

# Eligibility 4000 Byte Member Record Layout

*Layout Definition and Description*

## Table of Contents

Revision History .....	3
Data Dictionary & General description .....	4
Participant File Header Record .....	6
Participant File Trailer Record.....	7
Participant File Detail Record .....	8



## Data Dictionary & General description

Record Length – 4000 bytes.

File Organization - Sequential

Note: Header & Trailer Record **required on input file** - See Header & Trailer Section

ALL FIELDS ARE LEFT JUSTIFIED

Alphanumeric - fields must be left justified and space filled.

All data must be *UPPER CASE*

### Format

Sequence Numbers 1 - 99 identifying the order of the fields to be supplied on client input records.

R = Required Field - Code identifying required input fields for subscribers and dependents.

S = Subscriber information required on input record

B = Subscriber and Dependent information required on input record

D = Dependent information required on input record

M = Required for Medicare Part D

C = Conditional (refer to note within field description)

Blank = Not required

Note: Subscriber records must be provided before dependent records on client input.

Field Name - Name of Field

Field Type - Code identifying acceptable characters on client input.

**A** = Alphabetic. Valid characters are A-Z, left justified and space filled. Default to spaces. **X(##)**

**C** = Character. Valid characters are A-Z, 0-9, left justified and space filled. Default to spaces. **X(##)**

**D** = Date. The format is CCYYMMDD. (See below) - **9(##)**

**CC** = Century. Valid values are 19 and 20.

**YY** = Year. Valid values are 00-99.

**MM** = Month. Valid values are 01-12.

**DD** = Day. Valid values are 01-31.

**E** = Extended Character. Valid characters are A-Z, 0-9, and space, hyphen and asterisk, left justified and space filled. Default to spaces. **X(##)**

**N** = Numeric. Valid characters are 0-9, right justified and space filled. Default to spaces. **X(##)**

**S** = Space. Space is the only valid value.

Length - Number of bytes of the field

Starting/Ending Position - Starting location and Ending location of the field within the input record.

Description - Identifies use of the field and valid values.

## Eligibility Field Edit Invalid Character Checking

Additional edits are done for invalid characters.

The character set of “,.-#@%~&\*()+!ç=\\;:}{?~<>^/ and LOW-VALUES is converted to spaces for the following fields:

- Member Number
- Middle Initial
- State

The character set of |@%~&\*()+!ç=\\;:}{?. and LOW-VALUES is converted to spaces for the following fields:

- First Name
- Last Name
- Title

The character set of |@%~+!ç=\\;:}{?. and LOW-VALUES are converted to spaces for the following fields:

- Address Line # 1
- Address Line # 2
- Address Line # 3
- City

## EMAIL Address Rules

Local-part@domain-part

- There Must be an @
- There Must be a Dot. in domain with something before and after it.

### Local-part Rules:

- Allowed
  - uppercase and lower-case letters A to Z and a to z
  - Digits 0-9
  - Special characters !#\$%&'\*+,-/=/?^\_`{|}~
  - Dot. can be used as long as it's not in the first or last position of the string.
- Not allowed
  - The following characters are not allowed Space, " ( ) , ; : < > @ [ \ ]
  - Double dot ..

### Domain-part Rules:

- Allowed
  - uppercase and lower-case letters A to Z and a to z
  - Digits 0-9
  - Hyphen -
- Not allowed
  - Hyphen in first or last position
  - Dot. in first or last position
  - No Special characters other than hyphen !#\$%&'\*+,-/=/?^\_`{|}~

## Participant File Header Record

### For Client Submitted Data

Field Name	Data Type	Length	Starting Position	Ending Position	Possible Values/Description
Record Type	X(01)	1	1	1	The header type code Value 'H'
Customer ID	9(04)	4	2	5	The number assigned by Express Scripts for the transmission of data
Customer Name	X(8)	8	6	13	An eight-character abbreviation for the client's name. The abbreviation should be assigned by the client.
Job Name	X(8)	8	14	21	The name of the type of data being sent. Valid Value "ENROLLMT"
Record Length	9(5)	5	22	26	The number of bytes in the record being sent
Block size	9(05)	5	27	31	The number of bytes in the block of records being sent. Must be a value divisible by the record length. Default value of all 0's can be populated.
Current Date	9(08)	8	32	39	Form CCYYMMDD
Current Time	9(08)	8	40	47	Form HHMMSSXX
Contact Person	X(16)	16	48	63	The name of a person to contact if transmission problems occur.
Phone Number	9(10)	10	64	73	The telephone number of the contact person for transmission problems. Form AAAEEENNNN
Process Mode	X(01)	1	74	74	Valid values:- 'T' = Test or 'P' = Production
Filler (Unused)	X(02)	2	75	76	Space Fill
Version Number	X(02)	2	77	78	The version number assigned by Express Scripts to this record layout. This should be populated with '02'.
Release Number	X(02)	2	79	80	The release number assigned by Express Scripts to this record layout. This should be populated with '03'
Update Type	X(01)	1	81	81	The type of update to be performed using this file. The valid values are. M = Maintenance P = Positive
Generated Term Date	9(08)	8	82	89	If this field contains a valid date, it will be used as the termination date for member and dependent records not included on a positive eligibility update. For an eligibility maintenance update, this field is not used. Note: The term date must be within 45 days of the current processing date of the file, or it will be rejected. If this field is going to be populated, the Express Scripts Eligibility Management Department must be notified for internal preparation. Setup in TCS needs to be completed. Form CCYYMMDD
Transmission Number	9(05)	5	90	94	The transmission batch number for this process mode. This is an optional field. If used the client must follow the acknowledgment requirements. EXPRESS SCRIPTS recommends this field not be used, please space fill.
Filler	S	---	95	4000	Spaces fill to end of record

#### NOTE:

Record length on Header and Trailer record must be the same length as detail record.

ALL FIELDS ARE LEFT JUSTIFIED

## Participant File Trailer Record

### For Client Submitted Data

Field Name	Data Type	Length	Starting Position	Ending Position	Possible Values/Description
Record Type	X(01)	1	1	1	The header type code Value 'T'
Customer ID	9(04)	4	2	5	The number assigned by Express Scripts for the transmission of data
Customer Name	X(8)	8	6	13	An eight-character abbreviation for the client's name. The abbreviation should be assigned by the client.
Job Name	X(8)	8	14	21	The name of the type of data being sent. Valid Value "ENROLLMT"
Record Length	9(5)	5	22	26	The number of bytes in the record being sent
Block size	9(05)	5	27	31	The number of bytes in the block of records being sent. Must be a value divisible by the record length. Default value of all 0's can be populated.
Current Date	9(08)	8	32	39	Form CCYMMDD
Current Time	9(08)	8	40	47	Form HHMMSSXX
Contact Person	X(16)	16	48	63	The name of a person to contact if transmission problems occur.
Phone Number	9(10)	10	64	73	The telephone number of the contact person for transmission problems. Form AAAEEENNNN
Total Records	9(09)	9	74	82	The total number of records in the transmission. This field and only this field should be zero filled and right justified.
Filler	S	- - -	85	4000	Spaces fill to end of record

**NOTE:**

Record length on Header and Trailer record must be the same length as detail record.

