

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Brunswick
E2L 2B9

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Bruns
E2L 2B9

Title - Sujet Svc, Federal Health Claims Process	
Solicitation No. - N° de l'invitation 51019-072007/K	Amendment No. - N° modif. 005
Client Reference No. - N° de référence du client 51019-072007	Date 2013-04-23
GETS Reference No. - N° de référence de SEAG PW-\$PWB-011-3203	
File No. - N° de dossier PWB-7-20036 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-05-14	Time Zone Fuseau horaire Atlantic Standard Time AST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Keith, Allan B.	Buyer Id - Id de l'acheteur pwb011
Telephone No. - N° de téléphone (506) 636-4416 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

RFP CHANGES

The following changes are made to the Solicitation document:

1) Reference: Page 1 of the RFP.

DELETE in its entirety the following:

Solicitation Closes at 02:00 PM on 2013-04-30

And INSERT the following:

Solicitation Closes at 02:00 PM on 2013-05-14

2) Reference: Part 2 - Bidder Instructions, Article 2.3 of the RFP

DELETE in its entirety the following:

All enquiries must be submitted in writing to the Contracting Authority as indicated below no later than ten (10) working days before the bid closing date. Enquiries received after that time may not be answered.

And INSERT the following:

All enquiries must be submitted in writing to the Contracting Authority as indicated below no later than twenty (20) working days before the bid closing date. Enquiries received after that time may not be answered.

QUESTIONS AND ANSWERS

Note, questions are numerically sequenced upon arrival at PWGSC. A question and its answer will be provided via MERX as the response becomes available. Potential bidders are therefore advised that questions and answers may be issued via MERX out of sequence. The following questions have been received from potential bidders. In accordance with Article 13 under 2003 Standard Instructions - Goods or Services - Competitive Requirements (2012-11-19) which has been incorporated into the Request For Proposals (RFP) in accordance with Article 2.1 (c) of the RFP, the questions and corresponding answers are provided to all potential bidders as set out below:

Q20. SW 4.1 - We have not noted exclusions from The French/ English requirements specified in Section 4.1, are there any?

A20. Where project authority requires both official languages, it is noted within the SOW.

Q23. 5.3 (3) - Please detail all technologies currently in use where we are required to be compliant.

A23. Requirements for compliancy are outlined in RFP - Part 5.

Q24. 5.16 (2) - Does the training have to be in person, or can other means be used, via technology?

A24. Certification and Accreditation documents are delivered to the Project Authority as part of the procurement process and the pre-implementation phase. The following link will provide further information:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12328§ion=text>

C&A documents include:

- Threat and Risk Assessment (TRA) Reports - Contains threat and vulnerability information,
- System Architecture Documents,
- System Security Plans (SSP),
- Security Test Plan and/or Security Test Results,
- Safeguard Assessment Report (SAR),
- Safeguard Implementation Plan (SIP),
- Security Review Reports and Vulnerability Assessment Reports, if applicable.

Q54. - SW 6.29 par 11, 12 - Can you please provide us the " Federal Language standard CBC / CBC as determined by the Project Authority"

A54. Information is provided in the following link:

<http://jobs-emplois.gc.ca/centres/ol-lo-eng.htm>

Q99. - Are the tapes from the current FHCPs contractor merged or separate by the different departments?

A99. All data is separated by departments.

Q106. - 6.18.1 - The Contractor must establish a Provider Audit Group to undertake a full range of audit and investigative services for the Departments. This must include, at a minimum, capability to undertake system audits, financial audits, providers audit, audit control, quality control, close proximity verification, client confirmation, information management and security audits. Presently this function is being carried out with the support of ten resources.

A106. This does not appear to be a question and is simply an excerpt from the SOW.

Q124. Can copies of the eligibility and card file layouts please be made available as this will help us to determine the effort and complexity involved?

A124. Current VAC Cards:

The health identification card will be issued in the Client's name and will include the following information:

1. Department Logo;
2. Client's given name, surname and initials;
3. Client Identification Number;
4. Programs of Choice;
5. A", "B", "A & B", "VIP" or other coverage; and
6. VAC toll-free numbers English and French.

Out of Canada Cards:

The card will be used by the Client/health service provider to contact FCO directly regarding eligibility for health care benefits through VAC. The health identification card will include the following information:

1. Department's Logo;
2. Client's given name, surname and initials;
3. Client Number;
4. Programs of Choice; and
5. Notation "ALL SERVICES REQUIRE PRE AUTHORIZATION CONTACT FOREIGN COUNTRIES OPERATIONS (OTTAWA) at a toll free number.

Allied Cards:

The Allied health identification card will include the following Allied Client beneficiary information:

1. Department's Logo;
2. Client's given name, surname and initials;
3. Allied Client Number; and
4. Notation "ALL SERVICES REQUIRE PRE AUTHORIZATION CONTACT FOREIGN COUNTRIES OPERATIONS (OTTAWA) at 1 888 toll free number.

Current CF/RCMP Card:

The health identification card will be issued in the member's name and will include the following information:

1. **CF or RCMP's Logo**
2. **Member's given name, surname and initials;**
3. **Member Number (secondary identification number);**
4. **Member ID (primary identification number);**
5. **Gender;**
6. **Date of Birth**
7. **Department toll-free # English and French for the CF; and**
8. **Contractor's toll-free # English and French for RCMP**

Eligibility File

IMS Table Structure

The attached provides a general illustration of the type of information that must be captured and managed in support of the FHCPS, and also considered for conversion. Not all potential information elements are represented herein.

Note: the following table will not be translated as it represents data base field names and structures. Since it is of technical nature, the data would be misrepresented if translated.

Attached File: IMS Table Structure_1.docx

Q139. SOW 6.18, Page 54 - The Contractor must establish a Provider Audit Group to undertake a full range of audit and investigative activities for the Departments. This must include, at a minimum, capability to undertake system audits, financial audits, providers audit, audit control, quality control, close proximity verification, client confirmation, information management and security audits. Presently this function is being carried out with the support of ten resources. Please provide clarification on this requirement as follows:

A. As the SOW defines this as a Provider Audit Group, please clarify if system audits, financial audits, audit control, quality control, information management and security audits are limited to those aspects only as related to providers, or do these encompass all services being delivered under the contract?

B. Is there an expectation that all audit services defined within this SOW item be delivered with the stated support of ten resources?

A139.

- A. **These requirements are specific to the Provider Audit Group only. - Audits are restricted to provider claims and payments. The wide ranges of audit services are required as they relate to Providers. The Contractor does not audit clients.**
- B. **No. The statement that ten full time resources are presently assigned is for information purposes only.**

Q143. SOW 6.14.9, Page 46 Network Acquisition and Setup-up.

A. Will the Crown provide the location/city of each partner departments (CF, VAC, RCMP) external firewall, so that all bidders will be able to better determine network costs/pricing?

B. Please provide the physical location of the specific Data Centre for each Department: CF, RCMP and VAC.

A143. VAC firewall is currently located in Summerside, PE. Additional firewalls may be located in Moncton, NB, Charlottetown, PE and Montreal, QC. Connections to multiple firewalls supporting VAC may be required, based on the connectivity requirements for the level of continuity specified by VAC.

Q144. SOW 6.14.9, Page 46 Network Acquisition and Setup-up. The SOW that represents this RFP has changed from the initial RFI.

A. Will the Crown confirm that bidders will only be responsible to provide and manage the network equipment outside of each partner Department's (CF, VAC, and RCMP) external firewall?

B. Will the Crown further confirm that RCMP and CF will manage their portion of the networks to the RCMP regional offices and CF Health Services Centres/Detachments, including associated network equipment and PC's?

A144. Bidders will be responsible to provide and manage all equipment required to support connectivity to firewalls located at Crown datacenters supporting VAC and all bidder equipment will be located in Public Access Zones.

Q152. SOW 6.20 #4 c) and FHCPS Financial Control Performance Standards - Record of Manual Adjustments: There are appears to be a discrepancy between the requirements in these two sections. Please advise as to which of the following conflicting time frames is correct:

- SOW 6.20 #4 c suggests that the Report of Manual Adjustments should be submitted with the claims invoice.
- FHCPS Financial Control Performance Standards suggest the Report of Manual Adjustments should be submitted no later than 2 business days after claims are processed.

A152. The requirements are correct as stated. SOW 6.20 c describes the manual adjustments as they relate to the invoicing process whereas 13 iv. FHCPS System Financial Control Performance Standards, Report of Manual Adjustments describes the ongoing requirement to report the manual adjustments as they occur.

ALL OTHER TERMS AND CONDITIONS OF THE RFP REMAIN UNCHANGED.

IMS Table Structure

The following provides a general illustration of the type of information that must be captured and managed in support of the FHCPs, and also considered for conversion. Not all potential information elements are represented herein.

Note: the following table will not be translated as it represents data base field names and structures. Since it is of technical nature, the data would be misrepresented if translated.

