REPORT - ACES to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
MMIS-Elig-Extract-Rec	W40-MMIS-ACES-CL-ID-NUM	9(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	W40-MMIS-ACES-CL-ID-NUM	9(09)	834	020	REF02	Subscriber Identifier	AN30	R
	W40-MMIS-AU-ADDR-LINE-1	X(25)	271	060	N 301	Subscriber Address Line	AN55	R
	W40-MMIS-AU-ADDR-LINE-1	X(25)	834	050	N 301	Subscriber Address Line	AN55	R
	W40-MMIS-AU-ADDR-LINE-2	X(27)	271	060	N 302	Subscriber Address Line	AN55	S
	W40-MMIS-AU-ADDR-LINE-2	X(27)	834	050	N 302	Subscriber Address Line	AN55	S
	W40-MMIS-AU-CSO-CD	9(03)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	W40-MMIS-AU-CTY-ADDR	X(17)	271	070	N 401	Subscriber City Name	AN30	S
	W40-MMIS-AU-CTY-ADDR	X(17)	834	060	N 401	Subscriber City Name	AN30	R
	W40-MMIS-AU-CURR-FW-USER-NUM	X(04)						
	W40-MMIS-AU-EPSDT-REQD-IND	X(01)						
	W40-MMIS-AU-GRS-FAM-INC	S9(07)V99						
	W40-MMIS-AU-HIST-PNTR	9(09)						
	W40-MMIS-AU-HOH-NAME	X(25)	271	180	NM103	Benefit Related Entity Last or Organization Name	AN35	S
	W40-MMIS-AU-HOH-NAME	X(25)	834	030	NM103	Custodial Parent Last Name	AN35	R
	W40-MMIS-AU-LCP-DED-CASE	X(01)						

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MMIS-Elig-Extract-Rec	W40-MMIS-AU-MCAID-DED-AMT	S9(04)V99	271	130	EB 07	Benefit Amount	R18	S
	W40-MMIS-AU-NUM	9(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	W40-MMIS-AU-PROG-BEG-DT	9(08)	834	029	DTP03	Status Information Effective Date	AN35	R
	W40-MMIS-AU-PROG-END-DT	9(08)	834	029	DTP03	Status Information Effective Date	AN35	R
	W40-MMIS-AU-RESIDE-CSO-CD	9(03)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	W40-MMIS-AU-RES-TEL-AREA-NUM	X(03)	271	080	PER05	Communication Number Qualifier	ID2	S
	W40-MMIS-AU-RES-TEL-AREA-NUM	X(03)	834	040	PER04	Communication Number	AN80	R
	W40-MMIS-AU-RES-TEL-NUM	X(07)	271	080	PER05	Communication Number Qualifier	ID2	S
	W40-MMIS-AU-RES-TEL-NUM	X(07)	834	040	PER04	Communication Number	AN80	R
	W40-MMIS-AU-ST-CD	X(02)	271	070	N 402	Subscriber State Code	ID2	S
	W40-MMIS-AU-ST-CD	X(02)	834	060	N 402	Subscriber State Code	ID2	R
	W40-MMIS-AU-STEP-GRP-IND	X(01)						
	W40-MMIS-AU-TOT-NUM-IN-FAM	9(02)						
	W40-MMIS-AU-ZIP-ADDR	9(05)	271	070	N 403	Subscriber Postal Zone or ZIP Code	ID15	S
	W40-MMIS-AU-ZIP-ADDR	9(05)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	W40-MMIS-BOSS-PIC	X(14)						
	W40-MMIS-CL-ALIEN-IND	X(01)	834	080	DMG06	Citizenship Status Code	ID2	S
	W40-MMIS-CL-ASST-APPRV-DT	9(08)						

