

File Layout: Combined COB Report – SSI HMO**Tab Delimited Text File**

Field Number	Field Name	Field Description
1	RECIPIENT_NAME	Name of member
2	RECIPIENT_ID	Medicaid Member ID
3	BIRTH_DATE	Member Date of Birth
4	GENDER	Gender
5	Assigned Provider ID	MCO Provider ID
6	Medicaid Case Number	Medicaid Case Number
7	MCO Enrollment Effective Date	MCO Enrollment Effective Date
8	MCO Enrollment End Date	MCO Enrollment End Date
9	Carrier/Med Stat Code	Carrier Identification Number or Medical Status Code.
10	Group Number	Group Number
11	Carrier Name/Medicare Coverage Description	Insurance carrier name or description of Medicare coverage.
12	Drug Coverage	Has drug coverage (Yes/No).
13	Physician Coverage	Has physician coverage (Yes/No).
14	Dental Coverage	Has dental coverage (Yes/No).
15	Hospital Coverage	Has hospital coverage (Yes/No).
16	Outpatient Coverage	Has outpatient coverage (Yes/No).
17	Nursing Home Coverage	Has nursing home coverage (Yes/No).
18	Vision Coverage	Has vision coverage (Yes/No).
19	DME Rental Coverage	Has DME rental coverage (Yes/No).
20	DME Purchase Coverage	Has DME purchase coverage (Yes/No).
21	Home Health Coverage	Has home health coverage (Yes/No).
22	Policy Relationship	How the insurance coverage is related to the recipient (self, spouse, child, etc).
23	Status	UPD for Update records, DEL for Deleted records, DRP for Dropped records.

Data Dictionary: Combined COB Report

Column	Description	Valid Values
Assigned Provider ID	The identification number assigned to a group or individual that provides medical services to Members.	10-digit number.
Case Number	This is the ten-digit Medicaid number for the current casehead for the recipient. The casehead is typically the head of the household for a group of recipients, such as a parent or legal guardian and children. It provides a unique identifier that links each member of a case unit (household) together. A recipient can also be their own "case", with the same number for the recipient ID and the case number.	10-digit number.
MCO Enrollment Effective Date	The first day of Medicaid coverage for a recipient for a particular eligibility segment. OR The date that the recipient's insurance policy coverage started.	Any date in a MM/DD/YYYY format
MCO Enrollment End Date	The last day of Medicaid coverage for a recipient on a specific eligibility segment. OR The date that the recipient's insurance policy coverage ends. After this date, the TPL coverage stops being applied against payment of Medicaid claims. If the policy is currently in effect this field is empty (null). An end date is entered only when the policy is terminated.	Any date in a MM/DD/YYYY format
Carrier / Med Stat Code	The Insurance carrier for the recipient's other insurance. This is a three-character coordination of benefits (COB) code assigned to each insurance carrier. A recipient may have more than one other insurance company. OR The two-character medical status code assigned to the recipient for the period of Medicaid eligibility. This code identifies the reason for eligibility.	Any valid 1, 2 or 3-digit code
Group Number	This is a 16-character code assigned by the COB carrier to identify the group that the recipient's insurance policy is carried under. This may be a name if no number is available.	Any 16-character code.

Column	Description	Valid Values
Carrier Name / Medicare Coverage Description	Insurance carrier name or description of Medicare coverage.	Any insurance company, or Medicare Coverage Description: 1: NO MEDICARE COVERAGE 2: MEDICARE PART A COVERAGE ONLY 3: MEDICARE PARTS A AND B COVERAGE 4: MEDICARE PART B COVERAGE ONLY 5: MEDICARE PART A ELIGIBLE FOR PART B, BUT ELECTED NOT TO PARTICIPATE IN PART B 6: MEDICARE PART A, B, AND D COVERAGE 7: MEDICARE PART B AND D COVERAGE
Drug Coverage	Indicates whether or not the insurance policy for the recipient covers drugs	NO, YES
Physician Coverage	Indicates whether or not the insurance policy for the recipient covers physician visits	NO, YES
Dental Coverage	Indicates whether or not the insurance policy for the recipient covers dental procedures.	NO, YES
Hospital Coverage	Indicates whether or not the insurance policy for the recipient covers inpatient hospital claims.	NO, YES
Outpatient Coverage	Indicates whether or not the insurance policy for the recipient covers outpatient visits.	NO, YES
Nursing Home Coverage	Indicates whether or not the insurance policy of the recipient covers a nursing home stay.	NO, YES
Vision Coverage	Indicates whether or not the insurance policy for the recipient covers visits to eye doctors.	NO, YES
DME Rental Coverage	Indicates whether or not the insurance policy for the recipient covers Durable Medical Equipment (DME) rental costs.	NO, YES
DME Purchase Coverage	Indicates whether or not the insurance policy for the recipient covers costs to purchase Durable Medical Equipment (DME)	NO, YES
Home Health Coverage	Indicates whether or not the insurance policy for the recipient covers home health costs.	NO, YES
Policy Relationship	How the insurance coverage is related to the recipient	Self, Spouse, Child, Stepchild, Other, Unknown
Status	The status of the record	UPD, DEL,DRP