TABLE NAME	FIELD NAME
ADDRESS INFO	
	ADDRESS ID
	CUSTOMER ID
	CUSTOMER DESC L1
	CUSTOMER DESC L2
	ADDRESS LINE 1
	ADDRESS LINE 2
	ADDRESS LINE 3
	ADDRESS LINE 4
	COUNTRY CODE
	COUNTRY DESC L1
	COUNTRY DESC L2
	PHONE NBR 1
	PHONE NBR 2
	POSTAL CODE
	PROVINCE CODE
	PROVINCE DESC L1
	PROVINCE DESC L2
	IMS UPDATE DATE
ADDRESS LINK	
	ADDRESS ID
	ADDRESS TYPE CODE
	ADDRESS TYPE DESC L1
	ADDRESS TYPE DESC L2
	CUSTOMER ID
	CUSTOMER DESC L1
	CUSTOMER DESC L2
	CLAIM OFFICE CODE
	IMS MEMBER ID
	INSTITUTION CODE
	ORGANIZATION CODE
	REGION CODE
	REGION DESC L1
	REGION DESC L2
	RESTRICT ACCESS FLAG
	IMS UPDATE DATE
AIG AIC	
	AIG CODE,
	AIC CODE,

	PRIMARY AIC FLAG,
	AIC STRENGTH,
	STRENGTH UNIT CODE,
	EFF DATE,
	AIC DESC L1,
	AIC DESC L2,
	STRENGTH UNIT DESC L1,
	STRENGTH UNIT DESC L2,
	TERM DATE,
	IMS UPDATE DATE,
BENEFIT SET CRIT	
	BENEFIT SET CODE,
	LINE ITEM NBR,
	BENEFIT SET TYPE CODE,
	EFF DATE,
	TERM DATE,
	BENEFIT SET DESC L1,
	BENEFIT SET DESC L2,
	INCLUDE EXCLUDE IND,
	ATC CODE,
	ATC DESC L1,
	ATC DESC L2,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROVINCE CODE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	BENEFIT DETAIL TYPE CODE,
	PTC ID,
	PTC DESC L1,
	PTC DESC L2,
	AIG CODE,
	ROUTE CODE,
	ROUTE DESC L1,
	ROUTE DESC L2,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	SCHEDULE CODE,
	SCHEDULE DESC L1,
	SCHEDULE DESC L2,
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BENEFIT SET PKG	
	BENEFIT SET PACKAGE CODE,
	BENEFIT SET CODE,
	EFF DATE,
	TERM DATE,
	BENEFIT SET PACKAGE DESC L1,

	BENEFIT SET PACKAGE DESC L2,
	BENEFIT SET DESC L1,
	BENEFIT SET DESC L2,
	INCLUDE EXCLUDE IND,
	DIAGNOSIS CODE,
	DIAGNOSIS DESC L1,
	DIAGNOSIS DESC L2,
	IMS UPDATE DATE,
CARD REQUEST	
	CUSTOMER ID,
	CARD REQUEST ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CARD PRODUCED IND,
	CARD TYPE CODE,
	CARD TYPE DESC L1,
	CARD TYPE DESC L2,
	IMS MEMBER ID,
	MANUAL REQUEST FLAG,
	REQUEST DATE,
	REQUEST USER,
	SOURCE UPDATE DATE,
	UPDATE USER,
	IMS UPDATE DATE,
	ACTIVE FLAG,
CATEGORY INFO	
	CATEGORY CODE,
	CATEGORY DESC L1,
	CATEGORY DESC L2,
	REPORT TO CATEGORY CODE,
	IMS UPDATE DATE,
CLAIM HISTORY	
	BENEFIT AUTH FLAG,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROVINCE CODE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL TRADE NAME,
	BENEFIT PACKAGE CODE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	BENEFIT TYPE IND,
	BILLED DRUG QUANTITY,

	CALCULATED INGREDIENT AMT,
	CARRIER CODE,
	CARRIER DESC L1,
	CARRIER DESC L2,
	CARRYOVER QUANTITY,
	CATEGORY CODE 1,
	CATEGORY DESC 1 L1,
	CATEGORY DESC 1 L2,
	CATEGORY CODE 2,
	CATEGORY DESC 2 L1,
	CATEGORY DESC 2 L2,
	CATEGORY CODE 3,
	CATEGORY DESC 3 L1,
	CATEGORY DESC 3 L2,
	CATEGORY CODE 4,
	CATEGORY DESC 4 L1,
	CATEGORY DESC 4 L2,
	CATEGORY CODE 5,
	CATEGORY DESC 5 L1,
	CATEGORY DESC 5 L2,
	CATEGORY CODE 6,
	CATEGORY DESC 6 L1,
	CATEGORY DESC 6 L2,
	CHEQUE ADDRESS LINE 1,
	CHEQUE ADDRESS LINE 2,
	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
	CHEQUE COUNTRY,
	CHEQUE NAME,
	CHEQUE POSTAL CODE,
	CHEQUE PROVINCE CODE,
	CHEQUE PROVINCE DESC L1,
	CHEQUE PROVINCE DESC L2,
	CLAIM PAID AAC FLAG,
	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
	COMPOUNDING CHARGE,
	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
	COVERAGE SPECIAL BENEFIT IND,
	CURRENT PRESCRIPTION NBR,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DAYS SUPPLY,
	DENTAL FEE SCHEDULE BYPASS IND,

	DENTAL FEE,
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	ACTION MESSAGE CODE 2,
	ACTION MESSAGE CODE 3,
	ACTION MESSAGE CODE 4,
	ACTION MESSAGE CODE 5,
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	ACTION MESSAGE STATUS 2,
	ACTION MESSAGE STATUS 3,
	ACTION MESSAGE STATUS 4,
	ACTION MESSAGE STATUS 5,
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	ADJUSTMENT ACTION CODE,
	ADJUSTMENT PROCESS USER,
	ADJUSTMENT CLAIM OFFICE CODE,
	ADJ CLAIM OFFICE DESC L1,
	ADJ CLAIM OFFICE DESC L2,
	AIC STRENGTH,
	AIG CODE,
	ASSIGNED IND,
	ATC CODE,
	ATC DESC L1,
	ATC DESC L2,
	BATCH ONLINE IND,
	BCIS PROVIDER ID,
	DENTAL SERVICE INFO CODE,
	DIRECT DEPOSIT FLAG,
	DOLLAR LIMIT USED FLAG,
	DRAFT NBR,
	DRUG COST,
	DRUG COST ACCEPTED,
	DUAL COVERAGE FLAG,
	ELIGIBILITY AUTHORIZATION FLAG,
	ELIGIBLE AMT,
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	EOB COMMENT CODE 1 DESC L2,
	EOB COMMENT CODE 2,
	EOB COMMENT CODE 2 DESC L1,
	EOB COMMENT CODE 2 DESC L2,
	EOB COMMENT CODE 3,
	EOB COMMENT CODE 3 DESC L1,
	EOB COMMENT CODE 3 DESC L2,
	EOB COMMENT CODE 4,
	EOB COMMENT CODE 4 DESC L1,
	EOB COMMENT CODE 4 DESC L2,
	EOB COMMENT CODE 5,
	EOB COMMENT CODE 5 DESC L1,
	EOB COMMENT CODE 5 DESC L2,

	EXCLUDED AMT,
	FEE TYPE CODE,
	FCO TYPE CODE,
	FCO TYPE DESC L1,
	FCO TYPE DESC L2,
	FINANCIAL CODE,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	GENERIC INCENTIVE AMT,
	IMS MEMBER ID,
	INTERVENTION CODE,
	MANUFACTURER CODE,
	MANUFACTURER NAME,
	MEDICAL CONDITION CODE,
	MEDICAL CONDITION DESC L1,
	MEDICAL CONDITION DESC L2,
	MEDICAL REASON CODE,
	MEDICAL REASON DESC L1,
	MEDICAL REASON DESC L2,
	MEMBER AGE,
	MEMBER AUTHORIZATION SEQ NBR,
	MEMBER CLAIM OFFICE CODE,
	MEMBER CLAIM OFFICE DESC L1,
	MEMBER CLAIM OFFICE DESC L2,
	MEMBER DISTRICT CODE,
	MEMBER DISTRICT DESC L1,
	MEMBER DISTRICT DESC L2,
	MEMBER FIRST NAME,
	MEMBER MIDDLE NAME,
	MEMBER LAST NAME,
	MEMBER HEALTH CARE ADMIN CODE,
	MEMBER HEALTH CARE ADM DESC L1,
	MEMBER HEALTH CARE ADM DESC L2,
	MEMBER ID QUALIFIER,
	MEMBER PROVINCE CODE,
	MEMBER PROVINCE DESC L1,
	MEMBER PROVINCE DESC L2,
	MEMBER REGION CODE,
	MEMBER REGION DESC L1,
	MEMBER REGION DESC L2,
	MESSAGE 1,
	MESSAGE 2,
	MESSAGE 3,
	MICROFILM NBR,
	MISCELLANEOUS CHARGE AMT,
	MISCELLANEOUS CHARGE TYPE CODE,
	NATIONAL CODE,
	NATIONAL DESC L1,

	NATIONAL DESC L2,
	NEW REFILL CODE,
	NUMBER OF OCCURRENCES,
	OPERATION CODE,
	ORGANIZATION CODE,
	ORGANIZATION DESC L1,
	ORGANIZATION DESC L2,
	ORIG PROCESS CLAIM OFF CODE,
	ORIG PROCESS CLAIM OFF DESC L1,
	ORIG PROCESS CLAIM OFF DESC L2,
	ORIGINAL PRESCRIPTION NBR,
	ORIGINAL PROCESS USER,
	PAID DRUG QUANTITY,
	PAID IN GOOD FAITH FLAG,
	PART PAID AS BILLED FLAG,
	PAY GROUP,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	PAY PERIOD,
	PAY PERIOD YEAR,
	PAYMENT FROM DATE,
	PAYMENT TO DATE,
	PAYMENT PACKAGE CODE,
	PHARMACY HEALTH CARE ID,
	POC CODE,
	POC DESC L1,
	POC DESC L2,
	POLICY DIVISION,
	POS PROVIDER ID,
	PRESCRIBER ID,
	PRESCRIBER ID REFERENCE,
	PREVIOUSLY PAID APPROVER ID,
	PREVIOUSLY PENDED FLAG,
	PRICE LIST ID,
	PRICE LIST DESC L1,
	PRICE LIST DESC L2,
	PRICING AUTHORIZATION FLAG,
	PROCESS CLAIM OFFICE CODE,
	PROCESS CLAIM OFFICE DESC L1,
	PROCESS CLAIM OFFICE DESC L2,
	PROCESS SUPERVISOR USER,
	PROCESS USER,
	PRODUCT SELECTION,
	PROFESSIONAL FEE,
	PROFESSIONAL FEE ACCEPTED,
	PROVIDER NAME,
	PROVIDER PAID SPECIALTY CODE,
	PROVIDER PROVINCE CODE,

