TCOS Provider Eligibilty Verification Data Dictionary

Field	Description	Field Type	Data Type	Length
Submit	Initiates the eligibility search. Search criteria: Medicaid ID, SSN, Eligibility Date Start, Eligibility Date End, Date of Birth	Button	N/A	0
Admit Date	The admit date for the Choices plan. If no admit date the field will display blank.	Field	Number	8
Benefit Plan	Describes the medical assistance program.	Field	Character	50
Carrier Code	An unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier. For TPL.	Field	Character	10
Carrier Name	This field contains the business name of an insurance carrier for TPL.	Field	Character	45
Choices Plan	The recipients Choices plan if enrolled. Will not display if recipient is not enrolled.	Field	Character	5
Client ID (Search Results)	Number which uniquely identifies a recipient. This is the Medicaid ID.	Field	Character	12
Coverage Type	This field describes the type of coverage (services) a TPL resource provides.	Field	Character	120
Date of Birth	The recipient's date of birth.	Field	Character	8
Deductible/Copay	Deductible Copay type description	Field	Character	20
Effective (TPL)	The effective begin date of this coverage code. For TPL.	Field	Character	8
Effective Date (Choices Plan)	The effective date of the Choices plan.	Field	Number	8
Effective Date (Patient Liability)	The effective date for the patient liability.	Field	Number	8
Effective(Eligibility)	The eligibility effective date.	Field	Date (CCYYMMDD)	8
End (TPL)	The effective ending date of this coverage code. For TPL.	Field	Character	8
End Date	The end date for the patient liability. If the end date is open ended (22991231), the field will display blank.	Field	Number	8
End Date (Choices Plan)	The end date of the Choices plan. If the end date is open ended (22991231) the field will display blank.	Field	Number	8
End(Eligibility)	The eligibility end date.	Field	Date (CCYYMMDD)	8
First Name(TPL)	First Name (TPL)	Field	Character	13
From Date of Service	From date of service provider wishes to verify eligibility	Field	Character	8

Health Plan Name	This is the name associated with a Health Plan.	Field	Character	50
Health Plan Phone	This is a phone number in the format area code plus prefix plus suffix.	Field	Character	10
Last Dental Visit	The date of last dental visit.	Field	Date (CCYYMMDD)	8
Last EPSDT	The date that the last update was made.	Field	Date (CCYYMMDD)	8
Last Name (TPL)	Last Name	Field	Character	15
Level of Care	The level of care for the choices plan.	Field	Character	5
Name	The recipient's name. The concatenation of first name and last name.	Field	Character	28
Patient Liability Amount	The patient liability amount for Choices. If no patient liability amount, the field will display blank.	Field	Number	8
Policy Number	Policy number for this TPL policy.	Field	Number	16
Provider Name	The provider's name.	Field	Character	50
Provider Phone	The provider's Phone.	Field	Character	10
Recipient ID	Recipient Medicaid ID	Field	Character	12
SSN	The recipient's Social Security number.	Field	Character	11
To Date of Service	To date of service provider wishes to verify eligibility	Field	Character	8
Tracking Code	The tracking code (grandfather indicator) of the choices plan.	Field	Character	5
Type (Managed Care)	Type (Managed Care). This is a provider type.	Field	Character	20