR IRP

General Information

Contains the Case Management Details to be downloaded to the IRP.

Subsystem:	Recipient
Copybook:	RSF156
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee Extracts for the IRP (RSR015)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF156	DE8403	ENRLCASE-BEG-DATE	Case Management (MICC) Begin Date
RSF156	DE3093	ENRLCASE-MEDICAID-NUMBER	Enrollee Permanent Identification Number
RSF156	DE3043	ENRLCASE-BASE-MEDICAID-NO	Case Identification Number
RSF156	DE8489	ENRLCASE-END-DATE	Case Management (MICC) End Date
RSF156	DE8486	ENRLCASE-END-REASON	Case Management (MICC) Cancel Reason
RSF156	DE4700	ENRLCASE-PROV-ID	National Provider Identifier
RSF156	DE8401	ENRLCASE-TYPE	Case Management (MICC) Type

RSF156	DE8404	ENRLCASE-OUTCOME-RPT-REC	Case Management (MICC) Outcome Report Received

Files RS-F-165 Duplicate Check Enrollee Bypass File

General Information

This is a file of Enrollee IDs that should be bypassed for duplicate checks.

Subsystem:	Recipient
Copybook:	RSF165
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Possible Duplicate Enrollees Report (RSQ005) Duplicate Recipient Statistics Reporting (RSR069) Add Enrollee to Duplicate Exempt File (RSR070) Duplicate Recipient - File cleanup (RSR071) Enrollee File Inquiry/Update Menu (RST005) Enrollee File Edit/Update Main Program (RST010) Possible Duplicate Enrollee Review Request (RST021) Enrollees Exempt from Duplicate Check Program (RST048)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF165	DE3093	DEE-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF165	DE0031	DEE-AIX-KEY	Sequence Number Value Identifier
RSF165	DE0031	DEE-PREV-AIX-KEY	Sequence Number Value Identifier
RSF165	DE0012	DEE-OPER-ID	User/Operator ID
RSF165	DE3026	DEE-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date

Files RS-F-166 Enrollees Extracted for Duplicate Check File

General Information

This extract file contains enrollees extracted for the suspected duplicate check.

Subsystem:	Recipient
Copybook:	RSF166
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Suspect Duplicate Extract and Report (RSQ001) Possible Duplicate Enrollees Report (RSQ005)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF166	DE3034	EXT-SSN	Enrollee Social Security Number (SSN)
RSF166	DE0000	EXT-NAME-KEY-LAST	
RSF166	DE0000	EXT-NAME-KEY-FIRST	
RSF166	DE3005	EXT-BIRTH	Enrollee Birth Date
RSF166	DE3007	EXT-SEX	Enrollee Sex Code
RSF166	DE3110	EXT-NAME-LAST	Enrollee Last Name
RSF166	DE3111	EXT-NAME-FIRST	Enrollee First Name
RSF166	DE3112	EXT-NAME-MI	Enrollee Middle Initial
RSF166	DE3113	EXT-NAME-SUFFIX	Enrollee Name Suffix

RSF166	DE3093	EXT-IDNO	Enrollee Permanent Identification Number
RSF166	DE3006	EXT-RACE	Enrollee Race Code
RSF166	DE3009	EXT-AID-CATG	Enrollee Eligibility Aid Category
RSF166	DE3499	EXT-AID-CATG-STAT	Enrollee Eligibility Status Code

Files RS-F-168 Possible Duplicate Enrollee Extract

General Information

This extract file contains possible duplicate enrollees.

Subsystem:	Recipient
Copybook:	RSF168
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Possible Duplicate Enrollees Report (RSQ005) Possible Duplicate Enrollees by City/County Report (RSQ010)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF168	DE3039	DUP-ADMIN-FIPS	Case Administrative FIPS Code
RSF168	DE3431	DUP-CASE-WORKER	Case Worker Number
RSF168	DE3110	DUP-ENROLLEE-LAST-NAME	Enrollee Last Name
RSF168	DE3111	DUP-ENROLLEE-FIRST-NAME	Enrollee First Name
RSF168	DE3112	DUP-ENROLLEE-NAME-MID	Enrollee Middle Initial
RSF168	DE3093	DUP-MEDICAID-ID	Enrollee Permanent Identification Number
RSF168	DE3005	DUP-BIRTH-	Enrollee Birth Date

		DATE	
RSF168	DE3006	DUP-RACE	Enrollee Race Code
RSF168	DE3007	DUP-SEX	Enrollee Sex Code
RSF168	DE3034	DUP-SOCIAL-SECURITY-NUMBER	Enrollee Social Security Number (SSN)
RSF168	DE3009	DUP-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF168	DE3115	DUP-STREET-ADDRESS	Enrollee Street Address
RSF168	DE3116	DUP-CITY-NAME	Enrollee City Name
RSF168	DE3117	DUP-STATE	Enrollee State Code
RSF168	DE3118	DUP-ZIP	Enrollee ZIP Code
RSF168	DE3002	DUP-CLAIM-NUMBER	Medicare Number
RSF168	DE3443	DUP-SSN-STATUS	Social Security Number (SSN) Status Code
RSF168	DE3114	DUP-ADDL-NAME	Enrollee Additional Address Name
RSF168	DE3452	DUP-CAN-DATE	Eligibility Cancel Date
RSF168	DE3451	DUP-CAN-RSN	Eligibility Cancel Reason

Files RS-F-170 Enrollee ID Cross-Reference File

General Information

This file contains all known numeric identifiers for an enrollee. It has several access types so that the permanent enrollee ID can be cross-referenced from prior enrollee IDs, social security number, DSS Client ID, etc.

Subsystem:	Recipient
Copybook:	RSF170
	N/A
File Organization:	This file is indexed by Enrollee ID, and has alternate indexes for prior enrollee IDs , social security number, DSS Client ID
Device Type:	On-line DASD
Primary Key:	RS-PERM-ENROLLEE-ID (3093) RS-XREF-TYPE (0000)
Alternate Key:	RS-DSS-CLIENT-ID (3096) RS-ENROLLEE-HIPP-CASE-ID (9522) RS-ENROLLEE-ID (3001) RS-ENROLLEE-SSN (3034)
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF170	DE0000	RS-XREF-TYPE	
RSF170	DE3093	RS-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF170	DE3001	RS-ENROLLEE-ID	Enrollee Identification Number
RSF170	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date
RSF170	DE3049	RS-UPDATE-TRANSACTION-SOURCE	Enrollee ID Card Reissue Indicator

RSF170	DE0000	RS-XREF-TYPE	
RSF170	DE3093	RS-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF170	DE3034	RS-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF170	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date
RSF170	DE3049	RS-UPDATE-TRANSACTION-SOURCE	Enrollee ID Card Reissue Indicator
RSF170	DE0000	RS-XREF-TYPE	
RSF170	DE3093	RS-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF170	DE3096	RS-DSS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF170	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date
RSF170	DE3049	RS-UPDATE-TRANSACTION-SOURCE	Enrollee ID Card Reissue Indicator
RSF170	DE0000	RS-XREF-TYPE	
RSF170	DE3093	RS-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF170	DE9522	RS-ENROLLEE-HIPP-CASE-ID	HIPP File Number
RSF170	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date
RSF170	DE3049	RS-UPDATE-TRANSACTION-SOURCE	Enrollee ID Card Reissue Indicator

Files RS-F-171 Enrollee ID Cross Reference File

General Information

This file contains all known numeric identifiers for an enrollee. It has several access types so that the permanent enrollee ID can be cross-referenced from prior enrollee IDs, social security number, DSS Client ID, etc.

Subsystem:	Recipient
Copybook:	RSF171
	N/A
File Organization:	This file is indexed by Enrollee ID, and has alternate indexes for prior enrollee IDs, social security number, DSS Client ID
Device Type:	On-line DASD
Primary Key:	RS-ENROLLEE-ID (3093)
Alternate Key:	N/A
Program:	SLH Client Master File Conversion (RSC006) Extract Managed Care Segments/Update Enrollee Master (RSC011) Build Medicare File with History (RSC015) Build Medicare History w/24 Month Files (RSC017) ERP File Conversion (RSC024) Extract Oracle CMM Data/Update Enrollee Master (RSC055) Build Default CMM Entries (RSC057) Build Enrollee ID Cross-Reference File (RSC066) HIPP File Conversion (RSC080) Long Term Care Assessment Conversion (RSC085)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF171	DE3002	Medicare ID	Medicare Number
RSF171	DE3093	RS-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF171	DE3043	Case ID	Case Identification Number
RSF171	DE3469	DSS Case ID	Case ADAPT Number

RSF171	DE3470	TDO Case Number	TDO Warrant Number
RSF171	DE3936	Enrollee Mother ID	Enrollee Mother Identification Number
RSF171	DE3034	RS-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF171	DE3930	Data Source	Data Source
RSF171	DE3901	RS-PERSON-ID	Person ID
RSF171	DE9522	RS-ENROLLEE-HIPP-CASE-ID	HIPP File Number
RSF171	DE3096	RS-DSS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF171	DE3039	Enrollee FIPS Code	Case Administrative FIPS Code

Files RS-F-175 Benefits Definition Aid Category Rules

General Information

A table of Aid Category edit criteria and default benefit plan assignments.

Subsystem:	Recipient
Copybook:	RSF175
	N/A
File Organization:	Indexed by Aid Category
Device Type:	Disk
Primary Key:	RS-AID-CATEGORY (3000)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF175	DE3301	RS-CODE-DESCR	Aid Category Code Description
RSF175	DE3304	RS-COPAY-IND	Aid Category Co-pay Indicator
RSF175	DE3305	RS-ADULT-CHILD-IND	Aid Category Adult/Child Indicator
RSF175	DE3306	RS-MP-ST-ADULT	Aid Category Money Payment Status Code
RSF175	DE3307	RS-MP-ST-ADULT-DESCR	Aid Category Money Payment Status Descrip-tion
RSF175	DE3308	RS-CAT-ELIG-ADULT	Aid Category Basis of Eligibility (Adult)
RSF175	DE3309	RS-CAL-ELIG-ADULT-DESCR	Aid Category Basis of Eligibility Description (Adult)
RSF175	DE3306	RS-MP-ST-CHILD	Aid Category Money Payment Status Code
RSF175	DE3307	RS-MP-ST-	Aid Category Money Payment Status Descrip-

		CHILD-IND	tion
RSF175	DE3310	RS-CAT-ELIG-CHILD	Aid Category Basis of Eligibility (Child)
RSF175	DE3311	RS-CAT-ELIG-CHILD-DESCR	Aid Category Basis of Eligibility Description (Child)
RSF175	DE3550	RS-PROGRAM	Benefit Definition Benefit Plan Code
RSF175	DE3552	RS-SUBPROGRAM	Benefit Definition Plan Subprogram Code
RSF175	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF175	DE0000	RS-AID-CATEGORY-RULE-ID	
RSF175	DE3051	RS-AID-CATEGORY-RUL-BEGIN-DATE	Eligibility Rule Begin Date
RSF175	DE3052	RS-AID-CATEGORY-RUL-END-DATE	Eligibility Rule End Date
RSF175	DE3047	RS-AID-CATEGORY-APPLY-IND	Eligibility Edit Rule Conditions
RSF175	DE3056	RS-AID-CATEGORY-RULE-VALUE	Eligibility Edit Rule Values
RSF175	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date

Files RS-F-185 Benefits Definition Benefit Plan Rules

General Information

A table of the Benefit Plan edit criteria with associated valid values.

Subsystem:	Recipient
Copybook:	RSF185
	N/A
File Organization:	Indexed by Benefit Plan and Exception Indicator
Device Type:	Disk
Primary Key:	RS-EXCEPT-IND (3072) RS-PLAN-CODE (3553) RS-PROGRAM (3551) RS-SUBPROGRAM (3552)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF185	DE3551	RS-PROGRAM	Benefit Definition Plan Program Code
RSF185	DE3552	RS-SUBPROGRAM	Benefit Definition Plan Subprogram Code
RSF185	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF185	DE3072	RS-EXCEPT-IND	Benefit Plan Exception Indicator
RSF185	DE3554	RS-BENEFIT-PLAN-NAME	Benefit Definition Plan Name
RSF185	DE3555	RS-BENEFIT-PLAN-SHORT-NAME	Benefit Definition Plan Short Name
RSF185	DE3044	RS-BEN-PLAN-RULE-ID	Enrollment Edit Rule

RSF185	DE3053	RS-BEN-PLAN-RULE-BEGIN-DATE	Enrollment Rule Begin Date
RSF185	DE3054	RS-BEN-PLAN-RULE-END-DATE	Enrollment Rule End Date
RSF185	DE3048	RS-BEN-PLAN-APPLY-IND	Enrollment Edit Rule Conditions
RSF185	DE3077	RS-BEN-PLAN-RULE-VALUE	Enrollment Edit Rule Values
RSF185	DE3026	RS-UPDATE-TRANSACTION-DATE	Enrollee Update Transaction Date
RSF185	DE3049	RS-UPDATE-TRANSACTION-SOURCE	Enrollee ID Card Reissue Indicator

Files RS-F-190 Recipient Reconciliation Master File

General Information

This file contains the fields used for the Recipient Reconciliation process with SAS data.

Subsystem:	Recipient
Copybook:	RSF190
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	RS-ENROLLEE-ID (3093)
Alternate Key:	N/A
Program:	Enrollee Reconciliation Detail File Creation (RSW005) Create Control file and Grand Totals file (RSW006) Updating of Recipient Reconciliation Master File (RSW007)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF190	DE3093	RS-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF190	DE3901	RS-PERSON-ID	Person ID
RSF190	DE3034	RS-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF190	DE3043	RS-CASE-ID	Case Identification Number
RSF190	DE3039	RS-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF190	DE3096	RS-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF190	DE3008	RS-ENROLLEE-FIPS	Enrollee FIPS Code
RSF190	DE3005	RS-BIRTH-DATE	Enrollee Birth Date

RSF190	DE3036	RS-DEATH-DATE	Enrollee Date of Death
RSF190	DE3402	RS-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF190	DE3032	RS-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF190	DE3901	RS-PRIMARY-PERSON-ID	Person ID
RSF190	DE3537	RS-BENDEX-SSI-DATE-ENTLMNT	BENDEX SSI Entitlement Date
RSF190	DE3518	RS-BENDEX-INIT-DATE-ENTLMNT	BENDEX Initial Entitlement Date
RSF190	DE3536	RS-BENDEX-DATE-DISABILITY	BENDEX Disability Onset Date
RSF190	DE3522	RS-BENDEX-SMI-DATE-ENTLMNT	BENDEX SMI Entitlement Date
RSF190	DE3525	RS-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF190	DE3523	RS-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable
RSF190	DE3527	RS-BENDEX-HOSP-DATE-ENTLMNT	BENDEX Hospital Insurance Entitlement Date
RSF190	DE3529	RS-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date
RSF190	DE3538	RS-BENDEX-PARTA-PREM-DATE	BENDEX Part A Third Party Premium Date
RSF190	DE3121	RS-PEND-RSN-CODE	Enrollee Pend Location Code
RSF190	DE3119	RS-PEND-BEGIN-DATE	Enrollee Pend Payment Begin Date
RSF190	DE3120	RS-PEND-END-DATE	Enrollee Pend Payment End Date
RSF190	DE3403	RS-DISABILITY-CODE	Enrollee Disability Code

RSF190	DE3404	RS-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF190	DE3405	RS-DISABILITY-END-DATE	Enrollee Disability End Date
RSF190	DE3125	RS-CMM-RES-BEGIN-DATE	Enrollee CMM Restriction Begin Date
RSF190	DE3130	RS-CMM-RES-END-DATE	Enrollee CMM Restriction End Date
RSF190	DE3022	RS-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF190	DE3009	RS-ELIG-AID-CATG	Enrollee Eligibility Aid Category
RSF190	DE3010	RS-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF190	DE3011	RS-ELIG-END-DATE	Enrollee Eligibility End Date
RSF190	DE3452	RS-ELIG-CANCEL-DATE	Eligibility Cancel Date
RSF190	DE0002	RS-ELIG-COUNT	Calculated
RSF190	DE3552	RS-SUBPGM-CODE	Benefit Definition Plan Subprogram Code
RSF190	DE3553	RS-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF190	DE3064	RS-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF190	DE3065	RS-ENROL-END-DATE	Enrollee Benefit Enrollment End Date
RSF190	DE3062	RS-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number
RSF190	DE3140	RS-ENROL-DISP-DATE	Enrollee Benefit Disposition Date
RSF190	DE0002	RS-ENROL-COUNT	Calculated
RSF190	DE3658	RS-TPL-POLICY-NUMBER	TPL Policy Number
RSF190	DE3659	RS-TPL-POLICY-BEGIN-DATE	TPL Policy Effective Date
RSF190	DE3660	RS-TPL-POLICY-END-DATE	TPL Policy End Date

RSF190	DE3667	RS-TPL-COV-BEGIN-DATE	TPL Coverage Effective (Begin) Date
RSF190	DE3668	RS-TPL-COV-END-DATE	TPL Coverage End Date
RSF190	DE0002	RS-TPL-CVG-COUNT	Calculated
RSF190	DE0002	RS-TPL-POLICY-COUNT	Calculated
RSF190	DE3432	RS-D-REVIEW	Case Review Date
RSF190	DE3434	RS-D-DSS-FOLLOWUP-EFF	DSS Special Follow Up Effective Date
RSF190	DE9522	RS-HIPP-CASE	HIPP File Number

Files RS-F-191 Recipient Reconciliation Control File

General Information

Contains the control totals for each Enrollee ID to be used in the Recipient Reconciliation process.

Subsystem:	Recipient
Copybook:	RSF191
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	RSF191-ENROLLEE-ID (3093)
Alternate Key:	N/A
Program:	Create Control file and Grand Totals file (RSW006) SAS Recipient Reconciliation Details (SSR065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF191	DE3093	RSF191-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF191	DE3901	RSF191-PERSON-ID	Person ID
RSF191	DE3034	RSF191-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF191	DE3043	RSF191-CASE-ID	Case Identification Number
RSF191	DE3039	RSF191-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF191	DE3096	RSF191-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF191	DE3008	RSF191-ENROLLEE-FIPS	Enrollee FIPS Code
RSF191	DE3005	RSF191-BIRTH-	Enrollee Birth Date

		DATE	
RSF191	DE3036	RSF191-DEATH-DATE	Enrollee Date of Death
RSF191	DE3402	RSF191-EXP-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF191	DE3032	RSF191-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF191	DE3901	RSF191-PRIMARY-PERSON-ID	Person ID
RSF191	DE3432	RSF191-D-REVIEW	Case Review Date
RSF191	DE3434	RSF191-D-DSS-FOLLOWUP-EFF	DSS Special Follow Up Effective Date
RSF191	DE9522	RSF191-HIPP-CASE	HIPP File Number
RSF191	DE0002	RSF191-COMMON-TOTALS	Calculated
RSF191	DE3537	RSF191-BENDEX-SSI-DT-ENTLMNT	BENDEX SSI Entitlement Date
RSF191	DE3518	RSF191-BENDEX-INIT-DT-ENTLMNT	BENDEX Initial Entitlement Date
RSF191	DE3536	RSF191-BENDEX-DT-DISABILITY	BENDEX Disability Onset Date
RSF191	DE3522	RSF191-BENDEX-SMI-DT-ENTLMNT	BENDEX SMI Entitlement Date
RSF191	DE3525	RSF191-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF191	DE3527	RSF191-BENDEX-HOSP-DT-ENTLMNT	BENDEX Hospital Insurance Entitlement Date
RSF191	DE3529	RSF191-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date

RSF191	DE3538	RSF191-BENDEX-PARTA-PREM-DATE	BENDEX Part A Third Party Premium Date
RSF191	DE0002	RSF191-SSA-TOTALS	Calculated
RSF191	DE3523	RSF191-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable
RSF191	DE0002	RSF191-PEND-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-PEND-END-DATE	Calculated
RSF191	DE0002	RSF191-DISABILITY-ONSET-DATE	Calculated
RSF191	DE0002	RSF191-DISABILITY-END-DATE	Calculated
RSF191	DE0002	RSF191-CMM-RES-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-CMM-RES-END-DATE	Calculated
RSF191	DE0002	RSF191-ID-CARD-ISSUE-DATE	Calculated
RSF191	DE0002	RSF191-OTHER-TOTALS	Calculated
RSF191	DE0002	RSF191-ELIG-AID-CATG	Calculated
RSF191	DE0002	RSF191-ELIG-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-ELIG-END-DATE	Calculated
RSF191	DE0002	RSF191-ELIG-CANCEL-DATE	Calculated
RSF191	DE0002	RSF191-ELIG-TOTALS	Calculated
RSF191	DE0002	RSF191-ELIG-COUNT	Calculated
RSF191	DE0002	RSF191-SUBPGM-CODE	Calculated

RSF191	DE0002	RSF191-PLAN-CODE	Calculated
RSF191	DE0002	RSF191-ENROL-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-ENROL-END-DATE	Calculated
RSF191	DE0002	RSF191-ENROL-PROV-ID	Calculated
RSF191	DE0002	RSF191-ENROL-DISP-DATE	Calculated
RSF191	DE0002	RSF191-BENEFIT-TOTALS	Calculated
RSF191	DE0002	RSF191-BENEFIT-COUNT	Calculated
RSF191	DE0002	RSF191-TPL-POLICY-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-TPL-POLICY-END-DATE	Calculated
RSF191	DE0002	RSF191-TPL-COV-BEGIN-DATE	Calculated
RSF191	DE0002	RSF191-TPL-COV-END-DATE	Calculated
RSF191	DE0002	RSF191-TPL-TOTALS	Calculated
RSF191	DE0002	RSF191-TPL-POLICY-COUNT	Calculated

Files RS-F-192 Recipient Reconciliation Grand Totals File

General Information

This file contains the grand total record. This file is Fêted to the SAS Server for reconciliation.

