

Enclosure 2

EPSDT PIP Batch File Format Field Name	Field Description	Format	Length	Enrollment Required Fields	DisEnroll Required Fields	Update Required Fields
RecordType	Alphanumeric 1 character. Valid codes are 1=Enrollment, 2=Disenrollment, 3=Update	9	Char(1)	Must be coded as a "1"	Must be coded as a "2"	Must be coded as a "3"
CountyID	Must be valid County Code	99	Char(2)	Yes	Yes	Yes
CCN	Alphanumeric 9 characters. <9 should have leading 0s.	000999999	Char(9)	Yes	Yes	Yes
FirstName	First name of participant	XXXXX	Char(40)	Yes	Yes	Yes
LastName	Last name of participant	XXXXX	Char(40)	Yes	Yes	Yes
SSN	Social Security Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CIN	Yes or CIN	Yes or CIN
CIN	Client Index Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CCN	Yes or CCN	Yes or CCN
DOB	Date of Birth	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
Gender	(M, F, O) Male, Female, Other	X	Char(1)	Yes	Yes	Yes
EnrollDate	Participation Start Date	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
DisEnrollDate	Participation End Date	mm/dd/yyyy	Char(10)	No	Yes	No
IntervDate	First Date of Intervention	mm/dd/yyyy	Char(10)	No	No	Yes, if update is intervention
SubmitBy	Person submitting this record	XXXXX	Char(60)	Yes	Yes	Yes
ContactPhone	Phone number of person submitting this record	(999) 999-9999	Char(20)	Yes	Yes	Yes