
3. ELIGIBILITY PROCESSING PROCEDURES

A. General Information

OVERVIEW:

- A. Accurate and timely eligibility information is a key concern of all Providers in the IEHP network. IEHP receives Medi-Cal eligibility information from DHCS via an 834 file on a monthly basis. DHCS provides daily electronic eligibility files to update the Member files during the course of each month. For IEHP's DualChoice CalMediConnect Plan (Medicare – Medicaid Plan) program, IEHP receives confirmed enrollment data from CMS on a daily basis via the Daily Transaction Reply Report (DTRR). Once confirmation is received from CMS on the DTRR, the information is uploaded into IEHP's Membership System.
- B. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP has four (4) methods of eligibility information distribution available to IEHP Providers:
1. IEHP Website at www.iehp.org.
 2. Data Files transferred electronically via IEHP's Secure File Transfer Protocol (SFTP) server.
 3. Point of Service (POS) access for Providers who utilize the SpotCheck system from MediCheck, Inc.
 4. Edifecs 270/271 solution.
- C. Data files offer the most comprehensive Member information available to Providers. The files include both eligibility and demographic data provided from the monthly and daily 834 files and the monthly and daily CMS DTRR files. .
- D. IEHP processes the information received and assigns a PCP (that is linked to an IPA) and Hospital to each Member based on Member choice or prior affiliation with a PCP. In the event that neither Member choice nor prior affiliation is definable, an auto assignment process is conducted to assign a PCP and a Hospital to the Member, taking into account Member demographic information, such as address, age, gender, and language preference. IEHP then creates an eligibility file for each Provider that contains only those Members assigned to that entity.
- E. Data files are placed on the SFTP server for each Provider. A full monthly file is provided by the 1st of each month. Weekly files, that contain updated information, are provided on the 10th, 17th and the 25th of every month(3) and Daily Delta files are provided every business days by 8:00PM . Providers are required to pick up their eligibility information from the SFTP server within three (3) days of transmission by IEHP. IPAs are required to submit eligibility lists to their contracted PCPs by the 5th and 15th of each month for the current months' enrollment.
- F. Capitated Providers also receive a monthly electronic file with their capitation checks that identifies retroactive eligible Members (adds) and Members who are no longer assigned to that Provider (deletes).

3. ELIGIBILITY PROCESSING PROCEDURES

B. Data File Format

- A. The ELIGIBILITY Data File Format section details the Member eligibility information provided by IEHP once we have processed the Members in our system.
- B. Notes detailing the required data elements for each field are located behind the file format. An important item to notice is the Current Eligibility Status Code. This code can be an A, C, T, or N:
1. **A = Active** identifies existing Members or Members who were part of your organization last month (on daily/weekly and monthly files).
 2. **C = Change** identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization (on daily/weekly and monthly updates).
 3. **T = Termed** identifies Members who are no longer assigned to your organization (on daily/weekly and monthly updates) and new Members to IEHP who are on hold (on monthly file only).*
 4. **N = New** identifies Members who are newly assigned or reinstate after a break in eligibility to your organization (on daily/weekly and monthly updates).
- * Members on hold are identified if Element 27 of the Eligibility Data File Format “PHP Status” is 05, 55 or 59.
- * Members who are not included in the IEHP monthly eligibility file who are active in the health plan’s membership database are not eligible for the new month and should be disenrolled effective the first day of the current month.
- * Some ancillary Providers may receive only “A” and “T” codes on the monthly and daily files.

3. ELIGIBILITY PROCESSING PROCEDURES

C. Naming Conventions

NAMING CONVENTIONS:

- A. The naming conventions for Eligibility files are as follows:
1. All file names start with the IEHP assigned one or two (1 or 2) character Provider sub-id number (see the attached table to identify your sub-id).
 2. The 3rd through 6th characters represent the month and year (MMYY).
 3. The extension is either:
 - a. ELG - Indicates a full monthly file, or
 - b. W## - Indicates a weekly update (where ## is the date of file extraction).

