**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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| **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**   1. – Cardholder 2. – Spouse/Domestic   Partner   1. – child 2. – 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