

SMI\_SED Determination-Outcome-NonElig-Report {yyyymmdd}\_{health\_plan\_id}.DAT file layout

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
RBHA Id	2	11	12
Client Id	10	13	22
AHCCCS Id	9	23	31
Last Name	20	32	51
First Name	20	52	71
Date Of Birth (YYYYMMDD)	8	72	79
Referral Source	30	80	109
Record Evaluation Date (YYYYMMDD)	8	110	117
Eligibility Determination	1	118	118
Denial Reason	1	119	119
Review Decision Date (YYYYMMDD)	8	120	127
Diagnosis CD 1	8	128	135
Diagnosis CD 2	8	136	143
Diagnosis CD 3	8	144	151
Diagnosis CD 4	8	152	159
Diagnosis CD 5	8	160	167
Diagnosis CD 6	8	168	175
Diagnosis CD 7	8	176	183
Evaluator First Name	10	184	193
Evaluator Last Name	20	194	213
Decision Taker First Name	10	214	223
Decision Taker Last Name	20	224	243
EOC Start Date (YYYYMMDD)	8	244	251
Demographics ECN	15	252	266
Days between Record Creation Date and Record Change Date	4	267	270
OGA Appeal	1	271	271
Site Description	35	272	306
Site Choice	35	307	341
Removal of Designation	1	342	342
Inpatient State	1	343	343
Request Received Date (YYYYMMDD)	8	344	351
Request Received Time	8	352	359
Request Completed Time	8	360	367
Days between Record Evaluation Date and Request Received Date	4	368	371
Referral Date (YYYYMMDD)	8	372	379