**ELECTRONIC ELIGIBILITY**

**FILE LAYOUT**

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File Layout

Physical Requirements:

**Record Length……………….. 1000**

**Block Size……………………. 27600**

**Electronic Transmission: …... File Transfer Protocol, file must be encrypted (PGP) or server will ignore file.**

**Format……………………….. ASCII**

**Header Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start**  **Col** | **End**  **Col** | **PIC** | **Contents** | **Mapping Notes** |
| **Filler** | **1** | **9** | **X(09)** | **Spaces** | Space |
| **Case Number** | **10** | **19** | **X(10)** | **Code assigned by Anthem to identify client. – space fill, left justified** | 282032 |
| **Filler** | **20** | **31** | **X(12)** | **Spaces** | Spaces |
| **Record Type** | **32** | **32** | **X(01)** | **0 = Header** | **0** |
| **Header Effective Date** | **33** | **40** | **9(08)** | **Effective date of maintenance for processing. Format: CCYYMMDD. For Full File Format only. (If active member is dropped from file, this date will be used as the Coverage Termination Date).** | **Today’s date** |
| **File Creation Date** | **41** | **48** | **9(08)** | **Creation date of file. Format: CCYYMMDD** | **Today’s date** |
| **Full File/Change Only Indicator** | **49** | **49** | **X(01)** | **F = Full file**  **C = Change only** | **F** |
| **Filler** | **50** | **1000** | **X(951)** | **Spaces** | Spaces |

