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| **#** | **DATA ELEMENT** | **FORMAT** | **DESCRIPTION** |
| 1 | Capitation Month | YYYYMM | Month capitation is being processed and paid. |
| 2 | Eligibility Month | YYYYMM | Eligibility month |
| 3 | Hospital Number |  | Hospital Number |
| 4 | Hospital Name |  | Hospital Name |
| 5 | IPA | AAA | IPA Code |
| 6 | IPA Name |  | IPA Name |
| 7 | Tax ID |  | Employer Identification Number |
| 8 | Provider Number |  | Provider Number |
| 9 | Provider Last Name |  | Provider Last Name |
| 10 | Provider First Name |  | Provider First Name |
| 11 | Member Last Name |  | Member Last Name |
| 12 | Member First Name |  | Member First Name |
| 13 | Member Middle Initial |  | Member Middle Initial |
| 14 | Member Number | 12345678901234 | This is the fourteen (14) digit IEHP assigned Member # (See note #14). |
| 15 | Member Age | 999 | Member Age |
| 16 | Member Aid Code | AA | Member’s two (2) digit Aid Code (See note #16) |
| 17 | Member Gender | M or F or U | Member Gender |
| 18 | Member CIN | 12345678X | The nine (9) digit alpha-numeric CIN # (See note #18) |
| 19 | Member SSN | 123456789 | This field consists of one of the following: SSN#, PSEUDO#, or CIN# (See note #19) |
| 20 | Member Group | AAA-AAA or Cal MediConnect | Member Group (See note #20) |
| 21 | Member Category of Aid |  | Member Category of Aid (See note #21) |
| 22 | Member DOB | YYYYMMDD | Member date of birth |
| 23 | Plan Code |  | Identifies product line and county |
| 24 | Paid | 999.99 | Capitation amount |
| 25 | Enrollment | 1, -1 or 0 | Enrollment (See note #25) |
| 26 | HCCA | 99.9999 | CMS Risk Score Part A |
| 27 | HCCB | 99.9999 | CMS Risk Score Part B |
| 28 | Band Begin | 99 | Age Band Begin |
| 29 | Band End | 999.9999 | Age Band End |
| 30 | LOB |  | Line of Business |
| 31 | Pay Code | P1, P2, or NULL | Identifies when the payment is made (See note #31). |
| 32 | ACG Risk Score | 999.99 |  |
| 33 | Normalized Risk Score | 999.99 |  |
| 34 | COA Base Rate | 999.99 |  |

**NOTES**

**Data Element**

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| **Element:** | **14** |
| **Note # 14:** | Member Number |
|  | The Member Number is the IEHP assigned number for each Member. An example of a Member Number is 19960900000100. |
|  | Medi-Cal Members that became IEHP eligible in 9/96 have a Member Number that matches their original Medi-Cal #. |
| **Element:** | **18** |
| **Note # 18:** | Member CIN |
|  | Client Index Number  A state assigned number to identify Medi-Cal Members. The first eight (8) characters are numeric and the last character is alpha. |
| **Element:** | **19** |
| **Note # 19:** | Member SSN |
|  | A nine (9) digit number that is the primary and unique Member identifier. |
|  | For Medi-Cal Members, this field consists of one of the two (2) numbers:  SSN - Member SSN, or  PSEUDO - This number appears in this field if no SSN is available as provided by 834 File. First digit begins with the  number "8" or "9" and ends with a letter.  CIN – Member Client Index Number if no SSN is available. |

**The following aid codes are covered aid codes by IEHP.**

**Element:** **16 & 21**

**Note # 16 & 21:** Member Aid Code and Member Category of Aid

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| **MEDI-CAL** | | | | | | | | **MEDICARE** | |
| **LTC** | **Child (Age Under 19) /**  **Adult (Age 19 and over)** | | | | **SPD** | | **MCE** | **Dual**  **Over 21** | **Dual Under 21** |
| 13  23  53  63 | 01  02  03  04  06  07  08  30  32  33  34  35  37  38  39  40  42  43  44  45  46  47  49  54  59  72  76  82  83  86  87 | 0A  0E  2C  2P  2R  2S  2T  2U  2V  3A  3C  3E  3F  3G  3H  3L  3M  3N  3P  3R  3U  3W  4A  4F  4G  4H  4K  4L  4M  4N  4S  4T | 4U  4W  5C  5D  5K  5L  5V  7A  7J  7S  7W  7X  8E  8P  8R  8U  E2  E5  E6  E7  H1  H2  H3  H4  H5  K1  M3  M5  M7  M9  P5  P7 | P9  R1  T1  T2  T3  T4  T5 | 20  24  26  27  2E  2H  36  60  64  66  67  6A  6C  6E  6G  6H  6J  6N  6P  6R  6W  6V  6X  6Y  L6 | 0L  0M  0N  0P  0R  0T  0U  0W  10  14  16  17  1E  1H  1X  1Y | 7U  L1  M1 |  |  |

**Element: 20**

**Note # 20:** Member Group

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| **MEDI-CAL**  **RIVERSIDE** | **MEDI-CAL**  **SAN BERNARDINO** | **Medicare**  **RIVERSIDE** | **Medicare**  **SAN BERNARDINO** |
| RVC-MED  RVC-MMD  RVC-CCI | SBC-MED  SBC-MMD  SBC-CCI | IEHP DualChoice | IEHP DualChoice |

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| **Element:** | **25** |
| **Note # 25:** | Enrollment |
|  | Each Member that capitation is paid for is counted as an enrollment of one (1). If we have to take back capitation that we previously paid for a Member (decapitation) the enrollment count for that Member is –1. The field “Enrollment” stands for either a positive enrollment (1) or a negative enrollment count (-1) or enrollment of 0. |

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| **Element:** | **31** |
| **Note # 31:** | Pay Code  Pay Code consists of three possible values P1, P2 or Null (blank). P1 is for payments made on the 16th for the paid Capitation month.  P2 and Nulls are for payments made at the end of the Capitation month.  P1=Mid-Month  NULL, P2= End of Month |
|  |  |