



Carelon Behavioral Health's California CYBHI Statewide Fee Schedule

MEMBER BATCH REGISTRATION GUIDE

Version 1.3

May 2024



Table of Contents

Introduction..... 4

Purpose..... 4

Technical Help..... 4

Input File Layout and Validation Errors..... 5

Trailer Record 85

Response Files 86

 Response File Naming Convention 86

 Summary File 86

 Accepted Records File 88

 Error Records File 90

 Pended Records File 90

 Pended Records Output File 92

Appendix A 93

 Error Processing..... 93

Appendix B 113

 Assigning a Member number and Best Match..... 113

Appendix C 115

 Pended Record Resolution Codes..... 115

Appendix D..... 115

 CA Counties 115

Version Change Log

Version	Date	
1.0	03.05.24	<ul style="list-style-type: none">• Original
1.1	05.02.24	<ul style="list-style-type: none">• Updated Batch Registration file and Response file naming convention descriptions – p. 5• Added From and To values in file layout – starting on p. 6
1.2	05.07.24	<ul style="list-style-type: none">• Removed .zip file from Input file format type.
1.3	05.21.24	<ul style="list-style-type: none">• Updated fields 64, 65 and 66 in the batch file layout to Filler fields

Introduction

The Carelon Behavioral Health's ("Carelon") California CYBHI Statewide Fee Schedule Batch Registration Guide document provides the data requirements to be implemented for all electronic registration submissions to Carelon for eligible individuals.

Purpose

Local Educational Agencies (LEA) and Institutes of Higher Learning (IHE) are expected to collect and maintain current health insurance coverage information for students receiving services under the CYBHI fee schedule. This information will enable Carelon to effectively coordinate benefits, submit claims to the appropriate insurance payer, and remit payments as the Children Youth Behavioral Health Initiative (CYBHI) Statewide Fee Schedule Third Party Administrator (TPA).

Technical Help

Users wishing to submit electronic registration data to Carelon must obtain a Submitter ID and Password from Carelon. If you do not have a Submitter ID, please request one via the email address below.

CYBHITPA@Carelton.com

PLEASE INCLUDE YOUR NAME AND PHONE NUMBER IN THE EMAIL.

You may also use this email address for any other questions you may have, such as questions about navigating ProviderConnect and other questions specific to batch registration functionality, including resolving errors, status of batch files, etc.

Input File Layout and Validation Errors

Key for usage:

Under the **Initial/Rereg** column and **Demo Change** column:

- R – Field is required
- N – Field is not required (If known should be entered. When entered will be subjected to rules in Notes and Errors column. When not entered should be blank.)
- C – Field is conditionally required (condition under which the field is required is documented in the field notes and errors column)
- X – Do not populate this field

Under the **Type** column:

- N – Numeric Value – these fields must contain only numbers
- A – Alpha-Numeric Value – these fields may contain either numbers or letters or a combination of both

The file must be a fixed-width text file. If the Input file is not in the correct format, you will receive error code 006.

All fields must be left justified.

All alpha characters will be converted to uppercase and returned in response files as uppercase.

A CRLF (Carriage Return Line Feed) is required to indicate the end of a record and the start of a new one. Each record must be on a separate line.

Batch Registration files are submitted via ProviderConnect.

- **File names for Batch Registration files** do not need to follow a specific naming convention, however the file must be a .txt file.
 - Examples: ABC_05022024_001.txt
- Once submitted, each file will be automatically assigned a unique Submission ID.

File Naming Convention for response files will be Submission ID with the leading zero replaced by a '#' sign.

- Example - #24A014782.txt

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
1	Record Number	Record Number	N	7	R	R	1	7	<p>Must be numeric</p> <p>All 7 digits must be filled in, and each record number should be incremented by 1.</p> <p>For example: 0000001 0000002 0000003</p> <p>Two records cannot have the same Record Number value.</p>	<p>If Record Number is not filled in with a 7 digit number, you will receive error code 009 (RECORD NUMBER MUST BE POPULATED AND A 7 DIGIT NUMBER) - FILE LEVEL ERROR</p> <p>If Record Number does not increment by 1 from previous record, you will receive error code 011 (RECORD NUMBERS MUST INCREASE BY 1) - FILE LEVEL ERROR</p> <p>If not numeric, you will receive error code 010 (RECORD NUMBER MUST BE NUMERIC) - FILE LEVEL ERROR</p>
2	PARENT	Carelon PARENT Code	A	4	R	R	8	11	<p>Carelon assigned 4-character code to identify the client.</p> <ul style="list-style-type: none"> Always populate with CASB 	<p>If this field is not filled in, you will receive error code 007 (PARENT CODE MUST BE POPULATED) – FILE LEVEL ERROR</p>
3	SUBNUM	Submitter ID	A	10	R	R	12	21	<p>Carelon assigned ID used to log into ProviderConnect to send batch files.</p>	<p>If this field is not filled in, you will receive error code 008 (SUBMITTER ID MUST BE POPULATED) – FILE LEVEL ERROR</p>

CA Batch Registration File layout

CA Batch Registration File layout										
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
4	PROVNO	Registering Provider ID	A	15	R	R	22	36	<p>Must be valid Carelon Provider number - provided in your CYBHI Statewide Fee Schedule Welcome package</p> <p>Carelon assigned provider ID is used to ensure the provider is in the Carelon system, is IN Network and has the funding on their record.</p>	If the correct provider ID is not filled in, you will receive error code 013 (ENROLLING PROVIDER ID IS MISSING OR NOT FOUND)
5	REGIND	Registration Indicator	A	1	R	R	37	37	<p>Valid Values:</p> <p>I is Initial Enrollment: this option should be used when the member has not been previously enrolled in the Carelon system.</p> <p>R is Re-Enrollment: this option should be used when the member has been previously enrolled in the Carelon system and their coverage needs to be extended or terminated, update OHI information, etc.</p> <p>D is Demographic change: this option should be used when only a demographic change needs to be done.</p>	If Registration Indicator is not filled in with one of the Valid Values listed in the Notes column or is not filled in at all, you will receive error code 014 (ENROLLMENT INDICATOR IS MISSING/INVALID)

6	EFFDAT	Enrollment Start Date	N	8	R	N	38	45	<p>Required when 'Registration Indicator' is Initial (I) or Re-registration (R)</p> <p>Do not Fill in when 'Registration Indicator' is 'D'</p> <p>Must be valid numeric date in the format MMDDYYYY</p> <p>-Can be backdated up to 365 days -Can not be backdated prior to 4/1/2024 -Can be future effective dated up to 60 days.</p> <p>If 'Registration Indicator' is Initial (I) or Re-registration (R), cannot register members age 26 or over. Only demographic updates are allowed on members age 26 or older.</p> <p>Members are ineligible once they turn the age of 26 years old based on the Enrollment Start Date, only demographic changes (Registration Indicator of a 'D') are allowed</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Enrollment Start Date is blank, you will receive error code 016 (ENROLLMENT START DATE IS MISSING)</p> <p>If Registration Indicator is D (Demographic Change) and Enrollment Start Date is filled in, you will receive error code 021 (ENROLLMENT START DATE MUST BE BLANK ON A DEMOGRAPHIC CHANGE)</p> <p>If Enrollment Start Date is not in the correct format (MMDDYYYY), you will receive error code 017 (ENROLLMENT START DATE MUST BE IN THE FORMAT MMDDYYYY)</p> <p>If Enrollment Start Date is more than 365 days prior to submission date, you will receive error code 019 (ENROLLMENT START DATE EXCEEDS BACK DATING LIMIT. PLEASE USE MORE CURRENT DATE), or If Enrollment Start Date is more than 60 days in the future to submission date, you will receive error code 018 (ENROLLMENT START DATE EXCEEDS FUTURE DATE LIMIT. PLEASE USE MORE CURRENT DATE).</p> <p>If Registration Indicator is not Demographic Change (D) and the member is over age 26, you will receive error code 023 (MEMBERS ARE NOT ELIGIBLE ONCE THEY TURN 26) **Note: The Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) this edit will not be performed.</p>
---	--------	-----------------------	---	---	---	---	----	----	--	--

CA Batch Registration File layout

CA Batch Registration File layout									
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
7	Enrollment Termination Date	N	8	O	N	46	53	<p>Must be valid numeric date in the format MMDDYYYY</p> <p>If left blank, the members enrollment will systematically expire at the end of the current plan year (12/31/XX) based on the Enrollment Start Date which will result in coverage from 1 day to 365 days. I.e.: Member enrollment date is 6/1/24, then 12/31/24 would systematically be assigned as the Enrollment Termination Date. An exception to this would be if the member is turning 26 prior to the end of the year. In this instance the member will systematically be terminated the day prior to turning 26.</p> <p>Must be entered when the Registration Indicator is I (Initial) or R (Re-registration) and the member should be terminated prior to the calculated end date (end of year or 26th birthday). **Note: if a previously enrolled member needs to be terminated prior to the previously assigned termination date, then this date must be entered with a Registration Indicator of an 'R' must be</p>	<p>If this field is filled in and Enrollment Termination Date is not in the correct format (MMDDYYYY), you will receive error code 020 (ENROLLMENT TERMINATION DATE MUST BE IN THE FORMAT MMDDYYYY)</p> <p>If Registration Indicator is D (Demographic Change) and Enrollment Termination Date is filled in, you will receive error code 022 (ENROLLMENT TERMINATION DATE MUST BE BLANK ON A DEMOGRAPHIC CHANGE)</p> <p>Registration Indicator is I (Initial) or R (Re-registration) and Enrollment Termination Date is filled in and is less than the Enrollment Start Date, you will receive error code 024 (ENROLLMENT TERMINATION DATE MUST BE GREATER THAN ENROLLMENT START DATE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									submitted.	

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
8	MEMBNO	Carelon Assigned Member ID	A	15	C	R	54	68	<p>Carelon Internally created 10-character ID Number that will begin with a 'C'. The assigned ID will be returned on the response file from the initial registration.</p> <p>Must be filled in when Registration Indicator is Re-registration (R) or Demographic Change (D).</p> <p>Must not contain special characters</p>	<p>If Registration Indicator (REGIND) is R (Re-registration) or D (Demographic Change) and this field is blank, you will receive error code 026 (MEMBERS ID NUMBER IS REQUIRED FOR RE-ENROLLMENT AND DEMOGRAPHIC CHANGES)</p> <p>If Member ID contains special characters, you will receive error code 091 (MEMBER ID MUST NOT CONTAIN SPECIAL CHARACTERS)</p> <p>If Member ID does not contain 10 characters, you will receive error code 093 (MEMBER ID MUST BE 10 BYTES)</p>
9	STUDID	Student ID	A	15	O	N	69	83	<p>Member's Assigned Student ID</p> <p>Must not contain special characters</p>	<p>If Student ID contains special characters, you will receive error code 101 (STUDENT ID MUST NOT CONTAIN SPECIAL CHARACTERS)</p>
10	MCDIND	Medicaid ID	A	15	O	N	84	98	<p>Must not contain special characters</p>	<p>If Medicaid ID contains special characters, you will receive error code 077 (MEDICAID ID MUST NOT CONTAIN SPECIAL CHARACTERS)</p>
11	MCRIND	Medicare ID	A	15	O	N	99	113	<p>Must not contain special characters</p>	<p>If Medicare ID contains special characters, you will receive error code 079 (MEDICARE ID MUST NOT CONTAIN SPECIAL CHARACTERS)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
12	SSNIND	Social Security Number Unknown Indicator	A	1	C	C	114	114	<p>Required if Social Security Number is blank</p> <p>Valid Values: U is Unknown: This option must be used when it's Unknown if the member has an SSN. Y is No SSN: This option must be used when it's known that the member has no SSN. Blank is SSN is known: This option must be used when the members SSN is known.</p>	If Social Security Number Unknown Indicator is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 037 (SSN INDICATOR INVALID VALUE)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
13	MBRSSN	Social Security Number	N	9	C	C	115	123	<p>Must be valid and numeric. The following are considered invalid SSN numbers: 000000000, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 999999999, 123456789, 987654321 or not numeric</p> <p>Must not contain special characters</p> <p>Required if 'Social Security Number Unknown Indicator' is blank</p> <p>Must be blank if 'Social Security Number Unknown Indicator' is filled in with a 'Y' or 'U'</p>	<p>If Social Security Number is filled in with one of these values: 000000000, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 999999999, 123456789, 987654321 or contains a letter or a special character, you will receive error code 035 (MEMBER SSN IS INVALID)</p> <p>If Social Security Number is blank and SSNIND is blank, you will receive error code 034 (SSN OR SSN UNKNOWN INDICATOR MUST BE POPULATED)</p> <p>If Social Security Number is filled in and SSNIND is filled in, you will receive error code 036 (SSN OR SSN UNKNOWN INDICATOR BOTH POPULATED)</p> <p>If Social Security Number is not 9 characters, you will receive error code 113 (SOCIAL SECURITY NUMBER MUST BE 9 BYTES)</p>
14	AREGID	Alien Registration ID	A	9	O	N	124	132	Must not contain special characters	If Alien Registration ID contains special characters, you will receive error code 121 (ALIEN REGISTRATION ID MUST NOT CONTAIN SPECIAL CHARACTERS)
15	VISAID	VISA ID	A	8	O	N	133	140	Must not contain special characters	If VISA ID contains special characters, you will receive error code 122 (VISA ID MUST NOT CONTAIN SPECIAL CHARACTERS)
16	MBRLNM	Last Name	A	60	R	R	141	200		If Last Name is blank, then, you will receive error code 028 (LAST NAME IS MISSING)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
17	MBRSNM	Birth Surname	A	60	O	O	201	260		
18	MBRFNM	First Name	A	35	R	R	261	295		If First Name is blank, then, you will receive error code 029 (FIRST NAME IS MISSING)
19	MBRMNM	Middle Initial	A	1	O	O	296	296		
20	MBRSUF	Name Suffix	A	3	O	O	297	299		
21	MBRPNM	Preferred First Name	A	25	O	O	300	324		
22	PRONOU	Pronouns	A	4	O	O	325	328	Valid Values: HE - He/him/his SHE - She/her/hers THEY - They/them/theirs DCAR - Declined to Answer OTER - Other	If Pronouns is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 123 (MEMBER PRONOUNS IS INVALID)
23	PROOTH	Pronouns Other	A	25	C	C	329	353	Required if 'Pronouns' is 'OTER' Must not be filled in if 'Pronouns' is not 'OTER'	If Pronouns Other is filled in and Pronouns is not OTER, you will receive error code 124 (PRONOUNS OTHER POPULATED, PRONOUNS NOT EQUAL TO OTHER) If Pronouns Other is blank and Pronouns is OTER, you will receive error code 125 (PRONOUNS OTHER NOT POPULATED, PRONOUNS EQUAL TO OTHER)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
24	MBRDOB	Birth Date	N	8	R	R	354	361	<p>Must be valid numeric date in the format MMDDYYYY</p> <p>Cannot be greater than Enrollment Start Date</p> <p>Student cannot be older than 25</p>	<p>If Birth Date is blank or not a real date, you will receive error code 030 (DATE OF BIRTH IS MISSING OR INVALID)</p> <p>If Birth Date is filled in and not in the format MMDDYYYY, you will receive error code 032 (DATE OF BIRTH MUST BE IN THE FORMAT MMDDYYYY)</p> <p>If Birth Date is greater than the Enrollment Start Date (EFFDAT), you will receive error code 031 (DATE OF BIRTH CANNOT BE GREATER THAN ENROLLMENT START DATE)</p>
25	UNKADR	Unknown Address	A	1	C	C	362	362	<p>Cannot be Y if 'Member is Homeless' is also 'Y'.</p> <p>Must be valid if filled in</p> <p>Valid Values: Y – Yes Blank is Member address is known, or Member is Homeless is 'Y'</p>	<p>If UNKNOWN ADDRESS is Y and STREET ADDRESS LINE 1 or STREET ADDRESS LINE 2 is filled in, you will receive error code 044 (UNKNOWN ADDRESS MARKED AS Y AND STREET ADDRESS FIELDS ARE POPULATED)</p> <p>If UNKNOWN ADDRESS is Y and MEMBER IS HOMELESS is Y, you will receive error code 045 (UNKNOWN ADDRESS AND NO ADDRESS CANNOT BOTH BE SELECTED)</p> <p>If UNKNOWN ADDRESS is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 046 (UNKNOWN ADDRESS INDICATOR IS INVALID)</p>