**Record Type 1-Subscriber/Member Detail Record** – send 1 line for each person that has one of the ded codes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start**  **Col** | **End**  **Col** | **PIC** | **Mandatory/Optional** | **Contents** | **Mapping Notes** |
| **Subscriber ID** | **1** | **9** | **X(09)** | **M** | **Employee’s certificate number.** | **eepssn** |
| **Group Number** | **10** | **19** | **X(10)** | **M** | **Anthem assigned Group Number (left justified)** | **See account structure** |
| **Group Number Suffix** | **20** | **29** | **X(10)** | **M** | **Anthem assigned Group Number Suffix (left justified)** | **See account structure** |
| **Action Code** | **30** | **30** | **X(01)** | **O** | **A = Add**  **B = Terminate**  **C = Change**  **R = Reactivate** | **Leave blank** |
| **Relationship Indicator** | **31** | **31** | **X(01)** | **M** | **1 = Subscriber/Employee**  **2 = Spouse**  **3 = Child**  **4 = Student**  **5 = Handicap Dependent** | **If employee, send 1**  **if ConRelationship = SPS or DP send 2**  **if ConRelationship = CHL, DPC or STC send 3**  **if ConRelationship = DIS send 5** |
| **Record Type** | **32** | **32** | **X(01)** | **M** | **1 = Coverage/Member Data** | **1** |
| **Birth Date** | **33** | **40** | **9(08)** | **M** | **Member Date of Birth**  **Format: CCYYMMDD** | **EepDateOfBirth or Condateofbirth** |
| **First Name** | **41** | **52** | **X(12)** | **M** | **Member First Name (left justified)** | **EepNameFirst or ConNameFirst** |
| **Middle Initial** | **53** | **53** | **X(01)** | **O** | **Member Middle Initial** | **1st digit of EepNameMiddle or ConNameMiddle** |
| **Last Name** | **54** | **69** | **X(16)** | **M** | **Member Last Name (left justified)** | **EepNameLast or ConNameLast** |
| **Sex** | **70** | **70** | **X(01)** | **M** | **Member Gender**  **M = Male, F = Female** | **EepGender or congender** |
| **Relationship Code** | **71** | **73** | **X(03)** | **M** | **SUB = Subscriber**  **CHD = Child SPS = Spouse STU = Student HCH = Handicapped Dependent** | **If employee, send SUB**  **if ConRelationship = SPS or DP send SPS**  **if ConRelationship = CHL, DPC or STC send CHD**  **if ConRelationship = DIS send HCH** |
| **Filler** | **74** | **118** | **X(45)** | **M** | **Spaces** | **Spaces** |
| **Coverage Effective Date** | **119** | **126** | **9(08)** | **M** | **Effective date for coverage being reported. Format: CCYYMMDD** | **Eedbenstartdate or dbnbenstartdate** |
| **Coverage Termination Date** | **127** | **134** | **9(08)** | **O** | **Effective date for termination of coverage. Format: CCYYMMDD** | **Eedbenstopdate or dbnbenstopdate** |
| **Coverage Termination Code** | **135** | **136** | **X(02)** | **O** | **Reason code for coverage termination (See Appendix A).** | **Leave blank** |
| **Date of Hire** | **137** | **144** | **9(08)** | **O** | **Subscriber’s date of hire.**  **Format: CCYYMMDD** | eecdateoflasthire |
| **Medicare Qualifying Indicator** | **145** | **146** | **X(02)** | **O** | **Describes qualifying event for Medicare Benefits**  **(see Appendix F)** | **Spaces** |
| **Retire Date** | **147** | **154** | **9(08)** | **O** | **Format: CCYYMMDD** | **Spaces** |
| **Filler** | **155** | **155** | **X(01)** | **M** | **Spaces** | **Spaces** |
| **Run-In Indicator** | **156** | **156** | **X(01)** | **O** | **C = Case level rules**  **Y = Contract level rules**  **N = No run-in** |  |
| **Filler** | **157** | **175** | **X(19)** | **M** | **Spaces** | Spaces |
| **Language Indicator** | **176** | **176** | **X(01)** | **M** | **E = English (default)**  **S = Spanish** | **E** |
| **Member SSN** | **177** | **185** | **X(09)** | **O (Mandatory if Member is age 45 and over)** | **Member Social Security Number.** | **Eepssn or conssn** |
| **Filler** | **186** | **195** | **X(10)** | **M** | **Spaces** | Spaces |
