MMSEA Section 111
Medicare Secondary Payer Mandatory Reporting

Liability Insurance
(Including Self-Insurance),
No-Fault Insurance, and Workers' Compensation
USER GUIDE

Chapter V: APPENDICES

Version 7.1

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Chapter 1: Summary of Version 7.1 Updates

The updates listed below have been made to the Appendices Chapter Version 7.1 of the NGHP User Guide. As indicated on prior Section 111 NGHP Town Hall teleconferences, the Centers for Medicare & Medicaid Services (CMS) continue to review reporting requirements and will post any applicable updates in the form of revisions to Alerts and the user guide as necessary.

The *File Type* value in the *NGHP Unsolicited Response File Header Record* now reads "USOL" (Appendix F).

Chapter 2: Introduction

The Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide has been written for use by all Section 111 liability insurance (including self-insurance), no-fault insurance, and workers' compensation Responsible Reporting Entities (RREs). The five chapters of the User Guide—referred to collectively as the "Section 111 NGHP User Guide"—provide information and instructions for the Medicare Secondary Payer (MSP) NGHP reporting requirements mandated by Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173).

This **Appendices Chapter** of the MMSEA Section 111 NGHP User Guide provides detailed information on Section 111 file format standards, and record and field specifications for the files used to report Section 111 claim information. The other four chapters of the NGHP User Guide: Introduction and Overview, Registration Procedures, Policy Guidance, and Technical Information should be referenced as needed for applicable guidance.

Please note that CMS will continue to update and to implement the Section 111 requirements. New versions of the Section 111 User Guide will be issued, when necessary, to document revised requirements and add clarity. At times, certain information will be released in the form of an Alert document. Any Alert dated subsequent to the date of the currently published user guide supersedes the applicable language in the user guide. All updated Section 111 policy and technical reporting requirements published in the form of an Alert will be incorporated into the next version of the user guide. RREs must refer to the current user guide and any subsequent Alerts for complete information on Section 111 reporting requirements.

All information pertinent to Section 111 reporting can be found on the various pages of the Section 111 website (https://go.cms.gov/mirnghp). Please check this site often for the latest version of this guide and for other important information such as the aforementioned Alerts. To be notified via email of updates to this Web page, click on the Subscription Sign-up for Mandatory Insurer Reporting (NGHP) Web Page Update Notification link found in the Related Links section of the web page and add your email address to the distribution list. When new information regarding mandatory insurer reporting for NGHPs is available, you will be notified. These announcements will also be posted to the NGHP **What's New** page. Additional information related to Section 111 can be found on the login page of the Section 111 Coordination of Benefits Secure Website (COBSW) at https://www.cob.cms.hhs.gov/Section111/.

Technical questions should be directed to your Electronic Data Interchange (EDI) Representative. Your EDI Representative contact information can be found in your profile report (received after registration has been completed).

Note: Section 3 (File Formats) apply to RREs using a file submission method.

Chapter 3: File Formats

3.1   General File Standards

Both the Claim Input and TIN Reference Files are transmitted in a flat, text, ASCII file format. The Connect:Direct file transmission method will convert files into EBCDIC. Query Files are transmitted using the ANSI X12 270/271 Entitlement Query transaction set. On request, the BCRC will supply each RRE free software to translate flat file formats to and from the X12 270/271. As described in the NGHP User Guide Technical Information Chapter IV, the Query File formats are the flat file input and output to the translator software supplied by the BCRC. The remainder of this section assumes the RRE will use that software. If you are using your own X12 translator, the necessary mapping is documented in an X12 270/271 companion guide that can be downloaded from the NGHP Use Guide page. Note that the BCRC will only accept files transmitted using the 5010A1 version of the X12 270/271. RREs will continue to be given at least 6 months advance notice of any future upgrades.

Mainframe and Windows PC/Server-based versions of the HEW software are available. You may download the Windows version of the HEW software after logging on to the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/. You may request a copy of both the mainframe and Windows versions from your EDI Representative or by contacting the EDI Department at 646-458-6740. The HEW software is maintained free of charge by the BCRC. No source code will be provided.

With the exception of the X12 270/271, all input files submitted for Section 111 must be fixed width, flat, text files. All records in the file must be the same length, as specified in the file layouts. If the data submitted ends prior to the end of the specified record layout, the rest of the record must be completely filled or padded with spaces.

All data fields on the files are of a specified length and should be filled with the proper characters to match those lengths. No field delimiters, such as commas between fields, are to be used. A carriage return/line feed (CRLF) character is in the byte following the end of each record layout defined in this chapter of the NGHP User Guide (2221st byte of the line if the record is defined as 2220 bytes). When information is not supplied for a field, provide the default value per the specific field type (numeric and numeric date fields filled with zeroes; alphabetic, alphanumeric and "Reserved for Future Use" fields filled with spaces).

Each input file format contains at least three record types.

- Header Record—each file begins with a header record. Header records identify the type of file being submitted, and will contain your Section 111 RRE ID. (You will receive your RRE ID on your profile report after your registration for Section 111 is processed.)
- Detail Records—represent claim information where the injured party is a Medicare beneficiary, or query requests for individuals on the Query Input File.
- Trailer Record—each file always ends with a *trailer* record that marks the end of the file and contains summary information including counts of the detail records for validation purposes.

