SUBJECT: Washington Health Program Enrollment Record

FILE SPECIFICATIONS

RECORD LENGTH: 2150
FORMAT/BLOCK LENGTH: FB/4300
LABEL: Standard
MEDIA: VPN or FTP File

FIELD NBR	FIELD NAME	TYPE	LENGTH	DESCRIPTION
1	MHCSID	A	4	Plan ID
2	SUBSID	N	9	Subscriber ID
3	FAMSTAT	A	1	Family Status*
4	CCOVDATE	N	8	Coverage Date*
5	FCOVDATE	N	8	First Coverage Date*
6	STRES	A	40	Residential Street Address*
7	CITYRES	A	20	Residential City
8	STATERES	A	2	Residential State
9	ZIPRES	A	9	Residential Zip Code*
10	STMAIL	A	40	Mailing Street Address (PO Box)*
11	CITYMAIL	A	20	Mailing City
12	STATMAIL	A	2	Mailing State
13	ZIPMAIL	A	9	Mailing Zip Code
14	COUNTY	A	2	County of Residence
15	PHONE	N	10	Phone Number
16	LANGUAGE	N	2	Language Code*
17	OTHPHON	N	10	Other Phone Number
18	SUBLNAME	A	20	Subscriber Last Name
19	SUBFNAME	A	18	Subscriber First Name
20	SUBMI	A	2	Subscriber Middle Initial
21	SUBSTAT	A	1	Subscriber Status*
22	SUBBIRTH	N	8	Subscriber Birth Date*
23	SUBSEX	A	1	Subscriber Sex
24	SUBPIC	A	14	Subscriber PIC*
25	SUBPROGRAM	A	6	Subscriber Program Type*
26	SUBRATES	N	3.2	Subscriber Rate*
27	MHCS-PAYMENT	N	5.2	Payment Amount*
28	MHCS-RATES	N	5.2	Rate Amount*
29	MHCS-RETRO-ADJ	N	5.2	Retroactive-Adjustment Amount*
30	NONSUBSIDIZED	A	1	Non-subsidized = 'Y'
31	GROUP-ID	A	6	Group Identifier*
32	APP-DATE	N	8	Application Date*
33	PREGNANCY-IND	A	1	Pregnancy Indicator*
34	SUBMEDCD-DATE	A	8	Subscriber Medicaid Coverage Begin*
35	SUBTERM-CODE	A	1	Subscriber Medicaid Termination code*
36	SUBEDD-DATE	A	8	Subscriber Estimated Due Date (EDD)*
37	RECIP-EXCEP-INDIC	A	1	Recipient Exception Indicator*
38	CSOR	N	3	CSO of residence*
39	ELIGBL-DATE	N	8	Pre-existing Condition Date
40	(HCA use only)	N	8	
41	RECIP-RES-ZIPCODE	A	5	Recipient Residency Zip Code
	FILLER-1	A	40	Not Used - For Future Use
42	MEMBDATA	A	110x16	Family Member Data occurs 16 times

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NOTES: * See below for further explanation

REDEFINE MEMBDATA (Member Data)

1	MEMBERID	N	9	Member ID
2	LAST NAME	A	20	Member Last Name
3	FRSTNAME	A	18	Member First Name
4	MI	A	2	Member Middle Initial
5	MEMBSTAT	A	1	Member Status*
6	BIRTHDAT	N	8	Member Birth Date*
7	SEX	A	1	Member Sex
8	MPIC	A	14	Member PIC*
9	PROGRAM	A	6	Member Program Type*
10	RATES	N	3.2	Member Rate
11	SUBMEDCD-DATE	A	8	Medicaid Coverage Begin*
12	SUBTERM-CODE	A	1	Medicaid Termination code*
13	SUBEDD-DATE	A	8	Estimated Due Date (EDD)*
14	RECIP-EXCEP-INDIC	A	1	Recipient Exception Indicator*
15	CSOR	N	3	CSO of residence*
16	RECIP-RES-ZIPCODE	A	5	Recipient Residency Zip Code

NOTE: * See below for further explanation

FAMSTAT	DESCRIPTION
A	Continuous Whole Family
I	Transfer In - Continuous Whole Family
B	Re-enrolled Family
E	New Whole Family
O	Transfer Out - Disenrolled Whole Family
D	Disenrolled Whole Family
X	Withdrawn Family (No Coverage)

Coverage Date - Formatted CCYYMMDD indicates the current month the family is covered.

First Coverage Date - Formatted CCYYMMDD indicates the first month the family was covered.

Residential Street Address - Residential address is where the family resides.

