



**DATA SHARING AGREEMENT
BETWEEN
PARTNERSHIP HEALTHPLAN OF CALIFORNIA
AND
HUMBOLDT COUNTY HEALTH AND HUMAN SERVICES**

RECITALS

WHEREAS, Partnership HealthPlan of California (PHC) is a county organized health system (COHS) contracted with the State of California Department of Health Services to develop and maintain a health delivery system for assigned Medi-Cal Beneficiaries (Members) in several counties in Northern California.

WHEREAS, Humboldt County Health and Human Services is a public, county government agency providing a wide range of behavioral health services to the residents of Humboldt County.

FURTHERMORE, Humboldt County Health and Human Services is a contracted provider in good standing with PHC.

WHEREAS, both Parties desire to implement and participate in a one-way Data Sharing Agreement to act as both a Data Provider and a Data Recipient in that each has agreed to provide and obtain patient data (Medi-Cal data file(s)) through a direct exchange with the focus on treatment purposes for identified Members.

WHEREAS, to ensure the integrity, security, and confidentiality of such data and to permit only appropriate disclosure and use as may be permitted by law, PHC and Humboldt County Health and Human Services (also referred to as “Party”, “Parties”) enter into this Agreement to comply with the following specific sections. This Agreement shall be binding on any successors to the Parties.

AGREEMENT FOR DISCLOSURE AND USE OF DATA AND DOCUMENTS

1. This Agreement is by and between Partnership HealthPlan of California (PHC) and Humboldt County Health and Human Services and is effective the last date of signature of this Agreement.
2. This Agreement addresses the conditions under which the Parties will disclose and the User(s) of each Party will obtain and use Medi-Cal data file(s). This Agreement supplements any agreements between the Parties with respect to the use of information from data and overrides any contrary instructions, directions, agreements, or other understandings with respect to the data specified in this Agreement. The terms of this Agreement may be changed only by a written modification to this Agreement or by the Parties entering into a new agreement. The Parties agree further that instructions or interpretations issued to the User(s) of each Party concerning this Agreement, and the data specified herein in Exhibit B - Requested Data Type to be shared, shall not be valid unless issued in writing by the each Party’s point-of-contact specified in Section 4 or the signatories to this Agreement.
3. The parties mutually agree that the following named individuals are designated as “Custodians of the Files” on

behalf of the user(s) and shall be responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use or disclosure. The Parties agree to notify the other Party within fifteen (15) days of any change to the custodianship information.

Partnership HealthPlan of California
Name of Custodian of Files Title/Component Kirt Kemp, Chief Information Officer
Company Address 4665 Business Center Drive
City/State/Zip Fairfield, CA 94534
Phone Number/Email Address (707) 863-4103/kkemp@partnershiphp.org

Humboldt County Health and Human Services Behavioral Health and Recovery Services Division
Name of Custodian of Files Title/Component
Company Address
City/State/Zip
Phone Number/Email Address

4. The Parties mutually agree that the following named individual(s) will be designated as “point-of-contact” for the Agreement on behalf of each Party.

Partnership HealthPlan of California
Name of Designated Individual and Title Elizabeth Gibboney, Chief Executive Officer
Direct Phone Line 707-863-4232
Direct Email Address egibboney@partnershiphp.org

Humboldt County Health and Human Services Behavioral Health and Recovery Services Division
Name of Designated Individual and Title
Direct Phone Line
Direct Email Address

5. The Parties mutually agree that the following specified Exhibits are part of this Agreement:

- Exhibit A – Business Associate Agreement
- Exhibit B – Partnership HealthPlan of California (PHC) Request for County Data (Inbound)
- Exhibit C – County of Humboldt Request (Outbound) for Patient Data

This Agreement will terminate when the Parties agree the data sharing is no longer needed as part of continuing healthcare operations (refer to Exhibit B for a clear definition of the purpose of the data sharing).

6. The data specified in this Agreement constitutes Protected Health Information (PHI), including protected health information in electronic media (ePHI), under federal law, and personal information (PI) under state law. The parties mutually agree that the creation, receipt, maintenance, transmittal, and disclosure of data from PHC containing PHI or PI shall be subject to the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act), and their implementing privacy and security regulations at 45 CFR Parts 160 and 164 (HIPAA regulations), the Final Omnibus Rule, the provisions of the California Information Practices Act, Civil Code section 1798 et. seq., 42 CFR Part 2, and the provisions of other applicable

federal and state law. The User(s) specifically agree they will not use the Exhibit B data for any purpose other than that stated in paragraph 6 of this Agreement. The User(s) also specifically agree they will not use any PHC data, by itself or in combination with any other data from any source, whether publicly available or not, to individually identify any person to anyone other than PHC as provided in this Agreement.

7. The following definitions shall apply to this Agreement. The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms have in the HIPAA regulations or other applicable law. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.
 - a. Breach shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations, the Final Omnibus Rule, and the California Information Practices Act.
 - b. Individually Identifiable Health Information means health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer, or health care clearinghouse, and relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, that identifies the individual or where there is a reasonable basis to believe the information can be used to identify the individual, as set forth under 45 CFR section 160.103.
 - c. Personal Information (PI) shall have the meaning given to such term in Civil Code section 1798.29.
 - d. Protected Health Information (PHI) means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or is transmitted or maintained in any other form or medium, as set forth under 45 CFR section 160.103.
 - e. Required by law, as set forth under 45 CFR section 164.103, means a mandate contained in law that compels an entity to make a use or disclosure of PHI that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas, or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.
 - f. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PHI or PI, or confidential data that is essential to the ongoing operation of the User's organization and intended for internal use; or interference with system operations in an information system.
 - g. Unsecured PHI shall have the meaning given to such term under the HITECH Act, any guidance issued pursuant to such Act including, but not limited to, 42 USC section 17932(h), the HIPAA regulations and the Final Omnibus Rule.
8. The Parties represent and warrant that, except as authorized in writing and agreed upon by both Parties, the

User(s) shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement to any person, company, or organization. The Parties agree that, within each Party's organizations, access to the data covered by this Agreement shall be limited to the minimum number of individuals (User(s)) necessary to achieve the purpose stated in this Agreement or Exhibit A and Exhibit B and to those individuals on a need-to-know basis only. The user(s) shall not use or further disclose the information other than is permitted by this Agreement or as otherwise required by law. The user(s) shall not use the information to identify or contact any individuals.

9. The Parties agree to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established in HIPAA and the HITECH, and the Final Omnibus Rule as set forth in 45 CFR, parts 160, 162 and 164 of the HIPAA Privacy and Security Regulations. The Parties also agree to provide a level and scope of security that is at least comparable to the level and scope of security established by the Office of Management and Budget in OMB Circular No. A-130, Appendix III - Security of Federal Automated Information Systems, which sets forth guidelines for automated information systems in Federal agencies. In addition, the Parties agree to comply with the specific security controls enumerated in Exhibit A of this Agreement. The Parties also agree to ensure that any agents, including a subcontractor, to whom they provide PHC data, agree to the same requirements for privacy and security safeguards for confidential data that apply to the Parties with respect to such information.
10. The Parties acknowledge that in addition to the requirements of this Agreement they must also abide by the privacy and disclosure laws and regulations under 45 CFR Parts 160 and 164 of the HIPAA regulations, section 14100.2 of the California Welfare & Institutions Code, Civil Code section 1798.3 et. seq., and the Alcohol and Drug Abuse patient records confidentiality law 42 CFR Part 2, as well as any other applicable state or federal law or regulation. 42 CFR section 2.1(b)(2)(B) allows for the disclosure of such records to qualified personnel for the purpose of conducting management or financial audits, or program evaluation. 42 CFR Section 2.53(d) provides that patient identifying information disclosed under this section may be disclosed only back to the program from which it was obtained and used only to carry out an audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by an appropriate court order. The Parties also agree to ensure that any agents, including a subcontractor, to whom they provide the PHC data, agree to the same restrictions and conditions that apply to each Party with respect to such information.
11. The Parties agree to report to the other any use or disclosure of the information not provided for by this Agreement of which it becomes aware, immediately upon discovery, and to take further action regarding the use or disclosure as specified in Exhibit A, Business Associate Agreement, of this Agreement.
12. The Parties agree to train and use reasonable measures to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities under this Agreement and use or disclose data, and to discipline such employees who intentionally violate any provisions of this Agreement, including by termination of employment. In complying with the provisions of this section, the Parties shall observe the following requirements:
 - a. The Parties shall provide information privacy and security training, at least annually, at its own expense, to

all its employees who assist in the performance of functions or activities under this Agreement and use or disclose data; and

