

Appendix A5 – Beneficiary HMO data

Field	Size	Usage	Location	Remarks
1. HMO Trailer Code	2	9	1-2	Value '05'
2. HMO Code	1	9	3	Indicates if the individual has '1', '2', '3', or more periods of enrollment in a GH0.
3. HMO ID	5	X	4-8	Position 1 - 'A' Thru 'Z' or 1-9 2&3-State Code 4&5-GHO number within the state
4. HMO Option	1	X	9	Valid values of '1', '2', 'A', 'B', and 'C'. Please refer to Sections 3551.1, 3551.2 and 3558 of the HIM-13 for a complete definition of these fields.
5. HMO Entitlement Date	7	C3 4	10-13	CCYYDDD Packed
6. Filler	4	X	14-17	
7. HMO Termination Date	7	C3 4	18-21	CCYYDDD Packed
8. Filler	4	X	22-25	
9. Prior HMO ID	5	X	26-30	May be blank
10. Prior HMO Option	1	X	31	'0', '1', '2', 'A', 'B', or 'C'
11. Prior HMO Entitlement Date	7	C3 4	32-35	CCYYDDD Packed
12. Filler	4	X	36-39	
13. Prior HMO Termination Date	7	C3 4	40-43	CCYYDDD Packed
14. Filler	4	X	44-47	