ELIGIBILITY FILE EXAMPLES:

- A. A full monthly eligibility file is distributed once each month after the FAME file from DHCS has been processed. This file lists all active Members, new Members, and termed Members. An example of the file naming conventions for the monthly eligibility file is **A0999.ELG**.
- B. The filename breakdown is:
1. **A** identifies the Provider (IPA) by their sub-id.
 2. **09** is for the month.
 3. **99** is the year.
 4. **ELG** indicates a monthly eligibility file.
- C. A file containing only updates to a Members eligibility status is transmitted weekly. An example of the file naming conventions for a weekly eligibility file is **011199.W17** and daily eligibility file **A010019.DD**.
- D. The weekly file name breakdown is:
1. **01** identifies the Provider (Hospital) by their sub-id.
 2. **11** is for the month.
 3. **19** is the year.
 4. **W** indicates a weekly update file.
 5. **17** indicates the day of the month that the eligibility file was extracted.
- E. The daily file name breakdown is:
1. **A** identifies the Provider (Delegated IPA) by their sub-id.
 2. **01** is for the month.
 3. **00** is for the day.

3. ELIGIBILITY PROCESSING PROCEDURES

C. Naming Conventions

4. **19** is for the year.
5. **DD** indicates it is a daily update file.

3. ELIGIBILITY PROCESSING PROCEDURES

D. File Transmission

IEHP FILE PREPARATION FOR TRANSMISSION:

- A. Using Pretty Good Privacy (PGP), files are compressed and encrypted by IEHP. IEHP encrypts each file with the respective public key sent to us from each Provider. See Section II D, PGP Procedures - Questions and Answers section for clarification.

METHOD OF FILE TRANSMISSION:

- A. The compressed, encrypted files are transferred by IEHP using Secure File Transfer Protocol (SFTP). The files are placed in the “elig” sub-directory of your home directory on the SFTP server.
- B. If you identify that the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for forty-eight (48) hours, IEHP will contact you directly to establish an alternative method.

DECRYPTING THE FILE:

- A. Using PGP, GnuPG, or another OpenPGP standard compatible software package, Providers choose Decrypt, select the transmitted file, and then enter their Pass Phrase to decrypt the file.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Calendar Month	MONTHLY Eligibility File (full file)	FIRST WEEKLY Eligibility File (updates only)	SECOND WEEKLY Eligibility File (updates only)	THIRD WEEKLY Eligibility File (updates only)
	RUN DATE	RUN DATE	RUN DATE	RUN DATE
Jan 2020	01/01/2020	01/10/2020	01/17/2020	01/25/2020
Feb 2020	02/01/2020	02/10/2020	02/17/2020	02/25/2020
Mar 2020	03/01/2020	03/10/2020	03/17/2020	03/25/2020
Apr 2020	04/01/2020	04/10/2020	04/17/2020	04/25/2020
May 2020	05/01/2020	05/10/2020	05/17/2020	05/25/2020
Jun 2020	06/01/2020	06/10/2020	06/17/2020	06/25/2020
Jul 2020	07/01/2020	07/10/2020	07/17/2020	07/25/2020
Aug 2020	08/01/2020	08/10/2020	08/17/2020	08/25/2020
Sep 2020	09/01/2020	0910/2020	09/17/2020	09/25/2020
Oct 2020	10/01/2020	10/10/2020	10/17/2020	10/25/2020
Nov 2020	11/01/2020	11/10/2020	11/17/2020	11/25/2020
Dec 2020	12/01/2020	12/10/2020	12/17/2020	12/25/2020
Jan 2021	01/01/2021	01/10/2021	01/17/2021	01/25/2021