Each header record must have a corresponding trailer record. The file submission date supplied on the header record must match the date supplied on the corresponding file trailer record. Each trailer record must contain the proper count of detail records. **Do not include the header and trailer records in these counts.** If the trailer record contains invalid counts, your entire file will be rejected.

3.2   Data Format Standards

The following table defines the formatting standard for each data type found in the Section 111 files, both input and response. **These standards apply unless otherwise noted in specific file layouts.**

Table 3-1: Data Format Standards

DataType	Formatting Standard	Examples
Numeric	Zero through nine (0—9) Right justified. **Padded with leading zeroes.** Do not include decimal point. See individual field descriptions for any assumed decimal places. Default to all zeroes unless otherwise specified in the record layouts. **Note: the last two positions of dollar amount fields reflect cents. For example, in an 11 byte numeric field specified as a dollar amount, an amount of 10,000 (ten thousand) dollars and no cents must be submitted as "00001000000."**	Numeric (5): "12345" Numeric (5): "00045"
Alphabetic	A through Z. Left justified. Non-populated bytes padded with spaces. Alphabetic characters sent in lower case will be converted and returned in upper case. Default to all spaces unless otherwise specified in the record layouts. Embedded hyphens (dashes), apostrophes and spaces will be accepted in alphabetic last name fields. First name fields may only contain letters and spaces.	Alpha (12): "TEST EXAMPLE" Alpha (12): "EXAMPLE" Alpha (12): "SMITH-JONES " Alpha (12): "O'CONNOR"

DataType	Formatting Standard	Examples
Alphanumeric	A through Z (all alpha) + 0 through 9 (all numeric) + special characters: Comma (,) Ampersand (&) Space ( ) Hyphen/Dash (-) Period (.) Single quote (') Colon (:) Semicolon (;) Number (#) Forward slash (/) At sign (@) Left justified Non-populated bytes padded with spaces Alphabetic characters sent in lower case will be converted and returned in upper case. Default to all spaces unless otherwise specified in the record layouts. Parentheses ( ) are not accepted.	Text (8): "AB55823D" Text (8): "XX299Y" Text (18): "ADDRESS@DOMAIN.COM" Text (12): " 800-555-1234" Text (12): "#34 "
Alphanumeric Plus Parens	Same as above but including Parentheses ( )	"Department Name (DN)"
Numeric Date	Zero through nine (0—9) formatted as CCYYMMDD. No slashes or hyphens. Default to zeroes unless otherwise specified in the file layouts (no spaces are permitted).	A date of March 25, 2011 would be formatted as "20110325" Open ended date: "00000000"
Reserved for Future Use	Populate with spaces. Fields defined with this field type may not be used by the RRE for any purpose. They must contain spaces.	-

Appendix A: Claim Input File Layout

Claim Input File Header Record

Table A-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Header Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCH." **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPCLM." **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding trailer record. Format: CCYYMMDD **Required.**
5	Reserved for Future Use	2192	29	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Detail Record

Note: This record is used to submit Injured Party/Medicare Beneficiary Information when the injured party is/was a Medicare beneficiary. Please see Table A-2 for supplementary information and specific reporting instructions for certain fields on the Claim Input File Detail Record Layout in addition to the individual field descriptions on the Claim Input File Detail Record Layout in Table A-3.

Table A-2: Claim Input File Supplementary Information and Specific Reporting Instructions

Fields	Description	Specific Reporting Instructions
44 & 45	Self-Insured Information	This information is required to: • Indicate if the reportable event involves "self-insurance" as defined by CMS; and • If yes, specific information regarding the self-insured individual or entity