	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	PROVIDER TYPE DESC L1,
	PROVIDER TYPE DESC L2,
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	PTC DESC L1,
	PTC DESC L2,
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	QUANTITY LIMIT USED FLAG,
	RECORD TYPE CODE,
	REDUCTION MAXIMUM AMT,
	REFERENCE NBR,
	REFILL AUTHORIZATIONS,
	REGISTRATION NBR,
	REIMBURSEMENT AMT,
	REJECT MESSAGE,
	REPL BENEFIT DETAIL,
	REPL BENEFIT DETAIL PROV CODE,
	REPL BENEFIT DETAIL TYPE CODE,
	RESPONSE CODE,
	RESPONSE STATUS,
	RESPONSE TRANSACTION CODE,
	REVERSAL FLAG,
	ROUTE CODE,
	ROUTE DESC L1,
	ROUTE DESC L2,
	SCHEDULE CODE,
	SCHEDULE DESC L1,
	SCHEDULE DESC L2,
	SERVICE DATE,
	SERVICE TO DATE,
	SOURCE SYSTEM,
	SPECIAL FEE ACCEPTED,
	SPECIAL SERVICES CODE,
	SPECIAL SERVICES FEE,
	STANDARD BENEFIT CODE,
	STANDARD CODE GROUPING,
	STRENGTH UNIT CODE,
	SUBMITTED AMT,
	SUBSTITUTION CODE,
	TOOTH CODE,
	TRACE NBR,
	TRANSACTION CODE,
	UNLISTED COMPOUND,
	VOUCHER NBR,

	IMS UPDATE DATE,
	CSDN ID,
	SPOUSE CSDN ID,
	ORIGINAL ADJUDICATION DATE,
	APPLICANT TYPE IND,
	AUTHORIZATION IND,
	PENSION SERVICE TYPE CODE
CMF COVERAGE	
	IMS MEMBER ID,
	COVERAGE TYPE CODE,
	POC CODE,
	EFF DATE,
	TERM DATE,
	SOURCE CODE,
	MPC CODE,
	COVERAGE TYPE DESC L1,
	COVERAGE TYPE DESC L2,
	POC DESC L1,
	POC DESC L2,
	SOURCE DESC L1,
	SOURCE DESC L2,
	MPC DESC L1,
	MPC DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	MPC CATEGORY CODE,
	MPC CATEGORY DESC L1,
	MPC CATEGORY DESC L2,
	PAY GROUP,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	POLICY DIVISION,
	TERM REASON CODE,
	TERM REASON DESC L1,
	TERM REASON DESC L2,
	UPDATE USER,
	SOURCE UPDATE DATE,
	IMS UPDATE DATE,
COMBINED HISTORY	
	ACTION MESSAGE CODE 1,
	ACTION MESSAGE CODE 2,
	ACTION MESSAGE CODE 3,
	ACTION MESSAGE CODE 4,
	ACTION MESSAGE CODE 5,
	ACTION MESSAGE STATUS 1,
	ACTION MESSAGE STATUS 2,
	ACTION MESSAGE STATUS 3,

	ACTION MESSAGE STATUS 4,
	ACTION MESSAGE STATUS 5,
	ADJUDICATION DATE,
	ADJUSTMENT ACTION CODE,
	ORIGINAL ADJUDICATION DATE,
	ADJUSTMENT PROCESS USER,
	ADJUSTMENT CLAIM OFFICE CODE,
	ADJ CLAIM OFFICE DESC L1,
	ADJ CLAIM OFFICE DESC L2,
	AIC STRENGTH,
	AIG CODE,
	ASSIGNED IND,
	ATC CODE,
	ATC DESC L1,
	ATC DESC L2,
	BATCH ONLINE IND,
	BCIS PROVIDER ID,
	BENEFIT AUTH FLAG,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROVINCE CODE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL TRADE NAME,
	BENEFIT PACKAGE CODE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	BENEFIT TYPE IND,
	BILLED DRUG QUANTITY,
	CALCULATED INGREDIENT AMT,
	CARRIER CODE,
	CARRIER DESC L1,
	CARRIER DESC L2,
	CARRYOVER QUANTITY,
	CATEGORY CODE 1,
	CATEGORY DESC 1 L1,
	CATEGORY DESC 1 L2,
	CATEGORY CODE 2,
	CATEGORY DESC 2 L1,
	CATEGORY DESC 2 L2,
	CATEGORY CODE 3,
	CATEGORY DESC 3 L1,
	CATEGORY DESC 3 L2,
	CATEGORY CODE 4,

	CATEGORY DESC 4 L1,
	CATEGORY DESC 4 L2,
	CATEGORY CODE 5,
	CATEGORY DESC 5 L1,
	CATEGORY DESC 5 L2,
	CATEGORY CODE 6,
	CATEGORY DESC 6 L1,
	CATEGORY DESC 6 L2,
	CHEQUE ADDRESS LINE 1,
	CHEQUE ADDRESS LINE 2,
	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
	CHEQUE COUNTRY,
	CHEQUE NAME,
	CHEQUE POSTAL CODE,
	CHEQUE PROVINCE CODE,
	CHEQUE PROVINCE DESC L1,
	CHEQUE PROVINCE DESC L2,
	CLAIM PAID AAC FLAG,
	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
	COMPOUNDING CHARGE,
	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
	COVERAGE SPECIAL BENEFIT IND,
	CURRENT PRESCRIPTION NBR,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DAYS SUPPLY,
	DENTAL FEE SCHEDULE BYPASS IND,
	DENTAL FEE,
	DENTAL SERVICE INFO CODE,
	DIRECT DEPOSIT FLAG,
	DOLLAR LIMIT USED FLAG,
	DRAFT NBR,
	DRUG COST,
	DRUG COST ACCEPTED,
	DUAL COVERAGE FLAG,
	ELIGIBILITY AUTHORIZATION FLAG,
	ELIGIBLE AMT,
	EOB COMMENT CODE 1,
	EOB COMMENT CODE 1 DESC L1,
	EOB COMMENT CODE 1 DESC L2,
	EOB COMMENT CODE 2,
	EOB COMMENT CODE 2 DESC L1,

	EOB COMMENT CODE 2 DESC L2,
	EOB COMMENT CODE 3,
	EOB COMMENT CODE 3 DESC L1,
	EOB COMMENT CODE 3 DESC L2,
	EOB COMMENT CODE 4,
	EOB COMMENT CODE 4 DESC L1,
	EOB COMMENT CODE 4 DESC L2,
	EOB COMMENT CODE 5,
	EOB COMMENT CODE 5 DESC L1,
	EOB COMMENT CODE 5 DESC L2,
	EXCLUDED AMT,
	FEE TYPE CODE,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	GENERIC INCENTIVE AMT,
	IMS MEMBER ID,
	INTERVENTION CODE,
	MANUFACTURER CODE,
	MANUFACTURER NAME,
	MEDICAL CONDITION CODE,
	MEDICAL CONDITION DESC L1,
	MEDICAL CONDITION DESC L2,
	MEDICAL REASON CODE,
	MEDICAL REASON DESC L1,
	MEDICAL REASON DESC L2,
	MEMBER AGE,
	MEMBER AUTHORIZATION SEQ NBR,
	MEMBER FIRST NAME,
	MEMBER MIDDLE NAME,
	MEMBER LAST NAME,
	MEMBER ID QUALIFIER,
	MEMBER PROVINCE CODE,
	MEMBER PROVINCE DESC L1,
	MEMBER PROVINCE DESC L2,
	MEMBER REGION CODE,
	MEMBER REGION DESC L1,
	MEMBER REGION DESC L2,
	MESSAGE 1,
	MESSAGE 2,
	MESSAGE 3,
	MICROFILM NBR,
	MISCELLANEOUS CHARGE AMT,
	MISCELLANEOUS CHARGE TYPE CODE,
	NATIONAL CODE,
	NATIONAL DESC L1,
	NATIONAL DESC L2,
	NEW REFILL CODE,
	NUMBER OF OCCURRENCES,

