

Eligibility

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ID	Warehouse Name	Common Name	Type
EL-CORE001	eligibility_id	Eligibility Record ID	Number
EL-CORE002	extract_id	Extract ID	Number
EL-CORE003	submitter_id	Submitter ID	Number
EL-CORE004	plan_id	Plan ID	Varchar2
EL-CORE007	internal_member_id	Internal Member ID	Number
EL-CORE008	coverage_class	Coverage Class	Varchar2
EL-CORE009	eligibility_start_dt	Member Coverage Start Date	Date
EL-CORE010	eligibility_end_dt	Member Coverage End Date	Date
EL-CORE011	coverage_start_dt	Member Coverage Start Date	Date
EL-CORE012	coverage_end_dt	Member Coverage End Date	Date
EL-CORE013	product_code_id	Insurance Type / Product Code ID	Number
EL-CORE014	product_code	Insurance Type / Product Code	Varchar2
EL-CORE015	primary_insurance_indicator_id	Primary Insurance Indicator Code ID	Number
EL-CORE016	primary_insurance_ind_code	Primary Insurance Indicator Code	Varchar2
EL-CORE017	subscriber_relationship_id	Member's Relationship Code ID	Number

EL-CORE018	subscriber_relationship_code	Member's Relationship Code	Varchar2
EL-CORE019	sex	Member Sex	Varchar2
EL-CORE020	age	Member Age in Years (90+ Aggregate)	Number
EL-CORE021	age_in_months	Age in Months	Number
EL-CORE022	age_65_flag	Age 65+ Flag	Varchar2
EL-CORE023	coverage_level_id	Coverage Level Code ID	Number
EL-CORE024	coverage_level_code	Coverage Level Code	Varchar2
EL-CORE025	coverage_type_id	Coverage Type Code ID	Number

EL-CORE026	coverage_type_code	Coverage Type Code	Varchar2
EL-CORE027	market_category_id	Market Category Code ID	Number
EL-CORE028	market_category_code	Market Category Code	Varchar2
EL-CORE037	dual_eligibility_code_id	Dual-Eligibility Code ID	Number
EL-CORE038	dual_eligibility_code	Dual-Eligibility Code	Varchar2
EL-CORE039	aid_category_id	Aid Category Code ID	Number
EL-CORE040	aid_category_code	Aid Category Code	Varchar2
EL-CORE041	purchased_through_exchange	Purchased Through Exchange Flag	Varchar2
EL-CORE042	exchange_metallic_tier_id	Exchange Metallic Tier Code ID	Number
EL-CORE043	exchange_metallic_tier_code	Exchange Metallic Tier Code	Varchar2
EL-CORE044	hios_plan_indicator	HIOS Plan Indicator	Date

EL-CORE047	insured_group_policy_number	Insured Group or Policy Number	Varchar2
EL-CORE048	city	Member City	Varchar2
EL-CORE049	state	Member State	Varchar2
EL-CORE050	zip	Member ZIP Code	Varchar2
EL-CORE051	fips	Member FIPS County Code	Varchar2
EL-CORE052	country	Member Country Code	Varchar2
EL-CORE053	race_id1	Race Code (1) ID	Number
EL-CORE054	race_code1	Race Code (1)	Varchar2
EL-CORE055	race_id2	Race Code (2) ID	Number
EL-CORE056	race_code2	Race Code (2)	Varchar2
EL-CORE057	race_id3	Race Code (3) ID	Number
EL-CORE058	race_code3	Race Code (3)	Varchar2
EL-CORE059	ethnicity_id1	Ethnicity Code (1) ID	Number
EL-CORE060	ethnicity_code1	Ethnicity Code (1)	Varchar2
EL-CORE061	ethnicity_id2	Ethnicity Code (2) ID	Number
EL-CORE062	ethnicity_code2	Ethnicity Code (2)	Varchar2
EL-CORE063	other_ethnicity	Ethnicity (Other) Description	Varchar2
EL-CORE064	hispanic_code	Hispanic Indicator Code	Varchar2
EL-CORE065	language_id	Member Language Preference ID	Number
EL-CORE066	language_code	Member Primary Language Code	Varchar2

