TNEX PIT

Section Name	#	#	Attribute Name	Size	System Name	Default	Notes	Index	Use
Header	1	1	Transfer Type Code	3	XFER_TYP_CD		“PIT”	0	R
		2	Transfer Version	2	XFER_VRSN_ID		“01”	3	R
		3	Transfer Effective Calendar Date	8	XFER_EFF_DT		Date transfer sent, YYYYMMDD	5	R
		4	Transfer Effective Time	6	XFER_EFF_TM		Time transfer sent, example: "231159"	13	R
		5	Health Care Delivery Program System	7	HCDP_SYS_ID			19	S
		6	Transfer Return Code	3	XFER_RT_CD		“000”	26	R
		7	DEERS Direct Access Composite Health Care	3	DEERS_DA_CHCS_CD		CHCS Node Name Derived	29	R
			Length Subtotal	**32**				32	
Sponsor Info	2	1	Sponsor Patient Identifier	10	SPN_PTNT_ID			32	R
		2	Sponsor DEERS Family	9	SPN_DEERS_FAM_ID			42	R
		3	Sponsor DEERS	2	SPN_DEERS_BNFRY_ID			51	R
		4	Sponsor Person	9	SPN_PN_ID			53	R
		5	Sponsor Person	1	SPN_PN_ID_TYP_CD			62	R
		6	Member Category Code	1	MBR_CAT_CD	A		63	R
		7	Service Branch	1	SVC_CD	A		64	R
		8	Pay Plan Code	5	PAY_PLN_CD	ME		65	R
		9	Pay Grade Code	2	PG_CD	01		70	R
		10	Rank Code	6	RANK_CD	PV1		72	R
		11	Unit Identification Code	8	UNIT_ID_CD			78	S
		12	Sponsor Person Last	26	SPN_PN_LST_NM			86	R
		13	Sponsor Person First	20	SPN_PN_1ST_NM			112	R
		14	Sponsor Person Middle	20	SPN_PN_MID_NM			132	S
		15	Sponsor Person	4	SPN_PN_CDNCY_NM			152	S
		16	Sponsor Person Birth	8	SPN_PN_BRTH_DT	19000101	YYYYMMDD	156	R
		17	Sponsor Person Sex	1	SPN_PN_SEX_CD	M		164	R
			Length Subtotal	**133**				165	
Beneficiary Info	3	1	Patient Identifier	10	PTNT_ID			165	R
		2	DEERS Family	9	DEERS_FAM_ID			175	
		3	DEERS Beneficiary	2	DEERS_BNFRY_ID			184	

		4	Person Identifier	9	PN_ID	000000000	From DEERS	186	R
		5	Person Identifier Type	1	PN_ID_TYP_CD	T		195	R
		6	Person Last Name	26	PN_LST_NM			196	R
		7	Person First Name	20	PN_1ST_NM			222	R
		8	Person Middle Name	20	PN_MID_NM			242	S
		9	Person Cadency Name	4	PN_CDNCY_NM			262	S
		10	Person Birth Calendar	8	PN_BRTH_DT	19000101	YYYYMMDD	266	R
		11	Person Sex Code	1	PN_SEX_CD	M		274	R
		12	Member Relationship	1	MBR_REL_CD	B		275	R
			Length Subtotal	**111**				276	
Health Care Delivery Program Info	4	1	Health Care Begin Date	8	HCDP_BGN_DT			276	R
		2	Health Care Delivery Program Enrollment Management	2	HCDP_EMC_CD		Same Value regardless of elements.	284	R
		3	Health Care Delivery Program Plan	3	HCDP_PLN_CVG_CD			286	R
			Length Subtotal	**13**				289	
PCM Info	5	1	Primary Care Manager	2	PCM_RGN_CD			289	R
		2	Primary Care Manager Enrolling Division DMIS	4	PCM_EDVSN_DMIS_ID			291	R
		3	Primary Care Manager	32	PCM_ID			295	S
		4	Primary Care Manager Identifier Type Code	1	PCM_ID_TYP_CD			327	S
		5	Primary Care Manager	40	PCM_NM			328	S
		6	Primary Care Manager	32	PCM_GRP_ID			368	S
		7	Group Name	40	PCM_GRP_NM			400	S
		8	Place of Care Identifier	32	PLOC_ID			440	R
		9	Place of Care Name	40	PLOC_NM_TX			472	S
		10	PCM Specialty Code	3	PCM_SPCL_CD		CHCS Code	512	S
		11	Primary Care Manager Selection Begin	8	PCM_SLCT_BGN_DT		Effective date of PCM	515	R