	OPERATION CODE,
	ORGANIZATION CODE,
	ORGANIZATION DESC L1,
	ORGANIZATION DESC L2,
	ORIG PROCESS CLAIM OFF CODE,
	ORIG PROCESS CLAIM OFF DESC L1,
	ORIG PROCESS CLAIM OFF DESC L2,
	ORIGINAL PRESCRIPTION NBR,
	ORIGINAL PROCESS USER,
	PAID DRUG QUANTITY,
	PAID IN GOOD FAITH FLAG,
	PART PAID AS BILLED FLAG,
	PAY GROUP,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	PAY PERIOD,
	PAY PERIOD YEAR,
	PAYMENT FROM DATE,
	PAYMENT TO DATE,
	PAYMENT PACKAGE CODE,
	PHARMACY HEALTH CARE ID,
	POC CODE,
	POC DESC L1,
	POC DESC L2,
	POLICY DIVISION,
	POS PROVIDER ID,
	PRESCRIBER ID,
	PRESCRIBER ID REFERENCE,
	PREVIOUSLY PAID APPROVER ID,
	PREVIOUSLY PENDED FLAG,
	PRICE LIST ID,
	PRICE LIST DESC L1,
	PRICE LIST DESC L2,
	PRICING AUTHORIZATION FLAG,
	PROCESS CLAIM OFFICE CODE,
	PROCESS CLAIM OFFICE DESC L1,
	PROCESS CLAIM OFFICE DESC L2,
	PROCESS SUPERVISOR USER,
	PROCESS USER,
	PRODUCT SELECTION,
	PROFESSIONAL FEE,
	PROFESSIONAL FEE ACCEPTED,
	PROVIDER NAME,
	PROVIDER PAID SPECIALTY CODE,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,

	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	PROVIDER TYPE DESC L1,
	PROVIDER TYPE DESC L2,
	PTC ID,
	PTC DESC L1,
	PTC DESC L2,
	QTY LIMIT PRODUCT SET CODE,
	QUANTITY LIMIT USED FLAG,
	RECORD TYPE CODE,
	REDUCTION MAXIMUM AMT,
	REFERENCE NBR,
	REFILL AUTHORIZATIONS,
	REGISTRATION NBR,
	REIMBURSEMENT AMT,
	REJECT MESSAGE,
	REPL BENEFIT DETAIL,
	REPL BENEFIT DETAIL PROV CODE,
	REPL BENEFIT DETAIL TYPE CODE,
	RESPONSE CODE,
	RESPONSE STATUS,
	RESPONSE TRANSACTION CODE,
	REVERSAL FLAG,
	ROUTE CODE,
	ROUTE DESC L1,
	ROUTE DESC L2,
	SCHEDULE CODE,
	SCHEDULE DESC L1,
	SCHEDULE DESC L2,
	SERVICE DATE,
	SERVICE TO DATE,
	SOURCE SYSTEM,
	SPECIAL FEE ACCEPTED,
	SPECIAL SERVICES CODE,
	SPECIAL SERVICES FEE,
	STANDARD BENEFIT CODE,
	STANDARD CODE GROUPING,
	STRENGTH UNIT CODE,
	SUBMITTED AMT,
	SUBSTITUTION CODE,
	TOOTH CODE,
	TRACE NBR,
	TRANSACTION CODE,
	UNLISTED COMPOUND,
	VOUCHER NBR,
	IMS UPDATE DATE,
	AUTHORIZATION IND,
	FINANCIAL CODE,

	MEMBER CLAIM OFFICE CODE,
	MEMBER CLAIM OFFICE DESC L1,
	MEMBER CLAIM OFFICE DESC L2,
	MEMBER HEALTH CARE ADMIN CODE,
	MEMBER HEALTH CARE ADM DESC L1,
	MEMBER HEALTH CARE ADM DESC L2,
	PENSION SERVICE TYPE CODE,
	FCO TYPE CODE
CTGY BEN GRPNG	
	CATEGORY CODE,
	BENEFIT CODE,
	PROVINCE CODE,
	PROVIDER TYPE CODE,
	PROVIDER SPECIALTY CODE,
	TERM DATE,
	CREATED DATE,
	SEQUENCE NBR,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	IMS UPDATE DATE,
FIN BENEFIT DATA	
	BENEFIT CODE DETAIL,
	VALUE 1,
	VALUE 2
FIN CSDN DATA	
	CSDN ID,
	VALUE 1,
	VALUE 2
FIN VETERAN DATA	
	VETERAN ID,
	VALUE 1,
	VALUE 2
FEE GUIDE DENTAL	
	VERSION NBR,
	STANDARD BENEFIT CODE,
	PROVINCE CODE,
	PROVIDER TYPE CODE,
	PROVIDER SPECIALTY CODE,
	TERM DATE,
	EFF DATE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	DRUG CHARGE AMT,
	DRUG CHARGE PERCENT,
	EXPENSE CHARGE AMT,
	EXPENSE CHARGE PERCENT,

	FEE AMT,
	FEE TYPE CODE,
	LAB CHARGE AMT,
	LAB CHARGE PERCENT,
	LAB FEE EXCEPTION FLAG,
	MULTIPLE UNITS FLAG,
	NUMBER OF OCCURRENCES,
	SOURCE UPDATE DATE,
	STANDARD CODE GROUPING,
	SUBSTITUTE STANDARD BEN CODE,
	TOOTH CODE FLAG,
	TOOTH SURFACE FLAG,
	UPDATE STATUS IND,
	IMS UPDATE DATE,
FEE GUIDE HEALTH	
	PROVINCE CODE,
	PROVIDER TYPE CODE,
	PROVIDER SPECIALTY CODE,
	BENEFIT CODE,
	TERM DATE,
	SOURCE INSERT DATE,
	FEE GUIDE IND,
	EFF DATE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	FEE AMT,
	FEE TYPE CODE,
	MULTIPLE UNITS CODE,
	PROVINCE COB FLAG,
	PHYSICIAN FEE GUIDE EFF DATE,
	PHYSICIAN FEE GUIDE TERM DATE,
	RECORD STATUS IND,
	STANDARD BENEFIT CODE,
	IMS UPDATE DATE,
FEE GUIDE PHYSICIAN	
	PROVINCE CODE,
	PROVIDER TYPE CODE,
	PROVIDER SPECIALTY CODE,
	BENEFIT CODE,
	TERM DATE,
	SOURCE INSERT DATE,
	FEE GUIDE IND,
	EFF DATE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	BENEFIT DESC L1,
	BENEFIT DESC L2,

	FEE AMT,
	FEE TYPE CODE,
	MULTIPLE UNITS CODE,
	PROVINCE COB FLAG,
	PHYSICIAN FEE GUIDE EFF DATE,
	PHYSICIAN FEE GUIDE TERM DATE,
	RECORD STATUS IND,
	STANDARD BENEFIT CODE,
	IMS UPDATE DATE,
FREQUENCY REPORT	
	REPORT DATE YEAR,
	REPORT DATE MONTH,
	MEMBER REGION CODE,
	MEMBER DISTRICT CODE,
	POC CODE,
	IMS MEMBER ID,
	SEQUENTIAL LINE NBR,
	MEMBER REGION DESC L1,
	MEMBER REGION DESC L2,
	MEMBER DISTRICT DESC L1,
	MEMBER DISTRICT DESC L2,
	POC DESC L1,
	POC DESC L2,
	MEMBER FIRST NAME,
	MEMBER LAST NAME,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	MEMBER ADDRESS LINE 1,
	MEMBER ADDRESS LINE 2,
	MEMBER ADDRESS LINE 3,
	MEMBER POSTAL CODE,
	MEMBER PROVINCE CODE,
	MEMBER PROVINCE DESC L1,
	MEMBER PROVINCE DESC L2,
	NOTIFY BASIS IND,
	BCIS PROVIDER ID,
	POS PROVIDER ID,
	PROVIDER NAME,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,

	PROVIDER NOTIFY BASIS IND,
	NUMBER OF CLAIMS OVER LIMIT,
	NUMBER OF CLAIMS PAID,
	NUMBER OF CLAIMS RECEIVED,
	IMS UPDATE DATE,
	MEMBER ADDRESS LINE 4
GROUP BENEFIT	
	PAY GROUP,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	POLICY DIVISION,
	LINE OF BUSINESS CODE,
	GROUP LINE OF BUS EFF DATE,
	GROUP LINE OF BUS TERM DATE,
	GROUP COVERAGE EFF DATE,
	GROUP COVERAGE TERM DATE,
	INCLUDE EXCLUDE IND,
	PROVINCE CODE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	EFF DATE,
	TERM DATE,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	SEQUENCE NBR,
	BENEFIT PACKAGE CODE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	RESPONSE CODE,
	AGE MIN,
	AGE MAX,
	INTERVENTION CODE,
	FIRST FILL FREE ALLOWED FLAG,
	REGULAR SA FLAG,
	COVERAGE SPECIAL BENEFIT IND,
	IMS UPDATE DATE,
GROUP CATEGORY	
	PAY GROUP,
	POLICY DIVISION,
	CATEGORY CODE,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	CATEGORY DESC L1,
	CATEGORY DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,

	CUSTOMER DESC L2,
	IMS UPDATE DATE,
GROUP MEMBER	
	PAY GROUP,
	POLICY DIVISION,
	IMS MEMBER ID,
	EFF DATE,
	TERM DATE,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	SOURCE UPDATE DATE,
	IMS UPDATE DATE,
GROUP POC	
	PAY GROUP,
	POLICY DIVISION,
	POC CODE,
	PLAN CODE,
	EFF DATE,
	TERM DATE,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	POC DESC L1,
	POC DESC L2,
	PLAN DESC L1,
	PLAN DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	UPDATE USER,
	IMS UPDATE DATE,
INDIVIDUAL BEN	
	SEQUENCE NBR,
	IMS MEMBER ID,
	BENEFIT PACKAGE CODE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	EFF DATE,
	TERM DATE,
	INCLUDE EXCLUDE IND,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL PROVINCE CODE,

