BHP Enrollment Data

Enrollee Information										Coverage Information												Plan Information		
Personal Identifier	Date of Birth	County Name	County FIPS Code	American Indian or Alaska Native	Household Size	Household Annual Income	Number of BHP Enrollees in Household	Family Identifier	Eligibility for Funding	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Plan Name	Plan Issuer	Plan ID
111111111	1/1/1970	AAA	01001	N	3	$35,000	1	111111111		1	1	1										XXX	XXX	111
222222222	1/1/1966	BBB	01003	N	1	$20,000	1	222222222		0	0	1										YYY	YYY	222
333333333	1/1/1975	CCC	01005	N	2	$25,000	2	333333333		1	1	1										ZZZ	ZZZ	333
444444444	1/1/1976	CCC	01005	N	2	$25,000	2	333333333		1	1	1										ZZZ	ZZZ	333
555555555	1/1/1980	DDD	01007	Y	1	$20,000	1	555555555		1	1	1										XXX	XXX	111

Data Element	Required Specification
Personal identifier	SSN, unique Marketplace identification number, or unique Medicaid identification number
Date of Birth	mm/dd/yyyy
County Name	county name as text
County FIPS Code	numeric FIPS code
American Indian or Alaska Native	Y=Yes, N=No
Household Size	number of people in household
Household Annual Income	annual MAGI household income
Number of BHP Enrollees in Household	number of BHP enrollees
Family Identifier	personal identifier of head of household
Eligibility for Funding	1= Eligible for BHP funding, 2=Noncitizen not eligible for BHP funding
Coverage Month	1=enrolled, 0=not enrolled
Plan Name	plan name as text
Plan Issuer	plan issuer as text
Plan ID	HIOS ID or NAIC-issued Payer ID

State Specificiation