



## **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 Group Health Plan (GHP) RREs**

This alert provides technical information regarding:

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

### **DCNs Added to X12 270/271 Query Only 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 Only 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 GHP page of [www.cms.hhs.gov/MandatoryInsRep](http://www.cms.hhs.gov/MandatoryInsRep) ("270/271 Health Care Eligibility Benefit Inquiry and Response; HIPAA Guidelines for Electronic Transactions, Companion Document for Mandatory Reporting 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	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 Only 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](http://www.section111.cms.hhs.gov). A copy of the updated mainframe HEW software may be obtained directly from your EDI Representative.

The information contained in this alert will be published in the updated Section 111 GHP User Guide at a later date.

HEW Version 2.0.0 Flat File Input/Output Record Layouts:

### HEW Query Only Input File Header Record - Version 2.0.0

Section 111 HEW V2.0.0 Query Only Input File Header Record – 200 Bytes				
Field	Name	Size	Displacement	Description
1.	Header Indicator	2	1-2	Must be: 'H0'. <b>Required.</b>
2.	Section 111 RRE ID (RRE ID)	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. <b>Required.</b>
3.	File Type	4	12-15	Must be 'IACT'. <b>Required.</b>
4.	File Date	8	16-23	Date RRE created or transmitted the file. (CCYYMMDD). <b>Required.</b>
5.	Filler	177	24-200	Unused Field. Fill with spaces.

**HEW Query Only Input File Detail Record - Version 2.0.0**

<b>Section 111 HEW V2.0.0 Query Only Input File Detail Record – 200 Bytes</b>				
<b>Field</b>	<b>Name</b>	<b>Size</b>	<b>Displacement</b>	<b>Description</b>
1.	HIC Number	12	1-12	Medicare Health Insurance Claim Number. <b>Required if SSN not provided.</b>
2.	Last Name	6	13-18	First 6 characters of the last name of Covered Individual. Provide the last name as it appears on the individual's SSN or Medicare Card. <b>Required.</b>
3.	First Initial	1	19-19	First Initial of Covered Individual. Provide the first initial as it appears on the individual's SSN or Medicare Card. <b>Required.</b>
4.	DOB	8	20-27	Covered Individual's Date of Birth (CCYYMMDD). <b>Required.</b>
5.	Sex Code	1	28-28	Covered Individual's Gender: 0 = Unknown* 1 = Male 2 = Female <b>Required.</b> *If a value of '0' is submitted, the COBC will change it to '1' for matching purposes.
6.	SSN	9	29-37	Social Security Number of the Covered Individual. <b>Required if HICN not provided.</b>
7.	RRE DCN 1	30	38-67	Primary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record.
8.	RRE DCN 2	30	68-97	Secondary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record.
9.	Filler	103	98-200	Unused field. Fill with spaces.

## HEW Query Only Input File Trailer Record - Version 2.0.0

Section 111 HEW V2.0.0 Query Only Input File Trailer Record – 200 Bytes				
Field	Name	Size	Displacement	Description
1.	Trailer Indicator	2	1-2	Must be: 'T0'
2.	Section 111 Reporter ID (RRE ID)	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. Must match RRE ID used on the header record. <b>Required.</b>
3.	File Type	4	12-15	Must be 'IACT'. <b>Required.</b>
4.	File Date	8	16-23	Date RRE created or transmitted the file. Must match the date used on the header record. (CCYYMMDD). <b>Required.</b>
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. <b>Required.</b>
6.	Filler	168	33-200	Unused Field. Fill with spaces.

## HEW Query Only Response File Record - Version 2.0.0

Note: The HEW Query Only Response File does not have a header or trailer record.

Section 111 HEW V2.0.0 Query Only Response File Record – 300 Bytes				
Field	Name	Size	Displacement	Description
1.	HIC Number	12	1-12	Current Medicare Health Insurance Claim Number. COBC supplied if individual was matched to a Medicare beneficiary.
2.	Surname	6	13-18	First 6 characters of the Last name of Covered Individual. COBC supplied if individual was matched to a Medicare beneficiary.
3.	First Initial	1	19-19	First Initial of Covered Individual. COBC supplied if individual was matched to a Medicare beneficiary.
4.	DOB	8	20-27	Covered Individual's Date of Birth (CCYYMMDD). COBC supplied if individual was matched to a Medicare beneficiary.
5.	Sex Code	1	28-28	Covered Individual's Gender: 1 = Male* 2 = Female COBC supplied if individual was matched to a Medicare beneficiary. *If '0' was submitted on the input record then the COBC will change this value to '1' regardless of a match.
6.	SSN	9	29-37	Social Security Number of the Covered Individual as submitted on the input record.
7.	Entitlement Reason (Medicare reason)	1	38	Reason for Medicare Entitlement: A = Aged

**Section 111 HEW V2.0.0 Query Only Response File Record – 300 Bytes**

<b>Field</b>	<b>Name</b>	<b>Size</b>	<b>Displacement</b>	<b>Description</b>
				B = ESRD G = Disabled COBC supplied.
8.	Current Medicare Part A Effective Date	8	39-46	Effective Date of Medicare Part A Coverage (CCYYMMDD). COBC supplied.
9.	Current Medicare Part A Termination Date*	8	47-54	Termination Date of Medicare Part A Coverage (CCYYMMDD). * Blank if ongoing. COBC supplied.
10.	Current Medicare Part B Effective Date	8	55-62	Effective Date of Medicare Part B Coverage (CCYYMMDD). COBC supplied.
11.	Current Medicare Part B Termination Date*	8	63-70	Termination Date of Medicare Part B Coverage (CCYYMMDD). *Blank if ongoing. COBC supplied.
12.	Medicare Beneficiary Date of Death	8	71-78	Beneficiary Date of Death (CCYYMMDD). COBC supplied.
13.	Current Medicare Part C Plan Contractor Number	5	79-83	Contractor Number of the current Part C Plan in which the beneficiary is enrolled. COBC supplied.
14.	Current Medicare Part C Plan Enrollment Date	8	84-91	Effective Date of coverage provided by the beneficiary's current Medicare Part C Plan (CCYYMMDD). COBC supplied.
15.	Current Medicare Part C Plan Termination Date*	8	92-99	Termination Date of the coverage provided by the beneficiary's current Medicare Part C Plan (CCYYMMDD). *Blank if ongoing. COBC supplied.
16.	Disposition Code	2	100-101	01 = Record Accepted.

**Section 111 HEW V2.0.0 Query Only Response File Record – 300 Bytes**

<b>Field</b>	<b>Name</b>	<b>Size</b>	<b>Displacement</b>	<b>Description</b>
				Individual was matched to a Medicare beneficiary. 51 = Individual was not matched to a Medicare beneficiary. COBC supplied.
17.	CMS Document Control Number	15	102-116	COBC generated record tracking number. COBC supplied.
18.	RRE DCN 1	30	117-146	Primary identifier assigned to record by RRE for tracking as submitted on the input record.
19.	RRE DCN 2	30	147-176	Secondary identifier assigned to record by RRE for tracking as submitted on the input record.
20.	Filler	74	177-300	Future Use