CA Batch Registration File layout

CA Batch Registration File layout										
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
26	NOADRR	Member is Homeless	A	1	C	C	363	363	<p>Cannot be Y if 'Unknown Address' is also 'Y'.</p> <p>Must be valid if filled in</p> <p>Valid Values: Y – Yes Blank is Member address is known 'Unknown Address' is 'Y'.</p>	<p>If MEMBER IS HOMELESS is Y and STREET ADDRESS LINE 1 or STREET ADDRESS LINE 2 is filled in, you will receive error code 047 (NO ADDRESS MARKED AS Y, AND STREET ADDRESS FIELDS ARE POPULATED)</p> <p>If MEMBER IS HOMELESS is filled in but is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 048 (NO ADDRESS INDICATOR IS INVALID)</p>
27	MBRAD1	Street Address Line 1	A	55	C	C	364	418	<p>If both 'Unknown Address' and 'Member is Homeless' are blank, then Street Address Line 1 must be filled in.</p> <p>If 'Unknown Address' or 'Member is Homeless' is Y, then Street Address Line 1 should be left blank.</p>	<p>If UNKNOWN ADDRESS and MEMBER IS HOMELESS are both blank and STREET ADDRESS LINE 1 is blank, you will receive error code 049 (MEMBER ADDRESS LINE 1 MISSING)</p>
28	MBRAD2	Street Address Line 2	A	55	O	O	419	473	<p>If 'Unknown Address' or 'Member is Homeless' is Y, then Street Address Line 2 should be left blank.</p> <p>You must fill in Address Line 1 if you want to fill in Address Line 2.</p>	<p>If STREET ADDRESS LINE 2 is filled in and STREET ADDRESS LINE 1 is blank, you will receive error code 126 (MEMBER ADDRESS LINE 1 MUST BE POPULATED IF ENTERING ADDRESS LINE 2)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
29	MBRCTY	City	A	30	C	C	474	503	<p>Must be a valid City</p> <p>If both 'Unknown Address' and 'Member is Homeless' are blank, then City must be filled in.</p> <p>If either 'Unknown Address' or 'Member is Homeless' then City can be left blank if not known</p>	<p>If UNKNOWN ADDRESS and MEMBER IS HOMELESS are both blank and MEMBER CITY is blank, you will receive error code 050 (MEMBER CITY IS MISSING)</p> <p>If MEMBER CITY is filled in and the city entered is not a valid City, you will receive error code 127 (MEMBER CITY IS INVALID)</p>
30	MBRSTA	State	A	2	C	C	504	505	<p>Must be a valid State</p> <p>If both 'Unknown Address' and 'Member is Homeless' are blank, then State must be filled in.</p> <p>If either 'Unknown Address' or 'Member is Homeless' then State can be left blank if not known</p>	<p>If UNKNOWN ADDRESS and MEMBER IS HOMELESS is blank and STATE is blank, you will receive error code 051 (MEMBER STATE IS MISSING)</p> <p>If STATE is filled in and the State entered is not a valid State code, you will receive error code 128 (MEMBER STATE IS INVALID)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
31	MBRZIP	Zip Code	A	5	C	C	506	510	<p>Must be a valid Zip Code</p> <p>If both 'Unknown Address' and 'Member is Homeless' are blank, then Zip Code must be filled in.</p> <p>If either 'Unknown Address' or 'Member is Homeless' then Zip Code can be left blank if not known</p> <p>Must be a valid combination of City, State, and ZIP when all 3 are filled in</p>	<p>If UNKNOWN ADDRESS and MEMBER IS HOMELESS is blank, and Zip Code is blank, you will receive error code 053 (MEMBER ZIP CODE IS MISSING)</p> <p>If Zip Code is filled in, but the zip code is not found in the list of valid zip codes provided, you will receive error code 129 (MEMBER ZIP CODE IS INVALID)</p> <p>If the Zip Code entered is not part of a valid City, State and Zip Code combination, you will receive error code 052 (MEMBER CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION).</p>
32	ZIPEXT	Zip Code Extension	A	4	O	O	511	514	<p>Must be numeric</p> <p>Must be 4 characters</p>	<p>If Zip Code Extension is filled in and contains letters or special characters, you will receive error code 130 (MEMBERS ZIP CODE EXTENSION IS NOT NUMERIC).</p> <p>If Zip Code Extension is filled in and is not 4 characters, you will receive error code 131 (MEMBERS ZIP CODE EXTENSION MUST BE 4 BYTES WHEN POPULATED)</p>
33	MBRCNT	Member's County	A	3	C	C	515	517	<p>Must be a valid value when filled in</p> <p>If both 'Unknown Address' and 'Member is Homeless' are blank, then this must be filled in.</p> <p>If either 'Unknown Address' or 'Member is Homeless' then this can be left blank if not known.</p>	<p>If Member's County is filled in and is not filled in with one of the Valid Values listed in Appendix D, you will receive error code 054 (MEMBER COUNTY IS INVALID)</p> <p>If UNKNOWN ADDRESS and MEMBER IS HOMELESS are both blank, and Member's County is blank, you will receive error code 063 (MEMBER COUNTY IS MISSING)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
								See Appendix D for valid values.		
34	MEMEML	Individual Email Address	A	100	O	O	518	617	Must be a valid format. Valid format is address@ISP.nnn" (where the "address" can be any combination of letters and characters, the @ must be present and the value must contain a valid email extension (e.g., .net, .com, .org)	If Individual Email Address is filled in and is not in a valid email format, you will receive error code 062 (MEMBERS EMAIL MUST BE IN A VALID FORMAT)
35	NOPHON	No Phone	A	1	C	C	618	618	<p>Valid Values:</p> <p>Y – Yes: This option should be used if the member does not have a home phone or cellphone.</p> <p>Blank: This option should be used if the member has a home phone and/or cellphone.</p>	<p>If No Phone is filled in and is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 059 (NO PHONE INVALID VALUE)</p> <p>If No Phone is blank and HOME PHONE AREA CODE and CELL PHONE AREA CODE is not filled in, you will receive error code 058 (EITHER HOME PHONE, CELL PHONE OR NO PHONE MUST BE POPULATED)</p> <p>If No Phone is Y and HOME PHONE AREA CODE, 2, 3 or CELL PHONE AREA CODE, 2, 3 is filled in, you will receive error code 060 (NO PHONE MARKED AS YES, PHONE NUMBER IS POPULATED)</p>

CA Batch Registration File layout

CA Batch Registration File layout										
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
36	MBRPH1	Home Phone Area Code	N	3	C	C	619	621	<p>Must be 3 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank.</p> <p>Must have all 3 home phone elements filled in - Area Code, Exchange Number and Suffix</p>	<p>If Home Phone Area Code contains letters or special characters, you will receive error code 055 (MEMBERS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If HOME PHONE AREA CODE is filled in and HOME PHONE EXCHANGE NUMBER or HOME PHONE SUFFIX is blank, or if HOME PHONE AREA CODE is not 3 characters, you will receive error code 056 (MEMBERS HOME PHONE IS INCOMPLETE)</p>
37	MBRPH2	Home Phone Exchange Number	N	3	C	C	622	624	<p>Must be 3 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank.</p> <p>Must have all 3 home phone elements filled in - Area Code, Exchange Number and Suffix</p>	<p>If Home Phone Exchange Number contains letters or special characters, you will receive error code 055 (MEMBERS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If HOME PHONE EXCHANGE NUMBER is filled in and HOME PHONE AREA CODE or HOME PHONE SUFFIX is blank, or if HOME PHONE EXCHANGE NUMBER is not 3 characters, you will receive error code 056 (MEMBERS HOME PHONE IS INCOMPLETE)</p>
38	MBRPH3	Home Phone Suffix	N	4	C	C	625	628	<p>Must be 4 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank.</p> <p>Must have all 3 home phone elements filled in - Area Code, Exchange Number</p>	<p>If Home Phone Suffix contains letters or special characters, you will receive error code 055 (MEMBERS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If HOME PHONE SUFFIX is filled in and HOME PHONE AREA CODE or HOME PHONE EXCHANGE NUMBER is blank or HOME PHONE SUFFIX is not 4 characters, you will receive error code 056 (MEMBERS HOME PHONE IS INCOMPLETE)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								and Suffix	
39	MBRCL1 Cell Phone Area Code	N	3	C	C	629	631	<p>Must be 3 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank</p> <p>Must have all 3 cell phone elements filled in - Area Code, Exchange Number and Suffix</p>	<p>If Cell Phone Area Code contains letters or special characters, you will receive error code 057 (MEMBERS CELLULAR PHONE NUMBER MUST BE NUMERIC)</p> <p>If CELL PHONE AREA CODE is filled in and CELL PHONE EXCHANGE NUMBER or CELL PHONE SUFFIX is blank, or if CELL PHONE AREA CODE is not 3 characters, you will receive error code 061 (MEMBERS CELLULAR PHONE NUMBER IS INCOMPLETE)</p>
40	MBRCL2 Cell Phone Exchange Number	N	3	C	C	632	634	<p>Must be 3 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank.</p> <p>Must have all 3 cell phone elements filled in - Area Code, Exchange Number and Suffix</p>	<p>If Cell Phone Exchange Number contains letters or special characters, you will receive error code 057 (MEMBERS CELLULAR PHONE NUMBER MUST BE NUMERIC)</p> <p>If CELL PHONE EXCHANGE NUMBER is filled in and CELL PHONE AREA CODE or CELL PHONE SUFFIX is blank or CELL PHONE EXCHANGE NUMBER is not 3 characters, you will receive error code 061 (MEMBERS CELLULAR PHONE NUMBER IS INCOMPLETE)</p>

CA Batch Registration File layout

CA Batch Registration File layout										
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
41	MBRCL3	Cell Phone Suffix	N	4	C	C	635	638	<p>Must be 4 characters and numeric when filled in</p> <p>If 'No Phone' is filled in with a 'Y', then leave blank</p> <p>Must have all 3 cell phone elements filled in - Area Code, Exchange Number and Suffix</p>	<p>If Cell Phone Suffix contains letters or special characters, you will receive error code 057 (MEMBERS CELLULAR PHONE NUMBER MUST BE NUMERIC)</p> <p>If CELL PHONE SUFFIX is filled in and CELL PHONE AREA CODE or CELL PHONE EXCHANGE NUMBER is blank or CELL PHONE SUFFIX is not 4 characters, you will receive error code 061 (MEMBERS CELLULAR PHONE NUMBER IS INCOMPLETE)</p>
42	VRBPPE	Verbal Preference	A	1	R	R	639	639	<p>Must be a valid value when filled in</p> <p>Valid Values: E - Electronic V - Verbal T - Text</p>	<p>If Verbal Preference is blank or is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 132 (MEMBERS VERBAL PREFERENCE MISSING OR INVALID)</p>
43	ISNIND	Interpreter Services Needed	A	1	R	R	640	640	<p>The type of interpreter services required by the member.</p> <p>Must be a valid value when filled in.</p> <p>Valid Values: 0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown</p>	<p>If Interpreter Services Needed is blank or is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 133 (MEMBER INTERPRETER SERVICES IS BLANK OR INVALID)</p>

44	LNGCOD	Speaking Language	A	4	O	O	641	644	<p>Must be a valid value when filled in.</p> <p>Valid Values: ARBC - Arabic ARMN - Armenian ASLG - American Sign Language BNGL - Bengali BSLG - British Sign Language CHNE - Chinese (Mandarin) CTNS - Cantonese DCAR - Declined to Answer ENGL - English FRCH - French FRSI - Farsi GREK - Greek GRMN - German HNCE - Creole ITLN - Italian JPNS - Japanese KRAN - Korean OTER - Other PTGS - Portuguese RMNA - Romanian RSAN - Russian SPNH - Spanish SWAH - Swahili TGLG - Tagalog THAI - Thai UKR - Ukrainian VTNS - Vietnamese</p>	<p>If Speaking Language is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 134 (SPEAKING LANGUAGE SPECIFICATION INVALID)</p>
45	LNGOTH	Speaking Language Other	A	25	C	C	645	669	<p>Required if 'Speaking Language' is 'OTER'</p> <p>Must not be filled in if 'Speaking Language' is not 'OTER'</p>	<p>If Speaking Language Other is filled in and Speaking Language is not OTER, you will receive error code 135 (SPEAKING LANGUAGE OTHER POPULATED, SPEAKING LANGUAGE NOT EQUAL TO OTHER)</p> <p>If Speaking Language Other not filled in and Speaking Language is OTER, you will receive error code 136 (SPEAKING</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
										LANGUAGE OTHER NOT POPULATED, SPEAKING LANGUAGE EQUAL TO OTHER)

46	LNGWRI	Written Language	A	4	O	O	670	673	Must be a valid value when filled in.	If Written Language is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 137 (WRITTEN LANGUAGE SPECIFICATION INVALID)
<p>Valid Values: ARBC - Arabic ARMN - Armenian BNGL - Bengali BRAL - Braille CHNE - Chinese (Mandarin) CTNS - Cantonese DCAR - Declined to Answer ENGL - English FRCH - French FRSI - Farsi GREK - Greek GRMN - German HNCE - Creole ITLN - Italian JPNS - Japanese KRAN - Korean LFOA - Large font or alt format OTER - Other PTGS - Portuguese RMNA - Romanian RSAN - Russian SPNH - Spanish SWAH - Swahili TGLG - Tagalog THAI - Thai UKR - Ukrainian VTNS - Vietnamese</p>										
47	LNGWRO	Written Language Other	A	25	C	C	674	698	Required if 'Written Language' is 'OTER' Must not be filled in if 'Written Language' is not 'OTER'	If Written Language Other is filled in and Written Language is not OTER, you will receive error code 138 (WRITTEN LANGUAGE OTHER POPULATED, WRITTEN LANGUAGE NOT EQUAL TO OTHER) If Written Language Other is not filled in and Written Language is OTER, you will receive error code 139 (WRITTEN

