
III. ELIGIBILITY PROCESSING PROCEDURES

A. General Information

Overview

Accurate and timely eligibility information is a key concern of all Providers in the IEHP network. IEHP receives Medi-Cal eligibility information from DHCS via a FAME file on a monthly basis. DHCS provides daily electronic eligibility files to update the Member files during the course of each month. IEHP receives an eligibility file from MRMIB for Healthy Families beneficiaries and from the IEHP Enrollment Unit for Healthy Kids beneficiaries on a daily basis, this information is uploaded weekly. For the Medicare DualChoice (HMO SNP) program, IEHP receives completed enrollment forms from IEHP's Marketing unit, which are submitted to CMS for confirmation on a daily basis. Once confirmation is received from CMS on the Daily Transaction Reply Report (TRR), the information is uploaded.

Recognizing that the network is comprised of Providers with existing systems employing varying technologies, IEHP has four methods of eligibility information distribution available to IEHP Providers:

1. IEHP automated Interactive Voice Response (IVR) system – (909) 890-3800 or (888) 440-4340.
2. IEHP Website at www.iehp.org.
3. Data Files transferred electronically via IEHP's FTP server.
4. Point of Service (POS) access for Providers who utilize the SpotCheck system from MediCheck, Inc.

Data files offer the most comprehensive Member information available to Providers. The files include both eligibility and demographic data provided from the monthly and daily FAME and daily MRMIB/IEHP Enrollment Unit files.

IEHP processes the information received and assigns a PCP (that is linked to an IPA) and Hospital to each Member based on Member choice or prior affiliation with a PCP. In the event that neither Member choice nor prior affiliation is definable, an auto assignment process is conducted to assign a PCP and a Hospital to the Member, taking into account Member demographic information, such as address, age, gender, and language preference. IEHP then creates an eligibility file for each Provider that contains only those Members assigned to that entity.

Data files are placed on the FTP server for each Provider. A full monthly file is provided by the 1st of each month. Weekly files, that contain updated information, are provided three times a month. Providers are required to pick up their eligibility information from the FTP server within three days of transmission by IEHP. IPAs are required to submit eligibility lists to their contracted PCPs by the 5th and 15th of each month for the current months' enrollment.

Capitated Providers also receive a monthly electronic file with their capitation checks that identifies retroactive eligible Members (adds) and Members who are no longer assigned to that Provider (deletes).

III. ELIGIBILITY PROCESSING PROCEDURES

B. Data File Format

The *ELIGIBILITY Data File Format* section details the Member eligibility information provided by IEHP once we have processed the Members in our system.

Notes detailing the required data elements for each field are located behind the file format. An important item to notice is the Current Eligibility Status Code. This code can be an A, C, T, or N:

- **A = Active** identifies existing Members or Members who were part of your organization last month (*on both weekly and monthly files*).
- **C = Change** identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization (*on both weekly and monthly updates*).
- **T = Termed** identifies Members who are no longer assigned to your organization (*on both weekly and monthly updates*) and new Members to IEHP who are on hold (*on monthly file only*).*
- **N = New** identifies Members who are newly assigned to your organization (*on both weekly and monthly updates*).

* Members on hold are identified if Element 27 of the Eligibility Data File Format “PHP Status” is 05, 55 or 59.

* Members who are not included in the IEHP monthly eligibility file who are active in the health plan’s membership database are not eligible for the new month.

III. ELIGIBILITY PROCESSING PROCEDURES

C. Naming Conventions

Naming Conventions

The naming conventions for Eligibility files are as follows:

- All file names start with the IEHP assigned one or two character Provider sub-id number (see the attached table to identify your sub-id).
- The 3rd through 6th characters represent the month and year (MMYY).
- The extension is either:
 - ◆ ELG - Indicates a full monthly file, or
 - ◆ W## - Indicates a weekly update (where ## is the date of file extraction).

Eligibility File Examples

A full monthly eligibility file is distributed once each month after the FAME file from DHCS has been processed. This file lists all active Members, new Members, and termed Members. An example of the file naming conventions for the monthly eligibility file is **A0999.ELG**.

The filename breakdown is:

- ◆ **A** identifies the Provider (IPA) by their sub-id.
- ◆ **09** is for the month.
- ◆ **99** is the year.
- ◆ **ELG** indicates a monthly eligibility file.

A file containing only updates to a Members eligibility status is transmitted weekly. An example of the file naming conventions for a weekly eligibility file is **011199.W17**.

