HMO - DESNAP File Layout

Field Name	Start Postion	End Position	Length
Emplid	1	20	A20
Emplid	21	40	A20
PHRST Emplid	41	51	A11
Blank	52	62	A11
Member Code	63	65	A3
Last Name	66	80	A15
First Name	81	95	A15
Middle Initial	96	96	A1
BirthDate	97	106	A10
Student	107	107	A1
Disabled	108	108	A1
Filler	109	109	A1
Address Line 1	110	139	A30
Address line 2	140	169	A30
City	170	194	A25
State	195	196	A2
Zip-5	197	201	A5
Zip-4	202	205	A4
Home Phone	206	215	A10
Filler	216	220	A5
Work Phone	221	230	A10
Filler	231	235	A5
Sex	236	236	A1
Relationship	237	246	A10
Filler	247	256	A10
Group Number	257	266	A10
Filler	267	286	A20
Benefit Plan	287	296	A10
Enroll Date	297	306	A10
Cancel Date	307	316	A10
Provider ID	317	322	A6

Revised HMO File layout - CSR -935

HMO Dental Reconciliation File Layout

Field Name	Start Postion	End Position	Length	
Last Name	1	20	A20	
First Name	21	35	A15	
Middle Initial	36	36	A1	
Blank	37	45	A9	SSN removed
Effdt	46	53	A8	

Contract	54	59	A6
Coverage Code	60	60	A1
Cost	61	68	A8
107291110'	69	77	A9
BirthDate	78	85	A8
Sex	86	86	A1
Emplid	87	97	A11