Subsystem:	Recipient
Copybook:	RSF192
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Create Control file and Grand Totals file (RSW006) SAS Recipient Reconciliation (SSW065)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF192	DE0002	RSF192-ENROLLEE-COUNT	Calculated
RSF192	DE0002	RSF192-ENROLLEE-ID-1	Calculated
RSF192	DE0002	RSF192-ENROLLEE-ID-2	Calculated
RSF192	DE0002	RSF192-ENROLLEE-ID-3	Calculated
RSF192	DE0002	RSF192-PERSON-ID	Calculated
RSF192	DE0002	RSF192-SOC-SEC-NO-1	Calculated
RSF192	DE0002	RSF192-SOC-SEC-NO-2	Calculated

RSF192	DE0002	RSF192-SOC-SEC-NO-3	Calculated
RSF192	DE0002	RSF192-CASE-ID-1	Calculated
RSF192	DE0002	RSF192-CASE-ID-2	Calculated
RSF192	DE0002	RSF192-CASE-ID-3	Calculated
RSF192	DE0002	RSF192-CASE-ADMIN-FIPS	Calculated
RSF192	DE0002	RSF192-VACIS-CLIENT-ID	Calculated
RSF192	DE0002	RSF192-ENROLLEE-FIPS	Calculated
RSF192	DE0002	RSF192-BIRTH-DATE	Calculated
RSF192	DE0002	RSF192-DEATH-DATE	Calculated
RSF192	DE0002	RSF192-EXP-DELIVERY-DATE	Calculated
RSF192	DE0002	RSF192-ENROLLEE-DATE-ADDED	Calculated
RSF192	DE0002	RSF192-PRIMARY-PERSON-ID	Calculated
RSF192	DE0002	RSF192-D-REVIEW	Calculated
RSF192	DE0002	RSF192-D-DSS-FOLLOWUP-EFF	Calculated
RSF192	DE0002	RSF192-HIPP-CASE	Calculated
RSF192	DE0002	RSF192-BENDEX-SSI-DT-ENTLMNT	Calculated
RSF192	DE0002	RSF192-BENDEX-INIT-DT-ENTLMNT	Calculated
RSF192	DE0002	RSF192-BENDEX-DT-DISABILITY	Calculated

RSF192	DE0002	RSF192-BENDEX-SMI-DT-ENTLMNT	Calculated
RSF192	DE0002	RSF192-BENDEX-SMI-TERM-DATE	Calculated
RSF192	DE0002	RSF192-BENDEX-HOSP-DT-ENTLMNT	Calculated
RSF192	DE0002	RSF192-BENDEX-HOSP-TERM-DATE	Calculated
RSF192	DE0002	RSF192-BENDEX-PARTA-PREM-DATE	Calculated
RSF192	DE0002	RSF192-BENDEX-SMI-PREMIUM	Calculated
RSF192	DE0002	RSF192-PEND-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-PEND-END-DATE	Calculated
RSF192	DE0002	RSF192-DISABILITY-ONSET-DATE	Calculated
RSF192	DE0002	RSF192-DISABILITY-END-DATE	Calculated
RSF192	DE0002	RSF192-CMM-RES-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-CMM-RES-END-DATE	Calculated
RSF192	DE0002	RSF192-ID-CARD-ISSUE-DATE	Calculated
RSF192	DE0002	RSF192-ELIG-AID-CATG	Calculated
RSF192	DE0002	RSF192-ELIG-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-ELIG-END-DATE	Calculated

RSF192	DE0002	RSF192-ELIG-CANCEL-DATE	Calculated
RSF192	DE0002	RSF192-SUBPGM-CODE	Calculated
RSF192	DE0002	RSF192-PLAN-CODE	Calculated
RSF192	DE0002	RSF192-ENROL-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-ENROL-END-DATE	Calculated
RSF192	DE0002	RSF192-ENROL-PROV-ID	Calculated
RSF192	DE0002	RSF192-ENROL-DISP-DATE	Calculated
RSF192	DE0002	RSF192-TPL-POLICY-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-TPL-POLICY-END-DATE	Calculated
RSF192	DE0002	RSF192-TPL-COV-BEGIN-DATE	Calculated
RSF192	DE0002	RSF192-TPL-COV-END-DATE	Calculated

Files RS-F-200 Enrollee Trigger File

General Information

The Trigger File contains enrollee data needed to trigger a specific batch function in nightly processing.

Subsystem:	Member
Copybook:	RSF200
	N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Level of Care Inquiry/Update (AST075) Batch PA Processing Subroutine (CPD122VA) Autoclosure of Prior Authorizations (CPD145) PA Closures (CPP080) EPSDT MASTER DATA EXTRACTION (Case Information) (EPW010) Newborn Managed Care Enrollment (MCD010) VALTC Eligible Pre-assignment (MCD015) Nursing Home Admission Notice (MCD045) PCCM Eligible Pre-Assignment (MCM015) Enrollee Provider Assignment Processing (MCM050) CCC Monthly Extract of Members who are Eligible for Pre-Assignment Program (MCM415) Actual Assignment of Enrollees Processing (MCM450) CCC Enrollment validation (MCM490) Managed Care Assignment (MCT010) License Termination/Renewal Update (PSD070) Provider File Cancel / Un-Cancel (PST020) Provider Restriction Update (PST090) Enrollee Trigger File Control Totals (RSD010) Client Information Document Extract (RSD015) Enrollee ID Cards Issued and Cancellations for Reason Code 012 (RSD020) Enrollee ID Cards and Daily Notifications (RSD022) CMM Benefits Cancellation and Daily Reporting of CMM Reinstatements (RSD030) TPL Benefit Package Verification (RSD040) LTC Cancellation Notice (RSD045)

	Enrollee Link/Unlink Report (RSD055) Program RSD500 will build SX Enrollment Extract File (RSD500) Monthly Enrollee Recertification and Auto-Closures (RSM010) ADAPT - MMIS Interface Processing Test Program (RSR440) Duplicate Enrollee Link (RST040) Enrollment On-line Table Update (RST999)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF200	DE3650	Trigger Code	Trigger Code
RSF200	DE3654	Trigger Flag	Trigger Flag
RSF200	DE3651	Trigger From Date	Trigger From Date
RSF200	DE3652	Trigger Thru Date	Trigger Thru Date
RSF200	DE3653	Trigger Reason	Trigger Reason
RSF200	DE3901	Person ID	Person ID
RSF200	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF200	DE4002	Provider ID	Provider Identification Number
RSF200	DE5704	Transaction Date	Log Date
RSF200	DE5705	Transaction Time	Log Time
RSF200	DE5699	Transaction Code	Log Transaction Code
RSF200	DE5707	Terminal ID	Log Terminal Identification
RSF200	DE0012	Operator ID	User/Operator ID
RSF200	DE3093	Associated Enrollee ID	Enrollee Permanent Identification Number

Files RS-F-201 Recipient Enrollee Future Eligibility Card Requests

General Information

Used to recycle enrollee card requests that have future eligibility dates. It is generated in VMPED022/RSD022. It is reentered the next business day in VMPED022/SORT02

Subsystem:	Recipient
Copybook:	RSF200
	N/A
File Organization:	N/A
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Enrollee ID Cards and Daily Notifications (RSD022)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF200	DE3650	Trigger Code	Trigger Code
RSF200	DE3654	Trigger Flag	Trigger Flag
RSF200	DE3651	Trigger From Date	Trigger From Date
RSF200	DE3652	Trigger Thru Date	Trigger Thru Date
RSF200	DE3653	Trigger Reason	Trigger Reason
RSF200	DE3901	Person ID	Person ID
RSF200	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF200	DE4002	Provider ID	Provider Identification Number
RSF200	DE5704	Transaction Date	Log Date
RSF200	DE5705	Transaction Time	Log Time
RSF200	DE5699	Transaction Code	Log Transaction Code
RSF200	DE5707	Terminal ID	Log Terminal Identification
RSF200	DE0012	Operator ID	User/Operator ID

RSF200	DE3093	Associated Enrollee ID	Enrollee Permanent Identification Number

Files RS-F-205 Non Emergency Transportation Broker Rates

General Information

Used in job VMPEM202 step RSM205 on the 6th of each month to calculate capitation amount paid to a state wide transportation broker.

Subsystem:	Recipient
Copybook:	RSF205
	N/A
File Organization:	Physical Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF205	DE5249	RSF205-REGION	Region Code
RSF205	DE4100	RSF205-BEGIN-DATE	Non-emergency transportation rate - begin date
RSF205	DE4101	RSF205-END-DATE	Non-emergency transportation rate - end date
RSF205	DE4102	RSF205-MR-DD-WAIVER-RATE	Non-emergency transportation rate - mr/dd waiver
RSF205	DE4103	RSF205-NURSING-HOME-RATE	Non-emergency transportation rate - nursing home
RSF205	DE4110	RSF205-ABAD-UNDER-21-RATE	Non-emergency transportation rate - other ABAD < 21
RSF205	DE4111	RSF205-ABAD-21-OVER-RATE	Non-emergency transportation rate - other ABAD 21+

RSF205	DE4113	RSF205-FAMIS-RATE	Non-emergency transportation rate - FAMIS
RSF205	DE4115	RSF205-TANF-UNDER-21-RATE	Non emergency transportation rate - TANF < 21
RSF205	DE4116	RSF205-TANF-21-OVER-RATE	Non-emergency transportation rate - TANF 21+

Files RS-F-250 Correspondence Request File

General Information

This file holds daily correspondence requests for enrollees and providers.

Subsystem:	Recipient
Copybook:	RSF250
	N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Nursing Home Admission Notice (MCD045) Enrollee ID Cards and Daily Notifications (RSD022) TPL Benefit Package Verification (RSD040) LTC Cancellation Notice (RSD045) Letter Request File Format Program (RSD900) Medicare Policy Status Updates Program (RSD990) Monthly Enrollee Recertification and Auto-Closures (RSM010) TANF 12-Month Extended Notification Letters with Earnings Report (RSM025) Letters and Reports for Aid Categories 056 and 057 (QI1 and QI2) (RSM027) Identify Recipients for Family Planning Waiver Program (RSM059) Certificate of Former Coverage Report (RSR040) MCO/Waiver Dual Enrollment Letter Generation (RSW100) Correspondence I/O Module (RSX900)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF250	DE3988	Correspondence Request Timestamp	Correspondence Requested Timestamp

RSF250	DE3901	Person ID	Person ID
RSF250	DE3093	Enrollee Permanent ID Number	Enrollee Permanent Identification Number
RSF250	DE4002	Provider ID	Provider Identification Number
RSF250	DE3905	Correspondence ID	Correspondence Output Identifier
RSF250	DE3985	Correspondence Print Code	Correspondence Print Identifier
RSF250	DE3987	Correspondence Variable Data	Correspondence Variable Data

Files RS-F-280 Case file extract

General Information

Maximus Case file extract created in RSM304.

Subsystem:	Recipient
Copybook:	RSF280
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	CASE-ID (3043)
Alternate Key:	N/A
Program:	Maximus Extract (RSM304)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF280	DE3043	CASE-ID	Case Identification Number
RSF280	DE3487	CASE-LNAME	Case Last Name
RSF280	DE3488	CASE-FNAME	Case First Name
RSF280	DE3489	CASE-MIDINIT	Case Middle Initial
RSF280	DE3490	CASE-SUFF	Case Name Suffix
RSF280	DE3560	CASE-CONTACT	Case Additional Address Name
RSF280	DE3561	CASE-STREET	Case Street Address
RSF280	DE3562	CASE-CITY	Case City Name
RSF280	DE3563	CASE-STATE	Case State Code
RSF280	DE3564	CASE-ZIP	Case ZIP Code
RSF280	DE3039	CASE-FIPS	Case Administrative FIPS Code

Files RS-F-285 Enrollee extract

General Information

MAXIMUS enrollee extract file created in RSM304.

Subsystem:	Member
Copybook:	RSF285
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	ENRL-ID (3955)
Alternate Key:	N/A
Program:	Maximus Extract (RSM304)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
RSF285	DE3955	ENRL-ID	Person Identifier Value
RSF285	DE3110	ENRL-LNAME	Enrollee Last Name
RSF285	DE3111	ENRL-FNAME	Enrollee First Name
RSF285	DE3112	ENRL-MIDINIT	Enrollee Middle Initial
RSF285	DE3113	ENRL-SUFF	Enrollee Name Suffix
RSF285	DE3034	ENRL-SSN	Enrollee Social Security Number (SSN)
RSF285	DE3005	ENRL-DOB	Enrollee Birth Date
RSF285	DE3009	ENRL-AID-CATG	Enrollee Eligibility Aid Category
RSF285	DE3043	ENRL-I-CASE	Case Identification Number
RSF285	DE3280	ENRL-CCC-INDICATOR	CCC Indicator
RSF285	DE3281	ENRL-CCC-HIST-BEG-DATE	CCC History Begin Date

RSF285	DE3282	ENRL-CCC-HIST-END-DATE	CCC History End Date
RSF285	DE3283	ENRL-CCC-LTR-SENT-IND	CCC Letter Sent Indicator
RSF285	DE3284	ENRL-CCC-LTR-SENT-DATE	CCC Letter Sent Date
RSF285	DE3955	ENRL-MEDICARE-ID	Person Identifier Value

Files RS-F-300 SSA Part A and/or Part B Third Party History File

General Information

This is the Part A and/or Part B Third Party History File (TPFAB) sent from HCFA to the state, after the state initiates a request for the file (maximum of once every 6 months).

Subsystem:	Recipient
Copybook:	RSF300
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Premium History File Reconciliation Program (RSR380)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF300	DE3002	Medicare Claim Number	Medicare Number
RSF300	DE3110	Surname	Enrollee Last Name
RSF300	DE3111	First Name	Enrollee First Name
RSF300	DE3112	Middle Initial	Enrollee Middle Initial
RSF300	DE3007	Sex Code	Enrollee Sex Code
RSF300	DE3005	Date of Birth	Enrollee Birth Date
RSF300	DE3045	Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF300	DE3512	State Welfare ID Number	BENDEX State Control Data
RSF300	DE0002	Number of Buy-In Periods Included	Calculated
RSF300	DE3045	Current History Agency Code	Enrollee Medicare Premium Payment Agency Code

RSF300	DE3029	Current History Start Date	Enrollee Medicare Premium Payment Start Date
RSF300	DE3033	Current History Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF300	DE3015	Current History Transaction Code	Enrollee Medicare Premium Payment Transaction Code
RSF300	DE3102	Current History Premium Elig Code (Part B)	Enrollee Buy-In SMI Eligibility Code
RSF300	DE3045	First Prior History Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF300	DE3029	First Prior History Start Date	Enrollee Medicare Premium Payment Start Date
RSF300	DE3033	First Prior History Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF300	DE3102	First Prior Premium Elig Code (Part B)	Enrollee Buy-In SMI Eligibility Code
RSF300	DE3045	Second Prior History Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF300	DE3029	Second Prior History Start Date	Enrollee Medicare Premium Payment Start Date
RSF300	DE3033	Second Prior History Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF300	DE3102	Second Prior Premium Elig Code (Part B)	Enrollee Buy-In SMI Eligibility Code
RSF300	DE3045	Third Prior History Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF300	DE3029	Third Prior History Start Date	Enrollee Medicare Premium Payment Start Date
RSF300	DE3033	Third Prior History Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF300	DE3102	Third Prior Premium Elig Code (Part B)	Enrollee Buy-In SMI Eligibility Code
RSF300	DE3045	Fourth Prior History Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF300	DE3029	Fourth Prior History Start Date	Enrollee Medicare Premium Payment Start Date
RSF300	DE3033	Fourth Prior History Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF300	DE3102	Fourth Prior	Enrollee Buy-In SMI Eligibility Code

		Premium Elig Code (Part B)	

Files RS-F-304 Recipient File for match process

General Information

File contains recipient information for all the active Medicaid eligible enrollees and whose eligibility is cancelled in the past three years from VAMMIS database. This file is used by CMS for the match process. Using this file CMS will send a return EDB file (RS-F-305).

Subsystem:	Recipient
Copybook:	RSF304
	N/A
File Organization:	Sequential
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	STATE (3117)
Program:	Recipient File Generation for CMS (RSM461)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF304	DE3955	SSN	Person Identifier Value
RSF304	DE3117	STATE	Enrollee State Code
RSF304	DE3955	MEDICAID ID	Person Identifier Value
RSF304	DE3005	DATE OF BIRTH	Enrollee Birth Date
RSF304	DE3007	SEX CODE	Enrollee Sex Code
RSF304	DE3111	FIRST NAME	Enrollee First Name
RSF304	DE3110	LAST NAME	Enrollee Last Name

Files RS-F-305 EDB File

General Information

This is the Health Insurance Beneficiary State File from the Social Security Administration. It contains data similar to the data on the Carrier Alphabetic State File (CASF) except that the BEST file includes the beneficiary's own Social Security Number.

Subsystem:	Recipient
Copybook:	RSF305
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	EDB Report Processing Program (RSM460) Create Report of Duplicate SSNs on the EDB Return File (RSM462)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF305	DE3110	Surname	Enrollee Last Name
RSF305	DE3111	Given Name	Enrollee First Name
RSF305	DE3112	Middle Initial	Enrollee Middle Initial
RSF305	DE3002	Claim Number	Medicare Number
RSF305	DE3005	Date of Birth	Enrollee Birth Date
RSF305	DE3007	Sex Code	Enrollee Sex Code
RSF305	DE3118	ZIP Code	Enrollee ZIP Code
RSF305	DE3115	Address	Enrollee Street Address
RSF305	DE3116	City	Enrollee City Name
RSF305	DE3117	State	Enrollee State Code
RSF305	DE3034	SSN	Enrollee Social Security Number (SSN)

Files RS-F-306 COBA Eligibility Response File (ERF)

General Information

RS-F-306 is sent from the COBA contractor to VAMMIS after the COBA contractor has successfully processed the latest RS-F-335C file received from VaMMIS. RS-F-335C contains a record for each enrollee eligibility which produced an error during the COBA processing. Each enrollee error record may contain from one to four error codes.

Subsystem:	Recipient
Copybook:	RSF306
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	RS-F-306 Error Report (RSM306)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF306	DE3002	RSF306-HIC-NUMBER	Medicare Number
RSF306	DE3110	RSF306-LAST-NAME	Enrollee Last Name
RSF306	DE3111	RSF306-FIRST-NAME	Enrollee First Name
RSF306	DE3112	RSF306-BIRTH-DATE	Enrollee Middle Initial
RSF306	DE3007	RSF306-SEX-CODE	Enrollee Sex Code
RSF306	DE3010	RSF306-ELIG-FROM-DATE	Enrollee Eligibility Begin Date
RSF306	DE3011	RSF306-ELIG-THRU-DATE	Enrollee Eligibility End Date

RSF306	DE3093	RSF306-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF306	DE3609	RSF306-ERROR1	COBA ERF Error Code
RSF306	DE3609	RSF306-ERROR2	COBA ERF Error Code
RSF306	DE3609	RSF306-ERROR3	COBA ERF Error Code
RSF306	DE3609	RSF306-ERROR4	COBA ERF Error Code

Files RS-F-310 IEVS Extract File

General Information

This file is the Income Eligibility Verification System (IEVS) extract sent to the Social Security Administration.

Subsystem:	Recipient
Copybook:	RSF310
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IEVS Extract Processing Program (RSM475)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF310	DE3034	SSA-EXTRACT-SSN	Enrollee Social Security Number (SSN)
RSF310	DE3002	SSA-EXTRACT-HIC-NUMBER	Medicare Number
RSF310	DE0000	SSA-EXTRACT-BEN-IDENT-CODE	
RSF310	DE3110	SSA-EXTRACT-LAST-NAME	Enrollee Last Name
RSF310	DE3112	SSA-EXTRACT-MID-INIT	Enrollee Middle Initial
RSF310	DE3111	SSA-EXTRACT-FIRST-NAME	Enrollee First Name
RSF310	DE3005	SSA-EXTRACT-BIRTH-DATE	Enrollee Birth Date
RSF310	DE3007	SSA-EXTRACT-SEX	Enrollee Sex Code

RSF310	DE0000	SSA-EXTRACT-TITLE-II-REQUEST	
RSF310	DE0000	SSA-EXTRACT-TITLE-XVI-REQUEST	
RSF310	DE3509	SSA-EXTRACT-STATE-AGENCY-CODE	BENDEX Agency Code
RSF310	DE3511	SSA-EXTRACT-CAT-OF-ASSISTANCE	BENDEX Category of Assistance Code
RSF310	DE0000	SSA-EXTRACT-STATE-COMM-CO	
RSF310	DE3093	SSA-EXTRACT-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF310	DE0000	SSA-EXTRACT-FUTURE-EXPANSION	
RSF310	DE0000	FILLER	

Files RS-F-310Z IEVS Extract File

General Information

This is a comma delimited file of RS-F-310. For field definition pl refer RS-F-310 layout.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IEVS Extract Processing Program (RSM475)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-315 IEVS Input Record

General Information

This is the Income Eligibility Verification System (IEVS) update file from the Social Security Administration.

Subsystem:	Recipient
Copybook:	RSF315
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IEVS Update Processing Program (RSM480)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF315	DE3034	SSA-RETURN-SSN	Enrollee Social Security Number (SSN)
RSF315	DE3002	SSA-RETURN-HIC-NUMBER	Medicare Number
RSF315	DE3110	SSA-RETURN-LASTNAME	Enrollee Last Name
RSF315	DE3112	SSA-RETURN-MID-INIT	Enrollee Middle Initial
RSF315	DE3111	SSA-EXTRACT-FIRST-NAME	Enrollee First Name
RSF315	DE3005	SSA-RETURN-BIRTH-DATE	Enrollee Birth Date
RSF315	DE3007	SSA-RETURN-SEX	Enrollee Sex Code
RSF315	DE3509	SSA-RETURN-STATE-AGENCY-CODE	BENDEX Agency Code

RSF315	DE3511	SSA-RETURN-CAT-OF-ASSISTANCE	BENDEX Category of Assistance Code
RSF315	DE0000	SSA-RETURN-STATE-COMM-CO	
RSF315	DE3093	SSA-RETURN-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF315	DE0000	SSA-RETURN-DATE-WTPY-RESPONSE	
RSF315	DE0000	SSA-RETURN-ERROR-COND-CODE	
RSF315	DE0000	SSA-RETURN-IDENTITY-DISC-CODE	
RSF315	DE0000	FILLER	
RSF315	DE3443	SSA-RETURN-VERIFICATION-CODE	Social Security Number (SSN) Status Code
RSF315	DE0000	SSA-RETURN-SSN-DATA	
RSF315	DE0000	SSA-RETURN-RECORD-TYPE	
RSF315	DE0000	SSA-EXTRACT-TITLE-II-REQUEST	
RSF315	DE0000	SSA-EXTRACT-TITLE-XVI-REQUEST	

Files RS-F-315Z IEVS Input Record ('Z' Records)

General Information

This is the Income Eligibility Verification System (IEVS) update file from the Social Security Administration. This file contains the response data for those enrollees who were sent up to have citizenship/identity verified.

Subsystem:	Recipient
Copybook:	RSF315
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	IEVS Update Processing Program (RSM480)
Graphics:	RS-F-315Z

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF315	DE0000	TITLE XVI REQUEST	
RSF315	DE3034	SSN	Enrollee Social Security Number (SSN)
RSF315	DE3002	CLAIM NUMBER	Medicare Number
RSF315	DE3110	LAST NAME	Enrollee Last Name
RSF315	DE3112	MID INIT	Enrollee Middle Initial
RSF315	DE3111	FIRST NAME	Enrollee First Name
RSF315	DE3005	DOB	Enrollee Birth Date
RSF315	DE3007	SEX	Enrollee Sex Code
RSF315	DE3509	ST AGENCY CODE	BENDEX Agency Code
RSF315	DE3511	CAT OF ASSIST	BENDEX Category of Assistance Code
RSF315	DE3519	ST COMM CODE	BENDEX Communications Code

RSF315	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
RSF315	DE0000	DATE WTPY RESP	
RSF315	DE0000	ERROR COND CODE	
RSF315	DE0000	IDENTITY DISC CODE	
RSF315	DE3443	VERIFICATION CODE	Social Security Number (SSN) Status Code
RSF315	DE0000	SSN DATA	
RSF315	DE0000	RECORD TYPE	
RSF315	DE0000	TITLE II REQUEST	

Files RS-F-316 IEVS- updated records from the program, RSM480

General Information

Contains the Enrollee records which has been updated in program, RSM480, using the input file, RSF315, from SSA with the SSN verification code. This intermediate file will be sorted and fed into program, RSM485, for producing the reports, RS-O-485A and RS-O-485B in the sorting sequence.

Subsystem:	Recipient
Copybook:	RSF316
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IEVS Update Processing Program (RSM480) IEVS - SSA verification audit reports. (RSM485)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF316	DE3435	RSF316-CASE-WORKER-IND	Case Worker Indicator
RSF316	DE5249	RSF316-REGION-CODE	Region Code
RSF316	DE3039	RSF316-FIPS-CODE	Case Administrative FIPS Code
RSF316	DE5255	RSF316-LOCALITY-NAME	Locality Name
RSF316	DE3431	RSF316-CASE-WORKER	Case Worker Number
RSF316	DE3093	RSF316-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number

RSF316	DE3034	RSF316-SSN	Enrollee Social Security Number (SSN)
RSF316	DE3443	RSF316-VERIFICATION-CODE	Social Security Number (SSN) Status Code
RSF316	DE3005	RSF316-BIRTH-DATE	Enrollee Birth Date
RSF316	DE3110	RSF316-LASTNAME	Enrollee Last Name
RSF316	DE3112	RSF316-MID-INIT	Enrollee Middle Initial
RSF316	DE3111	RSF316-FIRST-NAME	Enrollee First Name
RSF316	DE0000	RSF316-SSA-VERIFCN-SSN-DATA	

Files RS-F-320 BENDATA File

General Information

This is the State Beneficiary Data File which is submitted to the Social Security Administration to establish BENDEX exchange, to modify State controlled data fields, and to discontinue BENDEX exchange.

