

**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**

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

**Instructions: See Herein**

**Instructions: Voir aux présentes**

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

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## MODIFICATIONS À LA DEMANDE DE PROPOSITIONS

Les modifications ci-après sont apportées à la demande de propositions (DP) :

1) Référence: Page 1 de la DP.

SUPPRIMER entièrement :

L'invitation prend fin à 14 h, le 30 avril 2013.

Et REMPLACER par ce qui suit :

L'invitation prend fin à 14 h, le 14 mai 2013.

2) Référence : Partie 2 - Instructions à l'intention des soumissionnaires, article 2.3 de la DP

SUPPRIMER entièrement :

Toutes les demandes de renseignements doivent être présentées par écrit à l'autorité contractante indiquée ci-dessous au moins dix (10) jours ouvrables avant la date de clôture des soumissions. Il est possible qu'on ne réponde pas aux demandes de renseignements reçues après cette date.

Et REMPLACER par ce qui suit :

Toutes les demandes de renseignements doivent être présentées par écrit à l'autorité contractante indiquée ci-dessous au moins vingt (20) jours ouvrables avant la date de clôture des soumissions. Il est possible qu'on ne réponde pas aux demandes de renseignements reçues après cette date

## QUESTIONS ET RÉPONSES

Nota : Les questions sont numérotées sur réception à TPSGC. Dès qu'une réponse est prête, elle est publiée et s'accompagne de la question correspondante sur le site Web de MERX. Les soumissionnaires potentiels sont donc informés que les questions et les réponses peuvent être publiées sur le site Web de MERX sans suivre l'ordre des numéros attribués. Les questions ci-dessous ont été posées par les soumissionnaires. Conformément à l'article 13 des Instructions normalisées 2003 - Biens ou services - Les besoins concurrentiels (2012-11-19) qui ont été incorporés dans la demande de propositions (DP) conformément à l'article 2.1 de la DP, les questions et les réponses sont fournies aux soumissionnaires ci-dessous.

**Q20.** EDT 4.1 - Nous n'avons pas constaté d'exclusions aux exigences concernant le français et l'anglais précisées dans la section 4.1. Y en a-t-il?

**R20.** Les cas où les deux langues officielles sont exigées, sont précisés dans l'EDT.

**Q23.** 5.3 (3) - Veuillez décrire en détail toutes les technologies utilisées à l'heure actuelle auxquelles nous devons être conformes.

**R23.** Les exigences de conformité sont précisées dans la partie 5 de la DP.

**Q24.** 5.16 (2) - La formation doit-elle être suivie sur place ou est-il possible d'avoir recours à d'autres moyens pour la suivre (par voie électronique)?

**R24.** Les documents relatifs à la certification et à l'accréditation sont remis au chargé de projet dans le cadre du processus d'approvisionnement et de la phase préalable à la mise en œuvre. Le lien suivant offre de plus amples renseignements :

<http://www.tbs-sct.gc.ca/pol/doc-fra.aspx?id=12328&section=text>

Les documents relatifs à la certification et à l'accréditation incluent les suivants :

- les rapports d'évaluation de la menace et des risques - contiennent des renseignements sur les menaces et les vulnérabilités,
- les documents relatifs à l'architecture de système,
- les plans de sécurité du système,
- le plan de tests de sécurité et/ou les résultats des tests de sécurité,
- le rapport d'évaluation des mesures de protection,
- le plan de mise en œuvre des mesures de protection,
- les rapports d'examen de sécurité et les rapports d'évaluation de la vulnérabilité, s'il y a lieu.

**Q54.** - EDT 6.29, paragraphes 11 et 12 - Pouvez-vous nous fournir la " norme linguistique CBC/CBC du gouvernement du Canada, comme il est indiqué par le chargé de projet? "

**R54.** L'information se trouve sur le lien suivant :

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

**Q99.** - Les enregistrements de l'entrepreneur actuel du SFTDSS sont-ils intégrés ou distincts selon les ministères?

**R99.** Toutes les données sont enregistrées de façon distincte en fonction du ministère.

**Q106.** - 6.18.1 - L'entrepreneur doit mettre sur pied un groupe chargé de la vérification des fournisseurs qui exécutera une gamme complète de services de vérification et d'enquête pour le compte des ministères. Ces services doivent comprendre, au minimum, la capacité d'effectuer des vérifications du système, des vérifications financières, des vérifications des fournisseurs, des contrôles de vérification, des contrôles de la qualité, des vérifications à proximité immédiate, des vérifications relatives à la confirmation des clients ainsi que des vérifications de la gestion et de la sécurité de l'information. Cette fonction est actuellement exécutée grâce au soutien de dix ressources.