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MMIS-Elig-Extract-Rec	W40-MMIS-CL-ASST-APPRV-PROC-DT	9(08)						
	W40-MMIS-CL-BUY-IN-ELIG-CD	X(01)						
	W40-MMIS-CL-BUY-IN-ELIG-DT	9(08)						
	W40-MMIS-CL-BUY-IN-PREM-AMT	S9(04)V99						
	W40-MMIS-CL-BUY-IN-PREM-DT	9(08)						
	W40-MMIS-CL-CLOSING-REAS-CD	X(02)						
	W40-MMIS-CL-DISAB-TYPE-CD	X(01)	834	010	INS10	Handicap Indicator	ID1	S
	W40-MMIS-CL-DISAB-TYPE-CD	X(01)	834	200	DSB01	Disability Type Code	ID1	R
	W40-MMIS-CL-DOB	9(08)	271	100	DMG02	Subscriber Birth Date	AN35	S
	W40-MMIS-CL-DOB	9(08)	834	080	DMG02	Member Birth Date	AN35	R
	W40-MMIS-CL-DOD	9(08)	271	120	DTP03	Date Time Period	AN35	R
	W40-MMIS-CL-DOD	9(08)	834	010	INS12	Insured Individual Death Date	AN35	S
	W40-MMIS-CL-ELIG-BEG-DT	9(08)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	W40-MMIS-CL-ELIG-BEG-DT	9(08)	834	270	DTP03	Coverage Period	AN35	R
	W40-MMIS-CL-ELIG-END-DT	9(08)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	W40-MMIS-CL-ELIG-END-DT	9(08)	834	270	DTP03	Coverage Period	AN35	R
	W40-MMIS-CL-FIRST-NAME	X(09)	271	030	NM104	Subscriber First Name	AN25	S
	W40-MMIS-CL-FIRST-NAME	X(09)	834	030	NM104	Subscriber First Name	AN25	R

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MMIS-Elig-Extract-Rec	W40-MMIS-CL-HIC-NUMBER	X(12)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	W40-MMIS-CL-LAST-NAME	X(13)	271	030	NM103	Subscriber Last Name	AN35	S
	W40-MMIS-CL-LAST-NAME	X(13)	834	030	NM103	Subscriber Last Name	AN35	R
	W40-MMIS-CL-MATCH-CD	X(01)	271	130	EB 05	Plan Coverage Description	AN50	S
	W40-MMIS-CL-MATCH-CD	X(01)	834	260	HD 04	Plan Coverage Description	AN50	S
	W40-MMIS-CL-MCARE-BUY-IN-NO-CD	X(02)						
	W40-MMIS-CL-MED-CD	X(01)	834	260	HD 04	Plan Coverage Description	AN50	S
	W40-MMIS-CL-MIDDLE-INIT	X(01)	271	030	NM105	Subscriber Middle Name	AN25	S
	W40-MMIS-CL-MIDDLE-INIT	X(01)	834	030	NM105	Subscriber Middle Name	AN25	S
	W40-MMIS-CL-NAVT-AM-CD	X(04)						
	W40-MMIS-CL-NH-IND	X(02)						
	W40-MMIS-CL-NUM-ELIG-SPANS	9(02)						
	W40-MMIS-CL-PGM-CD	X(01)	271	130	EB 05	Plan Coverage Description	AN50	S
	W40-MMIS-CL-PGM-CD	X(01)	834	260	HD 03	Insurance Line Code	ID3	R
	W40-MMIS-CL-PGM-CD	X(01)	834	260	HD 04	Plan Coverage Description	AN50	S
	W40-MMIS-CL-PREG-DUE-DT	9(08)						
	W40-MMIS-CL-PRIM-LANG-IND	X(02)	834	150	LUI02	Language Code	AN80	S
	W40-MMIS-CL-RACE-CD	X(03)	834	080	DMG05	Race or Ethnicity Code	ID1	S
	W40-MMIS-CL-SEX-CD	X(01)	271	100	DMG03	Subscriber Gender Code	ID1	S

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MMIS-Elig-Extract-Rec	W40-MMIS-CL-SEX-CD	X(01)	834	080	DMG03	Gender Code	ID1	R
	W40-MMIS-CL-SPNSH-HSPNC-ORGN	X(03)						
	W40-MMIS-CL-SSI-CODE	X(01)						
	W40-MMIS-CL-SSN-NUM	X(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	W40-MMIS-CL-TPL-MED-INSUR	X(01)	834	400	COB03	Coordination of Benefits Code	ID1	R
	W40-MMIS-DUPE-CL-ID-NUM	9(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	W40-MMIS-ELIG-UPDT-REC-CD	X(02)						
	W40-MMIS-HOH-CL-ID-NUM	9(09)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	W40-MMIS-HOH-CL-ID-NUM	9(09)	834	030	NM109	Custodial Parent Identifier	AN80	S
	W40-MMIS-PIC-CD-ID	X(14)	271	030	NM109	Subscriber Primary Identifier	AN80	S
	W40-MMIS-SPEC-AU-STS-CD	X(01)						

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Column Heading Legend:

"DT" = Data Type