ALL FIELDS ARE LEFT JUSTIFIED

## Participant File Detail Record

Seq #	Req'd	Field Name	Data Type	Length	Start Position	End Position	Possible Values/Description						
1	B	Record Type	C	1	1	1	The record type indicator. Provide Value: 'E'						
2	B	Eligibility Group Number	C	15	2	16	A unique number assigned by Express Scripts identifying client benefit structure. A minimum of 5 characters must be provided. Valid characters are: A - Z, 0 – 9, and special characters # & * - . , . <b>NOTE: DO NOT populate the EXPRESS SCRIPTS UMBRELLA GROUP in this field</b>						
3	B	Subscriber Number	C	18	17	34	Unique number assigned by Client identifying the Subscriber (Member Number) <b>For groups requiring ID cards, the Account Representative should review emboss format requirements with Express Scripts Card Production Department.</b>						
4	B	Person Number	N	3	35	37	A unique number assigned to each covered person. <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Subscriber</td> </tr> <tr> <td>002-099</td> <td>Dependents</td> </tr> </tbody> </table> Client can send all dependents with person # 002, as long as EXPRESS SCRIPTS maintains the person number with Person Number Conversion.	VALID CODE	DESCRIPTION	001	Subscriber	002-099	Dependents
VALID CODE	DESCRIPTION												
001	Subscriber												
002-099	Dependents												
5		Transaction Sequence	N	2	38	39	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> Numbers used to prioritize multiple transactions for the same subscriber with the same transaction date.						
6		Transaction Date	D	8	40	47	The date the transaction occurred. Format: CCYYMMDD						
7	B	Transaction Code	A - X(1)	1	48	48	Code defining type of processing that Express Scripts will perform. <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Positive Processing - If there are multiple records for a subscriber or dependent within the same Express Scripts Group Number, the system will process the last record only. Except when a client utilizes the Primary Care Physicians field OR PROVIDE MED D INFORMATION in these cases every record on the positive file is processed in order.</td> </tr> <tr> <td>L</td> <td>Maintenance Processing – If there are multiple records for a subscriber or dependent within the same Express Group Number, the system will process every record in the order received.</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	P	Positive Processing - If there are multiple records for a subscriber or dependent within the same Express Scripts Group Number, the system will process the last record only. Except when a client utilizes the Primary Care Physicians field OR PROVIDE MED D INFORMATION in these cases every record on the positive file is processed in order.	L	Maintenance Processing – If there are multiple records for a subscriber or dependent within the same Express Group Number, the system will process every record in the order received.
VALID CODE	DESCRIPTION												
P	Positive Processing - If there are multiple records for a subscriber or dependent within the same Express Scripts Group Number, the system will process the last record only. Except when a client utilizes the Primary Care Physicians field OR PROVIDE MED D INFORMATION in these cases every record on the positive file is processed in order.												
L	Maintenance Processing – If there are multiple records for a subscriber or dependent within the same Express Group Number, the system will process every record in the order received.												
8		Patient Benefit Group	C - X(15)	15	49	63	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> Benefits at the patient level (subscriber/dependents) which include co-pay, plan, out-of-pocket, deductible and cap.						

9	B	Eligibility Effective Date	D	8	64	71	Current eligibility coverage effective date. Represents the effective date of the patient within the Benefit Group. If the patient moves from one EXPRESS SCRIPTS Benefit Group to another, this date should change to represent the patient's effective date in the new Benefit Group. Format: CCYMMDD																
10		Eligibility Term Date	D	8	72	79	Current eligibility coverage termination date. This data element represents the termination date of the patient within the Benefit Group, and the patient is eligible for benefit in the Benefit Group through mid-night of this date. Format: CCYMMDD																
11		Reserved Field	D	8	80	87	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b>																
12		Reserved Field	D	8	88	95	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b>																
13		Reserved Field	D	8	96	103	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b>																
14		Reserved Field	D	8	104	111	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b>																
15	B	Relationship	C	1	112	112	Code identifying the relationship of the family member to the subscriber. <table border="1" data-bbox="922 940 1360 1171"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Subscriber</td> </tr> <tr> <td>2</td> <td>Spouse</td> </tr> <tr> <td>3</td> <td>Child</td> </tr> <tr> <td>4</td> <td>Student</td> </tr> <tr> <td>5</td> <td>Disabled Dependent</td> </tr> <tr> <td>6</td> <td>Adult Dependent</td> </tr> <tr> <td>8</td> <td>Domestic Partner</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	1	Subscriber	2	Spouse	3	Child	4	Student	5	Disabled Dependent	6	Adult Dependent	8	Domestic Partner
VALID CODE	DESCRIPTION																						
1	Subscriber																						
2	Spouse																						
3	Child																						
4	Student																						
5	Disabled Dependent																						
6	Adult Dependent																						
8	Domestic Partner																						
16	C	Last Name	E - X(25)	25	113	137	<b>Space Fill IF EXPANDED field # 137 is sent.</b> The last name of the covered person. Required for dependents if client is utilizing on-line web registration. If not, populated individual will not be able to register.																
17	C	First Name	E	15	138	152	<b>Space Fill IF EXPANDED field # 138 is sent.</b> The first name of the covered person. The data in this field should be unique to the corresponding person number and should not be overlaid with another individual's 1 <sup>st</sup> name. Combination of first name & Date of Birth changes on the same record will cause the records to reject.																
18	C	Middle Initial	A	1	153	153	<b>Space Fill IF EXPANDED field # 139 is sent.</b> The middle initial of the covered person.																
19		Member Title	E	4	154	157	The title of the covered person (Mr. Mrs. Dr. Miss Ms.).																
20		Name Extension	E	6	158	163	Title following the covered person's name: JR, MD, etc.																
21	B	Date of Birth	D	8	164	171	The date of birth of the covered person. The data in this field should be unique to the corresponding person number and should not be overlaid with another individual's date of birth. Combination of first name & Date of Birth changes on the same record will cause the records to reject																

22		Multiple Birth Code	N	1	172	172	<p>Code identifying dependents within the family, when having the same date of birth or first name.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>1-9</td> <td>Identifying dependents within the family</td> </tr> <tr> <td>SPACE</td> <td>Single births</td> </tr> </tbody> </table> <p>For example: 2 sets of twins, each set can contain the values of 1 &amp; 2, Or they can be populated 1 – 4.</p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	1-9	Identifying dependents within the family	SPACE	Single births		
<u>VALID CODE</u>	<u>DESCRIPTION</u>														
1-9	Identifying dependents within the family														
SPACE	Single births														
23	B	Gender/Sex	C	1	173	173	<p>Code identifying the gender of the covered person.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>M -OR- 1</td> <td>Male</td> </tr> <tr> <td>F -OR- 2</td> <td>Female</td> </tr> <tr> <td>U -OR- 0</td> <td>Undeclared</td> </tr> </tbody> </table> <p><b>Note for Gender Code U or 0 (undeclared): Gender restrictions can occur through clinical &amp; DUR edits. Additional setup by the Benefits team would be needed to bypass gender edits.</b></p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	M -OR- 1	Male	F -OR- 2	Female	U -OR- 0	Undeclared
<u>VALID CODE</u>	<u>DESCRIPTION</u>														
M -OR- 1	Male														
F -OR- 2	Female														
U -OR- 0	Undeclared														
24	M, C	Social Security Number	C	9	174	182	<p>The Social Security Number of the covered person. A 9-digit SSN - left justified, space filled.</p> <p><b>Note: Required for all Medicare Part D Plan Types subscribers and dependents if the HIC Code and MBI Number are not provided.</b></p> <p><b>EXPRESS SCRIPT'S recommends individual SSN be passed for the dependents as well as the members. See Processing Rules for details.</b></p>								
25		Filler		2	183	184	<p><a href="#">Reserved for future use.</a> <a href="#">Spaces Fill - Do Not Populate This Field</a></p>								
26		Alternate Group Number	C	15	185	199	<p><b>Express Scripts will trigger Automated Transfers if client does not pass transfer data (preferred approach).</b></p> <p>This is the old group number from which the member number transfer will take place. Note: This field is required on the member and dependent record when performing a transfer. This field should be populated on the initial transfer only and should not be populated on a continual basis. If the old group number cannot be provided Eligibility Management must be notified for internal preparation.</p>								
27		Alternate ID Code	C	1	200	200	<p><b>Express Scripts will trigger Automated Transfers if client does not pass transfer data (preferred approach).</b></p> <p>This is the indicator, which identifies the type of transfer to be done. Valid values are: T = Individual or Surviving spouse Note: This field is required for the member and dependent record when performing a transfer. This field should be populated on the initial transfer only and should not be populated on a continual basis.</p>								
28		Alternate ID Number	C	18	201	218	<p><b>Express Scripts will trigger Automated Transfers if client does not pass transfer data (preferred approach).</b></p> <p>This is the old member number from which the transfer will take place. Note: This field is required for the member and dependent record when performing a transfer. This field should be populated on the initial transfer only and should not be populated on a continual basis.</p>								

