DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

DATE: April 14, 2020

TO: All Part D Plans

FROM: Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Coordination of Benefits (COB) Updates

This email notifies Part D sponsor staff, responsible for the receipt and handling of Coordination of Benefits (COB) files, of the upcoming annual full replacement file refresh from the Centers for Medicare & Medicaid Services (CMS). We are also taking this opportunity to announce a change in the communication of the file.

2020 Full Replacement Coordination of Benefits (COB) File

Beginning April 27, 2020 each Part D plan will receive an Annual Full Replacement COB-OHI file for all enrollees with other coverage. Due to file size constraints, sponsors with a large number of Part D enrollees with other coverage may receive multiple COB-OHI files over a three to four day interval. These files will contain no special identifiers distinguishing them from the normal daily COB-OHI notification files, but they will be identifiable based on the date of receipt and the large size of the files.

The daily COB process will cease while full replacement files are being generated. Therefore, the full replacement files will not include record updates that would normally be included in the daily COB-OHI notification files. Any record updates occurring during the week beginning April 26th, will be sent in the daily notification files once the full replacement file process is completed.

New File in the Daily COB Communication

As of May 11th any plan that does not have at least one beneficiary with a COB change will receive a file indicating that there is no reported COB change for the plan to process. This process is consistent with the information plans receive through the MARx system Daily Transaction Reply Report (TRR). The file layout will be as follows:

MARx COB-OHI No Report File

Data Field	Len	Position	Format	Valid Values
Record Type	3	1 – 3	Character	The value will be 'DTL'
Beneficiary Identifier	12	4 – 15	Character	Blank
Social Security Number (SSN)	9	16 – 24	Numeric	Blank
Date of Birth	8	25 – 32	Character	Blank
Gender Code	1	33 – 33	Character	Blank
Contract Number	5	34 – 38	Character	The value will be the Contract Number (**Contract Number from CMS**).
Plan Benefit Package (PBP)	3	39 – 41	Character	Blank
Action Type	1	42 – 42	Character	Blank
Part D Prescription (Rx) Identification (ID) Number	20	43 – 62	Character	Blank
Part D Rx Group Number	15	63 – 77	Character	Blank
Part D Rx Bank Identification Number (BIN)	6	78 – 83	Character	Blank
Part D Rx Processor Control Number (PCN)	10	84 – 93	Character	Blank
Part D Effective Date	8	94 – 101	Character	Blank
Part D Termination Date	8	102 – 109	Character	Blank
Filler	991	110 – 1100	Character	The value will be '**NO REPORT**'

Please send any questions about this initiative to PartD_COB@cms.hhs.gov.