| **Street Address** | **196** | **220** | **X(25)** | **M** | **Member Street Address**  **(left justified)** | **Eepaddressline1** |
| **City** | **221** | **233** | **X(13)** | **M** | **Member City** | **Eepaddresscity** |
| **State** | **234** | **235** | **X(02)** | **M** | **Member State. Must be FN if address is outside the U.S.** | **Eepaddressstate** |
| **Zip Code** | **236** | **240** | **X(05)** | **M** | **Member Zip Code.**  **If state = FN, zip code must be all zeros.** | **Eepaddresszip – only 1st 5 digits** |
| **Zip Code + 4** | **241** | **244** | **X(04)** | **O** | **Member zip code plus 4.** | **Leave blank** |
| **Zip Code + 2** | **245** | **246** | **X(02)** | **O** | **Member zip code plus 2.** | **Leave blank** |
| **Street Address 2** | **247** | **270** | **X(24)** | **O** | **Second line of member address, if necessary.** | **eepaddressline2** |
| **Phone Number** | **271** | **280** | **X(10)** | **O** | **Member telephone number.** | **Leave blank** |
| **Phone Number Ext.** | **281** | **284** | **X(04)** | **O** | **Member telephone number extension.** | **Leave blank** |
| **Country Code** | **285** | **286** | **X(02)** | **M** | **For foreign address only.**  **Mandatory if address is outside the United States.**  **See Appendix E.** | Spaces |
| **Foreign Postal Code** | **287** | **301** | **X(15)** | **O** | **Free form if foreign address.** | Spaces |
| **Network Termination Reason** | **302** | **303** | **X(02)** | **O** | **Reason for transferring network.**  **(See Appendix B)** | Spaces |
| **Network Effective Date** | **304** | **311** | **9(08)** | **O** | **Effective date for network.**  **Format: CCYYMMDD** | Spaces |
| **Network ID** | **312** | **319** | **X(08)** | **O** | **Member’s network** | Spaces |
| **IPA/PCP/PMG/PDO** | **320** | **328** | **X(09)** | **O**  **(*Mandatory* if coverage is for Medical/Dental HMO)** | **Independent Physicians Association, Primary Care Physician (Only needed if IPA is entered; blank for PMG), Primary Medical Group, Primary Dental Office** | Spaces |
| **PMG Termination Reason** | **329** | **330** | **X(02)** | **O** | **Reason for transferring provider. (See Appendix B)** | Spaces |
| **Provider Effective Date** | **331** | **338** | **9(08)** | **O** | **Effective date for provider.**  **Format: CCYYMMDD** | Spaces |
| **Department/Employee Number Effective Date Change** | **339** | **346** | **9(08)** | **O** | **Effective date change of employee’s department number or clock number. Format: CCYYMMDD** | Spaces |
| **Existing Patient Indicator** | **347** | **347** | **X(01)** | **M** | **Override HMO provider code “not accepting new patients”;**  **Y = Yes, override code,**  **N = No override (default)** | Spaces |
| **Filler** | **348** | **348** | **X(01)** | **M** | **Spaces** | Spaces |
| **Department Number** | **349** | **358** | **X(10)** | **O** | **Employee’s department number or client specific data** | Spaces |
| **Employee Number** | **359** | **368** | **X(10)** | **O** | **Employee number or client specific data** | Spaces |
| **Department/Employee Number Termination Date** | **369** | **376** | **9(08)** | **O** | **Termination date for the number. Format: CCYYMMDD** | Spaces |
| **Claim Category Number** | **377** | **379** | **9(03)** | **O** | **Customer Reporting Field** | Spaces |
| **Claim Reporting Field 1** | **380** | **384** | **X(05)** | **O** | **Customer Reporting Field** | Spaces |
| **Claim Reporting Field 2** | **385** | **389** | **X(05)** | **O** | **Customer Reporting Field** | Spaces |
| **Claim Reporting Field 3** | **390** | **394** | **X(05)** | **O** | **Customer Reporting Field** | Spaces |
| **Cross Reference Subscriber ID** | **395** | **405** | **X(11)** | **O** | **Cross Reference Subscriber ID.**  **Needed if subscriber changes certificate number.** | Spaces |
