

- **Monthly Report State Only Medicaid File Layout**

Data Name	Picture	Actual Positions		Remarks
		From	To	
AHCCCS-ID	X(09)	1	9	
FIRST NAME	X(10)	10	19	
LAST NAME	X(20)	20	39	
DATE OF BIRTH	X(8)	40	47	YYYYMMDD
STATE ONLY KEY CODE	X(3)	48	50	'ST1'
STATE ONLY ELIGIBILITY BEGIN DATE	X(8)	51	58	YYYYMMDD
STATE ONLY ELIGIBILITY END DATE	X(8)	59	66	YYYYMMDD
HEALTH PLAN ID	X(6)	67	72	Valid HP ID
MEDICAID ELIGIBILITY KEY CODE	X(3)	73	75	See Table RF538 below for reference
MEDICAID ELIGIBILITY BEGIN DATE	X(8)	76	83	YYYYMMDD
MEDICAID ELIGIBILITY END	X(8)	84	91	YYYYMMDD

Data Name	Picture	Actual Positions		Remarks
DATE				
RBHA-ID	X(10)	92	101	ID used to identify the member in the RBHA system
BHS CATEGORY	X(1)	102	103	Valid Values – S; C; G
RUN DATE	X(8)	104	111	YYYYMMDD
RBHA HEALTH PLAN ID	X(6)	112	117	Health Plan ID of submitting RBHA
RBHA HEALTH PLAN NAME	X (20)	118	137	Name of submitting RBHA
FILLER	X (9)	138	146	