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A_Filer_Coverage_Source	This table stores the auditing information on any changes to the coverage information by program

Field Name
SOURCE_UNIQUE_ID
SOURCE_CD
BATCH_ID
TAX_YEAR
RECIPIENT_FIRST_NAME
RECIPIENT_MIDDLE_NAME
RECIPIENT_LAST_NAME
RECIPIENT_SUFFIX_NAME
RECIPIENT_SSN
RECIPIENT_TIN
RECIPIENT_DOB
RECIPIENT_ADDRESS_LINE_1
RECIPIENT_ADDRESS_LINE_2
RECIPIENT_CITY
RECIPIENT_STATE
RECIPIENT_ZIP_5
RECIPIENT_ZIP_4
RECIPIENT_E_MAIL
RECIPIENT_LANGUAGE_PREFERENCE
POLICY_ORIGIN
SHOP_IDENTIFIER
EMPLOYER_NAME
EMPLOYER_IDENTIFICATION_NUMBER
EMPLOYER_CONTACT_NO
EMPLOYER_ADDRESS_LINE_1
EMPLOYER_ADDRESS_LINE_2
EMPLOYER_CITY_OR_TOWN
EMPLOYER_STATE_OR_PROVINCE
EMPLOYER_COUNTRY
EMPLOYER_ZIP_OR_POSTAL_CODE
PROVIDER_NAME
PROVIDER_IDENTIFICATION_NUMBER
PROVIDER_CONTACT_NO
PROVIDER_ADDRESS_LINE_1
PROVIDER_ADDRESS_LINE_2
PROVIDER_CITY_OR_TOWN
PROVIDER_STATE_OR_PROVINCE
PROVIDER_COUNTRY
PROVIDER_ZIP_OR_POSTAL_CODE
FILER_STATUS
COMMUNICATION_PREFERENCE
COMMENTS
UPDATED_BY
UPDATED_DATE
CORRECTION_DATE

CORRECTION_CODE
FORM_STATUS
STATUS
FILER_DEMO_SEQ
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
RESPONSIBLE_PERSON_UNIQUE_ID
MAILED_FORM
IRS_TRANSMISSION_STATUS_CD
RECORD_CREATED_DATE

Table: Filer_Demographics

Description
Recipient Unique Id (RID)
This is a combination of StateCode,AgencyCode,SystemCode (ARDHSDSS)
The sequence generated id for each file processed
Current tax year of the record filling
First Name of the insured person
Middle Name of the insured person
Last Name of the insured person
Suffix of the insured person
SSN of the insured person.
TIN of the insured person.
DOB of the insured person
Address Line 1 of the insured person
Address Line 2 of the insured person
City of the insured person
2 character State Code of the insured person
5 digit Zip Code of the insured person
4 digit Zip Code of the insured person
Not Used
Not Used
Policy Origin ('C')
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Name of insurance provider
EIN of the insurance provider
10 digit phone number of the insurance provider
Address line 1 for the insurance provider
Address line 2 for the insurance provider
City name for the insurance provider
2 character State Code for the insurance provider
Country name for the provider
5 digit Zip Code for the provider
Filer Status (R or C)
Not Used
Not Used
Record Last Update by
Record Last Update date stamp
Record Correction Date

Record Correction Code (O, C, U)
Form status code used internally
Record status (Active / Inactive)
System Generated Change Sequence Number
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
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Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Responsible person RID
Y – Records where mailings should occur N – Records for foster children where mailings should not be performed
IRS XML status for internal tracking of IRS XML
Record creation date

Field Name
SOURCE_UNIQUE_ID
SOURCE_CD
BATCH_ID
TAX_YEAR
RECIPIENT_FIRST_NAME
RECIPIENT_MIDDLE_NAME
RECIPIENT_LAST_NAME
RECIPIENT_SUFFIX_NAME
RECIPIENT_SSN
RECIPIENT_TIN
RECIPIENT_DOB
RECIPIENT_ADDRESS_LINE_1
RECIPIENT_ADDRESS_LINE_2
RECIPIENT_CITY
RECIPIENT_STATE
RECIPIENT_ZIP_5
RECIPIENT_ZIP_4
RECIPIENT_E_MAIL
RECIPIENT_LANGUAGE_PREFERENCE
POLICY_ORIGIN
SHOP_IDENTIFIER
EMPLOYER_NAME
EMPLOYER_IDENTIFICATION_NUMBER
EMPLOYER_CONTACT_NO
EMPLOYER_ADDRESS_LINE_1
EMPLOYER_ADDRESS_LINE_2
EMPLOYER_CITY_OR_TOWN
EMPLOYER_STATE_OR_PROVINCE
EMPLOYER_COUNTRY
EMPLOYER_ZIP_OR_POSTAL_CODE
PROVIDER_NAME
PROVIDER_IDENTIFICATION_NUMBER
PROVIDER_CONTACT_NO
PROVIDER_ADDRESS_LINE_1
PROVIDER_ADDRESS_LINE_2
PROVIDER_CITY_OR_TOWN
PROVIDER_STATE_OR_PROVINCE
PROVIDER_COUNTRY
PROVIDER_ZIP_OR_POSTAL_CODE
FILER_STATUS
COMMUNICATION_PREFERENCE
COMMENTS