Fields	Description	Specific Reporting Instructions
64-76	Injured Party's Attorney or Other Representative Information	Attorney/Representative information required only if injured party has a representative. **If injured party does not have a representative (Injured Party Representative Indicator is a space), default each field in this section to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 64-76) with spaces if not supplying Representative Information.**
84-97	Claimant Information	These fields are **Optional**. This section is only to be used if the injured party is deceased. The claimant may be the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. Additional claimants may be listed on the Auxiliary Record. **If not supplying Claimant 1 information (Claimant 1 Relationship is a space), default each field (Fields 84-97) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 84-97) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met This section is **not** used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary. See the section for Injured Party's Attorney or Other Representative Information.
99-111	Claimant 1 Attorney/Other Representative Information	These fields are **Optional**. This section is only to be used if the injured party is deceased and the claimant has representation. **If not supplying Claimant 1 Representative information (C1 Representative Indicator is a space), default each field in this section (Fields 99-111) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 99-111) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Table A-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Detail Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCD." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number; assigned by the Section 111 RRE. Each record within the file submitted shall have a unique DCN. The DCN only needs to be unique within the current file being submitted. DCN will be supplied back by BCRC on corresponding response file records for tracking purposes. **Required.**
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change **Note:** For changes/corrections to the initial reports of Total Payment Obligation to the Claimant (TPOC) amounts or to add additional TPOCs, report use "2." **Required.**
4	Injured Party Medicare ID	12	21	32	Alpha-Numeric	Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) Fill with spaces if unknown and Social Security Number (SSN) provided. Do not include dashes. May only contain digits 0 through 9, spaces, and/or letters. No special characters. **Required if SSN not provided.**
5	Injured Party SSN	9	33	41	Alpha-Numeric	Social Security Number May contain only spaces or numbers. Fill with spaces if unknown and Medicare ID provided. No dashes, hyphens or special characters allowed. **Note:** When submitting an SSN, this field may contain either the last 5 digits or the full 9 digits of the SSN. If a partial SSN is submitted, space fill the first four characters followed by the last 5 digits of the SSN. **Required if** Medicare ID **not provided.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
6	Injured Party Last Name	40	42	81	Alphabetic	Surname of Injured Party Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. First position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space. **Required.**
7	Injured Party First Name	30	82	111	Alphabetic	Given or first name of Injured Party. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. May only contain letters and spaces. **Required.**
8	Injured Party Middle Init	1	112	112	Alphabetic	First letter of Injured Party middle name. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. Fill with space if unknown.
9	Injured Party Gender	1	113	113	Numeric	Code to reflect the sex of the injured party. Valid values: 0 = Unknown 1 = Male 2 = Female **Required.**
10	Injured Party DOB	8	114	121	Numeric Date	Date of Birth of Injured Party Must be numeric and contain a valid date prior to the current date. Field cannot contain spaces, alpha characters or all zeroes. Format: CCYYMMDD **Required.**
11	Reserved for Future Use	20	122	141	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
12	**CMS** Date of Incident (DOI*): DOI as defined by CMS*	8	142	149	Numeric Date	Date of Incident (DOI**) as defined by CMS:** • For an automobile wreck or other accident, the date of incident is the date of the accident. • For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the **date of first exposure.** • For claims involving ingestion (for example, a recalled drug), it is the **date of first ingestion.** For claims involving implants, it is the **date of the implant (or date of the first implant if there are multiple implants).** • For claims involving cumulative injury, the DOI is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. **Note**: CMS's definition of DOI generally differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants. Must be numeric and a valid date prior to or equal to the current BCRC processing date. Field cannot contain spaces, alpha characters or all zeroes. Format: CCYYMMDD **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
13	**Industry** Date of Incident (DOI): *DOI routinely used by the insurance/ workers' compensation industry*	8	150	157	Numeric Date	Date of Incident (DOI) *used by the insurance/workers' compensation industry*: For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of **last** exposure, ingestion, or implantation. **Note:** The definition of DOI routinely used by the insurance/workers' compensation industry DOI generally differs from the definition which CMS must use (Field 12) only for claims involving exposure, ingestion, or implants. Field must contain all zeroes or a valid date prior to or equal to the current BCRC processing date. Format: CCYYMMDD **Optional.**
14	Reserved for Future Use	1	158	158	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start	End	Data	Description
15	Alleged Cause of Injury, Incident, or Illness	7	159	165	Alpha-Numeric	ICD-9-CM/ICD-10-CM (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) External Cause of Injury Code describing the alleged cause of injury/illness. **Optional.** Left justify. Do not include decimal point. **See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. In this field only, an ICD-9 code must begin with the letter "E," and an ICD-10 code must begin with "V," "W," "X," or "Y." Codes in this field must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found on CMS.gov at** https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists. Special default for liability reporting: If, and only if: • The ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L; • Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; • There is no allegation of a situation involving medical care or a physical or mental injury; • The settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
16	State of Venue	2	166	167	Alphabetic	US postal abbreviation corresponding to the US State (including The District of Columbia, American Samoa, Guam, Puerto Rico, Washington DC and the US Virgin Islands) whose state law controls resolution of the claim.
						See http://www.usps.com
						If the applicable law that controls the resolution of the claim is federal law (such as the Federal Tort Claim Act or the Federal Employee Compensation Act), then submit "US." Otherwise if the applicable law is state law, supply the code for that state. Insert "FC" in the case where the state of venue is outside the United States.
						If the state of venue is in dispute at the time an RRE reports acceptance of ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals.
						Required.
17	ICD Indicator	1	168	168	Alpha-Numeric	Code to reflect the type of ICD diagnosis codes submitted on the record.
						Valid values:
						• "0" – ICD-10-CM diagnosis codes • "9" – ICD-9-CM diagnosis codes • Space – ICD-9-CM diagnosis codes
						Required.
						Note: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of "9" or space will be rejected with a CI31 error.

Field	Name	Size	Start	End	Data	Description
18	ICD Diagnosis Code 1	7	169	175	Alpha-Numeric	ICD-9-CM/ICD-10-CM Diagnosis Code describing the alleged injury/illness. **Required for add and update records (Action Type = 0 or 2).** Left justify. Do not include decimal point. **See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 codes cannot begin with the letter "E" and cannot begin with the letter "V." ICD-10 codes cannot begin with the letters "V," "W," "X," or "Y." Codes used here must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found on CMS.gov at** https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists. Special default for liability reporting: If, and only if: • ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L; • Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; • No allegation of a situation involving medical care or a physical or mental injury; • Settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 18 then all remaining ICD Diagnosis Codes 2-19 must be filled with spaces.
19	ICD Diagnosis Code 2	7	176	182	Alpha-Numeric	See explanation for Field 18. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18. **Required when multiple body parts are affected.** Provide if available/applicable.