EL-CORE067	behavioral_health_ind_code	Behavioral Health Benefit Indicator Code	Varchar2
EL-CORE068	high_deductible_hlth_plan_flag	High-Deductible Health Plan Flag	Varchar2
EL-CORE069	grandfathered_plan_ind	Grandfathered / Transitional Plan Indicator	Varchar2
EL-CORE070	plan_state	Plan State	Varchar2
EL-CORE071	pcp_assignment	PCP Assignment	Varchar2
EL-CORE072	member_pcp_effective_dt	Member PCP Effective Date	Date
EL-CORE073	pcp_provider_id	PCP Provider ID	Number
EL-CORE074	pcp_internal_provider_id	Internal PCP Provider ID	Number
EL-CORE075	medical_home_indicator	Medical Home Indicator	Varchar2
EL-CORE076	medical_home_id	Payer assigned ID for Medical Home	Varchar2

EL-CORE080	employment_status_code_id	Employment Status Code ID	Number
EL-CORE081	employment_status_code	Employment Status Code	Varchar2
EL-CORE084	total_monthly_premium_amt	Total Monthly Premium Amount	Number
EL-CORE085	actuarial_amt	Actuarial Amount	Varchar2
EL-CORE086	cost_sharing_reduction_ind	Cost-Sharing Reduction Indicator	Varchar2
EL-CORE087	administrative_service_fees	Administrative Service Fees	Number
EL-CORE088	tiered_network	Tiered Network	Varchar2
EL-CORE089	member_income_freq_code	Member Income Frequency Code	Varchar2
EL-CORE090	member_income_monetary_amt	Member Income Monetary Amount	Decimal
EL-CORE091	healthcare_plan_code	Health Care Plan Code	Varchar2
EL-CORE092	out_of_state_flag	Out-of-State Flag	Varchar2
EL-CORE093	dup_flag_pbm_tpa	Duplicate Flag - TPA/PBM	Varchar2
EL-CORE094	dup_flag_managed_care	Duplicate Flag - Medicaid/Medicare Managed Care	Varchar2
EL-CORE095	dup_flag_part_d	Duplicate Flag - Medicare Part D	Varchar2



Max. Length	Standard Limited Dataset	Standard Limited Dataset Plus
38	Y	Y
38	Y	Y
38	Y	Y
10	Y	Y
38	Y	Y
10	Y	Y
8	YYYYMMDD	YYYYMMDD
8	YYYYMMDD	YYYYMMDD
8	YYYYMMDD	YYYYMMDD
8	YYYYMMDD	YYYYMMDD
38	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y

10	Y	Y
2	Y	Y
2	Y	Y
2	Capped at 2 years of age	Capped at 2 years of age
1	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y

20	Y	Y
38	Y	Y
10	Y	Y
38	Y	Y
10	Y	Y
38	Y	Y
20	Y	Y
10	Y	Y
38	Y	Y
20	Y	Y
2	Y	Y

50	Encrypted	Encrypted
100	Y	Y
2	Y	Y
15	First 5 digits	First 5 digits
5	Y	Y
100	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y
100	Y	Y
20	Y	Y
38	Y	Y
20	Y	Y