**R106.** Votre énoncé ne contient aucune question, mais simplement un extrait de l'EDT.

**Q124.** Pourrions-nous avoir accès à la disposition des fichiers d'admissibilité et de cartes? Cela nous permettrait de déterminer l'effort et la complexité liés au travail.

**R124. Cartes d'admissibilité actuelles d'ACC**

**La carte d'identité de soins de santé sera émise au nom du client et comportera les renseignements suivants :**

- 1. Logo du Ministère;**
- 2. Prénom, nom de famille et initiales du client;**
- 3. Numéro d'identification du client;**
- 4. Programmes de choix;**
- 5. Protection de catégorie A, B, A et B, PAAC ou toute autre protection;**
- 6. Numéros sans frais d'ACC en anglais et en français.**

**Cartes pour les clients à l'extérieur du Canada :**

**La carte sera utilisée par le client et le fournisseur de services de santé pour contacter directement les SPE à propos de l'admissibilité à des avantages pour soins de santé d'ACC.**

**La carte d'identité de soins de santé inclura les renseignements suivants :**

- 1. Logo du Ministère;**
- 2. Prénom, nom de famille et initiales du client;**
- 3. Numéro d'identification du client;**
- 4. Programmes de choix;**
- 5. La mention " TOUS LES SERVICES EXIGENT UNE AUTORISATION PRÉALABLE. CONTACTER LES SERVICES EN PAYS ÉTRANGERS (OTTAWA) À UN NUMÉRO D'APPEL SANS FRAIS ".**

**Cartes pour clients alliés :**

**La carte d'identité de soins de santé inclura les renseignements suivants sur le client allié :**

- 1. Logo du Ministère;**
- 2. Prénom, nom de famille et initiales du client;**
- 3. Numéro d'identification du client allié;**

**4. La mention " TOUS LES SERVICES EXIGENT UNE AUTORISATION PRÉALABLE. CONTACTER LES SERVICES EN PAYS ÉTRANGERS (OTTAWA) SANS FRAIS AU 1-888. "**

**Carte d'identité des FC/de la GRC en règle :**

**La carte d'identité de soins de santé sera émise au nom du membre et inclura les renseignements suivants :**

- 1. Logo des FC ou de la GRC;**
- 2. Prénom, nom de famille et initiales du client ;**
- 3. Numéro du membre (numéro d'identification secondaire);**
- 4. Identificateur du membre (numéro d'identification primaire);**
- 5. Sexe;**
- 6. Date de naissance;**
- 7. Numéros sans frais du ministère en français et en anglais pour les FC;**
- 8. Numéro sans frais de l'entrepreneur en français et en anglais pour la GRC.**

**Dossier d'admissibilité de membre**

**Structure du tableau du SGI**

**Le document ci-joint illustre de manière générale le genre de renseignements qui doivent être saisis et gérés à l'appui du SFTDSS, et aux fins de la conversion. Les éléments d'information potentiels ne sont pas tous indiqués dans les présentes.**

**Nota : Le tableau suivant ne sera pas traduit; il présente les structures et les noms des zones de la base de données. Nous l'insérons en anglais ci-après.**

**Fichier joint : IMS Table Structure\_1.docx**

**Q139.** EDT 6.18, page 54 - L'entrepreneur doit mettre sur pied un groupe responsable de la vérification des fournisseurs qui exécutera une gamme complète de services de vérification et d'enquête pour le compte des ministères. Ces services doivent comprendre, au minimum, la capacité d'effectuer des vérifications du système, des vérifications financières, des vérifications des fournisseurs, des contrôles de vérification, des contrôles de la qualité, des vérifications à proximité immédiate, des vérifications relatives à la confirmation des clients ainsi que des vérifications de la gestion et de la sécurité de l'information. Cette fonction est actuellement exécutée grâce au soutien de dix ressources.

Pourriez-vous fournir des explications sur ces exigences, comme suit :

A. Étant donné que l'EDT fait état d'un groupe responsable de la vérification des fournisseurs, veuillez préciser si les vérifications du système, les vérifications financières, les contrôles de vérification, les contrôles de la qualité, et les vérifications de la gestion et de la sécurité de l'information sont limités aux aspects propres aux fournisseurs seulement, ou est-ce qu'elles englobent tous les services rendus en vertu du contrat?

B. S'attend-on à ce que tous les services de vérification définis dans le présent EDT soient exécutés avec le soutien de dix ressources tel qu'indiqué ci-dessus?