- b. The Parties shall require each employee who receives information privacy and security training to sign a certification, indicating the employee's name and the date on which the training was completed.
13. From time to time, PHC may, upon prior written notice and at mutually convenient times, inspect the facilities, systems, books, and records of Humboldt County Health and Human Services to monitor compliance with this Agreement. Humboldt County Health and Human Services shall promptly remedy any violation of any provision of this Agreement and shall certify the same to the PHC Privacy Officer in writing. The fact that PHC inspects, or fails to inspect, or has the right to inspect, Humboldt County Health and Human Services facilities, systems and procedures does not relieve Humboldt County Health and Human Services of their responsibility to comply with this Agreement.
14. From time to time, Humboldt County Health and Human Services may, upon prior written notice and at mutually convenient times, inspect the facilities, systems, books and records of PHC to monitor compliance with this Agreement. PHC shall promptly remedy any violation of any provision of this Agreement and shall certify the same to the Humboldt County Health and Human Services Privacy Officer in writing. The fact that Humboldt County Health and Human Services inspects, or fails to inspect, or has the right to inspect PHC facilities, systems and procedures does not relieve PHC of their responsibility to comply with this Agreement.
15. The Parties acknowledge that penalties under 45 CFR, parts 160, 162, and 164 of the HIPAA regulations, and section 14100.2 of the California Welfare & Institutions Code, including possible fines and imprisonment, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of this Agreement. The User(s) further acknowledge that criminal penalties under the Confidentiality of Medical Information Act (Civ. Code § 56) may apply if it is determined that the User(s), or any individual employed or affiliated therewith, knowingly and willfully obtained any data under false pretenses.
16. By signing this Agreement, the Parties agree to abide by all provisions set out in this Agreement and in Exhibit A and for protection of the data file(s) specified in this Agreement, and acknowledge having received notice of potential criminal, administrative, or civil penalties for violation of the terms of the Agreement. Further, the Parties agree that any material violations of the terms of this Agreement or any of the laws and regulations governing the use of data may result in denial of access to data to the Party in breach of the Agreement.
17. This Agreement shall remain in effect both during the term of the project, and during continuing operations of the project defined in Exhibit B. If there comes a time when there is no longer a requirement for the data sharing to continue, then this Agreement will terminate, and at that time all data provided by PHC must be destroyed as set forth in Section 10, above, and a certificate of destruction sent to the PHC representative named in Section 4, unless data has been destroyed prior to the termination date and a certificate of destruction sent to PHC. All representations, warranties, and certifications shall survive termination.
18. Termination for Cause. Upon a Party's knowledge of a material breach or violation of this Agreement by the other Party, said Party may provide an opportunity for the breaching Party to cure the breach or end the violation

and may terminate this Agreement if the breaching Party does not cure the breach or end the violation within the time specified by said Party, said Party may terminate this Agreement immediately if the breaching Party breaches a material term and said Party determines, in its sole discretion, that a cure is not possible or available under the circumstances. Upon termination of this Agreement, the breaching Party must destroy all PHI and PI in accordance with Section 10, above. The provisions of this Agreement governing the privacy and security of the PHI and PCI shall remain in effect until all PHI and PI is destroyed or returned to said Party.

19. This Agreement may be signed in counterpart and all parts taken together shall constitute one agreement.

On behalf of PHC and Humboldt County Health and Human Services the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

**PARTNERSHIP HEALTHPLAN
OF CALIFORNIA "PHC"**

**HUMBOLDT COUNTY HEALTH AND HUMAN
SERVICES**

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“BAA”), effective as of date of last signature (“Effective Date”) is entered into by and between PARTNERSHIP HEALTHPLAN OF CALIFORNIA (the “Plan” or “Covered Entity”) and HUMBOLDT COUNTY HEALTH AND HUMAN SERVICES (“Business Associate”). PARTNERSHIP HEALTHPLAN OF CALIFORNIA and HUMBOLDT COUNTY HEALTH AND HUMAN SERVICES may be referred to individually as a “Party” or collectively as “Parties.”

WHEREAS, the Parties have entered into a Master Services Agreement effective as of last date of signature (“Agreement”) which may require Business Associate’s use or disclosure of protected health information (“PHI”) in performance of the services described in the Agreement on behalf of the Plan.

WHEREAS, the Parties are committed to complying with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health (“HITECH”) Act and any regulations promulgated thereunder (collectively the “HIPAA Rules”).

WHEREAS, this BAA, in conjunction with the HIPAA Rules, sets forth the terms and conditions pursuant to which PHI (in any format) that is created, received, maintained, or transmitted by, the Business Associate from or on behalf of the Plan, will be handled between the Business Associate, the Plan and with third parties during the term of the Agreement(s) and after its termination.

NOW THEREFORE, the Parties hereby agree as follows:

1. DEFINITIONS

- 1.1 The following terms used in this BAA shall have the same meaning as those terms in the HIPAA Rules: Availability, Breach, Confidentiality, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Integrity, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2. SPECIFIC DEFINITIONS

- 2.1 “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this BAA, shall mean HUMBOLDT COUNTY HEALTH AND HUMAN SERVICES.
- 2.2 “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this BAA, shall mean PARTNERSHIP HEALTHPLAN OF CALIFORNIA.
- 2.3 “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- 2.4 “Services” shall mean, to the extent and only to the extent they involve the creation, use or disclosure of PHI, the services provided by Business Associate to the Plan under the Agreement, including those set forth in this BAA, as amended by written consent of the parties from time to time.

3. RESPONSIBILITIES OF BUSINESS ASSOCIATE

Business Associate agrees to:

- 3.1 Not use or disclose PHI other than as permitted or required by the BAA or as required by law;
- 3.2 Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by the BAA;
- 3.3 Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI that it creates, receives, maintains, or transmits on behalf of the Plan. Business Associate shall comply with the applicable standards at Subpart C of 45 CFR Part 164;
- 3.4 Promptly report to the Plan any use or disclosure of PHI not provided for by the BAA of which it becomes aware, including, but not limited to, Breaches or suspected Breaches of unsecured PHI under 45 CFR 164.410, and any Security Incident or suspected Security Incidents of which it becomes aware. Business Associate shall report the improper or unauthorized use or disclosure of PHI within 24 hours to the Plan. Business Associate shall take all reasonable steps to mitigate any harmful effects of such Breach or Security Incident. Business Associate shall indemnify the Customer against any losses, damages, expenses or other liabilities including reasonable attorney's fees incurred as a result of Business Associate's or its agent's or Subcontractor's unauthorized use or disclosure of PHI including, but not limited to, the costs of notifying individuals affected by a Breach;
- 3.5 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
- 3.6 Make available PHI in a designated record set to the Plan as necessary to satisfy the Plan's obligations under 45 CFR 164.524;
- 3.7 Make any amendment(s) to PHI in a designated record set as directed or agreed to by the Plan pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy the Plan's obligations under 45 CFR 164.526;
- 3.8 Forward any requests from a Plan member for access to records maintained in accordance with the BAA as soon as they are received. The Plan will maintain responsibility for making determinations regarding access to records;
- 3.9 Direct any requests for an amendment from an individual as soon as they are received to the Plan. The Business Associate will incorporate any amendments from the Plan immediately upon direction from the covered entity;

- 3.10 Maintain and make available the information required to provide an accounting of disclosures to the Plan as necessary to satisfy the Plan's obligations under 45 CFR 164.528;
- 3.11 Forward any requests from a Plan member for an accounting of disclosures maintained in accordance with the BAA as soon as they are received. The Plan will maintain responsibility for making determinations regarding the provision of an accounting of disclosures;
- 3.12 To the extent the Business Associate is to carry out one or more of the Plan's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- 3.13 Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

4. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

- 4.1 Business Associate may only use or disclose PHI as necessary to perform the services set forth in the Agreement.
- 4.2 Business Associate must obtain approval from the Plan before providing any de-identified information in accordance with 45 CFR 164.514(a)-(c). Business Associate, if approved, will obtain instructions for the manner in which the de-identified information will be provided.
- 4.3 Business Associate may use or disclose PHI as required by law.
- 4.4 Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Plan's minimum necessary policies and procedures.
- 4.5 Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Plan except for the specific uses and disclosures set forth below.
- 4.6 Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

5. PROVISIONS FOR COVERED ENTITY TO INFORM BUSINESS ASSOCIATE OF PRIVACY PRACTICES AND RESTRICTIONS

- 5.1 The Plan shall notify Business Associate of any limitations in the notice of privacy practices under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

- 5.2 The Plan shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- 5.3 The Plan shall notify Business Associate of any restriction on the use or disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

6. PERMISSIBLE REQUESTS BY COVERED ENTITY

- 6.1 The Plan shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by covered entity.

