HMO Dental Interface

Flat File:

Fixed Flat File Format

Flat File Output from Program	
Output Description and Other Information	
HMO Dental Interface file	
File Name	**Retention in Number of Runs to keep**
(vendor's name)dent.dat	**3**
File Disposition	
Output will be picked up by the vendor from the FTP server.	

Header Record – N/A

Field Name	Start Position	End Position	Length/Type (Char or Num)	Comments
Rec Type	1	1	1	Default = 'H'
Acct_Name	2	51	50	Default = "STATE OF DELAWARE"
EffdtHeader	52	59	8	Asofdate(Transmittal Date)
FileType	60	60	1	Default = 'P'
Benef Type	61	61	1	Default = 'D'
Filler	62	700	639	

Detail Record:

Field Name	Start Position	End Position	Length/Type (Char or Num)	Comments
Group Number	1	6	6	Default = '15338'
EffdtHeader	7	14	8	Asofdate(Transmittal Date)
Filler	15	700	686	

Field Name Employee data	Start Position	End Position	Length/ Type (Char or Num)	Comments
SUBSCRIBER_ID	1	12	12	12 Spaces
LASTNAME	13	27	15	
FIRSTNAME	28	37	10	
MIDDLENAME	38	38	1	
TITLE	39	41	3	Title, if avail. (eg: SR, JR, III, MD, DR, etc.)
SUBSCRIBERSSN	42	50	9	9 Spaces
BIRTH_DATE	51	58	8	MMDDCCYY Format
SEX	59	59	1	M=male, F=female
RELATIONSHIP	60	62	3	Default to 'SUB'
MARITALSTAT	63	63	1	S=Single, M=Married
MARRDATE	64	71	8	Required for UW Grp

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EMPSTATUS	72	73	2	Active, Retired, etc
HIC	74	85	12	Required for UW Grp
APPDTE	86	93	8	Dte file receipt for cycle time calculation for BCBSD
SIGNDTE	94	101	8	Dte Employee made application on PHRST form
PHONE	102	111	10	Populate this field with the home phone number retrieved from the database. If no number is listed in the database, no number (0's) will be sent to the carrier.
STREET1	112	166	55	
STREET2	167	221	55	
CITY	222	237	16	
STATE	238	239	2	
ZIP	240	244	5	First 5 Digits
HIREDTE	245	252	8	original hire date
HOURSWEEK	253	282	30	
FILLER	283	284	2	
CLASS	285	285	1	Default = '1'
FILLER	286	288	3	
EMPNUMBER	289	294	6	
DEPTID	295	298	4	
GROUP_NUMBER	299	304	6	
SUB_GROUP_NUMBER	305	307	3	
FILLER	308	313	6	Blank fill
HLTHCOVIND	314	314	1	Default = 'Y'
DENCOVIND	315	315	1	Default = 'N'
DRUGCOVIND	316	316	1	Default = 'N'
VISCOVIND	317	317	1	Default = 'N'
HEARCOVIND	318	318	1	Default = 'N'
HLTHPROD	319	328	10	
PCP	329	334	6	Hlth_Provider_Id
PCPSEEN	335	335	1	Previously_Seen Required for Managed Care
FILLER	336	368	33	
DHP	369	374	6	
DHPSEEN	375	375	1	
DHP_CHG_REA	376	378	3	
EFFDT	379	386	8	
CANCEL_DTE	387	394	8	Termination date(Coverage_begin_dt - 1)
CANCEL_REA	395	396	2	MMDDCCYY-Required if Cancel Dte is provided
Filler	397	700	304	Blank fill

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Field Name Dependent data	Start Position	End Position	Length/ Type (Char or Num)	Comments
DEPTNO	1	2	2	DEPENDET_BENEF NUMBER
LASTNAME	3	17	15	
FIRSTNAME	18	27	10	
MIDDLENAME	28	28	1	
DEPENDENTSSN	29	37	9	9 Spaces
BIRTH_DATE	38	45	8	
SEX	46	46	1	
RELATIONSHIP	47	49	3	
FAM_RELATIONSHIP	50	52	3	
MARITALSTAT	53	53	1	
MARRDATE	54	61	8	
HIC	62	73	12	
STUDENT_ID	74	74	1	
HANDI_ID	75	75	1	
HLTHCOVIND	76	76	1	Default = 'N'
DENCOVIND	77	77	1	Default = 'Y'
DRUGCOVIND	78	78	1	Default = 'N'
VISCOVIND	79	79	1	Default = 'N'
HEARCOVIND	80	80	1	Default = 'N'
HLTHPROD	81	90	10	
PCP	91	96	6	
PCP_EFF_DTE	97	104	8	
PCPSEEN	105	105	1	
PCP_CHG_REASON	106	108	3	
DENTAL_PROD	109	118	10	
DHP	119	124	6	
DHP_EFF_DTE	125	132	8	
DHPSEEN	133	133	1	
DHP_CHG_REASON	134	136	3	
DRUG_PRODUCT	137	146	10	
VISION_PRODUCT	147	156	10	
EFFDT	157	164	8	
CANCEL_DTE	165	172	8	Termination date(Coverage_begin_dt -1)
CANCEL_REASON	173	174	2	
REASON_CODE	175	177	3	
DIVORCE_DTE	178	185	8	
PARTA_DTE	186	193	8	
PARTB_DTE	194	201	8	
ESRD_PATIENT	202	202	1	
FIRST_DIALYSIS_DTE	203	210	8	
KIDNEY_TRANS_DTE	211	218	8	
ACCEPT_SCHOOL	219	219	1	

FULL_TIME_STUDENT	220	220	1	
DEP_SUPPORT	221	221	1	
STC_Q_MARITAL	222	222	1	
ADOPTION_DTE	223	230	8	
CUSTODY_ORDER_DTE	231	238	8	
CARDHOLDER_SPOUSE_CUSTODY	239	239	1	
CUSTODY_COPY	240	240	1	
COURT_ORDER_DTE	241	248	8	
COURT_AGE_LIMIT	249	250	2	
QMSCO_ADULT	251	289	39	
QMSCO_ADDRESS1	290	314	25	
QMSCO_ADDRESS2	315	339	25	
QMSCO_CITY	340	355	16	
QMSCO_STATE	356	357	2	
QMSCO_ZIP	358	362	5	
QMSCO_OBRA93	363	363	1	
CHILD_LIVE_IN_HOUSE	364	364	1	
NAT_PARENT_NOT_IN_HOUSE	365	365	1	
CHILD_SUPPORT	366	366	1	
LOC_COVERAGE_LOSS_DTE	367	374	8	
REASON_FOR_LOSS	375	375	1	
PREVIOUS_CARRIER	376	376	1	
LOC_COVERED_EQUALS	377	377	1	
FILLER	378	700	323	Blank fill

Trailer Record: N/A

Field Name	Start Position	End Position	Length/Type (Char or Num)	Comments
Trailer	1	1	1	Default = ‘T’
EffdtHeader	2	9	8	Asofdate(Transmittal Date)
Rows Written	10	16	7	
Filler	17	700	683	Blank fill