**R139.**

**A. Ces exigences sont particulières au groupe responsable de la vérification des fournisseurs uniquement. Les vérifications visent uniquement les réclamations et les paiements des fournisseurs. Le grand éventail de services de vérification vise les fournisseurs. L'entrepreneur ne vérifie pas les clients.**

**B. Non. L'énoncé voulant que dix personnes-ressources soient affectées à plein temps actuellement est fourni à titre indicatif uniquement.**

**Q143.** EDT 6.14.9, page 46 - Acquisition et installation du réseau

A. Est-ce que le Canada va fournir l'emplacement/la ville du pare-feu externe de chaque ministère client (FC ACC, GRC), afin que tous les soumissionnaires puissent déterminer avec plus de précision les coûts et l'établissement des prix associés au réseau?

B. Veuillez fournir l'emplacement physique du centre de données spécifique pour chaque ministère, soit les FC, la GRC et ACC.

**R143. À l'heure actuelle, le pare-feu d'ACC est situé à Summerside (Î.-P.-É.). Des pare feux additionnels pourraient être situés à Moncton (N.-B.), à Charlottetown (Î.-P.-É.), et à Montréal (Qc). On pourrait avoir besoin de connections à de multiples pare-feux, selon les exigences en matière de connectivité à respecter pour satisfaire au niveau de continuité précisé par ACC.**

**Q144.** EDT 6.14.9, page 46 - Acquisition et installation du réseau. L'EDT qui représente la présente DP a été modifié depuis la DR initiale.

A. Le Canada peut-il confirmer que les soumissionnaires seront uniquement tenus de fournir et de gérer l'équipement réseau à l'extérieur du pare-feu externe de chaque ministère partenaire (FC, ACC et GRC)?

B. Le Canada peut-il également confirmer que la GRC et les FC vont gérer leur portion des réseaux reliés aux bureaux régionaux de la GRC et aux détachements ou centres des services de santé des FC, y compris les ordinateurs et l'équipement réseau connexes?

**R144. Les soumissionnaires devront fournir et gérer tout l'équipement nécessaire pour appuyer la connectivité aux pare-feux situés dans les centres de données de l'État, à l'appui d'ACC, et tout le matériel du soumissionnaire devra être situé dans les zones d'accès public.**

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**Q152.** EDT 6.20, no 4 c) et les Normes de rendement pour le contrôle financier du SFTDSS - Rapport sur les réglages manuels : il semble y avoir divergence entre les exigences énoncées dans ces deux sections. Veuillez préciser lequel des deux échéanciers suivants il faut respecter :

- L'EDT 6.20 no 4 c) indique que le Rapport sur les réglages manuels devrait être présenté en même temps que les demandes de paiement.
- Les Normes de rendement pour le contrôle financier du SFTDSS semblent indiquer que le Rapport sur les réglages manuels devrait être présenté au plus tard deux jours ouvrables après le traitement des demandes de paiement.

**R152.** Les exigences sont telles qu'elles sont énoncées. Au paragraphe 6.20 c) de l'EDT, il est question des réglages manuels associés au processus de facturation tandis qu'au paragraphe 13 iv) des Normes de rendement pour le contrôle financier du SFTDSS, on décrit le besoin continu de déclarer les réglages manuels à mesure qu'ils se produisent.

**TOUTES LES AUTRES MODALITÉS DE LA DEMANDE DE PROPOSITIONS  
DEMEURENT INCHANGÉES.**

### **Structure du tableau du SGI**

Le suivant illustre de manière générale le genre de renseignements qui doivent être saisis et gérés à l'appui du SFTDSS, et aux fins de la conversion. Les éléments d'information potentiels ne sont pas tous indiqués dans les présentes.

**Nota :** Le tableau suivant ne sera pas traduit; il présente les structures et les noms des zones de la base de données. Nous l'insérons en anglais ci-après.

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,
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	BENEFIT SET CODE,
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	BENEFIT SET TYPE CODE,
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	TERM DATE,
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	BENEFIT SET DESC L2,
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	ATC DESC L1,
	ATC DESC L2,
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	BENEFIT DETAIL DESC L2,
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	PTC DESC L2,
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	ROUTE DESC L2,
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	FORM DESC L2,
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	SCHEDULE DESC L2,
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	BENEFIT SET CODE,
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	BENEFIT SET PACKAGE DESC L2,
	BENEFIT SET DESC L1,
	BENEFIT SET DESC L2,
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	DIAGNOSIS DESC L2,
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	CUSTOMER DESC L2,
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	CARD TYPE DESC L1,
	CARD TYPE DESC L2,
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	REQUEST USER,
	SOURCE UPDATE DATE,
	UPDATE USER,
	IMS UPDATE DATE,
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	CATEGORY DESC L2,
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	BENEFIT DESC L2,
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	BENEFIT DETAIL DESC L2,
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	BENEFIT DETAIL TRADE NAME,
	BENEFIT PACKAGE CODE,
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	CARRIER DESC L2,
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	CATEGORY DESC 2 L1,
	CATEGORY DESC 2 L2,
	CATEGORY CODE 3,
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	CATEGORY DESC 3 L2,
	CATEGORY CODE 4,
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	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,
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	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
	COMPOUNDING CHARGE,
	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
	COVERAGE SPECIAL BENEFIT IND,
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	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
	DAYS SUPPLY,
	DENTAL FEE SCHEDULE BYPASS IND,

