
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.
- B. Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP has four methods of eligibility information distribution available to IEHP Providers:
 - 1. IEHP automated Interactive Voice Response (IVR) system – (909) 890-3800 or (888) 440-4340.
 - 2. IEHP Website at www.iehp.org.
 - 3. Data Files transferred electronically via IEHP's Secure File Transfer Protocol (SFTP) server.
 - 4. Point of Service (POS) access for Providers who utilize the SpotCheck system from MediCheck, Inc.
- 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 and daily IEHP Enrollment Unit 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 three times a month. Providers are required to pick up their eligibility information from the SFTP server within three 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

- G. The *ELIGIBILITY Data File Format* section details the Member eligibility information provided by IEHP once we have processed the Members in our system.
- H. 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 both weekly and monthly files*).
 2. **C = Change** identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization (*on both weekly and monthly updates*).
 3. **T = Termed** identifies Members who are no longer assigned to your organization (*on both 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 to your organization (*on both 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.

* 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 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**.
- D. The file name breakdown is:
1. **01** identifies the Provider (Hospital) by their sub-id.
 2. **11** is for the month.
 3. **99** is the year.
 4. **W** indicates a weekly update file.
 5. **17** indicates the day of the month that the eligibility file was extracted.

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 SFTP. The files are placed in the elig sub-directory of your home directory on the SFTP server. In our tests, a 50,000 Member file after encryption and compression was 1.9MB in size and transferred in less than twenty (20) minutes using a 14.4 modem.
- 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.

File Transmission Schedule

- A. See the *Eligibility File Transmission Schedule* on the next page.

E. Eligibility Data File Transmission Schedule

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 2018	01/01/2018	01/08/2018	01/15/2018	01/22/2018
Feb 2018	02/01/2018	02/09/2018	02/16/2018	02/23/2018
Mar 2018	03/01/2018	03/09/2018	03/16/2018	03/23/2018
Apr 2018	04/01/2018	04/09/2018	04/16/2018	04/23/2018
May 2018	05/01/2018	05/11/2018	05/18/2018	05/25/2018
Jun 2018	06/01/2018	06/08/2018	06/15/2018	06/22/2018
Jul 2018	07/01/2018	07/09/2018	07/16/2018	07/23/2018
Aug 2018	08/01/2018	08/10/2018	08/17/2018	08/24/2018
Sep 2018	09/01/2018	09/07/2018	09/14/2018	09/21/2018
Oct 2018	10/01/2018	10/08/2018	10/15/2018	10/22/2018
Nov 2018	11/01/2018	11/09/2018	11/16/2018	11/23/2018
Dec 2018	12/01/2018	12/17/2018	12/14/2018	12/21/2018
Jan 2019	01/01/2019	01/11/2019	01/18/2019	01/25/2019

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	PCP ID	A	1	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code
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 aid code. (See note # 7)
8	Subscriber ID #	A	67	14	CCYYMMX(8)	The IEHP assigned # for the Member (see note # 8)
9	Last Name	A	81	15	X(15)	Member Last Name
10	First Name	A	96	10	X(10)	Member First Name
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 or F= Female
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	Language Code - Spoken	A	119	1	X	Identifies spoken language of Member (see note #16)
17	Language Code – Written	A	120	2	X	Identifies written language of Member (see note # 17)
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 (see note # 19)
20	C/O Address	A	142	26	X(26)	Member C/O address
21	Street Address	A	168	26	X(26)	Member Street address
22	City/State	A	194	26	X(26)	Member City and State
23	Zip Code + 4	A	220	9	X(9)	Member Zip Code
24	Mailing C/O Address (Pending)	A	229	26	X(26)	Member Mailing C/O address (Field will be passed but may not contain data)
25	Mailing Street Address (Pending)	A	255	26	X(26)	Member Mailing Street address (Field will be passed but may not contain data)
26	Mailing City/State (Pending)	A	281	26	X(26)	Member Mailing City/State (Field will be passed but may not contain data)
27	Mailing Zip Code + 4 (Pending)	A	307	9	X(9)	Member Mailing Zip Code (Field will be passed but may not contain data)
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	Previous Social Security Number	A	325	9	X(9)	This field consists of the previous SSN# as identified above or blank (see note #29)
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	Alternate ID #	A	355	14	CCAAX(10)	Medicaid # for dual eligible's (see note # 32)
33	Prior Alternate ID #	A	369	14	CCAAX(10)	Medicaid # for dual eligible's (see note # 33)
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	Previous PCP code	A	387	7	AXX9999	IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code (See note # 37)
38	Capitation Rate	N	394	7	X(7)	Category (See note#38)
39	Previous Subscriber ID #		401	14	CCYYMMX(8)	The previous IEHP assigned # 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)
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	FILLER	N	428	133		Spaces from position 428 through 561
	TOTAL RECORD SIZE			561		

ELIGIBILITY DATA FILE FORMAT – 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 weekly and monthly files) identifies existing Members or Members who were part of your organization last month.

