

**Table 1: Drug Coverage Eligibility Record Layout (E02)**

Data Element	Description	Field Length	MO	Field Location
RECORD TYPE	<b>Value is 'E02'.</b>	3X	M	E02.001
COBA ID	The Trading Partner's COBA ID (Must be prefixed with zeros to a length of 10).	10X	M	E02.002
SURNAME	Beneficiary's Surname.	20X	M	E02.003
FIRST NAME	Beneficiary's First Name.	12X	M	E02.004
MIDDLE INITIAL	Beneficiary's Middle Initial.	1X	O	E02.005
DATE OF BIRTH	Beneficiary's Date of Birth. Formatted as CCYYMMDD.	8X	M	E02.006
BENEFICIARY SEX CODE	Valid values are: 0 – Unknown 1 – Male 2 – Female	1X	M	E02.007
SSN	Beneficiary's Social Security Number (Not needed if Medicare ID is reported).	9X	M*	E02.008
MEDICARE ID	Beneficiary's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]) <b>(Not needed if SSN is reported).</b>	12X	M*	E02.009
COVERAGE START DATE	Beneficiary's Start Date for Drug Coverage.	8N	M	E02.010
COVERAGE END DATE	Beneficiary's Termination Date for Drug Coverage. Fill with spaces if there is none.	8N	O	E02.011
TRANSACTION TYPE	A – Add U – Update D – Delete Q – Query Only Blank if full-file replacement (and not query)	1X	M	E02.012
DOCUMENT CONTROL NUMBER	Trading Partner Document Control Number	15X	O	E02.013
FILLER	Value should be spaces.	10X	O	E02.014

## Drug Coverage Eligibility Record Layout (E02)

Data Element	Description	Field Length	MO	Field Location
INSURANCE TYPE CODE	The type of insurance for this record. Valid values are: L – Supplemental P – PAP Q – Qualified SPAP W – Comprehensive Hospital, Medical, Drug Z – Health Reimbursement Account (non-pharmacy network benefit) 1 – Medicaid 2 – TriCare 3 – Major Medical 0 – Other	1X	M	E02.015
PERSON CODE	Patient's relationship to the insured.	3X	M	E02.016
RX ID/POLICY NUMBER	Identification Number of the Insured: RX ID or Policy Number Cannot be blank or all zeros if Network Benefit Indicator is '1' and Insurance Type Code is not 1-Medicaid.	20X	M*	E02.017
RX GROUP NUMBER	Pharmacy Group Number	15X	O	E02.018
RX BIN NUMBER	Pharmacy Benefit International Number <b>(Mandatory if Network Benefit Indicator is 1)</b> . Must be a 6-digit number, and the digits cannot be the same number, if Network Benefit Indicator is '1' and Insurance Type Code is not or 1-Medicaid.	6X	M*	E02.019
RX PCN	Pharmacy Processor Control Number Cannot have special characters, except for a non-leading dash, and no leading space.	10X	O	E02.020
TOLL FREE NUMBER	Phone number to call in case there are issues with Rx claims processing.	18X	O	E02.021
NETWORK BENEFIT INDICATOR	Indicator that tells how the beneficiary's drugs are billed: 1 – Network (Point of Sale) 0 – Non-network (Paper or Batch)	1X	M	E02.022
Creditable Coverage Indicator	Valid values: Y – Yes N – No U – Unknown	1X	M	E02.023

## Drug Coverage Eligibility Record Layout (E02)

Data Element	Description	Field Length	MO	Field Location
FILLER	Reserved for future use. Value should be spaces.	7X	spaces	E02.024

### Notes:

- Either Medicare ID or SSN **must** be populated.
- Underlined data fields will be used for add, update, and delete matching criteria.
- For “Query” the only mandatory fields are: Record Type, COBA ID, Surname (first 6 characters), First Name, Date of Birth, Beneficiary Sex Code, Medicare ID, or SSN.
- The record will be accepted if the BCRC matches on 3 or 4 of the 4 elements for personal identifiers: Surname, First Name, Date of Birth, and Beneficiary Sex Code.

**Table 2: Eligibility Header Record Layout (E00)**

Data Element	Description	Field Length	MO	Field Location
HEADER RECORD TYPE	<b>Value – E00</b>	3X	O	E00.001
HEADER COBA ID	COBA ID assigned by the BCRC. Field is 10 position, alphanumeric (no special characters), right justified, first five positions are zeroes.	10X	O	E00.002
HEADER CREATION DATE	Date the record was created; format: (CCYYMMDD).	8X	O	E00.003
HEADER BENEFICIARY STATE CODE	Beneficiary State of residence. <b>NOTE: This field will not be used by the COBA Process.</b>	2X	O	E00.004
FILLER	Blank field. Value is spaces.	178X	O	E00.005

**\*E02 Header is only required when submitting E01 and E02 records within the same file.**

**Table 3: Eligibility Trailer Record Layout (E99)**

Data Element	Description	Field Length	MO	Field Location
Record Type	<b>Value is ‘E99’.</b>	3X	M	E99.001
Record Count	Total number of records in the file excluding the E00 and E99 records.	7N	M	E99.002
E01 Record Count	Total number of E01 records in this file.	7N	M*	E99.003
E02 Record Count	Total number of E02 records in this file.	7N	M*	E99.004
Filler	Blank Field – Value is spaces.	176X	M	E99.005

If the trading partner’s COBA agreement includes the submission of prescription drug coverage records, the E01 and E02 record count fields must be populated. If the trading partner is not submitting drug coverage records, they can continue to use the existing E99 record.

## **Drug Coverage Eligibility Record Layout (E02)**

TPs can combine the E01 and E02 input files in the same file. However, the header record E00 must be specified followed by the E01 and E02 records (in the indicated order) with the E99 trailer record at the end of the file.