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	Filler 1	A	1	7	AXX9999	PCP ID in Position 428
2	PCP Name	A	8	30	X(30)	Provider Name
3	Current Eligibility Status Code	A	38	1	X	Represents status of eligibility (see note # 3)
4	Effective Date	N	39	8	CCYYMMDD	The effective date the Member was with this PCP (see note # 4)
5	Termination Date	N	47	8	CCYYMMDD	The date the Member was terminated from this PCP (see note # 5)
6	Group	A	55	10	X(10)	The group for this Member (see note # 6)
7	Aid Code	A	65	2	X(2)	Identifies Member's Medi-Cal aid code. (See note # 7)
8	Subscriber ID #	A	67	14	CCYYMMX(8)	The IEHP assigned # for the Member (see note # 8)
9	Filler 2	A	81	15	X(15)	Member Last Name in position 787
10	Filler 3	A	96	10	X(10)	Member First Name in position 762
11	Middle Initial	A	106	1	X	Member Middle Initial
12	Date of Birth	N	107	8	CCYYMMDD	Member date of birth
13	Gender	A	115	1	X	M= Male, F= Female or U= Unknown
14	Race Code	A	116	1	X	Identifies race of Member (see note # 14)
15	Ethnicity Code	A	117	2	X(2)	Identifies ethnicity of Member (see note # 15)
16	Filler 4	A	119	1	X	Identifies spoken language of Member, Spoken Language in position 443.
17	Filler 5	A	120	2	X	Identifies written language of Member, Written Language in position 446
18	Phone Number	N	122	10	X(10)	Identifies Member 10 character phone number. Example 9094302752
19	Alternative Phone Number	N	132	10	X(10)	Member Alternative Phone Number Example 9094302752 or maybe blank.
20	Filler 6	A	142	26	X(26)	Member Residence C/O address in position 460
21	Filler 7	A	168	26	X(26)	Member Residence Street address in position 515

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
22	Filler 8	A	194	26	X(26)	Member Residence City and State in position 570 & 600
23	Filler 9	A	220	9	X(9)	Member Residence Zip Code in position 602
24	Filler 10	A	229	26	X(26)	Member Mailing C/O address in position 611
25	Filler 11	A	255	26	X(26)	Member Mailing Street address in position 666
26	Filler 12	A	281	26	X(26)	Member Mailing City/State in position 721 & 751
27	Filler 13	A	307	9	X(9)	Member Mailing Zip Code in position 753
28	Social Security Number	A	316	9	X(9)	This field consists of one of the following: SSN#, PSEUDO# or Blank (see note # 28)
29	Filler 14	A	325	9	X(9)	No longer sending Previous SSN anymore
30	CIN#	A	334	9	X(9)	CIN# (see notes#30)
31	Medicare Number	A	343	12	X(12)	Health Insurance Number (HICN) (See note # 31)
32	Filler 15	A	355	14	CCAAX(10)	No longer sending Alt ID
33	Filler 16	A	369	14	CCAAX(10)	No longer sending Prior Alt ID
34	Part D	A	383	1	X	Identifies if Member is active with Medicare Part D (see note # 34)
35	Copay	A	384	1	X	Identifies if copay exists. Y = Yes or N = No (see note # 35)
36	PHP Status Code	A	385	2	X(2)	Health Plan Status Code (See note # 36)
37	Filler 17	A	387	7	AXX9999	No longer sending Previous PCP
38	Filler 18	N	394	7	X(7)	No longer sending Capitation Rate
39	Previous IEHP Subscriber ID		401	14	CCYYMMX(8)	The previous IEHP assigned number for the member (See note#39)
40	IEHP PROV ID	A	415	9	AAAXX9999	Assigned IEHP Provider ID. AAA=IPA, XX=Hospital, 9999=Sequential ID number (See note #40)
41	LTSS CBAS Indicator	A	424	1	X	This field passes the LTSS CBAS Indicator coverage (See note #41-44)
42	LTSS IHSS Indicator	A	425	1	X	This field passes the LTSS IHSS Indicator coverage (See note #41-44)