10	Y	Y
10	Y	Y
10	Y	Y
2	Y	Y
1	Y	Y
8	YYYYMMDD	YYYYMMDD
38	Y	Y
38	Y	Y
10	Y	Y
30	Y	Y

38	Y	Y
10	Y	Y
12	Y	Y
6	Y	Y
10	Y	Y
12	Y	Y
10	Y	Y
10	Y	Y
38,2	Y	Y
10	Y	Y
1	Y	Y
1	Y	Y
1	Y	Y
1	Y	Y

Description	Origin	Linkage
This field contains an ID that identifies a unique eligibility record.	This is a value-added field generated from HPD data.	member_month_detail
This field contains an ID that identifies the unique data set.	This is a value-added field generated from HPD data.	
This field contains an ID that uniquely identifies a submitter.	This is a value-added field generated from HPD data.	submitter (SLDS+ only)
This field contains an ID that uniquely identifies a plan.	This is a value-added field generated from HPD data.	plan (SLDS+ only)
This field contains an ID that represents a unique member.	This is a value-added field generated from HPD data.	inpatient_stay_summary, medical, medical_claim_header, pharmacy
This field identifies the type of coverage for the member during the reported period. Valid codes are: MEDICAL PHARMACY	This field is supplied as reported by the submitter.	
This field identifies the first date of each month for which the member had insurance coverage.	This field is supplied as reported by the submitter.	
This field identifies the last date of each month for which the member had insurance coverage.	This field is supplied as reported by the submitter.	
This field identifies the first date of the member's insurance coverage using the format of YYYYMMDD.	This field is supplied as reported by the submitter.	
This field identifies the last date of the member's insurance coverage using the format of YYYYMMDD.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique insurance or insurance product.	This is a value-added field generated from HPD data.	product_code
This field contains a code that identifies the member's type of insurance or insurance product (e.g., Health Maintenance Organization (HMO), Medicaid, Medicare, Point Of Service (POS), etc.).	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique primary insurance indicator code.	This is a value-added field generated from HPD data.	primary_insurance_indicator
This field contains a code that indicates whether the record was designated by the submitter as primary coverage or instead as secondary or tertiary coverage.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique Member Relationship Code.	This is a value-added field generated from HPD data.	subscriber_relationship

This field contains a code that indicates the member's relationship to the subscriber or the insured.	This field is supplied as reported by the submitter.	
This field contains a code that indicates the member's sex. Valid values are: F = Female M = Male U = Unknown	This field is supplied as reported by the submitter.	
This field identifies the member's age in years based on the member's eligibility_start_dt.	This is a value-added field generated from HPD data.	
This field identifies the member's age in months based on the eligibility end date for those members whose age in years <2.	This is a value-added field generated from HPD data.	
This field identifies whether the member was 65 years of age or older. Valid values are: N = No Y = Yes	This is a value-added field generated from HPD data.	
This field contains an ID that identifies a unique Coverage Level Code.	This is a value-added field generated from HPD data.	coverage_level
This field contains a code that identifies the member's coverage level based on eligibility date.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique Coverage Type Code.	This is a value-added field generated from HPD data.	coverage_type

This field contains a code that identifies the member's coverage type based on eligibility date. This field can be used to identify self-insured plans.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique Market Category Code.	This is a value-added field generated from HPD data.	market_category
This field contains a code that indicates the type and size of policy sold by the insurer.	This field is supplied as reported by the submitter.	
ONLY AVAILABLE WITHIN THE MEDICAID FILE This field contains an ID that identifies a unique Dual-Eligibility Code.	This is a value-added field generated from HPD data.	dual_eligibility_code
ONLY AVAILABLE WITHIN THE MEDICAID FILE This field contains a code that identifies whether the member had both Medicaid and Medicare coverage based on eligibility date.	This field is supplied as reported by the submitter.	
ONLY AVAILABLE WITHIN THE MEDICAID FILE This field contains an ID that identifies a unique Medicaid Aid Category Code.	This is a value-added field generated from HPD data.	aid_category
ONLY AVAILABLE WITHIN THE MEDICAID FILE This field contains a code that identifies the member's primary Medicaid aid category based on eligibility date.	This field is supplied as reported by the submitter.	
This field contains a flag that indicates whether the member has purchased their plan through the exchange marketplace. The only valid codes for this field are: Y = Yes N = No	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique Exchange Metallic Tier Code.	This is a value-added field generated from HPD data.	exchange_metallic_tier
This field contains a code that indicates the level of the member's exchange product.	This field is supplied as reported by the submitter.	
This field contains the HIOS (Health Insurance Oversight System) plan indicator. For non-grandfathered health plans for the individual and small-group markets (under ACA) only. The only valid codes for this field are: 1 = Yes 2 = No 3 = Unknown / not applicable	This field is supplied as reported by the submitter.	

