

Format for State Files

FIELD	DESCRIPTION
A-	Pertains to the Primary Beneficiary for the Account
S -	Pertains to the Spouse on the Account, if applicable
A – State	State in which the beneficiary resides
A – DOC	District Office code
A – CAN	Claims Account Number
A – BIC	Beneficiary Identification Code
A – LAF	Ledger Account File – reflects payment status
A – FNAME	First Name of Primary Beneficiary
A – MNAME	Middle Initial
A – LNAME	Last Name of Primary Beneficiary
A – SEX	Sex of Primary Beneficiary1
A – BOAN	Primary Beneficiary’s Own Social Security Number
A – ELG	Eligibility for HI/SMI
A – HI-BASIS	Basis for Hospital Insurance Coverage
A – SMI-BASIS	Basis for Supplementary Medical Insurance
A – SMPR	SMI Premium History Data
A – SMTP	SMI Third Party Data
A – MBP	Monthly Benefit Payable
A – MBC	5Monthly Benefit Credited
A – PIA	Primary Insurance Amount
A – LANG	Language
A – DOB-MM	Date of Birth - Month
A – DOB-DD	Date of Birth - Day
A – DOB-CC	Date of Birth - Century
A – DOB-YY	Date of Birth - Year
A – TOP	Type of Payee
A – SCC	State and County Code - GROUP
A – SC	State Code
A – COUNTY	County Code
S - BIC	Beneficiary Identification Code for Spouse
S – LAF	Ledger Account File -GROUP
S – LAF-POS1	Ledger Account File Payment Status
S – LAF-POS2	Ledger Account File Payment Reason
S – FNAME	First Name of Spouse Beneficiary
S – MNAME	Middle Initial
S – LNAME	Last Name of Spouse Beneficiary
S – SEX	Sex of Spouse
S – BOAN	Beneficiary’s Own Social Security Number9
S – ELG	Eligibility for HI/SMI
S – HI-BASIS	Basis for Hospital Insurance Coverage 1
S – SMI-BASIS	Basis for Supplementary Medical Insurance
S – SMPR	SMI Premium History Data
S – SMTP	SMI Third Party Data

S – MBP	Monthly Benefit Payable
S – MBC	Monthly Benefit Credited
S – PIA	Primary Insurance Amount
S – LANG	Language
S – DOB-MM	Date of Birth - Month
S – DOB-DD	Date of Birth - Day
S – DOB-CC	Date of Birth - Century
S – DOB-YY	Date of Birth - Year
S – TOP	Type of Payee
A – FLOA	First Line of Address1
ADDRESSES	GROUP
A – ADDR1	Address
A – ADDR2	Address
A – ADDR3	Address
A – ADDR4	Address
A – ADDR5	Address
A – ADDR6	Address
ADDRESS1-6 REDEFINES TAG ADDRESSES	
ADDRESS1-6(1) OCCURS 6 TIMES	GROUP
ADDR1-6(1)	22
ADDR1-6(2)	GROUP
ADDR1-6(2)	22
ADDR1-6(3)	GROUP
ADDR1-6(3)	22
ADDR1-6(4)	GROUP
ADDR1-6(4)	22
ADDR1-6(5)	GROUP
ADDR1-6(5)	22
ADDR1-6(6)	GROUP
ADDR1-6(6)	22
A – ZIP	Zip Code9
A – ZDPC	Zip Delivery Point Code
A – BTN	Beneficiary's Telephone Number
A – OTAN	Other Account Number – Dual Entitlement
A – OBIC	Other Beneficiary Identification Code – Dual Entitlement
A – OLAF	Other Ledger Account File
A – OHI-BASIS	Other Basis for Hospital Insurance Coverage – Dual Entitlement
A – OSMI-BASIS	Other Basis for Supplementary Medical Insurance –Dual Entitlement
A – OSMPR	Other SMI Premium History Data – Dual Entitlement
A – OMBC	Other Monthly Benefit Credited – Dual Entitlement