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
43	LTSS LTC Indicator	A	426	1	X	This field passes the LTSS LTC Indicator coverage (See note #41-44)
44	LTSS MSSP Indicator	A	427	1	X	This field passes the LTSS MSSP Indicator coverage (See note #41-44)
45	Provider Number	N	428	8	X(8)	Primary Care Physician Number
46	Member Suffix	A	436	7	X(8)	Member Suffix (Jr. Sr. etc)
47	Language Spoken	A	443	3	X(3)	Member Primary Language Spoken (See note #47)
48	Language Written	A	446	3	X(3)	Member Primary Language Written (See Note #48)
49	MBI	A N	449	11	X(11)	MBI (Medicare Beneficiary ID). (See Note #49)
50	Member Residence Main Address Line 2	A N	460	55	X(55)	Member Additional Address (e.g. C/O, Apt, etc)
51	Member Residence Main Address – Line 1	A N	515	55	X(55)	Member Main Address
52	Member Residence City	A	570	30	X(30)	Member City
53	Member Residence State	A	600	2	X(2)	Member State
54	Member Residence Zip	N	602	9	X(9)	Member Zip
55	Member Mailing Address 1	A	611	55	X(55)	Member Additional Mailing Address (e.g. C/O, Apt, etc)
56	Members Main Mailing Address 2	A N	666	55	X(55)	Member Main Mailing Address
57	Members Mailing City	A	721	30	X(30)	Member Mailing City
58	Members Mailing State	A	751	2	X(2)	Member Mailing State
59	Members Mailing Zip	N	753	9	X(9)	Member Mailing Zip
60	Member First Name	A	762	25	X(25)	Member First Name
61	Member Last Name	A	787	35	X(35)	Member Last Name
62	Provider Office Address 1	A	822	55	X(55)	Provider Office Address 1 (Main Address)

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
63	Provider Office Address 2	A	877	55	X(55)	Provider Office Address 2 (e.g. Suite, Ste)
65	Provider Office City	A	932	30	X(30)	Provider Office City
66	Provider Office State	A	962	2	X(2)	Provider Office State
67	Provider Office Zip Code	N	964	9	X(9)	Provider Office Zip Code
68	Provider NPI	N	973	10	X(10)	Provider NPI
69	Hospital Number	N	983	8	X(8)	Hospital Number
70	Hospital Name	A	991	60	X(60)	Hospital Name
71	Risk Group Number	A N	1051	10	X(10)	Risk Group Number
72	Risk Group Name	A	1061	60	X(60)	Risk Group Name
73	Medicare Status	A	1121	1	X	Medicare Part A, B Status See Notes # 73
74	FILLER 19	N	1122	500	500(X)	Spaces from position 1152 through 1622
	TOTAL RECORD SIZE			1622		

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

NOTES:

Data Element

Element: 3

Note #3: *CURRENT ELIGIBILITY STATUS CODE*

This code can be an A, C, T, or N:

A = Active (on daily, weekly and monthly files) identifies existing Members or Members who were part of your organization last month.

C = Change (on daily/ weekly and monthly updates) identifies Members who have demographic changes, program enrollment changes or have changed PCPs, but remain assigned to your organization.

T = Termed (on daily/ weekly and monthly updates) identifies Members who are no longer assigned to your organization due to eligibility issues or changes as well as change to the Members IPA.

N = New (on daily/ weekly and monthly updates) identifies Members who are newly assigned or reinstate after a break in eligibility to your organization.

NOTE: Members who are not included in the IEHP monthly eligibility file who are active in the health plan's membership database are not eligible for the new month and should be disenrolled effective the first day of the current month.

