

MCP (MANAGED CARE PLAN) EXTRACT LAYOUT AND FIELD DEFINITIONS

FIELD LEVEL NAME		FIELD NUMBER	START	END	LENGTH
WS-OUT-RECORD			1	230	230
3 WS-MAC SIS-MEDICAID-ID	X(12)	1	1	12	12
3 WS-MAC SIS-UCI	X(12)	2	13	24	12
3 WS-MAC SIS-GROUP-ID	X(10)	3	25	34	10
3 WS-MAC SIS-PANEL	XXX	4	35	37	3
3 WS-HMO-SPAN-OF-COUNT	99	5	38	39	2
3 WS-HMO-SPAN-COUNT	99	6	40	41	2
3 WS-SPAN-POR TION	GROUP	7	42	230	189
5 WS-HMO-BEGIN-DATE	X(8)	8	42	49	8
5 WS-HMO-END-DATE	X(8)	9	50	57	8
5 WS-HMO-PROV-NUMBER-1	X(7)	10	58	64	7
5 WS-HMO-PROV-NAME-1	X(45)	11	65	109	45
5 WS-HMO-PROV-NUMBER-2	X(7)	12	110	116	7
5 WS-HMO-PROV-NAME-2	X(45)	13	117	161	45
5 WS-HMO-PROV-NUMBER-3	X(7)	14	162	168	7
5 WS-HMO-PROV-NAME-3	X(45)	15	169	213	45
5 WS-HMO-BACKPAY-CODE	X	16	214	214	1
5 WS-HMO-AUTO-REENR	X	17	215	215	1
5 WS-HMO-VOLUNTARY	X	18	216	216	1
5 WS-HMO-DISENROLLMENT	XXX	19	217	219	3
5 WS-HMO-ENROLL-CODE	XXX	20	220	222	3
5 WS-HMO-ADJ-FROM-MMY Y	X(4)	21	223	226	4
5 WS-HMO-ADJ-TO-MMY Y	X(4)	22	227	230	4

HMO-BACK-PAY-CODE

Used for retroactive enrollments and disenrollments. Most commonly used for newborns added after their birth. When applicable, initially set to Y; set to N when processed.

HMO-AUTO-REENR

Values Y/N/blank; blank meaning N. Not common now; used when enrollment options were available.

HMO-VOLUNTARY

Values Y/N. Less common today. When MCP was not compulsory, could be fee for service but chose HMO, thus being voluntary (Y). When HMO is only option, would be N.

HMO-DISENROLLMENT

Explains why managed care membership ended. Values/descriptions attached.

HMO-ENROLL-CODE

Explains why managed care membership began. Values/descriptions attached.

HMO-ADJ-FROM-MMY Y

Has to do with processing managed care premium payments for adjusted transactions. Not commonly used.

HMO-ADJ-TO-MMY Y

Has to do with processing managed care premium payments for adjusted transactions. Not commonly used.