

**Wisconsin ForwardHealth interChange Quality Management System**

Third Party Liability External Interfaces

TPL MCO QLEAD File

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**TPL MCO QLEAD Extract File Layouts**

Interface Type: External  
File Names: [provider id]\_lead\_1\_[mon].txt  
[provider id]\_lead\_2\_[mon].txt  
Scheduled Run: Quarterly (March, June, September, December) – end of month

The TPL MCO QLEAD Extract is produced quarterly to identify children under three within a given Managed Care Organization (MCO) enrolled as of the first date of the quarter: 1) In need of a lead test and 2) Who have had a lead test along with the result. The MCO provider number is represented by the provider ID portion of the file name. The three letter month abbreviation equates to the month of the quarter represented.

The extract files are formatted as a text file.

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

**FILE 1**

Field	Data type	Length	Description
Member ID	Char	10	Member's ForwardHealth ID
Previous Medicaid ID	Char	14	Member's previous Medicaid ID. Filled with space if data not available
Member First Name	CHAR	10	Member's first name
Member Middle Initial	CHAR	1	Member's middle initial
Member Last Name	CHAR	13	Member's last name.
Member Date Of Birth.	Char	8	Member date of birth in MM/DD/YYYY format. All zeroes if null.
Gender Code	CHAR	1	Indicates member's gender. Values are "M" for Male, "F" for Female.
Member Address1	CHAR	30	Additional address information or care of information. Filled with space if data not available.
Member Address2	CHAR	30	Member's main address information. Filled with space if data not available.
Member City	CHAR	18	Member's City information. Filled with space if data not

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1.1	3/12/09	Kristine Dawson		

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Field	Data type	Length	Description
			available.
Member State	CHAR	2	Member's State information. Filled with space if data not available.
Member Zip	CHAR	10	Member's zip code information. Filled with space if data not available.
Case Head First Name	CHAR	15	First name of member's case head. Filled with space if data not available.
Case Head Last Name	CHAR	20	Last name of member's case head. Filled with space if data not available.
Member Phone Number	CHAR	10	Phone number of member. Filled with space if data not available.

**FILE 2**

Field	Data type	Length	Description
STELLAR ID	Char	8	Member's STELLAR ID
Member ID	Char	10	Member's ForwardHealth ID
Previous Medicaid ID	Char	14	Member's previous Medicaid ID. Filled with space if data not available
Member First Name	CHAR	10	Member's first name
Member Middle Initial	CHAR	1	Member's middle initial
Member Last Name	CHAR	13	Member's last name.
Member Date Of Birth.	Char	8	Member date of birth in MM/DD/YYYY format. All zeroes if null.
Gender Code	CHAR	1	Indicates member's gender. Values are "M" for Male, "F" for Female.
Member Address1	CHAR	30	Additional address information or care of information. Filled with space if data not available.
Member Address2	CHAR	30	Member's main address information. Filled with space if data not available.
Member City	CHAR	18	Member's City information. Filled with space if data not available.
Member State	CHAR	2	Member's State information. Filled with space if data not

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Field	Data type	Length	Description
			available.
Member Zip	CHAR	10	Member's zip code information. Filled with space if data not available.
Case Head First Name	CHAR	15	First name of member's case head. Filled with space if data not available.
Case Head Last Name	CHAR	20	Last name of member's case head. Filled with space if data not available.
Member Phone Number	CHAR	10	Phone number of member. Filled with space if data not available.
Sample Date	CHAR	8	Date of the Member's Lead Test in MM/DD/YYYY format.
Sample Type	CHAR	1	Type of Blood lead sample. Values are C=Capillary, V=Venous or Z=Unknown.
Blood Lead (Pb) Result	CHAR	8	Result of the Blood lead test.
Member Age (Months)	CHAR	4	Member's age in months at the time of the blood lead test.

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