	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	IMS UPDATE DATE, (
INSTITUTION INFO	
	INSTITUTION STAY TIME ID as E325804,
	BED TYPE CODE as E325805,
	BED TYPE DESC L1 as E325806,
	BED TYPE DESC L2 as E325807,
	CUSTOMER ID as E325808,
	CUSTOMER DESC L1 as E325809,
	CUSTOMER DESC L2 as E325810,
	EFF DATE as E325811,
	TERM DATE as E325812,
	IMS MEMBER ID as E325813,
	INSTITUTION CODE as E325814,
	INSTITUTION DESC L1 as E325815,
	INSTITUTION DESC L2 as E325816,
	LEVEL OF CARE CODE as E325817,
	LEVEL OF CARE DESC L1 as E325818,
	LEVEL OF CARE DESC L2 as E325819,
	SOURCE UPDATE DATE as E325820,
	TERM REASON CODE as E325821,
	TERM REASON DESC L1 as E325822,
	TERM REASON DESC L2 as E325823,
	UPDATE USER as E325824,
	UPDATE USER as E325824,
	IMS UPDATE DATE,
LETTER INFO	
	LETTER ID,
	AUTHOR,
	CREATED DATE,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DESCRIPTION,
	IMS MEMBER ID,
	LANGUAGE WRITTEN CODE,
	LANGUAGE WRITTEN DESC L1,
	LANGUAGE WRITTEN DESC L2,
	LETTER CATEGORY CODE,
	LETTER CATEGORY DESC L1,
	LETTER CATEGORY DEC L2,
	LETTER TEMPLATE CODE,
	LETTER TEMPLATE DESC L1,
	LETTER TEMPALTE DESC L2,
	SOURCE SYSTEM CODE,

	SOURCE SYSTEM DESC L1,
	SOURCE SYSTEM DESC L2,
	SOURCE UPDATE DATE,
	STATUS CODE,
	STATUS DESC L1,
	STATUS DESC L2,
	IMS UPDATE DATE,
MEM PRE AUTH COMM	
	REGISTRATION NBR,
	RECORD NBR,
	IMS MEMBER ID,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	PROCESS CLAIM OFFICE CODE,
	PROCESS CLAIM OFFICE DESC L1,
	PROCESS CLAIM OFFICE DESC L2,
	PROCESS USER,
	SOURCE UPDATE DATE,
	COMMENT LINES,
	IMS UPDATE DATE,
MEM SPEC AUTH REQ	
	IMS MEMBER ID,
	INFORMATION REQUEST CODE,
	INFORMATION REQUEST SENT DATE,
	SEQUENCE NBR,
	INFORMATION REQUEST DESC L1,
	INFORMATION REQUEST DESC L2,
	INFORMATION REQUEST RECD DATE,
	PHYSICIAN SERVICE AMT,
	PHYSICIAN SERVICE REPORT DATE,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	IMS UPDATE DATE,
MEMBER ASSESSMENT	
	CONDITION NAME TEXT,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	EFF DATE,
	IMS MEMBER ID,
	PENSION ASSESSMENT PERCENT,
	PENSION ENTITLEMENT NBR FIFTHS,
	SOURCE UPDATE DATE,
	TOTAL ASSESSMENT PERCENT,
	UPDATE USER,
	IMS UPDATE DATE,
MEMBER IDENTIFIER	

	IMS MEMBER ID,
	IDENTIFIER TYPE CODE,
	IDENTIFIER DATA,
	IDENTIFIER TYPE DESC L1,
	IDENTIFIER TYPE DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	IMS UPDATE DATE,
MEMBER INFO	
	GENDER DESC L1,
	GENDER DESC L2,
	GRAND FATHER FLAG,
	HEALTH CARE ADMIN CODE,
	HEALTH CARE ADMIN DESC L1,
	HEALTH CARE ADMIN DESC L2,
	LANGUAGE SPOKEN CODE,
	LANGUAGE SPOKEN DESC L1,
	LANGUAGE SPOKEN DESC L2,
	LANGUAGE WRITTEN CODE,
	LANGUAGE WRITTEN DESC L1,
	LANGUAGE WRITTEN DESC L2,
	MEMBER TYPE CODE,
	MEMBER TYPE DESC L1,
	MEMBER TYPE DESC L2,
	METHOD OF SERVICE CODE,
	METHOD OF SERVICE DESC L1,
	METHOD OF SERVICE DESC L2,
	NOTE FLAG,
	PENSION A RESTRICTION CODE,
	PENSION A RESTRICTION DESC L1,
	PENSION A RESTRICTION DESC L2,
	PENSION B RESTRICTION CODE,
	PENSION B RESTRICTION DESC L1,
	PENSION B RESTRICTION DESC L2,
	PENSION SERVICE TYPE CODE,
	PENSION SERVICE TYPE DESC L1,
	PENSION SERVICE TYPE DESC L2,
	PENSION CATEGORY DESC L1,
	PENSION CATEGORY DESC L2,
	PENSION STATUS CODE,
	PENSION STATUS DESC L1,
	PENSION STATUS DESC L2,
	PENSION TOTAL PERCENT DISABLED,
	PENSION NBR,
	POSTAL CODE,
	POW TYPE CODE,
	POW TYPE DESC L1,
	POW TYPE DESC L2,

	PROVINCE CODE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	RCMP RELEASE DATE,
	RCMP STILL SERVING FLAG,
	REGION CODE,
	REGION DESC L1,
	REGION DESC L2,
	SERVICE TYPE GROUP CODE,
	SERVICE TYPE GROUP DESC L1,
	SERVICE TYPE GROUP DESC L2,
	SERVICE TYPE GROUP PCT DISAB,
	SERVICE TYPE GROUP PRIORITY,
	SERVICE TYPE GROUP SUBCODE,
	SOURCE UPDATE DATE,
	TERM REASON CODE,
	TERM REASON DESC L1,
	TERM REASON DESC L2,
	TESS TYPE CODE,
	TESS TYPE DESC L1,
	TESS TYPE DESC L2,
	THEATRE OF ACTUAL WAR CODE,
	THEATRE OF ACTUAL WAR DESC L1,
	THEATRE OF ACTUAL WAR DESC L2,
	TITLE CODE,
	TITLE DESC L1,
	TITLE DESC L2,
	VETERAN ID,
	VIP ELIGIBILITY SOURCE CODE,
	VIP ELIGIBILITY SOURCE DESC L1,
	VIP ELIGIBILITY SOURCE DESC L2,
	VIP ELIGIBILITY STATUS CODE,
	VIP ELIGIBILITY STATUS DESC L1,
	VIP ELIGIBILITY STATUS DESC L2,
	WAR CODE,
	WAR DESC L1,
	WAR DESC L2,
	WVA ACCOUNT TYPE CODE,
	WVA ACCOUNT TYPE DESC L1,
	WVA ACCOUNT TYPE DESC L2,
	WVA NBR,
	WVA STATUS CODE,
	WVA STATUS DESC L1,
	WVA STATUS DESC L2,
	WVA TYPE CODE,
	WVA TYPE DESC L1,
	WVA TYPE DESC L2,
	IMS UPDATE DATE,
	FCO TYPE CODE,

	FCO TYPE DESC L1,
	FCO TYPE DESC L2,
	FINANCIAL CODE,
	GENDER CODE,
	IMS MEMBER ID,
	EFF DATE,
	TERM DATE,
	ALIAS ID,
	ALLIED COUNTRY CODE,
	ALLIED COUNTRY DESC L1,
	ALLIED COUNTRY DESC L2,
	AREA COUNSELOR ID,
	ASSOCIATED CF ID,
	ASSOCIATED RCMP ID,
	ATTENDANCE ALLOWANCE GRADE,
	BIRTH DATE,
	BLIND CODE,
	BLIND DESC L1,
	BLIND DESC L2,
	CANADA SERVICE VETERAN CODE,
	CANADA SERVICE VETERAN DESC L1,
	CANADA SERVICE VETERAN DESC L2,
	CARD ABUSER FLAG,
	CARD FIRST NAME,
	CARD LAST NAME,
	CARD MIDDLE NAME,
	CARD REQUIRED FLAG,
	CARD TYPE CODE,
	CARD TYPE DESC L1,
	CARD TYPE DESC L2,
	CF ID ON ENRL FLAG,
	CF RELEASE DATE,
	CF STILL SERVING FLAG,
	CLAIM OFFICE CODE,
	CLAIM OFFICE DESC L1,
	CLAIM OFFICE DESC L2,
	CLIENT SERVICES AGENT ID,
	CLOTHING ALLOWANCE GRADE,
	CONFLICT CODE,
	CONFLICT DESC L1,
	CONFLICT DESC L2,
	COUNTRY CODE,
	COUNTRY DESC L1,
	COUNTRY DESC L2,
	COVERAGE FLAG,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DECEASED DATE,

	DISTRICT CODE,
	DISTRICT DESC L1,
	DISTRICT DESC L2,
	DISTRICT LOCAL PHONE NBR,
	DISTRICT TOLL FREE NBR,
	ENVIRONMENT CODE,
	ENVIRONMENT DESC L1,
	ENVIRONMENT DESC L2,
	EXCPTNL INCAPACITY ALLOW GRADE,
	CSDN ID,
	SPOUSE CSDN ID,
MEMBER NAME	
	IMS MEMBER ID,
	NAMETYPE CODE,
	NAMETYPE DESC L1,
	NAMETYPE DESC L2,
	FIRST NAME,
	LAST NAME,
	MIDDLE NAME,
	NAME ID,
	TITLE CODE,
	TITLE DESC L1,
	TITLE DESC L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	RESTRICT ACCESS FLAG,
	SOURCE UPDATE DATE,
	UPDATE USER,
	IMS UPDATE DATE,
MEMBER PEND CLAIM	
	IMS MEMBER ID,
	PROCESS USER,
	ACTION DATE,
	SEQUENCE NBR,
	REGISTRATION NBR,
	RELEASE NBR,
	BCIS PROVIDER ID,
	BENEFIT TYPE IND,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CLAIM OFFICE CODE,
	CLAIM OFFICE DESC L1,
	CLAIM OFFICE DESC L2,
	DISTRICT CODE,
	DISTRICT DESC L1,
	DISTRICT DESC L2,
	FIRST NAME,