The file name breakdown is:

- ◆ **01** identifies the Provider (Hospital) by their sub-id.
- ◆ **11** is for the month.
- ◆ **99** is the year.
- ◆ **W** indicates a weekly update file.
- ◆ **17** indicates the day of the month that the eligibility file was extracted.

III. ELIGIBILITY PROCESSING PROCEDURES

D. File Transmission

IEHP File Preparation For Transmission

Using Pretty Good Privacy (PGP), files are compressed and encrypted by IEHP. IEHP encrypts each file with the respective public key sent to us from each Provider. See Section II D, PGP Procedures - Questions and Answers section for clarification.

Method Of File Transmission

The compressed, encrypted files are transferred by IEHP using FTP. The files are placed in the /prov_vol/user/[provider sub-id]/elig directory on the FTP server. If the FTP server is down, IEHP copies the files to 1.44mb disks and mails them via Federal Express. In our tests, a 50,000 Member file after encryption and compression was 1.9MB in size and transferred in less than 20 minutes using a 14.4 modem.

If you identify that the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for 48 hours, IEHP will contact you directly to establish an alternative method.

Decrypting The File

Using PGP, Providers choose Decrypt, select the transmitted file, and then enter their Pass Phrase to decrypt the file.

File Transmission Schedule

See the *Eligibility File Transmission Schedule* on the next page.

ELIGIBILITY Data File Format

| Calendar Month | MONTHLY Eligibility File (Full File) | FIRST WEEKLY Eligibility File (updates only) | SECOND WEEKLY Eligibility File (updates only) | THIRD WEEKLY Eligibility File (updates only) |
|----------------|--------------------------------------|--|---|--|
| Jan 2012 | 01/01/2012 | 01/10/2012 | 01/17/2012 | 01/25/2012 |
| Feb 2012 | TBD | TBD | TBD | TBD |
| Mar 2012 | TBD | TBD | TBD | TBD |
| Apr 2012 | TBD | TBD | TBD | TBD |
| May 2012 | TBD | TBD | TBD | TBD |
| Jun 2012 | TBD | TBD | TBD | TBD |
| Jul 2012 | TBD | TBD | TBD | TBD |
| Aug 2012 | TBD | TBD | TBD | TBD |
| Sep 2012 | TBD | TBD | TBD | TBD |
| Oct 2012 | TBD | TBD | TBD | TBD |
| Nov 2012 | TBD | TBD | TBD | TBD |
| Dec 2012 | TBD | TBD | TBD | TBD |
| Jan 2012 | TBD | TBD | TBD | TBD |

ELIGIBILITY Data File Format

| # | DATA ELEMENT | T Y P E | P O S | B Y T E S | FORMAT | DESCRIPTION |
|----|---------------------------------|------------------|-------------|-----------------------|-----------------------------|--|
| 1 | PCP Code | A | 1 | 7 | AXX9999 | IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code |
| 2 | PCP Name | A | 8 | 30 | X(30) | Provider Name |
| 3 | Current Eligibility Status Code | A | 38 | 1 | X | Represents status of eligibility (see note # 3) |
| 4 | Effective Date | N | 39 | 8 | CCYYMMDD | The effective date the Member was with this PCP (see note # 4) |
| 5 | Termination Date | N | 47 | 8 | CCYYMMDD | The date the Member was terminated from this PCP (see note # 5) |
| 6 | Aid Category | A | 55 | 10 | X(10) | The aid category for this Member (see note # 6) |
| 7 | Subscriber ID # | A | 65 | 14 | CCYYMMX(8) | The IEHP assigned # for the Member (see note # 7) |
| 8 | Member ID # | A | 79 | 14 | CCAAX(10) or X(9) Or HKX(9) | Either a Medicaid # or CIN #, Healthy Kid#, or blank for Non-State programs (see note # 8) |
| 9 | Prior Member ID # | A | 93 | 14 | CCAAX(10) or X(9) Or HKX(9) | Either a Medicaid # or CIN #, Healthy Kid#, or blank for Non-State programs (see note # 9) |
| 10 | Last Name | A | 107 | 15 | X(15) | Member Last Name |
| 11 | First Name | A | 122 | 10 | X(10) | Member First Name |
| 12 | Middle Initial | A | 132 | 1 | X | Member Middle Initial |
| 13 | Sex | A | 133 | 1 | X | M= Male or F= Female |
| 14 | Date of Birth | N | 134 | 8 | CCYYMMDD | Member date of birth |
| 15 | C/O Address | A | 142 | 26 | X(26) | Member C/O address |
| 16 | Street Address | A | 168 | 26 | X(26) | Member Street address |
| 17 | City/State | A | 194 | 26 | X(26) | Member City and State |
| 18 | Zip Code | A | 220 | 5 | X(5) | Member Zip Code |
| 19 | Phone Number | N | 225 | 10 | X(10) | Identifies Member 10 character phone number. Example 9094302752 |
| 20 | Social Security Number | A | 235 | 9 | X(9) or HKX(7) | This field consists of one of the following: SSN#, PSEUDO# or CIN#(see note # 20) |
| 21 | Previous Social Security Number | A | 244 | 9 | X(9) or HKX(7) | This field consists of the previous SSN# as identified above or blank (see note #21) |
| 22 | Language Code - Spoken | A | 253 | 1 | X | Identifies spoken language of Member (see note # 22) |
| 23 | Race Code | A | 254 | 1 | X | Identifies race of Member (see note # 23) |
| 24 | Copay | A | 255 | 1 | X | Identifies if copay exists. Y = Yes or N = No (see note # 24) |

