

**Drug Coverage Eligibility Response
Record Layout**

Field	Name	Size	Displacement	Description
1.	COBA ID	10X	1-10	The Trading Partner's COBA ID. All 5-byte IDs should be prefixed with 5 zeros.
2.	Surname	20X	11-30	Beneficiary's Surname
3.	First Name	12X	31-42	Beneficiary's First Name
4.	Middle Initial	1X	43-43	Beneficiary's Middle Initial
5.	Date of Birth	8X	44-51	Beneficiary's Date of Birth. Formatted as CCYYMMDD.
6.	Sex Code	1X	52-52	Valid values are: 0 - Unknown 1 - Male 2 - Female
7.	SSN	9X	53-61	Beneficiary's Social Security Number. Not needed if HICN is reported.
8.	HICN	12X	62-73	Beneficiary's Medicare Health Identification Number.
9.	Coverage Start Date	8N	74-81	Beneficiary's Start Date for Drug Coverage.
10.	Coverage End Date	8N	82-89	Beneficiary's Termination Date for Drug Coverage.
11.	Plan Document Control Number	15N	90-104	DCN assign by the Trading Partner
12.	Transaction Type	1X	105-105	A - Add U - Update D - Delete Q - Query Only
13.	NPlan ID	10	106-115	Future Use
14.	Insurance Type Code	1X	116-116	Type of Insurance. Valid values are: C - TriCare H - Health Reimbursement Account G - Medigap M - Major Medical O - Other S - SPAP U - Medicaid W - Supplemental

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Field	Name	Size	Displacement	Description
15.	COBC Document Control Number	15N	117-131	DCN assigned by the COBC
16.	Enrollment Relationship Code	3X	132-134	Patient's relationship to the insured.
17.	Disposition Date	8N	135-142	Date of current Disposition
18.	Disposition	2X	143-144	A code signifying the acceptance or rejection of the record. Valid values are: 01 - Record accepted 02 – Record accepted with warnings 51 – Record rejected (no match on SSN or HICN) 55 – Record reject (no match on personal characteristic) SP – Record reject (See Error code(s))
19.	Edit Code 1	4X	145-148	
20.	Edit Code 2	4X	149-152	
21.	Edit Code 3	4X	153-156	
22.	Edit Code 4	4X	157-160	
23.	Date of Death	8N	161-168	Date of Death
24.	Current Medicare Part A Effective Date	8N	169-176	Effective Date of Medicare Part A Coverage. Formatted as CCYYMMDD.
25.	Current Medicare Part A Termination Date	8N	177-184	Termination Date of Medicare Part A Coverage. Formatted as CCYYMMDD. * Zeros if ongoing
26.	Current Medicare Part B Effective Date	8N	185-192	Effective Date of Medicare Part B Coverage. Formatted as CCYYMMDD.
27.	Current Medicare Part B Termination Date	8N	193-200	Termination Date of Medicare Part B Coverage. Formatted as CCYYMMDD. * Zeros if ongoing
28.	Current Medicare MAPD/PDP Effective Date	8N	201-208	Effective Date of Medicare HMO Coverage. Formatted as CCYYMMDD.
29.	Current Medicare MAPD/PDP Termination Date	8N	209-216	Termination Date of Medicare HMO Coverage. Formatted as CCYYMMDD. * Zeros if ongoing
30.	Current HMO Contractor Number	5X	217-221	
31.	Current PDP Contractor Number	9X	222-230	

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Field	Name	Size	Displacement	Description
32	Current Medicare Part D Effective Date /PDP Contractor Number	8N	231-238	Effective Date of Medicare Part D Coverage. Formatted as CCYYMMDD.
33	Current Medicare Part D Termination Date	8N	239-246	Termination Date of Medicare Part D Coverage. Formatted as CCYYMMDD. * Zeros if ongoing.
34	Filler	23X	247-270	Spaces