		12	Primary Care Manager Selection End Calendar Date	8	PCM_SLCT_END_DT		Projected end of eligibility for enrollment or null for indefinite eligibility.	523	S
		13	Primary Care Manager Selection End Reason Code	1	PCM_SLCT_ERSN_CD		If set to U then PCM_SLCT_ END_DT is blank.	531	R
		14	Prior Primary Care Manager Selection End	1	PRIOR_PCM_SLCT_ERSN _CD			532	S
			Length Subtotal	**244**				533	
Mailing Address Info	6	1	Residence Mailing Address Update Code	1	MA_UPD_CD		"U" (Update or add) or "N" (No Change)	533	S
		2	Mailing Address Line 1	40	MA_LN1_TX			534	S
		3	Mailing Address Line 2	40	MA_LN2_TX			574	S
		4	Mailing Address City	20	MA_CITY_NM			614	S
		5	Mailing Address US Postal Region State	2	MA_ST_CD			634	S
		6	Mailing Address	8	MA_DT			636	S
		7	Mailing Address US Postal Region ZIP Code	5	MA_PR_ZIP_CD			644	S
		8	Mailing Address US Postal Region ZIP	4	MA_PR_ZIPX_CD			649	S
		9	Mailing Address	2	MA_CTRY_CD			653	S
		10	Mailing Address Maintenance Source	3	MA_MAINT_SRC_CD			655	S
			Length Subtotal	**125**				658	
Current Telephone Number	7	1	Home Telephone Number Code	20	HOM_TNUM_CD			658	S
		2	Work Telephone	20	W_TNUM_CD			678	S
			Length Subtotal	**40**				698	
			Length Total	**698**				698	

Pre-TNEX PIT

Section Name	#	#	Attribute Name	Size	System Name	Notes	Index	Use
Header	1	1	Transfer Type Code	3	XFER_TYP_CD	“PIT”	0	R
		2	Transfer Version Identifier	2	XFER_VRSN_ID	“00” (no default)	3	R
		3	Transfer Effective Calendar	8	XFER_EFF_DT	Date transfer sent (no default)	5	R
		4	Transfer Effective Time	6	XFER_EFF_TM	Time transfer sent (no default)	13	R
		5	Health Care Delivery Program System Identifier	7	HCDP_SYS_ID	This will not be populated on conversion files (no default)	19	S
		6	Transfer Return Code	3	XFER_RT_CD	“000” (no default)	26	R
		7	DEERS Direct Access Composite Health Care	3	DEERS_DA_CHCS_CD	CHCS Node Name Derived (no default)	29	R
			Length Subtotal	**32**			32	
Sponsor Info	2	1	Sponsor Patient Identifier	10	SPN_PTNT_ID	(no default)	32	R
		2	Sponsor Person Identifier	9	SPN_PN_ID	SSN of the Sponsor (no default)	42	R
		3	Sponsor Person Identifier	1	SPN_PN_ID_TYP_CD	(no default)	51	R
		4	Sponsor Duplicate Identifier	1	SPN_DUP_ID	Legacy FSN (default = 1)	52	R
		5	Member Category Code	1	MBR_CAT_CD	(see Appendix B for translation) (default = A)	53	R
		6	Service Branch Classification	1	SVC_CD	(default = A)	54	R
		7	Pay Plan Code	5	PAY_PLN_CD	(see Appendix B for translation) (default = ME)	55	R
		8	Pay Grade Code	2	PG_CD	(see Appendix B for translation) (default = 01)	60	R
		9	Rank Code	6	RANK_CD	(default = PV1)	62	R
		10	Unit Identification Code	8	UNIT_ID_CD	(no default)	68	S
		11	Sponsor Person Last Name	26	SPN_PN_LST_NM	(no default)	76	R
		12	Sponsor Person First Name	20	SPN_PN_1ST_NM	(no default)	102	R
		13	Sponsor Person Middle Name	20	SPN_PN_MID_NM	(no default)	122	S
		14	Sponsor Person Cadency	4	SPN_PN_CDNCY_NM	(no default)	142	S
		15	Sponsor Person Birth	8	SPN_PN_BRTH_DT	(default = 19000101)	146	R
		16	Sponsor Person Sex Code	1	SPN_PN_SEX_CD	(default =M)	154	R
			Length Subtotal	**123**			155	
Beneficiary Info	3	1	Patient Identifier	10	PTNT_ID	(no default)	155	R
		2	Person Identifier	9	PN_ID	From DEERS (default = 000000000)	165	R

