

<b>Data Elements for the Enrollment Data Set</b>			
<b>Domain</b>	<b>Data Elements</b>	<b>Definition</b>	<b>Ready for Prototype</b>
Unique Identifiers	Sponsor ID	Refers to a unique identification number for the entity who is funding the coverage. This could include a private employer, government, self-pay, union, etc.	No
	Plan ID	A unique identification number for the entity that has responsibility for paying the claim. The plan and sponsor may be the same organization.	No
	Enrollee Identifier	Unique Identification number for the members of a plan. The enrollee and dependents would each have a unique ID.	No
	Primary Health Care Provider ID	Member's physician selected at time of enrollment. Unique ID of Primary Care Physician.	No
Member	Eligibility Status	Identifies whether the member is on or eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).	Yes
	Date of Birth	Member's birthday.	Yes
	Marital Status	The marital status of the member at time of enrollment (to be updated) using categories compatible with U.S. Census.	Yes
	Gender	Sex of member.	Yes
	Race	Origins of the member using U.S. census categories.	Yes
	Hispanic Origin	Origins of the member using U.S. census categories.	Yes
Member Continued	Residence	Zip code (Plan would need full address).	Yes
	Living	The member's usual living	Yes

	Arrangement	arrangement indicating whether they live alone, with relatives or non-related persons.	
	Residential Arrangement	The member's usual residential arrangement which includes on the street or in a shelter, private residence, jail or correctional facility, other residential arrangement or other institutional setting.	Yes
	Years of Schooling	Educational level attained at time of admission.	Yes
	Employment	Status at time of enrollment using U.S. Census categories.	Yes
	Occupational Code	Most recent occupation of member.	Yes
	Primary Language	Member identifies language most frequently used in conversation.	No
Plan	Date Enrollment Begins	The date on which the member becomes eligible for coverage.	Yes
	Date Enrollment Ends	The date on which a member's eligibility for coverage is terminated.	Yes
Health Status	Self Reported Health Status	Global measure of health status at time of enrollment using the National Health Interview Survey (five category rating from excellent to poor).	Yes
Health Status Continued	Functional Status	Global rating of the member's overall abilities to care for self.	No
	Disenrollment Reason	Primary reason for member discontinuing coverage.	No
	Cause of Death	Cause of death to include suicide, accident or other (to be determined).	No