UPDATED_BY
UPDATED_DATE
CORRECTION_DATE
CORRECTION_CODE
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
FORM_STATUS
FILER_DEMO_SEQ
RESPONSIBLE_PERSON_UNIQUE_ID
STATUS
A_SEQ_NO
MAILED_FORM
CHANGEDATE
ACTIVITY
IRS_TRANSMISSION_STATUS_CD
RECORD_CREATED_DATE

Table: A_Filer_Demographics

Description
Recipient Unique Id (RID)
This is a combination of StateCode,AgencyCode,SystemCode (ARDHSDSS)
The sequence generated id for each file processed
Current tax year of the record filling
First Name of the insured person
Middle Name of the insured person
Last Name of the insured person
Suffix of the insured person
SSN of the insured person.
TIN of the insured person.
DOB of the insured person
Address Line 1 of the insured person
Address Line 2 of the insured person
City of the insured person
2 character State Code of the insured person
5 digit Zip Code of the insured person
4 digit Zip Code of the insured person
Not Used
Not Used
Policy Origin ('C')
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Not Used
Name of insurance provider
EIN of the insurance provider
10 digit phone number of the insurance provider
Address line 1 for the insurance provider
Address line 2 for the insurance provider
City name for the insurance provider
2 character State Code for the insurance provider
Country name for the provider
5 digit Zip Code for the provider
Filer Status (R or C)
Not Used
Not Used

Record Last Update by
Record Last Update date stamp
Record Correction Date
Record Correction Code (O, C, U)
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
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Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Form status code used internally
System Generated Change Sequence Number
Responsible person RID
Record status (Active / Inactive)
System Generated Audit Sequence Number
Y – Records where mailings should occur N – Records for foster children where mailings should not be performed
Date the change processed in the system
Audit activity indicator
IRS XML status for internal tracking
Record creation date

Field Name
SOURCE_UNIQUE_ID
SOURCE_CD
COVERAGE_SEQ_NO
CASE_APPLICATION_ID
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
UPDATED_BY
FILER_DEMO_SEQ
ORIG_COVERAGE_BEGIN_DATE
ORIG_COVERAGE_END_DATE
UPDATED_DATE
PROGRAM_NAME
TAX_YEAR
RECORD_CREATED_DATE

Table: Filer_Coverage_Source

Description
Recipient Unique Id (RID)
This is a combination of StateCode,AgencyCode,SystemCode (ARDHSDSS)
System Generated Sequence Number
State Agency Case Id Number
Coverate for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverate for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
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Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Record Last Update by
System Generated Change Sequence Number
Insurance Coverage beginning date
Insurance Coverage end date
Record Last Update date stamp
Name of the program under which the recipient is receiving benefits
Current tax year of the record filling
Record creation date

Field Name
SOURCE_UNIQUE_ID
SOURCE_CD
COVERAGE_SEQ_NO
CASE_APPLICATION_ID
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
UPDATED_BY
FILER_DEMO_SEQ
ORIG_COVERAGE_BEGIN_DATE
ORIG_COVERAGE_END_DATE
UPDATED_DATE
PROGRAM_NAME
TAX_YEAR
RECORD_CREATED_DATE
A_SEQ_NO
CHANGEDATE
ACTIVITY

Table: A_Filer_Coverage_Source

Description
Recipient Unique Id (RID)
This is a combination of StateCode,AgencyCode,SystemCode (ARDHSDSS)
System Generated Sequence Number
State Agency Case Id Number
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
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Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Coverage for the month. 1 indicating coverage 0 indicating no coverage for the month
Record Last Update by
System Generated Change Sequence Number
Insurance Coverage beginning date
Insurance Coverage end date
Record Last Update date stamp
Name of the program under which the recipient is receiving benefits
Current tax year of the record filling
First time creation of the record
System Generated Audit Sequence Number
Date the change processed in the system
Audit activity indicator