Attachment I.G.5-1 Sample Report

Member Name	Member Enrollment ID	Member Processing Identification Number (UMID)	Member Street Address Line One	Member Street Address Line Two	Member City	Member State	Member Zip Code	Member County Code	County Name	Member Phone Number (AAA) EEE – SSSS	Member Birth Date (CCYYMM DD)	Member Age	Member Sex Code	Member Relationship Code	Coordination of Benefits Eligibility Indicator	Member's Medicaid ID