Field Name	Starting position	Ending position	Field Size	Format	Comments
Record Type = S (Summary)	1	1	1		
HMO ID	2	9	8		
Report Process Date	10	17	8	MMDDYYYY	
Begin Date Span	18	25	8	MMDDYYYY	
End Date Span	26	33	8	MMDDYYYY	
Number of records	34	41	8	RJ ZF	
Filler (Spaces)	42	110	79		

Field Name	Starting position	Ending position	Field Size	Format	Comments
Record Type = D (Detail)	1	1	1		
HMO ID	2	9	8		
Recipient ID	10	19	10		
Previous Recipient ID	20	29	10		
Case Number	30	39	10		
First Name	40	49	10	LJ BF	
Middle Initial	50	50	1		
Last Name	51	63	13	LJ BF	
DOB	64	71	8	MMDDYYYY	
Med Status	72	73	2		
Gender	74	74	1	M/F	
Medicare Coverage Indicator	75	75	1		BLANK
County Code	76	78	3		
Add Date	79	86	8	MMDDYYYY	
Begin Date	87	94	8	MMDDYYYY	
End Date	95	102	8	MMDDYYYY	
Last Change Date	103	110	8	MMDDYYYY	