	DENTAL FEE,
	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,
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	ADJUSTMENT ACTION CODE,
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	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,
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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,
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	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,
	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,
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	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
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	CHEQUE PROVINCE CODE,
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	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
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	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
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	CUSTOMER ID,
	CUSTOMER DESC L1,
	CUSTOMER DESC L2,
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	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,

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	AUTHORIZATION IND,
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	VALUE 2
STAT CSDN DATA	
	CSDN ID,
	VALUE 1,
	VALUE 2
STAT VETERAN DATA	
	VETERAN ID,
	VALUE 1,
	VALUE 2
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	BENEFIT DETAIL TYPE CODE,
	BENEFIT DETAIL PROVINCE CODE,
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	BENEFIT DETAIL DESC L1,
	BENEFIT DETAIL DESC L2,
	BENEFIT DETAIL PROV DESC L1,
	BENEFIT DETAIL PROV DESC L2,
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VIP APPLICATION	
	ACTIVE FLAG,
	APPLICATION DATE,
	APPLICATION ID,
	APPLICATION RECEIVED DATE,
	APPLICATION SUB SEQ,
	APPLICATION TYPE CODE,
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	APPLICATION TYPE DESC L2,
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	CONTRIBUTION PLAN EFF DATE,
	CONTRIBUTION PLAN TERM DATE,
	CREATED DATE,
	CREATED USER,

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



	NOTIFICATION AMT,
	PROVIDER IND,
	REGISTRATION NBR,
	SOURCE UPDATE DATE,
	SPOUSE CSDN ID,
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	SUSPENDED BENEFIT TERM DATE,
	TERM DATE,
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	DECISION TYPE DESC L2,
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	ACTION MESSAGE CODE 4,
	ACTION MESSAGE CODE 5,
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	ACTION MESSAGE STATUS 3,
	ACTION MESSAGE STATUS 4,
	ACTION MESSAGE STATUS 5,
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	ADJUSTMENT ACTION CODE,
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	ADJUSTMENT PROCESS USER,
	ADJUSTMENT CLAIM OFFICE CODE,
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	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,
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	CARRIER CODE,
	CARRIER DESC L1,
	CARRIER DESC L2,
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	CATEGORY DESC 6 L2,
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	CHEQUE ADDRESS LINE 3,
	CHEQUE ADDRESS LINE 4,
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	CHEQUE NAME,
	CHEQUE POSTAL CODE,
	CHEQUE PROVINCE CODE,
	CHEQUE PROVINCE DESC L1,
	CHEQUE PROVINCE DESC L2,
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	COB FLAG,
	COB PAID AMT,
	COINSURANCE AMT,
	COMPOUNDING CHARGE,
	COMPOUNDING CHARGE ACCEPTED,
	COMPOUNDING TIME,
	COST UPCHARGE,
	COST UPCHARGE ACCEPTED,
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	DENTAL SERVICE INFO CODE,
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	DOLLAR LIMIT USED FLAG,
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	DRUG COST,
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	DUAL COVERAGE FLAG,
	ELIGIBILITY AUTHORIZATION FLAG,
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	FORM DESC L1,
	FORM DESC L2,
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	MEMBER LAST NAME,
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	PRESCRIBER ID,
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	PREVIOUSLY PAID APPROVER ID,
	PREVIOUSLY PENDED FLAG,
	PRICE LIST ID,
	PRICE LIST DESC L1,
	PRICE LIST DESC L2,
	PRICING AUTHORIZATION FLAG,
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	PROCESS CLAIM OFFICE DESC L1,
	PROCESS CLAIM OFFICE DESC L2,
	PROCESS SUPERVISOR USER,
	PROCESS USER,
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	PROVIDER PROVINCE DESC L1,
	PROVIDER PROVINCE DESC L2,
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	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,
	CSDN ID,
	SPOUSE CSDN ID,
	AUTHORIZATION IND,
	PENSION SERVICE TYPE CODE,