• Open Enrollment Potential Transitional Listing File

DATA NAME	PICTURE	FROM	TO	REMARKS
PROC-DAT	X(08)	1	8	CCYYMMDD - Process date
CHOICE-IND	X(01)	9	9	J – Joining Plan L – Leaving Plan
NEW-HP-ID	X(06)	10	15	New Health Plan ID
NEW-HP-NAME	X(26)	16	41	New Health Plan Name
NEW-CSA	X(02)	42	43	New County
NEW-RATE-CD	X(04)	44	47	New Rate Code
PREV-HP-ID	X(06)	48	53	Previous Health Plan ID
PREV-HP-NAME	X(26)	54	79	Previous Health Plan Name
PREV-CSA	X(02)	80	81	Previous County
PREV-RATE-CD	X(04)	82	85	Previous Rate Code
AHCCCS-ID	X(09)	86	94	AHCCCS-ID
LAST-NAME	X(20)	95	114	Member Last Name
FIRST-NAME	X(10)	115	124	Member First Name
MIDDLE-INIT	X(01)	125	125	Member Middle Initial
STR-1	X(25)	126	150	Member Address line 1
STR-2	X(25)	151	175	Member Address line 2
CITY	X(20)	176	195	Member City
ST	X(02)	196	197	Member State

ZIP CODE	X(05)	198	202	ZIP Code
DAT-OF-BIR	X(08)	203	210	CCYYMMDD – Member Date of Birth
NEW-REC-IND	X(01)	211	211	New Record Indicator - N = New Blank = Not New
PCP-CHOICE	X(25)	212	236	For ACC members field will be spaces For ALTCS members the following LTC information will be present: Field Name Length From To Remark Eff-Chc-Date 8 212 219 CCYYMMDD Change Effective Date PLAC-CD 1 220 220 Placement Code RES-CD 1 221 221 Resident Code LIV-ARR-1 2 222 223 Living Arrangement 1 LIV-ARR-2 2 224 225 Living Arrangement 2 LIV-ARR-3 2 226 227 Living Arrangement 3 LIV-ARR-4 2 228 229 Living Arrangement 4 LIV-ARR-5 2 230 231 Living Arrangement 5 FILLER 5 232 236
PHONE	X(10)	237	246	Member Phone Number

POTENTIAL TRANSITIONAL LISTING TRAILER

DATA NAME	PICTURE	FROM	TO	REMARKS
HP-ID	6	1	6	HEALTH PLAN ID
COUNT	6	7	12	RECORD COUNT (excluding trailer)
FILLER	234	13	246	