



Office of Financial Management/Financial Services Group

December 23, 2009

Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007
(See 42 U.S.C. 1395y(b)(7) & (8))

Technical ALERT for Liability Insurance (Including Self-Insurance), No-Fault Insurance and Workers' Compensation

This alert provides technical information regarding:

- Updates to the Query File processing to include DCNs for January 2010
- Updates to the HEW software for January 2010

DCNs Added to X12 270/271 Query Input and Response Files

As of January 6, 2010, two, RRE-defined, optional document control number (DCN) fields are available for use on the X12 270/271 transaction set for the Query Input and Response Files. The DCN fields are alphanumeric data types. The CMS Coordination of Benefits Contractor (COBC) will always return these values on the 271 response with the value the RRE submitted in these DCN fields so that the RRE may use them to match response records to input records.

The Section 111 X12 270/271 companion document will be updated with this information and re-posted to the NGHP page of www.cms.hhs.gov/MandatoryInsRep ("270/271 Health Care Eligibility Benefit Inquiry and Response; HIPAA Guidelines for Electronic Transactions, Companion Document for Mandatory Reporting Non-GHP Entities").

The use of these DCN fields is *optional*. RREs may continue to use the prior mapping document for the X12 270/271, without these changes, as they deem appropriate. The HIPAA Eligibility Wrapper (HEW) software modifications to accommodate this change are described in the next section of this alert.

The 2100C-NM1 segment of the 270 transaction set is being updated as follows to accommodate the new DCN fields:

The 2100C-NM1 – Subscriber Name segment identifies the subscriber (insured) by name and identification number. <i>(variable length)</i>					
NM10 1	Entity Identifier Code	NM 1	2100 C	'IL' (for insured or subscriber)	IL
NM10 2	Entity Type Qualifier	NM 1	2100 C	'1' (for Person)	1
NM10 3	Subscriber Last Name	NM 1	2100 C	First 6 bytes of Last Name of subscriber (insured)	DOE
NM10 4	Subscriber First Name	NM 1	2100 C	First initial of subscriber (insured)	J
NM10 8	Identification Code Qualifier	NM 1	2100 C	'MI' (for member identification number)	MI
NM10 9	Subscriber Primary Identifier	NM 1	2100 C	Member's HICN	123456789A
Information Receiver Additional Identification					
REF01	Reference Identification Qualifier	REF	2100 C	'IG' (for insurance policy number)	IG
REF02	Subscriber Supplemental Identifier	REF	2100 C	Plan enrollees Social Security Number (9-digits) Do not include hyphens.	999999999
REF01	Reference Identification Qualifier	REF	2100 C	'NQ' Medical Recipient Identification Number	NQ
REF02	Subscriber Supplemental Identifier	REF	2100 C	Primary RRE defined DCN for tracking of	098765432109876543210987654321

				this beneficiary	
REF01	Reference Identification Qualifier	REF	2100C	'EA' Medical Record Identification Number	EA
REF02	Subscriber Supplemental Identifier	REF	2100C	Secondary RRE defined DCN for tracking of this beneficiary	123456789012345678901234567890

The 2100C-NM1 segment of the 271 transaction set is being updated as follows:

The 2100C-NM1 – Subscriber Name segment identifies the subscriber (insured) for whom the eligibility information was requested.					
NM101	Entity Identifier Code	NM1	2100C	'IL' (for insured or subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM103	Subscriber Last Name	NM1	2100C	First 6 bytes of Last Name of subscriber (insured)	DOE
NM104	Subscriber First Name	NM1	2100C	First initial of subscriber (insured)	J
NM108	Identification Code Qualifier	NM1	2100C	'MI' (for member identification number)	MI
NM109	Subscriber Primary Identifier	NM1	2100C	Member's HICN – current HICN will be returned if an older one was submitted	123456789A
REF01	Reference	REF	2100	'IG'	IG

	Identification Qualifier		C	Insurance Policy Number	
REF02	Subscriber Supplemental Identifier	REF	2100 C	Subscriber Social Security Number – If the SSN provided does not match the SSN on file, zeros will be returned.	999999999
REF01	Reference Identification Qualifier	REF	2100 C	‘NQ’ Medical Recipient Identification Number	NQ
REF02	Subscriber Supplemental Identifier	REF	2100 C	Primary RRE defined DCN for tracking of this beneficiary	098765432109876543210987654321
REF01	Reference Identification Qualifier	REF	2100 C	‘EA’ Medical Record Identification Number	EA
REF02	Subscriber Supplemental Identifier	REF	2100 C	Secondary RRE defined DCN for tracking of this beneficiary	123456789012345678901234567890

Updates to the HEW Software

As of January 6, 2010, a new version of the HIPAA Eligibility Wrapper (HEW) software will be made available, Version 2.0.0. This version will include the ability for RREs to submit up to two, RRE-defined, optional document control number (DCN) fields on input records and have them returned on response records. The DCN fields are alphanumeric,

may contain spaces, numbers, letters, and special characters as defined for an alphanumeric field type, are left justified and unused bytes are to be space filled. The CMS Coordination of Benefits Contractor (COBC) will always return Query Response records with the value the RRE submitted in these DCN fields so that the RRE may use them to match response records to input records. The updated file layouts for the flat file input/output for the HEW software are shown below. Note that the input file record lengths have been increased to 200 bytes and the response output file records are 300 bytes for Version 2.0.0.

In addition, effective with Version 2.0.0 released in January 2010, the Windows PC/Server version of the HEW may be invoked using a command line interface. Instructions on how to invoke the HEW software from an automated process can be found in documentation that is contained in the software package download. Changes have also been made to resolve issues related to processing response files downloaded in a UNIX text format. This new version of the HEW will process response files downloaded from the Section 111 COB Secure Website (COBSW) that are in either a UNIX text or MS-DOS text format.