| **Cross Reference Subscriber Tyep** | **406** | **406** | **X(1)** | **O** | **Cross Reference Subscriber Type D=Duplicate**  **I=Information Only** | Spaces |
| **Filler** | **407** | **409** | **X(03)** | **M** | **Spaces** | Spaces |
| **Case Number** | **410** | **419** | **X(10)** | **M** | **Code Assigned by Anthem to identify client – space fill, left justified** | **282032** |
| **Filler** | **420** | **422** | **9(03)** | **M** | **Spaces** | Spaces |
| **Filler** | **423** | **429** | **X(07)** | **M** | **Spaces** | Spaces |
| **Salary Frequency** | **430** | **430** | **X(01)** | **O** | **Salary frequency. (See Appendix C).** | **A** |
| **Salary** | **431** | **441** | **9(9)V99** | **O** | **Subscriber’s salary based on salary frequency.** | **eecannsalary** |
| **Salary Multiplier** | **442** | **446** | **99V999** | **O** | **Benefit multiplier - 1 time salary, 2 times salary, etc.** | Spaces |
| **Subscriber Coverage Amount** | **447** | **457** | **9(11)** | **O** | **Flat volume amount.** | Spaces |
| **Filler** | **458** | **458** | **X(01)** | **M** | **Spaces** | Spaces |
| **Filler** | **459** | **468** | **X(10)** | **M** | **Spaces** | Spaces |
| **Client Data Field** | **469** | **478** | **X(10)** | **O** | **Client’s member identifier – free form field** | Spaces |
| **Filler** | **479** | **479** | **X(01)** | **M** | **Spaces** | Spaces |
| **Filler** | **480** | **489** | **X(10)** | **M** | **Spaces** | Spaces |
| **Pre-existing Indicator** | **490** | **490** | **X(01)** | **O** | **Indicates if pre-existing applies.**  **Valid value are Y or N** | Spaces |
| **Pre-existing Effective Date** | **491** | **498** | **9(08)** | **O** | **Effective date of pre-existing period. Format: CCYYMMDD** | Spaces |
| **Coordination of Benefits** | **499** | **499** | **X(01)** | **O** | **Indicates if other coverage exists for this member.**  **Y = Other coverage**  **N = No other coverage (default)** | Spaces |
| **Disabled Indicator** | **500** | **500** | **X(01)** | **O** | **Indicates if member is totally disabled.**  **Y = Disabled N = Not disabled (default)** | If conrelationship = CHL, DPC, CHD or STC and ConIsDisabled = Y, send Y, else send N |
| **COBRA Indicator** | **501** | **501** | **X(01)** | **O** | **Indicates if member is on COBRA**  **Y = COBRA coverage**  **N = No COBRA coverage (default).** | Spaces |
| **COBRA Begin Date** | **502** | **509** | **9(08)** | **O** | **Effective date of COBRA qualifying event.**  **Format: CCYYMMDD** | Spaces |
| **COBRA End Date** | **510** | **517** | **9(08)** | **O** | **End effective date of COBRA qualifying event.**  **Format: CCYYMMDD** | Spaces |
| **COBRA Event Code** | **518** | **519** | **X(02)** | **O** | **Code which describes COBRA qualifying event. (See Appendix D)** | Spaces |
| **Medicare Indicator Part A** | **520** | **520** | **X(01)** | **O**  ***(Mandatory* for Medicare Part A Eligible Products)** | **Medicare Indicator for Part A, applicable to member.**  **Y = Medicare coverage**  **N = No Medicare (default)** | Spaces |
| **Medicare Effective Date**  **Part A** | **521** | **528** | **9(08)** | **O**  ***(Mandatory* for Medicare Part A Eligible Products)** | **Effective date for Medicare Part A.**  **Format: CCYYMMDD** | Spaces |
| **Medicare Indicator Part B** | **529** | **529** | **X(01)** | **O**  **(*Mandatory* for Medicare Part B Eligible Products)** | **Medicare Indicator for Part B, applicable to member.**  **Y = Medicare coverage**  **N = No Medicare (default).** | Spaces |
| **Medicare Effective Date**  **Part B** | **530** | **537** | **9(08)** | **O**  ***(Mandatory* for Medicare Part B Eligible Products)** | **Effective date for Medicare Part B.**  **Format: CCYYMMDD** | Spaces |
| **Medicare HIB Number** | **538** | **549** | **X(12)** | **O**  ***(Mandatory* for Medicare Eligible Products)** | **Medicare Health Ins. Beneficiary number used to crossover claims electronically from Medicare participating carriers.** | Spaces |