Element: 4

Note #4: *EFFECTIVE DATE*

Effective Date Logic – Applies to both Daily and Monthly Files

1. If the member is active (status “A”, or “N” or “C”), the Effective Date is the first day of the month indicated
2. If the member is active (status “A”, or “N”, or “C”) and the “Effective Date” field is showing a date prior to the current month date, record is reporting a demographic and/or Provider Changes. Members are still active and new demographic information must be updated in the provider’s member database.
3. If it is a disenrollment record noted with a “T”, the “Effective Date” will be set to the month when the member was active with the the assigned IPA/provider/hospital affiliation. See “Term Date” logic section below.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element: 5

Note #5: TERMINATION DATE

1. If it is a disenrollment record noted with a “T”, the Term Date will be set to the last day of the month when the member was active with the the assigned IPA/provider/hospital affiliation
2. If it is a disenrollment record noted with a “T” and Term Date is null, it is a Medi-Cal Member who has been placed on a “Hold” eligibility status effective the date displayed in the “Effective Date”.

Element: 6

Note #6: GROUP

#	Old RIV County Grp	New RIV County Grp	Old SB County Grp	New SB County Grp	Program	Description
1	RVC-ADLTMI	RVC-MED	SBC-ADLTMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
2	RVC-ADULT	RVC-MED	SBC-ADULT	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
3	RVC-AGED	RVC-MED	SBC-AGED	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
4	RVC-CMCMD	RVC-CMC	SBC-CMCMD	SBC-CMC	Medicare	Cal MediConnect Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

5	RVC-CMCMO	RVC-CMC	SBC-CMCMO	SBC-CMC	Medicare	<p>Cal MediConnect Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p>
6	RVC-CMLTSS	RVC-MED	SBC-CMLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p> <p>Refer to LTSS fields (#41-44) to determine type of LTSS coverage</p>
7	RVC-DISABL	RVC-MED	SBC-DISABL	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
8	RVC-FAMILY	RVC-MED	SBC-FAMILY	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
9	RVC-FAMIMI	RVC-MED	SBC-FAMIMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
10	RVC-LTC	RVC-MED	SBC-LTC	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

11	RVC-MBLTSS	RVC-MED	SBC-MBLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p> <p>Refer to LTSS fields (#41-44) to determine type of LTSS coverage</p>
12	RVC-MOLTSS	RVC-MED	SBC-MOLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine Medi-Cal Aid code Category. Refer to (Field #7)</p> <p>Refer to LTSS fields (#41-44) to determine type of LTSS coverage</p>
13	RVC-MPLTSS	RVC-MED	SBC-MPLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p> <p>Refer to LTSS fields (#41-44) to determine type of LTSS</p>

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

14	RVC-MTLTSS	RVC-MED	SBC-MTLTSS	SBC-MED	Medi-Cal	<p>Refer to aid code grid to determine applicable Medi-Cal aid code category if available. Refer to (Field #7)</p> <p>Refer to Medicare Part D (field#34) and Medicare status (field #73) to determine Medicare coverage type.</p>
15	RVC-TLICH	RVC-MED	SBC-TLICH	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
16	RVC-TLICMI	RVC-MED	SBC-TLICMI	SBC-MED	Medi-Cal	Refer to aid code Grid to determine Medi-Cal Aid code category. Refer to (Field #7)
17	RVC-NONCVR	RVC-MED	SBC-NONCVR	SBC-MED	Medi-Cal	Aid codes not covered by IEHP will reflect a Member record submitted as a disenrollment (Status "T") in the Eligibility Status code.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element: 7

Note #7: AID CODE

Medi-Cal – The following aid codes are covered by IEHP

MEDI-CAL AID CODES												
Mandatory						Voluntary						
Adult & Family OTLIC			Adult Expansion	Disabled		Aged	LTC	Family	Disabled/ BCCTP** *	Adult	Adult & Family OTLIC	
01	3H	82	L1	20	6P	10	13	M3	0N		03	4N
02	3L	8P	M1	24	6V	14	23		0P		04	4S
08	3M	8R	7U	26	6W*	16	63		0W		06	4T
0A	3N	E2	L6	27	6X*	17*					07	4U
2P	3P	E5		*	6Y*	1E					40	4W
2R	3R	E6		2E		1H					42	5K
2S	3U	E7		2H		1X*					43	86
2T	3W	H1		36		1Y*					45	
2U	47	H2		60							46	
30	54	H3		64							49	
32	59	H4		66							4A	
33	5C	H5		67							4F	
34	5D	K1		*							4G	
				6A								

