

Table 1: COBA Eligibility E01 Record Layout Header – E00

Data Element	Description	Field Length	MO	Field Location
HEADER RECORD TYPE	Value -E00	3X	O	E00.001
HEADER COBA ID	COBA ID assigned by the COBC Field is 9 position, alphanumeric (no special characters), left justified, last four positions are spaces. Mandatory.	9X	O	E00.002
HEADER CREATION DATE	Date the record was created; format: (CCYYMMDD), with no special characters	8X	O	E00.003
HEADER BENEFICIARY STATE CODE	Beneficiary State of residence NOTE: This field will not be used by the COBA Process.	2X	O	E00.004
FILLER	Blank Field. Value is spaces.	178X	O	E00.005

Table 2: COBA Eligibility E01 Record Layout

File attributes:
Format: Fixed block
Length: 200 bytes

Data Field	Length	Type	Displacement	Description
Record type	3	Alpha-Numeric	1-3	Type of Record Set to 'E01'. Mandatory
COBA ID	9	Alpha-Numeric	4-12	Coordination of Benefits Agreement Identification Number Field is 9 position, alphanumeric (no special characters), left justified, last four positions are spaces. Mandatory
File Effective Date	8	Alpha-Numeric	13-20	Effective date of file in CCYYMMDD format with no special characters. Mandatory
File Update Indicator	1	Alpha-Numeric	21	Type of update values: 'A' = Add 'C' = Change/Update 'D' = Delete Required as of March 1, 2007

Data Field	Length	Type	Displacement	Description
*Beneficiary Surname	20	Alpha-Numeric	22-41	Beneficiary last name Mandatory Uppercase characters only
*Beneficiary First	12	Alpha-Numeric	42-53	Beneficiary first name. Mandatory Uppercase characters only
Beneficiary Middle Initial	1	Alpha-Numeric	54	Beneficiary middle initial. Optional Uppercase characters only
*Beneficiary Birth Date	8	Alpha-Numeric	55-62	Beneficiary date of birth in CCYYMMDD format with no special characters. Mandatory
*Beneficiary Sex Code	1	Alpha-Numeric	63	Beneficiary sex code values are: 'M' = Male 'F' = Female NOTE: If unknown, default to 'M' Mandatory Uppercase characters only
Beneficiary Medicare ID	12	Alpha-Numeric	64-75	Beneficiary Medicare ID (Medicare Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). Mandatory
Beneficiary Supplemental ID Number	25	Alpha-Numeric	76-100	Supplemental ID on file with sender. Should be the same as what is submitted on the claim. Optional
Beneficiary Group Policy Number	20	Alpha-Numeric	101-120	Supplemental policy number on file. Should be the same as what is submitted on the claim. Optional
Beneficiary Supplemental Eligibility From Date-1	8	Alpha-Numeric	121-128	Medicare supplemental "from" date in CCYYMMDD format with no special characters. Mandatory

Data Field	Length	Type	Displacement	Description
Beneficiary Supplemental Eligibility To Date-1	8	Alpha-Numeric	129-136	Medicare supplemental "to" date in CCYYMMDD format with no special characters NOTE: This is the coverage through date. Indicate zeros for open-ended dates. Mandatory
Filler	64	Alpha- Numeric	137-200	Unused Field – Populate with spaces

*Note: In addition to the Medicare ID (HICN or MBI) (primary matching element), the matching criteria will be on (1) Beneficiary Surname (first six characters), (2) Beneficiary First Name (first character), (3) Beneficiary Birth Date, and (4) Beneficiary Sex Code. Trading partners should use the value code representation of "M" as a default for the Beneficiary's Sex Code, if sex is unknown. Beneficiary records matching on the Medicare ID and three out of the four matching criteria will pass.

Table 3: COBA Eligibility E01 Record Layout Trailer Record – E99

Data Element	Description	Field Length	MO	Field Location
Record Type	Value is 'E99'.	3X	M	E99.001
E01 Record Count	Total number of E01 records in this file.	7N	M	E99.002
Filler	Blank Field – Value is spaces	190X	M	E99.003