Field	Name	Size	Start	End	Data	Description
20	ICDDiagnosis Code 3	7	183	189	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 3 or more body parts are affected.** Provide if available/applicable.
21	ICDDiagnosis Code 4	7	190	196	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 4 or more body parts are affected.** Provide if available/applicable.
22	ICD Diagnosis Code 5	7	197	203	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 5 or more body parts are affected.** Provide if available/applicable.
23	ICD Diagnosis Code 6	7	204	210	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
24	ICDDiagnosis Code 7	7	211	217	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
25	ICDDiagnosis Code 8	7	218	224	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
26	ICDDiagnosis Code 9	7	225	231	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
27	ICDDiagnosis Code 10	7	232	238	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
28	ICDDiagnosis Code 11	7	239	245	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
29	ICDDiagnosis Code 12	7	246	252	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
30	ICDDiagnosis Code 13	7	253	259	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
31	ICDDiagnosis Code 14	7	260	266	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
32	ICDDiagnosis Code 15	7	267	273	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
33	ICDDiagnosis Code 16	7	274	280	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
34	ICDDiagnosis Code 17	7	281	287	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
35	ICDDiagnosis Code 18	7	288	294	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.

Field	Name	Size	Start	End	Data	Description
36	ICDDiagnosis Code 19	7	295	301	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
37	Reserved for Future Use	107	302	408	Alpha-Numeric	Fill with spaces.
38	Product Liability Indicator	1	409	409	Alpha-Numeric	Fill with spaces.
39	Product Generic Name	40	410	449	Alpha-Numeric	Fill with spaces.
40	Product Brand Name	40	450	489	Alpha-Numeric	Fill with spaces.
41	Product Manufacturer	40	490	529	Alpha-Numeric	Fill with spaces.
42	Product Alleged Harm	200	530	729	Alpha-Numeric	Fill with spaces.
43	Reserved for Future Use	20	730	749	Alpha-Numeric	Fill with spaces.
44	Self Insured Indicator	1	750	750	Alphabetic	Indication of whether the reportable event involves self-insurance as defined by CMS. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix I. You **must** use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 51) is E or L (Workers' Compensation or Liability). The self-insurance rules applicable to Liability and WC do not apply to No-Fault. **Required.** **If Plan Insurance Type is E or L, this field must equal Y or N.** **If Plan Insurance Type is D, this field must equal N or space.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
45	Self-Insured Type	1	751	751	Alphabetic	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not applicable (Self Insured Indicator Field 44 is N or space) **Required and must contain a value of I or O if the Self Insured Indicator (Field 44) is Y. If the Self Insured Indicator is N or space, must equal space.**
46	Policyholder Last Name	40	752	791	Alphabetic	Surname of policyholder or self-insured individual. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Self-Insured Type (Field 45) = I, first position must be an alphabetic character and other positions may contain a letter, hyphen, apostrophe or space. If Self Insured Type is not equal to I, must be all spaces.**
47	Policyholder First Name	30	792	821	Alphabetic	Given/First name of policyholder or self-insured individual. May only contain letters and spaces. **If Self-Insured Type (Field 45) = I, must contain only letters and/or spaces. If Self Insured Type is not equal to I, must be all spaces.**
48	DBA Name	70	822	891	Alpha-Numeric	"Doing Business As" Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = O. **Required if Self-Insured Type (Field 45) = O and Legal Name (Field 49) not provided. If supplied, must be at least 2 characters long. If Self Insured Type (Field 45) = I, must be blank.**
49	Legal Name	70	892	961	Alpha-Numeric	Legal Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = O. **Required if Self-Insured Type (Field 45) = O and DBA Name (Field 48) not provided. If supplied, must be at least 2 characters long. If Self Insured Type (Field 45) = I, must be blank.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
50	Reserved for Future Use	20	962	981	Alpha-Numeric	Fill with spaces.
51	Plan Insurance Type	1	982	982	Alphabetic	Type of insurance coverage or line of business provided by the plan policy or self-insurance. Valid values: D = No-Fault E = Workers' Compensation L = Liability **Required.** *Note: When selecting "no-fault" as the type of insurance, you* **must** *use the CMS definition of no-fault insurance found at 42 CFR § 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.* "No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called "medical payments coverage," "personal injury protection," or "medical expense coverage." See 42 CFR § 411.50."
52	TIN	9	983	991	Numeric	Federal Tax Identification Number of the "applicable plan" used by the RRE, whether liability insurance (including self-insurance), no-fault insurance or a workers' compensation law or plan. Must contain a valid 9-digit Internal Revenue Service (IRS)-assigned Federal Tax Identification Number or foreign RRE pseudo-TIN. Must be numeric. Include leading zeroes. Do not include hyphens. In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration. Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
53	Office Code/Site ID	9	992	1000	Alpha-Numeric	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses under the same TIN. Defined by RRE. Used to uniquely specify different addresses associated with one TIN. If only one address will be used per reported TIN, leave blank. Must have a corresponding entry with associated TIN on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. **If not used, must be filled with spaces. If used, must be a non-zero 9-digit number, right justified and padded on the left with zeroes. No letters or special characters are accepted** **Optional.**
54	Policy Number	30	1001	1030	Alpha-Numeric Plus Parens	The unique identifier for the policy under which the underlying claim was filed. RRE defined. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a specific number reference. Must be at least 3 characters in length. **Required.** If multiple RREs are submitting claims under the same policy number, enter this number consistently and in the same format. While not required when the insurance type is self-insurance, if this number is available, please provide it on all new "add" records.
55	Claim Number	30	1031	1060	Alpha-Numeric Plus Parens	The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a claim number reference. May not be equal to all spaces. **Required.**
56	Plan Contact Department Name	70	1061	1130	Alpha-Numeric Plus Parens	Name of department for the Plan Contact to which claim-related communication and correspondence should be sent. Note that this name is used for informal communications and not used for recovery demand notifications. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
57	Plan Contact Last Name	40	1131	1170	Alphabetic	Surname of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications. If not left blank, first position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space. **Optional.**
58	Plan Contact First Name	30	1171	1200	Alphabetic	Given or first name of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications. May only contain letters and spaces. If not left blank, first position must be an alphabetic character. Other positions must contain letters or spaces. **Optional.**
59	Plan Contact Phone	10	1201	1210	Numeric	Telephone number of individual that should be contacted at the Plan for claim-related communication. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). Must contain 10-digit numeric value. Fill with zeroes if not available. **Optional.**
60	Plan Contact Phone Extension	5	1211	1215	Alpha-Numeric	Telephone extension number of individual that should be contacted at the Plan for claim-related communication. Must be left-justified and unused bytes filled with spaces. Fill with all spaces if unknown or not applicable. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
61	No-Fault Insurance Limit	11	1216	1226	Numeric	Dollar amount of limit on no-fault insurance. (Note: This amount represents a combined total of Med-Pay and PIP.)
						*S*pecify dollars and cents with implied decimal. No formatting (no $ or , or .) For example, a limit of $10,500.00 should be coded as 00001050000.
						Note: the **last two positions reflect cents.** For example, an amount of 500 dollars and no cents must be submitted as "00000050000,"
						Field may not be blank (all spaces). Must contain a valid numeric amount, all zeroes or all 9s as specified below.
						Required if Plan Insurance Type (Field 51) is D (No-Fault Insurance). If Plan Insurance Type is D and there is no such dollar limit, fill with all 9s, otherwise specify amount. All zeroes is not a valid value if the Plan Insurance Type is D.
						If Plan Insurance Type (Field 51) is E (Workers' Compensation) or L (Liability Insurance), must be filled with all zeroes.
62	Exhaust Date for Dollar Limit for No-Fault Insurance	8	1227	1234	Numeric Date	Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 61).
						Format: CCYYMMDD
						Field may not be blank (all spaces). Must contain a valid date or all zeroes as specified below. When a valid date is supplied in Field 62, the same date should be supplied in the ORM Termination Date (Field 79).
						If Plan Insurance Type (Field 51) is D (No-Fault Insurance) and the limit has not yet been reached, fill with all zeroes. Otherwise, specify the date the limit was reached and the same date in the ORM Termination Date (Field 79).
						If Plan Insurance Type (Field 51) is E (Workers' Compensation) or L (Liability Insurance), must be filled with all zeroes.
63	Reserved for Future Use	20	1235	1254	Alpha-Numeric	Fill with spaces