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
									LANGUAGE OTHER NOT POPULATED, WRITTEN LANGUAGE EQUAL TO OTHER)	
48	MBRGND	Gender At Birth	A	1	R	R	699	699	<p>Must be a valid value</p> <p>Valid Values: M - Male F - Female U - Unknown</p>	<p>If Gender At Birth is not filled in, you will receive error code 038 (MEMBER GENDER IS MISSING)</p> <p>If Gender At Birth is filled in but not with one of the Valid Values listed in the Notes column, you will receive the error code 140 (MEMBER GENDER IS INVALID)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
49	GNDIDY	Gender Identity	A	4	O	O	700	703	Must be a valid value when filled in. Valid Values: MALE - Male FMLE - Female TGMN - Transgender Male/Transgender Man TGWN - Transgender Female/Transgender Woman GDQR - GenderQueer (neither exclusively male nor female) NBNY - Non-Binary UKWN - Unknown DCAR - Declined to Answer OTER - Other	If GENDER IDENTITY is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 141 (MEMBER GENDER IDENTITY IS INVALID)
50	GNDOTH	Gender Identity Other	A	25	C	C	704	728	Fill in only if 'Gender Identity' is 'Other'	If Gender Identity Other is filled in and GENDER IDENTITY is not OTER, you will receive error code 142 (GENDER IDENTITY OTHER POPULATED, GENDER IDENTITY NOT EQUAL TO OTHER) If Gender Identity Other is not filled in and GENDER IDENTITY is OTER, you will receive error code 143 (GENDER IDENTITY OTHER NOT POPULATED, GENDER IDENTITY EQUAL TO OTHER)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
51	RACCD1	Race Code 1	A	4	O	O	729	732	Must be a valid value when filled in Valid Values: WHITE - Caucasian/White ACAN - Black/African American ANAN - Asian/Asian-American ANIN - American Indian or Alaska Native LTNO - Latino(a) NTHN - Native Hawaiian or Other Pacific Islander BMRL - Bi or Multi-racial OTER - Other DCAR - Declined to Answer	If Race Code 1 is filled in but not with one of the Valid Values listed in the Notes column, value, you will receive error code 040 (RACE CODE 1 IS INVALID)
52	RACCD2	Race Code 2	A	4	O	O	733	736	Must be a valid value when filled in Valid Values: WHITE - Caucasian/White ACAN - Black/African American ANAN - Asian/Asian-American ANIN - American Indian or Alaska Native LTNO - Latino(a) NTHN - Native Hawaiian or Other Pacific Islander BMRL - Bi or Multi-racial OTER - Other DCAR - Declined to Answer	If Race Code 2 is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 146 (RACE CODE 2 IS INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
53	RACCD3	Race Code 3	A	4	O	O	737	740	<p>Must be a valid value when filled in</p> <p>Valid Values: WHITE - Caucasian/White ACAN - Black/African American ANAN - Asian/Asian-American ANIN - American Indian or Alaska Native LTNO - Latino(a) NTHN - Native Hawaiian or Other Pacific Islander BMRL - Bi or Multi-racial OTER - Other DCAR - Declined to Answer</p>	If Race Code 3 is filled in but not with one of the Valid Values listed in the Notes column, value, you will receive error code 149 (RACE CODE 3 IS INVALID)
54	RACOTH	Race Code Other	A	25	C	C	741	765	<p>Fill in only if 'Race Code 1, 2 or 3' is 'Oter'</p>	<p>If Race Code Other is filled in and none of Race Code 1, 2 or 3 is not OTER, you will receive error code 150 (RACE CODE OTHER IS POPULATED, RACE CODE NOT EQUAL TO OTHER)</p> <p>If Race Code Other is not filled in and Race Code 1, 2 or 3 is OTER, you will receive error code 151 (RACE CODE OTHER NOT POPULATED, RACE CODE IS EQUAL TO OTHER)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
55	ETHCOD Hispanic\Latino Origin	A	4	○	○	766	769	Must be a valid value when filled in Valid Values: DCAR - Declined to Answer HSPC - Hispanic NHSP - Non-Hispanic	If Hispanic\Latino Origin is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 041 (ETHNICITY IS INVALID)
56	MARSTA Marital Status	A	1	○	○	770	770	Valid Values: D - Divorced M - Married N - Data not provided W - Widowed 1 - Never Married 4 - Cohabiting 5 - Separated	If Marital Status is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 042 (MARITAL STATUS IS INVALID)
57	SEXORI Sexual Orientation Status	A	4	○	○	771	774	Must be a valid value when filled in Valid Values: LGHS - Lesbian or gay or homosexual STHS - Straight or heterosexual BSEX - Bisexual SMEL - Something else, please describe DNKW - Don't know DNTD - Choose not to disclose	If Sexual Orientation Status is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 152 (SEXUAL ORIENTATION IS INVALID)

CA Batch Registration File layout

CA Batch Registration File layout										
	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
58	SEXOTH	Sexual Orientation Status "Something else, please describe"	A	25	C	C	775	799	Fill in only if 'Sexual Orientation Status' is SMEL	<p>If Sexual Orientation Status "Something else, please describe" is filled in and Sexual Orientation Status is not SMEL, you will receive error code 153 (SEXUAL ORIENTATION OTHER POPULATED, SEXUAL ORIENTATION NOT EQUAL TO OTHER)</p> <p>If SEXOTH is blank and SEXORI is Other, you will receive error code 154 (SEXUAL ORIENTATION OTHER NOT POPULATED, SEXUAL ORIENTATION EQUAL TO OTHER)</p>
59	HOUSTA	Housing Status		4	O	O	800	803	<p>Must be a valid value when filled in</p> <p>Valid Values: HMLS - Homeless IMRH - Imminent Risk of Losing Housing DVSH - DV Shelter HLSH - Homeless Shelter SBHS - Stable Housing ASLV - Assisted Living ARHL - At risk of Homelessness CDNK - Unknown CLRF - Refused to answer FSCR - Foster Care</p>	If Housing Status is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 155 (HOUSING STATUS IS BLANK OR INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
60	DSBST1	Disability Status 1		4	O	O	804	807	Must be a valid value when filled in Valid Values: VSIP - Vision Impairment DHHR - Deaf or Hard of Hearing MHCD - Mental Health Conditions ITLD - Intellectual Disability ADBI - Acquired Brain Injury AMST - Autism Spectrum Disorder Physical Disability ASAD - Assistance with ADLs required INCO - Inability to communicate independently OTER - Other DCAR - Declined to Answer	If Disability Status 1 is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 156 (DISABILITY STATUS 1 IS INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
61	DSBST2	Disability Status 2		4	O	O	808	811	Must be a valid value when filled in Valid Values: VSIP - Vision Impairment DHHR - Deaf or Hard of Hearing MHCD - Mental Health Conditions ITLD - Intellectual Disability ADBI - Acquired Brain Injury AMST - Autism Spectrum Disorder Physical Disability ASAD - Assistance with ADLs required INCO - Inability to communicate independently OTER - Other DCAR - Declined to Answer	If Disability Status 2 is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 159 (DISABILITY STATUS 2 IS INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
62	DSBST3	Disability Status 3		4	O	O	812	815	Must be a valid value when filled in Valid Values: VSIP - Vision Impairment DHHR - Deaf or Hard of Hearing MHCD - Mental Health Conditions ITLD - Intellectual Disability ADBI - Acquired Brain Injury AMST - Autism Spectrum Disorder Physical Disability ASAD - Assistance with ADLs required INCO - Inability to communicate independently OTER - Other DCAR - Declined to Answer	If Disability Status 3 is filled in but not with one of the Valid Values listed in the Notes column, you will receive error code 162 (DISABILITY STATUS 3 IS INVALID)
63	DSBOTH	Disability Status Other		25	C	C	816	840	Fill in only if Disability Status 1,2 or 3' is 'Other'	If Disability Status Other is filled in and Disability Status 1, 2 or 3 is not OTER, you will receive error code 163 (DISABILITY STATUS OTHER POPULATED, DISABILITY STATUS NOT EQUAL TO OTHER) If Disability Status Other is not filled in and Disability Status 1, 2 or 3 is OTER, you will receive error code 164 (DISABILITY STATUS OTHER NOT POPULATED, DISABILITY STATUS EQUAL TO OTHER)
64		Filler Field 1	A	1	N	N	841	841		

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
65	Filler Field 2	A	1	N	N	842	842		
66	Filler Field 3	A	1	N	N	843	843		
67	Filler Field 4	A	1	N	N	844	844		
68	INSCOD1 Insurance Carrier Code 1	A	3	R	N	845	847	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is a D (Demographic Change)</p> <p>Must be a valid value</p> <p>Valid Values: AL0 Anthem Blue Cross Blue Shield of CA CU6 Cigna Healthcare of CA HU1 Healthnet of CA UH0 United Healthcare AU2 Aetna Health of CA AU4 Alameda Health Alliance AU3 AIDS Healthcare Foundation AB7 Alignment Health Plan AU5 America's Health Plan CU3 CalViva CU2 CalOptima C73 CenCal Health CU4 Central California Alliance for Health CU5 Central Health Medicare Plan</p>	<p>Registration Indicator is I (Initial) or R (Re-registration) and is not filled in, you will receive error code 170 (INSURANCE CARRIER CODE 1 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 408 (INSURANCE CARRIER CODE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 1 is not filled in with one of the Valid Values listed in the Notes column, you will receive error code 329 (INSURANCE CARRIER CODE 1 INVALID)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 2, 3, 4 or 5 is filled in but Insurance Carrier Code 1 is not filled in, you will receive error code 328 (INSURANCE 1 FIELDS MUST BE POPULATED BEFORE INSURANCE 2 - 5)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								CU7 Community Care Health CU8 Community Health Group CN6 Contra Costa Health Plan HU0 Health Plan of San Joaquin HU2 Heritage Provider Network IEH Inland Empire Health Plan KAI Kaiser Permanente LA2 L.A. Care Health Plan MU4 Memorial Care Select Health Plan MU5 Molina Healthcare of CA OU0 On Lok Pace PH9 Partnership Health Plan SU3 Santa Clara Health Plan OU1 Oscar Health Plan SCG SCAN Health Plan SU4 Scripps Health Plan Services SU5 Sharp Health Plan SU6 SIMNSA Health Plan SU2 Sutter Health Plus UVC Universal Care WED Western Health Advantage	
69	Filler Field 5	A	50	N	N	848	897		
70	INSPID1 Insurance Policy Member ID 1	A	30	R	N	898	927	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator	When Registration Indicator is I (Initial Registration) or R (Re-registration) and this field is not filled in, you will receive error code 171 (INSURANCE POLICY MEMBER NUMBER 1 NOT POPULATED). If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 409 (INSURANCE POLICY MEMBER NUMBER MUST NOT BE POPULATED ON

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								is D (Demographic Change)	DEMOGRAPHIC CHANGE)
71	INSFST1 Insurance Subscriber First Name 1		35	R	N	928	962	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and is not filled in, you will receive error code 172 (INSURANCE SUBSCRIBER FIRST NAME 1 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 410 (INSURANCE SUBSCRIBER FIRST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
72	INSLST1 Insurance Subscriber Last Name 1		60	R	N	963	1022	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and is not filled in, you will receive error code 173 (INSURANCE SUBSCRIBER LAST NAME 1 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 411 (INSURANCE SUBSCRIBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
73	INSSEQ1 Insurance Primacy Indicator 1	A	1	R	N	1023	1023	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and is not filled in, you will receive error code 174 (INSURANCE PRIMACY INDICATOR 1 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 412 (INSURANCE PRIMACY INDICATOR MUST NOT BE POPULATED ON

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									DEMOGRAPHIC CHANGE)
74	INSGRP1 Insurance Group Number 1	A	30	R	N	1024	1053	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and is not filled in, you will receive error code 175 (INSURANCE GROUP NUMBER 1 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 413 (INSURANCE GROUP NUMBER MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
75	INSAD11 Insurance Address Line 1 1	A	55	R	N	1054	1108	When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Address Line 1 1 is not filled in, you will receive error code 176 (INSURANCE ADDRESS LINE 1 1 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 414 (INSURANCE ADDRESS LINE 1 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
76	INSAD21 Insurance Address Line 2 1	A	55	O	N	1109	1163		If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 415 (INSURANCE ADDRESS LINE 2 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
77	INSCTY1	Insurance City 1	A	30	R	N	1164	1193	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance City 1 is not filled in, you will receive error code 177 (INSURANCE CITY 1 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 416 (INSURANCE CITY MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
78	INSSTA1	Insurance State 1	A	2	R	N	1194	1195	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance State 1 is not filled in, you will receive error code 178 (INSURANCE STATE 1 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 417 (INSURANCE STATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
79	INSZIP1	Insurance Zip 1	A	10	R	N	1196	1205	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Zip 1 is not filled in, you will receive error code 179 (INSURANCE ZIP 1 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 418 (INSURANCE ZIP MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
80	INSPHN1	Insurance Phone 1	A	10	R	N	1206	1215	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), must contain members primary insurance Information</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Phone 1 is not filled in, you will receive error code 180 (INSURANCE PHONE 1 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 419 (INSURANCE PHONE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
81	INSEFF1	Insurance Effective Date 1	N	8	O	N	1216	1223	<p>Fill in if insurance effective date is known, if not filled in, then the enrollment effective date will be used as the Insurance Effective Date. Insurance effective date 1 cannot be greater than the enrollment effective date.</p> <p>Do not send when Registration Indicator is D (Demographic Change) Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Effective Date 1 is not in MMDDYYYY format, you will receive error code 181 (INSURANCE 1 EFFECTIVE DATE NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Effective Date 1 is filled in and greater than Enrollment Start Date, you will receive error code 422 (INSURANCE EFFECTIVE DATE 1 CANNOT BE GREATER THAN ENROLLMENT DATE)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 420 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
82	INSEXP1	Insurance Expiration Date 1	N	8	O	N	1224	1231	<p>Fill in if insurance expiration date is known. Must be greater than or equal to Insurance Effective Date 1 Do not send when Registration Indicator is D (Demographic Change) Must be valid numeric date in the format MMDDYYYY</p>	<p>Registration Indicator is I (Initial) or R (Re-registration) and Insurance Expiration Date 1 not in MMDDYYYY format, you will receive error code 182 (INSURANCE 1 EXPIRATION DATE NOT IN A VALID FORMAT)</p> <p>Registration Indicator is I (Initial) or R (Re-registration) and INSEXP1 < INSEFF1, you will receive error code 423 (INSURANCE EXPIRATION DATE 1 CANNOT BE LESS THAN INSURANCE EFFECTIVE DATE 1)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 421 (INSURANCE EXPIRATION DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
83	INSCOD2	Insurance Carrier Code 2	A	3	O	N	1232	1234	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), fill in if the member has multiple overlapping or continuous insurances. Do not send when Registration Indicator is D (Demographic Change)</p> <p>If this field is filled in, the rest of the Insurance 2 fields must be filled in.</p> <p>Must be a valid value.</p> <p>Valid Values: ALO Anthem Blue Cross Blue Shield of CA CU6 Cigna Healthcare of CA</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 331 (INSURANCE CARRIER CODE 2 INVALID)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 408 (INSURANCE CARRIER CODE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 3, 4 or 5 is filled in and Insurance Carrier Code 2 NOT POPULATED, you will receive error code 405 (INSURANCE 2 FIELDS MUST BE POPULATED BEFORE</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								HU1 Healthnet of CA UH0 United Healthcare AU2 Aetna Health of CA AU4 Alameda Health Alliance AU3 AIDS Healthcare Foundation AB7 Alignment Health Plan AU5 America's Health Plan CU3 CalViva CU2 CalOptima C73 CenCal Health CU4 Central California Alliance for Health CU5 Central Health Medicare Plan CU7 Community Care Health CU8 Community Health Group CN6 Contra Costa Health Plan HU0 Health Plan of San Joaquin HU2 Heritage Provider Network IEH Inland Empire Health Plan KAI Kaiser Permanente LA2 L.A. Care Health Plan MU4 Memorial Care Select Health Plan MU5 Molina Healthcare of CA OU0 On Lok Pace PH9 Partnership Health Plan SU3 Santa Clara Health Plan OU1 Oscar Health Plan SCG SCAN Health Plan SU4 Scripps Health Plan Services SU5 Sharp Health Plan SU6 SIMNSA Health Plan SU2 Sutter Health Plus	INSURANCE 3 - 5) If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 2 NOT POPULATED and any other Insurance 2 field is filled in, you will receive error code 431 (INSURANCE CODE 2 MUST BE POPULATED WHEN OTHER INSURANCE 2 FIELDS ARE POPULATED) For example, if Insurance Subscriber First Name 2 is filled in but Insurance Carrier Code 2 NOT POPULATED, you will get error code 431.