Upgrading to Version 2.0.0 of the HEW software is *optional*. RREs may continue to use the current mainframe or Windows PC/Server version of the HEW if they choose. However, RREs must implement the new version of the HEW software in order to make use of the new DCN fields.

The Version 2.0.0 Windows PC/Server HEW software may be downloaded from the Section 111 COBSW after logging in as of January 6, 2010 at www.section111.cms.hhs.gov. A copy of the updated mainframe HEW software may be obtained directly from your EDI Representative.

HEW Version 2.0.0 Flat File Input/Output Record Layouts:

Section 111 HEW Version 2.0.0 Query Input File Header Record – 200 Bytes				
Field	Name	Size	Displacement	Description
1.	Header Indicator	2	1-2	Must be: 'H0' Alphanumeric. Required.
2.	RRE ID	9	3-11	'000010001', '000010002', etc. RRE ID number assigned by COBC. Pad with leading zeroes. Numeric. Required.
3.	File Type	4	12-15	'NGHQ' – NGHP Query. Alphanumeric. Required.

4.	Cycle Date	8	16-23	File date (CCYYMMDD). Numeric Date. Required.
5.	Filler	177	24-200	Unused Field. Fill with spaces.

Section 111 HEW Version 2.0.0 Query Input File Detail Record – 200 Bytes

Field	Name	Size	Displacement	Description
1.	HIC Number	12	1-12	Medicare Health Insurance Claim Number. Alphanumeric. Optional.
2.	Last Name	6	13-18	First 6 characters of the surname of Individual/Injured Party. Alphabetic. Should be submitted as the first 6 characters of the last name appear on the individual's Social Security or Medicare Insurance card. Required.
3.	First Initial	1	19-19	First Initial of Individual/Injured Party. Alphabetic. Should be submitted as the first character of the first name appears on the individual's Social Security or Medicare Insurance card. Required.
4.	DOB	8	20-27	Individual's Date of Birth (CCYYMMDD). Numeric Date. Required.
5.	Sex Code	1	28-28	Individual's Gender: 0 = Unknown* 1 = Male 2 = Female Numeric. Required. *If a value of '0' is submitted, the

Section 111 HEW Version 2.0.0 Query Input File Detail Record – 200 Bytes

Field	Name	Size	Displacement	Description
				COBC will change it to '1' for matching purposes.
6.	SSN	9	29-37	Social Security Number of the Individual/Injured Party. Numeric. Required if HICN not provided.
7.	RRE DCN 1	30	38-67	Primary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.
8.	RRE DCN 2	30	68-97	Secondary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.
9.	Filler	1	98-200	Unused. Fill with spaces.

Section 111 HEW Version 2.0.0 Query Input File Trailer Record – 200 Bytes

Field	Name	Size	Displacement	Description
1.	Trailer Indicator	2	1-2	Must be: 'T0' Alphanumeric. Required.
2.	RRE ID	9	3-11	'000010001', '000010002', etc. RRE ID number assigned by COBC. Numeric. Pad with leading zeroes. Must match RRE ID supplied on header record. Required.
3.	File Type	4	12-15	Must be 'NGHQ' – NGHP Query. Required.
4.	Cycle Date	8	16-23	File date (CCYYMMDD). Numeric Date. Required.
5.	Record Count	9	24-32	Number of individual query records in this file. Do not

				include the Header and Trailer Records in the Record Count. Numeric. Required.
6.	Filler	168	33-200	Unused Field. Fill with spaces.

Section 111 HEW Version 2.0.0 Query Response File Record – 300 Bytes				
Field	Name	Size	Displacement	Description
1.	HIC Number (HICN)	12	1-12	Medicare Health Insurance Claim Number. Medicare's unique identifier associated with the individual. Filled with spaces if the individual is not identified as a Medicare beneficiary based upon the information submitted. COBC supplied.
2.	Last Name	6	13-18	Surname of Individual/Injured Party. Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted.
3.	First Initial	1	19-19	First Initial of Individual/Injured Party. Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted.

Section 111 HEW Version 2.0.0 Query Response File Record – 300 Bytes

Field	Name	Size	Displacement	Description
4.	DOB	8	20-27	Individual's Date of Birth (CCYYMMDD). Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted.
5.	Sex Code	1	28-28	Covered Individual's Gender: 1 = Male* 2 = Female Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted. *If '0' was submitted on the input record then the COBC will change this value to '1' prior to matching.
6.	SSN	9	29-37	Social Security Number of the individual as submitted by the RRE on the input record. Note: If both a HICN and an SSN were submitted on the input file and CMS matched on the HICN, CMS takes no action to validate the SSN.
7.	Filler	62	38-99	Future Use

Section 111 HEW Version 2.0.0 Query Response File Record – 300 Bytes

Field	Name	Size	Displacement	Description
8.	Disposition Code	2	100-101	01 = Individual was identified as a Medicare beneficiary based upon the information submitted. 51 = Individual was not identified as a Medicare beneficiary based upon the information submitted. COBC supplied.
9.	CMS Document Control Number	15	102-116	Unique ID assigned to response record for tracking by the COBC. COBC supplied.
10.	RRE DCN 1	30	117-146	Primary identifier assigned to record by RRE for tracking as submitted on the input record.
11.	RRE DCN 2	30	147-176	Secondary identifier assigned to record by RRE for tracking as submitted on the input record.
12.	Filler	124	177-300	Future Use