

Medicaid ID Data Match

The following data format is the **Medicaid ID Data Match** against the Florida Medicaid Recipient Eligibility File. The CD sent to HP must be in a flat fixed length file with no delimiting characters between fields.

NOTE: Please do not included headers, footers, or notes in the request file.

<u>Input Record</u>	<u># of Characters</u>	<u>Format</u>
FILLER	11	
PROVIDER-ID	09	
RECIPIENT-MEDICAID-NO	10	
RECIP-LAST-NAME	12	
RECIP-FIRST-NAME	12	
RECIP-MI	01	
ADMIT-DATE	08	MMDDYYYY
DISCHARGE-DATE	08	MMDDYYYY

HP has determined that to be considered a valid match the **Recipient ID** given to HP on the above input record must match a **Recipient ID** on the Florida Medicaid Recipient Master File. If you do not have a valid Medicaid ID (10 digits), you must use all zeros (0) for the Recipient's Medicaid ID.

<u>Input Record</u>	<u># of Characters</u>	<u>Format</u>
FILLER	09	
RECIPIENT-LAST-NAME	12	
RECIPIENT-FIRST-NAME	12	
RECIPIENT-MI	01	
RECIPIENT-BIRTHDATE	08	YYYYMMDD
RECIPIENT-SEX	01	M OR F
RECIPIENT-ELIGIBILITY-BEGIN	08	MMDDYYYY
RECIPIENT-ELIGIBILITY-END	08	MMDDYYYY
ASSISTANCE-CATEGORY	04	
MEDICARE-ID	10	

Data Returned	Result Meaning
HP will send all the above data fields back to the requestor and append both the recipient ID and eligibility data as shown in the file layout.	Valid Match, Eligible Recipient
If a valid match is found without eligibility, the Recipient's ID will be sent and zeroes are appended to the record in place of eligibility data.	Valid Match, Ineligible Recipient
If a valid match is not found, zeroes are appended to the record in place of the recipient ID and eligibility data.	No Match, Eligibility Unknown

If you have any questions, contact an HP Florida Support Specialist at 850-298-7000 ext. 7142.