7. TERM AND TERMINATION

- 7.1 Term. The Term of this BAA shall be effective as of date of last signature and shall terminate on the expiration date of the Agreement or on the date the Plan terminates for cause as authorized in Paragraph 7.2 below, whichever is sooner.
- 7.2 Termination for Cause. Business Associate authorizes termination of this BAA by the Plan, if the Plan determines, in its sole discretion, that Business Associate has violated a material term of this BAA and either:
 - 7.2.1 The Plan provides Business Associate an opportunity to cure the Breach or end the violation within a time specified and Business Associate does not cure the Breach or end the violation within the time specified by the Plan; or
 - 7.2.2 The Plan immediately terminates this BAA upon notice if the Plan determines, in its sole discretion, that a cure is not possible.
- 7.3 Obligations of Business Associate Upon Termination. Upon termination of this BAA for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:
 - 7.3.1 Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - 7.3.2 Return to covered entity or, if agreed to by covered entity, destroy the remaining PHI that the Business Associate still maintains in any form;
 - 7.3.3 Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;
 - 7.3.4 Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at section 4 of this BAA which

applied prior to termination; and

7.3.5 Return to covered entity or, if agreed to by covered entity, destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

7.4 Survival. The obligations of Business Associate under this Section shall survive the termination of this BAA.

8. MISCELLANEOUS

8.1 No Third Party Beneficiaries. Nothing express or implied in this BAA is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of Parties, any rights, remedies, obligations or liabilities whatsoever.

8.2 Regulatory References. A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended.

8.3 Amendment. The Parties agree to take such action as is necessary to amend this BAA from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

8.4 Interpretation. Any ambiguity in this BAA shall be interpreted to permit compliance with the HIPAA Rules.

8.5 Counterparts; Facsimile Signatures. This BAA may be executed in any number of counterparts, each of which will be deemed an original and all of which together will constitute one and the same document. This BAA may be executed and delivered by facsimile or in PDF format via email, and any such signatures will have the same legal effect as manual signatures. If a Party delivers its executed copy of this BAA by facsimile signature or email, such party will promptly execute and deliver to the other party a manually signed original if requested by the other party.

Acknowledged and agreed:

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

HUMBOLDT COUNTY HEALTH AND HUMAN SERVICES

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Exhibit B

Partnership HealthPlan of California (PHC) Request for County Data (Inbound)

Background

Partnership HealthPlan of California (PHC) coordinates the health care of its members. Within the fiscal year of 2019/20, PHC intends to implement the Regional Model which includes 8 counties Del Norte, Humboldt, Mendocino, Trinity, Shasta, Siskiyou, Lassen and Modoc.

Most of the Regional Model entities and their various treatment partners have collaborated over time to create a system of care that brought together a disparate and fragmented treatment arrangement. Perhaps one of the best examples of this collaboration is the development of the Regional Model itself, which has required extensive outreach, consultation, and cooperation among the 8 counties, non-county treatment providers, community groups and Partnership HealthPlan since 2015, when the model was first proposed.

Purpose

In anticipation of the Regional Drug Medi-Cal Program implementation, PHC wishes to proceed with the receipt of county MMEF 1779 files.

The purpose of this request for County eligibility data is to allow PHC to build, test, and validate systems which will allow for operational sustainability of post implementation. PHC intends to develop a process for eligibility maintenance, claims payment, and reporting

Scope

The scope of PHC's request for County Data includes the following list of data types as applicable to mental health services rendered by Humboldt County Health and Human Services to PHC members. Humboldt County Health and Human Services will send data to PHC in formats and methods mutually agreed upon.

FIELD NAME	START	END	FORMAT	DESCRIPTION (Refer to the MEDS Quick Reference Manual for valid codes, special considerations, and additional information)
MEDS Identification Number	1	9	X(9)	A nine-digit number that is the primary and unique recipient identifier used by MEDS. It currently is the best key to use in accessing a recipient's MMEF data. It usually contains the recipient's SSN, but sometimes it contains a psuedo SSN, which is a number generated by DHS and it contains a trailing alpha character. Beginning March 2003, the CIN will replace the SSN as the beneficiary identifier on the Beneficiary Identification Cards (BIC). This change is being made to comply with HIPAA.
HIC Number-SSN	10	18	X(9)	Health Insurance Claim Number: Both SSN and HIC Suffix must be used for HIC query.
HIC Number-Suffix	19	21	X(3)	HIC Suffix
Date of Birth	22	29	X(8) CCYYMMDD	Alphanumeric field containing the recipient's date of birth in the format CCYYMMDD, where CC = birth century (18, 19, 20), YY = birth year, MM = birth month, and DD = birth day.
Gender	30	30	X(1)	Beneficiary gender code: M = Male, F = Female, U = Unborn
Ethnicity	31	31	X(1)	One-byte field indicating the ethnic group the applicant represents in the

				<p>opinion of the interviewer.</p> <p>1 White 2 Hispanic 3 Black 4 Asian or Pacific Islander 5 Alaskan Native or American Indian 7 Filipino, 8 No Valid Data Reported (MEDS generated), 9 No response, client declined to state, A Amerasian, C Chinese H Cambodian J Japanese K Korean M Samoan N Asian Indian P Hawaiian R Guamanian T Laotian V Vietnamese Z Other</p>
Primary Language	32	32	X(1)	<p>One-byte field indicating the recipient's primary language.</p> <p>0 American Sign Language (ASL) 1 Spanish, 2 Cantonese 3 Japanese 4 Korean 5 Tagalog, 6 Other Non-English 7 English, 8 No Valid Data Reported (MEDS generated), 9 No response, client declined to state, A Other Sign Language B Mandarin C Other Chinese Languages D Cambodian E Armenian F Ilacano G Mien H Hmong, I Lao J Turkish K Hebrew, L French, M Polish N Russian, P Portuguese, Q Italian R Arabic S Samoan T Thai U Farsi V Vietnamese</p>

SSN Verification Code	33	33	X(1)	<p>One-byte field indicating whether or not a recipient on MEDS has a SSN with respect to validation by the SSA</p> <p>0 SSN-Ver previously submitted to Meds, 1 SSN reported by client not sight verified/no SSA referral, 2 SSN application filed at SSA district office, confirmation received by county, 3 SSN sight verified by county staff, 5 SSN not sight verified SSA referral initiated, 6 No SSN SSA referral initiated, 7 No valid input on county or MEDS, 8 SSN unattainable undocumented person, 9 SSN not reported by client no SSA referral, A SSN validated via SSA referral B SSN validated via SSA referral birth-date discrepancy identified C SSN validated via SSA referral sex discrepancy identified D SSN validated via SSA referral sex and birth-date discrepancy identified J SSN validated via state validation K SSN validated via state validation birth-date discrepancy identified L SSN validated via state validation sex discrepancy identified M SSN validated via state validation sex and birth-date discrepancy identified P Previously validated SSN changed by SSI/SSP update or by MEB Q Previously validated birth-date changed outside acceptable range R Previously validated SSN Ver code changed outside acceptable range T Unvalidated SSN validated, not applied to MEDS due to a subsequent birth-date change U SSA referral matched MEDS, reported new SSN MEDS-ID notice sent to county V Unvalidated SSA referral update failed insufficient matching fields on MEDS W Unvalidated per SSA name matched, birth-date did not match X Unvalidated per SSA name matched birth-date and sex did not match Y Unvalidated per SSA name did not match birth-date and sex not checked Z Unvalidated per SSA,SSN not known to SSA's numident file</p>
Case Name	34	51	X(18)	Eighteen-byte field used by the county welfare office to identify the case of which the recipient is a member.
Beneficiary Name – Last Name	52	71	X(20)	Beneficiary last name.
Beneficiary Name – First Name	72	86	X(15)	Beneficiary first name.
Beneficiary Name – MI (middle initial)	87	87	X(1)	Beneficiary middle initial.
Beneficiary Name – Suffix	88	90	X(3)	Beneficiary Generation. Examples, JR, SR, III or IV.
Beneficiary Address – First Address Line	91	128	X(38)	Beneficiary Address Line 1
Beneficiary Address - Second Address	129	178	X(50)	Beneficiary Address Line 2