Subsystem:	Recipient
Copybook:	RSF320
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Extract for BENDEX Transactions (RSM401)
Graphics:	RS-F-320

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF320	DE3002	Claim Number	Medicare Number
RSF320	DE0000	Earn Cd	
RSF320	DE3110	Last Name	Enrollee Last Name
RSF320	DE3111	First Name	Enrollee First Name
RSF320	DE3112	Middle Init	Enrollee Middle Initial
RSF320	DE3007	Sex	Enrollee Sex Code
RSF320	DE3005	Date of Birth	Enrollee Birth Date
RSF320	DE3509	Agency Code	BENDEX Agency Code
RSF320	DE3511	Category of Assistance	BENDEX Category of Assistance Code
RSF320	DE3036	Date of Death	Enrollee Date of Death
RSF320	DE3519	Comm Code	BENDEX Communications Code
RSF320	DE3093	Enrollee ID	Enrollee Permanent Identification Number

Files RS-F-325 BENDEX File

General Information

The file stores the Beneficiary and Earnings Exchange Record (BENDEX) transactions sent from the Social Security Administration.

Subsystem:	Recipient
Copybook:	RSF325
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	BENDEX Update Processing Program (RSM420) BENDEX Listing (RSM423)
Graphics:	RS-F-325

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF325	DE3501	Claim Number	BENDEX SSA Claim Number
RSF325	DE3502	Last Name	BENDEX Surname
RSF325	DE3503	First Name	BENDEX First Name
RSF325	DE3504	Middle Init	BENDEX Middle Initial
RSF325	DE3506	Sex	BENDEX Sex Code
RSF325	DE3509	Agency Code	BENDEX Agency Code
RSF325	DE3510	Source Code	BENDEX Record Source Code
RSF325	DE3511	Category of Assistance	BENDEX Category of Assistance Code
RSF325	DE3535	Dual Entitlement Indicator	BENDEX Dual Entitlement Indicator
RSF325	DE0000	Eff Date	
RSF325	DE3512	State Control ID	BENDEX State Control Data
RSF325	DE0000	IVES Agency Sub-Code	
RSF325	DE3513	Old BIC Number	BENDEX Old BIC

RSF325	DE3514	Federal SSN	BENDEX Social Security Number (SSN)
RSF325	DE3516	Payment Status	BENDEX Payment Status Code
RSF325	DE3517	Benefit Payment Amount	BENDEX Monthly Benefit Payable
RSF325	DE3518	Initial Entitlement Date	BENDEX Initial Entitlement Date
RSF325	DE3031	Comm Code	BENDEX SSA Information Exchange Code
RSF325	DE0000	Gross-Amt-Payable	
RSF325	DE0000	Current Entitlement Date	
RSF325	DE0000	Mnth-Bene-Amt	
RSF325	DE0000	RR-Claim-No	
RSF325	DE3531	Railroad Status	BENDEX RRB Status Code
RSF325	DE0000	RRB-Jur-Startdate	
RSF325	DE0000	RRB-Jur-Stopdate	
RSF325	DE3537	SSI-Entitle-Term-Dte	BENDEX SSI Entitlement Date
RSF325	DE3520	SSI Status	BENDEX SSI Status Code
RSF325	DE0000	Op-Deduct-Amt	
RSF325	DE0000	Parta-Prem-Payer	
RSF325	DE0000	Op-Deduct-End-Date	
RSF325	DE0000	SMI Continuous Period	
RSF325	DE3523	SMI Premium Amount	BENDEX SMI Premium Amount Collectable
RSF325	DE3522	SMI Start Date	BENDEX SMI Entitlement Date
RSF325	DE3525	SMI Term Date	BENDEX SMI Termination Date
RSF325	DE0000	SMI Basis	
RSF325	DE3521	SMI Non Covered Reason Code	BENDEX SMI Non Covered Reason Code
RSF325	DE0000	SMI Period	
RSF325	DE3524	SMI Premium Payer	BENDEX SMI Premium Payer
RSF325	DE3527	HI Start Date	BENDEX Hospital Insurance Entitlement Date
RSF325	DE3529	HI Term Date	BENDEX Hospital Insurance Termination Date
RSF325	DE3528	HI Premium	BENDEX Hospital Insurance Premium Amount

		Amount	Collectable
RSF325	DE0000	HI Non Covered Reason Code	
RSF325	DE0000	HI Type	
RSF325	DE0000	HI Period	
RSF325	DE0000	HI Continuous Period	
RSF325	DE0000	SMI-Third-Party-Ent-Date	
RSF325	DE0000	SMI-Third-Party-Term-Date	
RSF325	DE0000	State-Cnty-Code	
RSF325	DE3534	Beneficiary SSN	BENDEX Beneficiary's Own Social Security Number (SSN)
RSF325	DE0000	Dual-Ent-SSN	
RSF325	DE0000	Dual-Ent-BIC	
RSF325	DE3535	Dual-Ent-Ind	BENDEX Dual Entitlement Indicator
RSF325	DE0000	Triple-Ent-Ssn	
RSF325	DE0000	Triple-Ent-Bic	
RSF325	DE3536	Disability Onset Date	BENDEX Disability Onset Date
RSF325	DE0000	Earnings-Req-Ind	
RSF325	DE0000	Cross-Ref-SSN	
RSF325	DE0000	Cross Reference BIC	
RSF325	DE0000	Direct-Dep-Ind	
RSF325	DE0000	Record-Proc-Date	
RSF325	DE0000	Parta-Tp-Term-Date	
RSF325	DE3507	Birth Date	BENDEX Birth Date
RSF325	DE3508	Proof of Birth Date Indicator	BENDEX Proof of Birth Date Indicator
RSF325	DE0000	Payment Cycle Indicator	
RSF325	DE0000	Retro Pay Amount	
RSF325	DE0000	Part A TP Entitle Date	
RSF325	DE0000	Garnish Amount Withheld	

RSF325	DE0000	Bendex For SSA Use	

Files RS-F-335 Medicare Enrollee Extract for Carriers

General Information

This is a file of Enrollees with Medicare Part B records for carriers.

Subsystem:	Recipient
Copybook:	RSF335
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Enrollee Extract Program (RSM300)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF335	DE0002	Record Identifier	Calculated
RSF335	DE0002	Company Identifier	Calculated
RSF335	DE0002	File Record Count	Calculated
RSF335	DE0002	File Create Date	Calculated
RSF335	DE0002	State Code Indicator	Calculated
RSF335	DE0002	Update Indicator	Calculated
RSF335	DE3110	Name Last	Enrollee Last Name
RSF335	DE3111	Name First	Enrollee First Name
RSF335	DE3112	Name Middle Initial	Enrollee Middle Initial
RSF335	DE3005	Birth Date	Enrollee Birth Date
RSF335	DE3007	Sex Code	Enrollee Sex Code

RSF335	DE3002	HIC Number	Medicare Number
RSF335	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF335	DE3010	Elig From Date	Enrollee Eligibility Begin Date
RSF335	DE3011	Elig Thru Date	Enrollee Eligibility End Date
RSF335	DE0002	State Indicator	Calculated

Files RS-F-335C COBA Enrollee Eligibility File

General Information

This file contains different populations of data depending on which program created it. If created by RSM305, this file with a population containing all enrollees currently eligible for Medical Assistance, who are also eligible for Medicare and whose Medicaid Coverage is active or has been cancelled during the current month or the upcoming month. If it is created by RSM311, this file is a subset of the enrollees contained on the RS-F-335 file from RSM305. It contains only enrollees for whom there have been eligibility adds, changes or deletes since the previous month.

Subsystem:	Recipient
Copybook:	RSF335C
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Enrollee Extract Program (COBA) (RSM305) Generate RS-F-335C and RS-O-307 (RSM311)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF335C	DE3601	RSF335C-RECORD-ID	COBA RECORD ID
RSF335C	DE3602	RSF335C-COBA-ID	COBA File Coventry Coba ID
RSF335C	DE3611	RSF335C-CREATE-DATE	COBA Eligibility Update File Effective Date
RSF335C	DE3604	RSF335C-STATE-CODE	COBA File State Code
RSF335C	DE3610	RSF335C-UPDATE-INDICATOR	COBA Transaction Update Indicator

RSF335C	DE3110	RSF335C-NAME-LAST	Enrollee Last Name
RSF335C	DE3111	RSF335C-NAME-FIRST	Enrollee First Name
RSF335C	DE3112	RSF335C-NAME-MI	Enrollee Middle Initial
RSF335C	DE3005	RSF335C-BIRTH-DATE	Enrollee Birth Date
RSF335C	DE3007	RSF335C-GENDER	Enrollee Sex Code
RSF335C	DE3002	RSF335C-HIC-ID	Medicare Number
RSF335C	DE3093	RSF335C-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF335C	DE3010	RSFEE5C-ELIG-FROM-DATE	Enrollee Eligibility Begin Date
RSF335C	DE3011	RSF335C-ELIG-FROM-DATE	Enrollee Eligibility End Date
RSF335C	DE3612	RSF335C-FILE-RECORD-COUNT	COBA Eligibility File Record Count

Files RS-F-340 BENDEX TPL Updates

General Information

This file contains BENDEX transaction TPL updates.

Subsystem:	Recipient
Copybook:	RSF340
	N/A
File Organization:	Sequence
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	BENDEX Update Processing Program (RSM420) BENDEX TPL updates (RSM421)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF340	DE3039	TPL Locality	Case Administrative FIPS Code
RSF340	DE5255	Locality Name	Locality Name
RSF340	DE3093	TPL Enrollee ID	Enrollee Permanent Identification Number
RSF340	DE3655	Premium Indic-ator	Medicare Premium Indicator
RSF340	DE3013	Policy Type (before)	TPL Coverage Code
RSF340	DE3689	Insurance (before)	Coverage Sequence Number
RSF340	DE3658	Policy Number (before)	TPL Policy Number
RSF340	DE3667	Policy Begin Date (before)	TPL Coverage Effective (Begin) Date
RSF340	DE3668	Policy End Date (before)	TPL Coverage End Date
RSF340	DE3013	Policy Type (after)	TPL Coverage Code

RSF340	DE3689	Insurance (after)	Coverage Sequence Number
RSF340	DE3658	Policy Number (after)	TPL Policy Number
RSF340	DE3667	Policy Begin Date (after)	TPL Coverage Effective (Begin) Date
RSF340	DE3668	Policy End Date (after)	TPL Coverage End Date

Files RS-F-351 Medicare Part-B Enrollee Extract Record

General Information

Contains enrollee information extracted for Medicare Part-B processing.

Subsystem:	Recipient
Copybook:	RSF351
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Select Buy-in Medicare Part-B for CMS (RSM351) Extract Medicare Part-B Enrollees (RSM352) Medicare Part B Premium Processing Program (RSM391)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF351	DE3002	Enrollee HIC Number	Medicare Number
RSF351	DE3007	Enrollee Sex Code	Enrollee Sex Code
RSF351	DE3005	Enrollee Birth Date	Enrollee Birth Date
RSF351	DE3102	Enrollee Buy-In SMI Eligibility Code	Enrollee Buy-In SMI Eligibility Code
RSF351	DE3103	Enrollee Medicare Premium Payment SMI Code	Premium Payment Transaction Code Response
RSF351	DE3029	Enrollee Medicare Begin Date	Enrollee Medicare Premium Payment Start Date

RSF351	DE3093	Enrollee ID Number	Enrollee Permanent Identification Number
RSF351	DE3655	Medicare Premium Indicator	Medicare Premium Indicator
RSF351	DE3015	Enrollee Medicare Premium Payment Transaction Code	Enrollee Medicare Premium Payment Transaction Code
RSF351	DE3451	Eligibility Cancel Reason	Eligibility Cancel Reason
RSF351	DE3009	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category
RSF351	DE3974	Report Flag	Report Flag
RSF351	DE3002	Encoded Claim Number	Medicare Number
RSF351	DE3110	Enrollee Last Name	Enrollee Last Name
RSF351	DE3111	Enrollee First Name	Enrollee First Name
RSF351	DE3112	Enrollee Middle Initial	Enrollee Middle Initial

Files RS-F-356 Medicare Rx Extract

General Information

Extract file containing recipients that are eligible for Medicaid benefits in addition to Medicare Benefits. The file is sent monthly to CMS and is used for determining eligibility for the new drug benefits available to Medicare recipients.

Subsystem:	Recipient
Copybook:	RSF356
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Rx Extract (RSM356)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF356	DE3034	Enrollee Social Security Number (SSN)	Enrollee Social Security Number (SSN)
RSF356	DE0000	HIC / RRB Indicator	
RSF356	DE3002	Enrollee Health Insurance Claim (HIC) Number	Medicare Number
RSF356	DE3005	Enrollee Birth Date	Enrollee Birth Date
RSF356	DE3007	Enrollee Sex Code	Enrollee Sex Code

Files RS-F-358 Medicare Rx Response File

General Information

Response file containing file records and reason codes for the RS-F-356 Extract file that was sent to CMS.

Subsystem:	Recipient
Copybook:	RSF358
	N/A
File Organization:	PS
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Rx Response File Report (RSM358)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF358	DE3034	Enrollee Social Security Number (SSN)	Enrollee Social Security Number (SSN)
RSF358	DE0000	HIC / RRB IND	
RSF358	DE3002	Enrollee Health Insurance Claim (HIC) Number	Medicare Number
RSF358	DE3005	Enrollee Birth Date	Enrollee Birth Date
RSF358	DE3007	Enrollee Sex Code	Enrollee Sex Code
RSF358	DE0000	CMS Return Code	

Files RS-F-360 SSI Termination File

This File is no longer in use.

Files RS-F-365 BENDEX STATUS

General Information

This file is used to determine BENDEX transactions statuses.

Subsystem:	Recipient
Copybook:	RSF365
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	BENDEX Update Processing Program (RSM420) BENDEX Case Actions (RSM422)
Graphics:	RS-F-365

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF365	DE5249	BENSTAT Region Code	Region Code
RSF365	DE3008	BENSTAT Local-ity	Enrollee FIPS Code
RSF365	DE3009	BENSTAT Aid Category	Enrollee Eligibility Aid Category
RSF365	DE3501	BENSTAT Report ID	BENDEX SSA Claim Number
RSF365	DE3980	BENSTAT ST Name	BENSTAT ST Name
RSF365	DE3501	BENSTAT ST Claim Number	BENDEX SSA Claim Number
RSF365	DE3507	BENSTAT ST Birth Date	BENDEX Birth Date
RSF365	DE3506	BENSTAT ST Sex	BENDEX Sex Code
RSF365	DE3443	BENSTAT ST	Social Security Number (SSN) Status Code

		SSN	
RSF365	DE3521	BENSTAT ST SMI	BENDEX SMI Non Covered Reason Code
RSF365	DE3981	BENSTAT ST SSI	BENSTAT ST SSI
RSF365	DE3516	BENSTAT ST Payment Status	BENDEX Payment Status Code
RSF365	DE3517	BENSTAT ST Amount	BENDEX Monthly Benefit Payable
RSF365	DE3519	BENSTAT ST Comm Code	BENDEX Communications Code
RSF365	DE3982	BENSTAT SS Name	BENSTAT SS Name
RSF365	DE3501	BENSTAT SS Claim Number	BENDEX SSA Claim Number
RSF365	DE3507	BENSTAT SS Birth Date	BENDEX Birth Date
RSF365	DE3506	BENSTAT SS Sex	BENDEX Sex Code
RSF365	DE3521	BENSTAT SS SMI	BENDEX SMI Non Covered Reason Code
RSF365	DE3983	BENSTAT SS SSI	BENSTAT SS SSI
RSF365	DE3516	BENSTAT SS Payment Status	BENDEX Payment Status Code
RSF365	DE3517	BENSTAT SS Amount	BENDEX Monthly Benefit Payable
RSF365	DE3519	BENSTAT SS Comm Code	BENDEX Communications Code
RSF365	DE3508	BENSTAT SS DOB Proof	BENDEX Proof of Birth Date Indicator
RSF365	DE3518	BENSTAT SS Initial Ent Date	BENDEX Initial Entitlement Date
RSF365	DE3522	BENSTAT SS SMI Ent Date	BENDEX SMI Entitlement Date
RSF365	DE3523	BENSTAT SS SMI Amount	BENDEX SMI Premium Amount Collectable
RSF365	DE3524	BENSTAT SS Premium Payer	BENDEX SMI Premium Payer
RSF365	DE3525	BENSTAT SS SMI Term Date	BENDEX SMI Termination Date
RSF365	DE3526	BENSTAT SS HI Option	BENDEX Hospital Insurance Option Code (HOC)

RSF365	DE3527	BENSTAT SS HI Ent Date	BENDEX Hospital Insurance Entitlement Date
RSF365	DE3528	BENSTAT SS HI Amount	BENDEX Hospital Insurance Premium Amount Collectable
RSF365	DE3529	BENSTAT SS HI Term Date	BENDEX Hospital Insurance Termination Date
RSF365	DE3008	BENSTAT SS ST Locality	Enrollee FIPS Code
RSF365	DE3531	BENSTAT SS RRB Status Code	BENDEX RRB Status Code
RSF365	DE3532	BENSTAT SS BLK Lung Status Code	BENDEX Black Lung Entitlement Status
RSF365	DE3984	BENSTAT SS Benef Acct Code	BENSTAT Benefit Account Code
RSF365	DE5255	BENSTAT Locality Name	Locality Name
RSF365	DE5250	BENSTAT Region Name	Region Name
RSF365	DE3431	BENSTAT Caseworker ID	Case Worker Number
RSF365	DE0002	BENSTAT Report Update Switch	Calculated
RSF365	DE0002	BENSTAT Report Type	Calculated

Files RS-F-370 Enrollees with Aid Category 080 and Medicare Part A Buy-in transactions

General Information

This file contains enrollees with Aid Category 080 and Medicare Part A buy-in transactions.

Subsystem:	Recipient
Copybook:	RSF370
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Premium History Merge/Update (RSM387)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF370	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
RSF370	DE3030	PREMIUM AMOUNT	Enrollee Medicare Premium Payment Amount
RSF370	DE3015	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code
RSF370	DE3009	AID CATEGORY	Enrollee Eligibility Aid Category
RSF370	DE0000	DATE RUN	

Files RS-F-375 Enrollees with Aid Category 080 and Medicare Part B Buy-in transactions

General Information

This file contains enrollees with Aid Category 080 and Medicare Part B buy-in transactions with their SSA Extract data

Subsystem:	Recipient
Copybook:	RSF375
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF375	DEDE0000	Sortword	
RSF375	DE3002	HIC NUMBER	Medicare Number
RSF375	DE3110	LAST NAME	Enrollee Last Name
RSF375	DE3111	FIRST NAME	Enrollee First Name
RSF375	DE3112	MIDDLE INITIAL	Enrollee Middle Initial
RSF375	DE3007	SEX CODE	Enrollee Sex Code
RSF375	DE3005	BIRTH DATE	Enrollee Birth Date
RSF375	DE3034	ENROLLEE SSN	Enrollee Social Security Number (SSN)
RSF375	DE3102	ELIGIBILITY CODE	Enrollee Buy-In SMI Eligibility Code
RSF375	DE3509	AGENCY CODE	BENDEX Agency Code
RSF375	DE0002	RECORD ID	Calculated

RSF375	DE3015	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code
RSF375	DE3029	PREMIUM PERIOID BEGIN DATE	Enrollee Medicare Premium Payment Start Date
RSF375	DE3033	PREMIUM PERIOD END DATE	Enrollee Medicare Premium Payment Stop Date
RSF375	DE0000	PREMIUM AMOUNT (REFUND OR DUE)	
RSF375	DE3097	PREMIUM PAYMENT BILLING DATE	Enrollee Medicare Premium Payment Transaction Date
RSF375	DE3030	PREMIUM AMOUNT	Enrollee Medicare Premium Payment Amount
RSF375	DE3118	ZIP CODE	Enrollee ZIP Code
RSF375	DE3008	COUNTY CODE OF RESIDENCE	Enrollee FIPS Code
RSF375	DE0000	SSI INCOME STATUS CODE	
RSF375	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
RSF375	DE3002	NEW CLAIM NUMBER	Medicare Number
RSF375	DE0000	SSI START DATE	
RSF375	DE0000	SSI STOP DATE	
RSF375	DE3518	MEDICARE ENTITLE	BENDEX Initial Entitlement Date
RSF375	DE0000	SSI LIV ARRANGE	
RSF375	DE3092	REDUCED PART A INDICATOR	Enrollee Medicare Premium Payment Reduced Part A Indicator
RSF375	DE3800	PREM SURCH IND	Enrollee Premium Surcharge Indicator
RSF375	DE0000	REPLY DATE	
RSF375	DE0000	RIC-F-ADDL-DATE	
RSF375	DE0000	CHANGE CODE	
RSF375	DE0000	CORRECTED	

		DATE	
RSF375	DE0000	PREMIUM PERIOD	
RSF375	DE0000	REPORT CODE	
RSF375	DE3977	MESSAGE TYPE	Message Type
RSF375	DE3008	LOCALITY CODE	Enrollee FIPS Code
RSF375	DE3978	TRANSACTION TYPE	Transaction Type
RSF375	DE3979	PRIORITY	Priority
RSF375	DE3976	REPORT INDICATOR	Report Indicator
RSF375	DE0002	SWITCH	Calculated
RSF375	DE3039	CURRENT COUNTY CODE	Case Administrative FIPS Code
RSF375	DE3041	APPLICATION DATE	Enrollee Application Date
RSF375	DE3009	ELIG AID CATEGORY	Enrollee Eligibility Aid Category
RSF375	DE3004	ENROLLEE ADDRESS	Enrollee Address
RSF375	DE3118	ZIP CODE	Enrollee ZIP Code
RSF375	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
RSF375	DE3003	ENROLLEE NAME	Enrollee Full Name
RSF375	DE3006	ENROLLEE RACE	Enrollee Race Code
RSF375	DE3007	ENROLLEE SEX	Enrollee Sex Code
RSF375	DE3005	ENROLLEE DATE OF BIRTH	Enrollee Birth Date
RSF375	DE3002	ENROLLEE CLAIM NUMBER	Medicare Number
RSF375	DE3103	RESPONSE TRANSACTION CODE	Premium Payment Transaction Code Response
RSF375	DE3010	ELIGIBILITY BEGIN DATE	Enrollee Eligibility Begin Date
RSF375	DE3451	ELIGIBILITY CANCEL REASON	Eligibility Cancel Reason
RSF375	DE3452	ELIGIBILITY CANCEL DATE	Eligibility Cancel Date

Files RS-F-390 Medicare Part-B SSA Extract Data

General Information

This file contains extracted SSA Part B data.

