Field Name	Length	Start	End	Data Type	Req'd	Definition	Comments
Group Id	15	1	15	Text	Y	Group Number	WellDyne Group ID
Member ID	18	16	33	Text	Y	Unique Identification Number	Should be a minimum of 9 alpha/numeric bytes and should be the same length for all members. SSN Should not be used as member ID
Person Code	3	34	36	Text	Y	001=Employee 002 = Spouse 003,004 onward = Dependent	
Relationship	1	37	37	Text	Y	**1**=Employee **2**=Spouse **3**=Dependent **4**=Other	
Last Name	25	38	62	Text	Y	Member Last Name	
First Name	15	63	77	Text	Y	Member First Name	
Middle Initial	1	78	78	Text	N	Member Middle Initial	
Sex	1	79	79	Text	Y	M=Male, F=Female	
Date Of Birth	8	80	87	Text	Y	YYYYMMDD Member date of Birth	
Multiple Birth Code	1	88	88	Text	N	**1**=1st, **2**=2nd, …, **9**=9th	
DurKey	18	89	106	Text	N		
SSN	9	107	115	Text	Y	Unique ID for accums & CMS Section 111 Reporting	
Address 1	40	116	155	Text	Y	Member Address 1	
Address 2	40	156	195	Text	N	Member Address 2	
Address 3	40	196	235	Text	N	Member Address 3	
City	20	236	255	Text	Y	Member City	
State	2	256	257	Text	Y	Member State	
Zip 5	5	258	262	Text	Y	Member Zip (5)	
Zip 5 + 4	4	263	266	Text	N	Member Zip (4)	
Zip 5 + 4 + 2	2	267	268	Text	N	Member Zip (2)	
Phone	10	269	278	Text	O	Member Phone Number	Highly recommended
Family Flag	1	279	279	Text	N	**N**=No, **Y**=Yes	

Field Name	Length	Start	End	Data Type	Req'd	Definition	Comments
Family Type	1	280	280	Text	N	**1**=Family; **2**=Cardholder; **3**=Cardholder & Spouse; **4**=Cardholder & Dependents; **5**=Spouse & Dependents	Level of coverage
Family ID	18	281	298	Text	N		Required for combined accumulators
Benefit Reset Date	8	299	306	Text	N	YYYYMMDD	This is the start date for accumulators if they do not start on a calendar year. Required only if applicable
Member From Date	8	307	314	Text	Y	YYYYMMDD	
Member Thru Date	8	315	322	Text	N	YYYYMMDD (Not Required if using term by absence)	Default end date will be set to 20391231 if not provided.
PCP ID	15	323	337	Text	N	Primary Care Physician	
PCP ID Qualifier	2	338	339	Text	N	**01**=DEA, **02**=state license, **03**=SSN, **04**=name, **05**=NPI, **06**=HIN, **07**=state issued, **99**=other (Required if PCP ID present)	
PCP ID State	2	340	341	Text	N		
Alt Ins Flag	1	342	342	Text	N	**D**=Dual Coverage; **N**=No; **X**=Y/Dual Coverage; **Y**=Yes; **0**=Additional Coverage; **1**=Additional Coverage, other Carrier	
Alt Ins Code	10	343	352	Text	N		Can be used for Billing and Reporting breakout
Alt Ins From Date	8	353	360	Text	N	YYYYMMDD	
Alt Ins Thru Date	8	361	368	Text	N	YYYYMMDD	
Unique Patient ID	18	369	386	Text	N		

Field Name	Length	Start	End	Data Type	Req'd	Definition	Comments
Diagnosis Code 1	20	387	406	Text	N		
Diagnosis Code 1 From Date	8	407	414	Text	N	YYYYMMDD	
Diagnosis Code 1 Thru Date	8	415	422	Text	N	YYYYMMDD	
Qualifier 1	2	423	424	Text	N	**01**=ICD9, **02**=ICD10 (Required if Diagnosis Code 1 present)	
Diagnosis Code 2	20	425	444	Text	N		
Diagnosis Code 2 From Date	8	445	452	Text	N	YYYYMMDD	
Diagnosis Code 2 Thru Date	8	453	460	Text	N	YYYYMMDD	
Qualifier 2	2	461	462	Text	N	**01**=ICD9, **02**=ICD10 (Required if Diagnosis Code 2 present)	
Diagnosis Code 3	20	463	482	Text	N		
Diagnosis Code 3 From Date	8	483	490	Text	N	YYYYMMDD	
Diagnosis Code 3 Thru Date	8	491	498	Text	N	YYYYMMDD	
Qualifier 3	2	499	500	Text	N	**01**=ICD9, **02**=ICD10 (Required if Diagnosis Code 3 present)	
E-mail address	50	501	550	Text	N	Member E-Mail Address	
ID Card Template	10	551	560	Text	N	For WellDyne use as needed	