Line				
Beneficiary Address – City	179	198	X(20)	Beneficiary City
Beneficiary Address – State	199	200	X(2)	Beneficiary State
Beneficiary Address – Mail Zip Code	201	205	N(5)	Beneficiary Zip Code
County Data – EW CODE	206	209	X(4)	County Medi-Cal Eligibility Worker (EW) Code
Client Index Number (CIN)	210	218	X(9)	Permanent, unique Client Index Number (CIN) assigned to every Health Services recipient. Never changes, once assigned. The CIN must be used to claim Healthy Family Program services. Beginning March 2003, the CIN will replace the SSN as the beneficiary identifier on the Beneficiary Identification Cards (BIC) .
Government Responsibility	219	219	X(1)	Government Responsibility is a one-byte code that indicates which level of government (federal, state, county) has control. 1 County Welfare Department (CWD) or MEB controlled eligibility other than Food Stamps 2 Federal or State controlled Federal continuing, 3 Terminated Federal Record 6 Other than 1,2,3, or 9, May have Food Stamps I/E/RR, CCS, GHPP, Healthy Families, 9 Frozen Record
County Case ID – CNTY ID	220	221	X(2)	2-Digit county code.
County Case ID – AID CD	222	223	X(2)	Indicates the aid code a Medi-Cal recipient is eligible under.
County Case ID – Serial Number	224	230	X(7)	Assigned to the case by the county from numbers supplied to the county by the state. Along with the county code, this number provides a unique identifier for the whole case.
County Case ID – Family Budget Unit	231	231	X(1)	This number is assigned to each recipient as part of a unique recipient identifier.
County Case ID – Person Number	232	233	X(2)	Number assigned to each recipient within a case as part of a unique identifier to distinguish an individual. (Special Note: For SSI/SSP recipients, the 10-byte County Case Serial Number will be the digit '9' followed by the recipient's Social Security Number.)
Special Status Data – FFP IND	234	234	X(1)	Indicates if Federal Financial Participation (FFP) for emergency services only can be claimed for this client regardless of whether or not the aid code the client is in covers other services. This indicator is set based on the client's alien date of entry, alien status, and alien eligibility code. 'Y' = FFP Claimable, 'N' = FFP Not Claimable
Special Status Data – CMS IND	235	235	X(1)	This indicates if the client has ever been known to either California Children's Services (CCS) or the Genetically Handicapped Persons Program (GHPP) or both.
Card Issue Date	236	243	X(8)	As of April 2003, not currently available.
Current Data-Eligibility Year	244	247	X(4)	Indicates beneficiary current eligibility year.

Current Data-Eligibility Month	248	249	X(2)	Indicates beneficiary current eligibility month.
Current Data-Aid Code	250	251	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Data-County of Responsibility	252	253	X(2)	County responsible for Medi-Cal eligibility and also is the County of Fiscal Responsibility. See county code list for values (01-58).
Current Data – Resident County	254	255	X(2)	County where the recipient resides. Identifies the county in which the client resides. Set when a residence address is reported and finalist identifies a residence county or when a county reports the residence county because it is different from the responsible county. Used for Health Care Plan (HCP) enrollment decisions. See county code list for values (01-58) out of state residences will show “99” for the residence county
Current Data – Eligibility Status	256	258	X(3)	A three-byte code which reflects the recipient’s eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month. 1st Digit =Medi-Cal/CMSP/Other Eligible Status 0 Eligible with no conditions (includes zero SOC) 1 Share of Cost to be met by LTC claim 2 LTC/SOC plus other conditions (i.e.1+3) 3 Other conditions-Certified SOC, Restricted Service, Minor Consent or Partial Health Care Plan 4 Full Service Health Care Plan – HCP 5 Unmet Share of Cost Obligation (Uncertified) 6 Health and Welfare Program other than Medi-Cal/MSP eligible (SLMB, QDWI, Out –of –State , Foster Care, Unborn, Healthy Families, MI) 7 Hold 8 QMB pending Medicare part A & B confirmation 9 Ineligible 2nd Digit =Normal/Exception Eligibility 0 Normal Eligible 1 Unconfirmed Immediate Need eligible reported more than 1 month prior 2 Unconfirmed Immediate Need Eligible reported 1 month prior 3 Unconfirmed Immediate Need Eligible reported in current month 4 Forced eligible due to late termination 5 Partial Month Eligibility (Healthy Families, etc) 7 Exception eligible 8 Forced eligible from MEDS hold 9 Full Month Eligibility (Healthy Families, etc) 3rd Digit=Timeliness /Misc. Information 1 Regular eligible reported timely 2 Regular eligible reported retroactively 3 3 month retroactive eligible 4 Continuing eligible reported timely 5 Continuing eligible reported retroactively 6 Ramos/Pickle/IHSS/Other Extended eligible 7 Aid Paid Pending Ramos/Myers 8 Hold from LTC/SOC status

				9 Ineligible or Regular hold
Current Data – Share of Cost Amount	259	263	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Data – Medicare Status	264	266	X(3)	<p>Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.</p> <p>1st Digit=Part A (Hospital) 2nd Digit = Part B (Medical)</p> <p>0 or Blank No Coverage 1 Paid for by beneficiary 2 Paid for by State Buy-In 3 Free (Part A only) 4 Paid by other entity (Part B only) 5 Buy-In reject, eligible per Bendex 6 Buy-In reject, presumed eligible 7 Presumed eligible 8 Buy-In reject, not resumed eligible 9 Aged alien ineligible for Medicare</p> <p>3rd Digit = Part D (Medical)</p> <p>0 or Blank No Coverage 1 Paid for by beneficiary 2 Paid for by State Buy-In</p>
Current Data – Carrier Code	267	270	X(4)	<p>http://hipaa.dhs.ca.gov/pdf2/834%20Information/Medicare%20Part%20D%20General/PDP-CROSS-REFERENCE-REPORT%20(2).pdf</p> <p>Each of the following rules must be true in order for a carrier record to be posted to this file:</p> <ul style="list-style-type: none"> • The 8th byte of the Scope of Coverage field must be equal to R • The Plan type must be equal to PDP, PAC, MSP,MPO, or MAP • The Source ID must be greater than spaces
Current Data – Source-ID	271	275	X(5)	Federal Contract Number
Current Data-Plan-ID	276	278	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Data-Type-ID	279	280	X(2)	<p>Prescription Drug Plan</p> <p>TYPE-ID – An indicator providing the type of enrollment performed.</p> <p>A Auto Enrolled B Beneficiary Election C Facilitated Enrollment</p>

				<p>D System Generated Enrollment (ROLLOVER)</p> <p>Group Health Organization (aka Health Maintenance Organization or HMO)</p> <p>TYPE-ID – An indicator that identifies the type of managed care enrollment or Fee for Service period.</p> <p>3 Coordinated Care Plan (CCP)</p> <p>5 Private Fee for Service (PFFS)</p> <p>6 Program of All Inclusive Care for the Elderly (PACE)</p> <p>8 Demonstration (DEMO)</p> <p>9 Fee for Service (FFS)</p> <p>10 Cost/HCPPCOST/ALTH Care Prepayment Plan</p> <p>11 Prescription Drug Plan (PDP) Election</p>														
Current Data – Filler	281	290	X(10)															
Current Data – 1 st HCP Status	291	292	X(2)	<p>Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.</p> <p>00 Voluntary disenrollment-No capitation paid</p> <p>01 Active enrollment –Capitation paid</p> <p>05 HCP hold due to recipient Medi-Cal ineligibility –No capitation paid</p> <p>09 Mandatory disenrollment – No capitation paid</p> <p>10 Voluntary disenrollment – Capitation recovery required</p> <p>19 Mandatory disenrollment- Capitation recovery required</p> <p>40 Voluntary disenrollment occurred before enrollment became effective</p> <p>49 Mandatory disenrollment occurred before enrollment became effective</p> <p>51 Enrollment activated from HCP hold or unmet SOC-Supplemental capitation to be paid month end</p> <p>55 Potential plan member –unmet SOC</p> <p>59 HCP hold due to HCP coverage limits –No capitation paid (see HCP reason)</p> <p>P4 Pending enrollment –Application accepted</p> <p>S0 Voluntary disenrollment –Capitation</p> <p>S1 Active enrollment –Supplemental capitation paid</p> <p>S9 Mandatory disenrollment Capitation recovery processed</p>														
Current Data – 1 st HCP Code	293	295	X(3)	<p>Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.</p> <table border="1"> <thead> <tr> <th>HCP PLAN CODE</th> <th>HCP Name</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Alameda Alliance for Health</td> </tr> <tr> <td>52</td> <td>Alta Med Health Senior Buenacare</td> </tr> <tr> <td>48</td> <td>Blue Cross of California</td> </tr> <tr> <td>190</td> <td>Blue Cross of California</td> </tr> <tr> <td>311</td> <td>Blue Cross of California</td> </tr> <tr> <td>340</td> <td>Blue Cross of California</td> </tr> </tbody> </table>	HCP PLAN CODE	HCP Name	300	Alameda Alliance for Health	52	Alta Med Health Senior Buenacare	48	Blue Cross of California	190	Blue Cross of California	311	Blue Cross of California	340	Blue Cross of California
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				345	Blue Cross of California	Santa C
				358	Blue Cross of California	San Joa
				310	Blue Cross/Stanslaus Local Initiative	Stanisla
				506	CalOPTIMA	Orange
				51	Center for Elders Independence	Alamed
				54	Center for Elders Independence	Contra
				505	Central Coast Alliance for Health	Santa C
				508	Central Coast Alliance for Health	Monter
				29	Community Health Group	San Die
				301	Contra Costa Health Plan	Contra
				601	Family Mosaic Project	San Fra
				68	Health Net	San Die
				150	Health Net	Sacram
				351	Health Net	Fresno
				352	Health Net	Los Ang
				353	Health Net	Tulare
				308	Health Plan of San Joaquin	San Joa
				503	Health Plan of San Mateo	San Ma
				305	Inland Empire Health Plan	Riversi
				306	Inland Empire Health Plan	San Be
				170	Kaiser	Sacram
				79	Kaiser Foundation Health Plan	San Die
				81	Kaiser Foundation Health Plan (North)	
				87	Kaiser Foundation Health Plan (North)	Sonom
				303	Kern Health Systems	Kern
				304	LA CARE Health Plan	Los Ang
				130	Molina HealthCare of California	Sacram
				355	Molina HealthCare of California	Riversi
				356	Molina HealthCare of California	San Be
				55	ONLOK Senior Health Services	San Fra
				56	ONLOK Senior Health Services-Alameda	Alamed
				504	Partnership HealthPlan of CA	Solano
				507	Partnership HealthPlan of CA	Napa
				509	Partnership HealthPlan of CA	Yolo
				510	Partnership HealthPlan of CA	Marin
				530	Partnership HealthPlan of CA-CMSP	Solano
				640	Placer Co Managed Care Network	Placer
				915	Positive HealthCare	Los Ang
				916	Positive HealthCare	Riversi
				917	Positive HealthCare	San Be
				307	San Francisco Health Plan	San Fra