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								UVC Universal Care WED Western Health Advantage	
84	Filler Field 6	A	50	N	N	1235	1284		
85	INSPID2 Insurance Policy Member ID 2	A	30	O	N	1285	1314	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 358 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE POLICY ID 2 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 409 (INSURANCE POLICY MEMBER ID MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
86	INSFST2 Insurance Subscriber First Name 2	A	35	O	N	1315	1349	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 359 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 2 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 410 (INSURANCE POLICY SUBSCRIBER FIRST NAME MUST NOT BE POPULATED)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									ON DEMOGRAPHIC CHANGE)
87	INSLST2 Insurance Subscriber Last Name 2	A	60	O	N	1350	1409	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 360 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE SUBSCRIBER LAST NAME 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 411 (INSURANCE POLICY SUBSCRIBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
88	INSSEQ2 Insurance Primacy Indicator 2	A	1	O	N	1410	1410	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)</p> <p>Valid Values: P - Primary S - Secondary T - Tertiary</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 332 (INSURANCE PRIMACY 2 INVALID)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 361 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE PRIMACY INDICATOR 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 412 (INSURANCE POLICY PRIMACY INDICATOR MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
89	INSGRP2	Insurance Group Number 2	A	30	O	N	1411	1440	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 362 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE GROUP NUMBER 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 413 (INSURANCE GROUP NUMBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
90	INSAD12	Insurance Address Line 1 2	A	55	O	N	1441	1495	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 363 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE ADDRESS LINE 1 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 414 (INSURANCE ADDRESS LINE 1 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
91	INSAD22	Insurance Address Line 2 2	A	55	O	N	1496	1550	Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 415 (INSURANCE ADDRESS LINE 2 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
92	INSCTY2	Insurance City 2	A	30	O	N	1551	1580	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 364 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE CITY 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 416 (INSURANCE CITY MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
93	INSSTA2	Insurance State 2	A	2	O	N	1581	1582	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 365 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE STATE 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 417 (INSURANCE STATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
94	INSZIP2	Insurance Zip 2	A	10	O	N	1583	1592	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 2 is filled in, you will receive error code 365 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE ZIP 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									field is filled in, you will receive error code 418 (INSURANCE ZIP MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
95	INSPHN2	Insurance Phone 2	A	10	O	N	1593	1602	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), fill in if the Insurance Carrier Code 2 is filled in. Do not send when Registration Indicator is D (Demographic Change)</p> <p>If Insurance Phone 2 is not filled in and INSURANCE CARRIER CODE 2 is filled in, you will receive error code 367 (INSURANCE CARRIER CODE 2 POPULATED, INSURANCE PHONE 2 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 419 (INSURANCE PHONE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
96	INSEFF2	Insurance Effective Date 2	N	8	O	N	1603	1610	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 2 is filled in and the insurance effective date for Insurance Carrier 2 is known. If not filled in, then the enrollment effective date will be used as the Insurance Effective Date. Insurance effective date 2 cannot be greater than the insurance expiration date 2, enrollment termination date (if filled in) or the end of the calendar year. Do not send when Registration Indicator is D (Demographic Change) Must be valid numeric date in the format MMDDYYYY</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EFFECTIVE DATE 2 is not in MMDDYYYY format, you will receive error code 333 (INSURANCE 2 Enrollment Start Date NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EFFECTIVE DATE 2 is filled in, and greater than INSURANCE EXPIRATION DATE 2 or Enrollment Termination Date, you will receive error code 424 (Insurance Effective Date 2 CANNOT BE GREATER THAN Enrollment Termination Date)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 420 (INSURANCE Effective Date 2 MUST NOT BE POPULATED ON</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									DEMOGRAPHIC CHANGE)
97	INSEXP2 Insurance Expiration Date 2	N	8	O	N	1611	1618	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 2 is filled in and the insurance expiration date for Insurance Carrier 2 is known. Must be greater than or equal to insurance effective date 2</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p> <p>Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 2 is not in MMDDYYYY format, you will receive error code 334 (INSURANCE EXPIRATION DATE 2 NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 2 less than the INSURANCE EFFECTIVE DATE 2, you will receive error code 425 (INSURANCE Expiration Date 2 CANNOT BE LESS THAN Insurance Effective Date 2)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 421 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
98	INSCOD3 Insurance Carrier Code 3	A	3	O	N	1619	1621	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the member has multiple overlapping or continuous insurances.</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p> <p>If this field is filled in, the rest of the Insurance 3 fields must be filled in.</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 335 (INSURANCE CARRIER CODE 3 INVALID)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 408 (INSURANCE CARRIER CODE MUST NOT BE POPULATED ON</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								<p>Must be a valid value.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> ALO Anthem Blue Cross Blue Shield of CA CU6 Cigna Healthcare of CA HU1 Healthnet of CA UH0 United Healthcare AU2 Aetna Health of CA AU4 Alameda Health Alliance AU3 AIDS Healthcare Foundation AB7 Alignment Health Plan AU5 America's Health Plan CU3 CalViva CU2 CalOptima C73 CenCal Health CU4 Central California Alliance for Health CU5 Central Health Medicare Plan CU7 Community Care Health CU8 Community Health Group CN6 Contra Costa Health Plan HU0 Health Plan of San Joaquin HU2 Heritage Provider Network IEH Inland Empire Health Plan KAI Kaiser Permanente LA2 L.A. Care Health Plan MU4 Memorial Care Select Health Plan MU5 Molina Healthcare of CA OU0 On Lok Pace PH9 Partnership Health Plan 	<p>DEMOGRAPHIC CHANGE)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE CARRIER CODE 4 or 5 is filled in and INSURANCE CARRIER CODE 3 is not filled in, you will receive error code 406 (INSURANCE 3 FIELDS MUST BE POPULATED BEFORE INSURANCE 4 - 5)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE CARRIER CODE 3 is not filled in and any other INSURANCE 3 field is filled in, you will receive error code 432 (INSURANCE CODE 3 MUST BE POPULATED WHEN OTHER INSURANCE 3 FIELDS ARE POPULATED)</p> <p>For example, if Insurance Subscriber First Name 3 is filled in but Insurance Carrier Code 3 NOT POPULATED, you will get error code 432.</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								SU3 Santa Clara Health Plan OU1 Oscar Health Plan SCG SCAN Health Plan SU4 Scripps Health Plan Services SU5 Sharp Health Plan SU6 SIMNSA Health Plan SU2 Sutter Health Plus UVC Universal Care WED Western Health Advantage	
99	Filler Field 7	A	50	N	N	1622	1671		
100	INSPID3 Insurance Policy Member ID 3	A	30	O	N	1672	1701	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 368 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE POLICY ID 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 409 (INSURANCE POLICY MEMBER ID MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
101	INSFST3 Insurance Subscriber First Name 3	A	35	O	N	1702	1736	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 369 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 3 NOT POPULATED)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								is D (Demographic Change)	If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 410 (INSURANCE POLICY SUBSCRIBER FIRST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
102	INSLST3 Insurance Subscriber Last Name 3	A	60	O	N	1737	1796	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 370 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE SUBSCRIBER LAST NAME 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 411 (INSURANCE POLICY SUBSCRIBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
103	INSSEQ3 Insurance Primacy Indicator 3	A	1	O	N	1797	1797	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change) Valid Values: P - Primary S - Secondary T - Tertiary	If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 336 (INSURANCE PRIMACY 3 INVALID) If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 371 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE PRIMACY INDICATOR 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 412 (INSURANCE

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
										POLICY PRIMACY INDICATOR MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
104	INSGRP3	Insurance Group Number 3	A	30	O	N	1798	1827	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 372 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE GROUP NUMBER 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 413 (INSURANCE GROUP NUMBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
105	INSAD13	Insurance Address Line 13	A	55	O	N	1828	1882	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 373 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE ADDRESS LINE 1 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 414 (INSURANCE ADDRESS LINE 1 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
106	INSAD23	Insurance Address Line 2 3	A	55	O	N	1883	1937	Do not send when Registration Indicator is a D (Demographic Change)	If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 415 (INSURANCE

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
										ADDRESS LINE 2 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
107	INSCTY3	Insurance City 3	A	30	O	N	1938	1967	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 374 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE CITY 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 416 (INSURANCE CITY MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
108	INSSTA3	Insurance State 3	A	2	O	N	1968	1969	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 375 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE STATE 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 417 (INSURANCE STATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
109	INSZIP3	Insurance Zip 3	A	10	O	N	1970	1979	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 3 is filled in, you will receive error code 376 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE ZIP 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								is D (Demographic Change)	field is filled in, you will receive error code 418 (INSURANCE ZIP MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
110	INSPHN3 Insurance Phone 3	A	10	O	N	1980	1989	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 3 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If this field is not filled in and INSURANCE CARRIER CODE 3 is filled in, you will receive error code 377 (INSURANCE CARRIER CODE 3 POPULATED, INSURANCE PHONE 3 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 419 (INSURANCE PHONE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
111	INSEFF3 Insurance Effective Date 3	N	8	O	N	1990	1997	Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 3 is filled in and the insurance effective date for Insurance Carrier 3 is known. If not filled in, then the enrollment effective date will be used as the Insurance Effective Date. Insurance effective date 3 cannot be greater than the insurance expiration date 3, enrollment termination date (if filled in) or the end of the calendar year. Do not send when Registration Indicator is D (Demographic Change) Must be valid numeric date in the format MMDDYYYY	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not in MMDDYYYY format, you will receive error code 337 (INSURANCE EFFECTIVE DATE 3 NOT IN A VALID FORMAT) If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Effective Date 3 is filled in, and greater than Insurance Expiration Date 3 or Enrollment Termination Date, you will receive error code 426 (INSURANCE EFFECTIVE DATE 3 CANNOT BE GREATER THAN Enrollment Termination Date) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 420 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
112	INSEXP3	Insurance Expiration Date 3	N	8	O	N	1998	2005	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 3 is filled in and the insurance expiration date for Insurance Carrier 3 is known. Must be greater than or equal to insurance effective date 3. Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Expiration Date 3 is not in MMDDYYYY format, you will receive error code 338 (INSURANCE 3 EXPIRATION Date NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 2 is prior to INSURANCE EFFECTIVE DATE 2, you will receive error code 427 (INSURANCE EFFECTIVE DATE 3 CANNOT BE LESS THAN INSURANCE EFFECTIVE DATE 3)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 421 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
113	INSCOD4	Insurance Carrier Code 4	A	3	O	N	2006	2008	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the member has multiple overlapping or continuous insurances.</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p> <p>Must be a valid value.</p> <p>Valid Values: ALO Anthem Blue Cross Blue Shield of CA CU6 Cigna Healthcare of CA HU1 Healthnet of CA</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 339 (INSURANCE CARRIER CODE 4 INVALID)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 408 (INSURANCE CARRIER CODE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 5 is filled in but Insurance Carrier Code 4 is not filled in, you will receive error code 407</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								UH0 United Healthcare AU2 Aetna Health of CA AU4 Alameda Health Alliance AU3 AIDS Healthcare Foundation AB7 Alignment Health Plan AU5 America's Health Plan CU3 CalViva CU2 CalOptima C73 CenCal Health CU4 Central California Alliance for Health CU5 Central Health Medicare Plan CU7 Community Care Health CU8 Community Health Group CN6 Contra Costa Health Plan HU0 Health Plan of San Joaquin HU2 Heritage Provider Network IEH Inland Empire Health Plan KAI Kaiser Permanente LA2 L.A. Care Health Plan MU4 Memorial Care Select Health Plan MU5 Molina Healthcare of CA OU0 On Lok Pace PH9 Partnership Health Plan SU3 Santa Clara Health Plan OU1 Oscar Health Plan SCG SCAN Health Plan SU4 Scripps Health Plan Services SU5 Sharp Health Plan SU6 SIMNSA Health Plan SU2 Sutter Health Plus UVC Universal Care	(INSURANCE 4 FIELDS MUST BE POPULATED BEFORE INSURANCE 5) If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 4 is not filled in, but any other INSURANCE 4 field is filled in, you will receive error code 434 (INSURANCE CODE 4 MUST BE POPULATED WHEN OTHER INSURANCE 4 FIELDS ARE POPULATED) For example, if Insurance Subscriber First Name 4 is filled in but Insurance Carrier Code 4 NOT POPULATED, you will get error code 434.

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								WED Western Health Advantage	
114	Filler Field 8	A	50	N	N	2009	2058		
115	INSPID4 Insurance Policy Member ID 4	A	30	O	N	2059	2088	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but this field is filled in, you will receive error code 378 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE POLICY ID 4 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 409 (INSURANCE POLICY MEMBER ID MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
116	INSFST4 Insurance Subscriber First Name 4	A	35	O	N	2089	2123	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 379 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 4 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 410 (INSURANCE POLICY SUBSCRIBER FIRST NAME MUST NOT BE POPULATED)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									ON DEMOGRAPHIC CHANGE)
117	INSLST4 Insurance Subscriber Last Name 4	A	60	O	N	2124	2183	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 380 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE SUBSCRIBER LAST NAME 4 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 411 (INSURANCE POLICY SUBSCRIBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
118	INSSEQ4 Insurance Primacy Indicator 4	A	1	O	N	2184	2184	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)</p> <p>Valid Values: P - Primary S - Secondary T - Tertiary</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in, but not with one of the Valid Values in the Notes column, you will receive error code 340 (INSURANCE PRIMACY 4 INVALID)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 381 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE PRIMACY INDICATOR 4 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 412 (INSURANCE POLICY PRIMACY INDICATOR MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
119	INSGRP4	Insurance Group Number 4	A	30	O	N	2185	2214	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If this field is not filled in and INSURANCE CARRIER CODE 4 is filled in, you will receive error code 382 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE GROUP NUMBER 4 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 413 (INSURANCE GROUP NUMBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
120	INSAD14	Insurance Address Line 1 4	A	55	O	N	2215	2269	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If this field is not filled in and INSURANCE CARRIER CODE 4 is filled in, you will receive error code 383 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE ADDRESS LINE 1 4 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 414 (INSURANCE ADDRESS LINE 1 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
121	INSAD24	Insurance Address Line 2 4	A	55	O	N	2270	2324	Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 415 (INSURANCE ADDRESS LINE 2 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
122	INSCTY4	Insurance City 4	A	30	O	N	2325	2354	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 384 (INSURANCE CARRIER

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
								is D (Demographic Change)	CODE 4 POPULATED, INSURANCE CITY 4 NOT POPULATED If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 416 (INSURANCE CITY MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)	
123	INSSTA4	Insurance State 4	A	2	O	N	2355	2356	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 385 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE STATE 4 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 417 (INSURANCE STATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
124	INSZIP4	Insurance Zip 4	A	10	O	N	2357	2366	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 4 is filled in, you will receive error code 386 (INSURANCE CARRIER CODE 4 POPULATED, INSURANCE ZIP 4 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 418 (INSURANCE ZIP MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
125	INSPHN4	Insurance Phone 4	A	10	O	N	2367	2376	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in	If this field is not filled in and INSURANCE CARRIER CODE 4 is filled in, you will receive error code 387 (INSURANCE CARRIER