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
64	Injured Party Representative Indicator	1	1255	1255	Alphabetic	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available. **Required if Injured Party has a representative.**
65	Representative Last Name	40	1256	1295	Alphabetic	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
66	Representative First Name	30	1296	1325	Alphabetic	Given or first name of representative. May only contain letters and spaces. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
67	Representative Firm Name	70	1326	1395	Alpha-Numeric	Representative's firm name. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.** **If supplied, must be at least 2 alphanumeric characters.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
68	Representative TIN	9	1396	1404	Alpha-Numeric	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). May contain only spaces or numbers. If no Representative TIN is available, fill with spaces or all zeroes. **Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank.** **Optional.**
69	Representative Mailing Address Line 1	50	1405	1454	Alpha-Numeric	First line of the mailing address for the representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
70	Representative Mailing Address Line 2	50	1455	1504	Alpha-Numeric	Second line of the mailing address of the representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Must be blank if Injured Party Representative Indicator (Field 64) is blank.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
71	Representative City	30	1505	1534	Alpha-Numeric	Mailing address city for the representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
72	Representative State	2	1535	1536	Alphabetic	US Postal abbreviation State Code for the representative named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
73	Representative Mail Zip Code	5	1537	1541	Alpha-Numeric	5-digit Zip Code for the representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
74	Representative Mail Zip+4	4	1542	1545	Alpha-Numeric	4-digit Zip+4 Code for the representative named above. If not applicable or unknown, fill with zeroes (0000). **Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
75	Representative Phone	10	1546	1555	Alpha-Numeric	Telephone number of the representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
76	Representative Phone Extension	5	1556	1560	Alpha-Numeric	Telephone extension number of representative named above. Fill with all spaces if unknown or not applicable. **Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
77	Reserved for Future Use	20	1561	1580	Alpha-Numeric	Fill with spaces.
78	ORM Indicator	1	1581	1581	Alphabetic	Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes N – No **The Y value remains in this field even when an ORM Termination Date (Field 79) is submitted in this same record or a subsequent record.** **Required.**

