

Table 1: Header Record

Field #	Field Name	Position	Format	Length	Description/Value	Req?
1.	Header Record type	1-4	Alpha-numeric	4	Value – “HMBI”	Y
2.	Header COBA ID	5-14	Alpha-numeric	10	Coordination of Benefits Agreement Identification Number	Y
3.	Trading Partner Name	15-46	Alpha-Numeric	32	Trading Partner Name	Y
4.	Header Creation Date	47-54	Numeric Date	8	Date the file was created	Y
5.	FILLER	55-80	Alpha-numeric	26	SPACES	Y

Table 2: Detail Record(s)

Field #	Field Name	Position	Format	Length	Description/Value	Req?
1.	Record Type	1-4	Alpha-numeric	4	Value – “DMBI”	Y
2.	Beneficiary HICN	5-16	Alpha-numeric	12	Most current Beneficiary Medicare Health Insurance Claim Number	Y
3.	MBI	17-28	Alpha-Numeric	12	Medicare Beneficiary Identifier	Y
4.	Beneficiary Surname	29-48	Alpha-Numeric	20	Beneficiary last name	Y
5.	Beneficiary First	49-60	Alpha-numeric	12	Beneficiary first name	Y
6.	Beneficiary Birth Date	61-68	Alpha-Numeric	8	Beneficiary date of birth in CCYYMMDD format with no special characters	Y
7.	Filler	69-80	Alpha-Numeric	12	SPACES	Y

Table 3: Trailer Record

Field #	Field Name	Position	Format	Length	Description/Value	Req?
1.	Record type	1-4	Alpha-numeric	4	Value – “TMBI”	Y
2.	Record count	5-11	Numeric	7	Total number of beneficiary records in the file.	Y
3.	FILLER	12-80	Alpha-numeric	69	SPACES	Y