		3	Person Identifier Type Code	1	PN_ID_TYP_CD	(default = T)	174	R
		4	Legacy DEERS Dependent Suffix Code	2	LEG_DDS_CD	Legacy values from current usage (no default)	175	R
		5	Person Last Name	26	PN_LST_NM	(no default)	177	R
		6	Person First Name	20	PN_1ST_NM	(no default)	203	R
		7	Person Middle Name	20	PN_MID_NM	(no default)	223	S
		8	Person Cadency Name	4	PN_CDNCY_NM	(no default)	243	S
		9	Person Birth Calendar Date	8	PN_BRTH_DT	(default = 19000101)	247	R
		10	Person Sex Code	1	PN_SEX_CD	(default = M)	255	R
		11	Member Relationship Code	1	MBR_REL_CD	(default = B)	256	R
			Length Subtotal	**102**			257	
Health Care Delivery Program Info	4	1	Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	8	HCDP_PEP_BGN_DT	(no default)	257	R
		2	Health Care Delivery Program Enrollment Management Contractor Code	2	HCDP_EMC_CD	(no default))	265	R
		3	Health Care Delivery Program Plan Coverage Code	3	HCDP_PLN_CVG_CD	(no default)	267	R
		4	Legacy Alternate Care Code	1	LEG_ALT_CARE_CD	(no default)	270	R
			Length Subtotal	**14**			271	
PCM Info	5	1	Primary Care Manager	2	PCM_RGN_CD	(no default)	271	R
		2	Primary Care Manager Enrolling Division DMIS	4	PCM_EDVSN_DMIS_ID	Legacy “Location DMIS ID” (no default)	273	R
		3	Primary Care Manager Network Provider Type Code	1	PCM_PROV_TYP_CD	(no default)	277	R
		4	Primary Care Manager	18	PCM_ID	(no default)	278	S
		5	Primary Care Manager Identifier Type Code	1	PCM_ID_TYP_CD	(no default)	296	S
		6	Primary Care Manager	15	PCM_LIC_ID	(no default)	297	S
		7	Primary Care Manager Name	40	PCM_NM	Last Name, First Name, Middle Initial	312	S
		8	Primary Care Manager Group	19	PCM_GRP_ID		352	S
		9	Primary Care Manager Group	40	PCM_GRP_NM		371	S