Field	Name	Size	Start	End	Data	Description
79	ORM Termination Date	8	1582	1589	Numeric Date	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = "Y." ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See NGHP User Guide Technical Information Chapter IV (Sections 6.7 and 6.8) for information concerning exceptions regarding reporting ORM. Future dates are accepted but cannot exceed more than 75 years from the current date. When an ORM termination date is submitted, the ORM indicator in Field 78 **must remain as "Y."** Format: CCYYMMDD Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established. **Note:** If no ORM Termination Date is provided but an Exhaust Date for Dollar Limit for No-Fault Insurance (Field 62) is provided, then this date will be used to auto populate the ORM Termination Date.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
80	TPOC Date 1	8	1590	1597	Numeric Date	Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. Format: CCYYMMDD **Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report.** **Required for all other claim reports.** Must be non-zero if a non-zero value is submitted in TPOC Amount 1. Must be greater than the CMS Date of Incident (Field 12) and less or equal to the file submission date. No future dates allowed. Must be all zeroes if TPOC Amount 1 is all zeroes. **Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
81	TPOC Amount 1	11	1598	1608	Numeric	Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant. If there is a structured settlement, the amount is the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity. For annuities, base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout), whichever calculation results in the larger amount. When this record includes information reflecting ongoing responsibility for medicals (either current or terminated), fill with zeroes unless there is a TPOC date/amount for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ongoing medicals. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. **Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports.** Must be non-zero if a non-zero value is submitted in TPOC Date 1. Must be filled with all zeroes if TPOC Date 1 is all zeroes. **Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.**

Field	Name	Size	Start	End	Data	Description
82	Funding Delayed Beyond TPOC Start Date 1	8	1609	1616	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
83	Reserved for Future Use	20	1617	1636	Alpha-Numeric	Fill with spaces.
84	Claimant 1 Relationship	1	1637	1637	Alphabetic	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. "The Trust of John Doe" or "The Estate of John Doe"). Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g., "The Estate of John Doe") Y = Family, Entity Name Provided (e.g., "The Family of John Doe") Z = Other, Entity Name Provided (e.g., "The Trust of John Doe") Space = Claimant Information Not Supplied (Fields 84 – 98 must contain default values according to Data Type, or all spaces) This section is only to be used if the injured party is deceased. **Optional.**
85	Claimant 1 TIN	9	1638	1646	Alpha-Numeric	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. May contain only spaces or numbers. Must not match other claimant(s) listed on the Auxiliary Record. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all zeroes or all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
86	Claimant 1 Last Name	40	1647	1686	Alphabetic	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** Optional.
87	Claimant 1 First Name	30	1687	1716	Alphabetic	Given/First name of Claimant 1. May only contain letters and spaces. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** Optional.
88	Claimant 1 Middle Initial	1	1717	1717	Alphabetic	First letter of Claimant 1's middle name. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** Optional.
89	Claimant 1 Entity/Organization Name	71	1647	1717	Alpha-Numeric	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** Optional.
90	Claimant 1 Mailing Address Line 1	50	1718	1767	Alpha-Numeric	First line of the mailing address for the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** Optional.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
91	Claimant 1 Mailing Address Line 2	50	1768	1817	Alpha-Numeric	Second line of the mailing address of the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
92	Claimant 1 City	30	1818	1847	Alpha-Numeric	Mailing address city for the claimant named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces.** **Optional.**
93	Claimant 1 State	2	1848	1849	Alphabetic	US Postal abbreviation State Code for the claimant named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
94	Claimant 1 Zip	5	1850	1854	Alpha-Numeric	5-digit Zip Code for the claimant named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
95	Claimant 1 Zip+4	4	1855	1858	Alpha-Numeric	4-digit Zip+4 Code for the claimant named above. If not applicable or unknown, fill with zeroes (0000). **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**
96	Claimant 1 Phone	10	1859	1868	Alpha-Numeric	Telephone number of the claimant named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**
97	Claimant 1 Phone Extension	5	1869	1873	Alpha-Numeric	Telephone extension number of the claimant named above. Fill with all spaces if unknown or not applicable. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
98	Reserved for Future Use	20	1874	1893	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
99	Claimant 1 (C1) Representative Indicator	1	1894	1894	Alphabetic	Code indicating the type of Attorney/Other Representative information provided for Claimant 1. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = Claimant Representative Information Not Supplied. (Fields 99 – 111 must contain default values according to Data Type, or all spaces). If a value is submitted in this field, data must be supplied in Fields 100-111. If Claimant 1 has more than one representative, provide information for their attorney if available. **Optional.**
100	C1 Representative Last Name	40	1895	1934	Alphabetic	Surname of C1 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.**
101	C1 Representative First Name	30	1935	1964	Alphabetic	Given or first name of C1 representative. May only contain letters and spaces. **If supplied, must contain at least 2 characters and first character must be alphabetic.** **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** Optional.
102	C1 Representative Firm Name	70	1965	2034	Alpha-Numeric	C1 Representative's firm name. **If supplied, must contain at least 2 alphanumeric characters.** **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** Optional.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
103	C1 Representative TIN	9	2035	2043	Alpha-Numeric	C1 Representative's Federal Tax Identification Number (TIN). If C1 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C1 representative's Social Security Number (SSN). May contain only spaces or numbers. If no C1 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (field 52). **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces or all zeroes.** **Optional.**
104	C1 Representative Mailing Address 1	50	2044	2093	Alpha-Numeric	First line of the mailing address for the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = "FC," must contain all spaces.** **Optional.**
105	C1 Representative Mailing Address 2	50	2094	2143	Alpha-Numeric	Second line of the mailing address of the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
106	C1 Representative Mailing City	30	2144	2173	Alpha-Numeric	Mailing address city for the C1 representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = "FC," must contain all spaces.** **Optional.**
107	C1 Representative State	2	2174	2175	Alphabetic	US Postal abbreviation State Code for the C1 representative named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
108	C1 Representative Zip	5	2176	2180	Alpha-Numeric	5-digit Zip Code for the C1 representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**
109	C1 Representative Zip+4	4	2181	2184	Alpha-Numeric	4-digit Zip+4 Code for the C1 representative named above. If not applicable or unknown, fill with zeroes (0000). **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
110	C1 Representative Phone	10	2185	2194	Alpha-Numeric	Telephone number of the C1 representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 127107 = "FC," must contain all spaces or all zeroes.** **Optional.**
111	C1 Representative Phone Extension	5	2195	2199	Alpha-Numeric	Telephone extension number of the C1 representative named above. Fill with all spaces if unknown or not applicable. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
112	Reserved for Future Use	21	2200	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Auxiliary Record