This field contains the subscriber's group or policy number.	This field is supplied as reported by the submitter.	
This field identifies the member's city of residence.	This field is supplied as reported by the submitter.	
This field identifies the member's state of residence using the two-character abbreviation defined by the U.S. Postal Service.	This field is supplied as reported by the submitter.	
This field identifies the ZIP code associated with the member's residence.	This field is supplied as reported by the submitter.	zip, zip_group zip_fips
This field identifies the FIPS code associated with the member's residence.	This field is supplied as reported by the submitter.	fips
This field identifies the FIPS code associated with the member's residence.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique primary race code.	This is a value-added field generated from HPD data.	race
This field contains a code that identifies the member's primary race.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique secondary race code.	This is a value-added field generated from HPD data.	race
This field contains a code that identifies the member's secondary race.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique tertiary race code.	This is a value-added field generated from HPD data.	race
This field contains a code that identifies the member's tertiary race.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique primary ethnicity code.	This is a value-added field generated from HPD data.	ethnicity
This field contains a code that identifies the member's primary ethnicity.	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique secondary ethnicity code.	This is a value-added field generated from HPD data.	ethnicity
This field contains a code that identifies the member's secondary ethnicity.	This field is supplied as reported by the submitter.	
This field contains a code that identifies the member's other ethnicity.	This field is supplied as reported by the submitter.	
This field contains a code that indicates whether or not the member self-identified as Hispanic. Valid values include: N = No Y = Yes U = Unknown	This field is supplied as reported by the submitter.	
This field contains an ID that identifies a unique primary language code.	This is a value-added field generated from HPD data.	language
This field contains a code that identifies the member's primary language.	This field is supplied as reported by the submitter.	

<p>This field contains a code that indicates whether or not behavioral / mental health services were a covered benefit. The only valid codes for this field are:</p> <p>1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field identifies whether or not the member's policy met the IRS definition of a high-deductible health plan during the reported period.</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field contains a code that indicates if a plan qualified as a "grandfathered" or "transitional" plan under the Affordable Care Act. The only valid codes for this field are:</p> <p>1 = Grandfathered 2 = Non-Grandfathered 3 = Transitional 4 = Unknown / Not applicable</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field identifies the state in which the plan is sold/sitused.</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field indicates how the PCP was assigned. The only valid codes for this field are:</p> <p>1 = PCP was selected by the member; 2 = PCP was attributed by the health plan; 3 = PCP is not selected, and no services rendered; 4 = PCP is not assigned/ unknown.</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field indicates the primary care provider effective date. Only reported if pcp_assignment = 1 or 2.</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field contains an ID that identifies a unique combination of reported information for a primary care provider (PCP).</p>	<p>This is a value-added field generated from HPD data.</p>	<p>provider (SLDS+ only)</p>
<p>This field contains an ID that represents a unique PCP.</p>	<p>This is a value-added field generated from HPD data.</p>	<p>provider_index</p>
<p>This field indicates whether the member had a medical home on record for this coverage period.</p>	<p>This field is supplied as reported by the submitter.</p>	
<p>This field contains the payer-assigned medical home ID.</p>	<p>This field is supplied as reported by the submitter.</p>	