ELIGIBILITY Data File Format

| | | | | | | |
|--------------------------|-------------------------|---|------------|----|----------|---|
| 25 | Pregnancy Due Date | N | 256 | 8 | CCYYMMDD | Provided by HCO/Maximus for State programs if available |
| 26 | Medicare Number | A | 264 | 12 | X(12) | Health Insurance Number (HIC) – used for billing Medicare (See note # 26) |
| 27 | PHP Status Code | A | 276 | 2 | X(2) | Provided by DHS, MRMIB or non-State program's (See note # 27) |
| 28 | Previous PCP code | A | 278 | 7 | AXX9999 | IEHP assigned PCP code. A=IPA, XX=Hospital, 9999=PCP code (See note # 28) |
| 29 | Aid Code | A | 285 | 2 | X(2) | Identifies Member's aid code. (See note # 29) |
| 30 | Capitation Rate | N | 287 | 7 | X(7) | Member capitation rate based on Member Aid Code Category (See note#6) |
| 31 | Part D | A | 294 | 1 | X | Identifies if Member is active with Medi-Medi Part D (see note # 31) |
| 32 | Language Code - Written | A | 295 | 1 | X | Identifies written language of Member (see note # 32) |
| 33 | Ethnicity Code | A | 296 | 2 | X(2) | Identifies ethnicity of Member (see note # 33) |
| 34 | FILLER | A | 298 | 7 | X(7) | Spaces from position 298 through 305 |
| TOTAL RECORD SIZE | | | 305 | | | |

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

NOTES:

Data Element

Element: 3

Note # 3: CURRENT ELIGIBILITY STATUS CODE

This code can be an A, C, T, or N:

A = Active (on weekly and monthly files) identifies existing Members or Members who were part of your organization last month.

C = Change (on both weekly and monthly updates) identifies Members who have demographic changes or have changed PCPs, but remain assigned to your organization.

T = Termed (on both weekly and monthly updates) identifies Members who are no longer assigned to your organization.

N = New (on both weekly and monthly updates) identifies Members who are newly assigned to your organization.

NOTE: Members who are not included in the IEHP monthly eligibility file who are active in the health plan's membership database are not eligible for the new month.

Element: 4

Note # 4: EFFECTIVE DATE

The date the Member was eligible with the indicated PCP. Healthy Families and Healthy Kids Members may be newly activated for any day of the month.

For Medi-Cal members only - If the Member is on a Hold status, the Effective Date field shows the 1st of the new month being reported, (i.e., MM/01/YY) with no date in the Termination Date field.

Element: 5

Note # 5: TERMINATION DATE

The date the Member's eligibility was terminated with the indicated PCP.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 6
Note # 6: AID CATEGORY
 For State programs:

| <u>MEDI-CAL</u> | <u>HEALTHY FAMILIES</u> | <u>HEALTHY KIDS</u> | <u>IEHP DUALCHOICE</u> |
|-----------------|-------------------------|---------------------|------------------------|
| RIVERSIDE | RIVERSIDE | RIVERSIDE | RIVERSIDE |
| RVC-FAMILY | RVC-HFP | RVC-HKI | RVC-SNPMD** |
| RVC-ADULT | RVC-HFI | RVC-HKC | RVC-SNPMD** |
| RVC-AGED | | | |
| RVC-DISABLED | SAN BERNARDINO | SAN BERNARDINO | SAN BERNARDINO |
| RVC- NONCVR (*) | SBC-HFP | SBC-HKI | SBC-SNPMD** |
| | SBC-HFI | SBC-HKC | SBC-SNPMD** |
| SAN BERNARDINO | | | |
| SBC-FAMILY | | | |
| SBC-ADULT | | | |
| SBC-AGED | | | |
| SBC-DISABLED | | | |
| SBC- NONCVR (*) | | | |

