Layout size is 450 bytes.

Header Record Layout	Size	Description
Code Record Type	X(01)	Indicates the record type (Header, Detail, or Trailer). Value will be 'H'.
Record Source	X(02)	Indicates the file type. Value will be '01'.
Organization Name	X(20)	Name of the organization that created the file. Value will be 'OKLAHOMA XIX'.
File Description	X(30)	Name of the file. Value will be 'RECIPIENT DATA EXTRACT'.
Filler	X(397)	

Detail Record Layout	Size	Description
Code Record Type	X(01)	Indicates the record type (Header, Detail, or Trailer). Value will be 'D'.
RECORD-SOURCE	X(02)	Indicates the file type. Value will be '01'.
CREATED-DATE	X(08)	Date the file was created (CCYYMMDD).
CREATED-TIME	X(04)	Time the file was created (HHMM)
RECIP-ID	X(12)	Recipient's Medicaid ID.
CASE	X(10)	Recipient's case number.
SSN	X(09)	Recipient's social security number.
NAME-LAST	X(15)	Recipient's last name.
NAME-FIRST	X(13)	Recipient's first name.
NAME-MIDDLE	X(01)	Recipient's middle initial.
NAME-ADD-LINE1	X(20)	Recipient's mailing address.
NAME-ADD-LINE2	X(20)	Recipient's additional address line.
CITY-NAME	X(20)	Recipient's city of address.
STATE	X(02)	Recipient's state of address.
ZIP-CODE	X(09)	Recipient's zip code of address.
COUNTY	X(02)	Recipient's county of residence.
COUNTY-IND	X(01)	Recipient's county office of residence.
REGION	X(01)	Region of the state that the recipient resides in.
FILLER	X(12)	Filler
CASE-NAME-LAST	X(15)	Casehead's last name.
CASE-NAME-FIRST	X(13)	Casehead's first name.
CASE-NAME-MIDDLE	X(01)	Casehead's middle initial.
FILLER	X(20)	Filler
FILLER	X(20)	Filler
FILLER	X(20)	Filler
FILLER	X(02)	Filler
FILLER	X(09)	Filler
ELIG-START-DATE	X(08)	Eligibility period start date.
ELIG-STOP-DATE	X(08)	Eligibility period stop date.
BIRTH-DATE	X(08)	Recipient's date of birth.
DATE-OF-DEATH	X(08)	Recipient's date of death.
RACE	X(02)	Identifies the recipient's race.

GENDER	X(01)	Identifies the recipient’s gender.
LANG-CODE	X(02)	Identifies the language the recipient speaks.
PHONE-NO	X(10)	A phone number where the recipient can be reached.
PHONE-IND	X(01)	Indicates what type of phone number was given.
WORKER-NUMBER	X(04)	The recipient’s case worker.
SCHIP-PROG-IND	X(01)	Indicates if the recipient is in the state CHIP program.
ASGN-REAS-CODE	X(03)	Identifies what happens if you try to enroll the recipient in managed care.
ELIG-BENEFIT	X(05)	Identifies the recipients eligibility benefit plan for the time period, with the highest hierarchy with the exception of Non Emergency Transportation (NET)
AID-CATEGORY	X(02)	Identifies the aid category that the recipient has eligibility in.
LIVING-ARNGMNT	X(02)	Identifies the recipient’s living arrangements.
BENEFIT-CODE	X(05)	Identifies the managed care program that the recipient is enrolled in with the exception of Non Emergency Transportation (NET)
PLAN-ID	X(09)	Medicaid ID of the MCO.
PLAN-SERVICE-LOC	X(01)	Identifies the MCO’s service location code.
PCP-ID	X(09)	Medicaid ID of the Primary Care Physician (PCP).
PCP-SERVICE-LOC	X(01)	Identifies the PCP’s service location code.
ENROLL-SOURCE	X(03)	Identifies who made the managed care enrollment choice
ENROLL-REASON	X(02)	Identifies the reason the recipient was enrolled in managed care.
DISENROL-REASON	X(02)	Identifies the reason the recipient was disenrolled in managed care.
ENROLL-START	X(08)	Start date of the managed care enrollment period. (CCYYMMDD)
ENROLL-STOP	X(08)	Stop date of the managed care enrollment period. (CCYYMMDD)
ENROLLED-NO	X(01)	Count of the number of times the PCP changed during the calendar year for SoonerCare Choice.
FILLER	X(74)	

Trailer Record Layout	Size	Description
Code Record Type	X(01)	Indicates the record type (Header, Detail, or Trailer). Value will be ‘T’.
Record Source	X(02)	Indicates the file type. Value will be ‘01’.
Current Date	9(08)	Date the file was generated, in

		CCYYMMDD format.
Current Time	9(04)	Time the file was generated, in HHMM format.
Record Count	9(09)	Number of records in the file, excluding the header and trailer.
Filler	X(426)	