	LAST NAME,
	MIDDLE NAME,
	PEND DATE,
	PEND TYPE CODE,
	PEND REASON CODE,
	PEND REASON DESC L1,
	PEND REASON DESC L2,
	POC CODE,
	POC DESC L1,
	POC DESC L2,
	PROVIDER NAME,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	REGION CODE,
	REGION DESC L1,
	REGION DESC L2,
	IMS UPDATE DATE,
MEMBER PEND CLAIM	
	IMS MEMBER ID,
	PROCESS USER,
	ACTION DATE,
	SEQUENCE NBR,
	REGISTRATION NBR,
	RELEASE NBR,
	BCIS PROVIDER ID,
	BENEFIT TYPE IND,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CLAIM OFFICE CODE,
	CLAIM OFFICE DESC L1,
	CLAIM OFFICE DESC L2,
	DISTRICT CODE,
	DISTRICT DESC L1,
	DISTRICT DESC L2,
	FIRST NAME,
	LAST NAME,
	MIDDLE NAME,
	PEND DATE,
	PEND TYPE CODE,
	PEND REASON CODE,
	PEND REASON DESC L1,
	PEND REASON DESC L2,
	POC CODE,

	POC DESC L1,
	POC DESC L2,
	PROVIDER NAME,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	REGION CODE,
	REGION DESC L1,
	REGION DESC L2,
	IMS UPDATE DATE,
MEMBER PRE AUTH	
	REGISTRATION NBR,
	RECORD NBR,
	PRE AUTH LINE NBR,
	ACCOMMODATION MEAL FLAG,
	APPLICANT TYPE IND,
	BCIS PROVIDER ID,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	CLAIM CHARGE TYPE CODE,
	CLAIM PAID FLAG,
	CLAIM PAYMENT CODE,
	COMMENT EXISTS FLAG,
	COVERAGE TYPE CODE,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DIRECT DEPOSIT FLAG,
	DUAL COVERAGE FLAG,
	EFF DATE,
	TERM DATE,
	HEAD OFFICE UPDATE FLAG,
	IMS MEMBER ID,
	LETTER REQUESTED DATE,
	MAX ALLOWED AMT,
	MAX PERCENT VARIANCE,
	NUMBER OF OCCURRENCES,
	NDA CREATED FLAG,
	NDA CREATED LINE FLAG,
	PAID DATE,
	POC CODE,
	POC DESC L1,
	POC DESC L2,
	POS PROVIDER ID,

	PREScriBER OVerRIDE CODE,
	PREScriBER OVerRIDE DESC L1,
	PREScriBER OVerRIDE DESC L2,
	PROCEss CLAIM OFFICE CODE,
	PROCEss CLAIM OFFICE DESC L1,
	PROCEss CLAIM OFFICE DESC L2,
	PROCEss USER,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	RECOMMENDER OVerRIDE CODE,
	RECOMMENDER OVerRIDE DESC L1,
	RECOMMENDER OVerRIDE DESC L2,
	REIMBURSEMENT AMT,
	SOURCE ROW UPDATE DATE,
	SOURCE UPDATE DATE,
	TOOTH CODE,
	UPDATE CLAIM OFFICE CODE,
	UPDATE CLAIM OFFICE DESC L1,
	UPDATE CLAIM OFFICE DESC L2,
	UPDATE USER,
	VERSION NBR,
	VIP TERMED FLAG,
	WAIVE ADJUDICATION FLAG,
	WAIVE ELIGIBILITY FLAG,
	WAIVE FREQUENCY RULE FLAG,
	WAIVE GENERAL RULE FLAG,
	WAIVE MAX RULE FLAG,
	WAIVE PAYMENT FLAG,
	WAIVE PAYMENT RULE FLAG,
	WAIVE PRESCRIBER FLAG,
	WAIVE RECOMMENDER FLAG,
	IMS UPDATE DATE,
	SYSTEM GENERATED FLAG,
	AUTHORIZATION IND,
	RECIPIENT IND
MEMBER SPEC AUTH	
	IMS MEMBER ID,
	SEQUENCE NBR,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	EFF DATE,
	TERM DATE,
	BENEFIT PACKAGE CODE,

	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	PROVIDER PPN ID,
	PROVIDER PPN DESC L1,
	PROVIDER PPN DESC L2,
	PRESCRIBER PPN ID,
	PRESCRIBER PPN DESC L1,
	PRESCRIBER PPN DESC L2,
	INCLUDE EXCLUDE IND,
	FEE TO PAY MAX AMT,
	INGREDIENT PAY MAX AMT,
	MEDICAL CONDITION CODE,
	MEDICAL CONDITION DESC L1,
	MEDICAL CONDITION DESC L2,
	OVERRIDE MAX AMOUNT FLAG,
	MEDICAL REASON CODE,
	MEDICAL REASON DESC L1,
	MEDICAL REASON DESC L2,
	TOTAL ALLOWED AMT,
	SOURCE DOCUMENT NBR,
	PRESCRIPTION REFILLS MAX,
	PRE AUTHORIZER ID,
	OVERRIDE MAX QUANTITY FLAG,
	MARKUP PAY MAX AMT,
	INCENTIVE PAY MAX AMT,
	ACCEPT DENY FLAG,
	PTC ID,
	PTC DESC L1,
	PTC DESC L2,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL PROVINCE CODE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	AIG CODE,
	ROUTE CODE,
	ROUTE DESC L1,
	ROUTE DESC L2,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	PRESCRIPTION MAX DOLLAR,
	PRESCRIPTION MAX QUANTITY,
	PERIOD MAX QUANTITY,
	AUTHORITY NAME,
	PRE AUTHORIZATION REQUEST DATE,
	APPROVAL DATE,

	RENEWABLE FLAG,
	PENDING FLAG,
	POS PROVIDER ID,
	BCIS PROVIDER ID,
	PROVINCE CODE,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	REGION CODE,
	REGION DESC L1,
	REGION DESC L2,
	PROVIDER TYPE CODE,
	PROVIDER TYPE DESC L1,
	PROVIDER TYPE DESC L2,
	DECISION CODE,
	DECISION DESC L1,
	DECISION DESC L2,
	LIMIT TYPE CODE,
	BENEFIT SET CODE,
	BENEFIT SET DESC L1,
	BENEFIT SET DESC L2,
	ASSESSMENT REQUIRED FLAG,
	DAILY DOSAGE QUANTITY,
	ESTIMATED UNIT PRICE,
	STANDARD BENEFIT PACKAGE FLAG,
	SPECIAL AUTH BENEFIT PKG FLAG,
	QUANTITY MAX MONTH,
	QUANTITY MAX WEEK,
	QUANTITY MAX DAY,
	DUAL COVERAGE FLAG,
	TOLERANCE DAYS,
	UPDATE USER,
	SOURCE UPDATE DATE,
	IMS UPDATE DATE,
MPC POC	
	MPC CODE,
	POC CODE,
	EFF DATE,
	TERM DATE,
	MPC DESC L1,
	MPC DESC L2,
	POC DESC L1,
	POC DESC L2,
	MPC CATEGORY CODE,
	MPC CATEGORY DESC L1,
	MPC CATEGORY DESC L2,
	IMS UPDATE DATE,
PPN INFO	
	PPN ID,
	POC CODE,

	POS PROVIDER ID,
	PROVIDER TYPE CODE,
	PROVINCE CODE,
	REGION CODE,
	CARRIER CODE,
	EFF DATE,
	POC PROVIDER EFF DATE,
	PROVIDER COVERAGE EFF DATE,
	PPN DESC L1,
	PPN DESC L2,
	POC DESC L1,
	POC DESC L2,
	PROVIDER TYPE DESC L1,
	PROVIDER TYPE DESC L2,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	REGION DESC L1,
	REGION DESC L2,
	CARRIER DESC L1,
	CARRIER DESC L2,
	BCIS PROVIDER ID,
	POC PROVIDER TERM DATE,
	PROVIDER COVERAGE TERM DATE,
	TERM DATE,
	IMS UPDATE DATE,
PRODUCT INFO	
	BENEFIT DETAIL,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL PROVINCE CODE,
	EFF DATE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	PRODUCT ID,
	PTC ID,
	PTC DESC L1,
	PTC DESC L2,
	PTC SEQUENCE NBR,
	TERM DATE,
	COMPLIANCE DATE,
	DISCONTINUED DATE,
	SCHEDULE CODE,
	SCHEDULE DESC L1,
	SCHEDULE DESC L2,
	ROUTE CODE,
	ROUTE DESC L1,
	ROUTE DESC L2,
	MANUFACTURER CODE,
	MANUFACTURER TYPE CODE,
	MANUFACTURER NAME,