This record is only required if there are additional claimants to report for the associated Detail Claim Record and/or if there is more than one TPOC Amount to report. Additional Claimants are only reported if the injured party/Medicare beneficiary is deceased. Do not include this record for the claim unless one or both of these situations exist(s). Fields 1-6 must always be completed and match the associated detail record in order submit this Auxiliary Record. Claimant 1 on the Detail Claim Record must be completed in order for information concerning additional claimants to be accepted. Only **one** Auxiliary Record may be submitted per claim report.

Please see the following for supplementary information and specific reporting instructions for certain fields on the Claim Input File Auxiliary Record Layout in addition to the individual field descriptions on the Claim Input File Auxiliary Record Layout in Table A-5.

Table A-4: Claim Input File Auxiliary Record Supplementary Information and Specific Reporting Instructions

Fields	Description	Specific Reporting Instructions
7-21	Claimant 2 Information	These fields are **Optional**. **If not supplying Claimant 2 information (Claimant 2 Relationship is a space), default each field in this section (Fields 7-21) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 7-21) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
22-35	Claimant 2 Attorney/Other Representative Information	These fields are **Optional**. This section is only required if Claimant 2 has a representative. **If not supplying Claimant 2 Representative information (C2 Representative Indicator is a space), default each field in this section (Fields 22-35) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 22-35) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
36-50	Claimant 3 Information	These fields are **Optional**. **If not supplying Claimant 3 information (Claimant 3 Relationship is a space), default each field in this section (Fields 36-50) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 36-50) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Fields	Description	Specific Reporting Instructions
51-64	Claimant 3 Attorney/Representative Information	These fields are **Optional**. This section is only required if Claimant 3 has a representative. **If not supplying Claimant 3 Representative information (C3 Representative Indicator is a space), default each field in this section (Fields 51-64) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 51-64) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
65-79	Claimant 4 Information	These fields are **Optional**. **If not supplying Claimant 4 information (Claimant 4 Relationship is a space), default each field in this section (Fields 65-79) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 65-79) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
80-92	Claimant 4 Attorney/Representative Information	These fields are **Optional**. This section is only required if Claimant 4 has a representative. **If not supplying Claimant 4 Representative information (C4 Representative Indicator is a space), default each field in this section (Fields 80-92) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 80-92) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Table A-5: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Auxiliary Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCE." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) assigned by the Section 111 RRE. Must match the DCN on the corresponding Claim Input File Detail Record (Record Identifier NGCD). **Required.**
3	Injured Party Medicare ID	12	20	31	Alpha-Numeric	Must match the value in this field on the Claim Input File Detail Record. **Required if SSN not provided.**