29		Alternate Person Code	N	3	219	221	<p><b>Express Scripts will trigger Automated Transfers if client does not pass transfer data (preferred approach).</b> This is the old person number from which the transfer will take place. This must be provided. If utilizing Express Scripts Person Number Conversion Exception Process, include Person Number 001 for subscriber and 002 for dependents. Note: This field is required on the member and dependent record when performing a transfer. This field should be populated on the initial transfer only and should not be populated on a continual basis.</p>
30	C	Address	E	30	222	251	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The first address line for the covered person. This is a required field for Med D clients.</p> <p><b>Note: EXPRESS SCRIPTS REQUESTS THAT THE ADDRESS IS POPULATED FOR ALL MEMBERS, as many applications require the address to function correctly.</b></p>
31	C	Address Line 2	E	30	252	281	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The second address line for the covered person.</p>
32	C	Address Line 3	E	30	282	311	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The third address line for the covered person.</p> <p><b>Note: If foreign address is required, specific country requirements must be used.</b> <b>This typically involves sending destination City and Post Code, and possibly Province/state. The order sent can vary by country. Some countries may have more specific requirements (Example, Canadian addresses should have City, followed by Province abbreviation, followed by 2 spaces, then the post code).</b> <b>Please refer to USPS and destination country requirements.</b></p>
33	C	City	C	26	312	337	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The city for the covered person. Express Scripts highly recommend that you provide the city. This is a required field for Med D clients. <b>Note: If foreign address is required, populate the Country in this field. The country name must be written in full (no abbreviations), and in capital letters.</b></p>
34	C	State	A	2	338	339	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The state for the covered person. Express Scripts highly recommend that you provide the 2-digit state code. This is a required field for Med D clients. <b>Note: If foreign address is required, populate with spaces.</b></p>
35	C	Zip Code	C	9	340	348	<p><b>Space Fill IF EXPANDED address fields 140-147 are sent.</b> The zip code for the covered person. Express Scripts highly recommend that you provide the 5-digit zip code. This is a required field for Med D clients. <b>Note: If foreign address is required, populate with spaces.</b></p>
36		City Code	C	5	349	353	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> The city code for the covered person.</p>
37		County Code	C	7	354	360	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> The county code for the covered person.</p>

38	C	Country Code	C	4	361	364	Space Fill IF EXPANDED address fields 140-147 are sent. The country code for the covered person.														
39	S	Telephone Number	N	10	365	374	The telephone number for the covered person. Express Scripts highly recommends that you provide a 10-digit phone number per patient. Administering plan benefits efficiently and effectively often requires discussion with the patient.														
40		COB Indicator	C	1	375	375	<p>A code identifying the level of Coordination of Benefits.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>Not specified for subscriber</td> </tr> <tr> <td>0</td> <td>No other coverage identified</td> </tr> <tr> <td>1</td> <td>Primary Payer</td> </tr> <tr> <td>2</td> <td>Secondary Payer</td> </tr> <tr> <td>3</td> <td>Secondary COB Benefit for Medicare Part D. Refer to processing rules for further detail.</td> </tr> </tbody> </table> <p><b>Note: If a blank is provided on a file and a prior value exists the prior value will remain - Send '*' or '0' to change prior value back to "0".</b></p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	BLANK	Not specified for subscriber	0	No other coverage identified	1	Primary Payer	2	Secondary Payer	3	Secondary COB Benefit for Medicare Part D. Refer to processing rules for further detail.		
<u>VALID CODE</u>	<u>DESCRIPTION</u>																				
BLANK	Not specified for subscriber																				
0	No other coverage identified																				
1	Primary Payer																				
2	Secondary Payer																				
3	Secondary COB Benefit for Medicare Part D. Refer to processing rules for further detail.																				
41		COB Effective Date	D	8	376	383	The effective date for the COB Indicator. <b>If not populated, it will default using eligibility effective date on input record.</b>														
42		Medicare Termination Date	C	6	384	389	CURRENTLY NOT AVAILABLE FOR USE. YYMMDD (CC must be populated in positions 819). <b>Note: This field does not apply to Medicare Part D.</b>														
43		Primary Care Provider Type	C	3	390	392	Primary Care Provider (PCP) or Valid AMA Specialty Code. Ex: GYN = Gynecology.														
44		PCP ID Primary Care Provider ID	C	18	393	410	The physician assigned the covered person as the primary care provider. This data is stored in the eligibility record to be passed back to the client. <b>Note: If Primary Care Provider ID is used, Express Scripts Eligibility Management and File Management Departments must be notified for internal preparation.</b>														
45		Primary Care Provider Effective Date	D	8	411	418	Primary Care Provider Effective Date														
46		Primary Care Provider Term Date	D	8	419	426	Primary Care Provider Term Date														
47	S	Coverage Code	C	1	427	427	<p>A code identifying the family members covered by the subscriber. Populate for subscriber record only.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Subscriber</td> </tr> <tr> <td>2</td> <td>Subscriber, Spouse, Children, Students, Disabled Dependents, Domestic Partner</td> </tr> <tr> <td>3</td> <td>Subscriber, Children, Students, Disabled Dependents</td> </tr> <tr> <td>4</td> <td>Subscriber, Spouse, Domestic Partner</td> </tr> <tr> <td>5</td> <td>Subscriber, Children, Students, Disabled Dependents (duplicate of 3)</td> </tr> <tr> <td>6</td> <td>Subscriber, Spouse, Children, Students, Disabled Dependents, Dependent Adults, Domestic Partner</td> </tr> </tbody> </table>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	1	Subscriber	2	Subscriber, Spouse, Children, Students, Disabled Dependents, Domestic Partner	3	Subscriber, Children, Students, Disabled Dependents	4	Subscriber, Spouse, Domestic Partner	5	Subscriber, Children, Students, Disabled Dependents (duplicate of 3)	6	Subscriber, Spouse, Children, Students, Disabled Dependents, Dependent Adults, Domestic Partner
<u>VALID CODE</u>	<u>DESCRIPTION</u>																				
1	Subscriber																				
2	Subscriber, Spouse, Children, Students, Disabled Dependents, Domestic Partner																				
3	Subscriber, Children, Students, Disabled Dependents																				
4	Subscriber, Spouse, Domestic Partner																				
5	Subscriber, Children, Students, Disabled Dependents (duplicate of 3)																				
6	Subscriber, Spouse, Children, Students, Disabled Dependents, Dependent Adults, Domestic Partner																				

							<p><b>7</b> Subscriber, Spouse, Children, Students, Domestic Partner</p> <p><b>8</b> Spouse, Domestic Partner</p> <p><b>9</b> Spouse, Children, Disabled Dependents, Domestic Partner</p> <p><b>A</b> Spouse, Children, Students, Disabled Dependents, Domestic Partner</p> <p><b>B</b> Children, Disabled Dependents</p> <p><b>C</b> Students</p> <p><b>D</b> Subscriber, Spouse, Students, Domestic Partner</p> <p><b>E</b> Subscriber, Students</p> <p><b>F</b> Subscriber, Children, Students</p> <p><b>G</b> Children, Students, Disabled Dependents, Dependent Adults</p> <p><b>J</b> Children, Students, Disabled Dependents</p> <p><b>K</b> Spouse, Children, Students, Disabled Dependents, Dependent Adults, Domestic Partner</p> <p><b>L</b> Subscriber, Children, Students, Disabled Dependents, Dependent Adults</p> <p>NOTE – EXPRESS SCRIPTS RECOMMENDS POPULATING A COVERAGE CODE OF A 1 = SINGLE AND A 6 = FAMILY COVERAGE WHEN DEPENDENTS ARE PROVIDED. AS LONG AS THE DEPENDENT DATA IS CURRENT THERE IS NO NEED FOR USING THE ABOVE VARIOUS COVERAGE CODES.</p>
48	<b>S</b>	Coverage Code Effective Date	D	8	428	435	The effective date for the coverage code. If not populated, it will default using Eligibility Effective Date.
49		Reserved Field	C	1	436	436	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b>
50		Reserved Field	D	8	437	444	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b>
51		Reserved Field	C	1	445	445	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b>
52		Reserved Field	D	8	446	453	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b>
53		NCPDP Coverage Code	C	3	454	456	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b> The internally converted NCPDP coverage code.
54		Dependent Max Age	N	3	457	459	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b> The maximum age of covered dependents.
55		Student Max Age	N	3	460	462	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b> The maximum age of covered students.
56		Disabled Dependent Max Age	N	3	463	465	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b> The maximum age of covered disabled dependents.
57		Adult Dependent Max Age	N	3	466	468	<b>Reserved for future use. Spaces Fill - Do Not Populate This Field</b> The maximum age of covered dependent adults.

