

## TPL MCO COB Extract File Layout

Interface Type: External  
File Name: tpm0330\_[provider id].dat  
Scheduled Run: First day of the month

The TPL MCO COB Extract is produced monthly to identify members who have coverage through a Managed Care Organization (MCO). The MCO provider number is represented by the provider ID portion of the file name.

The extract file is formatted as a fixed length record, with a length of 2,030 bytes, and Unix line feed characters. Each record can contain up to 10 coverage periods per member.

Within each record, the data is constructed according to the following layout.

Field	Data type	Length	Description
MCO Code	Char	2	Legacy field used for the managed care organization to which the member is assigned. Populated with spaces.
Member ID	Char	10	Member's ForwardHealth ID
Member Last Name	CHAR	13	Member's last name.
Constant	CHAR	1	Comma field separator
Member First Name	CHAR	10	Member's first name
Constant	CHAR	1	Comma field separator
Member Middle Initial	CHAR	1	Member's middle initial
Member Date Of Birth.	CHAR	8	Member date of birth in YYYYMMDD format. All zeroes if null.
Gender Code	CHAR	1	Indicates member's gender. Values are "1" for Male, "2" for Female.

Field	Data type	Length	Description
Race Code	CHAR	1	Indicates member's race. Valid numeric values are : 1=White 2=Black 3=American Indian/Alaska Native 4=Asian 5=Hispanic Or Latino 6=Native Hawaiian/Pacific Islander 7=Hispanic/Latino And 1 Or More Races 8=More Than 1 Race (Hispanic Or Latino Not Indicated) 9=Unknown
Member SSN	CHAR	9	Member's taxpayer ID number.
Case Number	CHAR	10	Member's ForwardHealth case number
Previous Member ID	CHAR	14	Member's previous MAID
Member Previous Last Name	CHAR	13	Member's previous last name
Constant	CHAR	1	Comma field separator
Member Previous First Name	CHAR	10	Member's previous first name
Constant	CHAR	1	Comma field separator
Member Previous Middle Initial	CHAR	1	Member's previous middle initial
HIC Number	CHAR	12	Member's HIC number.
TPL Coverage Count	Number	3	Calculated field to indicate how many TPL coverage records follow this base. Each occurrence of a coverage block counts as 1 instance in this tally.
Member County	CHAR	3	Member's county of residence
Provider Number	CHAR	4	Last four digits of the provider number.
Filler	CHAR	1	Space.
TPL Coverage. This portion of the record repeats 1-10 times with one entry for each member coverage period. Unused occurrences are filled with space. A maximum of 10 coverage periods is permitted per record.			
TPL Start Date	Number	8	Effective date of this coverage period in YYYYMMDD format.
TPL End Date	Number	8	End date of this coverage period in YYYYMMDD format. All zeroes if null.

Field	Data type	Length	Description
Insurance Carrier Code	CHAR	3	Carrier underwriting this policy
TPL Policy Number	CHAR	16	Insurance policy number
TPL Group Number	CHAR	16	Insurance group number on this policy
Coverage Indicators	CHAR	10	Positional indicators representing coverage provided under this policy. 1 means that the coverage exists, 0 represents "no coverage". E.g., a record with only drug coverage for that carrier and coverage period would populate this field as "1000000000". The coverage flag positions within the field are: 1: Drug 2: Physician 3: Dental 4: Inpatient Hospital 5: Outpatient Hospital 6: Nursing Home 7: Vision 8: Durable Med Equip (rent) 9: Durable Med Equip (purchase) 10: Home Services
Insurance Questionnaire Date	CHAR	8	Date insurance was added.
TPL Relationship Codes	CHAR	1	Indicates the relationship of the insured to policyholder. E: Self S: Spouse C: Child D: Stepchild O: Other
Insured Named	CHAR	24	Member last name, first name and middle initial, delimited by commas and padded with trailing spaces
Insured SSN	CHAR	9	Insured's taxpayer ID number
Insured DOB	Number	8	Insured's date of birth
Employer Name	CHAR	23	Optional field for insured's employer name. Filled with space if data not available.
Employer City	275-292 CHAR(18)	18	Optional field for city of insured's employer. Filled with space if data not available.
Employer State	CHAR	2	Optional field for state of insured's employer. Filled with space

Field	Data type	Length	Description
			if data not available.
Employer Zip	CHAR	5	Optional field for zip of insured's employer. Filled with space if data not available.
Carrier Name	CHAR	23	First 23 characters of the carrier's business name.
Filler	CHAR	8	Record filler space