

Proposal Number: 270-20260320TPAS
ATTACHMENT A-1: Census File Format

North Carolina State Health Plan

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Membership as of January, 2026

Field Name	Field Description
MEMBER_NUMBER	An identifier used to uniquely identify a member
MEMBER_GENDER	Gender of member (M,F)
MEMBER_DOB	Date of birth of member (YYYYMMDD)
SUBSCRIBER_ZIP	Identifies the zip code for the subscriber for reporting purposes. This represents a HIPAA compliant code based on the external code source 51 - ZIP CODES (provided by US POSTAL)
SUBSCRIBER_COUNTY	The name of the county where the address is located
COUNTY_CLASSIFICATION	Classification description (Urban,Rural,Suburban,Out of State)
RLNSHP_TO_SUBSCRIBER	Member's relationship to a subscriber (Subscriber,Spouse,Child)
MEMBER_PLAN	Indicates the plan in which the member is enrolled (70/30,80/20,HDHP)
CONTRIBUTION_TIER	Groups families by different coverage types. EMPLOYEE ONLY EMPLOYEE AND CHILDREN EMPLOYEE AND FAMILY EMPLOYEE AND SPOUSE SPOUSE AND CHILDREN ONLY CHILDREN ONLY SPOUSE ONLY
MEMBER_GROUP	Employer group name