58		User Group Number	C	15	469	483	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            The user group number assigned to the covered person. This field must be spaces unless the client is an Express Scripts User Group Client.  <b>User Group Clients Only.</b>  <b>Note: The claim record does not support the expanded field size.</b></p>								
59		Coverage ID	C	2	484	485	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            Additional user group information. This field must be spaces unless the client is an Express Scripts User Group Client.  <b>User Group Clients Only.</b></p>								
60		Benefit Index	C	4	486	489	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            Additional user group information. This field must be spaces unless the client is an Express Scripts User Group Client.  <b>User Group Clients Only.</b></p>								
61		Patient Reporting ID	C	15	490	504	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
62		Filler	C	7	505	511	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
63		Filler	C	1	512	512	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
64		Filler	C	7	513	519	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
65		Reserved Field	C	2	520	521	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
66		Reserved Field	C	4	522	525	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
67		Reserved Field	C	15	526	540	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
68		Reserved Field	C	2	541	542	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
69		Reserved Field	C	4	543	546	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>								
70		User Sequence (Locator)	C	15	547	561	<p>Client information stored will be passed back on billing. Also allows for invoice breakout and card sorts.</p>								
71		Insurance Code	C	20	562	581	<p>Client information stored will be passed back on billing. Capturing dependent information on billing file requires 'Dep Client Info' to be set up appropriately with a value greater than 00 on CP Screen 3A.  <b>Note: This setup will create an edit rejecting the patients' eligibility record if data is not populated in this field. See Account Rep for details.</b></p>								
72		Payroll Class	A	1	582	582	<p>Code indicating the subscriber's payroll class. (This field must be a space for all covered persons except the subscriber.)</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>Unknown or non-subscriber</td> </tr> <tr> <td>H</td> <td>Hourly</td> </tr> <tr> <td>S</td> <td>Salaried</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	BLANK	Unknown or non-subscriber	H	Hourly	S	Salaried
VALID CODE	DESCRIPTION														
BLANK	Unknown or non-subscriber														
H	Hourly														
S	Salaried														

73		Employee Status	A	1	583	583	<p>Code indicating the subscriber employee's status. (This field must be a space for all covered persons except the subscriber.)</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>Unknown or non-subscriber</td> </tr> <tr> <td>A</td> <td>Active</td> </tr> <tr> <td>R</td> <td>Retired</td> </tr> <tr> <td>C</td> <td>COBRA</td> </tr> <tr> <td>L</td> <td>Family leave</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	BLANK	Unknown or non-subscriber	A	Active	R	Retired	C	COBRA	L	Family leave
VALID CODE	DESCRIPTION																		
BLANK	Unknown or non-subscriber																		
A	Active																		
R	Retired																		
C	COBRA																		
L	Family leave																		
74		Card Quantity	N	2	584	585	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            The number of cards to be generated.</p>												
75		Card/ Welcome Pkg Indicator	C	1	586	586	<p>Code used to alter creation of ID cards and Welcome Packages.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>Standard Package Generation</td> </tr> <tr> <td>Y</td> <td>Print first active dependent name on the card in place of subscriber's name. <b>If a specific dependent name is required, a 'Y' must also be included in this field on the dependent record.</b></td> </tr> <tr> <td>X</td> <td>Suppress Package Production Indefinitely</td> </tr> <tr> <td>G</td> <td>Force Package Production</td> </tr> <tr> <td>Z</td> <td>Suppress Package Production for current processing only.</td> </tr> </tbody> </table> <p>See section: Welcome Package Generation Rules</p>	VALID CODE	DESCRIPTION	BLANK	Standard Package Generation	Y	Print first active dependent name on the card in place of subscriber's name. <b>If a specific dependent name is required, a 'Y' must also be included in this field on the dependent record.</b>	X	Suppress Package Production Indefinitely	G	Force Package Production	Z	Suppress Package Production for current processing only.
VALID CODE	DESCRIPTION																		
BLANK	Standard Package Generation																		
Y	Print first active dependent name on the card in place of subscriber's name. <b>If a specific dependent name is required, a 'Y' must also be included in this field on the dependent record.</b>																		
X	Suppress Package Production Indefinitely																		
G	Force Package Production																		
Z	Suppress Package Production for current processing only.																		
76		Name Print Indicator	C	1	587	587	<p>Print first active dependent name on direct check in place of the subscriber's name.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK OR 0</td> <td>Not applicable</td> </tr> <tr> <td>1</td> <td>Print first active dependent name on check.</td> </tr> </tbody> </table> <p><b>Note: If a specific dependent name is required, a 1 must also be included in this field on the dependent record.</b>  <b>Note: This must be pre-approved by Express Scripts Finance Department, and the corresponding Client Profile indicator must be populated by Account Representative.</b></p>	VALID CODE	DESCRIPTION	BLANK OR 0	Not applicable	1	Print first active dependent name on check.						
VALID CODE	DESCRIPTION																		
BLANK OR 0	Not applicable																		
1	Print first active dependent name on check.																		
77		Client Deductible Indicator	C	1	588	588	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            Code identifying the deductible indicator.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>Not applicable</td> </tr> <tr> <td>0</td> <td>Deductible not met</td> </tr> <tr> <td>1</td> <td>Deductible met</td> </tr> </tbody> </table> <p>This works in conjunction with certain Co-pay options that will allow different Co-pays when a deductible is satisfied or not satisfied. See Account Representative for details.</p>	VALID CODE	DESCRIPTION	BLANK	Not applicable	0	Deductible not met	1	Deductible met				
VALID CODE	DESCRIPTION																		
BLANK	Not applicable																		
0	Deductible not met																		
1	Deductible met																		
78		Client Pass Through	C	200	589	788	<p>Client information stored will be passed back on billing.  <b>Note: The claim record does not support the expanded field size.</b></p>												

79	Medicare B Indicator	A	1	789	789	<p>The Medicare B Indicator</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLANK</td> <td>No Medicare B</td> </tr> <tr> <td>M</td> <td>Medicare B</td> </tr> </tbody> </table> <p>When Med B = M then COB position 375 cannot be a "0 ". Only the Space, 1, 2, 3 are accepted values.</p> <p>If used for a dependent record the value in the Card Welcome Kit Indicator field for the dependent records MUST equal 'N' (no card)</p> <p><b>Note: This field does not apply to Medicare Part D.</b> Client Profile Set up is required, see Account Rep for details.</p>	VALID CODE	DESCRIPTION	BLANK	No Medicare B	M	Medicare B														
VALID CODE	DESCRIPTION																									
BLANK	No Medicare B																									
M	Medicare B																									
80	Medicare B Effective Date	D	8	790	797	<p>Format: CCYYMMDD</p> <p><b>Note: This field does not apply to Medicare Part D.</b></p>																				
81	Medicare B Number	C	15	798	812	<p>The Medicare B Number.</p> <p><b>Note: This field does not apply to Medicare Part D.</b></p>																				
82	Language Preference	S	3	813	815	<p>Language preference of the applicant.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>SPACES</td> <td>Will default to English</td> </tr> <tr> <td>107</td> <td>Spanish</td> </tr> </tbody> </table> <p><b>Note: Other values are available, can be provided as needed.</b></p> <p>HPPDP and MAPD - This is an optional field.</p>	VALID CODE	DESCRIPTION	SPACES	Will default to English	107	Spanish														
VALID CODE	DESCRIPTION																									
SPACES	Will default to English																									
107	Spanish																									
83	No Copay Copay Waiver IND	C	1	816	816	<p>Legacy Client supplied indicator, which adjusts COPAY processing.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Charge Copay</td> </tr> <tr> <td>1</td> <td>No Copay Charge</td> </tr> <tr> <td>2</td> <td>Two Copay</td> </tr> <tr> <td>3</td> <td>Three Copay</td> </tr> <tr> <td>9</td> <td>Frozen Copay</td> </tr> </tbody> </table> <p>NEW Client supplied Copay Waiver IND</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Charge Copay</td> </tr> <tr> <td>1</td> <td>No Copay Charge</td> </tr> <tr> <td>2</td> <td>No Copay Charge (Med B drugs only)</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	0	Charge Copay	1	No Copay Charge	2	Two Copay	3	Three Copay	9	Frozen Copay	VALID CODE	DESCRIPTION	0	Charge Copay	1	No Copay Charge	2	No Copay Charge (Med B drugs only)
VALID CODE	DESCRIPTION																									
0	Charge Copay																									
1	No Copay Charge																									
2	Two Copay																									
3	Three Copay																									
9	Frozen Copay																									
VALID CODE	DESCRIPTION																									
0	Charge Copay																									
1	No Copay Charge																									
2	No Copay Charge (Med B drugs only)																									
84	Prior Authorization Flag	C	1	817	817	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> Used for Prior Authorization.</p>																				
85	Prior Authorization Type	C	1	818	818	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> Used for Prior Authorization.</p>																				
86	Medicare B Termination Date (Century)	S	2	819	820	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b> CC – Century to correspond with Seq # 41 – Medicare Termination Date</p> <p><b>Note: This field does not apply to Medicare Part D.</b> The Med B Term date is inferred by the Med B Indicator and Effective date. If either field is updated a Med B Term Date will appear for the historical row. For example, if the Med B effective date is change from 1/1/2010 to 7/1/2010 the row will appear 1/1/2010 to 6/30/2010 &amp; 7/1/2010 to open.</p>																				