Subsystem:	Recipient
Copybook:	RSF390
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part B Premium Receive Program (RSM390) Medicare Part B Premium Processing Program (RSM391) Part-B Medicare Premium Reporting Program (RSM395)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF390	DE0000	Sortword	
RSF390	DE3002	Hic Number	Medicare Number
RSF390	DE3110	Last Name	Enrollee Last Name
RSF390	DE3111	First Name	Enrollee First Name
RSF390	DE3112	Middle Initial	Enrollee Middle Initial
RSF390	DE3007	Sex Code	Enrollee Sex Code
RSF390	DE3005	Birth Date	Enrollee Birth Date
RSF390	DE3034	Enrollee SSN	Enrollee Social Security Number (SSN)
RSF390	DE3102	Eligibility Code	Enrollee Buy-In SMI Eligibility Code
RSF390	DE3509	Agency Code	BENDEX Agency Code
RSF390	DE0002	Record ID	Calculated
RSF390	DE3015	Transaction Code	Enrollee Medicare Premium Payment Trans-action Code

RSF390	DE3029	Premium Period Begin Date	Enrollee Medicare Premium Payment Start Date
RSF390	DE3033	Premium Period End Date	Enrollee Medicare Premium Payment Stop Date
RSF390	DE0000	Premium Amount (Refund or Due)	
RSF390	DE3097	Premium Payment Billing Date	Enrollee Medicare Premium Payment Transaction Date
RSF390	DE3030	Premium Amount	Enrollee Medicare Premium Payment Amount
RSF390	DE3118	Zip Code	Enrollee ZIP Code
RSF390	DE3008	County Code of Residence	Enrollee FIPS Code
RSF390	DE0000	SSI Income Status Code	
RSF390	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF390	DE3002	New Claim Number	Medicare Number
RSF390	DE0000	SSI START DATE	
RSF390	DE0000	SSI Stop Date	
RSF390	DE3518	Medicare Entitle	BENDEX Initial Entitlement Date
RSF390	DE0000	SSI Liv Arrange	
RSF390	DE3092	Reduced Part A Indicator	Enrollee Medicare Premium Payment Reduced Part A Indicator
RSF390	DE3800	Prem Surch Ind	Enrollee Premium Surcharge Indicator
RSF390	DE0000	Reply Date	
RSF390	DE0000	RIC-F-ADDL-DATE	
RSF390	DE0000	change code	
RSF390	DE0000	Corrected Date	
RSF390	DE0000	Premium Period	
RSF390	DE0000	Report Code	
RSF390	DE3977	Message Type	Message Type
RSF390	DE3008	Locality Code	Enrollee FIPS Code
RSF390	DE3978	Transaction Type	Transaction Type
RSF390	DE3979	Priority	Priority
RSF390	DE3976	Report Indicator	Report Indicator
RSF390	DE0002	Switch	Calculated
RSF390	DE3039	Current County Code	Case Administrative FIPS Code

RSF390	DE3041	Application Date	Enrollee Application Date
RSF390	DE3009	Elig Aid Category	Enrollee Eligibility Aid Category
RSF390	DE3004	Enrollee Address	Enrollee Address
RSF390	DE3118	Zip Code	Enrollee ZIP Code
RSF390	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF390	DE3003	Enrollee Name	Enrollee Full Name
RSF390	DE3006	Enrollee Race	Enrollee Race Code
RSF390	DE3007	Enrollee Sex	Enrollee Sex Code
RSF390	DE3005	Enrollee Date of Birth	Enrollee Birth Date
RSF390	DE3002	Enrollee Claim Number	Medicare Number
RSF390	DE3103	Response Trans-action Code	Premium Payment Transaction Code Response
RSF390	DE3010	Eligibility Begin Date	Enrollee Eligibility Begin Date
RSF390	DE3451	Eligibility Cancel Reason	Eligibility Cancel Reason
RSF390	DE3452	Eligibility Cancel Date	Eligibility Cancel Date
RSF390	DE3814	Conflicting state Code	Conflicting state Code

Files RS-F-400 Enrollee 834 extract for DBA

General Information

The Dental 834 extract file is a list of enrollees that have been dropped, added or enrolled for specific aid categories of dental coverage. The selected aid categories are in value set “AID CATG FOR 834 DENTAL”. This file is created by program RSM115 by jobs VAPEM015 and VAPEM020.

- Convert VaMMIS Race code to EDI format

EDI	HOST	
A	6	Native Hawaiian or Other Pacific Islander
A	4	Oriental/Asian
A	D	Asian Indian
A	C	Chinese
A	F	Filipino
A	J	Japanese
A	K	Korean
A	V	Vietnamese
A	O	Other Asian
B	2	Black or African American
C	1	White
H	5	Spanish American/Hispanic
I	3	American Indian or Alaska native
P	G	Guamanian or Chamorro
P	S	Samoan
7	9	Other
7	B	Other

- Convert Language codes to 2 Bytes

EDI	VAMMIS code	Language		EDI	VAMMIS code	Language
EN	1	English		NE	68	Nepali
ES	2	Spanish		NO	69	Norwegian
KM	3	Cambodian		EN	70	Pampangan
VI	4	Vietnamese		PA	71	Panjabi
FA	5	Farsi		PS	72	Pashto
EN	6	Haitian-Creole		EN	73	Patois
LO	7	Laotian		EN	74	Pennsylvania Dutch

ZH	8	Chinese	FA	75	Persian
KO	9	Korean	PL	76	Polish
EN	10	Bantu	PT	77	Portuguese
BN	11	Bengali	RO	78	Romanian
EN	12	Berber	RU	79	Russian
EN	13	Jamaican Creole	SM	80	Samoan
EN	14	Bisayan	GD	81	Scottic Gaelic
BG	15	Bulgarian	EN	82	Sebuano
MY	16	Burmese	SR	83	Serbian
EN	17	Cajun	SH	84	Serbo-Croatian
ZH	18	Cantonese	SD	85	Sindhi
CH	19	Chamorro	SI	86	Sinhalese
EN	20	Cherokee	SK	87	Slovak
HR	22	Croatian	SL	88	Slovene
EN	23	Cushite	SU	89	Sudanic
CS	24	Czech	SW	90	Swalili
EN	25	Dakota	SV	91	Swedish
DA	26	Danish	EN	92	Syriac
NL	27	Dutch	TL	93	Tagalog
ET	28	Estonian	TA	94	Tamil
FI	29	Finnish	TE	95	Telugu
KO	30	Formosan	TH	96	Thai
FF	34	Fulani	BO	97	Tibetan
EL	36	Greek	TR	98	Turkish
GU	37	Gujarati	UG	99	Uighur
HE	38	Hebrew	SO	A	Somali
HI	39	Hindi	KU	B	Kurdish
HU	40	Hungarian	AR	C	Arabic
IS	41	Icelandic	EN	Space	English
EN	42	Ilocano	FR	F	French
ID	45	Indonesian	DE	G	German
GA	46	Irish Gaelic	JA	J	Japanese
IT	47	Italian	EN	O	Other
KN	49	Kannada	EN	S	Spanish
EN	50	Karachay	UK	100	Ukrainian
EN	52	Krio	UR	101	Urdu
EN	53	KRU, IBO, Yoruba	YI	103	Yiddish
LV	56	Lettish	ZH	105	Taiwanese
LT	57	Lithuanian	TI	106	Tigrinya
MK	58	Macedonian	MT	107	Maltese
MG	59	Malagasy	BS	109	Bosnian
MS	60	Malay	EN	111	Sign Language

ML	61	Malayalam		EN	112	African
ZH	62	Mandarin		AF	113	Afrikaans
EN	63	Mande		SQ	114	Albanian
MR	64	Marathi		AM	115	Amharic
MN	65	Mongolian		HY	116	Armenian
NV	67	Navajo		AZ	117	Azerabaijani

Subsystem:	Recipient
Copybook:	MCF031BBB
	N/A
File Organization:	N/A
Device Type:	TAPE
Primary Key:	N/A
Alternate Key:	N/A
Program:	Create monthly Per Member Per Month report for enrollees with dental coverage. (FNM110)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
MCF031B	DE4082	HE-SERV-CENTER	Provider Service Center
MCF031B	DE4002	HE-PROV-NUMBER	Provider Identification Number
MCF031B	DE3550	HE-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031B	DE4085	HE-EFF-DATE	Enrollment Monthly Effective Date
MCF031B	DE4085	HE-PROV-NAME	Provider Name
MCF031B	DE9517	HE-PROV-FEDERAL-TAX-ID	HIPP SSN/FEIN Number
MCF031B	DE0002	HE-MAINTENANCE-TYPE-CD	Calculated
MCF031B	DE3073	HE-MAINTENANCE-RSN-CD	Enrollee Benefit Closure Reason
MCF031B	DE3093	HE-RECIP-NUMBER	Enrollee Permanent Identification Number
MCF031B	DE3199	HE-PD-CODE	PD Code
MCF031B	DE3093	HE-CASE-NUMBER	Case Identification Number
MCF031B	DE3010	HE-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
MCF031B	DE3011	HE-ELIG-END-DATE	Enrollee Eligibility End Date
MCF031B	DE3064	HE-ENR-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date

MCF031B	DE3065	HE-ENR-END-DATE	Enrollee Benefit Enrollment End Date
MCF031B	DE3003	HE-RECIP-NAME	Enrollee Full Name
MCF031B	DE3110	HE-RECIP-LAST	Enrollee Last Name
MCF031B	DE3111	HE-RECIP-FIRST	Enrollee First Name
MCF031B	DE3112	HE-MID-INIT	Enrollee Middle Initial
MCF031B	DE3113	HE-RECIP-SUFFIX	Enrollee Name Suffix
MCF031B	DE3034	HE-SOC-SEC-NUMBER	Enrollee Social Security Number (SSN)
MCF031B	DE3004	HE-ADDRESS	Enrollee Address
MCF031B	DE3115	HE-ADDRESS-1	Enrollee Street Address
MCF031B	DE3114	HE-ADDRESS-2	Enrollee Additional Address Name
MCF031B	DE3116	HE-CITY	Enrollee City Name
MCF031B	DE3117	HE-STATE	Enrollee State Code
MCF031B	DE3118	HE-ZIP9	Enrollee ZIP Code
MCF031B	DE3008	HE-FIPS-CODE	Enrollee FIPS Code
MCF031B	DE3005	HE-DATE-0F-BIRTH	Enrollee Birth Date
MCF031B	DE3007	HE-RECIP-SEX	Enrollee Sex Code
MCF031B	DE0002	HE-FEE	Calculated
MCF031B	DE3476	HE-LANGUAGE-CD	Enrollee Primary Language Code
MCF031B	DE3034	HE-REPORT-NAME	Enrollment Report Name
MCF031B	DE0002	HE-TPL-COUNT	Calculated
MCF031B	DE3658	HE-TPL-POLICY-NO	TPL Policy Number
MCF031B	DE3013	HE-TPL-COVERAGE-CD	TPL Coverage Code
MCF031B	DE3673	HE-TPL-CARRIER-NAME	TPL Carrier Name
MCF031B	DE3657	HE-TPL-INS-TYPE-CODE	TPL Carrier Code
MCF031B	DE3659	HE-TPL-BEG-DATE	TPL Policy Effective Date
MCF031B	DE3660	HE-TPL-END-DATE	TPL Policy End Date
MCF031B	DE0002	HE-PAYER-RESPON-SEQ-CD	Calculated
MCF031B	DE3095	HE-RECIP-PHONE	Enrollee Telephone Number
MCF031B	DE3006	HE-RACE	Enrollee Race Code
MCF031B	DE9578	HE-REMIT-DT	Remittance Payment Date
MCF031B	DE3660	HE-PROG-DESG	Enrollee Eligibility Aid Category
MCF031B	DE5249	HE-REGION-CODE	Region Code
MCF031B	DE3067	HE-ENROLLMNT-CODE	Enrollee Benefit Initial Preassignment Code
MCF031B	DE0002	HE-RERUN	Calculated
MCF031B	DE0002	HE-MEDICARE-INDICATOR	Medicare Premium Indicator
MCF031B	DE9843	HE-OBJECT-CODE	Budget Object Code
MCF031B	DE3250	HE-AGE-CATG	Age Category
MCF031B	DE4835	HE-PATIENT-PAY	Patient Pay Amount

MCF031B	DE4801	HE-PP-FROM-DATE	Patient Pay Begin Date
MCF031B	DE0002	HE-BENEFIT-COUNT	Calculated
MCF031B	DE3550	HE-BNFT-PLAN	Benefit Definition Benefit Plan Code
MCF031B	DE3144	HE-PROV-NUMBER	Enrollee Benefit Plan HMO/PCP Provider Identification Number
MCF031B	DE3556	HEI-BEGIN-DATE	Benefit Definition Plan Begin (Effective) Date
MCF031B	DE3557	HE-END-DATE	Benefit Definition Plan End (Termination) Date
MCF031B	DE3567	HE-PROV-QUAL	Provider Qualifier.

Files RS-F-403 FAMIS Case Enrollee Extract for ACS

General Information

This is an extract file containing FAMIS Cases and Enrollees

Subsystem:	Recipient
Copybook:	RSF403
	N/A
File Organization:	Blocked
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Extract for ACS of active FAMIS enrollees and active Medicaid enrollees age 19 and younger (RSM210) FAMIS Weekly Extract for ACS (RSW400)
Graphics:	RS-F-403

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF403	DE3043	Case Iden-tification Number	Case Identification Number
RSF403	DE3487	Case Last Name	Case Last Name
RSF403	DE3488	Case First Name	Case First Name
RSF403	DE3489	Case Middle Initial	Case Middle Initial
RSF403	DE3490	Case Suffix	Case Name Suffix
RSF403	DE3560	Case Additional Address Name	Case Additional Address Name
RSF403	DE3561	Case Street Address	Case Street Address
RSF403	DE3562	Case City Name	Case City Name
RSF403	DE3563	Case State Code	Case State Code
RSF403	DE3564	Case ZIP Code	Case ZIP Code
RSF403	DE3039	Case Admin-	Case Administrative FIPS Code

		istrative FIPS Code	
RSF403	DE3450	Case Social Security Number	Case Social Security Number
RSF403	DE3432	Case Review Date	Case Review Date
RSF403	DE3431	Case Worker Number	Case Worker Number
RSF403	DE3001	Enrollee Identification Number	Enrollee Identification Number
RSF403	DE3110	Enrollee Last Name	Enrollee Last Name
RSF403	DE3111	Enrollee First Name	Enrollee First Name
RSF403	DE3112	Enrollee Middle Initial	Enrollee Middle Initial
RSF403	DE3113	Enrollee Name Suffix	Enrollee Name Suffix
RSF403	DE3043	Enrollee Case Identifier	Case Identification Number
RSF403	DE3480	Enrollee Case Relationship	Enrollee Relationship to Case Head Code
RSF403	DE3034	Enrollee Social Security Number	Enrollee Social Security Number (SSN)
RSF403	DE3005	Enrollee Date of Birth	Enrollee Birth Date
RSF403	3007	Enrollee Sex Code	Enrollee Sex Code
RSF403	3006	Enrollee Race Code	Enrollee Race Code
RSF403	DE3476	Enrollee Language Code	Enrollee Primary Language Code
RSF403	DE3251	Enrollee Citizenship Status	Enrollee Citizenship Status
RSF403	DE3253	Enrollee Country of Origin	Enrollee Country of Origin
RSF403	DE3252	Enrollee Entry Date	Enrollee Entry to US Date
RSF403	DE0000	Enrollee Case Same Address Flag	
RSF403	DE3114	Enrollee Address Line 1	Enrollee Additional Address Name

RSF403	DE3115	Enrollee Address Line 2	Enrollee Street Address
RSF403	DE3116	Enrollee City	Enrollee City Name
RSF403	DE3117	Enrollee State	Enrollee State Code
RSF403	DE3118	Enrollee Zip Code	Enrollee ZIP Code
RSF403	DE3008	Enrollee FIPS Code	Enrollee FIPS Code
RSF403	DE3009	Enrollee Aid Category	Enrollee Eligibility Aid Category
RSF403	DE3041	Enrollee Application Date	Enrollee Application Date
RSF403	DE3064	Enrollee Eligibility Begin Date	Enrollee Benefit Enrollment Begin Date
RSF403	DE3451	Enrollee Eligibility Cancel Reason	Eligibility Cancel Reason
RSF403	DE3452	Enrollee Eligibility Cancel Date	Eligibility Cancel Date
RSF403	DE4700	Enrollee Benefit Provider Identification Number	National Provider Identifier
RSF403	DE3064	Enrollee Managed Care Enrollment Begin Date	Enrollee Benefit Enrollment Begin Date
RSF403	DE3065	Enrollee Managed Care Enrollment End Date	Enrollee Benefit Enrollment End Date
RSF403	DE3726	TPL Source Code	TPL Source Code
RSF403	DE3703	TPL Policy Type	TPL Policy Type
RSF403	DE3658	TPL Policy Number	TPL Policy Number
RSF403	DE3688	TPL Premium Type	TPL Premium Type
RSF403	DE3657	TPL Carrier Code	TPL Carrier Code
RSF403	DE3673	TPL Carrier Name	TPL Carrier Name
RSF403	DE3659	TPL Policy Begin Date	TPL Policy Effective Date
RSF403	DE3660	TPL Policy End Date	TPL Policy End Date
RSF403	DE3013	TPL Coverage Code	TPL Coverage Code
RSF403	DE3081	Enrollee Cit-	Enrollee Citizenship Level

		izenship Level	
RSF403	DE3080	Enrollee Cit-izenship ID	Enrollee Identity Verification
RSF403	DE3624	Enrollee Cit-izenship ID Date	Enrollee Citizenship Identity Date
RSF403	DE3622	SSA Citizenship Status	SSA Citizenship Status
RSF403	DE3623	SSA Citizenship Status Date	SSA Citizenship Status Date

Files RS-F-415 BENDEX Extract File for CLM record update

General Information

This file is created in Job VMPBM420, step SORT415. It is input into program RSM415 and the records contained in this file are used to Update and Insert CLM type records on table RS_PRSN_IDENTIFIER.

Subsystem:	Recipient
Copybook:	RSF415
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Bendex CLM record update (RSM415)
Graphics:	RS-F-415

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF415	DE3512	F415-BENDEX-ENRL-ID	BENDEX State Control Data
RSF415	DE3501	F415-BENDEX-CLM-NUM	BENDEX SSA Claim Number
RSF415	DE3518	F415-INIT-ENTITLE-DT	BENDEX Initial Entitlement Date

Files RS-F-41A Recalculated Patient Pay details

General Information

Contains the patient pay recalculation details performed due to annual SSA Bendex COLA increase.

Subsystem:	Recipient
Copybook:	RSF41A
	N/A
File Organization:	N/A
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay COLA update process (RSY040) Patent Pay COLA Update reports generation (RSY041)
Graphics:	RS-F-41A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF41A	DE3901	Person	Person ID
RSF41A	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF41A	DE3501	SSA Claim Number	BENDEX SSA Claim Number
RSF41A	DE4803	Prior SSA Income	SSA
RSF41A	DE4803	New SSA Income	SSA
RSF41A	DE4835	Prior Patient Pay	Patient Pay Amount
RSF41A	DE4802	Prior End Date	Patient Pay End Date
RSF41A	DE4835	New Patient Pay	Patient Pay Amount
RSF41A	DE4801	New Begin Date	Patient Pay Begin Date
RSF41A	DE4700	Provider ID	National Provider Identifier
RSF41A	DE5249	Region	Region Code
RSF41A	DE5254	Location	MMIS Locality Code based on Postal Code

RSF41A	DE3431	Caseworker	Case Worker Number

Files RS-F-41B Unchanged Patient Pay details

General Information

Contains patient pay no recalculation performed details in the annual COLA update process

Subsystem:	Recipient
Copybook:	RSF41B
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Patient Pay COLA update process (RSY040) Patent Pay COLA Update reports generation (RSY041)
Graphics:	RS-F-41B

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF41B	DE3901	Person	Person ID
RSF41B	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF41B	DE3501	SSA Claim Number	BENDEX SSA Claim Number
RSF41B	DE4803	Current SSA Income	SSA
RSF41B	DE4835	Current Patient Pay	Patient Pay Amount
RSF41B	DE4802	Current End date	Patient Pay End Date
RSF41B	DE4700	Provider ID	National Provider Identifier
RSF41B	DE0025	Reason	Error Message Code
RSF41B	DE5249	Region	Region Code
RSF41B	DE5254	Location	MMIS Locality Code based on Postal Code
RSF41B	DE3431	Case worker	Case Worker Number

Files RS-F-440 Enrollment Extract File for FirstTRAX

General Information

Enrollment Extract file for FirstTRAX

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	Cardholder Id (3093) Cardholder Id (3093) Cardholder Id (3093) Cardholder Id (3093) Cardholder Id (3093) Cardholder Id (3093) Client Id (DE0002) Record Type for Address = 15 (DE0002) Record Type for Alias Record = 10 (DE0002) Record Type for Base Record = 05 (DE0002) Record Type for Client Specific = 30 (DE0002) Record Type for Eligibility = 25 (DE0002) Record Type for Header Record = 00 (DE0002) Record Type for Phone Record = 20 (DE0002) Record type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for Sorting (DE0002) Record Type for sorting (DE0002) Record Type for Trailer Record = 99 (DE0002) Update Type for Sorting (DE0002) Update Type for Sorting (DE0002) Update Type for Sorting (DE0002) Update Type for Sorting (DE0002) Update Type for Sorting (DE0002) Update Type for Sorting (DE0002)

	Update Type for Sorting (DE0002)
Alternate Key:	N/A
Program:	Program RSD500 will build SX Enrollment Extract File (RSD500)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
N/A	DE0002	Record Type for Header Record = 00	Calculated
N/A	DE0002	Type of Load	Calculated
N/A	DE0002	Client Id	Calculated
N/A	DE0002	Client Name	Calculated
N/A	DE0002	Client Contact Name	Calculated
N/A	DE0002	Client Contact Phone	Calculated
N/A	DE0002	Creation Date	Calculated
N/A	DE0002	Record Type for sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Base Record = 05	Calculated
N/A	DE0002	Update Type	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number

N/A	DE3111	First Name	Enrollee First Name
N/A	DE3110	Last Name	Enrollee Last Name
N/A	DE3112	Initial	Enrollee Middle Initial
N/A	DE0002	Relationship	Calculated
N/A	DE0002	Person Code	Calculated
N/A	DE3005	Date of Birth	Enrollee Birth Date
N/A	DE3007	Gender	Enrollee Sex Code
N/A	DE3006	Race	Enrollee Race Code
N/A	DE3036	Date of Death	Enrollee Date of Death
N/A	DE0002	Multiple Birth Number	Calculated
N/A	DE0002	Tracking Group	Calculated
N/A	DE0002	Record Type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Alias Record = 10	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number
N/A	DE3093	Member's Alias Ids	Enrollee Permanent Identification Number
N/A	DE0002	Alias Id Type	Calculated
N/A	DE0002	Submission Allowed Indicator	Calculated
N/A	DE0002	Record Type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Address = 15	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number
N/A	DE0002	Effective date	Calculated
N/A	DE0002	Address Code	Calculated
N/A	DE3114	Address Line 1	Enrollee Additional Address Name
N/A	DE3115	Address Line 2	Enrollee Street Address
N/A	DE3116	City	Enrollee City Name
N/A	DE3117	State	Enrollee State Code
N/A	DE3118	Zip	Enrollee ZIP Code
N/A	DE0002	Record Type for Sorting	Calculated

N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Phone Record = 20	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number
N/A	DE0002	Effective Date	Calculated
N/A	DE0002	Telephone Type Code	Calculated
N/A	DE0002	Area Code	Calculated
N/A	DE3095	Telephone Number	Enrollee Telephone Number
N/A	DE0002	Extension	Calculated
N/A	DE0002	Record type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Eligibility = 25	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number
N/A	DE3551	Group Id	Benefit Definition Plan Program Code
N/A	DE3010	Effective Date	Enrollee Eligibility Begin Date
N/A	DE3011	Termination Date	Enrollee Eligibility End Date
N/A	DE0002	Termination Reason Code	Calculated
N/A	DE0002	Client Payer Status	Calculated
N/A	DE0002	Coverage Level Indicator	Calculated
N/A	DE0002	Record Type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Client Specific = 30	Calculated
N/A	DE3093	Cardholder Id	Enrollee Permanent Identification Number
N/A	DE0002	Effective Date	Calculated
N/A	DE0002	Termination Date	Calculated
N/A	DE0002	Reporting Information Type	Calculated

N/A	DE0002	Reporting Inform-ation	Calculated
N/A	DE0002	Record Type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated
N/A	DE0002	Record Type for Trailer Record = 99	Calculated
N/A	DE0002	Client Id	Calculated
N/A	DE0002	Total Record Count	Calculated
N/A	DE0002	Record Type for Sorting	Calculated
N/A	DE0002	Update Type for Sorting	Calculated

Files RS-F-460 ADAPT - MMIS Interface Main Buffer Record

General Information

This is the MSU (Multiple Systems Update) file used to carry data between the Department of Social Services ADAPT system and the DMAS MMIS system. It is an online transaction used by the Department of Social Services to update and inquire into the MMIS system. This file contains two subfiles defined at File ID RS-F-465 (ADAPT - MMIS Interface Case Record (APPC-RL-RECIP-BASE-REC)) and File ID RS-F-470 (ADAPT - MMIS Interface Enrollee Record (APPC-RL-RECIP-ELIG-REC)).