(*) The “XXX-NONCVR” category includes aid codes that are not covered by IEHP; therefore, Members with aid codes within this category are not eligible for services.

(**) XXX-SNPMD = IEHP for Medi-Cal and Medicare DualChoice (HMO SNP) XXX-SNPMD = IEHP Medicare Only

Element: 7
Note # 7: SUBSCRIBER ID #

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 199609000001. An example of a Medicare Member Subscriber ID # is 199609000000. Medi-Cal Members that became IEHP eligible in 9/96 have a Subscriber ID# that matches their original Medi-Cal #

Element:

8

Note #8:

MEMBER ID #

Medi-Cal Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = “9” + SSN or X = Case #, Family Budget Unit, and Person #.

Healthy Family Members: The Member ID # is a 9 digit alphanumeric Client Index Number (CIN #).

For Healthy Kids, the Member ID# is a 9-digit number in the format HK##### (IEHP ID number). First two digits begin with “HK”.

For Medicare DualChoice members, the Member ID # is a 14 digit Medicare # in the format of CC = County Code, AA = Aid Code, X = “9”+SSN or X = Case#, Family Budget Unite, and Person #.

Element:

9

Note # 9:

PRIOR MEMBER ID #

Medi-Cal Members: The Member ID # is a 14 digit Medi-Cal # in the format of CC = County Code, AA = Aid Code, X = “9” + SSN or X = Case #, Family Budget Unit, and Person #.

Healthy Families Members: The Member ID # is a 9 digit alphanumeric Client Index Number (CIN #).

For Healthy Kids, the Member ID# is a 9-digit number in the format HK##### (IEHP ID number). First two digits begin with “HK”.

For Medicare DualChoice members, the Member ID # is a 14 digit Medicare # in the format of CC = County Code, AA = Aid Code, X = “9”+SSN or X = Case#, Family Budget Unite, and Person #.

Element:

20

Note # 20:

SOCIAL SECURITY NUMBER

A nine-digit number that is the primary and unique Member identifier.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

For Medi-Cal Members, this field consists of one of two numbers:

SSN- Member SSN or

PSEUDO- This number appears in this field if no SSN is available as provided by FAME. First digit begins with the number “8 or 9” and ends with a letter.

For Healthy Families Members, this field consists of one of the following:

SSN – Member SSN or

PSEUDO- This number appears in this field if no SSN is available as provided by FAME. First digit begins with the number “8 or 9” and ends with a letter or

CIN – Member Client Index Number if no SSN is available.

For Healthy Kid members, this field consists of the following:

IEHP ID NUMBER – IEHP Member ID Number if no SSN is available. SSN is not a required Healthy Kid field. First two digits begin with “HK”.

For Medicare DualChoice members, this field consists of the following:

SSN – Member SSN or 999-99-9999 if SSN is not available.

Element: 21

Note # 21: PREVIOUS SECURITY NUMBER

Previous SSN - Member previous SSN if available

Blank – SSN is not a required Healthy Families and Healthy Kid field.

Element: 22

Note # 22: LANGUAGE CODE – SPOKEN

| | | |
|----------------------------|-----------------------------|-------------------------|
| 0 - American Sign Language | C - Other Chinese Languages | M – Polish |
| 1 – Spanish | D – Cambodian | N – Russian |
| 2 – Cantonese | E – Armenian | O - Default to 0 (zero) |
| 3 – Japanese | F – Ilacano | P – Portuguese |
| 4 – Korean | G – Mien | Q – Italian |
| 5 – Tagalog | H – Hmong | R – Arabic |
| 6 - Other non-English | I – Lao | S – Samoan |

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

| | | |
|----------------------------|-------------|----------------|
| 7 – English | J – Turkish | T – Thai |
| 8 - No valid data reported | K – Hebrew | U – Farsi |
| 9 – No valid data reported | L – French | V – Vietnamese |
| A - Other Sign Language | | |
| B – Mandarin | | |

Language code - Spoken is not a required Healthy Families Field and may be blank.