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
								if the insurance carrier code 4 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>CODE 4 POPULATED, INSURANCE PHONE 4 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 419 (INSURANCE PHONE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>	
126	INSEFF4	Insurance Effective Date 4	N	8	O	N	2377	2384	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 4 is filled in and the insurance effective date for Insurance Carrier 4 is known. If not filled in, then the enrollment effective date will be used as the Insurance Effective Date.</p> <p>Insurance effective date 4 cannot be greater than the insurance expiration date 4, enrollment termination date (if filled in) or the end of the calendar year. Do not send when Registration Indicator is D (Demographic Change) Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Effective Date 4 not in MMDDYYYY format, you will receive error code 341 (INSURANCE EFFECTIVE DATE 4 NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in, but it is greater than Insurance Expiration Date 4 or Enrollment Termination Date, you will receive error code 428 (INSURANCE EFFECTIVE DATE 4 CANNOT BE GREATER THAN Enrollment Termination Date)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 420 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
127	INSEXP4 Insurance Expiration Date 4	N	8	O	N	2385	2392	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 4 is filled in and the insurance expiration date for Insurance Carrier 4 is known. Must be greater than or equal to insurance effective date 4. Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 4 not in MMDDYYYY format, you will receive error code 343 (INSURANCE 4 Enrollment Termination Date NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 4 is prior to Insurance Effective Date 4, you will receive error code 429 (INSURANCE EFFECTIVE DATE 4 CANNOT BE LESS THAN INSURANCE EFFECTIVE DATE 4)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 421 (INSURANCE EFFECTIVE DATE 4 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
128	INSCOD5 Insurance Carrier Code 5	A	3	O	N	2393	2395	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the member has multiple overlapping or continuous insurances. Do not send when Registration Indicator is D (Demographic Change). If this field is filled in, the rest of the Insurance 5 fields must be filled in. Must be a valid value.</p> <p>Valid Values: ALO Anthem Blue Cross Blue Shield of CA CU6 Cigna Healthcare of CA</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in but not with one of the Valid Values in the Notes column, you will receive error code 344 (INSURANCE CARRIER CODE 5 INVALID)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 408 (INSURANCE CARRIER CODE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and Insurance Carrier Code 5 is not filled in and any other INSURANCE 5 field is filled in, you will receive error code 435</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								HU1 Healthnet of CA UH0 United Healthcare AU2 Aetna Health of CA AU4 Alameda Health Alliance AU3 AIDS Healthcare Foundation AB7 Alignment Health Plan AU5 America's Health Plan CU3 CalViva CU2 CalOptima C73 CenCal Health CU4 Central California Alliance for Health CU5 Central Health Medicare Plan CU7 Community Care Health CU8 Community Health Group CN6 Contra Costa Health Plan HU0 Health Plan of San Joaquin HU2 Heritage Provider Network IEH Inland Empire Health Plan KAI Kaiser Permanente LA2 L.A. Care Health Plan MU4 Memorial Care Select Health Plan MU5 Molina Healthcare of CA OU0 On Lok Pace PH9 Partnership Health Plan SU3 Santa Clara Health Plan OU1 Oscar Health Plan SCG SCAN Health Plan SU4 Scripps Health Plan Services SU5 Sharp Health Plan SU6 SIMNSA Health Plan SU2 Sutter Health Plus	(INSURANCE CODE 5 MUST BE POPULATED WHEN OTHER INSURANCE 5 FIELDS ARE POPULATED)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								UVC Universal Care WED Western Health Advantage	
129	Filler Field 9	A	50	N	N	2396	2445		
130	INSPID5 Insurance Policy Member ID 5	A	30	O	N	2446	2475	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 388 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE POLICY ID 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 409 (INSURANCE POLICY MEMBER ID MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
131	INSFST5 Insurance Subscriber First Name 5	A	35	O	N	2476	2510	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 389 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 410 (INSURANCE POLICY SUBSCRIBER FIRST NAME MUST NOT BE POPULATED)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
									ON DEMOGRAPHIC CHANGE)
132	INSLST5 Insurance Subscriber Last Name 5	A	60	O	N	2511	2570	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 390 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE SUBSCRIBER LAST NAME 5 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 411 (INSURANCE POLICY SUBSCRIBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
133	INSSEQ5 Insurance Primacy Indicator 5	A	1	O	N	2571	2571	<p>When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)</p> <p>Valid Values: P - Primary S - Secondary T - Tertiary</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is filled in, but not with one of the Valid Values in the Notes column, you will receive error code 345 (INSURANCE PRIMACY 5 INVALID)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 391 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE PRIMACY INDICATOR 5 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 412 (INSURANCE POLICY PRIMACY INDICATOR MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
134	INSGRP5 Insurance Group Number 5	A	30	O	N	2572	2601	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If this field is not filled in and INSURANCE CARRIER CODE 5 is filled in, you will receive error code 392 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE GROUP NUMBER 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 413 (INSURANCE GROUP NUMBER LAST NAME MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
135	INSAD15 Insurance Address Line 1 5	A	55	O	N	2602	2656	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If this field is not filled in and INSURANCE CARRIER CODE 5 is filled in, you will receive error code 393 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE ADDRESS LINE 1 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 414 (INSURANCE ADDRESS LINE 1 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
136	INSAD25 Insurance Address Line 2 5	A	55	O	N	2657	2711	Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 415 (INSURANCE ADDRESS LINE 2 MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
137	INSCTY5 Insurance City 5	A	30	O	N	2712	2741	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 394 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE CITY 5 NOT

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
								is D (Demographic Change)	POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 416 (INSURANCE CITY MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)	
138	INSSTA5	Insurance State 5	A	2	O	N	2742	2743	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 395 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE STATE 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 417 (INSURANCE STATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)
139	INSZIP5	Insurance Zip 5	A	10	O	N	2744	2753	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	If Registration Indicator is I (Initial) or R (Re-registration) and this field is not filled in, but INSURANCE CARRIER CODE 5 is filled in, you will receive error code 396 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE ZIP 5 NOT POPULATED) If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 418 (INSURANCE ZIP MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
140	INSPHN5	Insurance Phone 5	A	10	O	N	2754	2763	When Registration Indicator is I (Initial Registration) or R (Re-registration), Fill in if the insurance carrier code 5 is filled in. Do not send when Registration Indicator is D (Demographic Change)	<p>If this field is not filled in and INSURANCE CARRIER CODE 5 is filled in, you will receive error code 397 (INSURANCE CARRIER CODE 5 POPULATED, INSURANCE PHONE 5 NOT POPULATED)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 419 (INSURANCE PHONE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
141	INSEFF5	Insurance Effective Date 5	N	8	O	N	2764	2771	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 5 is filled in and the insurance effective date for Insurance Carrier 5 is known. If not filled in, then the enrollment effective date will be used as the Insurance Effective Date.</p> <p>Insurance effective date 4 cannot be greater than the insurance expiration date 4, enrollment termination date (if filled in) or the end of the calendar year</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p> <p>Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EFFECTIVE DATE 5 not in MMDDYYYY format, you will receive error code 346 (INSURANCE EFFECTIVE DATE 5 NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EFFECTIVE DATE 5 is filled in, and is greater than INSURANCE EXPIRATION DATE 5 or Enrollment Termination Date, you will receive error code 430 (INSURANCE EFFECTIVE DATE 5 CANNOT BE GREATER THAN EXPIRATION DATE)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 420 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
142	INSEXP5	Insurance Expiration Date 5	N	8	O	N	2772	2779	<p>Fill in if Registration Indicator is I (Initial Registration) or R (Re-registration), insurance carrier code 5 is filled in and the insurance expiration date for Insurance Carrier 5 is known. Must be greater than or equal to insurance effective date 4</p> <p>Do not send when Registration Indicator is D (Demographic Change)</p> <p>Must be valid numeric date in the format MMDDYYYY</p>	<p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 4 not in MMDDYYYY format, you will receive error code 347 (INSURANCE 5 Enrollment Termination Date NOT IN A VALID FORMAT)</p> <p>If Registration Indicator is I (Initial) or R (Re-registration) and INSURANCE EXPIRATION DATE 4 is prior to INSURANCE EFFECTIVE DATE 5, you will receive error code 430 (INSURANCE EFFECTIVE DATE 5 CANNOT BE LESS THAN INSURANCE EFFECTIVE DATE 5)</p> <p>If Registration Indicator is D (Demographic Change) and this field is filled in, you will receive error code 421 (INSURANCE EFFECTIVE DATE MUST NOT BE POPULATED ON DEMOGRAPHIC CHANGE)</p>
143	GRDREL	Parent/Legal Guardian/Representative relationship to the member	A	4	C	C	2780	2783	<p>Required if member is younger than 12</p> <p>Valid Values:</p> <ul style="list-style-type: none"> 01 Spouse/Significant Other 02 Parent 03 Sibling 04 Child 05 Grandparent 06 In law relative 07 Other Family member 08 Friend 	<p>If this field is not filled in and the member is under age 12, you will receive error code 183 (GUARDIAN RELATIONSHIP IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change), then today's date would be used.</p> <p>If this field is filled in, but not with one of the Valid Values in the Notes column, you will receive error code 195</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
								09 Neighbor 10 Roommate 11 Case Worker 12 School Counselor/Teacher 13 Substitute decision maker 14 Other	(GUARDIAN RELATIONSHIP CODE IS INVALID)	
144	GRDRLO	Parent/Legal Guardian/Representative relationship to the member other	A	25	C	C	2784	2808	Must be filled in if 'Parent/Legal Guardian /Representative relationship' is '14' Required if member is younger than 12. Must be a valid value. Valid Values: ARBC - Arabic ARMN - Armenian ASLG - American Sign Language BNGL - Bengali BSLG - British Sign Language	If this field is not filled in and Parent/Legal Guardian/Representative relationship to the member is 14, you will receive error code 184 (GUARDIAN RELATIONSHIP OTHER NOT POPULATED, GUARDIAN RELATIONSHIP IS OTHER) If this field is filled in and Parent/Legal Guardian/Representative relationship to the member is not 14, you will receive error code 185 (GUARDIAN RELATIONSHIP OTHER POPULATED, GUARDIAN RELATIONSHIP IS NOT OTHER)
145	GRDLSP	Parent/Legal Guardian/Representative Spoken Language	A	4	C	C	2809	2812	Required if member is younger than 12. Must be a valid value. Valid Values: ARBC - Arabic ARMN - Armenian ASLG - American Sign Language BNGL - Bengali BSLG - British Sign Language	If this field is not filled in and the member is under age 12, you will receive error code 399 (GUARDIAN SPOKEN LANGUAGE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change), then today's date would be used. If this field is filled in, but not with one of the Valid Values in

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								CHNE - Chinese (Mandarin) CTNS - Cantonese DCAR - Declined to Answer ENGL - English FRCH - French FRSI - Farsi GREK - Greek GRMN - German HNCE - Creole ITLN - Italian JPNS - Japanese KRAN - Korean OTER - Other PTGS - Portuguese RMNA - Romanian RSAN - Russian SPNH - Spanish SWAH - Swahili TGLG - Tagalog THAI - Thai UKR - Ukrainian VTNS - Vietnamese	the Notes column, you will receive error code 400 (GUARDIAN SPOKEN LANGUAGE SPECIFICATION INVALID)
146	GRDLSO Parent/Legal Guardian/Representative Spoken Language Other	A	25	C	C	2813	2837	Required if Parent/Legal Guardian/Representative Spoken Language is 'OTER' Must not be filled in if ' Parent/Legal Guardian/Representative Spoken	If this field is filled in and Parent/Legal Guardian/Representative Spoken Language is not OTER, you will receive error code 401 (GUARDIAN SPOKEN LANGUAGE OTHER POPULATED, GUARDIAN SPOKEN LANGUAGE NOT EQUAL TO OTHER)

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
								Language ' is not 'OTER'	If this field is blank and Parent/Legal Guardian/Representative Spoken Language is OTER, you will receive error code 402 (GUARDIAN SPOKEN LANGUAGE OTHER NOT POPULATED, GUARDIAN SPOKEN LANGUAGE EQUAL TO OTHER)
147	GRDLST Parent/Legal Guardian/Representative Last Name	A	60	C	C	2838	2897	Required if member is younger than 12	If this field is not filled in and the member is under age 12, you will receive error code 186 (GUARDIAN LAST NAME IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change), then today's date would be used.
148	GRDFST Parent/Legal Guardian/Representative First Name	A	35	C	C	2898	2932	Required if member is younger than 12	If this field is not filled in and the member is under age 12, you will receive error code 187 (GUARDIAN FIRST NAME IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change), then today's date would be used.
149	GRDAD1 Parent/Legal Guardian /Representative Address Line 1	A	55	C	C	2933	2987	Required if member is younger than 12	If this field is not filled in and the member is under age 12, you will receive error code 188 (GUARDIAN ADDRESS LINE 1 IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change), then today's date would be

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
									used.	
150	GRDAD2	Parent/Legal Guardian /Representative Address Line 2	A	55	O	O	2988	3042		
151	GRDCTY	Parent/Legal Guardian /Representative City	A	30	C	C	3043	3072	Required if member is younger than 12 Must be a valid City	If this field is not filled in and the member is under age 12, you will receive error code 189 (GUARDIAN CITY IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used. If GRDCTY is filled in, then compare GRDCTY1:28 to ZIPMAS/CITYCD and if not valid found, you will receive error code 102 (GUARDIAN CITY IS INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
152	GRDSTA	Parent/Legal Guardian /Representative State	A	2	C	C	3073	3074	<p>Required if member is younger than 12</p> <p>Must be a valid State</p>	<p>If this field is not filled in and the member is under age 12, you will receive error code 190 (GUARDIAN STATE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field is filled in and not valid in ZIPMAS/STACOD, you will receive error code 104 (GUARDIAN STATE IS INVALID)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
153	GRDZIP	Parent/Legal Guardian /Representative Zip Code	N	5	C	C	3075	3079	<p>Required if member is younger than 12</p> <p>Must be a valid Zip Code</p> <p>Must be a valid combination of City, State, and ZIP when all 3 are filled in</p>	<p>If this field is not filled in and the member is under age 12, you will receive error code 191 (GUARDIAN ZIP CODE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field contains letters or special characters, you will receive error code 192 (GUARDIAN ZIP CODE IS NOT NUMERIC)</p> <p>If this field is filled in but the zip code is not found in the list of valid zip codes provided, you will receive error code 107 (GUARDIAN ZIP CODE IS INVALID)</p> <p>If the Zip Code entered is not part of a valid City, State and Zip Code combination, you will receive error code 110 (GUARDIAN CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION).</p>
154	GRDZXT	Parent/Legal Guardian /Representative Zip Code Extension	N	4	O	O	3080	3083	<p>Required if member is younger than 12</p> <p>Must be numeric</p> <p>Must be 4 characters</p>	<p>If this field contains letters or special characters, you will receive error code 097 (GUARDIAN ZIP CODE EXTENSION IS NOT NUMERIC)</p> <p>If this field is filled in but does not contain 4 characters, you will receive error code 099 (GUARDIAN ZIP CODE EXTENSION MUST BE 4 BYTES.)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
155	GRDPH1	Parent/Legal Guardian /Representative Home Phone Area Code	N	3	C	C	3084	3086	<p>Required if member is younger than 12 and cell phone is not filled in</p> <p>Must be 3 characters and numeric when filled in</p> <p>Required if home phone exchange or suffix is filled in</p>	<p>If both Parent/Legal Guardian /Representative Home Phone Area Code and Parent/Legal Guardian /Representative Cell Phone Area Code are not filled in and the member is under age 12, you will receive error code 193 (GUARDIAN HOME PHONE OR CELL PHONE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field contains letters or special characters, you will receive error code 194 (GUARDIANS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Home Phone fields is not filled in, or if this field does not contain 3 characters, you will receive error code 109 (GUARDIAN HOME PHONE NUMBER IS INCOMPLETE)</p>