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

35	72	M3		6C					4H
37	7A	M5		6E					4K
38	7J	M7		6G					4L
39	7S	P5		6H					4M
3A	7W	P7		6J					
3C	7X	P9		6N					
3E		T1							
3F		T2							
3G		T3							
		T4							
		T5							

*These Aid Codes will only be for Dual-Eligible members.

**TLICH: Targeted Low-Income Children

***BCCTP: Breast and Cervical Cancer Treatment Program

**** SPD: Seniors and People with Disabilities Aid Codes

Element: 8

Note #8: SUBSCRIBER ID #

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 20110100000100. NOTE: Effective 02/20/2018 all Subscriber ID's will end with "00" for both Medi-Cal and Medicare programs.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element: 14

Note *RACE CODE* (Race is reported by CMS, not DHCS)

#14:

0 - Unknown
1 - White
2 - Black
3 - Other
4 - Asian
5 - Hispanic
6 - N. American Native

Element: 15

Note#15: *ETHNICITY CODE*

C - Caucasian
H - Hispanic
B - Black
A - Asian or Pacific Islander
I - American Indian or Alaskan Native
E - Other Race or Ethnicity
7 - Not Provided
8 - Not Applicable
D - Subcontinent Asian American
F - Asian Pacific American
G - Native American
J - Native Hawaiian
N - Black (Non-Hispanic)
O - White (Non- Hispanic)
P - Pacific Islander

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Z - Mutually Defined

Element: 28
Note #28: *SOCIAL SECURITY NUMBER*

This field is not required and may be blank.

For Medi-Cal and or Medicare Members, this field consists of one:

1. SSN- Member SSN or
2. PSEUDO- This number appears in this field if no SSN is available as provided by Medi-Cal . First digit begins with the number "8 or 9" and ends with a letter.
3. May be blank

Element: 30
Note #30: *CIN#*

The Member ID # is a 9 digit alphanumeric Client Index Number (CIN #).

For Medicare members this field may be blank.

Element: 31
Note #31: *MEDICARE NUMBER*

Members who are eligible for Medicare for the current month have the HICN displayed in this field.

Element: 34
Note #34: *PART D*

If Member is active with Medicare Part D, it is indicated with a "D" , otherwise it's blank.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element: 35

Note #35: *COPAY*

COPAY is presented as a Y or N. Y = Copay due from Member. N = No copay due from Member.

Element: 36

Note #36: *MEDI-CAL PHP STATUS CODE*

01 –Active Enrollment

S1 – Active Enrollment– Activated from hold Retroactive

51 - Active Enrollment – Activated from hold

05 - Enrollment Held – Due to Medi-Cal hold

55 - Enrollment Held – Uncertified Share of Cost

59 - Enrollment Held – Due to change in recipient’s status other than Medi-Cal hold.

41 – Enrollment Held – Due to Loss of Medi-Cal Eligibility for CalMediConnect Member

61 – Enrollment Held – Due to Loss of State-Specific Eligibility for CalMediConnect Member

00 - Voluntary Disenrollment

10 – Voluntary Disenrollment

40 - Voluntary Disenrollment – Occurred before enrollment became effective

S0 - Voluntary Disenrollment – Retroactive

09 - Mandatory Disenrollment

19 - Mandatory Disenrollment

49 – Mandatory Disenrollment - Occurred before enrollment became effective

S9 - Mandatory Disenrollment – Retroactive

P4 - Pending Enrollment

B1 – Active enrollment. Newborn capitation paid under Mother for 2 months.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Medicare CalMediConnect

For CalMediConnect Member, Medi-Cal PHP status code will be reported in this field when available.

