One-time APCD Supplemental Eligibility File

Data Element #	Reference	Data Element	Type	Length	Description/Codes/Sources	Required
ME001	N/A	Payer Code	varchar	8	Distributed by OHCS	R
ME002	N/A	Payer Name	varchar	30	Distributed by OHCS	O
ME003	271/2110C /EB/ /04, 271/2110D /EB/ /04	Insurance Type Code / Product	char	2	See Lookup Table B-1.A in Technical Specifications & Data Submission Procedures for the State of Utah All Payer Claims Database (APCD) Version 2.0, December 5, 2013	R
ME004	N/A	Year	int	4	4 digit Year for which eligibility is reported in this submission	R
ME005	N/A	Month	char	2	Month for which eligibility is reported in this submission expressed numerical from 01 to 12.	R
ME006	271/2100C /REF/1L/02, 271/2100C /REF/IG/02, 271/2100C /REF/6P/02, 271/2100D /REF/1L/02, 271/2100D /REF/IG/02, 271/2100D /REF/6P/02	Insured Group or Policy Number	varchar	30	Group or policy number - not the number that uniquely identifies the subscriber	R
ME007	271/2110C /EB/ /02, 271/2110D /EB/ /02	Coverage Level Code	char	3	Benefit Coverage Level CHD Children Only DEP Dependents Only ECH Employee and Children EPN Employee plus N where N equals the number of other covered dependents ELF Employee and Life Partner EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only	R

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Data Element #	Reference	Data Element	Type	Length	Description/Codes/Sources	Required
ME009	271/2100C /NM1/MI/ 09	Plan Specific Contract Number	varchar	128	Plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber.	R
ME010	271/2100C /NM1/MI/ 09, 271/2100D /NM1/MI/ 09	Member Suffix or Sequence Number	varchar	128	Unique number of the member. This column is the unique identifying column for membership and related medical and pharmacy claims. Only one record per eligibility month. Must match MC009 and PC009.	R
ME012	271/2100C /INS/Y/02, 271/2100D /INS/N/02	Individual Relationship Code	char	2	Member's relationship to insured – see Lookup Table B-1.B in Technical Specifications & Data Submission Procedures for the State of Utah All Payer Claims Database (APCD) Version 2.0, December 5, 2013	R
ME123	N/A	HIOS SCID	char	17	HIOS Standard Component ID with CSR variant e.g. 12345UT0010001-00 where 12345 is the unique Issuer HIOS ID UT is the state code for Utah 0010001 is Issuer defined and indicates a specific plan -00 is the cost sharing variant such that -00 off exchange -01 on exchange -02 zero cost sharing -03 limited cost sharing -04 73% AV Silver -05 87% AV Silver -06 94% AV Silver	Required if this is an ACA plan subject to risk adjustment; Otherwise Optional

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Data Element #	Reference	Data Element	Type	Length	Description/Codes/Sources	Required
ME124	N/A	ACA Rating Area	int	1	Geographic rating area associated with the plan premium. Value = 1, 2, 3, 4, 5, or 6 1 - Cache, Rich 2 - Box Elder, Morgan, Weber 3 - Davis, Salt Lake, Summit, Tooele, Wasatch 4 - Utah 5 - Iron, Washington 6 - Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Wayne	Required if this is an ACA plan subject to risk adjustment; Otherwise Optional
ME125	N/A	Subscriber Premium	int	10	Monthly subscriber premium. Include up to hundredths place, but do not code decimal point (e.g. for $1,123.58 input 112358). Only subscriber records should show a premium amount other than 0. Code as 0 for records where ME012 Individual Relationship Code is not "20 Employee/Self."	Required if this is an ACA plan subject to risk adjustment; Otherwise Optional