87		Patient ID	C	18	821	838	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>            Unique Patient ID.</p>																										
88		Paid to Date	D	8	839	846	<p>Date the benefit has been paid up to.  <b>Note: The use of this field as a point of sale edit requires internal setup by Eligibility Operations.</b></p>																										
89		Primary Care Provider Clinic ID	C	20	847	866	<p>The clinic assigned to the covered person. This data is stored in the eligibility record to be passed back to the client.</p>																										
90	<b>M</b>	Creditable/Non-Creditable Coverage Indicator MEDD-CRED-COV-IND	N	1	867	867	<p>Indicator identifying that the Employer has the actuarially equivalent or better benefit than the standard level of benefit and the Medicare eligible has been provided with notification of such.            To be used for Medicare Part D Employer Primary, Health Plan Employer Primary, Employer Secondary, Health Plan Employer Secondary plan types ONLY.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td><b>1</b></td> <td>Creditable – benefit is equivalent or better than the standard level of benefit.</td> </tr> <tr> <td><b>ANY VALUE OTHER THAN '1'</b></td> <td>Non-Creditable – benefit is not equivalent to the standard level of benefit.</td> </tr> </tbody> </table>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	<b>1</b>	Creditable – benefit is equivalent or better than the standard level of benefit.	<b>ANY VALUE OTHER THAN '1'</b>	Non-Creditable – benefit is not equivalent to the standard level of benefit.																				
<u>VALID CODE</u>	<u>DESCRIPTION</u>																																
<b>1</b>	Creditable – benefit is equivalent or better than the standard level of benefit.																																
<b>ANY VALUE OTHER THAN '1'</b>	Non-Creditable – benefit is not equivalent to the standard level of benefit.																																
91		Filler	C	3	868	870	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>																										
92	<b>M</b>	Primary Subsidy Indicator	C	1	871	871	<p>Indicator to identify individuals qualifying for subsidy.</p> <p>For a VDSA client the following values apply:</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td><b>Y</b></td> <td>Medicare member</td> </tr> <tr> <td><b>N OR BLANK</b></td> <td>Non-Medicare member</td> </tr> </tbody> </table> <p>For a Non-VDSA client the following values apply</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td><b>Y</b></td> <td>Medicare member</td> </tr> <tr> <td><b>N OR BLANK</b></td> <td>Non-Medicare member</td> </tr> <tr> <td><b>W</b></td> <td>Member with wrap coverage</td> </tr> <tr> <td><b>X</b></td> <td>Non-Medicare Part D reporting</td> </tr> <tr> <td><b>E</b></td> <td>ESRD Eligible</td> </tr> <tr> <td><b>J</b></td> <td>RDS &amp; ESRD Eligible (Y &amp; E)</td> </tr> <tr> <td><b>K</b></td> <td>Wrap &amp; ESRD Eligible (W &amp; E)</td> </tr> <tr> <td><b>L</b></td> <td>Client Specific &amp; ESRD (X &amp; E)</td> </tr> <tr> <td><b>R</b></td> <td>Re-apply Sub</td> </tr> </tbody> </table> <p><b>Note: Please refer to the Medicare Part D Processing Rules and Required Fields section below for further details.</b></p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	<b>Y</b>	Medicare member	<b>N OR BLANK</b>	Non-Medicare member	<u>VALID CODE</u>	<u>DESCRIPTION</u>	<b>Y</b>	Medicare member	<b>N OR BLANK</b>	Non-Medicare member	<b>W</b>	Member with wrap coverage	<b>X</b>	Non-Medicare Part D reporting	<b>E</b>	ESRD Eligible	<b>J</b>	RDS & ESRD Eligible (Y & E)	<b>K</b>	Wrap & ESRD Eligible (W & E)	<b>L</b>	Client Specific & ESRD (X & E)	<b>R</b>	Re-apply Sub
<u>VALID CODE</u>	<u>DESCRIPTION</u>																																
<b>Y</b>	Medicare member																																
<b>N OR BLANK</b>	Non-Medicare member																																
<u>VALID CODE</u>	<u>DESCRIPTION</u>																																
<b>Y</b>	Medicare member																																
<b>N OR BLANK</b>	Non-Medicare member																																
<b>W</b>	Member with wrap coverage																																
<b>X</b>	Non-Medicare Part D reporting																																
<b>E</b>	ESRD Eligible																																
<b>J</b>	RDS & ESRD Eligible (Y & E)																																
<b>K</b>	Wrap & ESRD Eligible (W & E)																																
<b>L</b>	Client Specific & ESRD (X & E)																																
<b>R</b>	Re-apply Sub																																
93	<b>M</b>	Primary Subsidy Effective Date	D	8	872	879	<p>Format: CCYYMMDD            Date the Medicare Part D Retiree Drug Subsidy is effective.            For a <u>VDSA</u> client this is the CMS provided date for when the Retiree Drug Subsidy is effective.            For a <u>Non-VDSA</u> client this is the date the client believes the subsidy should be effective.  <b>Note: Please refer to the Medicare Part D Processing Rules and Required Fields section below for further details.</b></p>																										

94	M, C	Primary Subsidy Termination Date	D	8	880	887	<p>Format: CCYYMMDD</p> <p>Date the Medicare Part D Retiree Drug Subsidy is terminated.</p> <p>For a <u>VDSA</u> client this is the CMS provided date for when the Retiree Drug Subsidy is terminated.</p> <p>For a <u>Non-VDSA</u> client this is the date the client believes the subsidy should be terminated.</p> <p><b>Note: Please refer to the Medicare Part D Processing Rules and Required Fields section below for further details.</b></p>										
95		Filler	S	6	888	893	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>										
96		Communication Preference	C	1	894	894	<table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Audio</td> </tr> <tr> <td>B</td> <td>Braille</td> </tr> <tr> <td>L</td> <td>Large Font</td> </tr> <tr> <td>X</td> <td>Removal of Value</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	A	Audio	B	Braille	L	Large Font	X	Removal of Value
VALID CODE	DESCRIPTION																
A	Audio																
B	Braille																
L	Large Font																
X	Removal of Value																
97		Address Type/ Patient Level Address Indicator	A	1	895	895	<p>Used to add a dependent level address to POLAR when different than the Cardholders. When the indicator is present the dependent will be stored with a different address as sent in the standard address fields.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>SPACE</td> <td>not applicable - address not stored for depts. FIELD MUST BE SPACE WHEN ADDRESS IS THE SAME AS CARDHOLDER</td> </tr> <tr> <td>G</td> <td>Generic</td> </tr> <tr> <td>D</td> <td>Delete SEND ONLY ONCE TO DELETE AN EXISTING DEPENDENT ADDRESS</td> </tr> </tbody> </table>	VALID CODE	DESCRIPTION	SPACE	not applicable - address not stored for depts. FIELD MUST BE SPACE WHEN ADDRESS IS THE SAME AS CARDHOLDER	G	Generic	D	Delete SEND ONLY ONCE TO DELETE AN EXISTING DEPENDENT ADDRESS		
VALID CODE	DESCRIPTION																
SPACE	not applicable - address not stored for depts. FIELD MUST BE SPACE WHEN ADDRESS IS THE SAME AS CARDHOLDER																
G	Generic																
D	Delete SEND ONLY ONCE TO DELETE AN EXISTING DEPENDENT ADDRESS																
98		TCO Effective Date/ Plan Effective Date	D	8	896	903	<p>Used for Temporary Coverage Override assessment. MED D CLIENTS - The date should be populated with the date the member is effective in the CMS Plan. If populated EXPRESS SCRIPTS will use this date to determine a transition supply window for which the member can receive Med D covered drugs.</p> <p>This field can be populated after 9/1 but will not be in effect until 11/1. The date must be greater than 20060101. It also can NOT be greater than the Member Effective Date. Effective 1/1/2013 Med D clients will be required to populate this date. COMMERCIAL CLIENTS - There is no edit for the effective date that can be populated. Both require Group Set Up. The date format is (CCCCMMDD).</p> <p><b>NOTE: Set-up is required for this field to work</b></p>										
99	M, C	MBI or RRB Code	C	1	904	904	<p>Identifier associated with RRB Number</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>H</td> <td>MBI Number (Medicare Beneficiary Identifier Number)</td> </tr> <tr> <td>R</td> <td>Railroad Retirement Board Number</td> </tr> </tbody> </table> <p><b>Note: This field cannot be removed once populated; it can only be replaced. If the SSN is not provided, the HIC/RRB Code is required for Medicare Part D.</b></p>	VALID CODE	DESCRIPTION	H	MBI Number (Medicare Beneficiary Identifier Number)	R	Railroad Retirement Board Number				
VALID CODE	DESCRIPTION																
H	MBI Number (Medicare Beneficiary Identifier Number)																
R	Railroad Retirement Board Number																

