

Type 23 — Member Record Layout

The member record establishes member eligibility under a group and division.

Revision Date	Aug 13, 2020	Update Field 12 for Gender to add value T & X
Revision History	Apr 10, 2019	Update field 6 Person Code examples
	Oct 03, 2018	Update field 32 for State to add a note on Foreign address code to use.
	April 16 th , 2018	Update fields 46, 63, 68 and note 8 for name and description clarification
	Dec 28 th , 2017	Update field 12 to add gender code U and field 62 for void flag additional info
	June 7 th , 2017	Update field 47 to correct options listed for Medicare Code
	June 30 th , 2016	Version 34-0

Examples of member record updates are shown in Section 3 of the *MedImpact Media & File Layout System Specifications* document. Part D Mandatory fields are shown as (6) in the Notes column.

Members are terminated only when records are sent with member term dates. Members absent from member loads are not terminated.

Important Note: To terminate eligibility under normal processing conditions, a term record must be submitted. Missing records will not terminate eligibility.

Table 1. Type 23 Member Record Layout

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
1.	(1)	Record Type	9(2)	1	2	Constant "23"
2.	(1)	Group Number	X(10)	3	12	Group to which member is associated

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
3.	(5)	Division	X(10)	13	22	Division to which member is associated
4.	(1)	Insured I.D.	X(15)	23	37	Member number of insured. Same for insured and all dependents
5.	(1)	Member Number	X(13)	38	50	ID Number for member on card. Do not populate with Social Security Number (SSN) to protect against identity theft. (no special characters)
6.	(1, 2)	Person Code	9(2)	51	52	Example: 00,01,02,03,etc.
7.	(1)	Relationship	X(1)	53	53	Relationship to insured ---- NCPDP STANDARD --- I = Insured, S = Spouse D = Dependent --- NON-STANDARD --- Non-standard relationships can cause claims to pay incorrectly unless additional edits are in place for the following codes: F = Full Time Student (over dep. age) H = Handicapped Adult Dependent A = Adult Dependent (parent/grandparent) O = Otherwise ineligible covered dependent
8.	(1)	Last Name	X(50)	54	103	Last name of member
9.	(1)	First Name	X(50)	104	153	First name of member
10.		Middle Initial	X(1)	154	154	Middle initial of member
11.	(1, 6)	Date of Birth	9(8)	155	162	YYYYMMDD
12.	(1, 6)	Gender	X(1)	163	163	M = Male, F = Female, T = Transgender, X = Non-Binary, U = Unknown
13.	(6, 9)	Address1	X(40)	164	203	Primary address. Example: Street name and number
14.		Address2	X(40)	204	243	Secondary address. Example: Suite or Apartment Number

Field Number	Notes	Field Name	Field Length	Position		Description
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15.		Member Number Overflow	X(10)	244	253	This field is recommended as a continuation of Member Number when number exceeds field length
16.		Miscellaneous Code 8	X(10)	254	263	Miscellaneous reporting field
17.		Insured I.D. Overflow	X(8)	264	271	This field is recommended as a continuation of Insured I.D. when number exceeds field length
18.		Filler	X(2)	272	273	Filler
19.		Alternate Member Number	X(18)	274	291	Blank fill unless used for special reporting purposes
20.	(4)	PCP Start Date	9(8)	292	299	Primary Care Physician Start Date – YYYYMMDD
21.		PCP End Date	9(8)	300	307	Last active date for Primary Care Physician – YYYYMMDD
22.	(4)	Medical Group Start Date	9(8)	308	315	Medical Care Facility or IPA Start Date – YYYYMMDD
23.		Medical Group End Date	9(8)	316	323	Last active date for facility – YYYYMMDD
24.	(4)	Medical Group	X(10)	324	333	Medical Care Facility or IPA Code
25.		Reserved	X(10)	334	343	Reserved for selected use - blank fill if not applicable
26.		Reserved	X(10)	344	353	Reserved for selected use - blank fill if not applicable
27.		Miscellaneous Code 1	X(10)	354	363	Miscellaneous reporting field
28.		Miscellaneous Code 2	X(10)	364	373	Miscellaneous reporting field Note: Used by Smart 340B programs for entity Type
29.		Miscellaneous Code 3	X(10)	374	383	Miscellaneous reporting field
30.		Miscellaneous Code 4	X(20)	384	403	Miscellaneous reporting field
31.	(6, 9)	City	X(50)	404	453	Member City
32.	(6, 9)	State	X(2)	454	455	Member State – Accepts valid US State abbreviations. For outside US and valid zip codes, enter FO for Foreign.
33.	(6, 9)	Zip Code	X(10)	456	465	Member Zip Code
34.		SSN	9(9)	466	474	Social Security Number