		10	Primary Care Manager Telephone Number Code	14	PCM_TNUM_CD		411	S
		11	Primary Care Manager Mailing Address US Postal	5	PCM_MA_ZIP_CD		425	S
		12	Primary Care Manager Mailing Address US Postal	4	PCM_MA_ZIPX_CD		430	S
		13	Primary Care Manager Selection Begin Calendar	8	PCM_SLCT_BGN_DT	Effective date of PCM	434	R
		14	Primary Care Manager Selection End Calendar Date	8	PCM_SLCT_END_DT	Projected end of eligibility for enrollment or null for indefinite eligibility	442	S
		15	Primary Care Manager Selection End Reason Code	1	PCM_SLCT_ERSN_CD	IF set to U then PCM_SLCT_ END_DT is blank	450	R
		16	Prior Primary Care Manager Selection End Reason Code	1	PRIOR_PCM_SLCT_ERS N_CD	Only set on a PCM Change when both the losing and gaining PCMs are on the same CHCS host site. This is the reason the previous PCM was terminated.	451	S
		17	Primary Care Manager Selection Preference Text	80	PCM_SLCT_PRFR_TX		452	S
			Length Subtotal	**261**			532	
Mailing Address Info	6	1	Mailing Address Effective Calendar Date	8	MA_DT		532	S
		2	Mailing Address Line 1 Text	40	MA_LN1_TX		540	S
		3	Mailing Address Line 2 Text	40	MA_LN2_TX		580	S
		4	Mailing Address City Name	20	MA_CITY_NM		620	S
		5	Mailing Address US Postal Region State Code	2	MA_ST_CD		640	S
		6	Mailing Address US Postal Region ZIP Code	5	MA_PR_ZIP_CD		642	S
		7	Mailing Address US Postal Region ZIP Extension Code	4	MA_PR_ZIPX_CD		647	S
		8	Mailing Address Country	2	MA_CTRY_CD		651	S
		9	Mailing Address Maintenance Source Code	3	MA_MAINT_SRC_CD		653	S
			Length Subtotal	**124**			656	

Current Telephone Number	7	1	Home Telephone Number Code	14	HOM_TNUM_CD		656	S
		2	Work Telephone Number	14	W_TNUM_CD		670	S
			Length Subtotal	**28**			684	
			Length Total	684			684	

TNEX Policy Notification (EIT)

Section Name	#	Attribute Name	Size	System Name	Notes	Index
Header		Transfer Type Code	3	XFER_TYP_CD	“EIT”	0
		Transfer Version Identifier	2	XFER_VRSN_ID	“01”	3
		Transfer Effective Calendar Date	8	XFER_EFF_DT	Date transfer sent	5
		Transfer Effective Time	6	XFER_EFF_TM	Time transfer sent	13
		Health Care Delivery Program System Identifier	7	HCDP_SYS_ID		19
		Transfer Return Code	3	XFER_RT_CD	“000”	26
		Length Subtotal	**29**			29
Contractor Information	1	Contractor Operator Identifier	8	CNTC_OPER_ID		29
		Length Subtotal	**8**			37
Sponsor Information	2	Sponsor DEERS Family Identifier	9	SPN_DEERS_FAM_ID		37
	3	Sponsor DEERS Beneficiary Identifier	2	SPN_DEERS_BNFRY_ID		46
	4	Sponsor Patient Identifier	10	SPN_PTNT_ID		48
	5	Sponsor Person Identifier	9	SPN_PN_ID		58
	6	Sponsor Person Identifier Type Code	1	SPN_PN_ID_TYP_CD		67
	7	Sponsor Person Last Name	26	SPN_PN_LST_NM		68
	8	Sponsor Person First Name	20	SPN_PN_1ST_NM		94
	9	Sponsor Person Middle Name	20	SPN_PN_MID_NM		114
	10	Sponsor Person Cadency Name	4	SPN_PN_CDNCY_NM		134
	11	Sponsor Person Birth Calendar Date	8	SPN_PN_BRTH_DT	YYYYMMDD. Defaults to 19000101 if sponsor is deceased.	138
	12	Sponsor Person Death Calendar Date	8	SPN_PN_DTH_DT	YYYYMMDD	146
	13	Sponsor Rank Code	6	RANK_CD		154
		Length Subtotal	**123**			160
Policy Information	14	Health Care Delivery Program Plan Coverage Code	3	HCDP_PLN_CVG_CD		160
	15	Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	8	HCDP_PEP_BGN_DT	YYYYMMDD	163
	16	Health Care Delivery Program Policy Enrollment Period End Calendar Date	8	HCDP_PEP_END_DT	YYYYMMDD	171

