

Confirmation of Benefits (COB)

TPA Exchange File Layout

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# Summary

This file layout is used to transmit member and/or dependent information regarding secondary insurance to corresponding vendors. File is a weekly incremental file.

# Contact Information

## Information Technology

For questions concerning transmission of files, connection errors or other technical issues, please contact the IT Helpdesk by calling 405-521-2444 or toll free at 1-866-521-2444 or emailing [helpdesk@omes.ok.gov](mailto:helpdesk@omes.ok.gov).

## Member Services

For questions pertaining to member enrollment, eligibility, coverage and other member related issues please contact HealthChoice Member Services by calling 405-717-8780 or toll free at 1-800-752-9475 between 7:45 AM – 4:30 PM, Monday through Friday, or visit our website at [www.ok.gov/sib/](http://www.ok.gov/sib/).

# File Format

The file is a flat 175 byte text file consisting of alpha/numeric characters. Each line contains an individual record.

# File Layout

| # | Field Name | Position | Data Type | Format | Required | Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Member ID | 1-9 | ALPHA/NUMERIC |  | Y | Primary member id |
| 2 | SSN | 10-18 | ALPHA/NUMERIC |  | Y | Social security number of individual |
| 3 | Person Code | 19-20 | ALPHA/NUMERIC | 00 – Member  01-09 – Spouse  10-99 – Child | Y | Person/relationship code |
| 4 | Last Name | 21-70 | ALPHA |  | Y | Last name of individual |
| 5 | First Name | 71-120 | ALPHA |  | Y | First name of individual |
| 6 | Middle Initial | 121 | ALPHA |  | N | Middle initial of individual |
| 7 | Alternative Insurance Indicator | 122 | ALPHA | N – No  Y – Yes | Y | Alternative insurance indicator |
| 8 | Alternative Insurance Code | 123-132 | ALPHA/NUMERIC |  | N | Code for alternative insurance |
| 9 | Alternative Insurance ID | 133-150 | ALPHA/NUMERIC |  | N | ID number for alternative insurance |
| 10 | Alternative Physician Code | 151-159 | ALPHA/NUMERIC |  | N | Physician code for alternative insurance |
| 11 | Alternative Insurance Start Date | 160-167 | ALPHA/NUMERIC | YYYYMMDD | Y | Start date of alternative insurance |
| 12 | Alternative Insurance End Date | 168-175 | ALPHA/NUMERIC | YYYYMMDD | N | End date of alternative insurance |

# Trading Partner Agreements

As required by 45 CFR §164.502(e), EGID requires satisfactory assurance from any entity with whom it contracts, and any subcontractor thereof, that it will appropriately safeguard the protected health information/individually identifiable health information covered by this agreement. To document this assurance EGID requires a properly executed copy of its Business Associate Agreement.

# Change History

| Version | Modified By | Description | Date Published |
| --- | --- | --- | --- |
| 1.00 | Todd Marney | **First version** | **12/23/2020** |