

## E02 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.
8	Medicare ID	12X	62-73	Beneficiary's Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]).
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	15X	90-104	DCN assign by the Trading Partner
12	Transaction Type	1X	105-105	A – Add U – Update D – Delete Q – Query Only
13	Filler	10	106-115	Spaces

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Field	Name	Size	Displacement	Description
14	Insurance Type Code	1X	116-116	The type of insurance for this record. Valid values are: L – Supplemental M – Medigap P – PAP Q – Qualified SPAP N – Non-qualified SPAP W – Comprehensive Hospital, Medical, Drug Z - Health Reimbursement Account (non pharmacy network benefit) 1 – Medicaid 2 – TriCare 3 – Major Medical O – Other
15	BCRC Document Control Number	15X	117-131	DCN assigned by the BCRC
16	Person 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 Medicare ID) 55 – Record reject (no match on personal characteristics) SP – Record reject (See Error code(s))
19	Edit Code 1	4X	145-148	See error code list
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.

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Field	Name	Size	Displacement	Description
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 HMO Effective Date	8N	201-208	Effective Date of Medicare Part C Coverage. Formatted as CCYYMMDD.
29	Current Medicare HMO Termination Date	8N	209-216	Termination Date of Medicare Part C Coverage. Formatted as CCYYMMDD.
30	Current Medicare HMO Contractor Number	5X	217-221	Contractor Number of Part C Contractor.
31	Current Medicare MAPD/PDP Contractor Number	9X	222-230	Medicare Advantage Prescription Drug Plan. Letter H plus 4 digits.
32	Current Medicare MAPD/PDP Effective Date	8N	231-238	Effective Date of Medicare Part D Coverage. Formatted as CCYYMMDD.
33	Current Medicare MAPD/PDP Termination Date	8N	239-246	Termination Date of Medicare Part D Coverage. Formatted as CCYYMMDD. * Zeros if ongoing.
34	Filler	9X	247-255	Spaces
35	Filler	8N	256-263	Spaces
36	Network Benefit Indicator	1X	264-264	Indicator that tells how the beneficiary's drugs are billed: 1= Network (Point of Sale) 0 = Non-network (Paper or Batch)
37	Creditable Coverage Indicator	1X	265-265	Valid values: Y = Yes N = No U = Unknown
38	Filler	5N	266-270	Spaces