

## Member Roster Data Dictionary

Column ID	Attribute Name	Column Name	Attribute Definition	Data Type
1	Member CTG	CTG_ID_TXT	Cradle to Grave-Member Identifier that joins a member's records in the event that he or she has more than one Member-ID (which can occur when member has coverage under multiple plans)	VARCHAR2(50)
2	Member ID	MEMBER_ID	Subscriber ID is the identifier of the main member (subscriber) covered under a policy and is used to identify all the family members covered under the main subscriber	VARCHAR2(50)
3	Member Last Name	MBR_LST_NAME	Member's Last Name	VARCHAR2(50)
4	Member First Name	MBR_FST_NAME	Member's First Name	VARCHAR2(50)
5	Member Middle Name	MBR_MI	Member's Middle Initial	VARCHAR2(1)
6	Member Suffix	MBR_SFX	Member Suffix is usually a 2-digit numeric value that represents an individual member within a family (i.e. 01, 02, 03)	INTEGER
7	Member Suffix	MBR_DOB	Member's Date of Birth	DATE
8	Member Suffix	MBR_SEX	Member's Gender (M = Male, F = Female, U or Null = Unknown)	VARCHAR2(1)
9	Member Suffix	ENT_ADDR_1	Member's Main Address	VARCHAR2(50)
10	Member Suffix	ENT_ADDR_2	Member's Additional Address 1, if applicable	VARCHAR2(50)
11	Member Suffix	ENT_ADDR_3	Member's Additional Address 2, if applicable	VARCHAR2(50)
12	Member Suffix	ENT_CITY	Member's City	VARCHAR2(50)
13	Member Suffix	ENT_ST	Member's State	VARCHAR2(2)
14	Member Suffix	ENT_ZIP_CD	Member's Zip Code	VARCHAR2(9)
15	Member Suffix	ENT_CNTY	Member's County	VARCHAR2(25)
16	Member Suffix	RX_IND	Member's Pharmacy Coverage Indicator (Y = Yes, N = No)	VARCHAR2(1)

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Column ID	Attribute Name	Column Name	Attribute Definition	Data Type
17	Member Suffix	CNTRCT_TYP_TXT	Type of AHS Contract Member falls under: ACO = Oregon ACO WA ACO = Washington ACO TCC_COMM = TCC Commercial TCC_MA = TCC MedAdvantage MA_HMO = Medicare HMO	VARCHAR2(50)
18	Member Suffix	SE_SINCE	Earliest Date Member was attributed to or selected the same Settlement Entity	VARCHAR2(6)
19	Member Suffix	PCP_SINCE	Earliest Date Member was attributed to or selected the same Primary Care Provider	VARCHAR2(6)
20	Member Suffix	MBR_SELECTED_PCP	Indicates if the attribution is result of Member Selection of the Settlement entity and/or Primary Care Provider (Y = Yes, N = No)	VARCHAR2(15)
21	Member Suffix	SE_NAME	Settlement Entity Name that Member attributed to or selected	VARCHAR2(50)
22	Member Suffix	PROV_LST_NAME	Last Name of the Primary Care Provider the Member attributed to or selected	VARCHAR2(255)
23	Member Suffix	PROV_FST_NAME	First Name of the Primary Care Provider the Member attributed to or selected	VARCHAR2(255)
24	Member Suffix	NPI_TXT	Primary Care Provider's National Provider Identifier (NPI)	VARCHAR2(50)
25	Member Suffix	TAX_ID_NUM_TXT	Primary Care Provider's Tax Identification Number (TIN)	VARCHAR2(15)
26	Member Suffix	ELIGTY_MO_YYYYMM	Year and Month Member Eligible (i.e. 201312, 201401)	VARCHAR2(6)