CA Batch Registration File layout

CA Batch Registration File layout										
	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
156	GRDPH2	Parent/Legal Guardian /Representative Home Phone Exchange	N	3	C	C	3087	3089	<p>Required if guardian home phone area code or suffix is filled in.</p> <p>Must be 3 characters and numeric when filled in</p>	<p>If this field contains letters or special characters, you will receive error code 194 (GUARDIANS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Home Phone fields is not filled in or this field does not contain 3 characters, you will receive error code 109 (GUARDIAN HOME PHONE NUMBER IS INCOMPLETE)</p>
157	GRDPH3	Parent/Legal Guardian /Representative Home Phone Suffix	N	4	C	C	3090	3093	<p>Required if guardian home phone area code or exchange is filled in.</p> <p>Must be 4 characters and numeric when filled in.</p>	<p>If this field contains letters or special characters, you will receive error code 194 (GUARDIANS HOME PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Home Phone fields is not filled in or if this field does not contain 4 characters, you will receive error code 109 (GUARDIAN HOME PHONE NUMBER IS INCOMPLETE)</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
158	GRDCH1 Parent/Legal Guardian /Representative Cell Phone Area Code	N	3	C	C	3094	3096	<p>Required if member is younger than 12 and home phone is not filled in</p> <p>Must be 3 characters and numeric when filled in</p> <p>Required if cell phone exchange or suffix is filled in</p>	<p>If both Parent/Legal Guardian /Representative Home Phone Area Code and Parent/Legal Guardian /Representative Cell Phone Area Code are not filled in and the member is under age 12, you will receive error code 193 (GUARDIAN HOME PHONE OR CELL PHONE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field contains letters or special characters, you will receive error code 196 (GUARDIANS CELL PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Cell Phone fields is not filled in or if this field does not contain 3 characters, you will receive error code 197 (GUARDIAN CELL PHONE NUMBER IS INCOMPLETE)</p>

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
159	GRDCH2	Parent/Legal Guardian /Representative Cell Phone Exchange	N	3	C	C	3097	3099	<p>Required if member is younger than 12</p> <p>Must be 3 characters and numeric when filled in</p> <p>Required if guardian cell phone area code or suffix is filled in</p>	<p>If this field is not filled in and the member is under age 12, you will receive error code 193 (GUARDIAN HOME PHONE OR CELL PHONE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field contains letters or special characters, you will receive error code 196 (GUARDIANS CELL PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Cell Phone fields is not filled in or if this field does not contain 3 characters, you will receive error code 197 (GUARDIAN CELL PHONE NUMBER IS INCOMPLETE)</p>

CA Batch Registration File layout

CA Batch Registration File layout										
Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
160	GRDCH3	Parent/Legal Guardian /Representative Cell Phone Suffix	N	4	C	C	3100	3103	<p>Required if member is younger than 12</p> <p>Must be 4 characters and numeric when filled in</p> <p>Required if guardian home phone area code or exchange is filled in</p>	<p>If this field is not filled in and the member is under age 12, you will receive error code 193 (GUARDIAN HOME PHONE OR CELL PHONE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field contains letters or special characters, you will receive error code 196 (GUARDIANS CELL PHONE NUMBER MUST BE NUMERIC)</p> <p>If this field is filled in and either of the other 2 Guardian Cell Phone fields is not filled in or if this field does not contain 4 characters, you will receive error code 197 (GUARDIAN CELL PHONE NUMBER IS INCOMPLETE)</p>
161	GRDEML	Parent/Legal Guardian /Representative Email address	A	100	C	C	3104	3203	<p>Required if member is younger than 12</p> <p>Must be a valid format. Valid format is address@ISP.nnn" (where the "address" can be any combination of letters and characters, the @ must be present and the value must contain a valid email extension (e.g., .net, .com, .org)</p>	<p>If this field is not filled in and the member is under age 12, you will receive error code 198 (GUARDIAN EMAIL IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used.</p> <p>If this field is filled in and Parent/Legal Guardian /Representative Email address is not in valid format, you will receive error code 111 (GUARDIANS EMAIL MUST BE IN A</p>

CA Batch Registration File layout

Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)	
									VALID FORMAT)	
162	GRDVRB	Parent/Legal Guardian /Representative Verbal Preference	A	1	C	C	3204	3204	Required if member is younger than 12 Must be a valid value Valid Values: E - Electronic V - Verbal T - Text	If this field is not filled in and the member is under age 12, you will receive error code 200 (GUARDIAN VERBAL PREFERENCE IS REQUIRED WHEN MEMBER IS UNDER 12) **Note: The incoming Enrollment Start Date will be used when determining the members age. If the Registration Indicator is D (Demographic Change) then today's date would be used. If this field is filled in, but not with one of the Valid Values in the Notes column, you will receive error code 199 (GUARDIANS VERBAL PREFERENCE INVALID)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
163	CDSCOD	CDS Code	A	14	R	R	3205	3218	This 14-digit code is the official, unique identification of a school within California. The first two digits identify the county, the next five digits identify the school district, and the last seven digits identify the school. Please note that a CDS code ending in '0000000' indicates a district record not a school.	If this field is not filled in or does not contain 14 characters, you will receive error code 231 (CDS CODE MUST BE POPULATED AND 14 BYTES)
164	FEDDID	Federal District ID	A	7	R	R	3219	3225	This field represents the 7-digit National Center for Educational Statistics (NCES) school district identification number. The first 2 digits identify the state and the last 5 digits identify the school district. Combined, they make a unique 7-digit ID for each school district.	If this field is not filled in or does not contain 7 characters, you will receive error code 232 (FEDERAL DISTRICT CODE MUST BE POPULATED AND 7 BYTES)
165	FEDSID	Federal School ID	A	5	R	R	3226	3230	This field represents the 5-digit NCES school identification number. The federal school ID combined with the federal district ID form a unique 12-digit ID for each school.	If this field is not filled in or does not contain 5 characters, you will receive error code 233 (FEDERAL SCHOOL ID CODE MUST BE POPULATED AND 5 BYTES)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
166	DISTYP	District Type	A	4	O	O	3231	3234	<p>The entity type identifies the district or school type. This is also referred to as the ownership code/type.</p> <p>Must be a valid value</p> <p>Valid Values: COED - County Office of Education SBED - State Board of Education SBCH - Statewide Benefit Charter SSSC - State Special Schools NSCL - Non-school Location ESCD Elementary School District USCD - Unified School District HGSC - High School District ROCP - Regional Occupational Center/Program (ROC/P)</p>	If this field is filled in, but not with one of the Valid Values in the Notes column, you will receive error code 234 (DISTRICT TYPE INVALID)
167	DISTID	Federal Charter District ID	A	7	O	O	3235	3241	<p>This field represents the 7-digit NCES school district identification number for direct funded charter schools. Beginning in February 2019, direct funded charter schools were issued their own federal district ID and should no longer use the federal district ID associated with their authorizing agency.</p>	If this field is filled in and does not contain 7 characters, you will receive error code 235 (FEDERAL CHARTER CODE MUST BE 7 BYTES)

CA Batch Registration File layout

	Field	Field Description	Type	Length	Initial/Rereg	Demo Change	From	To	Notes	Error Processing/Error Code (Error Description)
168	CNTYNM	School County	A	4	R	R	3242	3245	Must be a valid value See Appendix D for valid values.	If this field is not filled or is filled in, but not with one of the Valid Values in Appendix D , you will receive error code 236 (SCHOOL COUNTY MISSING OR INVALID)
169	DSTNAM	District or Administrative Authority name	A	50	O	O	3246	3295	District or Administrative Authority name	

Trailer Record

One trailer record should be included on the file as the last line of the file.

TRAILER								
Field	Field Description	Type	Length	Require	From	To	Notes	Error Processing/Error Code (Error Description)
TRAILER	Trailer	A	7	R	1	7	Must equal "TRAILER"	<p>If the TRAILER record is not received, you will receive error code 001 (TRAILER RECORD IS REQUIRED) and file processing will stop because this is a FILE LEVEL error.</p> <p>If TRAILER record is received but no detail lines are submitted, you will receive error code 002 (FILE SUBMISSION IS BLANK) and file processing will stop because this is a FILE LEVEL error.</p>
RECCNT	Record Count	N	7	R	8	14	<p>Must be numeric</p> <p>Must be 7 digits (example: Instead of 1, should read 000001)</p> <p>RECCNT must be equal to the number detail lines submitted</p>	<p>If this field contains letters or special characters, you will receive error code 003 (RECORD COUNT MUST BE NUMERIC) and file processing will stop because this is a FILE LEVEL error.</p> <p>If this does not contain 7 digits, you will receive error code 004 (RECORD COUNT MUST BE 7 DIGITS) and file processing will stop because this is a FILE LEVEL error.</p> <p>If this field does not contain the exact number of detail lines submitted, you will receive error code 005 (RECORD COUNT MISMATCH) and file processing will stop because this is a FILE LEVEL error.</p>

Response Files

The batch registration program will automatically send output files to the submitter through the Provider Connect EDI Homepage.

1. Summary file
2. Accepted file
3. Error file (only received if there are errors from the input file processing)
4. Pend file (only received if there are pended records from the input file processing)
5. Pend Resolution Response file

Response File Naming Convention

Response files to submitted batch files will have the following naming conventions:

- Submission ID #
 - NOTE: '#' will be converted back to '0' in output file names
- Letter indicating type of batch file:
 - R = Registration
- Letter indicating type of response file
 - "R" for Summary File
 - "A" for Accepted File
 - "P" for Pended File
 - "E" for Error (Rejected) File
 - "I" for Pended Resolution File
- Date and Time Stamp
 - MMDDYY.00.00.00
- Example – **024A014782RA.011324.10.48.13** would be an example of an Accepted File name.

Summary File

File will be returned to the provider with the following file name: original submission number with suffix of RR and a Date/TimeStamp.

If there is a file level error (see appendix A) then only a Summary File will be returned with the error message of why the file was

rejected.

If there is not a file level error then the Summary File will contain Upload Status codes of 0 (Accepted), 1 (Rejected), or 2 (Pended). Records with an Upload Status = 0 will also appear on the Accepted Records File. Records with an Upload Status = 1 will also appear on the Error Records File. Records with an Upload Status = 2 will also appear on the Pended Records File.

Field #	Field	Field Description	Length	Format
98	Upload Status	File Upload Status (0,1,2) 0 = Accepted 1 = Rejected 2 = Pended	1	A

This file will mirror the Input File with the following three records added to the end of the file; a count of all records that include an error, a count of all records that were accepted, and a count of all records that were pended.

Count of Accepted records				
Field #	Field Label (Column Header)	Domain Values / Possible Responses	Length	Format
1	Record Number	"ACCEPT"	7	A
2	Record Count	Total count of records in the Summary File where Upload Status = 0	15	A

++ Des

Count of Rejected records				
Field #	Field Label (Column Header)	Domain Values / Possible Responses	Length	Format

1	Record Number	"REJECT"	7	A
2	Record Count	Total count of records in the Summary File where Upload Status = 1	15	A

Count of Pended records				
Field #	Field Label (Column Header)	Domain Values / Possible Responses	Length	Format
1	Record Number	"PENDED"	7	A
2	Record Count	Total Count of records in the Summary File where Upload Status = '2'	15	A

For example:

Provider input file contains 50 records, 10 records in error with 2 errors per record, 35 records accepted with two funds assigned to each individuals, and 5 records pended for possible duplicates with 2 funds assigned to each individual.

- Current Summary File will contain 50 records
- New Error Records File will contain 20 records
- New Accepted Records File will contain 70 records
- New Pended Records File will contain 10 records

Counts on the three trailer records in Summary File:

```
ACCEPTED 000000000000035
REJECTED 000000000000010
PENDED 000000000000005
```

Accepted Records File

File will be returned to the provider with the following file name: original submission number with suffix of RA and a Date/TimeStamp.

File will contain all records from the Summary File that had an Upload Status = 0. This file contains additional fields for Individuals Number, Funding Source, Registration Number, Effective Date, Expiration Date and Comments. One accepted record will be generated for each fund assigned. The order of the records in this file will reflect the same order of the records in the Input File.

If the Registration Indicator = D and Upload Status = 0, the record will only report once with the Funding Source, Effective Date and Expiration Date blank and with the Registration Comment of 575 - DEMOGRAPHIC ONLY CHANGE UPDATED. If the registration contains both Registration Comments 575 and 514 – INCOMING MEMBER ID HAS BEEN REPLACED WITH CORRECTED ID, then replace both with code 576 – INCOMING CID REPLACED WITH CORRECT CID AND DEMOGRAPHIC ONLY CHANGE UPDATED.

The Accepted Records File will contain the **Carelon Assigned Member ID** to use for the individual being registered. This Member ID must be included in any subsequent submission to Carelon for that specific member, including registrations, claims, etc.

This file will mirror the Input File with the following field added to the end. The order record in this file will reflect that of the input file.

Field #	Field Name	Field Description	Length	Format
98	UPLOAD STATUS	File Upload Status (0,1,2) 0 = Accepted	1	A
99	BATDAT	Batch Date (example: 12/31/2015 will show as 2151231)	7	A
100	BATSEQ	Batch Sequence	5	A
101	SEQNUM	Sequence Number	5	A
102	MRASEQ	MRA Sequence Number	5	A
103	MEMNM1	Individuals number assigned by the batch registration process (Member number or TEMP ID)	15	A
104	FNSRC	Funding Source	4	A
105	STRDAT	Equal to Registration Start Date - MMDDYYYY	8	A
106	EXPDAT	Equal to Calculated Expiration Date - MMDDYYYY	8	A
107	REGCDE	Registration Code	3	A
108	REGCMT	Registration Comments	100	A

Error Records File

File will be returned to the provider with the following file name: original submission number with suffix of RE and a Date/TimeStamp.

This file layout contains all records from Summary File where Upload Status = 1. Additional fields have been added to the layout to account for error information: Error Code, Error Description. Each input record is replicated on the Error Records File for each Error Code generated. For example, if an input record hits up against 4 different errors in processing, 4 records will appear on the Error File for that input record; one for each Error Code and Error Description. The order of the records in this file will reflect the same order of the records in the input file.

Field#	Field Name	Field Description	Length	Format
98	UPLOAD STATUS	File Upload Status (0,1,2) 1 = Rejected	1	A
99	ERRCDE	Error Code	3	A
100	ERRDSC	Error Description	100	A

Pended Records File

File will be returned to the provider with the following file name: original submission number with suffix of RP and a Date/TimeStamp.

File will contain all records from Summary File that had an Upload Status = 2. This file contains additional fields for Temporary ID, Funding Source, Registration Number, Effective Date, Expiration Date, and Comments. One Pended File record will be generated for each fund assigned or for each rejected fund on a pended registration. The order of the records in this file will reflect the same order of the records in the input file.

If the Registration Indicator = D and Upload Status = 2, the record will only report once with the Funding Source, Effective Date and Expiration Date blank.

If there are multiple Member Numbers found for one individual or there is a potential that this individual is someone we already have on file then the registration will pend for investigation. There will be a temporary ID assigned and the registration will be reported on the Pended Registration output file. This registration should not be submitted again. You

will receive a pending resolution output file with the Member number for this individual once this has been resolved. The registration record and funds will be transferred from the TEMP ID to this individual's Member number.

The file layout will mirror the [Input File Layout](#) with the following fields added to the end. The order record in this file will reflect that of the input file.

