

Field	Description	Data Type	Length
ADDRESS 1	Member Street Address (Optional)	Character	
ADDRESS 2	Member Street Address 2	Character	
CASE #	Member's case number	Character	
CASEHEAD NAME	Casehead's Name (Last, First, MI)	Character	
CITY	Member's city of residence.	Character	
CO	Indicates the county where the member lives	Character	
COUNTY NAME	Name of the county for which the provider summary totals are being reported	Character	
DOB	Member Date of Birth	Date (MM/DD/CCYY)	
EFF DATE	Effective date of the MCO enrollment.	Date (MM/DD/CCYY)	
Header Current Benefit Month	Current Benefit Month being reported in Month, CCYY format.	Character	
LEVEL OF CARE	Member level of care	Character	
MCO ID	Identification number of the MCO	Character	
MEMBER ID	Member ID Number	Character	
MEMBER NAME	Member Name (Last, First, MI)	Character	
MS	Member's medical status code.	Character	
NB	Indicates if the member reported to MCO is considered a New Born. (Y=Yes,N=No)	Character	
PAY TO PROVIDER	Identification number of the pay to provider	Character	
PHONE	Member's telephone number if available.	Character	
PREV ID	Member's Previously Reported ID Number	Character	
SEX	Code that indicates the sex of the member	Character	
ST	Member State	Character	
STATUS	Member's HMO or Managed Care Program for the beginning of the current enrollment month. (e.g., ADD NEW, ADD RS, CONTINUE, DISENROLL, DISENROLL/RCP or PENDING).	Character	
TOTAL ADDS	Total number of new members enrolled.	Number	
TOTAL CONTINUES	Total number of members continuing enrollment.	Number	
TOTAL DISENROLLS	Total number of members decertified.	Number	
TOTAL PENDING	Total number of members whose enrollment status is pending	Number	
ZIP	Member Zip Code	Number	