Subsystem:	Recipient
Copybook:	RSF460
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	ADAPT - MMIS Interface Processing Test Program (RSR440)
Graphics:	RS-F-460

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF460	DE0000	APPC-RL-TRANS-CODE	
RSF460	DE0000	APPC-RL-USERID	
RSF460	DE0000	APPC-RL-OLDPASS	
RSF460	DE0000	APPC-RL-NEWPASS	
RSF460	DE0000	APPC-RL-FILE-UPDT-SW	
RSF460	DE0000	APPC-RL-ACF2-ERROR	

RSF460	DE0000	APPC-RL-SYSTEM-ERROR	
RSF460	DE0000	APPC-RL-TRANS-MSG	
RSF460	DE0002	APPC-RL-RECIP-ERR-CNT	Calculated
RSF460	DE0000	APPC-RL-EXPIRE-DATE	
RSF460	DE3043	APPC-RL-CASE-KEY	Case Identification Number
RSF460	DE0000	APPC-RL-ID CARD REISSUE	
RSF460	DE3093	APPC-RL-RECIP-KEY	Enrollee Permanent Identification Number
RSF460	DE3034	APPC-RL-SSN-KEY	Enrollee Social Security Number (SSN)
RSF460	DE3096	APPC-RL-ADAPT-KEY	Enrollee ADAPT/VACIS Client Identification Number
RSF460	DE3110	APPC-RL-LAST-NAME-KEY	Enrollee Last Name
RSF460	DE3111	APPC-RL-FIRST-NAME-KEY	Enrollee First Name
RSF460	DE3112	APPC-RL-MID-INIT-KEY	Enrollee Middle Initial
RSF460	DE3113	APPC-RL-SUFFIX-KEY	Enrollee Name Suffix
RSF460	DE3005	APPC-RL-BIRTH-DATE-KEY	Enrollee Birth Date
RSF460	DE3007	APPC-RL-SEX-KEY	Enrollee Sex Code
RSF460	DE0000	RL-CASE-ERROR-NUMBER	
RSF460	DE3043	RL-CASE-ID	Case Identification Number
RSF460	DE3469	RL-CASE-ADAPT-NUM	Case ADAPT Number
RSF460	DE3450	RL-CASE-SSN	Case Social Security Number
RSF460	DE3487	RL-CASE-NAME-LAST	Case Last Name

RSF460	DE3488	RL-CASE-NAME-FIRST	Case First Name
RSF460	DE3489	RL-CASE-NAME-MID	Case Middle Initial
RSF460	DE3490	RL-CASE-NAME-SUFF	Case Name Suffix
RSF460	DE3560	RL-CASE-ADDTL-ADDRESS	Case Additional Address Name
RSF460	DE3561	RL-CASE-STREET-ADDRESS	Case Street Address
RSF460	DE3562	RL-CASE-CITY-NAME	Case City Name
RSF460	DE3563	RL-CASE-STATE	Case State Code
RSF460	DE3564	RL-CASE-ZIP-CODE	Case ZIP Code
RSF460	DE3039	RL-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF460	DE3431	RL-CASE-WORKER	Case Worker Number
RSF460	DE3432	RL-CASE-REVIEW-DATE	Case Review Date
RSF460	DE3434	RL-CASE-FOLLOWUP-DATE	DSS Special Follow Up Effective Date
RSF460	DE3433	RL-CASE-FOLLOWUP-CODE	DSS Special Follow Up Code
RSF460	DE3061	RL-CASE-DATE-ADDED	Case Date Added
RSF460	DE0000	APPC-RL-CASE-ATTR	
RSF460	DE0000	RL-ENROLLEE-ERROR-NUMBER	
RSF460	DE3093	RL-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF460	DE3002	RL-MEDICARE-ID	Medicare Number
RSF460	DE3034	RL-SOC-SEC-NO	Enrollee Social Security Number (SSN)

RSF460	DE3480	RL-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code
RSF460	DE3096	RL-ADAPT-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF460	DE3110	RL-NAME-LAST	Enrollee Last Name
RSF460	DE3111	RL-NAME-FIRST	Enrollee First Name
RSF460	DE3112	RL-NAME-MID	Enrollee Middle Initial
RSF460	DE3113	RL-NAME-SUFF	Enrollee Name Suffix
RSF460	DE3107	RL-ADDRESS-TYPE	Enrollee Address Type
RSF460	DE3114	RL-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF460	DE3115	RL-STREET-ADDRESS	Enrollee Street Address
RSF460	DE3116	RL-CITY-NAME	Enrollee City Name
RSF460	DE3117	RL-STATE	Enrollee State Code
RSF460	DE3118	RL-ZIP-CODE	Enrollee ZIP Code
RSF460	DE3008	RL-ENROLLEE-FIPS	Enrollee FIPS Code
RSF460	DE3095	RL-ENROLLEE-PHONE	Enrollee Telephone Number
RSF460	DE3005	RL-BIRTH-DATE	Enrollee Birth Date
RSF460	DE3036	RL-DEATH-DATE	Enrollee Date of Death
RSF460	DE3252	RL-US-ENTRY-DATE	Enrollee Entry to US Date
RSF460	DE3253	RL-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF460	DE3251	RL-CITIZEN-STATUS	Enrollee Citizenship Status
RSF460	DE3476	RL-PRIMARY-LANGUAGE	Enrollee Primary Language Code
RSF460	DE3007	RL-SEX	Enrollee Sex Code
RSF460	DE3016	RL-MARITAL-STATUS	Enrollee Marital Status
RSF460	DE3006	RL-RACE	Enrollee Race Code
RSF460	DE3340	RL-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code
RSF460	DE3443	RL-SOC-SEC-STATUS	Social Security Number (SSN) Status Code
RSF460	DE3059	RL-SUPPRESS-	Enrollee ID Card Suppress Production Indic-

		ID	ator
RSF460	DE3485	RL-IMMUN-STATUS	Enrollee Immunization Status
RSF460	DE3402	RL-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF460	DE3936	RL-INFANT-MOTHER-ID	Enrollee Mother Identification Number
RSF460	DE3032	RL-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF460	DE3093	RL-PRIMARY-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF460	DE3081	RL-CITIZENSHIP-LVL	Enrollee Citizenship Level
RSF460	DE3080	RL-ID-TYPE-VERIFY	Enrollee Identity Verification
RSF460	DE3624	RL-SSA-CTZN-IDENTITY-DATE	Enrollee Citizenship Identity Date
RSF460	DE3035	RL-GROSS-INCOME	Enrollee Gross Income
RSF460	DE3475	RL-MONTHLY-HRS-WORKED	Enrollee Monthly Number of Hours Worked
RSF460	DE3170	RL-EMPLOYER-NAME	Employer Name
RSF460	DE3171	RL-EMPLOYER-ADDTL-ADDRESS	Employer Additional Address Name
RSF460	DE3172	RL-EMPLOYER-ADDRESS	Employer Address Line
RSF460	DE3173	RL-EMPLOYER-CITY	Employer City Name
RSF460	DE3174	RL-EMPLOYER-STATE	Employer State Code
RSF460	DE3175	RL-EMPLOYER-ZIP	Employer ZIP Code
RSF460	DE3176	RL-EMPLOYER-IRS-NO	Employer Federal Identification Number
RSF460	DE3177	RL-EMPLOYER-PHONE	Employer Phone Number
RSF460	DE3178	RL-EMPLOYER-CONTACT-NAME	Employer Contact Name

RSF460	DE3448	RL-BENDEX-DSS-INQ-FLAG	BENDEX DSS Inquiry Status Flag
RSF460	DE3508	RL-BENDEX-PROOF-DOB	BENDEX Proof of Birth Date Indicator
RSF460	DE3516	RL-BENDEX-PAY-STAT-CODE	BENDEX Payment Status Code
RSF460	DE3517	RL-BENDEX-PAY-MNTH-BNFT	BENDEX Monthly Benefit Payable
RSF460	DE3512	RL-BENDEX-STATE-CONTROL	BENDEX State Control Data
RSF460	DE3509	RL-BENDEX-AGENCY-CODE	BENDEX Agency Code
RSF460	DE3031	RL-BENDEX-SSA-EXCHANGE	BENDEX SSA Information Exchange Code
RSF460	DE3511	RL-BENDEX-CAT-ASSIST	BENDEX Category of Assistance Code
RSF460	DE3447	RL-BENDEX-QUERY-CODE	BENDEX Query Code
RSF460	DE3535	RL-BENDEX-DUAL-ENTLMNT	BENDEX Dual Entitlement Indicator
RSF460	DE3510	RL-BENDEX-REC-SOURCE-CODE	BENDEX Record Source Code
RSF460	DE3520	RL-BENDEX-SSI-STATUS	BENDEX SSI Status Code
RSF460	DE3537	RL-BENDEX-SSI-DATE-ENTL	BENDEX SSI Entitlement Date
RSF460	DE3518	RL-BENDEX-INIT-DATE-ENTL	BENDEX Initial Entitlement Date
RSF460	DE3531	RL-BENDEX-RRB-STATUS	BENDEX RRB Status Code
RSF460	DE3532	RL-BENDEX-BLK-LUNG-STATUS	BENDEX Black Lung Entitlement Status
RSF460	DE3536	RL-BENDEX-DATE-DISABILITY	BENDEX Disability Onset Date
RSF460	DE3524	RL-BENDEX-SMI-PREM-	BENDEX SMI Premium Payer

		PAYER	
RSF460	DE3521	RL-BENDEX-SMI-OPTION	BENDEX SMI Non Covered Reason Code
RSF460	DE3522	RL-BENDEX-SMI-DATE-ENTL	BENDEX SMI Entitlement Date
RSF460	DE3525	RL-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF460	DE3523	RL-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable
RSF460	DE3539	RL-BENDEX-HOSP-PREM-PAYER	BENDEX HI Premium Payer
RSF460	DE3526	RL-BENDEX-HOSP-OPTION	BENDEX Hospital Insurance Option Code (HOC)
RSF460	DE3527	RL-BENDEX-HOSP-DATE-ENTL	BENDEX Hospital Insurance Entitlement Date
RSF460	DE3529	RL-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date
RSF460	DE3528	RL-BENDEX-HOSP-PREMIUM	BENDEX Hospital Insurance Premium Amount Collectable
RSF460	DE3655	RL-BENDEX-PARTA-PREM-DATE	Medicare Premium Indicator
RSF460	DE3655	RL-BENDEX-PREMIUM-IND	Medicare Premium Indicator
RSF460	DE3463	RL-COMMENT-DATA	Enrollee Comment Field
RSF460	DE3403	RL-DISABILITY-CODE	Enrollee Disability Code
RSF460	DE3404	RL-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF460	DE3449	RL-FPL-STATUS	Enrollee FPL Status
RSF460	DE3462	RL-FPL-BEG-MMCCYY	Enrollee FPL status begin date
RSF460	DE3405	RL-DISABILITY-END-DATE	Enrollee Disability End Date
RSF460	DE3482	RL-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF460	DE3481	RL-ID-CARD-	Enrollee ID Card Reissue Reason

		ISSUE-RSN	
RSF460	DE3022	RL-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF460	DE3009	RL-ELIG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF460	DE3010	RL-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF460	DE3011	RL-ELIG-END-DATE	Enrollee Eligibility End Date
RSF460	DE3451	RL-ELIG-CANCEL-REASON	Eligibility Cancel Reason
RSF460	DE3452	RL-ELIG-CANCEL-DATE	Eligibility Cancel Date
RSF460	DE3453	RL-ELIG-REINSTATE-REASON	Enrollee Reinstatement Reason
RSF460	DE3473	RL-ELIG-EXTENSION-REASON	Enrollee Eligibility Extension Reason Code
RSF460	DE3041	RL-ELIG-APPL-DATE	Enrollee Application Date
RSF460	DE3551	RL-PROGRAM-CODE	Benefit Definition Plan Program Code
RSF460	DE3552	RL-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code
RSF460	DE3553	RL-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF460	DE3072	RL-EXCEPTION-IND	Benefit Plan Exception Indicator
RSF460	DE3064	RL-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF460	DE3065	RL-ENROL-END-DATE	Enrollee Benefit Enrollment End Date
RSF460	DE3073	RL-ENROL-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF460	DE3062	RL-ENROL-PROV-ID	Enrollee Benefit Provider Identification Number
RSF460	DE3074	RL-ENROL-CHG-SOURCE	Enrollee Benefit Change Source
RSF460	DE3140	RL-ENROL-DISP-DATE	Enrollee Benefit Disposition Date

RSF460	DE3141	RL-ENROL-DISP	Enrollee Benefit Disposition Code
RSF460	DE3703	RL-TPL-POL-TYPE	TPL Policy Type
RSF460	DE3657	RL-TPL-POL-CARRIER	TPL Carrier Code
RSF460	DE3658	RL-TPL-POL-NUMBER	TPL Policy Number
RSF460	DE3659	RL-TPL-POL-BEG-DATE	TPL Policy Effective Date
RSF460	DE3660	RL-TPL-POL-END-DATE	TPL Policy End Date
RSF460	DE3671	RL-TPL-POL-COIN-AMT	TPL Policy Coinsurance Amount
RSF460	DE3695	RL-TPL-POL-DEDUCT-AMT	TPL Policy Deductible Amount
RSF460	DE3013	RL-TPL-COV-CODE	TPL Coverage Code
RSF460	DE3667	RL-TPL-COV-BEG-DT	TPL Coverage Effective (Begin) Date
RSF460	DE3668	RL-TPL-COV-END-DT	TPL Coverage End Date
RSF460	DE3672	RL-TPL-COV-COIN-AMT	TPL Coverage Co-pay Amount
RSF460	DE3696	RL-TPL-COV-DEDUCT-AMT	TPL Coverage Deductible Amount
RSF460	DE0000	APPC-RL-RECIP-ATTR	
RSF460	DE3009	APPC-RL-ENT-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF460	DE3010	APPC-RL-ENT-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF460	DE3011	APPC-RL-ENT-END-DATE	Enrollee Eligibility End Date
RSF460	DE3452	APPC-RL-ENT-CANCEL-RSN	Eligibility Cancel Date
RSF460	DE3452	APPC-RL-CANCEL-DATE	Eligibility Cancel Date
RSF460	DE3453	APPC-RL-ENT-REINSTATE-RSN	Enrollee Reinstatement Reason
RSF460	DE3473	APPC-RL-ENT-EXTENSION-	Enrollee Eligibility Extension Reason Code

		RSN	
RSF460	DE3041	APPC-RL-ENT-APPL-DATE	Enrollee Application Date
RSF460	DE0000	APPC-RL-ENTRY-ATTR	
RSF460	DE3093	APPC-RL-BR-RECIP	Enrollee Permanent Identification Number
RSF460	DE3093	APPC-RL-BR-PRIMARY-ID	Enrollee Permanent Identification Number
RSF460	DE3034	APPC-RL-BR-SSN	Enrollee Social Security Number (SSN)
RSF460	DE3096	APPC-RL-BR-ADAPT	Enrollee ADAPT/VACIS Client Identification Number
RSF460	DE3003	APPC-RL-BR-NAME	Enrollee Full Name
RSF460	DE3005	APPC-RL-BR-DOB	Enrollee Birth Date
RSF460	DE3005	APPC-RL-BR-SEX	Enrollee Birth Date
RSF460	DE3007	APPC-RL-BR-CAN-DTE	Enrollee Sex Code
RSF460	DE3452	APPC-RL-BR-CAN-RSN	Eligibility Cancel Date
RSF460	DE3043	APPC-RL-BR-CASE	Case Identification Number
RSF460	DE3039	APPC-RL-BR-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF460	DE3431	APPC-RL-BR-CASE-WORKER	Case Worker Number

Files RS-F-500 State Agency Buy-In Transaction Record

General Information

This is the State agency to Centers for Medicare & Medicaid Services (CMS) file for the Medicare Buy-In Transaction Record.

Subsystem:	Recipient
Copybook:	RSF500
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Premium Retroactive Processing Program (RSM370) Medicare Retroactive Buy-in Combine Transactions (RSM371) Medicare Part B Send File - Database Inserts (RSM372)
Graphics:	RS-F-500

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF500	DE3002	Medicare Claim Number	Medicare Number
RSF500	DE3110	Surname	Enrollee Last Name
RSF500	DE3111	Given Name	Enrollee First Name
RSF500	DE3112	Middle Initial	Enrollee Middle Initial
RSF500	DE3007	Sex Code	Enrollee Sex Code
RSF500	DE3005	Date of Birth	Enrollee Birth Date
RSF500	DE3034	Beneficiary's SSN	Enrollee Social Security Number (SSN)
RSF500	DE3102	Buy-In Eligibility Code	Enrollee Buy-In SMI Eligibility Code
RSF500	DE3045	Agency Code	Enrollee Medicare Premium Payment Agency Code

RSF500	DE3103	Transaction Code	Premium Payment Transaction Code Response
RSF500	DE3029	Transaction Effective Date	Enrollee Medicare Premium Payment Start Date
RSF500	DE3033	Code 75 Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF500	DE3093	Agency Client ID Number	Enrollee Permanent Identification Number

Files RS-F-511 State Agency Billing Extract Record

General Information

This is extract is created from file RS-F-502 in program RSM386.

Subsystem:	Recipient
Copybook:	RSF511
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part A Premium Processing Apply (RSM386) Medicare Premium History Merge/Update (RSM387) Medicare Part B Premium Processing Program (RSM391)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF511	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF511	DE3030	Premium Amount	Enrollee Medicare Premium Payment Amount
RSF511	DE3015	Transaction Code	Enrollee Medicare Premium Payment Transaction Code
RSF511	DE3009	Aid Category	Enrollee Eligibility Aid Category

Files RS-F-512 Part A / Part B State Agency Billing File

General Information

This is the Medicare Part A and Part B State Agency Billing file from the Centers for Medicare & Medicaid Services (CMS).

Subsystem:	Recipient
Copybook:	RSF512
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part A and Part B Personal Characteristics Change Report (RSM373) Part-A Medicare Preliminary Reporting Program (RSM385) Medicare Part A Premium Processing Apply (RSM386) Medicare Part B Preliminary Reporting (RSM389) Medicare Part B Premium Receive Program (RSM390)
Graphics:	RS-F-512

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF512	DE3002	Medicare Claim Number	Medicare Number
RSF512	DE3110	Surname	Enrollee Last Name
RSF512	DE3111	Given Name	Enrollee First Name
RSF512	DE3112	Middle Initial	Enrollee Middle Initial
RSF512	DE3082	Sex Code (M/F)	Enrollee Buy-in Sex Code
RSF512	DE3005	Date of Birth (CCYYMMDD)	Enrollee Birth Date
RSF512	DE3034	Enrollee SSN	Enrollee Social Security Number (SSN)
RSF512	DE3102	Buy-In Eligibility Code (Part B)	Enrollee Buy-In SMI Eligibility Code

RSF512	DE0000	Reduced Part-A Indicator	
RSF512	DE3800	Premium Surcharge Indicator (Part A)	Enrollee Premium Surcharge Indicator
RSF512	DE3045	Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF512	DE0000	Record ID Code	
RSF512	DE3015	Buy-In Transaction Code	Enrollee Medicare Premium Payment Transaction Code
RSF512	DE0000	Buy-In Subcode	
RSF512	DE3029	Billing Period Start Date (CCYYMM)	Enrollee Medicare Premium Payment Start Date
RSF512	DE3033	Billing Period Stop Date (CCYYMM)	Enrollee Medicare Premium Payment Stop Date
RSF512	DE3030	Premium Amount Due or Refund [9(6)v99]	Enrollee Medicare Premium Payment Amount
RSF512	DE3029	Buy-In Billing Date (CCYYMM)	Enrollee Medicare Premium Payment Start Date
RSF512	DE0000	Current Month Premium Rate [9(4)v99]	
RSF512	DE0000	Received Month Premium Rate [9(4)V99]	
RSF512	DE0000	Credit Indicator	
RSF512	DE3814	Conflicting state Code	Conflicting state code for transaction 1728 from Buy-in file
RSF512	DE3118	Zip Code of Residence	Enrollee ZIP Code
RSF512	DE0000	County Code	
RSF512	DE0000	SSI Status Code	
RSF512	DE3093	Agency Client ID	Enrollee Permanent Identification Number
RSF512	DE3002	New Claim Number	Medicare Number
RSF512	DE0000	Reply Date (CCYYMMDD)	
RSF512	DE3110	Surname From CMS	Enrollee Last Name

RSF512	DE3111	Given Name From CMS	Enrollee First Name
RSF512	DE3112	Middle Initial From CMS	Enrollee Middle Initial
RSF512	DE3082	Sex Code From CMS	Enrollee Buy-in Sex Code
RSF512	DE3005	Date of Birth From CMS	Enrollee Birth Date
RSF512	DE3034	SSN From CMS	Enrollee Social Security Number (SSN)

Files RS-F-513 State Agency Buy-In Transaction Record

General Information

This is the State agency to the Health Care Financing Administration (HCFA) Medicare Buy-In Transaction Record.

Subsystem:	Recipient
Copybook:	RSF513
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part-A Premium Merge (RSM355)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF513	DE3002	Medicare Claim Number	Medicare Number
RSF513	DE3110	Surname	Enrollee Last Name
RSF513	DE3111	Given Name	Enrollee First Name
RSF513	DE3112	Middle Initial	Enrollee Middle Initial
RSF513	DE3007	Sex Code	Enrollee Sex Code
RSF513	DE3005	Date of Birth	Enrollee Birth Date
RSF513	DE3045	Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF513	DE3102	Buy-In Eligibility Code	Enrollee Buy-In SMI Eligibility Code
RSF513	DE3103	Buy-In Trans-action Code Response	Premium Payment Transaction Code Response
RSF513	DE3029	Buy-In Response	Enrollee Medicare Premium Payment Start

		Transaction Effective Date	Date
RSF513	DE3093	State Welfare ID	Enrollee Permanent Identification Number
RSF513	DE3974	Report Flag	Report Flag

Files RS-F-514 Medicare Part B Premium file

General Information

This file is created by using the RS-F-512 file as input, and only those records that have a value of U in field, “Buyin-Elig-Code” (DE 3102) are written to this file. The fields on this file are separated by a comma. This file is created and transferred in job VMPBM390.