| **VIP Indicator** | **550** | **550** | **X(01)** | **O** | **Denotes special attention.**  **Y = Yes VIP**  **N = No (default)** | Spaces |
| **Claims Free Indicator** | **551** | **551** | **X(01)** | **O** | **Participate in crossover claims from Medicare participating carriers.**  **N = No participation**  **Y = Yes, participate** | Spaces |
| **Medical Flex Spending Account** | **552** | **552** | **X(01)** | **O** | **Medical flexible spending account.**  **Y = Yes flexible spending**  **N = No (default)** | Spaces |
| **Dependent Flex Spending Account** | **553** | **553** | **X(01)** | **O** | **Dependent care flexible spending account.**  **Y = Yes dependent flex spending**  **N = No (default)** | Spaces |
| **Medical Savings Account** | **554** | **554** | **X(01)** | **O** | **Medical savings account**  **Y = Yes**  **N = No** | Spaces |
| **Dependent Indicator Type** | **555** | **557** | **X(03)** | **O** | **DOM = Domestic Partner**  **DCH = Child of Domestic Partner**  **GRD = Grandchild**  **LGD = Legal Guardianship** | Spaces |
| **Health Care Identification Number** | **558** | **577** | **X(20)** | **O** | **Situational, dependent on client preference.** | Spaces |
| **Mailing Street Address** | **578** | **602** | **X(25)** | **O** | **Subscriber’s Mailing Address.** | Spaces |
| **Mailing City** | **603** | **615** | **X(13)** | **O** | **Subscriber’s Mailing City** | Spaces |
| **Mailing State** | **616** | **617** | **X(02)** | **O** | **Subscriber’s Mailing State** | Spaces |
| **Mailing Zip Code** | **618** | **622** | **X(05)** | **O** | **Subscriber’s Zip Code** | Spaces |
| **Mailing Zip Code +4** | **623** | **626** | **X(04)** | **O** | **Subscriber’s Zip Code plus 4** | Spaces |
| **Mailing Zip Code -2** | **627** | **628** | **X(02)** | **O** | **Subscripber Zip Code 2** | Spaces |
| **Mailing Street Address 2** | **629** | **652** | **X(24)** | **O** | **Second Line of subscriber’s mailing street address.** | Spaces |
| **Filler** | **653** | **714** | **X62** | **M** | **Mandatory as Filler (spaces)** | Spaces |
| **Spoken Language Code** | **715** | **717** | **X(03)** | **O** | **ENG=English**  **SPA-Spanish**  **(see appendix G for additional values)** | Spaces |
| **Written Language Code** | **718** | **720** | **X(03)** | **O** | **ENG=English**  **SPA-Spanish**  **(see appendix G for additional values)** | Spaces |
| **Race Code** | **721** | **725** | **X(05)** | **O** |  | Spaces |
| **Ethnicity Code** | **726** | **730** | **X(05)** | **O** |  | Spaces |
| **Healthy Families Maintenance Type** | **731** | **733** | **X(03)** | **O** |  | Spaces |
| **Healthy Families Maintencne Reason** | **734** | **735** | **X(02)** | **O** |  | Spaces |
| **National Provide Identifier** | **736** | **775** | **X(40)** | **O** |  | Spaces |
| **Provider City** | **776** | **805** | **X(30)** | **O** |  | Spaces |
| **Provide State** | **806** | **807** | **X(02)** | **O** |  | Spaces |
| **Provider Zip Code** | **808** | **812** | **X(05)** | **O** |  | Spaces |
| **Provider Zip Code+4** | **813** | **816** | **X(04)** | **O** |  | Spaces |
| **Provider End Date** | **817** | **824** | **X(08)** | **O** |  | Spaces |
| **Filler** | **825** | **834** | **X(10)** | **M** | **Spaces** | Spaces |
| **Subscriber E-mail Address** | **835** | **940** | **X(106)** | **O** |  | Spaces |
| **NPI Tax ID** | **941** | **950** | **X(10)** | **O** |  | Spaces |
| **Covered Family ID** | **951** | **965** | **X(15)** | **O** |  | Spaces |
| **Covered Companion ID** | **966** | **985** | **X(20)** | **O** |  | Spaces |
| **Pregnancy indicator** | **986** | **986** | **X(01)** | **O** |  | Spaces |
| **Filler** | **987** | **1000** | **X(14)** | **M** | **Spaces** | Spaces |

