Monthly Payment Enrollment Roster File Layout

| Data Name | Description | Data Type |
|--------------------|---|------------------|
| ProviderID | The HFS Provider ID number of the plan | Numeric |
| Name | The name of the plan as recorded on the plan's HFS registration | Alpha |
| Population | The healthcare population an individual recipient is enrolled as | FHP, SPD, or CSN |
| RecipientID | The ID number of the individual recipient | Numeric |
| ACE/CCE Begin Date | The first date the individual recipient was enrolled with the plan | YYYY-MM-DD |
| ACE/CCE End Date | The first date the individual recipient was enrolled with the plan; for all currently enrolled recipients, 9999-12-31 | YYYY-MM-DD |

ReadMe:

Run from the HFS Recipient Database

Sent via plan's FTP connection to HFS

List all members of plan as of the first working day of month

Fully identified data

Formatted as comma-separated values

Please note: CSN children enrolled in ACEs will be paid as the PMPM for FHP (\$9)