Field #	Field Name	Field Description	Length	Format
98	UPLOAD STATUS	File Upload Status (0,1,2) 2 = Pending	1	A
99	BATDAT	Batch Date (example: 12/31/2015 will show as 2151231)	7	A
100	BATSEQ	Batch Sequence	5	A
101	SEQNUM	Sequence Number	5	A
102	MRASEQ	MRA Sequence Number	5	A
103	MEMNM1	Temp individuals number assigned by the batch registration process	15	A
104	FNSRC	Funding Source	4	A
105	STRDAT	Equal to Registration Start Date - MMDDYYYY	8	A
106	EXPDAT	Equal to Calculated Expiration Date - MMDDYYYY	8	A

Pended Records Output File

File will be returned to the provider with the following file name: original submission number with suffix of RI and a Date/Timestamp.

File will contain all records resolved from the prior Pended Records File. File will show Member number for each pended record as well as Temporary ID for the individual that was assigned in the Pended Records File. The Record number and the Provider assigned ID for the individual, from the Input File, will also show in the Pended Records Output File.

Layout for the file is shown below.

Field #	Field Name	Field Description	Length	Format
1	Record Number	Record number from Input file	7	N
2	Provider Number	Provider Identification Number	15	A
3	Individuals Number	Individuals assigned Member number	15	A
4	Last Name	Last Name	60	A
5	First Name	First Name	35	A
6	Date of birth	Date of birth	7	N
7	Temporary Individual Number	Temporary ID from Pended Records file	15	A
8	Batch Date	Part of Registration number	7	N
9	Batch Sequence	Part of Registration number	5	N
10	Sequence Number	Part of Registration number	5	N
11	MRA Sequence Number	Part of Registration number	5	N
12	Resolution Code*	Resolution Code	8	A
13	Resolution Description*	Resolution Description	200	A

*Please see Appendix C

Appendix A

Error Processing

Below is a list of all Error Codes and the corresponding Error Message.

<u>ERROR CODES/DESCRIPTIONS</u>		
<u>FILE LEVEL ERRORS</u>		Comments
001	TRAILER RECORD IS REQUIRED	
002	FILE SUBMISSION IS BLANK	
003	RECORD COUNT MUST BE NUMERIC	
004	RECORD COUNT MUST BE 7 DIGITS	
005	RECORD COUNT MISMATCH	
006	INPUT FILE NOT SUBMITTED IN CORRECT FORMAT, PLEASE CORRECT AND RESUBMIT	
007	PARENT CODE MUST BE POPULATED	
008	SUBMITTER ID MUST BE POPULATED	
009	RECORD NUMBER MUST BE POPULATED AND A 7 DIGIT NUMBER	
010	RECORD NUMBER MUST BE NUMERIC	
011	RECORD NUMBERS MUST INCREASE BY 1	
<u>FIELD LEVEL ERROR CODES - NON-DEMOGRAPHIC</u>		
013	ENROLLING PROVIDER ID IS MISSING OR NOT FOUND	

ERROR CODES/DESCRIPTIONS		
014	ENROLLMENT INDICATOR IS MISSING/INVALID	
015	NO PRIOR REGISTRATION ON FILE	
016	ENROLLMENT START DATE IS MISSING	
017	ENROLLMENT START DATE MUST BE IN THE FORMAT MMDDYYYY	
018	ENROLLMENT START DATE EXCEEDS FUTURE DATE LIMIT. PLEASE USE MORE CURRENT DATE	
019	ENROLLMENT START DATE EXCEEDS BACK DATING LIMIT. PLEASE USE MORE CURRENT DATE	
020	ENROLLMENT TERMINATION DATE MUST BE IN THE FORMAT MMDDYYYY	
021	ENROLLMENT START DATE MUST BE BLANK ON A DEMOGRAPHIC CHANGE	
022	ENROLLMENT TERMINATION DATE MUST BE BLANK ON A DEMOGRAPHIC CHANGE	
023	MEMBERS ARE NOT ELIGIBLE ONCE THEY TURN 26	
024	ENROLLMENT TERMINATION DATE MUST BE GREATER THAN ENROLLMENT START DATE	
FIELD LEVEL ERROR CODES - DEMOGRAPHICS W/O FUND IMPACT		
026	MEMBERS ID NUMBER IS REQUIRED FOR RE-ENROLLMENT AND DEMOGRAPHIC CHANGES	
028	LAST NAME IS MISSING OR INVALID	
029	FIRST NAME IS MISSING OR INVALID	
030	DATE OF BIRTH IS MISSING OR INVALID	
031	DATE OF BIRTH CANNOT BE GREATER THAN ENROLLMENT START DATE	

ERROR CODES/DESCRIPTIONS		
032	DATE OF BIRTH MUST BE IN THE FORMAT MMDDYYYY	
034	SSN OR SSN INDICATOR MUST BE POPULATED	
035	MEMBER SSN IS INVALID	
036	EITHER SSN OR SSN UNKNOWN MUST BE INDICATED, BUT BOTH CANNOT BE POPULATED	
037	SSN INDICATOR INVALID VALUE	
038	MEMBER GENDER IS MISSING	
040	RACE CODE 1 IS INVALID	
041	ETHNICITY IS INVALID	
042	MARITAL STATUS IS INVALID	
044	UNKNOWN ADDRESS MARKED AS Y, AND STREET ADDRESS FIELDS ARE POPULATED	
045	UNKNOWN ADDRESS AND HOMELESS CANNOT BOTH BE SELECTED	
046	UNKNOWN ADDRESS INDICATOR IS INVALID	
047	NO ADDRESS MARKED AS Y, AND STREET ADDRESS FIELDS ARE POPULATED	
048	HOMELESS INDICATOR IS INVALID	
049	MEMBER ADDRESS LINE 1 IS MISSING	
050	MEMBER CITY IS MISSING	
051	MEMBER STATE IS MISSING	

ERROR CODES/DESCRIPTIONS		
052	MEMBER CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
053	MEMBER ZIP CODE IS MISSING	
054	MEMBER COUNTY IS INVALID	
055	MEMBERS HOME PHONE NUMBER MUST BE NUMERIC	Appears multiple times in layout.
056	MEMBERS HOME PHONE IS INCOMPLETE	Appears multiple times in layout.
057	MEMBERS CELLULAR PHONE NUMBER MUST BE NUMERIC	Appears multiple times in layout.
058	EITHER HOME PHONE, CELL PHONE OR NO PHONE MUST BE POPULATED	
059	NO PHONE INVALID VALUE	
060	NO PHONE MARKED AS YES, PHONE NUMBER IS POPULATED	
061	MEMBERS CELLULAR PHONE NUMBER IS INCOMPLETE	Appears multiple times in layout.
062	MEMBERS EMAIL MUST BE IN A VALID FORMAT	
063	MEMBER COUNTY IS MISSING	
077	MEDICAID ID MUST NOT CONTAIN SPECIAL CHARACTERS	
079	MEDICARE ID MUST NOT CONTAIN SPECIAL CHARACTERS	
091	MEMBER ID MUST NOT CONTAIN SPECIAL CHARACTERS	

ERROR CODES/DESCRIPTIONS		
093	MEMBER ID MUST BE 10 BYTES	
097	GUARDIAN ZIP CODE EXTENSION IS NOT NUMERIC	
099	GUARDIAN ZIP CODE EXTENSION MUST BE 4 BYTES	
101	STUDENT ID MUST NOT CONTAIN SPECIAL CHARACTERS	
102	GUARDIAN CITY IS INVALID	
104	GUARDIAN STATE IS INVALID	
107	GUARDIAN ZIP CODE IS INVALID	
109	GUARDIAN HOME PHONE NUMBER IS INCOMPLETE	Appears multiple times in layout.
110	GUARDIAN CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
111	GUARDIAN EMAIL MUST BE IN A VALID FORMAT	
113	SOCIAL SECURITY NUMBER MUST BE 9 BYTES	
121	ALIEN REGISTRATION ID MUST NOT CONTAIN SPECIAL CHARACTERS	
122	VISA ID MUST NOT CONTAIN SPECIAL CHARACTERS	
123	MEMBER PRONOUNS IS INVALID	
124	PRONOUNS OTHER POPULATED, PRONOUNS NOT EQUAL TO OTHER	
125	PRONOUNS OTHER NOT POPULATED, PRONOUNS EQUAL TO OTHER	

ERROR CODES/DESCRIPTIONS		
126	MEMBER ADDRESS LINE 1 MUST BE POPULATED If ENTERING ADDRESS LINE 2	
127	MEMBER CITY IS INVALID	
128	MEMBER STATE IS INVALID	
129	MEMBER ZIP CODE IS INVALID	
130	MEMBERS ZIP CODE EXTENSION IS NOT NUMERIC	
131	MEMBERS ZIP CODE EXTENSION MUST BE 4 BYTES WHEN POPULATED	
132	MEMBER VERBAL PREFERENCE MISSING OR INVALID	
133	MEMBER INTERPRETER SERVICES IS BLANK OR INVALID	
134	SPEAKING LANGUAGE SPECIFICATION INVALID	
135	SPEAKING LANGUAGE OTHER POPULATED, SPEAKING LANGUAGE NOT EQUAL TO OTHER	
136	SPEAKING LANGUAGE OTHER NOT POPULATED, SPEAKING LANGUAGE EQUAL TO OTHER	
137	WRITTEN LANGUAGE SPECIFICATION INVALID	
138	WRITTEN LANGUAGE OTHER POPULATED, WRITTEN LANGUAGE NOT EQUAL TO OTHER	
139	WRITTEN LANGUAGE OTHER NOT POPULATED, WRITTEN LANGUAGE EQUAL TO OTHER	
140	MEMBER GENDER IS INVALID	
141	MEMBER GENDER IDENTITY IS INVALID	
142	GENDER IDENTITY OTHER POPULATED, GENDER IDENTITY NOT EQUAL TO OTHER	

ERROR CODES/DESCRIPTIONS		
143	GENDER IDENTITY OTHER NOT POPULATED, GENDER IDENTITY EQUAL TO OTHER	
146	RACE CODE 2 IS INVALID	
149	RACE CODE 3 IS INVALID	
150	RACE CODE OTHER IS POPULATED, RACE CODE NOT EQUAL TO OTHER	
151	RACE CODE OTHER NOT POPULATED, RACE CODE IS EQUAL TO OTHER	
152	SEXUAL ORIENTATION IS INVALID	
153	SEXUAL ORIENTATION OTHER POPULATED, SEXUAL ORIENTATION NOT EQUAL TO OTHER	
154	SEXUAL ORIENTATION OTHER NOT POPULATED, SEXUAL ORIENTATION EQUAL TO OTHER	
155	HOUSING STATUS IS BLANK OR INVALID	
156	DISABILITY STATUS 1 IS INVALID	
159	DISABILITY STATUS 2 IS INVALID	
162	DISABILITY STATUS 3 IS INVALID	
163	DISABILITY STATUS OTHER POPULATED, DISABILITY STATUS NOT EQUAL TO OTHER	
164	DISABILITY STATUS OTHER NOT POPULATED, DISABILITY STATUS EQUAL TO OTHER	
165	SPECIAL EDUCATION SERVICES MISSING OR INVALID	
166	INDIVIDUALIZED EDUCATION PROGRAM MISSING OR INVALID	
167	SECTION 504 MISSING OR INVALID	

ERROR CODES/DESCRIPTIONS		
168	OHI INDICATOR INVALID OR MISSING WHEN REQUIRED	
169	OHI FIELDS POPULATED WHEN INDICATOR IS MARKED AS NO OR UNKNOWN	
170	OHI INDICATOR IS YES, INSURANCE CARRIER CODE 1 NOT POPULATED	
171	OHI INDICATOR IS YES, INSURANCE POLICY MEMBER NUMBER 1 NOT POPULATED	
172	OHI INDICATOR IS YES, INSURANCE POLICY SUBSCRIBER FIRST NAME 1 NOT POPULATED	
173	OHI INDICATOR IS YES, INSURANCE SUBSCRIBER LAST NAME 1 NOT POPULATED	
174	OHI INDICATOR IS YES, INSURANCE PRIMACY 1 NOT POPULATED	
175	OHI INDICATOR IS YES, INSURANCE GROUP NUMBER 1 NOT POPULATED	
176	OHI INDICATOR IS YES, INSURANCE ADDRESS LINE 1 NOT POPULATED	
177	OHI INDICATOR IS YES, INSURANCE CITY 1 NOT POPULATED	
178	OHI INDICATOR IS YES, INSURANCE STATE 1 NOT POPULATED	
179	OHI INDICATOR IS YES, INSURANCE ZIP 1 NOT POPULATED	
180	OHI INDICATOR IS YES, INSURANCE PHONE 1 NOT POPULATED	
181	INSURANCE 1 EFFECTIVE DATE NOT IN A VALID FORMAT	
182	INSURANCE 1 EXPIRATION DATE NOT IN A VALID FORMAT	
183	GUARDIAN RELATIONSHIP IS REQUIRED WHEN MEMBER IS UNDER 12	
184	GUARDIAN RELATIONSHIP OTHER NOT POPULATED, GUARDIAN RELATIONSHIP IS OTHER	

ERROR CODES/DESCRIPTIONS		
185	GUARDIAN RELATIONSHIP OTHER POPULATED, GUARDIAN RELATIONSHIP IS NOT OTHER	
186	GUARDIAN LAST NAME IS REQUIRED WHEN MEMBER IS UNDER 12	
187	GUARDIAN FIRST NAME IS REQUIRED WHEN MEMBER IS UNDER 12	
188	GUARDIAN ADDRESS LINE 1 IS REQUIRED WHEN MEMBER IS UNDER 12	
189	GUARDIAN CITY IS REQUIRED WHEN MEMBER IS UNDER 12	
190	GUARDIAN STATE IS REQUIRED WHEN MEMBER IS UNDER 12	
191	GUARDIAN ZIP CODE IS REQUIRED WHEN MEMBER IS UNDER 12	
192	GUARDIAN ZIP CODE IS NOT NUMERIC	
193	GUARDIAN HOME PHONE OR CELL PHONE IS REQUIRED WHEN MEMBER IS UNDER 12	
194	GUARDIANS HOME PHONE NUMBER MUST BE NUMERIC	
195	GUARDIAN RELATIONSHIP CODE IS INVALID	
196	GUARDIANS CELL PHONE NUMBER MUST BE NUMERIC	
197	GUARDIAN CELL PHONE NUMBER IS INCOMPLETE	
198	GUARDIAN EMAIL IS REQUIRED WHEN MEMBER IS UNDER 12	
199	GUARDIANS VERBAL PREFERENCE INVALID	
200	GUARDIAN VERBAL PREFERENCE IS REQUIRED WHEN MEMBER IS UNDER 12	
230	SCHOOL NAME MISSING	

ERROR CODES/DESCRIPTIONS		
231	CDS CODE MUST BE POPULATED AND 14 BYTES	
232	FEDERAL DISTRICT CODE MUST BE POPULATED AND 7 BYTES	
233	FEDERAL SCHOOL ID CODE MUST BE POPULATED AND 5 BYTES	
234	DISTRICT TYPE INVALID	
235	FEDERAL CHARTER CODE MUST BE 7 BYTES	
236	SCHOOL COUNTY MISSING OR INVALID	
237	SCHOOL TYPE MISSING OR INVALID	
238	CHARTER SCHOOL VALUE INVALID	
239	CHARTER NUMBER MUST BE 4 BYTES	
240	SCHOOL FUNDING TYPE INVALID	
241	EDUCATIONAL PROGRAM TYPE INVALID	
243	MAGNET VALUE INVALID	
244	YEAR-ROUND INVALID	
245	MULTILINGUAL INVALID	
246	SCHOOL CITY IS INVALID	
247	SCHOOL STATE IS INVALID	
248	SCHOOL ZIP CODE IS INVALID	