		Length Subtotal	**19**			179
Enrollment Fee Quantity	17	Enrollment Fee Segment Quantity	3	TXN_SEG_QY	Dollar sign followed by count of mailing addresses, for example "$02". Minimum of 0, maximum of 2.	179
		Length Subtotal	**3**			182
Enrollment Fee Information	18	Health Care Delivery Program Enrollment Fee Payment Update Code	1	HCDP_FPMT_UPD_CD	"A" (Add), "U" (Update), “T” (Transfer of Enrollment) or "N" (No Change)	182
	19	Health Care Delivery Program Plan Coverage Code	3	HCDP_PLN_CVG_CD		183
	20	Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	8	HCDP_PEP_BGN_DT		186
	21	Health Care Delivery Program Enrollment Fee Payment Calendar Date	8	HCDP_FPMT_DT	YYYYMMDD	194
	22	Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	8	HCDP_FPMT_THRU_DT	YYYYMMDD	202
	23	Health Care Delivery Program Enrollment Fee Payment Plan Type Code	1	HCDP_FPMT_PLN_TYP_CD		210
	24	Health Care Delivery Program Fiscal Year Fee Payment Amount	8	HCDP_EY_FPMT_AM	Includes dollar sign, decimal point, and may be negative. Examples: "$1024.50", "-$50.00"	211
	25	Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	1	HCDP_FPMT_EXC_RSN_CD		219
	26	Health Care Delivery Program Enrollment Fee Action Code	1	HCDP_FEE_ACTN_CD		220
	27	Health Care Delivery Program Fiscal Year Fee Cumulative Amount	8	HCDP_EY_FEE_AM		221

	28	Health Care Delivery Program Fee Payment Type Code	1	HCDP_FPMT_TYP_CD		229
	29	Health Care Delivery Program Enrollment Fee Payment Error Code	3	HCDP_FPMT_ERR_CD		230
	30	Payment Identifier	20	PMT_ID		233
	31	Credit Card Type Code	1	CCRD_TYP_CD		253
	32	Account Type Code	1	ACCT_TYP_CD		254
	33	Account Person Last Name	40	ACCT_PN_LST_NM		255
	34	Account Person First Name	26	ACCT_PN_1ST_NM		295
	35	Account Person Middle Name	20	ACCT_PN_MID_NM		321
	36	Financial Institution Name	120	FI_NM		341
	37	Financial Institution Line Number Identifier	8	FI_LN_ID		461
	38	Financial Institution Mailing Address Line 1 Text	40	FI_MA_LN1_TX		469
	39	Financial Institution Mailing Address Line 2 Text	40	FI_MA_LN2_TX		509
	40	Financial Institution Mailing Address City Name	20	FI_MA_CTY_NM		549
	41	Financial Institution Mailing Address US Postal Region State Code	2	FI_MA_ST_CD		569
	42	Financial Institution Mailing Address US Postal Region ZIP Code	5	FI_MA_ZIP_CD		571
	43	Financial Institution Mailing Address US Postal Region ZIP Extension Code	4	FI_MA_ZIPX_CD		576
	44	Financial Institution Mailing Address Country Code	2	FI_MA_CTRY_CD		580
	45	Financial Institution Telephone Number	20	FI_TNUM_CD		582
	46	Bank Routing Transit Number Identifier	13	BNK_RTN_ID		602
	47	Bank Account Number Identifier	12	BNK_ACCT_ID		615
		Length Subtotal	**445**			627
Family Member Information	48	DEERS Family Identifier	9	DEERS_FAM_ID		627
	49	DEERS Beneficiary Identifier	2	DEERS_BNFRY_ID		636
	50	Patient Identifier	10	PTNT_ID		638
	51	Person Identifier	9	PN_ID		648