100	M, C	MBI or RRB Number	C	12	905	916	<p>Unique number assigned by Medicare for each eligible retiree.</p> <p>This field is used to communicate the members Medicare ID (either the MBI# or the RRB#) for Medicare eligible members.</p> <p><b>Note: This field cannot be removed once populated; it can only be replaced. If the RRB Code (Seq # 94) is populated this field must also be populated. If the SSN is not provided, the MBI/RRB Number is required for Medicare Part D.</b></p> <p>MBI/RRB – If populated, remove all hyphens and collapse the spaces. If position 1 is not alpha or numeric reject.</p> <p>RRB VALIDATION: If position 1 is a letter (A-Z) then RRB Validation rules apply.</p> <ul style="list-style-type: none"> <li>• If field value length is 12 then Positions 1-3 must be alphas, positions 4-12 must be numeric.</li> <li>• If field value length is 11 then EITHER Positions 1-2 must be alphas and Positions 3-11 must be numeric OR Positions 1 must be alpha and Positions 2-11 must be numeric, position 12 must be blank.</li> <li>• If field value length is 10 then Positions 1 is alpha, position 2 – 10 must be numeric, position 11 – 12 must be blank.</li> <li>• If field value length is 9 then Positions 1-3 must be alphas, position 4 – 9 must be numeric, position 10 -12 must be blank.</li> <li>• If field value length is 8 then Positions 1-2 must equal alphas, position 3-8 must be numeric, position 9-12 must be blank.</li> <li>• If field value length is 7 then Positions 1 must be an alpha, position 2-7 must be numeric, position 8-12 must be blank.</li> </ul>
101		Filler	S	7	917	923	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>
102		Mail Direct Indicator	C	1	924	924	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>
103		Benefit Cap Amount	N	7	925	931	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>
104		Eligibility/Benefit Cap Effective Date	D	8	932	939	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p> <p>Patient's Benefit Cap Effective Date.</p> <p><b>Note: The use of this field requires internal preparation by Eligibility Management and File Management. In order to utilize this field Patient Benefit ID, Seq # 8, must also be used.</b></p>
105		Benefit Lifetime Amount	N	7	940	946	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>
106		Medical Health Plan Identification Number	C	15	947	961	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p> <p>Patient's Medical Health Plan Identification Number.</p>

107		Communication/ Card Group	C	15	962	976	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  The card stock/information packet required for patient.  Valid characters are: A - Z, 0 – 9, and special characters # &amp; * - , .</p> <p><b>Note: The use of this field requires internal preparation by Eligibility Management and File management. The use of this field indicates our three-tier group structure. In order to utilize this field Patient Benefit ID, Seq. # 8, must also be used.</b></p>
108		Filler	C	20	977	996	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>
109		Filler	S	1	997	997	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>
110		Medicare DSCCN code	C	1	998	998	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>
111		Filler	S	2	999	1000	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>
112		Email Address	E	80	1001	1080	Email Address of the covered person. See Data Dictionary section for email format rules.
113		Cell Phone Number/ Mobile number	N	10	1081	1090	Cell Phone Number of the covered person. Format: AAAEEENNNN
114		Secondary Primary Care Provider Type	C	3	1091	1093	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  Alternative Primary Care Provider (PCP) or Valid AMA Specialty Code. Ex: GYN = Gynecology.</p>
115		Secondary Primary Care Provider ID	C	18	1094	1111	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  Spaces Fill - Do Not Populate This Field  The alternative physician assigned to the covered person as the primary care provider. This data is stored in the eligibility record to be passed back to the client.  <b>Note: If Primary Care Provider ID is used, Express Scripts Eligibility Management and File Management Departments must be notified for internal preparation.</b></p>
116		Secondary Primary Care Provider Effective Date	N	8	1112	1119	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  The alternative Primary Care Provider Effective Date</p>
117		Secondary Primary Care Provider Term Date	N	8	1120	1127	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  The alternative Primary Care Provider Term Date</p>
118		Secondary Primary Care Provider Clinic ID	C	20	1128	1147	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b>  The alternative clinic assigned to the covered person. This data is stored in the eligibility record to be passed back to the client.</p>
119		Filler	C	90	1148	1237	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>
120		Preferred Last Name	C	35	1238	1272	Participant Preferred Last Name
121		Preferred First Name	C	25	1273	1297	Participant Preferred First Name

122		Preferred Pronoun	C	2	1298	1299	<p><b>Participant Pronoun.</b></p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>SH</td> <td>She/Her/Hers</td> </tr> <tr> <td>HH</td> <td>He/Him/His</td> </tr> <tr> <td>TT</td> <td>They/Them/Their</td> </tr> <tr> <td>EE</td> <td>Ey/Em/Eir</td> </tr> <tr> <td>ZZ</td> <td>Ze/Ze/Ze's</td> </tr> <tr> <td>ZH</td> <td>Ze/Hir/Hirs</td> </tr> <tr> <td>XX</td> <td>Xe/Xem/Xyr</td> </tr> <tr> <td>YY</td> <td>Yo/Yon/Yos</td> </tr> </tbody> </table>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	SH	She/Her/Hers	HH	He/Him/His	TT	They/Them/Their	EE	Ey/Em/Eir	ZZ	Ze/Ze/Ze's	ZH	Ze/Hir/Hirs	XX	Xe/Xem/Xyr	YY	Yo/Yon/Yos
<u>VALID CODE</u>	<u>DESCRIPTION</u>																								
SH	She/Her/Hers																								
HH	He/Him/His																								
TT	They/Them/Their																								
EE	Ey/Em/Eir																								
ZZ	Ze/Ze/Ze's																								
ZH	Ze/Hir/Hirs																								
XX	Xe/Xem/Xyr																								
YY	Yo/Yon/Yos																								
123		Gender Identity	C	2	1300	1301	<p><b>Participant Gender Identity.</b></p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>FE</td> <td>Female</td> </tr> <tr> <td>GU</td> <td>Gender Unknown, No Gender</td> </tr> <tr> <td>MA</td> <td>Male</td> </tr> <tr> <td>NC</td> <td>Gender Non-Confirming</td> </tr> <tr> <td>ND</td> <td>Choose not to disclose</td> </tr> <tr> <td>TF</td> <td>Transgender Female, Trans Woman, Male-To-Female</td> </tr> <tr> <td>TM</td> <td>Transgender Male, Trans Man, Female-to-Male</td> </tr> </tbody> </table>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	FE	Female	GU	Gender Unknown, No Gender	MA	Male	NC	Gender Non-Confirming	ND	Choose not to disclose	TF	Transgender Female, Trans Woman, Male-To-Female	TM	Transgender Male, Trans Man, Female-to-Male		
<u>VALID CODE</u>	<u>DESCRIPTION</u>																								
FE	Female																								
GU	Gender Unknown, No Gender																								
MA	Male																								
NC	Gender Non-Confirming																								
ND	Choose not to disclose																								
TF	Transgender Female, Trans Woman, Male-To-Female																								
TM	Transgender Male, Trans Man, Female-to-Male																								
124		Filler	C	39	1302	1340	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>																		
125		Pass Through, Locator & Insurance Code Effective Date (MPT Eff Date)	X(08)	8	1341	1348	<p>The date that the Pass Through, Locator AND Insurance Code is effective. There is no termination date. The termination date is derived based upon the next Effective Date that is provided. This one date relates to all 3 fields. If one field changes, a new Effective Date should be provided.</p> <p><b>Use of this field requires set up at the group level. Existing clients proposing to use this field must make prior arrangements with the Eligibility Management Team.</b></p>																		
126		Filler	C	5	1349	1353	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>																		
127	S	Med D Record type	C	1	1354	1354	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p> <p>The record type indicator.</p> <table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>E</td> <td>Enrollment (Initial Add Transaction)</td> </tr> <tr> <td>C</td> <td>Change (Update to one or more fields for an individual who has been previously added to the EXPRESS SCRIPTS master files)</td> </tr> <tr> <td>D</td> <td>Disenrollment</td> </tr> </tbody> </table> <p><b>Note: If submitting a Disenrollment, please refer to the processing rules for further detail.</b></p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	E	Enrollment (Initial Add Transaction)	C	Change (Update to one or more fields for an individual who has been previously added to the EXPRESS SCRIPTS master files)	D	Disenrollment										
<u>VALID CODE</u>	<u>DESCRIPTION</u>																								
E	Enrollment (Initial Add Transaction)																								
C	Change (Update to one or more fields for an individual who has been previously added to the EXPRESS SCRIPTS master files)																								
D	Disenrollment																								
128		Filler	C	71	1355	1425	<p><b>Reserved for future use.</b>  <b>Spaces Fill - Do Not Populate This Field</b></p>																		
129	M	SSA Date of Birth	D	8	1426	1433	<p>Format: CCYYMMDD  The SSA date of birth of the covered person.</p>																		