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Current Data – (OHC) Other Health Coverage	276	296	X(1)	<p>A one-byte code indicating the recipient’s health care coverage by health care insurance company.</p> <p>OHC Pay and Chase OHC/ Post Payment Recovery A Any carrier (includes multiple coverage) Cost Avoidance OHC C Champus Prime HMO D Medicare Part D F Medicare RISK HMO K Kaiser L Dental only policies P PHP/HMO’s & EPO (Exclusive Provider Option) not otherwise specified V Any carrier (other than the above, includes multiple coverage) 9 Healthy Families Other OHC Related Codes</p>																																																																							

				<p>N None</p> <p>O Override –Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC –source of H, R, or T) changes OHC to A</p>
Current Data-SURS Code	297	299	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Data–Special Program 1 AID	300	301	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible under Special Program 1.
Current Data –Special Program 1 County	302	303	X(2)	Two-byte county code for the county of responsibility for Special Program 1 aid code.
Current Data–Special Program 1 Eligibility	304	306	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status for Special Program 1. Byte 2 = Normal/Exceptional Eligibility Status for Special Program 1. Byte 3 = Timeliness/Miscellaneous Information for Special Program 1.
Current Data–Special Program 2 AID	307	308	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible under Special Program 2.
Current Data–Special Program 2 County	309	310	X(2)	Two-byte county code for the county of responsibility for Special Program 2 aid code.
Current Data–Special Program 2 Eligibility	311	313	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status for Special Program 2. Byte 2 = Normal/Exceptional Eligibility Status for Special Program 2. Byte 3 = Timeliness/Miscellaneous Information for Special Program 2.
Current Data-Special Obligation	314	315	N(2)	Indicates % of obligation that recipient is responsible for.
Current Data – HF IN/OUT Day	316	319	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Data – Special Program 3 AID	320	321	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible under Special Program 3.
Current Data – Special Program 3 County	322	323	X(2)	Two-byte county code for the county of responsibility for Special Program 3.
Current Data – Special Program 3 Eligibility	324	326	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status for Special Program 3. Byte 2 = Normal/Exceptional Eligibility Status for Special Program 3. Byte 3 = Timeliness/Miscellaneous Information for Special Program 3.
Current Data – 2nd HCP Status	327	328	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code. See 1 st HCP status for valid status codes.
Current Data – 2nd HCP Code	329	331	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled. See 1 st HCP code for valid HCP codes.
Current Data – 3 rd HCP Status	332	333	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code. See 1 st HCP status for valid status codes.
Current Data – 3 rd HCP Code	334	336	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled. See 1 st HCP code for valid HCP codes.
Current Month [-1] Eligibility Year	337	340	X(4)	
Current Month [-1] Eligibility Month	341	342	X(2)	

Current Month [-1] Aid Code	343	344	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-1] County of Responsibility	345	346	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-1] Resident County	347	348	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-1] Eligibility Status	349	351	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-1] Share of Cost	352	356	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-1] Medicare Status	357	359	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-1] Carrier Code	360	363	X(4)	Four-digit Carrier Code
Current Month [-1] Source-ID	364	368	X(5)	Federal Contract Number
Current Month [-1] Plan-ID	369	371	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-1] Type-ID	372	373	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-1] Filler	374	383	X(10)	
Current Month [-1] 1 st HCP Status	384	385	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-1] 1 st HCP Code	386	388	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-1] Other Health Coverage	389	389	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-1] SURS Code	390	392	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-1] Special 1 Aid Code	393	394	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.

Current Month [-1] Special 1 County Code	395	396	X(2)	Two-byte county code for the county of responsibility
Current Month [-1] Special 1 Eligibility Status	397	399	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-1] Special 2 Aid Code	400	401	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-1] Special 2 County Code	402	403	X(2)	Two-byte county code for the county of responsibility
Current Month [-1] Special 2 Eligibility Status	404	406	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-1] Special Obligation	407	408	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-1] H.F. IN/OUT Eligibility Day	409	412	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-1] Special 3 Aid Code	413	414	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-1] Special 3 County Code	415	416	X(2)	Two-byte county code for the county of responsibility.
Current Month [-1] Special 3 Eligibility Status	417	419	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-1] 2 nd HCP Status	420	421	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-1] 2 nd HCP Code	422	424	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-1] 3 rd HCP Status	425	426	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-1] 3 rd HCP Code	427	429	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.

Current Month [-2] Eligibility Year	430	433	X(4)	
Current Month [-2] Eligibility Month	434	435	X(2)	
Current Month [-2] Aid Code	436	437	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-2] County of Responsibility	438	439	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-2] Resident County	440	441	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-2] Eligibility Status	442	444	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-2] Share of Cost	445	449	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-2] Medicare Status	450	452	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-2] Carrier Code	453	456	X(4)	Four-digit Carrier Code
Current Month [-2] Source-ID	457	461	X(5)	Federal Contract Number
Current Month [-2] Plan-ID	462	464	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-2] Type-ID	465	466	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-2] Filler	467	476	X(10)	
Current Month [-2] 1 st HCP Status	477	478	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-2] 1 st HCP Code	479	481	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-2] Other Health Coverage	482	482	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.

Current Month [-2] SURS Code	483	485	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-2] Special 1 Aid Code	486	487	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-2] Special 1 County Code	488	489	X(2)	Two-byte county code for the county of responsibility
Current Month [-2] Special 1 Eligibility Status	490	492	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-2] Special 2 Aid Code	493	494	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-2] Special 2 County Code	495	496	X(2)	Two-byte county code for the county of responsibility
Current Month [-2] Special 2 Eligibility Status	497	499	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-2] Special Obligation	500	501	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-2] H.F. IN/OUT Eligibility Day	502	505	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-2] Special 3 Aid Code	506	507	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-2] Special 3 County Code	508	509	X(2)	Two-byte county code for the county of responsibility.
Current Month [-2] Special 3 Eligibility Status	510	512	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-2] 2 nd HCP Status	513	514	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-2] 2 nd HCP Code	515	517	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-2]	518	519	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.

3 rd HCP Status				
Current Month [-2] 3 rd HCP Code	520	522	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-3] Eligibility Year	523	526	X(4)	
Current Month [-3] Eligibility Month	527	528	X(2)	
Current Month [-3] Aid Code	529	530	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-3] County of Responsibility	531	532	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-3] Resident County	533	534	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-3] Eligibility Status	535	537	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-3] Share of Cost	538	542	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-3] Medicare Status	543	545	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-3] Carrier Code	546	549	X(4)	Four-digit Carrier Code
Current Month [-3] Source-ID	550	554	X(5)	Federal Contract Number
Current Month [-3] Plan-ID	555	557	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-3] Type-ID	558	559	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-3] Filler	560	569	X(10)	
Current Month [-3] 1 st HCP Status	570	571	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-3] 1 st HCP Code	572	574	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.