Subsystem:	Recipient
Copybook:	RSF514
	N/A
File Organization:	sequential
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part B Preliminary Reporting (RSM389)
Graphics:	RS-F-514

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF514	DE3110	DTL-514-SURNAME	Enrollee Last Name
RSF514	DE3111	DTL-514-GIVEN	Enrollee First Name
RSF514	DE3112	DTL-514-INIT	Enrollee Middle Initial
RSF514	DE3082	DTL-514-SEX	Enrollee Buy-in Sex Code
RSF514	DE3005	DTL-514-DOB-MMDDYYYY	Enrollee Birth Date
RSF514	DE3102	DTL-514-PARTB-ELIG-CD	Enrollee Buy-In SMI Eligibility Code
RSF514	DE3029	DTL-514-BILL-DT-MMYYYY	Enrollee Medicare Premium Payment Start Date
RSF514	DE3015	DTL-514-TRANS-CD	Enrollee Medicare Premium Payment Trans-action Code
RSF514	DE3093	DTL-514-ENRL-	Enrollee Permanent Identification Number

		ID	
RSF514	DE3030	DTL-514-PREM-AMT	Enrollee Medicare Premium Payment Amount

Files RS-F-520 State Agency Premium Work Transaction Record

General Information

This is the State agency work file used to generate the Premium Transaction file sent to HCFA.

Subsystem:	Recipient
Copybook:	RSF520
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Part-A Premium Extract Processing (RSM350) Extract Medicare Part-B Enrollees (RSM352) Process Medicare Part-B for CMS (RSM353) Medicare Part-A Premium Merge (RSM355) Medicare Premium Online Transactions Processing (RSM360) Medicare Retroactive Buy-in Combine Transactions (RSM371) Medicare Part B Send File - Database Inserts (RSM372)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF520	DE3002	Medicare Claim Number	Medicare Number
RSF520	DE3110	Surname	Enrollee Last Name
RSF520	DE3111	Given Name	Enrollee First Name
RSF520	DE3112	Middle Initial	Enrollee Middle Initial
RSF520	DE3007	Sex Code	Enrollee Sex Code
RSF520	DE3005	Date of Birth	Enrollee Birth Date
RSF520	DE3034	Beneficiary's SSN	Enrollee Social Security Number (SSN)
RSF520	DE3102	Buy-In Eligibility	Enrollee Buy-In SMI Eligibility Code

		Code	
RSF520	DE3045	Agency Code	Enrollee Medicare Premium Payment Agency Code
RSF520	DE3103	Transaction Code	Premium Payment Transaction Code Response
RSF520	DE3029	Transaction Effective Date	Enrollee Medicare Premium Payment Start Date
RSF520	DE3033	Code 75 Stop Date	Enrollee Medicare Premium Payment Stop Date
RSF520	DE3522	Medicare Entitlement Date	BENDEX SMI Entitlement Date
RSF520	DE3093	Agency Client ID Number	Enrollee Permanent Identification Number
RSF520	DE3974	Report Flag	Report Flag
RSF520	DE3091	Enrollee Transaction Memo Remarks	Enrollee Medicare Premium Payment Transaction Remarks

Files RS-F-610 Disease Management Extract

General Information

Disease Management Extract created in job VMPEM610, step RSM610, program RSM610. This extract file (RS-F-610) containing the subset of enrollees is then processed by program CPM330 in job VMPCM330 in order to produce a monthly claims information extract file, a claims revenue extract file, a recipient extract file and a totals report which are all transmitted to HMC.

Subsystem:	Recipient
Copybook:	RSF610
	N/A
File Organization:	SEQ
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Disease Management Program (CPM330) Disease Management Extract (RSM610)
Graphics:	RS-F-610

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF610	DE3093	RS-DM-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF610	DE3110	RS-DM-NAME-LAST	Enrollee Last Name
RSF610	DE3111	RS-DM-NAME-FIRST	Enrollee First Name
RSF610	DE3112	RS-DM-NAME-MID	Enrollee Middle Initial
RSF610	DE3114	RS-DM-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF610	DE3115	RS-DM-STREET-ADDRESS	Enrollee Street Address

RSF610	DE3116	RS-DM-CITY-NAME	Enrollee City Name
RSF610	DE3117	RS-DM-STATE	Enrollee State Code
RSF610	DE3118	RS-DM-ZIP-CODE	Enrollee ZIP Code
RSF610	DE3095	RS-DM-ENROLLEE-PHONE	Enrollee Telephone Number
RSF610	DE3005	RS-DM-BIRTH-DATE	Enrollee Birth Date
RSF610	DE3007	RS-DM-SEX	Enrollee Sex Code
RSF610	DE3006	RS-DM-RACE	Enrollee Race Code
RSF610	DE4700	RS-DM-PLAN-PROV	National Provider Identifier
RSF610	DE3064	RS-DM-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF610	DE3592	RS-DM-ELIG-GROUP	Disease Management Program Eligibility Group
RSF610	DE3593	RS-DM-RECIP-STATUS	Disease Management Program Recipient Status

Files RS-F-700 Eligibility Request Information

General Information

This file is transmitted from the DMAS approved switch vendor to ACS in order to receive eligibility verification. The data is submitted by the provider to the switch vendor in EDI format.

Subsystem:	Recipient
Copybook:	RSF700
	N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	270/271 Batch Eligibility Request/Response (EDD100) Control Program for processing Batch 270/271 requests for Eligibility, Payment and Service Limits (RSR495) Display Eligibility and Payment Data (RST100) Display Eligibility Verification Data (RST105) Select Enrollee Data (RST110) Display Service Limits (RST125)
Graphics:	RS-F-700

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF700	DE0000	EDI Fields	
RSF700	DE0000	Service Type Indicator	
RSF700	DE5002	Procedure Code	Procedure Code
RSF700	DE2171	Procedure Modifier 1	Claims Procedure Code Modifier
RSF700	DE2171	Procedure Modifier 2	Claims Procedure Code Modifier
RSF700	DE3005	ENROLLEE BIRTHDATE	Enrollee Birth Date
RSF700	DE4700	PROVIDER-ID	National Provider Identifier

RSF700	DE3264	ENROLLEE ID	Eligibility Verification Enrollee ID Queried
RSF700	DE3482	ENROLLEE CARD NUMBER	Enrollee ID Card Sequence Number
RSF700	DE3034	ENROLLEE SSN	Enrollee Social Security Number (SSN)
RSF700	DE0002	SERVICE TYPE	Calculated
RSF700	DE3266	DATE OF SERVICE FROM	Eligibility Verification From Date
RSF700	DE3267	DATE-OF-SERVICE-THRU	Eligibility Verification To Date
RSF700	DE3110	ENROLLEE LAST NAME	Enrollee Last Name
RSF700	DE3111	ENROLLEE FIRST NAME	Enrollee First Name

Files RS-F-701 Eligibility Response Information

General Information

This file is transmitted from ACS to the DMAS approved switch vendor in response to a provider's request for eligibility verification. The switch vendor will provide the data in EDI format to the provider.

Subsystem:	Recipient
Copybook:	RSF701
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	270/271 Batch Eligibility Request/Response (EDD100) Control Program for processing Batch 270/271 requests for Eligibility, Payment and Service Limits (RSR495) Display Eligibility and Payment Data (RST100) Display Eligibility Verification Data (RST105) Select Enrollee Data (RST110) Display Service Limits (RST125)
Graphics:	RS-F-701

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF701	DE0000	EDI Fields	
RSF701	DE0000	Service Type Indicator	
RSF701	DE5002	Procedure Code	Procedure Code
RSF701	DE2171	Procedure Modifier 1	Claims Procedure Code Modifier
RSF701	DE2171	Procedure Modifier 2	Claims Procedure Code Modifier
RSF701	DE4700	PROVIDER-ID	National Provider Identifier

RSF701	DE3005	ENROLLEE-BIRTHDATE	Enrollee Birth Date
RSF701	DE3264	ENROLLEE-ID	Eligibility Verification Enrollee ID Queried
RSF701	DE3482	ENROLLEE CARD NUMBER	Enrollee ID Card Sequence Number
RSF701	DE3034	ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF701	DE0002	SERVICE TYPE	Calculated
RSF701	DE3266	DATE OF SERVICE FROM	Eligibility Verification From Date
RSF701	DE3267	DATE-OF-SERVICE THRU	Eligibility Verification To Date
RSF701	DE3110	NAME-LAST	Enrollee Last Name
RSF701	DE3111	NAME-FIRST	Enrollee First Name
RSF701	DE3112	NAME-MID-INT	Enrollee Middle Initial
RSF701	DE3113	NAME-SUFFIX	Enrollee Name Suffix
RSF701	DE0002	ERROR-CODE	Calculated
RSF701	DE3555	ENRL-BENEFIT-PLAN	Benefit Definition Plan Short Name
RSF701	DE4834	ENRL-PATIENT-PAY	Medicaid Rate
RSF701	DE3098	VERIFICATION-NUMBER	Eligibility Verification Number
RSF701	DE3064	ENRL-BEG-DATE	Enrollee Benefit Enrollment Begin Date
RSF701	DE0002	ENRL-BENEFIT-TYPE	Calculated
RSF701	DE3065	ENRL-END-DATE	Enrollee Benefit Enrollment End Date
RSF701	DE4085	ENRL-PROV-NAME	Provider Name
RSF701	DE4700	ENRL-PROVIDER	National Provider Identifier
RSF701	DE4090	ENRL-PROV-PHONE	Provider Phone Number
RSF701	DE0002	CO-PAY-IND	Calculated
RSF701	DE3013	TPL-COVERAGE-TYPE	TPL Coverage Code
RSF701	DE3671	TPL-COPAY-AMT	TPL Policy Coinsurance Amount
RSF701	DE3658	TPL-POLICY-NO	TPL Policy Number
RSF701	DE3673	TPL CARRIER CODE AND NAME	TPL Carrier Name
RSF701	DE3667	TPL-BEG-DATE	TPL Coverage Effective (Begin) Date
RSF701	DE3668	TPL-END-DATE	TPL Coverage End Date
RSF701	DE0000	SERV-LIM-CATEGORY	
RSF701	DE3952	SERV-LIM-UNITS-REMAIN	Enrollee Service Limits Units Remaining
RSF701	DE3953	SERV-LIM-BEG-DATE	Enrollee Service Limits Period Begin Date
RSF701	DE3954	SERV-LIM-END-DATE	Enrollee Service Limits Period End Date
RSF701	DE4085	ENRL-PROV-LNAME	Provider Name
RSF701	DE4801	Patient Pay Begin Date	Patient Pay Begin Date
RSF701	DE4802	Patient Pay End Date	Patient Pay End Date
RSF701	DE4839	Patient Pay Added Date	Action Date
RSF701	DE4838	Patient Pay Status	Patient Pay Status

Files RS-F-70150 Eligibility Response Information for 5010

General Information

This file is transmitted from ACS to the DMAS approved switch vendor in response to a provider's request for eligibility verification. The switch vendor will provide the data in EDI format to the provider. This version was made for 5010 changes. Enrollee FIPS code and address line 1 and 2 are included for Service Vendor 2042 only.

Subsystem:	Recipient
Copybook:	RSF70150
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	270/271 Batch Eligibility Request/Response (EDD100) Control Program for processing Batch 270/271 requests for Eligibility, Payment and Service Limits (RSR495) Display Eligibility and Payment Data (RST100) Display Eligibility Verification Data (RST105) Select Enrollee Data (RST110) Display Service Limits (RST125)
Graphics:	RS-F-701

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF70150	DE0000	EDI Fields	
RSF70150	DE0000	Service Type Indicator	
RSF70150	DE5002	Procedure Code	Procedure Code
RSF70150	DE2171	Procedure Modifier 1	Claims Procedure Code Modifier
RSF70150	DE2171	Procedure Modifier 2	Claims Procedure Code Modifier
RSF70150	DE3008	Enrollee FIPS Code	Enrollee FIPS Code

RSF70150	DE3114	ADDL-NAME	Enrollee Additional Address Name
RSF70150	DE4700	PROVIDER-ID	National Provider Identifier
RSF70150	DE3005	ENROLLEE-BIRTHDATE	Enrollee Birth Date
RSF70150	DE3264	ENROLLEE-ID	Eligibility Verification Enrollee ID Queried
RSF70150	DE3482	ENROLLEE CARD NUMBER	Enrollee ID Card Sequence Number
RSF70150	DE3034	ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF70150	DE0002	SERVICE TYPE	Calculated
RSF70150	DE3266	DATE OF SERVICE FROM	Eligibility Verification From Date
RSF70150	DE3267	DATE-OF-SERVICE THRU	Eligibility Verification To Date
RSF70150	DE3110	NAME-LAST	Enrollee Last Name
RSF70150	DE3111	NAME-FIRST	Enrollee First Name
RSF70150	DE3112	NAME-MID-INT	Enrollee Middle Initial
RSF70150	DE3113	NAME-SUFFIX	Enrollee Name Suffix
RSF70150	DE0002	ERROR-CODE	Calculated
RSF70150	DE3555	ENRL-BENEFIT-PLAN	Benefit Definition Plan Short Name
RSF70150	DE4834	ENRL-PATIENT-PAY	Medicaid Rate
RSF70150	DE3098	VERIFICATION-NUMBER	Eligibility Verification Number
RSF70150	DE3064	ENRL-BEG-DATE	Enrollee Benefit Enrollment Begin Date
RSF70150	DE3065	ENRL-END-DATE	Enrollee Benefit Enrollment End Date
RSF70150	DE0002	ENRL-BENEFIT-TYPE	Calculated
RSF70150	DE4085	ENRL-PROV-NAME	Provider Name
RSF70150	DE4085	ENRL-PROV-LNAME	Provider Last Name
RSF70150	DE4700	ENRL-PROVIDER	National Provider Identifier
RSF70150	DE4090	ENRL-PROV-PHONE	Provider Phone Number
RSF70150	DE0002	CO-PAY-IND	Calculated
RSF70150	DE3013	TPL-COVERAGE-TYPE	TPL Coverage Code
RSF70150	DE3671	TPL-COPAY-AMT	TPL Policy Coinsurance Amount
RSF70150	DE3658	TPL-POLICY-NO	TPL Policy Number
RSF70150	DE3673	TPL CARRIER CODE AND NAME	TPL Carrier Name
RSF70150	DE3667	TPL-BEG-DATE	TPL Coverage Effective (Begin) Date
RSF70150	DE3668	TPL-END-DATE	TPL Coverage End Date
RSF70150	DE0000	SERV-LIM-CATEGORY	
RSF70150	DE3952	SERV-LIM-UNITS-REMAIN	Enrollee Service Limits Units Remaining
RSF70150	DE3953	SERV-LIM-BEG-DATE	Enrollee Service Limits Period Begin Date

RSF70150	DE3954	SERV-LIM-END-DATE	Enrollee Service Limits Period End Date
RSF70150	DE4801	Patient Pay Begin Date	Patient Pay Begin Date
RSF70150	DE4802	Patient Pay End Date	Patient Pay End Date
RSF70150	DE4835	Patient Pay Amount	Patient Pay Amount
RSF70150	DE4839	Patient Pay Added Date	Action Date
RSF70150	DE4838	Patient Pay Status	Patient Pay Status
RSF70150	DE3115	Enrollee Street	Enrollee Street Address
RSF70150	DE3116	Enrollee City	Enrollee City Address
RSF70150	DE3117	Enrollee State	Enrollee State
RSF70150	DE3118	Enrollee Zip Code	Enrollee Zip Code
RSF70150	DE4907	Service Type	Service Type Code
RSF70150	DE3118	Copay Amount	Maximum Allowed Copay for service
RSF70150	DE0002	ERROR-CODE	Calculated

Files RS-F-702 Provider Eligibility Verification Data Store

General Information

This file contains verification data, including a verification number assigned, in response to each successful automated or operator assisted eligibility inquiry.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Display Eligibility Verification Data (RST105)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-703 Provider Verification Log File

General Information

This file contains information from on-line programs for eligibility and provider payment verification and is used for statistical and audit trail reporting.

Subsystem:	Recipient
Copybook:	RSF703
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	LG-CL-PAYMENT (2023) LG-CL-STATUS (2039)
Alternate Key:	N/A
Program:	Produce Eligibility Verification System Audit Trail Reports (RSD400) Produce Eligibility and Provider Payment Verification Stats by Transaction Time (RSM405) Display Eligibility Verification Data (RST105) Select Enrollee Data (RST110) Display Prior Authorization Status Data (RST115) Display Claim Status Verification Data (RST120) Display Service Limits (RST125) Display Check Status Data (RST130) Display Prescribing Provider Data (RST135)
Graphics:	RS-F-703

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
RSF703	DE4700	LG-PROV-NO	National Provider Identifier
RSF703	DE3271	LG-REQUEST-TYPE	Eligibility Verification Request Type
RSF703	DE3262	LG-QUERY-	Eligibility Verification Query Method

		METHOD	
RSF703	DE3260	LG-CURRENT-DATE	Eligibility Verification Query Date
RSF703	DE3261	LG-CURRENT-TIME	Eligibility Verification Query Time
RSF703	DE0002	LG-TRANS-STATUS	Calculated
RSF703	DE0000	LG-TRANS-DESC	
RSF703	DE4006	LG-PROV-TYPE	Provider Type
RSF703	DE3270	LG-PROV-STATUS	Eligibility Verification Provider Status
RSF703	DE3265	LG-ENRL-STATUS	Eligibility Verification Request Disposition
RSF703	DE3268	LG-ASSIST-IND	Eligibility Verification Assistance Required Flag
RSF703	DE3264	LG-ENROLLEE-ID	Eligibility Verification Enrollee ID Queried
RSF703	DE3034	LG-ENRL-SSN	Enrollee Social Security Number (SSN)
RSF703	DE3005	LG-ENRL-BIRTH-DATE	Enrollee Birth Date
RSF703	DE3110	LG-ENRL-LAST-NAME	Enrollee Last Name
RSF703	DE3111	LG-ENRL-FIRST-NAME	Enrollee First Name
RSF703	DE3112	LG-ENRL-MI	Enrollee Middle Initial
RSF703	DE3113	LG-ENRL-SUFFIX	Enrollee Name Suffix
RSF703	DE0002	LG-ID-TYPE	Calculated
RSF703	DE3266	LG-BEGIN-SERV-DATE	Eligibility Verification From Date
RSF703	DE3267	LG-END-SERV-DATE	Eligibility Verification To Date
RSF703	DE3098	LG-ELIG-VER-NO	Eligibility Verification Number
RSF703	DE3009	LG-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF703	DE0002	LG-COPAY-IND	Calculated
RSF703	DE3482	LG-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF703	DE3555	LG-BENEFIT-PLAN	Benefit Definition Plan Short Name
RSF703	DE3072	LG-PLAN-	Benefit Plan Exception Indicator

		EXCEPT-IND	
RSF703	DE3064	LG-PLAN-FROM-DATE	Enrollee Benefit Enrollment Begin Date
RSF703	DE3065	LG-PLAN-THRU-DATE	Enrollee Benefit Enrollment End Date
RSF703	DE4700	LG-PLAN-PROV	National Provider Identifier
RSF703	DE4090	LG-PLAN-PROV-PHONE	Provider Phone Number
RSF703	DE4834	LG-ENRL-PAT-PAY	Medicaid Rate
RSF703	DE3013	LG-TPL-COV-TYPE	TPL Coverage Code
RSF703	DE3658	LG-TPL-POL-NUMBER	TPL Policy Number
RSF703	DE3667	LG-TPL-FROM-DATE	TPL Coverage Effective (Begin) Date
RSF703	DE3668	LG-TPL-THRU-DATE	TPL Coverage End Date
RSF703	DE3672	LG-TPL-COPAY	TPL Coverage Co-pay Amount
RSF703	DE3696	LG-TPL-DEDUCT	TPL Coverage Deductible Amount
RSF703	DE2605	LG-PA-NUMBER	PA Reference Number (Mailroom Control Number)
RSF703	DE5002	LG-PA-PROC-CODE	Procedure Code
RSF703	DE2171	LG-PA-PROCEDURE-MOD	Claims Procedure Code Modifier
RSF703	DE2171	LG-PA-PROCEDURE-MOD-2	Claims Procedure Code Modifier
RSF703	DE2171	LG-PA-PROCEDURE-MOD-3	Claims Procedure Code Modifier
RSF703	DE2171	LG-PA-PROCEDURE-MOD-4	Claims Procedure Code Modifier
RSF703	DE2641	LG-PA-ACT-STATUS	PA Detail Action Status Code
RSF703	DE2624	LG-PA-ACT-DATE	PA Detail Action Status Date
RSF703	DE2610	LG-PA-FROM-DATE	PA Authorized From Date

RSF703	DE2611	LG-PA-THRU-DATE	PA Authorized Through Date
RSF703	DE2613	LG-PA-UNITS	PA Authorized Units
RSF703	DE0002	LG-PA-UNITS-REM	Calculated
RSF703	DE2634	LG-PA-FREQ	PA Per Frequency Code
RSF703	DE2616	LG-PA-AMT	PA Authorized Amount
RSF703	DE0002	LG-PA-AMT-REM	Calculated
RSF703	DE2002	LG-CL-TYPE	Claim Type
RSF703	DE2001	LG-CL-ICN	Claim Request ICN
RSF703	DE2039	LG-CL-STATUS	Claim Status
RSF703	DE2023	LG-CL-PAYMENT	Claim Payment Amount
RSF703	DE2383	LG-CL-REMIT-DATE	Claim Status Begin Date
RSF703	DE5002	LG-CL-PROC-CODE	Procedure Code
RSF703	DE5501	LG-CL-ERR-CODE	Error Text Error Code
RSF703	DE5513	LG-CL-ERR-DESC	Error Text Short Description
RSF703	DE9595	LG-CHECK-TYPE	Remittance Type Code
RSF703	DE9576	LG-CHECK-NO	Remittance Check Number
RSF703	DE9578	LG-CHECK-DATE	Remittance Payment Date
RSF703	DE9577	LG-CHECK-AMT	Remittance Check Amount
RSF703	DE4064	LG-PROV-LICENSE	Provider License Number
RSF703	DE4700	LG-PRESC-PROV-ID	National Provider Identifier
RSF703	DE4006	LG-PRESC-PROV-TYPE	Provider Type
RSF703	DE3270	LG-PRESC-PROV-STATUS	Eligibility Verification Provider Status
RSF703	DE4085	LG-PRESC-PROV-NAME	Provider Name
RSF703	DE3950	LG-SERV-LIM-CAT-CODE	Enrollee Service Limits Category Code
RSF703	DE0000	LG-SERV-LIM-CAT-DESC	

RSF703	DE3952	LG-SERV-UNITS-REM	Enrollee Service Limits Units Remaining
RSF703	DE3953	LG-LIMIT-BEGIN-DATE	Enrollee Service Limits Period Begin Date
RSF703	DE3954	LG-LIMIT-END-DATE	Enrollee Service Limits Period End Date
RSF703	DE0002	LG-RPT-LINE	Calculated
RSF703	DE0002	LG-RPT-PERCENT	Calculated
RSF703	DE0002	LG-RPT-MIS	Calculated
RSF703	DE0002	LG-RPT-CALLS	Calculated
RSF703	DE0002	LG-RPT-AVCALL	Calculated
RSF703	DE0002	LG-RPT-UABCALLS	Calculated
RSF703	DE0002	LG-RPT-SABCALLS	Calculated
RSF703	DE0002	LG-RPT-REFERS	Calculated
RSF703	DE0002	LG-RPT-UABREFER	Calculated
RSF703	DE0002	LG-RPT-AVLENCALL	Calculated
RSF703	DE4249	LG-PROV-ENTITY-TYPE	Provider Name Type
RSF703	DE4249	LG-MCPCP-ENTITY-TYPE-1	Provider Name Type
RSF703	DE4249	LG-MCPCP-ENTITY-TYPE-2	Provider Name Type
RSF703	DE3673	LG-TPL-CARRIER-NAME	TPL Carrier Name
RSF703	DE2002	LG-CL-TYPE	Claim Type
RSF703	DE2001	LG-CL-ICN	Claim Request ICN
RSF703	DE2039	LG-CL-STATUS	Claim Status
RSF703	DE2023	LG-CL-PAYMENT	Claim Payment Amount
RSF703	DE2383	LG-CL-REMIT-DATE	Claim Status Begin Date
RSF703	DE5002	LG-CL-PROC-CODE	Procedure Code
RSF703	DE5501	LG-CL-ERR-	Error Text Error Code