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
35.		Dependent Coverage Code	9(1)	475	475	1 = Single 2 = Family 3 = Cardholder and spouse 4 = Cardholder and children 5 = Children only 6 = Spouse and children 7 = Spouse only
36.	(7)	COB Code	9(1)	476	476	1 = Primary Coverage – Normal processing 2 = Secondary Coverage – Reject 3 = Double Coverage – No copay 4 = Double Coverage – No copay (COBII) 5 = Double Coverage – Pay only Primary 6 = Secondary Coverage – Soft message 9 = Value is reserved by MedImpact for internal usage. Value is not be utilized unless explicitly specified by MedImpact.
37.	(1)	Effective Date	9(8)	477	484	Member effective date for eligibility within the designated Group/Division YYYYMMDD
38.	(3)	Term Date	9(8)	485	492	Member's last active date for eligibility within the designated Group/Division - YYYYMMDD
39.	(1)	Headquarters Code	X(10)	493	502	Assigned by MedImpact 3 character prefix + 2 numbers
40.	(4)	PCP ID Number	X(9)	503	511	Physician ID Number
41.		Miscellaneous Code 5	X(5)	512	516	Miscellaneous reporting field

Field Number	Notes	Field Name	Field Length	Position		Description
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42.		Miscellaneous Code 6	X(5)	517	521	Miscellaneous reporting field Note: May be required for State of CA Encounter Reporting. Is utilized by the NCPDP 2.2 California rebates report
43.		Miscellaneous Code 7	X(5)	522	526	Miscellaneous reporting field Note: May be required for State of CA Encounter Reporting. Is utilized by the NCPDP 2.2 California rebates report
44.		Filler	X(2)	527	528	Filler
45.	(6,8)	HIC Number	X(11)	529	539	Legacy—for all future implementations, use Field 68. Formerly the HIC Number field. HIC Number in this position is obsolete. See new field position 725 to 744.
46.		ID Card Print Date	9(8)	540	547	Date used by ID Card Print program to initiate print/reprint, if delegated to MedImpact. YYYYMMDD

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
47.	(6)	Medicare Code	X(1)	548	548	<p>Medicare coverage for the member (subscriber or spouse only).</p> <p>If the member has Medicare as the primary coverage, and the Group Record CMS Part D Flag = D, then only the value below may be used:</p> <p>D = Medicare Part D</p> <p>If the Group Record CMS Part D Flag is not set, the following values may be used:</p> <p>B = Medicare part B only M = Part A & B Y = Yes, undefined</p>
48.		Term Code	X(1)	549	549	<p>Term Type – Blank fill if not used</p> <p>'P' Inserts 'Paid-Through' Date using member's term date in 'COMMENTS' field of Member Record</p>
49.		Force ID Card	X(1)	550	550	<p>If 'Y' Will Produce ID card Blank or other values will be ignored</p> <p>Not required for normal ID Processing</p> <p>This is a card reprint request only</p> <p>Do not send routinely or on new records</p>
50.		Credit Card Number	X(20)	551	570	<p>Member's credit card number</p> <p>MedImpact no longer recommends the submission of this information.</p>