This field contains the ID of the reported Employment Status Code.	This is a value-added field generated from HPD data.	employment_status_code
This field contains a code that defines the employment status of the subscriber.	This field is supplied as reported by the submitter.	
This field contains the total monthly premium amount.	This field is supplied as reported by the submitter.	
This field contains the actuarial amount.	This field is supplied as reported by the submitter.	
This field contains the cost-sharing reduction indicator.	This field is supplied as reported by the submitter.	
This field contains the administrative service fees.	This field is supplied as reported by the submitter.	
This field contains the tiered network code.	This field is supplied as reported by the submitter.	
This field contains the member income frequency code.	This field is supplied as reported by the submitter.	
This field contains the member income monetary amount.	This field is supplied as reported by the submitter.	
ONLY AVAILABLE WITHIN THE MEDICAID FILE This field contains the Health Care Plan Code.	This field is supplied as reported by the submitter.	healthcare_plan_code
This field identifies whether the member was domiciled within the state. Valid values are: N = No Y = Yes	This is a value-added field generated from HPD data.	
This field contains a flag that identifies whether or not this member's coverage was reported by both the insurer and a third-party administrator (TPA) or a pharmacy benefits manager (PBM). In such cases, the TPA or PBM will be flagged as the duplicate. Valid values are: N = No Y = Yes	This is a value-added field generated from HPD data.	
STATE USE ONLY This field contains a flag that identifies whether or not this member's coverage was reported by both a commercial health plan providing Medicaid or Medicare managed care coverage as well as the Fee For Service Medicaid/Medicare. In such cases, the FFS coverage will be flagged as the duplicate. Valid values are: N = No Y = Yes	This is a value-added field generated from HPD data.	
STATE USE ONLY This field contains a flag that identifies whether or not this member's coverage was reported by both a commercial health plan providing Medicare Part D coverage and Medicare Fee for Service. In such cases, the FFS coverage will be flagged as the duplicate. Valid values are: N = No Y = Yes	This is a value-added field generated from HPD data.	



Notes	Additional Information	User Notes
This field can be used to aggregate all records associated with a member.		
Valid codes and descriptions are maintained by the Accredited Standards Committee (ASC).	The product_code reference table includes an additional column, product_type and product_subtype that categorizes the reported product codes into commercial, Medicaid, and Medicare.	

Valid codes and descriptions are maintained by the Accredited Standards Committee (ASC).	<p>Among the potential values reported for this field:</p> <ul style="list-style-type: none"> - Spouse - Self - Child - Employee - Life partner - Other relationship 	
<p>This field's source is the Member Date of Birth element reported by the submitter in the eligibility data. For children under the age of 1, this value will be 0. If no date of birth is available, this value will be -1. In observance of HIPAA regulations, individuals who are 90 years of age or older will be aggregated and coded as 90.</p>		
<p>This field's source is the Member Date of Birth element reported by the submitter in the eligibility data. For children under the age of 2, this value will report the age in months. If no date of birth was reported, this field will contain a value of '-1'. For those individuals ≥ 2 years of age, this field will be reported as null.</p>		
<p>This field is based on the Member Age (90+ Aggregate) field (age).</p>		
	<p>Among the potential values reported for this field:</p> <ul style="list-style-type: none"> - Employee and Children - Employee Only - Employee and Spouse - Family - Individual 	

	<p>Among the potential values reported for this field:</p> <ul style="list-style-type: none"> - Plans underwritten by the insurer - Self-insured - Short-term, non-renewable health insurance 	
	<p>Among the potential values reported for this field, indicating policies sold and issued directly to:</p> <ul style="list-style-type: none"> - Individuals - Employers (1-50 employees) - Employers (51-100 employees) - Employers (101–250 employees) - Employers (251–500 employees) - Employers (501+ employees) 	
The Member Beneficiary Indicator reported by Medicaid FFS is used to derive dual eligibility.		
This field is reported on only Medicaid FFS records.		
	<p>Among the potential values reported for this field:</p> <ul style="list-style-type: none"> - Bronze - Catastrophic - Gold - Platinum - Silver 	

Only valid ZIP codes will link to the ZIP codes reference data set.		
Valid codes and descriptions are supplied in specifications provided to submitters.		
Valid codes and descriptions are supplied in specifications provided to submitters.		

Please see the definitions for “grandfathered” and “transitional” from the U.S. Department of Health and Human Services (45-CFR-147.140): https://www.govinfo.gov/app/details/CFR-2011-title45-vol1/CFR-2011-title45-vol1-sec147-140		
When using this field to link between tables, your query must set pcpr_provider_id equal to provider_id.		
This field can be used to aggregate all records associated with a provider. When using this field to link between tables, your query must set pcpr_internal_provider_id equal to internal_provider_id.		

This field is reported by DHCS.		
This field is based on the Member ZIP code reported by the submitter in the eligibility data.		