		CODE	
RSF703	DE5513	LG-CL-ERR-DESC	Error Text Short Description
RSF703	DE4700	LG-CLM-SERVICE-PROV	National Provider Identifier
RSF703	DE4085	LG-SERV-LAST-NAME	Provider Name
RSF703	DE4085	LG-SERV-FIRST-NAME	Provider Name
RSF703	DE4085	LG-SERV-MI	Provider Name
RSF703	DE4085	LG-SERV-SUFFIX	Provider Name
RSF703	DE4085	LG-BILL-LAST-NAME	Provider Name
RSF703	DE4085	LG-BILL-FIRST-NAME	Provider Name
RSF703	DE4085	LG-BILL-MI	Provider Name
RSF703	DE4085	LG-BILL-SUFFIX	Provider Name
RSF703	DE4249	LG-BILL-ENTITY	Provider Name Type
RSF703	DE2031	LG-PAT-ACCT-NO	Claim Patient Account Number
RSF703	DE2010	LG-CLM-DOS-FROM-DT	Claim Service From Date
RSF703	DE2011	LG-CLM-DOS-THRU-DT	Claim Service Thru Date
RSF703	DE3007	LG-ENRL-GENDER	Enrollee Sex Code
RSF703	DE2477	LG-CLM-ICN-DATE	Claims Payment Request Date Identifier
RSF703	DE2478	LG-CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
RSF703	DE2480	LG-CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
RSF703	DE2343	LG-CLM-ICN-LINE-NO	Claim Payment Request Line Number
RSF703	DE2845	LG-MED-REC-ID	Claim Medical Record Number
RSF703	DE2102	LG-BILL-TYPE	Claim Facility Bill Type
RSF703	DE9663	LG-PAY-METHOD	Disbursement Type Code
RSF703	DE9576	LG-CHECK-NUM	Remittance Check Number
RSF703	DE2016	LG-CLM-CHRG-	Claim Billed Charge

		AMT	
RSF703	DE2023	LG-CLM-PYMT-AMT	Claim Payment Amount
RSF703	DE9578	LG-ADJ-PAY-DATE	Remittance Payment Date
RSF703	DE2383	LG-STAT-INFO-EFF-DT	Claim Status Begin Date
RSF703	DE2003	LG-CLM-TYP-MODIFIER	Claim Type Modifier
RSF703	DE2039	LG-CLM-STATUS	Claim Status
RSF703	DE5002	LG-PROC-CD	Procedure Code
RSF703	DE2171	LG-PROC-MODIFIER	Claims Procedure Code Modifier
RSF703	DE2124	LG-LINE-ITM-CHRG-AMT	Claim Revenue Amount
RSF703	DE2991	LG-LINE-ITM-PAY-AMT	Claim Revenue Allowed Amt
RSF703	DE2122	LG-REVENUE-CODE	Claim Revenue Code
RSF703	DE2009	LG-LINE-ITM-UNITS	Claim Number of Units/Visits/Studies
RSF703	DE2123	LG-LINE-ITM-UNITS-FAC	Claim Revenue Units
RSF703	DE2233	LG-LINE-ITM-UNITS-PHRM	Claim Pharmacy Quantity Dispensed
RSF703	DE2003	LG-LINE-TYP-MODIFIER	Claim Type Modifier
RSF703	DE2039	LG-LINE-STATUS	Claim Status
RSF703	DE2002	LG-CLM-TYPE	Claim Type
RSF703	DE4085	LG-PLAN-PROV-LNAME	Provider Name
RSF703	DE4801	LG-PP-BEGIN-DATE	Patient Pay Begin Date
RSF703	DE4802	LG-PP-END-DATE	Patient Pay End Date
RSF703	DE4839	LG-PP-ACT-DATE	Action Date
RSF703	DE4838	LG-PP-STATUS	Patient Pay Status

Files RS-F-704 Extract File for Eligibility and Provider Payment Verification Stats

General Information

This file contains extract information to produce the Eligibility and Provider Payment Verification Stats by Provider Report.

Subsystem:	Recipient
Copybook:	RSF704
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Produce Eligibility and Provider Payment Verification Stats by Transaction Time (RSM405) Produce Eligibility and Provider Payment Verification Stats by Provider (RSM410)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF704	DE5702	EX-TRANS-TYPE	Log Action Type
RSF704	DE4700	EX-PROV-ID	National Provider Identifier
RSF704	DE4006	EX-PROV-CLASS-TYPE	Provider Type
RSF704	DE0000	EX-PROV-STATUS	
RSF704	DE0000	EX-ENROL-STATUS	

Files RS-F-706 Edify Data Stream Request for Eligibility Information

General Information

This data stream is transmitted from the lan based Edify software for voice response and web display to the mainframe to request eligibility information.

Subsystem:	Recipient
Copybook:	RSF706
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Display Eligibility and Payment Data (RST100) Display Eligibility Verification Data (RST105) Select Enrollee Data (RST110) Display Prior Authorization Status Data (RST115) Display Claim Status Verification Data (RST120) Display Service Limits (RST125) Display Check Status Data (RST130) Display Prescribing Provider Data (RST135)
Graphics:	RS-F-706

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF706	DE0000	TRANS-ID	
RSF706	DE3271	REQUEST-TYPE	Eligibility Verification Request Type
RSF706	DE3262	REQUEST-METHOD	Eligibility Verification Query Method
RSF706	DE4700	PROVIDER-ID	National Provider Identifier
RSF706	DE4006	PROVIDER-TYPE	Provider Type

RSF706	DE0002	REQ-ID-TYPE	Calculated
RSF706	DE3264	ENROLLEE-ID	Eligibility Verification Enrollee ID Queried
RSF706	DE3034	ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF706	DE3005	ENROLLEE-DOB	Enrollee Birth Date
RSF706	DE3266	FROM-DOS-CCYYMMDD	Eligibility Verification From Date
RSF706	DE3267	THRU-DOS-CCYYMMDD	Eligibility Verification To Date
RSF706	DE3110	ENROLLEE-NAME-LAST	Enrollee Last Name
RSF706	DE3111	ENROLLEE-NAME-FIRST	Enrollee First Name
RSF706	DE3112	ENROLLEE-NAME-MI	Enrollee Middle Initial
RSF706	DE2605	REQ-PA	PA Reference Number (Mailroom Control Number)
RSF706	DE2649	REQ-PROC-CODE	PA Service Trace Number - Clearing House
RSF706	DE2002	REQ-CLAIM-TYPE	Claim Type
RSF706	DE9578	REQ-REMIT-DATE	Remittance Payment Date
RSF706	DE4064	REQ-LICENSE	Provider License Number
RSF706	DE3950	REQ-SL-CAT	Enrollee Service Limits Category Code
RSF706	DE2477	CLM-ICN-DATE	Claims Payment Request Date Identifier
RSF706	DE2478	CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
RSF706	DE2480	CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
RSF706	DE2343	CLM-ICN-LINE-NO	Claim Payment Request Line Number
RSF706	DE3263	CLM-SERVICE-PROV	Eligibility Verification Query Provider Identification Number

Files RS-F-707-R Unsolicited Eligibility File

General Information

NOTE: AS OF 01/01/2012, THIS WILL BE NO LONGER BE USED, AS THE 271U WILL BE REPLACED BY THE 834 PROCESS.

Unsolicited Eligibility for report RSM205. Aid categories contained in value set 'RSM202-DO NOT EXTRACT A/C' are not included on this file.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Statewide Brokered Transportation - Unsolicited 271 (RSM202) Remove duplicate records in Unsolicited 271 Retrospective file (RSM203) Produce 'Capitation Payments to Transportation Broker' (RS-O-001) Report (RSM205)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-707 Unsolicited 271 Eligibility File for Non-emergency Transportation Providers

General Information

NOTE: AS OF 01/01/2012, THIS WILL BE NO LONGER BE USED, AS THE 271U WILL BE REPLACED BY THE 834 PROCESS.

Enrollee eligibility data transmitted from FHSC to non-emergency transportation vendors twice a month. Aid categories contained in value set 'RSM202-DO NOT EXTRACT A/C' are not included on this file.

Subsystem:	Recipient
Copybook:	RSF707
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	271U Unsolicited Transportation Eligibility Response (EDM100) Statewide Brokered Transportation - Unsolicited 271 (RSM202) Produce 'Capitation Payments to Transportation Broker' (RS-O-001) Report (RSM205)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF707	DE4700	PROVIDER ID	National Provider Identifier
RSF707	DE4082	SERV CENTER	Provider Service Center
RSF707	DE5249	REGION CODE	Region Code
RSF707	DE3110	NAME LAST	Enrollee Last Name

RSF707	DE3111	NAME FIRST	Enrollee First Name
RSF707	DE3112	NAME MID INT	Enrollee Middle Initial
RSF707	DE3113	NAME SUFFIX	Enrollee Name Suffix
RSF707	DE3306	AIDE CATEGORY	Aid Category Money Payment Status Code
RSF707	DE3264	ENROLLEE ID	Eligibility Verification Enrollee ID Queried
RSF707	DE3034	ENROLLEE SSN	Enrollee Social Security Number (SSN)
RSF707	DE3115	STREET ADDRESS	Enrollee Street Address
RSF707	DE3114	ADDTL ADDRESS	Enrollee Additional Address Name
RSF707	DE3116	CITY NAME	Enrollee City Name
RSF707	DE3117	STATE	Enrollee State Code
RSF707	DE3118	ZIP CODE	Enrollee ZIP Code
RSF707	DE3095	HOME PHONE NO	Enrollee Telephone Number
RSF707	DE3095	WORK PHONE NO	Enrollee Telephone Number
RSF707	DE3008	ENROLLEE FIPS	Enrollee FIPS Code
RSF707	DE3005	ENROLLEE BIRTHDATE	Enrollee Birth Date
RSF707	DE3007	SEX	Enrollee Sex Code
RSF707	DE3064	ENRL BEG DATE	Enrollee Benefit Enrollment Begin Date
RSF707	DE3065	ENRL END DATE	Enrollee Benefit Enrollment End Date
RSF707	DE0002	ENRL BENEFIT TYPE	Calculated
RSF707	DE3555	ENRL BENEFIT PLAN	Benefit Definition Plan Short Name
RSF707	DE3553	BENEFIT CODE	Benefit Definition Plan Benefit Code
RSF707	DE3063	BENEFIT PLAN DATE	Enrollee Benefit Date Added
RSF707	DE3551	PROGRAM CODE	Benefit Definition Plan Program Code
RSF707	DE3552	SUB PROGRAM CODE	Benefit Definition Plan Subprogram Code
RSF707	DE4700	ENRL PROVIDER	National Provider Identifier
RSF707	DE4085	ENRL PROV NAME	Provider Name
RSF707	DE4096	PROV STREET ADDRESS	Provider Attention Name
RSF707	DE4097	PROV ADDTL ADDRESS	Provider Address Line
RSF707	DE4130	PROV CITY	Provider Address City Name
RSF707	DE4098	PROV STATE	Provider Address State
RSF707	DE4099	PROV ZIP	Provider Address ZIP Code
RSF707	DE4201	PROV CONTACT NAME	Provider Contact Name
RSF707	DE4090	ENRL PROV PHONE	Provider Phone Number
RSF707	DE0002	PROV IDENTIFIER	Calculated
RSF707	DE3013	TPL COVERAGE TYPE	TPL Coverage Code
RSF707	DE3673	TPL POLICY NO	TPL Carrier Name
RSF707	DE3673	TPL CARRIER NAME	TPL Carrier Name

RSF707	DE3667	TPL BEG DATE	TPL Coverage Effective (Begin) Date
RSF707	DE3668	TPL END DATE	TPL Coverage End Date

Files RS-F-709 Daily Recipient Eligibility Activity File (for the DMAS PA Contractor, KePRO)

General Information

Recipient eligibility data extract for KePRO data entry process

Subsystem:	Recipient
Copybook:	RSF709
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Daily Recipient Eligibility Extract for DMAS PA Contractor (KePRO) (RSD203)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF709	DE3110	R709-NAME-LAST	Enrollee Last Name
RSF709	DE3111	R709-NAME-FIRST	Enrollee First Name
RSF709	DE3112	R709-NAME-MID-INIT	Enrollee Middle Initial
RSF709	DE3113	R709-NAME-SUFFIX	Enrollee Name Suffix
RSF709	DE3264	R709-ENROLLEE-ID	Eligibility Verification Enrollee ID Queried
RSF709	DE3034	R709-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF709	DE3115	R709-STREET-	Enrollee Street Address

		ADDRESS	
RSF709	DE3114	R709-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF709	DE3116	R709-CITY-NAME	Enrollee City Name
RSF709	DE3117	R709-STATE	Enrollee State Code
RSF709	DE3118	R709-ZIP-CODE	Enrollee ZIP Code
RSF709	DE3095	R709-HOME-PHONE-NO	Enrollee Telephone Number
RSF709	DE3177	R709-WORK-PHONE-NO	Employer Phone Number
RSF709	DE3008	R709-ENROLLEE-LOCALITY	Enrollee FIPS Code
RSF709	DE3005	R709-ENROLLEE-BIRTHDATE3	Enrollee Birth Date
RSF709	DE3007	R709-SEX	Enrollee Sex Code
RSF709	DE3009	R709-AID-CATEGORY	Enrollee Eligibility Aid Category
RSF709	DE3010	R709-ELG-BEGIN3	Enrollee Eligibility Begin Date
RSF709	DE3011	R709-ELG-END	Enrollee Eligibility End Date
RSF709	DE3499	R709-AID-STATUS	Enrollee Eligibility Status Code
RSF709	DE3451	R709-AID-CANCEL-REASON345	Eligibility Cancel Reason
RSF709	DE3452	R709-ELG-CANCEL34	Eligibility Cancel Date
RSF709	DE3453	R709-REINSTATE-CODE	Enrollee Reinstatement Reason
RSF709	DE3551	R709-PROGRAM-CODE	Benefit Definition Plan Program Code
RSF709	DE3552	R709-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code
RSF709	DE3553	R709-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF709	DE3072	R709-EXCEPTION-	Benefit Plan Exception Indicator

		INDICATOR	
RSF709	DE3064	R709-ENRL-BEGIN	Enrollee Benefit Enrollment Begin Date
RSF709	DE3065	R709-ENRL-END	Enrollee Benefit Enrollment End Date
RSF709	DE3073	R709-ENRL-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF709	DE3062	R709-ENRL-PROVIDER	Enrollee Benefit Provider Identification Number
RSF709	DE3140	R709-ENRL-DISP	Enrollee Benefit Disposition Date
RSF709	DE3141	R709-ENRL-DISP-CODE	Enrollee Benefit Disposition Code

Files RS-F-710 KePRO Daily Eligibility Activity History File

General Information

KePRO Daily Eligibility Activity History File

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	Backup of the KePRO Daily Eligibility Activity File
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-800 Enrollee Medicare File

General Information

This file stores comprehensive Enrollee Medicare data.

Subsystem:	Recipient
Copybook:	RSF800
	N/A
File Organization:	Indexed by Enrollee ID
Device Type:	Disk
Primary Key:	MEDICAID-ID (3093)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF800	DE3093	MEDICAID-ID	Enrollee Permanent Identification Number
RSF800	DE3002	MEDICARE-ID	Medicare Number
RSF800	DE3102	MCARE-BUYIN-SMI-ELIG-CODE	Enrollee Buy-In SMI Eligibility Code
RSF800	DE3023	MCARE-BEGIN-DATA	Enrollee Medicare Begin Date
RSF800	DE3078	MCARE-END-DATE	Enrollee Medicare End Date
RSF800	DE3090	MCARE-STATUS-DATE	Enrollee Medicare Status Date
RSF800	DE3018	MCARE-PREMIUM-PAY-TYPE	Enrollee Medicare Premium Payment Type Codes
RSF800	DE3029	MCARE-PREMIUM-PAY-START	Enrollee Medicare Premium Payment Start Date
RSF800	DE3033	MCARE-PREMIUM-PAY-	Enrollee Medicare Premium Payment Stop Date

		STOP	
RSF800	DE3015	MCARE-PREMIUM-PAY-TRANS-CODE	Enrollee Medicare Premium Payment Transaction Code
RSF800	DE3097	MCARE-PREMIUM-PAY-TRANS-DATE	Enrollee Medicare Premium Payment Transaction Date
RSF800	DE3030	MCARE-PREMIUM-PAY-AMOUNT	Enrollee Medicare Premium Payment Amount
RSF800	DE3103	MCARE-PREMIUM-PAY-SMI-CODE	Premium Payment Transaction Code Response
RSF800	DE3092	MCARE-PREMIUM-PAY-RED-PARTA	Enrollee Medicare Premium Payment Reduced Part A Indicator
RSF800	DE3060	MCARE-PREMIUM-PAY-PAYER	ID cards issued in a year
RSF800	DE3045	MCARE-PREMIUM-PAY-AGENCY	Enrollee Medicare Premium Payment Agency Code
RSF800	DE3091	MCARE-PREMIUM-PAY-TRANS-MEMO	Enrollee Medicare Premium Payment Transaction Remarks
RSF800	DE3940	MCARE-DATA-UPDATE-DATE	Enrollee Data Update/Audit Date

Files RS-F-805 Enrollee Bendex File

General Information

This file stores comprehensive Enrollee Bendex data elements.

Subsystem:	Recipient
Copybook:	RSF805
	N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF805	DE3093	BENDEX-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF805	DE3501	BENDEX-SSA-HIC-NO	BENDEX SSA Claim Number
RSF805	DE3034	BENDEX-ENROLLEE-SSN	Enrollee Social Security Number (SSN)
RSF805	DE3514	BENDEX-SSN	BENDEX Social Security Number (SSN)
RSF805	DE3534	BENDEX-BENE-OWN-SSN	BENDEX Beneficiary's Own Social Security Number (SSN)
RSF805	DE3448	BENDEX-DSS-INQ-STAT-FLAG	BENDEX DSS Inquiry Status Flag
RSF805	DE3502	BENDEX-SURNAME	BENDEX Surname
RSF805	DE3503	BENDEX-FIRST-NAME	BENDEX First Name
RSF805	DE3504	BENDEX-MIDDLE-INIT	BENDEX Middle Initial
RSF805	DE3506	BENDEX-SEX-	BENDEX Sex Code

		CODE	
RSF805	DE3507	BENDEX-BIRTH-DATE	BENDEX Birth Date
RSF805	DE3508	BENDEX-PROOF-BIRTHDT-IND	BENDEX Proof of Birth Date Indicator
RSF805	DE3516	BENDEX-PAYMENT-STATUS-CODE	BENDEX Payment Status Code
RSF805	DE3517	BENDEX-MONTHLY-BENE-PAYABLE	BENDEX Monthly Benefit Payable
RSF805	DE3512	BENDEX-STATE-CONTROL-DATA	BENDEX State Control Data
RSF805	DE3031	BENDEX-SSA-INFO-EXCHG-CODE	BENDEX SSA Information Exchange Code
RSF805	DE3509	BENDEX-AGENCY-CODE	BENDEX Agency Code
RSF805	DE3511	BENDEX-CAT-OF-ASSIST-CODE	BENDEX Category of Assistance Code
RSF805	DE3447	BENDEX-QUERY-CODE	BENDEX Query Code
RSF805	DE3535	ENDEX-DUAL-ENTITL-IND	BENDEX Dual Entitlement Indicator
RSF805	DE3510	BENDEX-RECORD-SOURCE-CODE	BENDEX Record Source Code
RSF805	DE3520	BENDEX-SSI-STATUS-CODE	BENDEX SSI Status Code
RSF805	DE3537	BENDEX-SSI-ENTITL-DATE	BENDEX SSI Entitlement Date
RSF805	DE3531	BENDEX-RRB-STATUS-CODE	BENDEX RRB Status Code
RSF805	DE3532	BENDEX-BLACK-LUNG-ENTITL-ST	BENDEX Black Lung Entitlement Status
RSF805	DE3536	BENDEX-DISABILITY-ONSET	BENDEX Disability Onset Date

RSF805	DE3518	BENDEX-INITIAL-ENTITL-DATE	BENDEX Initial Entitlement Date
RSF805	DE3522	BENDEX-SMI-ENTITL-DATE	BENDEX SMI Entitlement Date
RSF805	DE3521	BENDEX-SMI-OPTION-CODE	BENDEX SMI Non Covered Reason Code
RSF805	DE3523	BENDEX-SMI-PREM-AMT-COLLECT	BENDEX SMI Premium Amount Collectable
RSF805	DE3525	BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date
RSF805	DE3527	BENDEX-HOSP-INS-ENTITL-DATE	BENDEX Hospital Insurance Entitlement Date
RSF805	DE3526	BENDEX-HOSP-INS-OPT-CODE	BENDEX Hospital Insurance Option Code (HOC)
RSF805	DE3528	BENDEX-HOSP-INS-PREM-AMT	BENDEX Hospital Insurance Premium Amount Collectable
RSF805	DE3529	BENDEX-HOSP-INS-TERM-DATE	BENDEX Hospital Insurance Termination Date

Files RS-F-809 SSA Log File

General Information

This log file stores the information of the users accessing the RS-S-310 Screen.

Subsystem:	Recipient
Copybook:	RSF809
	N/A
File Organization:	N/A
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Premium/BENDEX Data Program (RST310)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF809	DE0000	LG-USER-ID	
RSF809	DE0000	LG-TIME-STAMP	
RSF809	DE0000	LG-SCREEN-KEY	
RSF809	DE0000	LG-COMMENT	
RSF809	DE0000	LG-COMMENT	
RSF809	DE0000	LG-MODE	

Files RS-F-810 Enrollee Medicare Transactions

General Information

This file stores Enrollee Medicare transactions.

Subsystem:	Recipient
Copybook:	RSF810
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicare Premium Online Transactions Processing (RSM360) Medicare Premium Processing Transactions Program (RST340)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF810	DE3093	MCARE-TXN-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF810	DE3045	MCARE-TXN-PREM-PAY-AGENCY	Enrollee Medicare Premium Payment Agency Code
RSF810	DE3103	MCARE-TXN-PREM-PAY-TRANS	Premium Payment Transaction Code Response
RSF810	DE3029	MCARE-TXN-PREM-PAY-START	Enrollee Medicare Premium Payment Start Date
RSF810	DE3002	MCARE-TXN-HIC-NO	Medicare Number
RSF810	DE3005	MCARE-TXN-ENROLLEE-BIRTHDT	Enrollee Birth Date

RSF810	DE3007	MCARE-TXN-SEX-CODE	Enrollee Sex Code
RSF810	DE3110	MCARE-TXN-ENROL-LAST-NAME	Enrollee Last Name
RSF810	DE3111	MCARE-TXN-ENROL-FIRST-NAME	Enrollee First Name
RSF810	DE3112	MCARE-TXN-ENROL-MI	Enrollee Middle Initial
RSF810	DE3033	MCARE-TXN-PREM-PAY-END	Enrollee Medicare Premium Payment Stop Date
RSF810	DE3102	MCARE-TXN-PREM-PAY-SMI-CODE	Enrollee Buy-In SMI Eligibility Code
RSF810	DE3091	MCARE-TXN-PREM-PAY-MEMO	Enrollee Medicare Premium Payment Transaction Remarks
RSF810	DE3940	MCARE-TXN-DATE-ADDED	Enrollee Data Update/Audit Date

Files RS-F-820 CMS - MMIS Interface Main Buffer Record

General Information

MMIS Interface buffer file is a MSU (Multiple Systems Update) file used to carry data between the Department of Social Services VaCMS system and the DMAS MMIS system. It is an online transaction used by the Department of Social Services to update the MMIS system.