							<p>This is required for HP-PDP and MA-PD clients for Medicare Part D Only.</p> <p>CMS requires all HP-PDP and MA-PD to collect the Social Security Administration (SSA) Date Of Birth (DOB) for Med D members. SSA DOB is the DOB that the Social Security Administration has in their records.</p> <p>SSA DOB is not always the same as member specified DOB. If the DOB is being provided in DOB field (Seq 21) is the SSA DOB then SSA DOB does not have to be populated. If the DOB being provided is not the SSA DOB it must be provided. If not populated, the DOB on input record will be used as the SSA DOB</p> <p><b>NOTE: On Install setup it is required to determine whether the additional SSA DOB must be used.</b></p> <p><b>When SSA DOB Field is used Express Scripts File Management Departments must be notified for internal preparation</b></p>								
130		HCR Plan Indicator	C	1	1434	1434	<table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Member is in Health Care Plan</td> </tr> <tr> <td>N</td> <td>Member NOT in Health Care Plan who has been previously added to the EXPRESS SCRIPTS master files)</td> </tr> <tr> <td>BLANK</td> <td>N/A (Default to "N")</td> </tr> </tbody> </table> <p><b>Note: The HCR Plan Indicator will be populated by clients to indicate that the member is enrolled in a HCR Exchange benefit. When the client sets the</b></p> <ul style="list-style-type: none"> <li><b>HCR Plan Indicator = Y, the member is enrolled in a HCR Exchange Group under the client.</b></li> <li><b>When HCR Plan Indicator = N or BLANK = N/A, the member is not enrolled in a HCR Exchange Group.</b></li> </ul> <p>A soft reject report will be generated on the Pre-edit Report and sent to the client when the HCR Plan Indicator = Y and the HCR Group Level Indicator = N or the reverse.</p> <p>ESI will utilize Eligibility Effective and Termination date to Determine HCR Plan Indicator Effective and Termination date.</p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	Y	Member is in Health Care Plan	N	Member NOT in Health Care Plan who has been previously added to the EXPRESS SCRIPTS master files)	BLANK	N/A (Default to "N")
<u>VALID CODE</u>	<u>DESCRIPTION</u>														
Y	Member is in Health Care Plan														
N	Member NOT in Health Care Plan who has been previously added to the EXPRESS SCRIPTS master files)														
BLANK	N/A (Default to "N")														
131		Grace Period Logic Effective Date	D	8	1435	1442	<p>Format: CCYYMMDD</p> <p><b>The date supplied in the "Grace Period Logic Effective Date" field will drive when Grace Period logic will be invoked.</b></p> <p><b>A Hard Reject will be generated on the pre-edit report if the date is invalid</b></p>								
132		HCR Ethnicity Indicator	C	1	1443	1443	<table border="1"> <thead> <tr> <th><u>VALID CODE</u></th> <th><u>DESCRIPTION</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Native American/Alaskan Family</td> </tr> <tr> <td>BLANK</td> <td>N/A (Default)</td> </tr> </tbody> </table> <p>Card holder only indicator.</p> <p>Code indicating the racial or ethnic background of a family. If the client is opting to utilize the Ethnicity Indicator for the purpose of determining different cost shares based on ethnicity, the client must populate the appropriate value on the eligibility.</p>	<u>VALID CODE</u>	<u>DESCRIPTION</u>	1	Native American/Alaskan Family	BLANK	N/A (Default)		
<u>VALID CODE</u>	<u>DESCRIPTION</u>														
1	Native American/Alaskan Family														
BLANK	N/A (Default)														
133		Filler	N/A	39	1444	1482	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>								
134		CLNT-UPD-TSTMP	N/A	14	1483	1496	<p><b>Reserved for future use.</b></p> <p><b>Spaces Fill - Do Not Populate This Field</b></p>								

135		TRN-REC-SEQ-NBR	N/A	4	1497	1500	<b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b>
136	C	Carrier	A/N	4	1501	1504	Client Identifier <b>Legacy/West clients</b> 3-byte Div + "A" client identifier supplied by ESI. <b>NEW/East clients</b> 4-byte carrier supplied by ESI.
137	C	Last Name Expanded	A	35	1505	1539	<b>Space Fill IF standard field # 16 is sent.</b> The last name of the covered person. Required for dependents if client is utilizing on-line web registration. If not populated individual will not be able to register.
138	C	First Name Expanded	A	25	1540	1564	<b>Space Fill IF standard field # 17 is sent.</b> The first name of the covered person. The data in this field should be unique to the corresponding person number and should not be overlaid with another individual's 1 <sup>st</sup> name. Combination of first name & Date of Birth changes on the same record will cause the records to reject.
139	C	Middle Initial Expanded	A	1	1565	1565	<b>Space Fill IF standard field # 18 is sent.</b> The middle initial of the covered person.
140	C	Address Line1 Expanded	A/N	55	1566	1620	<b>Space Fill IF standard address fields 30-38 are sent.</b> The first address line for the covered person. This is a required field for Med D clients. <b>Note: EXPRESS SCRIPTS REQUESTS THAT THE ADDRESS IS POPULATED FOR ALL MEMBERS, as many applications require the address to function correctly.</b>
141	C	Address Line2 Expanded	A/N	55	1621	1675	<b>Space Fill IF standard address fields 30-38 are sent.</b> The second address line for the covered person.
142	C	Address Line3 Expanded	A/N	55	1676	1730	<b>Space Fill IF standard address fields 30-38 are sent.</b> The third address line for the covered person. <b>Note: If foreign address is required, specific country requirements must be used. This typically involves sending destination City and Post Code, and possibly Province/state. The order sent can vary by country. Some countries may have more specific requirements (Example, Canadian addresses should have City, followed by Province abbreviation, followed by 2 spaces, then the post code). Please refer to USPS and destination country requirements.</b>
143	C	Address City Expanded	A/N	30	1731	1760	<b>Space Fill IF standard address fields 30-38 are sent.</b> The city for the covered person. Express Scripts highly recommend that you provide the city. This is a required field for Med D clients. <b>Note: If foreign address is required, populate the Country in this field. The country name must be written in full (no abbreviations), and in capital letters.</b>
144	C	Address State Expanded	A/N	2	1761	1762	<b>Space Fill IF standard address fields 30-38 are sent.</b> The state for the covered person. Express Scripts highly recommend that you provide the 2-digit state code. This is a required field for Med D clients. <b>Note: If foreign address is required, populate with spaces.</b>
145	C	Address Zip5 Expanded	N	5	1763	1767	<b>Space Fill IF standard address fields 30-38 are sent.</b> The zip code for the covered person. Express Scripts highly recommend that you provide the 5-digit zip code. This is a required field for Med D clients. <b>Note: If foreign address is required, populate with spaces.</b>