Current Month [-3] Other Health Coverage	575	575	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-3] SURS Code	576	578	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-3] Special 1 Aid Code	579	580	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-3] Special 1 County Code	581	582	X(2)	Two-byte county code for the county of responsibility
Current Month [-3] Special 1 Eligibility Status	583	585	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-3] Special 2 Aid Code	586	587	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-3] Special 2 County Code	588	589	X(2)	Two-byte county code for the county of responsibility
Current Month [-3] Special 2 Eligibility Status	590	592	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-3] Special Obligation	593	594	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-3] H.F. IN/OUT Eligibility Day	595	598	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-3] Special 3 Aid Code	599	600	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-3] Special 3 County Code	601	602	X(2)	Two-byte county code for the county of responsibility.
Current Month [-3] Special 3 Eligibility Status	603	605	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-3] 2 nd HCP Status	606	607	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.

Current Month [-3] 2 nd HCP Code	608	610	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-3] 3 rd HCP Status	611	612	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-3] 3 rd HCP Code	613	615	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-4] Eligibility Year	616	619	X(4)	
Current Month [-4] Eligibility Month	620	621	X(2)	
Current Month [-4] Aid Code	622	623	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-4] County of Responsibility	624	625	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-4] Resident County	626	627	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-4] Eligibility Status	628	630	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-4] Share of Cost	631	635	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-4] Medicare Status	636	638	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-4] Carrier Code	639	642	X(4)	Four-digit Carrier Code
Current Month [-4] Source-ID	643	647	X(5)	Federal Contract Number
Current Month [-4] Plan-ID	648	650	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-4] Type-ID	651	652	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-4] Filler	653	662	X(10)	
Current Month [-4]	663	664	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.

1 st HCP Status				
Current Month [-4] 1 st HCP Code	665	667	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-4] Other Health Coverage	668	668	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-4] SURS Code	669	671	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-4] Special 1 Aid Code	672	673	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-4] Special 1 County Code	674	675	X(2)	Two-byte county code for the county of responsibility
Current Month [-4] Special 1 Eligibility Status	676	678	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-4] Special 2 Aid Code	679	680	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-4] Special 2 County Code	681	682	X(2)	Two-byte county code for the county of responsibility
Current Month [-4] Special 2 Eligibility Status	683	685	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-4] Special Obligation	686	687	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-4] H.F. IN/OUT Eligibility Day	688	691	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-4] Special 3 Aid Code	692	693	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-4] Special 3 County Code	694	695	X(2)	Two-byte county code for the county of responsibility.
Current Month [-4] Special 3	696	698	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.

Eligibility Status				
Current Month [-4] 2 nd HCP Status	699	700	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-4] 2 nd HCP Code	701	703	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-4] 3 rd HCP Status	704	705	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-4] 3 rd HCP Code	706	708	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-5] Eligibility Year	709	712	X(4)	
Current Month [-5] Eligibility Month	713	714	X(2)	
Current Month [-5] Aid Code	715	716	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-5] County of Responsibility	717	718	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-5] Resident County	719	720	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-5] Eligibility Status	721	723	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-5] Share of Cost	724	728	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-5] Medicare Status	729	731	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-5] Carrier Code	732	735	X(4)	Four-digit Carrier Code
Current Month [-5] Source-ID	736	740	X(5)	Federal Contract Number
Current Month [-5] Plan-ID	741	743	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-5] Type-ID	744	745	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period

Current Month [-5] Filler	746	755	X(10)	
Current Month [-5] 1 st HCP Status	756	757	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-5] 1 st HCP Code	758	760	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-5] Other Health Coverage	761	761	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-5] SURS Code	762	764	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-5] Special 1 Aid Code	765	766	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-5] Special 1 County Code	767	768	X(2)	Two-byte county code for the county of responsibility
Current Month [-5] Special 1 Eligibility Status	769	771	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-5] Special 2 Aid Code	772	773	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-5] Special 2 County Code	774	775	X(2)	Two-byte county code for the county of responsibility
Current Month [-5] Special 2 Eligibility Status	776	778	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-5] Special Obligation	779	780	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-5] H.F. IN/OUT Eligibility Day	781	784	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-5] Special 3 Aid Code	785	786	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-5] Special 3 County	787	788	X(2)	Two-byte county code for the county of responsibility.

Code				
Current Month [-5] Special 3 Eligibility Status	789	791	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-5] 2 nd HCP Status	792	793	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-5] 2 nd HCP Code	794	796	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-5] 3 rd HCP Status	797	798	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-5] 3 rd HCP Code	799	801	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-6] Eligibility Year	802	805	X(4)	
Current Month [-6] Eligibility Month	806	807	X(2)	
Current Month [-6] Aid Code	808	809	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-6] County of Responsibility	810	811	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-6] Resident County	812	813	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-6] Eligibility Status	814	816	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-6] Share of Cost	817	821	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-6] Medicare Status	822	824	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-6] Carrier Code	825	828	X(4)	Four-digit Carrier Code
Current Month [-6] Source-ID	829	833	X(5)	Federal Contract Number
Current Month [-6] Plan-ID	834	836	X(3)	Indicates the Medicare Part D plan's benefit package.

Current Month [-6] Type-ID	837	838	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-6] Filler	839	848	X(10)	
Current Month [-6] 1 st HCP Status	849	850	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-6] 1 st HCP Code	851	853	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-6] Other Health Coverage	854	854	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-6] SURS Code	855	857	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-6] Special 1 Aid Code	858	859	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-6] Special 1 County Code	860	861	X(2)	Two-byte county code for the county of responsibility
Current Month [-6] Special 1 Eligibility Status	862	864	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-6] Special 2 Aid Code	865	866	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-6] Special 2 County Code	867	868	X(2)	Two-byte county code for the county of responsibility
Current Month [-6] Special 2 Eligibility Status	869	871	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-6] Special Obligation	872	873	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-6] H.F. IN/OUT Eligibility Day	874	877	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-6]	878	879	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.

Special 3 Aid Code				
Current Month [-6] Special 3 County Code	880	881	X(2)	Two-byte county code for the county of responsibility.
Current Month [-6] Special 3 Eligibility Status	882	884	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-6] 2 nd HCP Status	885	886	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-6] 2 nd HCP Code	887	889	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-6] 3 rd HCP Status	890	891	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-6] 3 rd HCP Code	892	894	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-7] Eligibility Year	895	898	X(4)	
Current Month [-7] Eligibility Month	899	900	X(2)	
Current Month [-7] Aid Code	901	902	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-7] County of Responsibility	903	904	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-7] Resident County	905	906	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-7] Eligibility Status	907	909	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-7] Share of Cost	910	914	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-7] Medicare Status	915	917	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-7] Carrier Code	918	921	X(4)	Four-digit Carrier Code
Current Month [-7] Source-ID	922	926	X(5)	Federal Contract Number

Current Month [-7] Plan-ID	927	929	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-7] Type-ID	930	931	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-7] Filler	932	941	X(10)	
Current Month [-7] 1 st HCP Status	942	943	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-7] 1 st HCP Code	944	946	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-7] Other Health Coverage	947	947	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-7] SURS Code	948	950	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-7] Special 1 Aid Code	951	952	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-7] Special 1 County Code	953	954	X(2)	Two-byte county code for the county of responsibility
Current Month [-7] Special 1 Eligibility Status	955	957	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-7] Special 2 Aid Code	958	959	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-7] Special 2 County Code	960	961	X(2)	Two-byte county code for the county of responsibility
Current Month [-7] Special 2 Eligibility Status	962	964	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-7] Special Obligation	965	966	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-7] H.F. IN/OUT	967	970	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.

Eligibility Day				
Current Month [-7] Special 3 Aid Code	971	972	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-7] Special 3 County Code	973	974	X(2)	Two-byte county code for the county of responsibility.
Current Month [-7] Special 3 Eligibility Status	975	977	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-7] 2 nd HCP Status	978	979	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-7] 2 nd HCP Code	980	982	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-7] 3 rd HCP Status	983	984	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-7] 3 rd HCP Code	985	987	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-8] Eligibility Year	988	991	X(4)	
Current Month [-8] Eligibility Month	992	993	X(2)	
Current Month [-8] Aid Code	994	995	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-8] County of Responsibility	996	997	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-8] Resident County	998	999	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-8] Eligibility Status	1000	1002	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-8] Share of Cost	1003	1007	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-8] Medicare Status	1008	1010	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-8]	1011	1014	X(4)	Four-digit Carrier Code

Carrier Code				
Current Month [-8] Source-ID	1015	1019	X(5)	Federal Contract Number
Current Month [-8] Plan-ID	1020	1022	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-8] Type-ID	1023	1024	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-8] Filler	1025	1034	X(10)	
Current Month [-8] 1 st HCP Status	1035	1036	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-8] 1 st HCP Code	1037	1039	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-8] Other Health Coverage	1040	1040	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-8] SURS Code	1041	1043	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-8] Special 1 Aid Code	1044	1045	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-8] Special 1 County Code	1046	1047	X(2)	Two-byte county code for the county of responsibility
Current Month [-8] Special 1 Eligibility Status	1048	1050	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-8] Special 2 Aid Code	1051	1052	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-8] Special 2 County Code	1053	1054	X(2)	Two-byte county code for the county of responsibility
Current Month [-8] Special 2 Eligibility Status	1055	1057	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-8]	1058	1059	N(2)	Indicates % of obligation that recipient is responsible for.