	52	Person Identifier Type Code	1	PN_ID_TYP_CD		657
	53	Person Last Name	26	PN_LST_NM		658
	54	Person First Name	20	PN_1ST_NM		684
	55	Person Middle Name	20	PN_MID_NM		704
	56	Person Cadency Name	4	PN_CDNCY_NM		724
	57	Person Birth Calendar Date	8	PN_BRTH_DT	YYYYMMDD	728
	58	Person Sex Code	1	PN_SEX_CD		736
	59	Person Association Reason Code	2	PNA_RSN_CD		737
		Length Subtotal	**112**			739
Enrollment Process Information	60	Health Care Delivery Program Enrollment Management Contractor Code	2	HCDP_EMC_CD		739
	61	Health Care Delivery Program Enrollment Management Contractor Plan Status Code	1	HCDP_EMC_PLN_STAT_CD		741
	62	Health Care Delivery Program Enrollment Management Contractor Plan Status Date	8	HCDP_EMC_PLN_STAT_DT	YYYYMMDD	742
	63	Enrollment Management Contractor Enrollment Begin Date	8	EMC_ENRL_BGN_DT	YYYYMMDD	750
	64	Enrollment Management Contractor Enrollment End Date	8	EMC_ENRL_END_DT	YYYYMMDD	758
	65	Enrollment Management Contractor Enrollment End Reason Code	1	EMC_ENRL_ERSN_CD		766
	66	Prior Enrollment Management Contractor Enrollment End Reason Code	1	PRIOR_EMC_ENRL_ERSN_CD		767
	67	Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	1	HCDP_INV_FWVR_RSN_CD		768
	68	Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	5	EMC_ENRL_RMA_ZIP_CD		769
	69	Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	5	SPN_EMC_MA_ZIP_CD		774

	70	Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	5	EMC_ENRL_WMA_ZIP_CD		779
	71	Health Care Delivery Program Enrollment Card Request Code	1	HCDP_ECRD_RQST_CD		784
	72	Health Care Delivery Program Enrollment Card Request Calendar Date	8	HCDP_ECRD_RQST_DT	YYYYMMDD	785
	73	Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	8	EMC_HCDP_APPL_RCVD_DT	YYYYMMDD	793
	74	TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	8	TSC_HCDP_APPL_RCVD_DT	YYYYMMDD	801
	75	Health Care Delivery Program Enrollment Letter Code	1	HCDP_ENRL_LTR_CD		809
		Length Subtotal	**71**			810
Primary Care Manager Information	76	Primary Care Manager Plan Status Code	1	PCM_SLCT_STAT_CD		810
	77	Primary Care Manager Plan Status Date	8	PCM_SLCT_STAT_DT	YYYYMMDD	811
	78	Primary Care Manager Region Code	2	PCM_RGN_CD		819
	79	Primary Care Manager Enrolling Division DMIS Identifier	4	PCM_EDVSN_DMIS_ID		821
	80	Primary Care Manager Network Provider Type Code	1	PCM_PROV_TYP_CD		825
	81	Primary Care Manager Identifier	32	PCM_ID	Only specified when PCM_PROV_TYP_CD is “C”	826
	82	Primary Care Manager Identifier Type Code	1	PCM_ID_TYP_CD	Only specified when PCM_PROV_TYP_CD is “C”	858
	83	Primary Care Manager Location Identifier	32	PLOC_ID	Only specified when PCM_PROV_TYP_CD is “C”	859
	84	Primary Care Manager Selection Begin Calendar Date	8	PCM_SLCT_BGN_DT	YYYYMMDD	891