**Record Type 5-Specialty Record Layout** send 1 line for each person that has one of the ded codes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start**  **Col** | **End**  **Col** | **PIC** | **Mandatory**  **/Optional** | **Contents** | **Mapping Notes** |
| **Subscriber ID** | **1** | **9** | **X(09)** | **M** | **Employee’s certificate number.** | **eepssn** |
| **Group Number** | **10** | **19** | **X(10)** | **M** | **Anthem assigned Group Number (left justified)** | **See account structure** |
| **Group Number Suffix** | **20** | **29** | **X(10)** | **M** | **Anthem assigned Group Number Suffix (left justified)** | **See account structure** |
| **Action Code** | **30** | **30** | **X(01)** | **O** | **A = Add**  **B = Terminate**  **C = Change**  **R = Reactivate** | **Leave blank** |
| **Relationship Indicator** | **31** | **31** | **X(01)** | **M** | **1 = Subscriber/Employee**  **2-Spouse**  **3-Child**  **4-Student**  **5-Handicap Dependent** | **If employee, send 1**  **if ConRelationship = SPS or DP send 2**  **if ConRelationship = CHL, DPC or STC send 3**  **if ConRelationship = DIS send 5** |
| **Record Type** | **32** | **32** | **X(01)** | **M** | **5 = Specialty Data** | **5** |
| **Birth Date** | **33** | **40** | **9(08)** | **M** | **Member Date of Birth**  **Format: CCYYMMDD** | **EepDateOfBirth or Condateofbirth** |
| **First Name** | **41** | **52** | **X(12)** | **M** | **Member First Name (left justified)** | **EepNameFirst or ConNameFirst** |
| **Middle Initial** | **53** | **53** | **X(01)** | **O** | **Member Middle Initial** | **1st digit of EepNameMiddle or ConNameMiddle** |
| **Last Name** | **54** | **69** | **X(16)** | **M** | **Member Last Name (left justified)** | **EepNameLast or ConNameLast** |
| **Sex** | **70** | **70** | **X(01)** | **M** | **Member Gender**  **M = Male**  **F = Female** | **EepGender or congender** |
| **Benefit Change Effective Date** | **71** | **78** | **9(8)** | **M (Mandatory if reporting a benefit change)** | **Needed for changes on salary. Effective date for benefit change. Format:**  **CCYYMMDD format** | Most recent of dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate vs eedbenstartdate |
| **Salary Multiplier for Spouse** | **79** | **83** | **99V999** | **O** | **Benefit multiplier - 1 time salary, 2 times salary, etc. (implied decimals)** | **Spaces** |
| **Spouse Coverage Amount** | **84** | **94** | **9(11)** | **O** | **Flat volume amount for Spouse (right justrified** | **If eeddedcode = VSL send eedbenamt** |
| **Child Coverage Amount** | **95** | **105** | **9(11)** | **O** | **Flat volume amount for Child (right justified)** | **If eeddedcode = VCL send eedbenamt** |
| **Filler** | **106** | **1000** | **X(895)** | **M** | **Spaces** | **Spaces** |

**Legend:**

**C = Conditional**

**M= Manditory**

**O = Optional**

**Trailer Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start**  **Col** | **End**  **Col** | **PIC** | **Contents** |  |
| **Filler** | **1** | **31** | **X(31)** | **Spaces** | **Spaces** |
| **Record Type** | **32** | **32** | **X(01)** | **9 = Trailer** | **9** |
| **Record Count** | **33** | **39** | **9(07)** | **Number of eligibility records (not including header or trailer), should be zero-filled to the left.** | **Line count except header and trailer** |
| **Filler** | **40** | **1000** | **X(961)** | **Spaces** | **Spaces** |

###### APPENDICES

###### APPENDIX A

# Coverage Termination Codes

**01 Over Age Dependent**

**03 Death**

**05 Subscriber Request**

**Divorce**

**Marriage of Dependent**

**Group Termination**

**06 Transferred to another Group**

**11 Never Effective**

**(Coverage effective date must equal coverage termination date)**

**APPENDIX C**

# Salary Frequency Codes

**A Annual**

**B Twice a Month**

**M Monthly**

**W Weekly**

**2 Every two weeks**