	PRODUCT CLASS CODE,
	PRODUCT CLASS DESC L1,
	PRODUCT CLASS DESC L2,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	AIG CODE,
	ATC CODE,
	ATC DESC L1,
	ATC DESC L2,
	BENEFIT DETAIL TRADE NAME,
	CHEMICAL SHORT DESC L1,
	CHEMICAL SHORT DESC L2,
	COMMENT L1,
	COMMENT L2,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	PROVINCE SCHEDULE OVERRIDE IND,
	OVERRIDE DUPLICATE FLAG,
	INTERCHANGE IND,
	CLIENT PTC OVERRIDE IND,
	GENERIC DRUG FLAG,
	DAILY DOSAGE MAX,
	EXCESS QUANTITY,
	DAILY DOSAGE MIN,
	REPL BENEFIT DETAIL,
	REPL BENEFIT DETAIL PROV CODE,
	REPL BEN DETAIL PROV DESC L1,
	REPL BEN DETAIL PROV DESC L2,
	REPL BENEFIT DETAIL TYPE CODE,
	ULTRA GENERIC DRUG FLAG,
	NATIONAL CODE,
	NATIONAL DESC L1,
	NATIONAL DESC L2,
	IMS UPDATE DATE,
PROVIDER INFO	
	PROVIDER REGION CODE,
	PROVIDER PROVINCE CODE,
	PROVIDER TYPE CODE,
	BCIS PROVIDER ID,
	POS PROVIDER ID,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	ABBREVIATED NAME,
	AFFILIATION ID,
	ASSOCIATION ID,
	CHEQUE ADDRESS LINE 1,

	CHEQUE ADDRESS LINE 2,
	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
	CHEQUE COUNTRY CODE,
	CHEQUE COUNTRY DESC L1,
	CHEQUE COUNTRY DESC L2,
	CHEQUE CREATED DATE,
	CHEQUE POSTAL CODE,
	CHEQUE PROVINCE CODE,
	CHEQUE PROVINCE DESC L1,
	CHEQUE PROVINCE DESC L2,
	CONTACT NAME,
	CREATED DATE,
	FAX NBR,
	FULL NAME,
	LANGUAGE CODE,
	MAILING ADDRESS LINE 1,
	MAILING ADDRESS LINE 2,
	MAILING ADDRESS LINE 3,
	MAILING ADDRESS LINE 4,
	MAILING COUNTRY CODE,
	MAILING COUNTRY DESC L1,
	MAILING COUNTRY DESC L2,
	MAILING NAME,
	MAILING POSTAL CODE,
	MAILING PROVINCE CODE,
	MAILING PROVINCE DESC L1,
	MAILING PROVINCE DESC L2,
	PAYMENT METHOD,
	PHONE NBR,
	PROVIDER ADDRESS LINE 1,
	PROVIDER ADDRESS LINE 2,
	PROVIDER ADDRESS LINE 3,
	PROVIDER ADDRESS LINE 4,
	PROVIDER COUNTRY CODE,
	PROVIDER COUNTRY DESC L1,
	PROVIDER COUNTRY DESC L2,
	PROVIDER POSTAL CODE,
	PROVIDER SPECIALTY CODE,
	YEAR END MONTH,
	IMS UPDATE DATE,
RDB BENEFIT DATA	
	BENEFIT CODE DETAIL,
	VALUE 1,
	VALUE 2
RDB CSDN DATA	
	CSDN ID,
	VALUE 1,
	VALUE 2

RDB VETERAN DATA	
	VETERAN ID,
	VALUE 1,
	VALUE 2
RID BENEFIT DATA	
	BENEFIT CODE DETAIL,
	VALUE 1,
	VALUE 2
RID CSDN DATA	
	CSDN ID,
	VALUE 1,
	VALUE 2
RID VETERAN DATA	
	VETERAN ID,
	VALUE 1,
	VALUE 2
REHAB ROD DATA	
	CSDN ID,
	RROD ID,
	RROD DCSN LVL CDE,
	RROD APPLCTN DTE,
	RROD STTS CDE,
	RROD TYP CODE,
	PHYS HLTH COND IND CDE,
	MNTL HLTH COND IND CDE,
	RROD DCSN CDE,
	RROD DCSN USER ID,
	RROD DCSN DTE,
	RROD EFFCTV DTE,
	REHAB PLAN END DTE,
	SISIP STATUS IND,
	VAC HC GROUP PLAN IND,
	PIA BENEFIT STTS,
REJECT HISTORY	
	ROUTE DESC L1,
	ROUTE DESC L2,
	SCHEDULE CODE,
	SCHEDULE DESC L1,
	SCHEDULE DESC L2,
	SERVICE DATE,
	SERVICE TO DATE,
	SOURCE SYSTEM,
	ROUTE CODE,
	SPECIAL FEE ACCEPTED,
	SPECIAL SERVICES CODE,
	SPECIAL SERVICES FEE,
	STANDARD BENEFIT CODE,
	STANDARD CODE GROUPING,
	STRENGTH UNIT CODE,

	SUBMITTED AMT,
	SUBSTITUTION CODE,
	TOOTH CODE,
	TRACE NBR,
	TRANSACTION CODE,
	UNLISTED COMPOUND,
	VOUCHER NBR,
	IMS UPDATE DATE,
	EOB COMMENT CODE 1,
	EOB COMMENT CODE 1 DESC L1,
	EOB COMMENT CODE 1 DESC L2,
	EOB COMMENT CODE 2,
	EOB COMMENT CODE 2 DESC L1,
	EOB COMMENT CODE 2 DESC L2,
	EOB COMMENT CODE 3,
	EOB COMMENT CODE 3 DESC L1,
	EOB COMMENT CODE 3 DESC L2,
	EOB COMMENT CODE 4,
	EOB COMMENT CODE 4 DESC L1,
	EOB COMMENT CODE 4 DESC L2,
	EOB COMMENT CODE 5,
	EOB COMMENT CODE 5 DESC L1,
	EOB COMMENT CODE 5 DESC L2,
	EXCLUDED AMT,
	FEE TYPE CODE,
	FCO TYPE CODE,
	FCO TYPE DESC L1,
	FCO TYPE DESC L2,
	FINANCIAL CODE,
	FORM CODE,
	FORM DESC L1,
	FORM DESC L2,
	GENERIC INCENTIVE AMT,
	IMS MEMBER ID,
	INTERVENTION CODE,
	MANUFACTURER CODE,
	MANUFACTURER NAME,
	MEDICAL CONDITION CODE,
	MEDICAL CONDITION DESC L1,
	MEDICAL CONDITION DESC L2,
	MEDICAL REASON CODE,
	MEDICAL REASON DESC L1,
	MEDICAL REASON DESC L2,
	MEMBER AGE,
	MEMBER AUTHORIZATION SEQ NBR,
	MEMBER CLAIM OFFICE CODE,
	MEMBER CLAIM OFFICE DESC L1,
	MEMBER CLAIM OFFICE DESC L2,
	MEMBER DISTRICT CODE,

	MEMBER DISTRICT DESC L1,
	MEMBER DISTRICT DESC L2,
	MEMBER FIRST NAME,
	MEMBER MIDDLE NAME,
	MEMBER LAST NAME,
	MEMBER HEALTH CARE ADMIN CODE,
	MEMBER HEALTH CARE ADM DESC L1,
	MEMBER HEALTH CARE ADM DESC L2,
	MEMBER ID QUALIFIER,
	MEMBER PROVINCE CODE,
	MEMBER PROVINCE DESC L1,
	MEMBER PROVINCE DESC L2,
	MEMBER REGION CODE,
	MEMBER REGION DESC L1,
	MEMBER REGION DESC L2,
	MESSAGE 1,
	MESSAGE 2,
	MESSAGE 3,
	MICROFILM NBR,
	MISCELLANEOUS CHARGE AMT,
	MISCELLANEOUS CHARGE TYPE CODE,
	NATIONAL CODE,
	NATIONAL DESC L1,
	NATIONAL DESC L2,
	NEW REFILL CODE,
	NUMBER OF OCCURRENCES,
	OPERATION CODE,
	ORGANIZATION CODE,
	ORGANIZATION DESC L1,
	ORGANIZATION DESC L2,
	ORIG PROCESS CLAIM OFF CODE,
	ORIG PROCESS CLAIM OFF DESC L1,
	ORIG PROCESS CLAIM OFF DESC L2,
	ORIGINAL PRESCRIPTION NBR,
	ORIGINAL PROCESS USER,
	PAID DRUG QUANTITY,
	PAID IN GOOD FAITH FLAG,
	PART PAID AS BILLED FLAG,
	PAY GROUP,
	PAY GROUP DESC L1,
	PAY GROUP DESC L2,
	PAY GROUP FR,
	PAY PERIOD,
	PAY PERIOD YEAR,
	PAYMENT FROM DATE,
	PAYMENT TO DATE,
	PAYMENT PACKAGE CODE,
	PHARMACY HEALTH CARE ID,
	POC CODE,

	POC DESC L1,
	POC DESC L2,
	POLICY DIVISION,
	POS PROVIDER ID,
	PRESCRIBER ID,
	PRESCRIBER ID REFERENCE,
	PREVIOUSLY PAID APPROVER ID,
	PREVIOUSLY PENDED FLAG,
	PRICE LIST ID,
	PRICE LIST DESC L1,
	PRICE LIST DESC L2,
	PRICING AUTHORIZATION FLAG,
	PROCESS CLAIM OFFICE CODE,
	PROCESS CLAIM OFFICE DESC L1,
	PROCESS CLAIM OFFICE DESC L2,
	PROCESS SUPERVISOR USER,
	PROCESS USER,
	PRODUCT SELECTION,
	PROFESSIONAL FEE,
	PROFESSIONAL FEE ACCEPTED,
	PROVIDER NAME,
	PROVIDER PAID SPECIALTY CODE,
	PROVIDER PROVINCE CODE,
	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
	PROVIDER REGION CODE,
	PROVIDER REGION DESC L1,
	PROVIDER REGION DESC L2,
	PROVIDER TYPE CODE,
	PROVIDER TYPE DESC L1,
	PROVIDER TYPE DESC L2,
	PTC ID,
	PTC DESC L1,
	PTC DESC L2,
	QTY LIMIT PRODUCT SET CODE,
	QUANTITY LIMIT USED FLAG,
	RECORD TYPE CODE,
	REDUCTION MAXIMUM AMT,
	REFERENCE NBR,
	REFILL AUTHORIZATIONS,
	REGISTRATION NBR,
	REIMBURSEMENT AMT,
	REJECT MESSAGE,
	REPL BENEFIT DETAIL,
	REPL BENEFIT DETAIL PROV CODE,
	REPL BENEFIT DETAIL TYPE CODE,
	RESPONSE CODE,
	ACTION MESSAGE CODE 1,
	ACTION MESSAGE CODE 2,