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

T = Termed (on both weekly and monthly updates) identifies Members who are no longer assigned to your organization.

N = New (on both weekly and monthly updates) identifies Members who are newly assigned 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"), the Effective Date could be any date of the month since the HK members can be effective any date of the year, including holidays and weekends.
2. If the member is Disenrolled/Termed (status "T"), the Effective Date will show the same date as the "Termination Date".
See "Term Date Logic" section below.
3. Effective Date field showing a date prior to the current date is due to demographic and/or Provider Changes.
4. Members are still active and new demographic information must be updated in the provider's member database.
5. HK effective dates might look like 20110115, since HK members can become eligible any day of the month.
6. Once a member is sent as a brand new member in a daily file, in the subsequent monthly file, the member's effective date is sent as the 1st of the new month. For instance, if the member was submitted with an active eligibility status with the effective date of 20121103 in the daily file, the member will be sent in the December 2012 file with the Effective Date of 20121201.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 5

Note #5: TERMINATION DATE

Term Date Logic – Applies to both Daily and Monthly Files

1. This field should always be populated with a date.
2. If it is an “Active” record noted with an “A”, the Term date is defaulted to the last day of the month being reported.
For instance, if the Effective date is 20120901 then the Term Date shows 20120930.
3. 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.

Element: 6

Note #6: GROUP

#	Riverside County - Group	San Bernardino County - Group	Program	Description
1	RVC-ADLTMI	SBC-ADLTMI	Medi-Cal	Adult Medi-Cal Expansion
2	RVC-ADULT	SBC-ADULT	Medi-Cal	Adult
3	RVC-AGED	SBC-AGED	Medi-Cal	Aged
4	RVC-CMCMD	SBC-CMCMD	Medicare	Cal MediConnect Full Medicare
5	RVC-CMCMO	SBC-CMCMO	Medicare	Cal MediConnect Full Medicare w/out Medi-Cal with IEHP
6	RVC-CMCMT	SBC-CMCMT	Medicare	Cal MediConnect Full Medicare who has opted-out of Cal MediConnect
7	RVC-CMLTSS	SBC-CMLTSS	Medi-Cal	Medi-Cal, Cal MediConnect Full Medicare
8	RVC-DISABL	SBC-DISABL	Medi-Cal	Disabled
9	RVC-FAMILY	SBC-FAMILY	Medi-Cal	Family

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

10	RVC-FAMIMI	SBC-FAMIMI	Medi-Cal	Family
13	RVC-LTC	SBC-LTC	Medi-Cal	Long Term Care
14	RVC-MBLTSS	SBC-MBLTSS	Medi-Cal	Medi-Cal, Full Medicare w/LTSS
15	RVC-MOLTSS	SBC-MOLTSS	Medi-Cal	Medi-Cal Only w/LTSS
16	RVC-MPLTSS	SBC-MPLTSS	Medi-Cal	Medi-Cal, Partial Medicare w/LTSS
17	RVC-MTLTSS	SBC-MTLTSS	Medi-Cal	Medi-Cal, Full Medicare who has opted-out of Cal MediConnect
20	RVC-TLICH	SBC-TLICH	Medi-Cal	Child
21	RVC-TLICMI	SBC-TLICMI	Medi-Cal	Child
22	RVC-NONCVR	SBC-NONCVR	Medi-Cal	Non-Covered

ELIGIBILITY DATA FILE FORMAT – 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	86	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	
35	72	M3		6A							4H	
37	7A	M7		6C							4K	
38	7J	P5		6E							4L	
39	7S	P7		6G							4M	
				6H								

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Medicare – The following aid codes are covered by IEHP

Cal MediConnect Medicare DualChoice (Medicare – Medicaid Plan)		
MD	IEHP Medicare DualChoice and IEHP Medi-Cal	
MF	IEHP Medicare DualChoice and Fee For Service Medi-Cal	
MN	IEHP Medicare DualChoice and No Medi-Cal	
MT	Opt-out/Medicare FFS – Medi-Cal with IEHP	

Element: 8

Note #8: *SUBSCRIBER ID #*

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 201101000001, a Medicare Subscriber ID# ends in 00. Ex 20110100000100.