	85	Primary Care Manager Selection End Calendar Date	8	PCM_SLCT_END_DT	YYYYMMDD	899
	86	Primary Care Manager Selection End Reason Code	1	PCM_SLCT_ERSN_CD		907
	87	Prior Primary Care Manager Selection End Reason Code	1	PRIOR_PCM_SLCT_ERSN_CD		908
		Length Subtotal	**99**			909
Email Address Information	88	Email Address Use Priority Code	1	EMA_USE_PRTY_CD		909
	89	Email Address Text	80	EMA_TX		910
		Length Subtotal	**81**			990
Mailing Address Quantity	90	Mailing Address Segment Quantity	3	TXN_SEG_QY	Dollar sign followed by count of mailing addresses, for example "$02". Minimum of 0, maximum of 99.	990
		Length Subtotal	**3**			993
Mailing Address Information	91	Mailing Address Type Code	1	MA_TYP_CD	This information will repeat for each address a person has on DEERS.	993
	92	Mailing Address Quality Code	1	MA_QL_CD		994
	93	Mailing Address Effective Calendar Date	8	MA_DT	YYYYMMDD	995
	94	Mailing Address Line 1 Text	40	MA_LN1_TX		1003
	95	Mailing Address Line 2 Text	40	MA_LN2_TX		1043
	96	Mailing Address City Name	20	MA_CITY_NM		1083
	97	Mailing Address US Postal Region State Code	2	MA_ST_CD		1103
	98	Mailing Address US Postal Region ZIP Code	5	MA_PR_ZIP_CD		1105
	99	Mailing Address US Postal Region ZIP Extension Code	4	MA_PR_ZIPX_CD		1110
	100	Mailing Address Country Code	2	MA_CTRY_CD		1114

	101	Mailing Address Maintenance Source Code	3	MA_MAINT_SRC_CD		1116
		Length Subtotal	**126**			1119
Telephone Number Information	102	Home Telephone Number Code	20	HOM_TNUM_CD		1119
	103	Work Telephone Number Code	20	W_TNUM_CD		1139
	104	Fax Telephone Number Code	20	FAX_TNUM_CD		1159
		Length Subtotal	**60**			1179
		Length Total	**608 plus 445 per fee payment and 126 per mailing address**			1179

Pre-TNEX EIT

Section Name	#	Attribute Name	Size	System Name	Default	Notes	Index
		Transfer Type Code	3	XFER_TYP_CD		“EIT”	0
		Transfer Version Identifier	2	XFER_VRSN_ID		“00”	3
		Transfer Effective Calendar Date	8	XFER_EFF_DT		Date transfer sent	5
		Transfer Effective Time	6	XFER_EFF_TM		Time transfer sent	13
		Health Care Delivery Program System Identifier	7	HCDP_SYS_ID			19
		Transfer Return Code	3	XFER_RT_CD		“000”	26
		…	1	ENRL_TXN_TYP_CD			29
		…	8	CNTC_OPER_ID			30
		…	9	SPN_PN_ID			38
		…	1	SPN_PN_ID_TYP_CD			47
		…	1	SPN_DUP_ID			48
		…	1	MBR_CAT_CD			49
		…	1	SVC_CD			50
		…	5	PAY_PLN_CD			51
		…	2	PG_CD			56
		…	26	SPN_PN_LST_NM			58
		…	20	SPN_PN_1ST_NM			84
		…	20	SPN_PN_MID_NM			104
		…	4	SPN_PN_CDNCY_NM			124
		…	8	SPN_PN_BRTH_DT			128
		…	8	SPN_PN_DTH_DT			136
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		…	8	EMC_PEP_BGN_DTpolicy			145
		…	2	HCDP_CNTC_CDpolicy			153
		…	8	HCDP_PEP_BGN_DT			155
		…	1	HCDP_FPMT_UPD_CD			163
		…	2	HCDP_CNTC_CDlastFee			164
		…	8	HCDP_PEP_BGN_DTlastFee			166
		…	1	FAM_IND_CD			174
		…	8	HCDP_FPMT_DT			175
		…	8	HCDP_FPMT_THRU_DT			183
		…	1	HCDP_FPMT_PLN_TYP_CD			191
		…	8	HCDP_EY_FPMT_AM			192
		…	1	PMT_TYP_CD			200

