

| 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 |

| COBA ELIGIBILITY E01 RECORD LAYOUT | | | | |
|---------------------------------------|--------|---------------|---------------|---|
| FILE ATTRIBUTES | | | | |
| FORMAT: FIXED BLOCK LENGTH: 200 BYTES | | | | |
| Data Field | Length | Type | Dis placement | 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 |
| *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 |

| COBA ELIGIBILITY E01 RECORD LAYOUT | | | | |
|--|--------|----------------|---------------|--|
| FILE ATTRIBUTES | | | | |
| FORMAT: FIXED BLOCK LENGTH: 200 BYTES | | | | |
| Data Field | Length | Type | Dis placement | Description |
| 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 HIC Number | 12 | Alpha- Numeric | 64-75 | Beneficiary Medicare Health Insurance Claim Number 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 |
| 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 HICN (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 HICN and three out of the four matching criteria will pass.

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 |