Element: 14

Note *RACE CODE*

#14:

1 - White	A – Amerasian	R – Guamanian
2 - Hispanic	C – Chinese	T – Laotian
3 - Black	H – Cambodian	U – Unknown
4 - Other Asian or Pacific Islander	J – Japanese	V – Vietnamese
5 - Alaskan Native or American Indian	K – Korean	X – Multiple Race
6 - Not a Valid value	M – Samoan	Z – Other
7 - Filipino	N – Asian Indian	
8 - No Valid Data Reported (MEDS generated)	P – Hawaiian	

Element: 15

Note *ETHNICITY CODE*

#15:

1 - White	CL – Chilean	NC – Nicaraguan
2 - Hispanic	CO – Colombian	OL – Other Latino

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

3 - Black	CR – Costa Rican	P – Hawaiian
4 - Other Asian or Pacific Islander	CU – Cuban	PK – Pakistani
5 - Alaskan Native or American Indian	EE – Eastern European	PR – Puerto Rican
6 - Not a Valid value	ET – Ethiopian	PU – Peruvian
7 - Filipino	EU – Ecuadorian	R – Guamanian
8 - No Valid Data Reported (MEDS generated)	GT – Guatemalan	RS – Russian
9 – Not Reported	H – Cambodian (Khmer)	SA – South American
	HM – Hmong	SL – Sri Lankan
A – Amerasian	HT – Haitian	SV – Salvadoran
AA – African-American	ID – Indonesian	T – Laotian
AG – Argentinean	IQ – Iraqi	TA – Thai
AR – Arab	IR – Iranian	TN – Trinidadian
AI – American	J – Japanese	TW – Taiwanese (Chinese)
AM – Armenian	LT – Latino	V – Vietnamese
BG – Bangladeshi	M – Samoan	WE – Western European
BZ – Brazilian	MX – Mexican	Z – Other
C – Chinese	N – Asian Indian (India)	

Element: 16

Note #16: LANGUAGE CODE – SPOKEN

0 - American Sign Language	C - Other Chinese Languages	M – Polish
1 – Spanish	D – Cambodian	N – Russian
2 – Cantonese	E – Armenian	O - Default to 0 (zero)
3 – Japanese	F – Ilacano	P – Portuguese
4 – Korean	G – Mien	Q – Italian
5 – Tagalog	H – Hmong	R – Arabic
6 - Other non-English	I – Lao	S – Samoan
7 – English	J – Turkish	T – Thai
8 - No valid data reported	K – Hebrew	U – Farsi
9 – No valid data reported	L – French	V – Vietnamese
A - Other Sign Language		
B – Mandarin		

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 17

Note #17: LANGUAGE CODE – WRITTEN

7S – English Standard
7B – English Braille
7C – English Audio - Cassette
7D – English Audio – CD
7E – English Electronic
7L – English Large Print
1S – Spanish Standard
1B – Spanish Braille
1C – Spanish Audio – Cassette
1D – Spanish Audio – CD
1E – Spanish Electronic
1L - Spanish Braille
.

Element: 19

Note #19: ALERNATIVE PHONE NUMBER

This field may be blank.

Element: 24-27

Note

#24-27: MEMBER MAILING ADDRESS

This data will be provided at a later date. IEHP will be adding mailing address information at a later date.

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

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

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

Element: 29

Note #29: *PREVIOUS SOCIAL SECURITY NUMBER*

Previous SSN - Member previous SSN if available or 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 DualChoice for the current month have the HICN displayed in this field.

Element: 32

Note #32: *ALTERNATE ID #*

Medi-Cal and Medicare Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = "9" + SSN or X = Case #, Family Budget Unit, and Person #.

Element: 33

Note #33: *PRIOR ALTERNATE ID #*

Medicare Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = "9" + SSN or X = Case #, Family Budget Unit, and Person #.

Member ID # may be blank.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 34

Note #34: *PART D*

If Member is active with Medicare Part D, it is indicated with a “D”.

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: *PHP STATUS CODE*

MEDI-CAL

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

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

MEDICARE DUALCHOICE

01 – Active Enrollment

61 – Active Enrollment – Enrollment Verified by CMS

05 – Enrollment Held – Pending Enrollment Verification

00 – Voluntary Disenrollment

09 – Mandatory Disenrollment

Element: 37

Note #37: *PREVIOUS PCP CODE*

This is populated if the eligibility status code is a C which indicates the previous provider if in the same IPA.

Element: 38

Note #38: *CAPITATION RATE*

Member capitation rate is based on Member Aid Code Category as indicated on Note#6. For more details on the capitation rate please refer to your IEHP Capitated Agreement.

Element: 39

Note #39: *PREVIOUS SUBSCRIBER #*

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 replaces the PCP ID indicated in Field #1 effective 06/01/2013.

Element: 41-44

Note #41-44: *LTSS*

ELIGIBILITY DATA FILE FORMAT – 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).