Spoken Language will only be provided for the Healthy Families and Healthy Kids Program.

Also of note, if only one of the languages is provided (Spoken or Written) the other language field will be defaulted with the provided language.

Element: 23

Note # 23: RACE CODE

| | | |
|---|------------------|--------------------------|
| 1 - White | A – Amerasian | T – Laotian |
| 2 - Hispanic | C – Chinese | U – <i>Unknown</i> |
| 3 - Black | H – Cambodian | V – Vietnamese |
| 4 - Other Asian or Pacific Islander | J – Japanese | X – <i>Multiple Race</i> |
| 5 - Alaskan Native or American Indian | K – Korean | Z – Other |
| 6 - Not a Valid value | M – Samoan | |
| 7 - Filipino | N – Asian Indian | |
| 8 - No Valid Data Reported (MEDS generated) | P – Hawaiian | |
| 9 – Not Reported | R – Guamanian | |

Race code is not a required Healthy Families Field and may be blank.

Race codes only apply for the Healthy Families and Healthy Kids Program.

Element: 24

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Note # 24: COPAY

COPAY is presented as a Y or N. Y = Copay due from Member. N = No copay due from Member.

Medi-Cal Members do not have copays.

Healthy Families copays become an N for a Member when Members have met their annual \$250 copay maximum OR if the member is a certified American Indian/ Native Alaskan (AIAN) recipient OR if the member has additional coverage through Medi-Cal.

Healthy Kids copays become an N for a member when Members have met their annual \$250 copay maximum.

Element: 26

Note # 26: MEDICARE NUMBER

Medi-Cal Members who are eligible for Medicare Part A and/or Part B for the current month have the Medicare number displayed in this field as reported by DHCS.

Element: 27

Note # 27: PHP STATUS CODE

MEDI-CAL Status Codes

01 - Active Enrollment

S1 - Active Enrollment – Activated from hold Retroactive

51 - Active Enrollment – Activated from hold

05 - Enrollment Held – Due to Medi-Cal hold

55 - Enrollment Held – Uncertified Share of Cost

59 - Enrollment Held – Due to change in recipient's status other than Medi-Cal hold.

00 - Voluntary Disenrollment

10 – Voluntary Disenrollment

40 - Voluntary Disenrollment – Occurred before enrollment became effective

S0 - Voluntary Disenrollment – Retroactive

09 - Mandatory Disenrollment

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

19 - Mandatory Disenrollment
49 – Mandatory Disenrollment - Occurred before enrollment became effective
S9 - Mandatory Disenrollment – Retroactive
P4 - Pending Enrollment
HEALTHY FAMILIES and HEALTHY KIDS
28 - Active - Initial Enrollment
20 - Active - Change or Reinstatement
22 – Active – Change Dental/Vision Plan
43 – Active – Address change
XT – Active – Change Dental/Vision Plan
03 - Cancellation/ Termination due to death
07 - Cancellation/ Termination of benefits
14 - Voluntary Disenrollment

MEDICARE DUALCHOICE (HMO SNP) Status Codes

01 – Active Enrollment
61 – Active Enrollment – Enrollment Verified by CMS
05 – Enrollment Held – Pending Enrollment Verification
00 – Voluntary Disenrollment
09 – Mandatory Disenrollment

Element: 28

Note # 28: PREVIOUS PCP CODE

This is populated if the eligibility status code is a C which indicates the previous provider if in the same IPA.

Element: 29

Note # 29: AID CODE

Medi-Cal – The following aid codes are covered aid codes by IEHP

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

| Family | | Disabled | Aged | Adult |
|--------|-----------|----------|-----------|-------|
| 0A | 3U | 0N | 10 | 86 |
| 01 | 3W | 0M | 14 | |
| 02 | 30 | 0P | 16 | |
| 03 | 32 | 0R | 1E | |
| 04 | 33 | 0T | 1H | |
| 06 | 34 | 0U | 18 | |
| 08 | 35 | 2E | | |
| | 38 | 2H | | |
| 3A3C | 39 | 20 | | |
| 3E | 4A | 24 | | |
| 3G | 4F | 26 | | |
| 3H | 4G | 28 | | |
| 3L | 4H | | | |
| 3M | 4K | 36 | | |
| 3N | 4L | 6A | | |
| 3P | 4M | 6C | | |
| 3R | 4T | 6E | | |
| 30 | 40 | 6G | | |
| 32 | 42 | 6H | | |
| 33 | 45 | 6J | | |
| 34 | 46 | 6N | | |
| 35 | 47 | 6P | | |
| 38 | 5K | 6R | | |
| 39 | 54 | 6V | | |
| | 59 | | | |
| | 7A | 60 | | |
| | 7J | 64 | | |
| | 7X | 66 | | |
| | 72 | 68 | | |
| | 8P | | | |
| | 8R | | | |