Special Obligation				
Current Month [-8] H.F. IN/OUT Eligibility Day	1060	1063	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-8] Special 3 Aid Code	1064	1065	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-8] Special 3 County Code	1066	1067	X(2)	Two-byte county code for the county of responsibility.
Current Month [-8] Special 3 Eligibility Status	1068	1070	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-8] 2 nd HCP Status	1071	1072	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-8] 2 nd HCP Code	1073	1075	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-8] 3 rd HCP Status	1076	1077	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-8] 3 rd HCP Code	1078	1080	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-9] Eligibility Year	1081	1084	X(4)	
Current Month [-9] Eligibility Month	1085	1086	X(2)	
Current Month [-9] Aid Code	1087	1088	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-9] County of Responsibility	1089	1090	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-9] Resident County	1091	1092	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-9] Eligibility Status	1093	1095	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-9] Share of Cost	1096	1100	N(5)	Share of cost amount that the recipient is obligated to meet.

Current Month [-9] Medicare Status	1101	1103	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-9] Carrier Code	1104	1107	X(4)	Four-digit Carrier Code
Current Month [-9] Source-ID	1108	1112	X(5)	Federal Contract Number
Current Month [-9] Plan-ID	1113	1115	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-9] Type-ID	1116	1117	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-9] Filler	1118	1127	X(10)	
Current Month [-9] 1 st HCP Status	1128	1129	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-9] 1 st HCP Code	1130	1132	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-9] Other Health Coverage	1133	1133	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-9] SURS Code	1134	1136	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-9] Special 1 Aid Code	1137	1138	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-9] Special 1 County Code	1139	1140	X(2)	Two-byte county code for the county of responsibility
Current Month [-9] Special 1 Eligibility Status	1141	1143	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-9] Special 2 Aid Code	1144	1145	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-9] Special 2 County Code	1146	1147	X(2)	Two-byte county code for the county of responsibility
Current Month [-9]	1148	1150	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status.

Special 2 Eligibility Status				Byte 3 = Timeliness/Miscellaneous Information
Current Month [-9] Special Obligation	1151	1152	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-9] H.F. IN/OUT Eligibility Day	1153	1156	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-9] Special 3 Aid Code	1157	1158	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-9] Special 3 County Code	1159	1160	X(2)	Two-byte county code for the county of responsibility.
Current Month [-9] Special 3 Eligibility Status	1161	1163	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-9] 2 nd HCP Status	1164	1165	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-9] 2 nd HCP Code	1166	1168	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-9] 3 rd HCP Status	1169	1170	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-9] 3 rd HCP Code	1171	1173	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-10] Eligibility Year	1174	1177	X(4)	
Current Month [-10] Eligibility Month	1178	1179	X(2)	
Current Month [-10] Aid Code	1180	1181	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-10] County of Responsibility	1182	1183	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-10] Resident County	1184	1185	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-10] Eligibility Status	1186	1188	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.

Current Month [-10] Share of Cost	1189	1193	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-10] Medicare Status	1194	1196	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-10] Carrier Code	1197	1200	X(4)	Four-digit Carrier Code
Current Month [-10] Source-ID	1201	1205	X(5)	Federal Contract Number
Current Month [-10] Plan-ID	1206	1208	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-10] Type-ID	1209	1210	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-10] Filler	1211	1220	X(10)	
Current Month [-10] 1 st HCP Status	1221	1222	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-10] 1 st HCP Code	1223	1225	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-10] Other Health Coverage	1226	1226	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-10] SURS Code	1227	1229	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-10] Special 1 Aid Code	1230	1231	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-10] Special 1 County Code	1232	1233	X(2)	Two-byte county code for the county of responsibility
Current Month [-10] Special 1 Eligibility Status	1234	1236	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-10] Special 2 Aid Code	1237	1238	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-10] Special 2 County	1239	1240	X(2)	Two-byte county code for the county of responsibility

Code				
Current Month [-10] Special 2 Eligibility Status	1241	1243	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-10] Special Obligation	1244	1245	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-10] H.F. IN/OUT Eligibility Day	1246	1249	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-10] Special 3 Aid Code	1250	1251	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-10] Special 3 County Code	1252	1253	X(2)	Two-byte county code for the county of responsibility.
Current Month [-10] Special 3 Eligibility Status	1254	1256	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-10] 2 nd HCP Status	1257	1258	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-10] 2 nd HCP Code	1259	1261	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-10] 3 rd HCP Status	1262	1263	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-10] 3 rd HCP Code	1264	1266	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-11] Eligibility Year	1267	1270	X(4)	
Current Month [-11] Eligibility Month	1271	1272	X(2)	
Current Month [-11] Aid Code	1273	1274	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-11] County of Responsibility	1275	1276	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-11] Resident County	1277	1278	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.

Current Month [-11] Eligibility Status	1279	1281	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-11] Share of Cost	1282	1286	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-11] Medicare Status	1287	1289	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-11] Carrier Code	1290	1293	X(4)	Four-digit Carrier Code
Current Month [-11] Source-ID	1294	1298	X(5)	Federal Contract Number
Current Month [-11] Plan-ID	1299	1301	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-11] Type-ID	1302	1303	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-11] Filler	1304	1313	X(10)	
Current Month [-11] 1 st HCP Status	1314	1315	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-11] 1 st HCP Code	1316	1318	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-11] Other Health Coverage	1319	1319	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-11] SURS Code	1320	1322	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-11] Special 1 Aid Code	1323	1324	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-11] Special 1 County Code	1325	1326	X(2)	Two-byte county code for the county of responsibility
Current Month [-11] Special 1 Eligibility Status	1327	1329	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-11] Special 2 Aid	1330	1331	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.

Code				
Current Month [-11] Special 2 County Code	1332	1333	X(2)	Two-byte county code for the county of responsibility
Current Month [-11] Special 2 Eligibility Status	1334	1336	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-11] Special Obligation	1337	1338	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-11] H.F. IN/OUT Eligibility Day	1339	1342	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-11] Special 3 Aid Code	1343	1344	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-11] Special 3 County Code	1345	1346	X(2)	Two-byte county code for the county of responsibility.
Current Month [-11] Special 3 Eligibility Status	1347	1349	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-11] 2 nd HCP Status	1350	1351	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-11] 2 nd HCP Code	1352	1354	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-11] 3 rd HCP Status	1355	1356	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-11] 3 rd HCP Code	1357	1359	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-12] Eligibility Year	1360	1363	X(4)	
Current Month [-12] Eligibility Month	1364	1365	X(2)	
Current Month [-12] Aid Code	1366	1367	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-12] County of	1368	1369	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.

Responsibility				
Current Month [-12] Resident County	1370	1371	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-12] Eligibility Status	1372	1374	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-12] Share of Cost	1375	1379	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-12] Medicare Status	1380	1382	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-12] Carrier Code	1383	1386	X(4)	Four-digit Carrier Code
Current Month [-12] Source-ID	1387	1391	X(5)	Federal Contract Number
Current Month [-12] Plan-ID	1392	1394	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-12] Type-ID	1395	1396	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-12] Filler	1397	1406	X(10)	
Current Month [-12] 1 st HCP Status	1407	1408	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-12] 1 st HCP Code	1409	1411	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-12] Other Health Coverage	1412	1412	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-12] SURS Code	1413	1415	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-12] Special 1 Aid Code	1416	1417	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-12] Special 1 County Code	1418	1419	X(2)	Two-byte county code for the county of responsibility
Current Month [-12]	1420	1422	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status.