Subsystem:	Recipient
Copybook:	RSF820
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	VaCMS - MMIS Background Interface Program (RSR440)
Graphics:	RS-F-820

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF820	DE0000	APPC-RL-TRANS-CODE	Transaction Code
RSF820	DE0000	APPC-RL-USERID	Application User ID
RSF820	DE0000	APPC-RL-OLDPASS	Application old password
RSF820	DE0000	APPC-RL-NEWPASS	Application new password
RSF820	DE0000	APPC-RL-FILE-UPDT-SW	File update switch
RSF820	DE0000	APPC-RL-ACF2-ERROR	ACF2 Error
RSF820	DE0000	APPC-RL-SYSTEM-ERROR	Application System Error
RSF820	DE0000	APPC-RL-TRANS-MSG	Application Transaction Message
RSF820	DE0002	APPC-RL-RECIP-ERR-CNT	Calculated
RSF820	DE0000	APPC-RL-EXPIRE-DATE	Application Expiry Date
RSF820	DE3043	APPC-RL-CASE-KEY	Case Identification Number
RSF820	DE0000	APPC-RL-ID CARD REISSUE-RSN	ID Card reissue reason
RSF820	DE3093	APPC-RL-RECIP-KEY	Enrollee Permanent Identification Number
RSF820	DE3034	APPC-RL-SSN-KEY	Enrollee Social Security Number (SSN)
RSF820	DE3096	APPC-RL-ADAPT-KEY	Enrollee ADAPT/VACIS Client Identification

			Number
RSF820	DE3110	APPC-RL-LAST-NAME-KEY	Enrollee Last Name
RSF820	DE3111	APPC-RL-FIRST-NAME-KEY	Enrollee First Name
RSF820	DE3112	APPC-RL-MID-INIT-KEY	Enrollee Middle Initial
RSF820	DE3113	APPC-RL-SUFFIX-KEY	Enrollee Name Suffix
RSF820	DE3005	APPC-RL-BIRTH-DATE-KEY	Enrollee Birth Date
RSF820	DE3007	APPC-RL-SEX-KEY	Enrollee Sex Code
RSF820	DE0000	RL-CASE-ERROR-NUMBER	Case Error Number
RSF820	DE3043	RL-CASE-ID	Case Identification Number
RSF820	DE3469	RL-CASE-ADAPT-NUM	Case ADAPT Number
RSF820	DE3258	RL-CASE-VACMS-NUM	CASE VaCMS Number
RSF820	DE3450	RL-CASE-SSN	Case Social Security Number
RSF820	DE3487	RL-CASE-NAME-LAST	Case Last Name
RSF820	DE3488	RL-CASE-NAME-FIRST	Case First Name
RSF820	DE3489	RL-CASE-NAME-MID	Case Middle Initial
RSF820	DE3490	RL-CASE-NAME-SUFF	Case Name Suffix
RSF820	DE3560	RL-CASE-ADDTL-ADDRESS	Case Additional Address Name
RSF820	DE3561	RL-CASE-STREET-ADDRESS	Case Street Address
RSF820	DE3562	RL-CASE-CITY-NAME	Case City Name
RSF820	DE3563	RL-CASE-STATE	Case State Code
RSF820	DE3564	RL-CASE-ZIP-CODE	Case ZIP Code
RSF820	DE3039	RL-CASE-ADMIN-FIPS	Case Administrative FIPS Code
RSF820	DE3431	RL-CASE-WORKER	Case Worker Number
RSF820	DE3276	RL-CASE-WORKER-UNIT-NUM	Case Worker Unit Number
RSF820	DE3275E	RL-CASE-WORKER-USER-ID	Case Worker User Identification
RSF820	DE3432	RL-CASE-REVIEW-DATE	Case Review Date
RSF820	DE3434	RL-CASE-FOLLOWUP-DATE	DSS Special Follow Up Effective Date
RSF820	DE3433	RL-CASE-FOLLOWUP-CODE	DSS Special Follow Up Code
RSF820	DE3061	RL-CASE-DATE-ADDED	Case Date Added
RSF820	DE0000	RL-ENROLLEE-ERROR-NUMBER	Enrollee Error Number
RSF820	DE3093	RL-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF820	DE3002	RL-MEDICARE-ID	Medicare Number
RSF820	DE3034	RL-SOC-SEC-NO	Enrollee Social Security Number (SSN)
RSF820	DE3480	RL-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code
RSF820	DE3096	RL-ADAPT-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number

RSF820	DE3955	RL-VACMS-CLIENT-ID	Enrollee VACMS Client Identification
RSF820	DE3255	RL-VET-STATUS	Veteran/dependent Indicator
RSF820	DE3110	RL-NAME-LAST	Enrollee Last Name
RSF820	DE3111	RL-NAME-FIRST	Enrollee First Name
RSF820	DE3112	RL-NAME-MID	Enrollee Middle Initial
RSF820	DE3113	RL-NAME-SUFF	Enrollee Name Suffix
RSF820	DE3107	RL-ADDRESS-TYPE	Enrollee Address Type
RSF820	DE3114	RL-ADDTL-ADDRESS	Enrollee Additional Address Name
RSF820	DE3115	RL-STREET-ADDRESS	Enrollee Street Address
RSF820	DE3116	RL-CITY-NAME	Enrollee City Name
RSF820	DE3117	RL-STATE	Enrollee State Code
RSF820	DE3118	RL-ZIP-CODE	Enrollee ZIP Code
RSF820	DE3008	RL-ENROLLEE-FIPS	Enrollee FIPS Code
RSF820	DE3095	RL-ENROLLEE-PHONE	Enrollee Telephone Number
RSF820	DE3005	RL-BIRTH-DATE	Enrollee Birth Date
RSF820	DE3036	RL-DEATH-DATE	Enrollee Date of Death
RSF820	DE3252	RL-US-ENTRY-DATE	Enrollee Entry to US Date
RSF820	DE3253	RL-COUNTRY-ORIGIN	Enrollee Country of Origin
RSF820	DE3251	RL-CITIZEN-STATUS	Enrollee Citizenship Status
RSF820	DE3476	RL-PRIMARY-LANGUAGE	Enrollee Primary Language Code
RSF820	DE3007	RL-SEX	Enrollee Sex Code
RSF820	DE3016	RL-MARITAL-STATUS	Enrollee Marital Status
RSF820	DE3006	RL-RACE	Enrollee Race Code
RSF820		RL-ETHNICITY	Enrollee Ethnicity Code
RSF820	DE3340	RL-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code
RSF820	DE3443	RL-SOC-SEC-STATUS	Social Security Number (SSN) Status Code
RSF820	DE3059	RL-SUPPRESS-ID	Enrollee ID Card Suppress Production Indicator
RSF820	DE3485	RL-IMMUN-STATUS	Enrollee Immunization Status
RSF820	DE3402	RL-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date
RSF820	DE3936	RL-INFANT-MOTHER-ID	Enrollee Mother Identification Number
RSF820	DE3032	RL-ENROLLEE-DATE-ADDED	Enrollee Date Added
RSF820	DE3093	RL-PRIMARY-ENROLLEE-ID	Enrollee Permanent Identification Number
RSF820	DE3081	RL-CITIZENSHIP-LVL	Enrollee Citizenship Level
RSF820	DE3080	RL-ID-TYPE-VERIFY	Enrollee Identity Verification
RSF820	DE3624	RL-SSA-CTZN-IDENTITY-DATE	Enrollee Citizenship Identity Date
RSF820	DE3277	RL-INCARCERATION-BEG-DT	Enrollee Incarceration Begin Date
RSF820	DE3278	RL-INCARCERATION-END-	Enrollee Incarceration End Date

		DT	
RSF820	DE3273	RL-INCACERATION-FACLITY	Enrollee Incarceration Facility
RSF820	DE3463	RL-COMMENT-DATA	Enrollee Comment Field
RSF820	DE3403	RL-DISABILITY-CODE	Enrollee Disability Code
RSF820	DE3404	RL-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date
RSF820	DE3449	RL-FPL-STATUS	Enrollee FPL Status
RSF820	DE3462	RL-FPL-BEG-MMCCYY	Enrollee FPL status begin date
RSF820	DE3405	RL-DISABILITY-END-DATE	Enrollee Disability End Date
RSF820	DE3482	RL-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number
RSF820	DE3481	RL-ID-CARD-ISSUE-RSN	Enrollee ID Card Reissue Reason
RSF820	DE3022	RL-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date
RSF820	DE3009	RL-ELIG-AID-CATEGORY	Enrollee Eligibility AID Category
RSF820	DE3010	RL-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF820	DE3011	RL-ELIG-END-DATE	Enrollee Eligibility End Date
RSF820	DE3451	RL-ELIG-CANCEL-REASON	Eligibility Cancel Reason
RSF820	DE3452	RL-ELIG-CANCEL-DATE	Eligibility Cancel Date
RSF820	DE3453	RL-ELIG-REINSTATE-REASON	Enrollee Reinstatement Reason
RSF820	DE3473	RL-ELIG-EXTENSION-REASON	Enrollee Eligibility Extension Reason Code
RSF820	DE3041	RL-ELIG-APPL-DATE	Enrollee Application Date
RSF820	DE3551	RL-PROGRAM-CODE	Benefit Definition Plan Program Code
RSF820	DE3552	RL-SUBPROGRAM-CODE	Benefit Definition Plan Subprogram Code
RSF820	DE3553	RL-PLAN-CODE	Benefit Definition Plan Benefit Code
RSF820	DE3072	RL-EXCEPTION-IND	Benefit Plan Exception Indicator
RSF820	DE3064	RL-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date
RSF820	DE3065	RL-ENROL-END-DATE	Enrollee Benefit Enrollment End Date
RSF820	DE3073	RL-ENROL-CLOSURE-REASON	Enrollee Benefit Closure Reason
RSF820	DE3062	RL-ENROL-NPI	Enrollee Benefit National Provider Identification Number
RSF820	DE3074	RL-ENROL-CHG-SOURCE	Enrollee Benefit Change Source
RSF820	DE3140	RL-ENROL-DISP-DATE	Enrollee Benefit Disposition Date
RSF820	DE3141	RL-ENROL-DISP	Enrollee Benefit Disposition Code
RSF820	DE3703	RL-TPL-POL-TYPE	TPL Policy Type
RSF820	DE3657	RL-TPL-POL-CARRIER	TPL Carrier Code
RSF820	DE3658	RL-TPL-POL-NUMBER	TPL Policy Number
RSF820	DE3659	RL-TPL-POL-BEG-DATE	TPL Policy Effective Date
RSF820	DE3660	RL-TPL-POL-END-DATE	TPL Policy End Date
RSF820	DE3671	RL-TPL-POL-COIN-AMT	TPL Policy Coinsurance Amount
RSF820	DE3695	RL-TPL-POL-DEDUCT-AMT	TPL Policy Deductible Amount

RSF820	DE3013	RL-TPL-COV-CODE	TPL Coverage Code
RSF820	DE3667	RL-TPL-COV-BEG-DT	TPL Coverage Effective (Begin) Date
RSF820	DE3668	RL-TPL-COV-END-DT	TPL Coverage End Date
RSF820	DE3672	RL-TPL-COV-COIN-AMT	TPL Coverage Co-pay Amount
RSF820	DE3696	RL-TPL-COV-DEDUCT-AMT	TPL Coverage Deductible Amount
RSF820	DE4801	RL-PP-BEG-DATE	Patient Pay begin date.
RSF820	DE4802	RL-PP-END-DATE	Patient Pay end date.
RSF820	DE0000	RL-PP-LTC-INELIG-BEG-DT	LTC Ineligibility begin date
RSF820	DE0000	RL-PP-LTC-INELIG-END-DT	LTC Ineligibility end date
RSF820	DE4800	RL-PP-RSN-CD	Patient Pay reason code
RSF820	DE4835	RL-PP-AMOUNT	Patient pay amount.
RSF820	DE4838	RL-PP-STATUS	Patient Pay Status
RSF820	DE3009	APPC-RL-ENT-AID-CATEGORY	Enrollee Eligibility AID Category
RSF820	DE3010	APPC-RL-ENT-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF820	DE3011	APPC-RL-ENT-END-DATE	Enrollee Eligibility End Date
RSF820	DE3452	APPC-RL-ENT-CANCEL-RSN	Eligibility Cancel Date
RSF820	DE3452	APPC-RL-CANCEL-DATE	Eligibility Cancel Date
RSF820	DE3453	APPC-RL-ENT-REINSTATE-RSN	Enrollee Reinstatement Reason
RSF820	DE3473	APPC-RL-ENT-EXTENSION-RSN	Enrollee Eligibility Extension Reason Code
RSF820	DE3041	APPC-RL-ENT-APPL-DATE	Enrollee Application Date

Files RS-F-900 Conversion Error File

General Information

This file is defined for Conversion to store discrepancy errors for reporting.

Subsystem:	Recipient
Copybook:	RSF900
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Address Cleanup (Postal Abbreviations) (RSC001) Recipient Master File Conversion (RSC005) SLH Client Master File Conversion (RSC006) Extract Managed Care Segments/Update Enrollee Master (RSC011) Build Medicare File with History (RSC015) Build Medicare History w/24 Month Files (RSC017) Aid Category Definition File Conversion (RSC020) Convert Uncompensated Property File (RSC022) ERP File Conversion (RSC024) Convert Recipient Eligibility Fraud File (RSC026) Convert TDO Oracle Court File (RSC050) Extract Oracle CMM Data/Update Enrollee Master (RSC055) Build Enrollee ID Cross-Reference File (RSC066) HIPP File Conversion (RSC080) Long Term Care Assessment Conversion (RSC085) DSS Office Conversion (RSC095)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF900	DE0000	RS-CONVERSION-INDICATOR	
RSF900	DE0000	RS-PROGRAM	
RSF900	DE0000	RS-DATA-	

		FROM-RECORD-2	
RSF900	DE0000	RS-DATA-FROM-RECORD-1	
RSF900	DE0000	RS-ERROR-TYPE	

Files RS-F-902 Identifier File

General Information

This file is defined for Conversion to store the enrollee identifiers encountered during Conversion processing.

Subsystem:	Recipient
Copybook:	RSF902
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Recipient Master File Conversion (RSC005) Build Enrollee ID Cross-Reference File (RSC066)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF902	DE3093	ENROLLEE-ID	Enrollee Permanent Identification Number
RSF902	DE3043	CASE-ID	Case Identification Number
RSF902	DE3034	ENROLLEE SSN	Enrollee Social Security Number (SSN)
RSF902	DE3002	MEDICARE-ID	Medicare Number
RSF902	DE3071	TDO-PATIENT-ACCT	Enrollee Benefit Patient Account
RSF902	DE3096	DSS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number
RSF902	DE3469	DSS-CASE-ID	Case ADAPT Number
RSF902	DE3470	TDO-CASE-NUMBER-WARRANT	TDO Warrant Number
RSF902	DE3936	ENROLLEE-MOTHER-ID	Enrollee Mother Identification Number
RSF902	DE3901	PERSON-ID	Person ID

RSF902	DE3930	DATA-SOURCE	Data Source
RSF902	DE3039	ENROLLEE-FIPS-CODE	Case Administrative FIPS Code

Files RS-F-903 Duplicate Criteria File

General Information

This file is defined for Conversion to store enrollee data to be used for duplicate checks.

Subsystem:	Recipient
Copybook:	RSF903
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Recipient Master File Conversion (RSC005) SLH Client Master File Conversion (RSC006) Link Multiple Recipients Based On Matching Demographic Data (RSC010) Long Term Care Assessment Conversion (RSC085)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF903	DE3093	RECP-ID	Enrollee Permanent Identification Number
RSF903	DE3034	RECP-SSN	Enrollee Social Security Number (SSN)
RSF903	DE3110	RECP-LAST-NAME	Enrollee Last Name
RSF903	DE3111	RECP-FIRST-NAME	Enrollee First Name
RSF903	DE3112	RECP-MIDDLE-INITIAL	Enrollee Middle Initial
RSF903	DE3113	RECP-NAME-SUFFIX	Enrollee Name Suffix
RSF903	DE3005	RECP-BIRTHDATE	Enrollee Birth Date
RSF903	DE3007	RECP-SEX	Enrollee Sex Code
RSF903	DE3006	RECP-RACE	Enrollee Race Code

RSF903	DE3901	RECP-PERSON-ID	Person ID
RSF903	DE3930	RECP-DATA-SOURCE	Data Source

Files RS-F-904 HMO Deleted Lockin Segments

General Information

This file will be converted to the Enrollee Master file. It currently contains deleted locking segments.

Subsystem:	Recipient
Copybook:	RSF904
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Extract Managed Care Segments/Update Enrollee Master (RSC011)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF904	DE0000	RECIP-NUMBER	
RSF904	DE0000	PROV	
RSF904	DE0000	PROV-BEG-DATE	
RSF904	DE0000	PROV-END-DATE	
RSF904	DE0000	LI-IND-SW	
RSF904	DE0000	LI-TYPE	
RSF904	DE0000	PCN-EXEMPT-IND	
RSF904	DE0000	PCN-EXEMPT-RSN	
RSF904	DE0000	UPDT-TRAN	
RSF904	DE0000	UPDT-DATE	

RSF904	DE0000	ADD-DATE	
RSF904	DE0000	UPDT-TIME	

Files RS-F-905 Buyin History File

General Information

This file stores the buying history for an enrollee.

Subsystem:	Recipient
Copybook:	RSF905
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Build Medicare History w/24 Month Files (RSC017) Medicare Premium History Merge/Update (RSM387)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF905	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RSF905	DE3030	Premium Payment Amount	Enrollee Medicare Premium Payment Amount
RSF905	DE3940	Buy In System Date	Enrollee Data Update/Audit Date

Files RS-F-906 Person ID Control File

General Information

This file is used during the Recipient conversion process to assign the Person ID numbers.

Subsystem:	Recipient
Copybook:	RSF906
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Recipient Master File Conversion (RSC005) SLH Client Master File Conversion (RSC006) Convert Uncompensated Property File (RSC022) Convert Recipient Eligibility Fraud File (RSC026) Long Term Care Assessment Conversion (RSC085)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF906	DE3901	Last Person ID Assigned	Person ID
RSF906	DE0002	Conversion Program Name	Calculated
RSF906	DE0002	Date and Time Generated	Calculated

Files RS-F-907 Enrollee ID Control File

General Information

This file is used during the Recipient conversion process to assign the Enrollee ID numbers.

Subsystem:	Recipient
Copybook:	RSF907
	N/A
File Organization:	Indexed
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	SLH Client Master File Conversion (RSC006) Long Term Care Assessment Conversion (RSC085)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF907	DE3093	Last Enrollee ID Assigned	Enrollee Permanent Identification Number
RSF907	DE0002	Conversion Program Name	Calculated
RSF907	DE0002	Date and Time Generated	Calculated

Files RS-F-908 ENROLLEE TIMESTAMP

General Information

Used in the DSS interface Buffer to store the timestamps.

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-909 Recipient School Services Data Extract

General Information

Used to create

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	QSAM
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	

	DE0000	New Field Definition	
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	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	

Files RS-F-910 Recipient School Services Comma Delimited File to PaperFree

General Information

Uses RS-f-909 from RSQ030 to produce comma delimited (variable format) RS-F-910 transmitted (FTP) to the HSC PaperFree system

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	QSAM
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files RS-F-911 COBA Eligibility File Acknowledgement (EFA)

General Information

Sent from the COBA contractor to VaMMIS to confirm the number of eligibility records received on the most recent RS-F-335C from VaMMIS, and to indicate whether the file was accepted or rejected.

Subsystem:	Recipient
Copybook:	RSF911
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	RS-F-911 Eligibility Transaction Count and Status Verification (RSM001)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF911	DE3601	RSF911-RECORD-ID	COBA RECORD ID
RSF911	DE3602	RSF911-COVENTRY-COBA-ID	COBA File Coventry Coba ID
RSF911	DE3603	RSF911-DATE-CREATED	COBA Eligibility File Acknowledgement File Date Created by COBA
RSF911	DE3604	RSF911-STATE-CODE	COBA File State Code
RSF911	DE3605	RSF911-RECORD-CNT	COBA Eligibility File Acknowledgement Count of Records Received
RSF911	DE3606	RSF911-EFA-STATUS	COBA Eligibility File Acknowledgement Status
RSF911	DE3607	RSF911-EFA-REJECTION-	COBA Eligibility File Acknowledgement Rejection Reason Text

		REASON	

Files RS-F-912 SAS Recipient FAMIS Weekly Prior File

General Information

This is the collection of the FAMIS weekly total count by program. It is built each week and is accessed the following week.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	SAS Weekly Famis Control Totals Reporting (RSW110)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	SEQUENCE	
	DE0002	CURRENT WEEK FAMIS CHILDREN	Calculated
	DE0002	CURRENT WEEK MED EXPANSION CHILDREN	Calculated
	DE0002	SCHIP CHILDREN	Calculated
	DE0002	CURRENT WEEK FAMIS PLUS CHILDREN	Calculated
	DE0002	TOTAL CHILDREN	Calculated

	DE0002	CURRENT WEEK MED PREGNANT WOMEN	Calculated
	DE0002	TOTAL PREGNANT WOMEN	Calculated
	DE0002	GRAND TOTAL OF ALL COUNTS	Calculated

Files RS-F-913 SAS Recipient Famis Monthly Prior File

General Information

This is the collection of the FAMIS monthly total count by program. It is built each month and is accessed the following month.

Subsystem:	Recipient
Copybook:	
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	Sequence	
	DE0002	CURRENT MONTH FAMIS CHILDREN	Calculated
	DE0002	CURRENT MONTH MED EXPANSION CHILDREN	Calculated
	DE0002	CURRENT MONTH SCHIP CHILDREN	Calculated
	DE0002	CURRENT MONTH TOTAL COUNT CHILDREN	Calculated
	DE0002	CURRENT	Calculated

		MONTH FAMIS MOMS	
	DE0002	CURRENT MONTH MED PREGNANT WOMEN	Calculated
	DE0002	CURRENT MONTH TOTAL PREGNANT WOMEN	Calculated
	DE0002	CURRENT MONTH GRAND TOTALS	Calculated

Files RS-F-999 Medicaid Eligible Extract for DSH

General Information

Medicaid Eligible Extract for DSH

Subsystem:	Recipient
Copybook:	RSF999
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicaid Eligible Extract file for DSH (WME0101B)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RSF999	DE3002	EXT-RECIP-NUM	Medicare Number
RSF999	DE3110	EXT-RECIP-LNAME	Enrollee Last Name
RSF999	DE3111	EXT-RECIP-FNAME	Enrollee First Name
RSF999	DE3112	EXT-RECIP-MNAME	Enrollee Middle Initial
RSF999	DE3005	EXT-RECIP-BIRTH	Enrollee Birth Date
RSF999	DE3034	EXT-RECIP-SSN	Enrollee Social Security Number (SSN)
RSF999	DE3007	EXT-RECIP-SEX	Enrollee Sex Code
RSF999	DE3006	EXT-RECIP-RACE	Enrollee Race Code
RSF999	DE0000	EXT-	

		MEDICARE-TYPE	
RSF999	DE0000	EXT-ELIG-CNT	
RSF999	DE3010	EXT-BEGIN-DATE	Enrollee Eligibility Begin Date
RSF999	DE3011	EXT-END-DATE	Enrollee Eligibility End Date
RSF999	DE3009	EXT-ELIG-PD	Enrollee Eligibility Aid Category
RSF999	DE3452	EXT-CANCEL-DATE	Eligibility Cancel Date

Files RS-F0910 To Be Determined

General Information

N/A

Subsystem:	Recipient
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			