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

82

Healthy Family – The following aid codes are covered by IEHP

HC

HI

H0

HT

Healthy Kids - The following aid codes are covered by IEHP

K1

K2

K3

K4

K5

K6

K7 K8

K9

KA

KB

KC

KD

KZ

Medicare DualChoice (HMO SNP)

MD = IEHP Medicare DualChoice (HMO SNP) and IEHP Medi-Cal

MF = IEHP Medicare DualChoice (HMO SNP) and Full Scope Not with IEHP Medi-Cal

MN = IEHP Medicare DualChoice (HMO SNP) and No Full Scope Medi-Cal

Element: 30

Note # 30: CAPITATION RATE

Member capitation rate is based on Member Aid Code Category as indicated on Note#6. For more details on the capitation rate please refer to your IEHP Capitated Agreement.

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

Element: 31

Note # 31: PART D

If Member is active with Medi-Medi Part D, it is indicated with a “D”.

Element: 32

Note # 32: LANGUAGE CODE – WRITTEN

| | | |
|----------------------------|-----------------------------|-------------------------|
| 0 - American Sign Language | C - Other Chinese Languages | M – Polish |
| 1 – Spanish | D – Cambodian | N – Russian |
| 2 – Cantonese | E – Armenian | O - Default to 0 (zero) |
| 3 – Japanese | F – Ilacano | P – Portuguese |
| 4 – Korean | G – Mien | Q – Italian |
| 5 – Tagalog | H – Hmong | R – Arabic |
| 6 - Other non-English | I – Lao | S – Samoan |
| 7 – English | J – Turkish | T – Thai |
| 8 - No valid data reported | K – Hebrew | U – Farsi |
| 9 – No valid data reported | L – French | V – Vietnamese |
| A - Other Sign Language | | |
| B – Mandarin | | |

Language code - Written is not a required Healthy Families Field and may be blank.

Written language will only be provided for the Healthy Families and Healthy Kids Program.

Also of note, if only one of the languages is provided (Spoken or Written) the other language field will be defaulted with the provided language.

Element: 33

Note # 33: ETHNICITY CODE

| | | |
|--------------|-----------------------|--------------|
| 1 - White | A – Amerasian | K – Korean |
| 2 - Hispanic | AA – African-American | KD – Kurdish |

ELIGIBILITY DATA FILE FORMAT – ELEMENT DESCRIPTIONS

| | | |
|---|-----------------------|--------------------------|
| 3 - Black | AG – Argentinean | LT – Latino |
| 4 - Other Asian or Pacific Islander | AI – American | M – Samoan |
| 5 - Alaskan Native or American Indian | AM – Armenian | MX – Mexican |
| 6 - Not a Valid value | AR – Arab | N – Asian Indian (India) |
| 7 - Filipino | BG – Bangladeshi | NC – Nicaraguan |
| 8 - No Valid Data Reported (MEDS generated) | BZ – Brazilian | OL – Other Latino |
| 9 – Not Reported | C – Chinese | P – Hawaiian |
| | CL – Chilean | PK – Pakistani |
| | CO – Colombian | PR – Puerto Rican |
| | CR – Costa Rican | PU – Peruvian |
| | CU – Cuban | R – Guamanian |
| | EE – Eastern European | RS – Russian |
| | ET – Ethiopian | SA – South American |
| | EU – Ecuadorian | SL – Sri Lankan |
| | GT – Guatemalan | SV – Salvadoran |
| | H – Cambodian (Khmer) | T – Laotian |
| | HM – Hmong | TA – Thai |
| | HT – Haitian | TN – Trinidadian |
| | ID – Indonesian | TW – Taiwanese (Chinese) |
| | IQ – Iraqi | V – Vietnamese |
| | IR – Iranian | WE – Western European |
| | J – Japanese | Z – Other |

Ethnicity code is not a required Healthy Families Field and may be blank.

The Ethnicity field is a 2 character field, with 1 and 2 character codes. The 1 character code will be filled from the left.