ERROR CODES/DESCRIPTIONS		
249	SCHOOL CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
250	SCHOOL ZIP EXTENSION IS NOT NUMERIC	
251	SCHOOL MAILING CITY IS INVALID	
253	SCHOOL MAILING STATE IS INVALID	
270	SCHOOL MAILING ZIP CODE IS INVALID	
271	SCHOOL MAILING CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
272	SCHOOL MAILING ZIP EXTENSION IS NOT NUMERIC	
273	SCHOOL PHONE NUMBER MUST BE NUMERIC	
274	SCHOOL PHONE NUMBER IS INCOMPLETE	
275	SCHOOL PHONE EXTENSION IS NOT NUMERIC	
276	SCHOOL FAX NUMBER MUST BE NUMERIC	
277	SCHOOL FAX NUMBER IS INCOMPLETE	
278	SCHOOL EMAIL MUST BE IN A VALID FORMAT	
279	SCHOOL ADMIN NUMBER MUST BE NUMERIC	
280	SCHOOL ADMIN NUMBER IS INCOMPLETE	
281	SCHOOL ADMIN EXTENSION IS NOT NUMERIC	
282	SCHOOL ADMINISTRATOR EMAIL MUST BE IN A VALID FORMAT	

ERROR CODES/DESCRIPTIONS		
283	DISTRICT CITY IS INVALID	
284	DISTRICT STATE IS INVALID	
285	DISTRICT ZIP CODE IS INVALID	
286	DISTRICT CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
287	DISTRICT ZIP EXTENSION IS NOT NUMERIC	
288	DISTRICT MAILING CITY IS INVALID	
289	DISTRICT MAILING STATE IS INVALID	
294	DISTRICT MAILING ZIP CODE IS INVALID	
295	DISTRICT MAILING CITY, STATE, AND ZIP CODE IS NOT A VALID USPS COMBINATION	
296	DISTRICT MAILING ZIP EXTENSION IS NOT NUMERIC	
297	DISTRICT PHONE NUMBER MUST BE NUMERIC	
302	DISTRICT PHONE NUMBER IS INCOMPLETE	
303	DISTRICT PHONE EXTENSION IS NOT NUMERIC	
304	DISTRICT FAX NUMBER MUST BE NUMERIC	
305	DISTRICT FAX NUMBER IS INCOMPLETE	
306	DISTRICT EMAIL MUST BE IN A VALID FORMAT	
307	DISTRICT ADMIN NUMBER MUST BE NUMERIC	

ERROR CODES/DESCRIPTIONS		
308	DISTRICT ADMIN NUMBER IS INCOMPLETE	
309	DISTRICT ADMIN PHONE EXTENSION IS NOT NUMERIC	
310	DISTRICT ADMINISTRATOR AUTHORITY EMAIL MUST BE IN A VALID FORMAT	
328	INSURANCE 1 FIELDS MUST BE POPULATED BEFORE INSURANCE 2 - 5	
329	INSURANCE CARRIER CODE 1 INVALID	
330	INSURANCE PRIMACY 1 NOT VALID	
331	INSURANCE CARRIER CODE 2 INVALID	
332	INSURANCE PRIMACY 2 INVALID	
333	INSURANCE 2 EFFECTIVE DATE NOT IN A VALID FORMAT	
334	INSURANCE 2 EXPIRATION DATE NOT IN A VALID FORMAT	
335	INSURANCE CARRIER CODE 3 INVALID	
336	INSURANCE PRIMACY 3 INVALID	
337	INSURANCE 3 EFFECTIVE DATE NOT IN VALID FORMAT	
338	INSURANCE 3 EXPIRATION DATE NOT IN A VALID FORMAT	
339	INSURANCE CARRIER CODE 4 INVALID	
340	INSURANCE PRIMACY 4 INVALID	
341	INSURANCE 4 EFFECTIVE DATE NOT IN VALID FORMAT	

ERROR CODES/DESCRIPTIONS		
343	INSURANCE 4 EXPIRATION DATE NOT IN VALID FORMAT	
344	INSURANCE CARRIER CODE 5 INVALID	
345	INSURANCE PRIMACY 5 INVALID	
346	INSURANCE 5 EFFECTIVE DATE NOT IN VALID FORMAT	
347	INSURANCE 5 EXPIRATION DATE NOT IN VALID FORMAT	
348	INSURANCE NAME 1 POPULATED, INSURANCE CODE 1 NOT EQUAL TO OTHER	
349	INSURANCE NAME CARRIER 1 NOT POPULATED, INSURANCE CARRIER CODE 1 EQUAL TO OTHER	
350	INSURANCE NAME 2 POPULATED, INSURANCE CODE 2 NOT EQUAL TO OTHER	
351	INSURANCE NAME CARRIER 2 NOT POPULATED, INSURANCE CARRIER CODE 2 EQUAL TO OTHER	
352	INSURANCE NAME 3 POPULATED, INSURANCE CODE 3 NOT EQUAL TO OTHER	
353	INSURANCE NAME CARRIER 3 NOT POPULATED, INSURANCE CARRIER CODE 3 EQUAL TO OTHER	
354	INSURANCE NAME 4 POPULATED, INSURANCE CODE 4 NOT EQUAL TO OTHER	
355	INSURANCE NAME CARRIER 4 NOT POPULATED, INSURANCE CARRIER CODE 4 EQUAL TO OTHER	
356	INSURANCE NAME 5 POPULATED, INSURANCE CODE 5 NOT EQUAL TO OTHER	
357	INSURANCE NAME CARRIER 5 NOT POPULATED, INSURANCE CARRIER CODE 5 EQUAL TO OTHER	
358	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE POLICY ID 2 NOT POPULATED	
359	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 2 NOT	

ERROR CODES/DESCRIPTIONS		
	POPULATED	
360	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE SUBSCRIBER LAST NAME 2 NOT POPULATED	
361	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE PRIMARY INDICATOR 2 NOT POPULATED	
362	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE GROUP NUMBER2 NOT POPULATED	
363	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE ADDRESS LINE 1 2 NOT POPULATED	
364	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE CITY 2 NOT POPULATED	
365	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE STATE 2 NOT POPULATED	
366	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE ZIP 2 NOT POPULATED	
367	INSURANCE CARRIER CODE 2 POPULATED, INSURANCE PHONE 2 NOT POPULATED	
368	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE POLICY ID 3 NOT POPULATED	
369	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 3 NOT POPULATED	
370	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE SUBSCRIBER LAST NAME 3 NOT POPULATED	
371	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE SUBSCRIBER LAST NAME 3 NOT POPULATED	
372	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE GROUP NUMBER 3 NOT POPULATED	
373	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE ADDRESS LINE 1 3 NOT POPULATED	

ERROR CODES/DESCRIPTIONS		
374	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE CITY 3 NOT POPULATED	
375	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE STATE 3 NOT POPULATED	
376	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE ZIP 3 NOT POPULATED	
377	INSURANCE CARRIER CODE 3 POPULATED, INSURANCE PHONE 3 NOT POPULATED	
378	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE POLICY ID 4 NOT POPULATED	
379	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 4 NOT POPULATED	
380	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE SUBSCRIBER LAST NAME 4 NOT POPULATED	
381	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE PRIMACY INDICATOR 4 NOT POPULATED	
382	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE GROUP NUMBER 4 NOT POPULATED	
383	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE ADDRESS LINE 1 4 NOT POPULATED	
384	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE CITY 4 NOT POPULATED	
385	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE STATE 4 NOT POPULATED	
386	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE ZIP 4 NOT POPULATED	
387	INSURANCE CARRIER CODE 4 POPULATED, INSURANCE PHONE 4 NOT POPULATED	
388	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE POLICY ID 5 NOT POPULATED	
389	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE SUBSCRIBER FIRST NAME 5 NOT	

ERROR CODES/DESCRIPTIONS		
	POPULATED	
390	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE SUBSCRIBER LAST NAME 5 NOT POPULATED	
391	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE PRIMACY INDICATOR 5 NOT POPULATED	
392	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE GROUP NUMBER 5 NOT POPULATED	
393	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE ADDRESS LINE 1 5 NOT POPULATED	
394	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE CITY 5 NOT POPULATED	
395	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE STATE 5 NOT POPULATED	
396	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE ZIP 5 NOT POPULATED	
397	INSURANCE CARRIER CODE 5 POPULATED, INSURANCE PHONE 5 NOT POPULATED	
399	GUARDIAN SPOKEN LANGUAGE IS REQUIRED WHEN MEMBER IS UNDER 12	
400	GUARDIAN SPOKEN LANGUAGE SPECIFICATION INVALID	
401	GUARDIAN SPOKEN LANGUAGE OTHER POPULATED, GUARDIAN SPOKEN LANGUAGE NOT EQUAL TO OTHER	
402	GUARDIAN SPOKEN LANGUAGE OTHER NOT POPULATED, GUARDIAN SPOKEN LANGUAGE EQUAL TO OTHER	
FIELD LEVEL ERROR CODES - DEMOGRAPHICS W/ FUND IMPACT		
398	MEMBER INELIGIBLE FOR ENROLLMENT WHEN IEP IS Y	

ERROR CODES/DESCRIPTIONS		
FIELD LEVEL ERROR CODES - FUND SOURCES		
342	NO MATCHING REGISTRATION PARAMETERS FOUND	
PROVIDER ERRORS		
326	PROVIDER IS NOT CONTRACTED FOR FUND	
BEST MATCH ERRORS		
500	INCOMING MEMBER ID NOT ON FILE	
502	INCOMING FIRST NAME DOES NOT MATCH THE FIRST NAME ON FILE FOR THE INDIVIDUAL'S ID	
503	INCOMING LAST NAME DOES NOT MATCH THE LAST NAME ON FILE FOR THE INDIVIDUAL'S ID	
504	INCOMING BIRTH DATE DOES NOT MATCH THE BIRTHDATE ON FILE FOR THE INDIVIDUAL'S ID	
505	INCOMING FIRST NAME DOES NOT MATCH THE FIRST NAME ON FILE FOR THE INCOMING MEDICAID NUMBER	
506	INCOMING LAST NAME DOES NOT MATCH THE LAST NAME ON FILE FOR THE INCOMING MEDICAID NUMBER	
507	INCOMING BIRTHDATE DOES NOT MATCH THE BIRTHDATE ON FILE FOR THE INCOMING MEDICAID NUMBER	

ERROR CODES/DESCRIPTIONS		
508	INCOMING FIRST NAME DOES NOT MATCH THE FIRST NAME ON FILE FOR THE INCOMING SOCIAL SECURITY NUMBER	
509	INCOMING LAST NAME DOES NOT MATCH THE LAST NAME ON FILE FOR THE INCOMING SOCIAL SECURITY NUMBER	
510	INCOMING BIRTHDATE DOES NOT MATCH THE BIRTHDATE ON FILE FOR THE INCOMING SOCIAL SECURITY NUMBER	
511	INCOMING FIRST NAME DOES NOT MATCH THE FIRST NAME ON FILE FOR THE INCOMING MEDICARE NUMBER	
512	INCOMING LAST NAME DOES NOT MATCH THE LAST NAME ON FILE FOR THE INCOMING MEDICARE NUMBER	
513	INCOMING BIRTHDATE DOES NOT MATCH THE BIRTHDATE ON FILE FOR THE INCOMING MEDICARE NUMBER	
515	Incoming first name does not match the first name on file for the incoming Alien Registration number	
516	Incoming last name does not match the last name on file for the incoming Alien Registration number	
517	Incoming birth date does not match the birth date on file for the incoming Alien Registration number	
518	Incoming first name does not match the first name on file for the incoming VISA number	
519	Incoming last name does not match the last name on file for the incoming VISA number	
520	Incoming birth date does not match the birth date on file for the incoming VISA number	

ERROR CODES/DESCRIPTIONS		
Registration Comments		
514	INCOMING MEMBER ID HAS BEEN REPLACED WITH CORRECTED ID	
575	DEMOGRAPHIC ONLY CHANGE UPDATED	
576	INCOMING MEMBER ID REPLACED WITH CORRECT ID AND DEMOGRAPHIC ONLY CHANGE UPDATED	

Appendix B

Assigning a Member number and Best Match

When a new individual is being registered for the first time and does not have a Member number, then leave the Carelon Assigned Member ID field blank on the registration. Once the registration has been submitted and accepted a Carelon Member ID will be generated and sent back in the Accepted Records File.

When an individual has a Carelon Assigned Member ID (Member number), then that Member number must be submitted on the registration. For all registrations, a best match process will be used to determine if a Member number is already on file, if duplicate Member numbers are on file, or if a new Member number needs to be assigned. This process uses the following IDs that can be submitted on the registration:

- Member number
- Medicaid ID
- Medicare ID
- Social Security Number
- Student ID
- VISA ID
- Alien Registration ID

The more IDs that are submitted, the better the chances of finding the individual and not creating duplicate Member numbers for one individual.

The best match process needs at least three matching pieces of information to locate an individual. Along with the above IDs, the following demographic information is used:

- Last Name
- First Name
- Surname
- Date of Birth

Once the best match logic is complete it will show the outcome in the batch response files as described below.

Accepted Records

The Accepted Records file will contain the correct Member number to use for the individual being registered. If it is

determined that an incorrect Member number was submitted by the provider, the correct Member number will be returned in the response file. This will be accompanied by a comment code of 514 and the comment: "INCOMING MEMBER ID HAS BEEN REPLACED WITH CORRECTED ID."

Pended Records

If there are multiple Member numbers found for one individual or there is indication that this individual is someone who may already be registered with a different Member number, then the registration will pend for investigation. There will be a temporary ID (TEMP ID) assigned and the registration will be reported on the pended response output file. This registration should not be submitted again. Once the determination has been made, a Pended Resolution file will be sent with the outcome and the Member number to use for this individual.

The registration record and funds will be transferred from the TEMP ID to this individual's Member number. You can submit for authorization under the TEMP ID while awaiting resolution of the pended registration.

Rejected Records

The Rejected Response Output file will contain the error code to explain the reason this record did not pass best match.

Appendix C

Pended Record Resolution Codes

Below is a list of all Resolution Codes and the corresponding Description for the Pended Records Output File.

Resolution Code	Description
REG00001	Registration Pend Resolved
REG00003	Demographic change Pend Resolved

Appendix D

CA Counties

Below is a list of all valid CA Counties and the County Code values that should be used to populate the Member's County and School County fields in the Registration file.

County Code	County
1	ALAMEDA
3	ALPINE
5	AMADOR
7	BUTTE
9	CALAVERAS
11	COLUSA
13	CONTRA COSTA
15	DEL NORTE
17	EL DORADO
19	FRESNO
21	GLENN
23	HUMBOLDT

County Code	County
25	IMPERIAL
27	INYO
29	KERN
31	KINGS
33	LAKE
35	LASSEN
37	LOS ANGELES
39	MADERA
41	MARIN
43	MARIPOSA
45	MENDOCINO
47	MERCED
49	MODOC
51	MONO
53	MONTEREY
55	NAPA
57	NEVADA
59	ORANGE
61	PLACER
63	PLUMAS
65	RIVERSIDE
67	SACRAMENTO
69	SAN BENITO
71	SAN BERNARDINO
73	SAN DIEGO
75	SAN FRANCISCO CITY
77	SAN JOAQUIN
79	SAN LUIS OBISPO
81	SAN MATEO
83	SANTA BARBARA
85	SANTA CLARA

County Code	County
87	SANTA CRUZ
89	SHASTA
91	SIERRA
93	SISKIYOU
95	SOLANO
97	SONOMA
99	STANISLAUS
101	SUTTER
103	TEHAMA
105	TRINITY
107	TULARE
109	TUOLUMNE
111	VENTURA
113	YOLO
115	YUBA