		…	20	PMT_ID			201
		…	1	CCRD_TYP_CD			221
		…	1	HCDP_FPMT_EXC_RSN_CD			222
		…	1	HCDP_FEE_ACTN_CD			223
		…	8	HCDP_FPMT_TXN_DT			224
		…	6	HCDP_FPMT_TXN_TM			232
		…	8	HCDP_EY_FEE_AM			238
		…	9	DEERS_FAM_ID			246
		…	2	DEERS_BNFRY_ID			255
		…	10	PTNT_ID			257
		…	9	HCDP_ENRL_SSN_ID			267
		…	2	LEG_DDS_CD			276
		…	26	PN_LST_NM			278
		…	20	PN_1ST_NM			304
		…	20	PN_MID_NM			324
		…	4	PN_CDNCY_NM			344
		…	8	PN_BRTH_DT			348
		…	1	OHI_IND_CD			356
		…	1	PN_SEX_CD			357
		…	1	MBR_REL_CD			358
		…	1	HCDP_ENRL_UPD_CD			359
		…	2	HCDP_CNTC_CDenroll			360
		…	1	LEG_ALT_CARE_CD			362
		…	3	HCDP_PLN_CVG_CD			363
		…	8	EMC_ENRL_BGN_DT			366
		…	8	EMC_ENRL_END_DT			374
		…	1	EMC_ENRL_ERSN_CD			382
		…	1	EMC_LKOT_PERD_CD			383
		…	1	PRIOR_EMC_ENRL_ERSN_CD			384
		…	1	HCDP_INV_FWVR_RSN_CD			385
		…	5	EMC_ENRL_RMA_ZIP_CD			386
		…	5	SPN_EMC_MA_ZIP_CD			391
		…	5	EMC_ENRL_WMA_ZIP_CD			396
		…	1	HCDP_ECRD_RQST_CD			401
		…	8	HCDP_ECRD_RQST_DT			402
		…	12	MDC_HI_CLM_ID			410
		…	1	HCDP_HEAR_SRVY_RCVD_CD			422

		…	8	EMC_HCDP_APPL_RCVD_DT			423
		…	8	TSC_HCDP_APPL_RCVD_DT			431
		…	1	PCM_SLCT_UPD_CD			439
		…	2	PCM_RGN_CD			440
		…	4	PCM_EDVSN_DMIS_ID			442
		…	1	PCM_PROV_TYP_CD			446
		…	18	PCM_ID			447
		…	8	PCM_SLCT_BGN_DT			465
		…	8	PCM_SLCT_END_DT			473
		…	1	PCM_SLCT_ERSN_CD			481
		…	1	PRIOR_PCM_SLCT_ERSN_CD			482
		…	1	EMA_USE_PRTY_CD			483
		…	80	EMA_TX			484
		…	1	PN_MA_CHNG_CD			564
		…	1	MA_QL_CD			565
		…	8	MA_DT			566
		…	40	MA_LN1_TX			574
		…	40	MA_LN2_TX			614
		…	20	MA_CITY_NM			654
		…	2	MA_ST_CD			674
		…	5	MA_PR_ZIP_CD			676
		…	4	MA_PR_ZIPX_CD			681
		…	2	MA_CTRY_CD			685
		…	3	MA_MAINT_SRC_CD			687
		…	14	HOM_TNUM_CD			690
		…	14	W_TNUM_CD			704
		…	14	FAX_TNUM_CD			718
		Length Total	**732**				732

Response

Section Name	#	Attribute Name	Size	System Name	Notes	Index
Header		Transfer Type Code	3	XFER_TYP_CD	“EAT” (response to EIT), "PAT" (response to PIT), or "EID" (response to EID)	0
		Transfer Version Identifier	2	XFER_VRSN_ID	“00” or "01"	3
		Transfer Effective Calendar Date	8	XFER_EFF_DT	Date transfer sent	5
		Transfer Effective Time	6	XFER_EFF_TM	Time transfer sent	13
		Health Care Delivery Program System Identifier	7	HCDP_SYS_ID		19
		Transfer Return Code	3	XFER_RT_CD	“000” for success, any positive numeric value for error.	26
		Length Total	**29**			29

Change Log

Version	Date	Changes
1.17	none	Not released
1.18	11/25/2003	Corrected PCM_ID length in TNEX EIT only to 32
		Renamed TNEX EIT sheet to TNEX Policy Notification