

## Retroactive Enrollment Report

Field Descriptions		
Field	Description	Data Type
CLAIM REVIEW PERIOD BEGIN	First date the member may have FFS claims paid during a retroactive enrollment time period.	Date (MM/DD/CCYY)
CLAIM REVIEW PERIOD END	Last date the member may have FFS claims paid for a retroactive enrollment time period.	Date (MM/DD/CCYY)
MC PROGRAM	Enrollment plan code of retroactive decertification removed from recipient.	Character
MEMBER ID	Unique ID number assigned to the member.	Character
MEMBER NAME	Member's last name (20 characters), first name (15 characters) and middle initial (1 character).	Character
TOTAL MEMBERS	Total count of members with retroactive decertification claims.	Number