Residential Zip Code - Determines plan eligibility.

Mailing Street Address - If not blank, should be used for all correspondence with the family, usually a P.O. Box.

Language Code - Primary language indicator as defined by DSHS.

NUMERIC		ALPHABETIC	
01	Japanese	23	Amharic
02	Korean	15	American Sign
03	Spanish	32	Braille
04	Vietnamese	06	Cambodian
05	Laotian	07	Chinese
06	Cambodian (Khmer)	26	Czech
07	Chinese	13	English
08	Hmong	25	Farsi
09	Samoan	24	Finnish
10	Ilacano	12	French
11	Tagalog	21	Greek
12	French	08	Hmong
13	English	16	Hungarian
14	Other Language	10	Ilacano
15	American Sign Language	01	Japanese
16	Hungarian	02	Korean
17	Russian	05	Laotian
18	Ukrainian	33	Large Print English
19	Romanian	27	Mien
20	Polish	14	Other Language
21	Greek	20	Polish
22	Tigrigna	30	Puyallup
23	Amharic	19	Romanian
24	Finnish	17	Russian
25	Farsi	29	Salish
26	Czech	09	Samoan
27	Mien	03	Spanish
28	Yakima	11	Tagalog
29	Salish	31	Thai
30	Puyallup	22	Tigrigna
31	Thai	18	Ukrainian
32	Braille	99	Unknown
33	Large Print English	04	Vietnamese

99 Unknown	28 Yakima

SUBSTAT or MEMBSTAT	DESCRIPTION
I	Ineligible
N	Not Enrolled
D	Involuntarily Disenrolled
B	Re-enrolled Member
Y	Enrolled/Covered Member

Subscriber/Member Birth Date - Actual birth date. Rate is determined for age as of January 1st each year.

Subscriber PIC – DSHS provided: subscriber Personal Identification Code.

SUBPROGRAM or MEMBER PROGRAM	DESCRIPTION
BHP	BHP Subsidized
BHP+	BHP Plus
NONSUB	Non-subsidized
S-MED	S Medical
BHP-S	BHP Subsidized (Pregnant)
HCTC	Health Care Tax Credit

Subscriber Rate - Rate paid for the subscriber.

Payment Amount - Total amount paid.

Rate Amount - Total of subscriber and member rates.

Retroactive Adjustment Amount - Not used beginning January 1997.

Group ID – Group identification number; identifies account as a member of group enrollment.

Application Date - Original date application for coverage received by Basic Health.

Pregnancy Indicator – "N" indicates no pregnancy in family. "Y" indicates a pregnancy.

Medicaid Coverage Begin - Date most recent Medicaid coverage began.

Medicaid Termination code - DSHS provided reason for termination of Medicaid coverage.

TERMINATION CODE	DESCRIPTION
A	Loss of Eligibility for Medicaid
B	Loss of Eligibility for Managed Care
C	CSO Changed Since Last Cycle
D	Managed Care Plan Change
E	Managed Care Exemption
F	Terminated for Other Reasons
G	SSI Eligible – Non PCOP
H	Medicare Eligible – Non PCOP

Estimated Due Date (EDD) - DSHS provided pregnancy estimated date of delivery/birth.

Recipient Exception Indicator – "S" indicates DSHS provided Title V clients; children with special health care needs.

CSO of residence (CSOR) – DSHS provided Community Service Office; determines rates for Medicaid recipients.

CSOR Matrix

COUNTY	CSOR
ADAMS	001
ASOTIN	002
BENTON	003
CHELAN	004
CLALLAM	005
CLARK	006 and 053
COLUMBIA	007
COWLITZ	008
DOUGLAS	009
FERRY	010
FRANKLIN	011
GARFIELD	012
GRANT	013
GRAYS HARBOR	014 and 061
ISLAND	015
JEFFERSON	016
KING	040 – 047, 055, 074 and 080
KITSAP	018
KITTITAS	019
KLICKITAT	020 and 062
LEWIS	021
LINCOLN	022
MASON	023
OKANOGAN	024
PACIFIC	025 and 071
PEND OREILLE	026
PIERCE	048, 049, 051 and 067
SAN JUAN	028
SKAGIT	029
SKAMANIA	030
SNOHOMISH	031, 052, 065, 068
SPOKANE	032, 058, 059, 060
STEVENS	033
THURSTON	034
WAHKIAKUM	035
WALLA WALLA	036
WHATCOM	037
WHITMAN	038
YAKIMA	039, 050, 054, 069, 070, 075

ELIGBL-DATE - Coverage period at time of initial eligibility determination used to determine PEC.