**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