	ACTION MESSAGE CODE 3,
	ACTION MESSAGE CODE 4,
	ACTION MESSAGE CODE 5,
	ACTION MESSAGE STATUS 1,
	ACTION MESSAGE STATUS 2,
	ACTION MESSAGE STATUS 3,
	ACTION MESSAGE STATUS 4,
	ACTION MESSAGE STATUS 5,
	ADJUDICATION DATE,
	ADJUSTMENT ACTION CODE,
	ADJUSTMENT PROCESS USER,
	ADJUSTMENT CLAIM OFFICE CODE,
	ADJ CLAIM OFFICE DESC L1,
	ADJ CLAIM OFFICE DESC L2,
	AIC STRENGTH,
	AIG CODE,
	ASSIGNED IND,
	ATC CODE,
	ATC DESC L1,
	ATC DESC L2,
	BATCH ONLINE IND,
	BCIS PROVIDER ID,
	BENEFIT AUTH FLAG,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	BENEFIT DETAIL,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROVINCE CODE,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL TRADE NAME,
	BENEFIT PACKAGE CODE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	BENEFIT TYPE IND,
	BILLED DRUG QUANTITY,
	CALCULATED INGREDIENT AMT,
	CARRIER CODE,
	CARRIER DESC L1,
	CARRIER DESC L2,
	CARRYOVER QUANTITY,
	CATEGORY CODE 1,
	CATEGORY DESC 1 L1,
	CATEGORY DESC 1 L2,
	CATEGORY CODE 2,
	CATEGORY DESC 2 L1,

	CATEGORY DESC 2 L2,
	CATEGORY CODE 3,
	CATEGORY DESC 3 L1,
	CATEGORY DESC 3 L2,
	CATEGORY CODE 4,
	CATEGORY DESC 4 L1,
	CATEGORY DESC 4 L2,
	CATEGORY CODE 5,
	CATEGORY DESC 5 L1,
	CATEGORY DESC 5 L2,
	CATEGORY CODE 6,
	CATEGORY DESC 6 L1,
	CATEGORY DESC 6 L2,
	CHEQUE ADDRESS LINE 1,
	CHEQUE ADDRESS LINE 2,
	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
	CHEQUE COUNTRY,
	CHEQUE NAME,
	CHEQUE POSTAL CODE,
	CHEQUE PROVINCE CODE,
	CHEQUE PROVINCE DESC L1,
	CHEQUE PROVINCE DESC L2,
	CLAIM PAID AAC FLAG,
	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
	COMPOUNDING CHARGE,
	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
	COVERAGE SPECIAL BENEFIT IND,
	CURRENT PRESCRIPTION NBR,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DAYS SUPPLY,
	DENTAL FEE SCHEDULE BYPASS IND,
	DENTAL FEE,
	DENTAL SERVICE INFO CODE,
	DIRECT DEPOSIT FLAG,
	DOLLAR LIMIT USED FLAG,
	DRAFT NBR,
	DRUG COST,
	DRUG COST ACCEPTED,
	DUAL COVERAGE FLAG,
	ELIGIBILITY AUTHORIZATION FLAG,
	ELIGIBLE AMT,

	RESPONSE STATUS,
	RESPONSE TRANSACTION CODE,
	REVERSAL FLAG,
	CSDN ID,
	SPOUSE CSDN ID,
	ORIGINAL ADJUDICATION DATE,
	AUTHORIZATION IND,
	PENSION SERVICE TYPE CODE
STAT BENEFIT DATA	
	BENEFIT CODE DETAIL,
	VALUE 1,
	VALUE 2
STAT CSDN DATA	
	CSDN ID,
	VALUE 1,
	VALUE 2
STAT VETERAN DATA	
	VETERAN ID,
	VALUE 1,
	VALUE 2
STANDARD BENEFIT	
	BENEFIT PACKAGE CODE,
	BENEFIT DETAIL,
	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL PROVINCE CODE,
	EFF DATE,
	TERM DATE,
	BENEFIT PACKAGE DESC L1,
	BENEFIT PACKAGE DESC L2,
	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
	GROUPING NBR,
	IMS UPDATE DATE,
VIP APPLICATION	
	ACTIVE FLAG,
	APPLICATION DATE,
	APPLICATION ID,
	APPLICATION RECEIVED DATE,
	APPLICATION SUB SEQ,
	APPLICATION TYPE CODE,
	APPLICATION TYPE DESC L1,
	APPLICATION TYPE DESC L2,
	CONTACT ID,
	CONTRIBUTION PLAN EFF DATE,
	CONTRIBUTION PLAN TERM DATE,
	CREATED DATE,
	CREATED USER,

	CSDN ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CUSTOMER ID,
	DIRECT DEPOSIT FLAG,
	DOMESTIC STATUS CODE,
	DOMESTIC STATUS DESC L1,
	DOMESTIC STATUS DESC L2,
	IMS MEMBER ID,
	IMS UPDATE DATE,
	SOURCE UPDATE DATE,
	SPOUSE CSDN ID,
	TERM DATE,
	TERM REASON CODE,
	TERM REASON DESC L1,
	TERM REASON DESC L2,
	TOTAL COMMITTED AMT,
	TOTAL CONTRIBUTION AMT,
	UPDATE USER,
VIP CONTRB PLAN	
	ACTIVE FLAG,
	ADJUSTMENT AMT,
	ADJUSTMENT EFF DATE,
	ADJUSTMENT TERM DATE,
	ADJUSTMENT TYPE CODE,
	ADJUSTMENT TYPE DESC L1,
	ADJUSTMENT TYPE DESC L2,
	ADVANCE TYPE CODE,
	ADVANCE TYPE DESC L1,
	ADVANCE TYPE DESC L2,
	ANNUAL CONTRIBUTION AMT,
	APPLICATION ID,
	BENEFIT CODE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	BENEFIT NOTES,
	COMMITTED AMT,
	CREATED DATE,
	CREATED USER,
	CSDN ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CUSTOMER ID,
	DECISION TYPE CODE,
	DECISION TYPE DESC L1,
	DECISION TYPE DESC L2,
	EFF DATE,
	IMS MEMBER ID,
	IMS UPDATE DATE,

	NOTIFICATION AMT,
	PROVIDER IND,
	REGISTRATION NBR,
	SOURCE UPDATE DATE,
	SPOUSE CSDN ID,
	SUSPENDED BENEFIT EFF DATE,
	SUSPENDED BENEFIT TERM DATE,
	TERM DATE,
	TERM REASON CODE,
	TERM REASON DESC L1,
	TERM REASON DESC L2,
	UPDATE USER,
VIP DECISION	
	APPLICATION ID,
	CREATED DATE,
	CREATED USER,
	CSDN ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	CUSTOMER ID,
	DECISION APPROVED BY,
	DECISION DATE,
	DECISION LEVEL CODE,
	DECISION LEVEL DESC L1,
	DECISION LEVEL DESC L2,
	DECISION TYPE CODE,
	DECISION TYPE DESC L1,
	DECISION TYPE DESC L2,
	IMS MEMBER ID,
	IMS UPDATE DATE,
	MPC CODE,
	MPC DESC L1,
	MPC DESC L2,
	SOURCE UPDATE DATE,
	SPOUSE CSDN ID,
	UPDATE USER,
BENEFIT GRID	
	BENEFIT CODE,
	POC CODE,
	PROVINCE CODE,
	EFF DATE,
	TERM DATE,
	BENEFIT DESC L1,
	BENEFIT DESC L2,
	POC DESC L1,
	POC DESC L2,
	PROVINCE DESC L1,
	PROVINCE DESC L2,
	BENEFIT COMMENT L1,

	BENEFIT COMMENT L2,
	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	EQUIPMENT STATUS CODE,
	FREQUENCY DESC L1,
	FREQUENCY DESC L2,
	LIMITED AMT DESC L1,
	LIMITED AMT DESC L2,
	NEGOTIATED FEE DESC L1,
	NEGOTIATED FEE DESC L2,
	POLICY REFERENCE,
	PROVINCIAL COVERAGE IND,
	AUTH LEVEL GROUP A CODE 1 L1,
	AUTH LEVEL GROUP A CODE 1 L2,
	AUTH LEVEL GROUP A CODE 2 L1,
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	COINSURANCE AMT,
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	COMPOUNDING TIME,
	COST UPCHARGE,
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	DRUG COST,
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	DUAL COVERAGE FLAG,
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	PRESCRIBER ID,
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	PREVIOUSLY PAID APPROVER ID,
	PREVIOUSLY PENDED FLAG,
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	PRICE LIST DESC L1,
	PRICE LIST DESC L2,
	PRICING AUTHORIZATION FLAG,
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	PROCESS CLAIM OFFICE DESC L2,
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	PROCESS USER,
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