Special 1 Eligibility Status				Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-12] Special 2 Aid Code	1423	1424	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-12] Special 2 County Code	1425	1426	X(2)	Two-byte county code for the county of responsibility
Current Month [-12] Special 2 Eligibility Status	1427	1429	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-12] Special Obligation	1430	1431	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-12] H.F. IN/OUT Eligibility Day	1432	1435	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-12] Special 3 Aid Code	1436	1437	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-12] Special 3 County Code	1438	1439	X(2)	Two-byte county code for the county of responsibility.
Current Month [-12] Special 3 Eligibility Status	1440	1442	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-12] 2 nd HCP Status	1443	1444	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-12] 2 nd HCP Code	1445	1447	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-12] 3 rd HCP Status	1448	1449	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-12] 3 rd HCP Code	1450	1452	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-13] Eligibility Year	1453	1456	X(4)	
Current Month [-13] Eligibility Month	1457	1458	X(2)	

Current Month [-13] Aid Code	1459	1460	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-13] County of Responsibility	1461	1462	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-13] Resident County	1463	1464	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-13] Eligibility Status	1465	1467	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-13] Share of Cost	1468	1472	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-13] Medicare Status	1473	1475	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-13] Carrier Code	1476	1479	X(4)	Four-digit Carrier Code
Current Month [-13] Source-ID	1480	1484	X(5)	Federal Contract Number
Current Month [-13] Plan-ID	1485	1487	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-13] Type-ID	1488	1489	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-13] Filler	1490	1499	X(10)	
Current Month [-13] 1 st HCP Status	1500	1501	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-13] 1 st HCP Code	1502	1504	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-13] Other Health Coverage	1505	1505	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-13] SURS Code	1506	1508	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-13] Special 1 Aid Code	1509	1510	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.

Current Month [-13] Special 1 County Code	1511	1512	X(2)	Two-byte county code for the county of responsibility
Current Month [-13] Special 1 Eligibility Status	1513	1515	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-13] Special 2 Aid Code	1516	1517	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-13] Special 2 County Code	1518	1519	X(2)	Two-byte county code for the county of responsibility
Current Month [-13] Special 2 Eligibility Status	1520	1522	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-13] Special Obligation	1523	1524	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-13] H.F. IN/OUT Eligibility Day	1525	1528	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-13] Special 3 Aid Code	1529	1530	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-13] Special 3 County Code	1531	1532	X(2)	Two-byte county code for the county of responsibility.
Current Month [-13] Special 3 Eligibility Status	1533	1535	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-13] 2 nd HCP Status	1536	1537	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-13] 2 nd HCP Code	1538	1540	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-13] 3 rd HCP Status	1541	1542	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-13] 3 rd HCP Code	1543	1545	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.

Current Month [-14] Eligibility Year	1546	1549	X(4)	
Current Month [-14] Eligibility Month	1550	1551	X(2)	
Current Month [-14] Aid Code	1552	1553	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-14] County of Responsibility	1554	1555	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-14] Resident County	1556	1557	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-14] Eligibility Status	1558	1560	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-14] Share of Cost	1561	1565	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-14] Medicare Status	1566	1568	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-14] Carrier Code	1569	1572	X(4)	Four-digit Carrier Code
Current Month [-14] Source-ID	1573	1577	X(5)	Federal Contract Number
Current Month [-14] Plan-ID	1578	1580	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-14] Type-ID	1581	1582	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-14] Filler	1583	1592	X(10)	
Current Month [-14] 1 st HCP Status	1593	1594	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-14] 1 st HCP Code	1595	1597	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-14] Other Health Coverage	1598	1598	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.

Current Month [-14] SURS Code	1599	1601	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-14] Special 1 Aid Code	1602	1603	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-14] Special 1 County Code	1604	1605	X(2)	Two-byte county code for the county of responsibility
Current Month [-14] Special 1 Eligibility Status	1606	1608	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-14] Special 2 Aid Code	1609	1610	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-14] Special 2 County Code	1611	1612	X(2)	Two-byte county code for the county of responsibility
Current Month [-14] Special 2 Eligibility Status	1613	1615	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-14] Special Obligation	1616	1617	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-14] H.F. IN/OUT Eligibility Day	1618	1621	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-14] Special 3 Aid Code	1622	1623	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-14] Special 3 County Code	1624	1625	X(2)	Two-byte county code for the county of responsibility.
Current Month [-14] Special 3 Eligibility Status	1626	1628	X(3)	Byte 1 = Medi-Cal/CMSP/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-14] 2 nd HCP Status	1629	1630	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-14] 2 nd HCP Code	1631	1633	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-14]	1634	1635	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.

3 rd HCP Status				
Current Month [-14] 3 rd HCP Code	1636	1638	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-15] Eligibility Year	1639	1642	X(4)	
Current Month [-15] Eligibility Month	1643	1644	X(2)	
Current Month [-15] Aid Code	1645	1646	X(2)	Two-byte code indicating under which aid code a recipient is eligible.
Current Month [-15] County of Responsibility	1647	1648	X(2)	County responsible for Medi-Cal eligibility. Refer to Current Data County of Responsibility Field for more information.
Current Month [-15] Resident County	1649	1650	X(2)	County where the recipient resides. Refer to Current Data Resident County Field for more information.
Current Month [-15] Eligibility Status	1651	1653	X(3)	A three-byte code which reflects the recipient's eligibility in byte one; Medi-Cal ID card issuance in byte two; and Pre/Post eligibility status information and eligibility established for retroactive months in byte three for the related month.
Current Month [-15] Share of Cost	1654	1658	N(5)	Share of cost amount that the recipient is obligated to meet.
Current Month [-15] Medicare Status	1659	1661	X(3)	Three-digit code reflecting a recipient's Medicare Part A (Inpatient), Part B (Medical) and Part D (Medical) entitlement status.
Current Month [-15] Carrier Code	1662	1665	X(4)	Four-digit Carrier Code
Current Month [-15] Source-ID	1666	1670	X(5)	Federal Contract Number
Current Month [-15] Plan-ID	1671	1673	X(3)	Indicates the Medicare Part D plan's benefit package.
Current Month [-15] Type-ID	1674	1675	X(2)	Prescription Drug Plan - An indicator providing the type of enrollment performed Group Health Organization (aka Health Maintenance Organization or HMO) - An indicator that identifies the type of managed care enrollment or Fee for Service period
Current Month [-15] Filler	1676	1685	X(10)	
Current Month [-15] 1 st HCP Status	1686	1687	X(2)	Identifies the status of a recipient's enrollment in an associated Health Care Plan (HCP) code.
Current Month [-15] 1 st HCP Code	1688	1690	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.

Current Month [-15] Other Health Coverage	1691	1691	X(1)	A one-byte code indicating the recipient's health care coverage by health care insurance company.
Current Month [-15] SURS Code	1692	1694	X(3)	Identifies if recipient has been placed on or removed the restricted status.
Current Month [-15] Special 1 Aid Code	1695	1696	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-15] Special 1 County Code	1697	1698	X(2)	Two-byte county code for the county of responsibility
Current Month [-15] Special 1 Eligibility Status	1699	1701	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-15] Special 2 Aid Code	1702	1703	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-15] Special 2 County Code	1704	1705	X(2)	Two-byte county code for the county of responsibility
Current Month [-15] Special 2 Eligibility Status	1706	1708	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information
Current Month [-15] Special Obligation	1709	1710	N(2)	Indicates % of obligation that recipient is responsible for.
Current Month [-15] H.F. IN/OUT Eligibility Day	1711	1714	X(4)	In/Out – Indicates Start/Stop day of Healthy Families when the client isn't enrolled for the entire month.
Current Month [-15] Special 3 Aid Code	1715	1716	X(2)	Identifies aid code under which a Medi-Cal recipient is eligible.
Current Month [-15] Special 3 County Code	1717	1718	X(2)	Two-byte county code for the county of responsibility.
Current Month [-15] Special 3 Eligibility Status	1719	1721	X(3)	Byte 1 = Medi-Cal/CMS/Other Eligibility Status. Byte 2 = Normal/Exceptional Eligibility Status. Byte 3 = Timeliness/Miscellaneous Information.
Current Month [-15] 2 nd HCP Status	1722	1723	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.

Current Month [-15] 2 nd HCP Code	1724	1726	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
Current Month [-15] 3 rd HCP Status	1727	1728	X(2)	Identifies the status of a recipient's enrollment in an associated HCP code.
Current Month [-15] 3 rd HCP Code	1729	1731	X(3)	Identifies a Medi-Cal managed-care plan in which the recipient has been enrolled or disenrolled.
File Date	1732	1771	N(6)	Calendar date CCYMM which the "Current Data" info in this record represents where CC = century, YY = year, MM = month.
Requesting County	1772	1777	N(2)	County Code of county receiving this file.
Filler	1740	1779	X(40)	Filler

Exhibit C

County of Request (Outbound) for Patient Data

This agreement does not include outbound patient data sharing.