NYBEAS EGWP Enrollment Record Layout Detail File
RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

EGWP Daily Eligibility File

Detail Record

Field Description	Pos	Length	Comments	Value/Example
Application Date	1-8	8	Format YYYYMMDD.	20180101
Effective Date	9-16	8	The effective date of coverage. Format YYYYMMDD.	YYYYMMDD Effective date of the transaction
Applicant First Name	17-36	20	The first name of the applicant.	John
Applicant Middle Initial	37-37	1	The middle initial of the applicant.	Space
Applicant Last Name	38-67	30	The last name of the applicant.	Smith
Applicant Birth Date	68-75	8	The birth date of the applicant. Format YYYYMMDD	19531231
Applicant Gender	76-76	1	The gender of the applicant.	F
Applicant Address1	77-131	55	Address of applicant	1234 Orange
Applicant Address2	132-186	55	Address of applicant Optional field	Apt 24
Applicant City	187-216	30	City of applicant	Any city
Applicant State	217-218	2	State of applicant	CA
Applicant Zip	219-223	5	Zip code of applicant	90010
Applicant Zip Extension	224-227	4	Zip code extension Optional	1111
Applicant Phone	228-237	10	Phone number of applicant	1234567890
Applicant MBI	238-257	20	MBI of applicant	11 Characters randomly generated
+Application SSN	258-266	9	SSN of applicant	123456789
Mailing Address1	267-321	55	Mailing Address of applicant. (If no mailing address is submitted use Residential address for mailing)	1234 Street
Mailing Address2	322-376	55	Mailing Address of applicant Optional	Apt 24

NYBEAS EGWP Enrollment Record Layout Detail File - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Field Description	Pos	Length	Comments	Value/Example
Mailing City	377-406	30	Mailing City of applicant	Any City
Mailing State	407-408	2	Mailing State of applicant	CA
Mailing Zip	409-413	5	Mailing Zip Code of applicant	90010
Mailing Zip Extension	414-417	4	Mailing Zip Code Extension of applicant Optional	1111
Secondary Member ID	418-437	20	WRAP Plan – Secondary ID **Our ALTID + person number**	99999999999
Secondary Hierarchy Level1	438-447	10	WRAP carrier structure.	3413
Secondary Hierarchy Level2	448-457	10	WRAP account structure.	811002
Secondary Hierarchy Level3	458-467	10	WRAP group structure. **Our Benefit Program)**	999
External Member Id	468-472	5	**Our CUSTID – the entity the ER share is billed to**	99999
Disenrollment	473-473	1	Type of disenrollment "I"= Involuntary "V"=Voluntary	"I" or "V"
Date of Disenrollment	474-481	8	Date member is to be disenrolled should be the end of the month Term Date = 07/31/2010	CCYYMMDD
Date of Disenrollment notice sent to member	482-489	8	Date notice of disenrollment sent to member. Must be prior to disenrollment date. Required when Disenrollment Date is populated. (Field 81)	CCYYMMDD
Reason Code for Disenrollment	490-492	3	807- Involuntary - Due to Non-Payment 808 - Cancellation 810 - Voluntary Disenrollment 853 -Involuntary EGHP Disenrollment – Advance	999

NYBEAS EGWP Enrollment Record Layout Detail File - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Field Description	Pos	Length	Comments	Value/Example
			Notice. Required when Field 81 is passed.	
Family ID	493-501	9	**ALTID**	999999999
Relationship Code	502-503	2	**Required** 01 – Cardholder 02 – Spouse/Domestic Partner 03 – child 04 – other	99
Agent Portal 'POVER' Validation Indicator	504-509	5	**This is member level only** 'POVER' Indicates the Agent Portal System has validated this members P.O. Box address in line 1 or in Line 2. This does not validate any other criteria. Values for this field: POVER = P.O. Box Validated BLANK = P.O. Box Not Validated	'POVER' 'BLANK'

From our program beahr218.sqr

```
write 1 from $confirmation_number:14
        $application_date:8
        $effdt_1:8
        $election_type:1
        $dataorigin_code:5
        $contract_id:5
        $applicant_title:5
        $out_first_name:20
        ' ':1
        $out_last_name:30
        $file_birthdate:8
        $out_sex:1
        $out_address1:40
        $out_address2:40
        $out_city:40
        $out_state:2
        $out_postal:5
        $out_zip_extension:4
```

```
$out_phone:10
' ':40
$out_bea_medicare_id:20
$out_bea_member_SSN:9
$out_m_address1:40
$out_m_address2:40
$out_m_city:40
$out_m_state:2
$out_m_postal:5
$out_m_zip_extension:4
$medicare_part_a:8
$medicare_part_b:8
$premium_withhold_option:1
$other_coverage:1
$other_coverage_name:40
$other_coverage_id:20
$other_coverage_group:10
$authorized_rep_name:40
$authorized_rep_address_line_1:40
$authorized_rep_city:40
$authorized_rep_state:2
$authorized_rep_zip:5
$authorized_rep_zip_extension:4
$authorized_rep_phone:10
$authorized_rep_relationship:20
$language:1
$agent_id:20
$agent_enroll_method:20
$cuid:8
$plan_tier:20
$primary_hierarchy_level1:20
$primary_hierarchy_level2:20
$primary_hierarchy_level3:20
$primary_hierarchy_level4:20
$primary_hierarchy_level5:20
$primary_hierarchy_level6:20
$creditable_coverage:1
$number_uncovered_months:3
$secondary_member_id:20 ! should be 16. Temporary change to 20 to match with document
$secondary_hierarchy_level_1:20
$secondary_hierarchy_level_2:20
$secondary_hierarchy_level_3:20
$secondary_hierarchy_level_4:20
$secondary_hierarchy_level_5:20
$secondary_hierarchy_level_6:20
```

```
$agent_email_address:50
$external_member_id:20
$low_income_subsidy_level:3
$low_income_subsidy_category:1
$low_income_subsidy_effective_dt:8
$low_income_subsidy_termination_dt:8
$application_signature_dt:8
$enrollment_source_code:1
$lip_subsidy:8
$meds_internal_member:9
$qual_election_typ_reas_cd:3
$member_attst_flag:1
$filler:1
$mailing_address_status:1
$appl_signed_by_code:1
$external_member_id:6
$disenrollment:1
$date_of_disenrollment_or_cancellation:8
$date_of_disenrollment_notice:8
$reason_code_for_disenrollment_or_cancellation:3
$family_id:18
$person_code:3
$relationship_code:2
$applicant_suffix:10
$not_available:8
$not_available:1
$cob_pcn:10
$cob_bin:6
$cob_coverage_effective_date:8
$cob_coverage_term_date:8
$processing_date:26
$client_supplied_ql_member_external_id:20
$oev_steered_indicator:1
$agent_portal_pover_validation_indicator:5
$language_print_format_code:1
$care_qualifier:10
$gps_num:10
$filler:91
$user_id:8
$enrollment_note_text:60
$transaction_code_1:3
$transaction_code_2:3
$transaction_code_3:3
$transaction_code_4:3
$transaction_code_5:3
```

```
$primary_residence_address_attn_to_line:40
$mailing_address_attn_to_line_:40
$attested_proof_of_legal_authorization:1
$mail_materials:1
$poa_proof_recv:1
$legal_authorized_rep_email:50
$authorized_rep_address_line_2:40
$additional_note_text:300
$filler:527
$end_of_record_indicator:1
```