Element: 39

Note #39: PREVIOUS SUBSCRIBER ID

Under specific circumstances we may have events that require us to change a member's primary ID number. In the event that this occurs this field will be populated with the original IEHP Subscriber ID number for reference purposes and field 8 will hold a new IEHP Subscriber ID Number.

Element: 40

Note #40: IEHP PROV ID

The IEHP Provider ID will be replaced by IEHP Provider Number indicated in field #45 effective 02/20/2018.

Element: 41-44

Note# 41-44: LTSS

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

This field passes the Long Term Services and Supports (LTSS) coverage.

#	FIELD	VALUES	DESCRIPTION
41	LTSS CBAS Indicator	Y	Member is in a Community Based Adult Services Program (CBAS).
		N	Member is not in a Community Based Adult Services Program (CBAS).
42	LTSS IHSS Indicator	Y	Member is in an In-Home Supportive Services Program (IHSS)
		N	Member is not in an In-Home Supportive Services Program (IHSS).
43	LTSS LTC Indicator	Y	Member is in a Long Term Care Program (LTC).
		N	Member is not in a Long Term Care Program (LTC).
44	LTSS MSSP Indicator	Y	Member is in a Multipurpose Senior Services Program (MSSP).
		N	Member is not in a Multipurpose Senior Services Program (MSSP).

Element: 45

Note #45: *Provider Number*

The IEHP Provider Number replaces the PCPID indicated in field #40 Effective 02/20/2018.

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

Element:

47

Note #47: *LANGUAGE CODE – SPOKEN*

IEHP will be using ISO 639-2B for both Written and Spoken languages.
Refer to complete list which can be found at address noted below.

http://www.loc.gov/standards/iso639-2/php/code_list.php

ISO 639-2 Code	English name of Language
ARA	Arabic
CHI (B)	Chinese
ZHO (T)	
ENG	English
ARM	Armenian
SMO	Samoan
THA	Thai
FIL	Filipino; Pilipino
FRE (B)	French
FRA (T)	
GER (B)	German
DEU (T)	
HEB	Hebrew
HIN	Hindi

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

IND	Indonesian
ITA	Italian
NAI	North American Indian languages
JPN	Japanese
TGL	Tagalog
POL	Polish
POR	Portuguese
RUS	Russian
KOR	Korean
VIE	Vietnamese
SPA	Spanish; Castilian

Element: 48

Note #48: LANGUAGE CODE – WRITTEN

IEHP will be using ISO 639-2B for both Written and Spoken languages.
Refer to complete list which can be found at address noted below.

http://www.loc.gov/standards/iso639-2/php/code_list.php

Alternate Languages

Code	Name	Description
BLE	Braille English	Braille English
BLS	Braille Spanish	Braille Spanish

3. ELIGIBILITY PROCESSING PROCEDURES

E. Eligibility Data File Transmission Schedule, Format and Element Descriptions

EAC	English Audio CD	English Audio CD
ENE	English Electronic	English Electronic
ETA	English Text to ASL	English Text to ASL
LPE	Large Print English	Large Print English
LPS	Large Print Spanish	Large Print Spanish
SAC	Spanish Audio CD	Spanish Audio CD
SPE	Spanish Electronic	Spanish Electronic

Element: 49

Note #49: *Medicare Beneficiary ID*

Effective when Center for Medicare and Medicaid Services (CMS) implements new MBI number replacing the current HICN number.

Element: 73

Note #74: *Medicare Coverage A/B/AB*

This Field passes Member Medicare Coverage type

A	Medicare Part 'A' only
B	Medicare Part 'B' only
C	Medicare Part 'A' and 'B'
Null/Blank	No Medicare