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
51.		Expiration Date	9(6)	571	576	Credit card expiration date – MMYYYY MedImpact no longer recommends the submission of this information.
52.		Miscellaneous Code 9	X(10)	577	586	Miscellaneous reporting field
53.		Miscellaneous Code 10	X(10)	587	596	Miscellaneous reporting field
54.		Miscellaneous Code 11	X(10)	597	606	Miscellaneous reporting field
55.		Miscellaneous Code 12	X(10)	607	616	Miscellaneous reporting field
56.		Reserved Xref Member Number	X(30)	617	646	Cross reference number for claims adjudication purposes (used for member number transition)
57.		Reserved Xref Family Position	9(2)	647	648	Cross reference number for claims adjudication purposes (used for member number transition)
58.		COB Prime Code	X(5)	649	653	Member's primary insurance code (can be used with COB Code =2)
59.		Medicaid Number	X(18)	654	671	Medicaid Number
60.		Filler	X(10)	672	681	Filler
61.		PCP ID Overflow	X(9)	682	690	PCP ID Overflow

Field Number	Notes	Field Name	Field Length	Position		Description
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62.		Void Flag	X(1)	691	691	Additional setup is required; please work with client team for details If value = V, term all active member eligibility date spans Records with void flag value will use the submitted start date and load with an end date the day prior to the start date (ignoring the submitted end date). Created to allow cross-footing for plans that are not capable of generating files with the end date prior to start date.
63.		Confidential Communications Flag	X(1)	692	692	Valid value = 'P' Indicates that special communication handling in effect for member who has requested privacy on account. Must have special HQ Service set to be effective – consult with client team before use.
64.		Primary Phone Number	9(10)	693	702	Member's primary phone number. This field is required if MedImpact is providing member communication services.
65.		Primary Phone Number Extension	9(6)	703	708	Member's primary phone number extension if applicable
66.		Secondary Phone Number	9(10)	709	718	Member's secondary phone number
67.		Secondary Phone Number Extension	9(6)	719	724	Member's secondary phone number extension if applicable
68.	(6,8)	Medicare ID	X(20)	725	744	Member's Medicare identification number.
69.		Reserved Filler	X(3)	745	747	Must fill with spaces.

Field Number	Notes	Field Name	Field Length	Position		Description
				From	Thru	
70.		Foreign Language Preference	X(3)	748	750	Choose language preference from the ISO-639-1 list. These are the ISO standards for 2 digit language codes. Note: This field is left-justified. For two-character values, there will be a space at the end.
71.		Ethnicity	X(2)	751	752	Choose ethnicity from list in Table 2
72.		Filler	X(268)	753	1020	Filler
73.		Reserved Filler	X(9)	1021	1029	Must fill with spaces.
Notes (1) Mandatory fields. (2) There must be a unique key within the same Headquarters Code comprised of the Member No. and Person Code. If the Member No. is unique, person code may be 0. (3) Term Dates are required to discontinue eligibility. See Member Record Logic, Section 3. (4) When a PCP ID Number or Medical Group is included, a start date is required. If a start date is not supplied for the corresponding PCP ID Number or Physician Group fields, 1/1/1900 will be the default value. (5) Division is mandatory when member is associated with a group and division. (6) Mandatory information for Part D members in conjunction with the fields assigned in the Member Attribute Layout Type 24. (7) Set COB Code to 2 (Secondary Coverage) when coverage for the beneficiary is determined to be secondary to some other primary health insurance. (8) For the Medicare Retiree Drug Subsidy (RDS) program the SSN (Field #34) or Medicare ID (Field #68) must be populated. (9) Mandatory field for Medicaid State Encounter Reporting.						

Ethnicity

Table 2 contains a list of ethnicities available in MedAccess.

Table 2. *Ethnicities*

Code	Ethnicity
1	White
2	Black
3	Other
4	Asian
5	Hispanic
6	North American Native