146	C	Address Zip4 Expanded	N	4	1768	1771	<b>Space Fill IF standard address fields 30-38 are sent.</b> The zip code for the covered person. Express Scripts highly recommend that you provide the 4-digit zip code.																																		
147	C	Address Country Code Expanded	A/N	4	1772	1775	<b>Space Fill IF standard address fields 30-38 are sent.</b> The country code for the covered person.																																		
148	B	Participant ID #1	X(18)	18	1776	1793	Participant Identifier #1																																		
149		Participant ID #2	X(18)	18	1794	1811	Participant Identifier #2																																		
150		Participant ID #3	X(18)	18	1812	1829	Participant Identifier #3																																		
151		Participant ID #4	X(18)	18	1830	1847	Participant Identifier #4																																		
152		CHS Level #1	X(20)	20	1848	1867	This is the 1 <sup>st</sup> (top) level in the group structure hierarchy.																																		
153		CHS Level #2	X(20)	20	1868	1887	This is the 2 <sup>nd</sup> level in the group structure hierarchy.																																		
154		CHS Level #3	X(20)	20	1888	1907	This is the 3 <sup>rd</sup> level in the group structure hierarchy.																																		
155		CHS Level #4	X(20)	20	1908	1927	This is the 4 <sup>th</sup> level in the group structure hierarchy.																																		
156		CHS Level #5	X(20)	20	1928	1947	This is the 5 <sup>th</sup> level in the group structure hierarchy.																																		
157		CHS Level #6	X(20)	20	1948	1967	This is the 6 <sup>th</sup> level in the group structure hierarchy.																																		
158		Application ID	X(10)	10	1968	1977	Application ID issued by CMS																																		
159		Benefit Option ID	X(20)	20	1978	1997	Benefit Option ID client submitted on CMS application.																																		
160		Family Accum ID	X(20)	20	1998	2017	Family ID is stored for accumulators for situations where family members may exist under different Member ID's but has family accumulators.																																		
161		Race	X(60)	60	2018	2077	<p>Multiples race values are allowed or can choose not to answer, or field can be left blank. After the appropriate values are populated the rest of the field should be spaces.</p> <table border="1"> <thead> <tr> <th>VALID RACE CODE</th> <th>RACE DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>000</td><td>FORM LEFT BLANK</td></tr> <tr><td>101</td><td>WHITE</td></tr> <tr><td>201</td><td>BLACK OR AFRICAN AMERICAN</td></tr> <tr><td>300</td><td>AMERICAN INDIAN OR ALASKA NATIVE</td></tr> <tr><td>401</td><td>ASIAN INDIAN</td></tr> <tr><td>411</td><td>CHINESE</td></tr> <tr><td>421</td><td>FILIPINO</td></tr> <tr><td>431</td><td>JAPANESE</td></tr> <tr><td>441</td><td>KOREAN</td></tr> <tr><td>451</td><td>VIETNAMESE</td></tr> <tr><td>499</td><td>OTHER ASIAN</td></tr> <tr><td>501</td><td>NATIVE HAWAIIAN</td></tr> <tr><td>511</td><td>SAMOAN</td></tr> <tr><td>521</td><td>GUAMANIAN OR CHAMORRO</td></tr> <tr><td>599</td><td>OTHER PACIFIC ISLANDER</td></tr> <tr><td>999</td><td>I CHOOSE NOT TO ANSWER</td></tr> </tbody> </table> <p>***Informational only field***</p>	VALID RACE CODE	RACE DESCRIPTION	000	FORM LEFT BLANK	101	WHITE	201	BLACK OR AFRICAN AMERICAN	300	AMERICAN INDIAN OR ALASKA NATIVE	401	ASIAN INDIAN	411	CHINESE	421	FILIPINO	431	JAPANESE	441	KOREAN	451	VIETNAMESE	499	OTHER ASIAN	501	NATIVE HAWAIIAN	511	SAMOAN	521	GUAMANIAN OR CHAMORRO	599	OTHER PACIFIC ISLANDER	999	I CHOOSE NOT TO ANSWER
VALID RACE CODE	RACE DESCRIPTION																																								
000	FORM LEFT BLANK																																								
101	WHITE																																								
201	BLACK OR AFRICAN AMERICAN																																								
300	AMERICAN INDIAN OR ALASKA NATIVE																																								
401	ASIAN INDIAN																																								
411	CHINESE																																								
421	FILIPINO																																								
431	JAPANESE																																								
441	KOREAN																																								
451	VIETNAMESE																																								
499	OTHER ASIAN																																								
501	NATIVE HAWAIIAN																																								
511	SAMOAN																																								
521	GUAMANIAN OR CHAMORRO																																								
599	OTHER PACIFIC ISLANDER																																								
999	I CHOOSE NOT TO ANSWER																																								

162		Ethnicity	X(30)	30	2078	2107	<p>Multiples ethnicity values are allowed, or Members can choose not to answer, or field can be left blank. After the appropriate values are populated the rest of the field should be spaces.</p> <table border="1"> <thead> <tr> <th>VALID CODE</th> <th>ETHNICITY DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>BLK</td> <td>BLANK-FORM LEFT BLANK</td> </tr> <tr> <td>CUB</td> <td>CUB-CUBAN</td> </tr> <tr> <td>MX</td> <td>MX-MEXICAN, MEXICAN AMERICAN, CHICANO/A</td> </tr> <tr> <td>NA</td> <td>NA-NOT OF HISPANIC, LATINO/A</td> </tr> <tr> <td>NR</td> <td>NR-I CHOOSE NOT TO ANSWER</td> </tr> <tr> <td>OTH</td> <td>OTH-ANOTHER HISPANIC, LATINO OR SPANISH ORIGIN</td> </tr> <tr> <td>PR</td> <td>PR-PUERTO RICAN</td> </tr> </tbody> </table> <p>If it is 2 bytes it will be followed by a space to complete the 3 bytes. If it is 5 bytes (BLANK), it is abbreviated to 3 bytes (BLK). ***Informational only field***</p>	VALID CODE	ETHNICITY DESCRIPTION	BLK	BLANK-FORM LEFT BLANK	CUB	CUB-CUBAN	MX	MX-MEXICAN, MEXICAN AMERICAN, CHICANO/A	NA	NA-NOT OF HISPANIC, LATINO/A	NR	NR-I CHOOSE NOT TO ANSWER	OTH	OTH-ANOTHER HISPANIC, LATINO OR SPANISH ORIGIN	PR	PR-PUERTO RICAN
VALID CODE	ETHNICITY DESCRIPTION																						
BLK	BLANK-FORM LEFT BLANK																						
CUB	CUB-CUBAN																						
MX	MX-MEXICAN, MEXICAN AMERICAN, CHICANO/A																						
NA	NA-NOT OF HISPANIC, LATINO/A																						
NR	NR-I CHOOSE NOT TO ANSWER																						
OTH	OTH-ANOTHER HISPANIC, LATINO OR SPANISH ORIGIN																						
PR	PR-PUERTO RICAN																						
163		Copay Waiver EFF DTE	X(08)	8	2108	2115	<p>Format: CCYYMMDD IF missing - Will be populated with Header date to be used for records coming out of suspense</p>																
164		Copay Waiver TERM DTE	X(08)	8	2116	2123	Format: CCYYMMDD																
165		SSO ID	X(20)	20	2124	2143	SSO ID - Unique Id assigned by client – must be unique and persistent per individual.																
166		Admin Hold Eff Date	N	8	2144	2151	Zero Fill or CCYYMMDD format																
167		Admin Hold Exp Date	N	8	2152	2159	Zero Fill or CCYYMMDD format																
168		Filler	A/N	1829	2160	3988	<p><b>Reserved for future use.</b> <b>Spaces Fill - Do Not Populate This Field</b></p>																
169		RUNID	A/N	11	3989	3999	Internal field – This field is used for recycling suspense transactions.																
170		SUSPENSE_IND	A/N	1	4000	4000	Internal field – This field is used for recycling suspense transactions.																