Field	Name	Size	Start	End	Data	Description
4	Injured Party SSN	9	32	40	Alpha-Numeric	Must match the value in this field on the Claim Input File Detail Record. **Required if** Medicare ID **not provided.**
5	Injured Party Last Name	40	41	80	Alphabetic	Must match the value in this field on the Claim Input File Detail Record. **Required.**
6	Injured Party First Name	30	81	110	Alphabetic	Must match the value in this field on the Claim Input File Detail Record. **Required.**
7	Claimant 2 Relationship	1	111	111	Alphabetic	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. "The Trust of John Doe" or "The Estate of John Doe") Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g., "The Estate of John Doe") Y = Family, Entity Name Provided (e.g., "The Family of John Doe") Z = Other, Entity Name Provided (e.g., "The Trust of John Doe") Space = Claimant Information Not Supplied (Fields 7 – 21 must contain default values according to Data Type, or all spaces) **Optional.**
8	Claimant 2 TIN	9	112	120	Alpha-Numeric	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 2. May contain only spaces or numbers. Must not match other claimant(s) listed on the Detail or Auxiliary Record. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all zeroes or all spaces.** **Optional**.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
9	Claimant 2 Last Name	40	121	160	Alphabetic	Surname of Claimant 2. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** Optional.
10	Claimant 2 First Name	30	161	190	Alphabetic	Given/First name of Claimant 2. May only contain letters and spaces. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** Optional.
11	Claimant 2 Middle Initial	1	191	191	Alphabetic	First letter of Claimant 2's middle name. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** Optional.
12	Claimant 2 Entity/Organization Name	71	121	191	Alpha-Numeric	Name of Claimant 2 Entity/Organization. Redefines Fields 9-11 (is made up of the same bytes, is in the same location as Fields 9-11). Use either Field 12 or Fields 9-11 depending on the Relationship code submitted. If supplied, must contain at least 2 alphanumeric characters. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** Optional.
13	Claimant 2 Mailing Address Line 1	50	192	241	Alpha-Numeric	First line of the mailing address for Claimant 2 named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** Optional.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
14	Claimant 2 Mailing Address Line 2	50	242	291	Alpha-Numeric	Second line of the mailing address for Claimant 2 named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
15	Claimant 2 City	30	292	321	Alpha-Numeric	Mailing address city for Claimant 2 named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces.** **Optional.**
16	Claimant 2 State	2	322	323	Alphabetic	US Postal abbreviation State Code for Claimant 2 named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
17	Claimant 2 Zip	5	324	328	Alpha-Numeric	5-digit Zip Code for Claimant 2 named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**
18	Claimant 2 Zip+4	4	329	332	Alpha-Numeric	4-digit Zip+4 Code for Claimant 2 named above. If not applicable or unknown, fill with zeroes (0000). **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**
19	Claimant 2 Phone	10	333	342	Alpha-Numeric	Telephone number of Claimant 2 named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**
20	Claimant 2 Phone Extension	5	343	347	Alpha-Numeric	Telephone extension number of Claimant 2 named above. Fill with all spaces if unknown or not applicable. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
21	Reserved for Future Use	20	348	367	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
22	Claimant 2 (C2) Representative Indicator	1	368	368	Alphabetic	Code indicating the type of Attorney/Other Representative information provided for Claimant 2 (C2). Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = Claimant Information Not Supplied (Fields 22—35 must contain default values according to Data Type, or all spaces). If a value is submitted in this field, data must be supplied in Fields 23-35. If Claimant 2 has more than one representative, provide information for their attorney if available. **Optional.**
23	C2 Representative Last Name	40	369	408	Alphabetic	Surname of C2 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
24	C2 Representative First Name	30	409	438	Alphabetic	Given or first name of C2 representative. May only contain letters and spaces. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
25	C2 Representative Firm Name	70	439	508	Alpha-Numeric	Representative's firm name. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
26	C2 Representative TIN	9	509	517	Alpha-Numeric	C2 Representative's Federal Tax Identification Number (TIN). If C2 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C2 representative's Social Security Number (SSN). May contain only spaces and numbers. If no C2 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (Field 72 of Claim Input file layout). **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces or all zeroes.** **Optional.**
27	C2 Representative Mailing Address Line 1	50	518	567	Alpha-Numeric	First line of the mailing address for the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.** **Optional.**
28	C2 Representative Mailing Address Line 2	50	568	617	Alpha-Numeric	Second line of the mailing address of the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
29	C2 Representative City	30	618	647	Alpha-Numeric	Mailing address city for the C2 representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.** **Optional.**
30	C2 Representative State	2	648	649	Alphabetic	US Postal abbreviation State Code for the C2 representative named above. See http://www.usps.com If no US address is available supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
31	C2 Representative Zip	5	650	654	Alpha-Numeric	5-digit Zip Code for the C2 representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
32	C2 Representative Zip+4	4	655	658	Alpha-Numeric	4-digit Zip+4 Code for the C2 representative named above. If not applicable or unknown, fill with zeroes (0000). **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**
33	C2 Representative Phone	10	659	668	Alpha-Numeric	Telephone number of the C2 representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**
34	C2 Representative Phone Extension	5	669	673	Alpha-Numeric	Telephone extension number of the C2 representative named above. Fill with all spaces if unknown or not applicable. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
35	Reserved for Future Use	20	674	693	Alpha-Numeric	Fill with spaces.
36	Claimant 3 Relationship	1	694	694	Alphabetic	**See Claimant 2 Information section for individual field specifications.**
37	Claimant 3 TIN	9	695	703	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications.**
38	Claimant 3 Last Name	40	704	743	Alphabetic	**See Claimant 2 Information section for individual field specifications.**
39	Claimant 3 First Name	30	744	773	Alphabetic	**See Claimant 2 Information section for individual field specifications.**
40	Claimant 3 Middle Initial	1	774	774	Alphabetic	**See Claimant 2 Information section for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
41	Claimant 3 Entity/Organizatio n Name	71	704	774	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
42	Claimant 3 Mailing Address Line 1	50	775	824	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
43	Claimant 3 Mailing Address Line 2	50	825	874	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
44	Claimant 3 City	30	875	904	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
45	Claimant 3 State	2	905	906	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
46	Claimant 3 Zip	5	907	911	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
47	Claimant 3 Zip+4	4	912	915	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
48	Claimant 3 Phone	10	916	925	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
49	Claimant 3 Phone Extension	5	926	930	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
50	Reserved for Future Use	20	931	950	Alpha-Numeric	Fill with spaces.
51	Claimant 3 (C3) Representative Indicator	1	951	951	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
52	C3 Representative Last Name	40	952	991	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
53	C3 Representative First Name	30	992	1021	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
54	C3 Representative Firm Name	70	1022	1091	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
55	C3 Representative TIN	9	1092	1100	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
56	C3 Representative Mailing Address Line 1	50	1101	1150	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
57	C3 Representative Mailing Address Line 2	50	1151	1200	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
58	C3 Representative City	30	1201	1230	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
59	C3 Representative State	2	1231	1232	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
60	C3 Representative Zip	5	1233	1237	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
61	C3 Representative Zip+4	4	1238	1241	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
62	C3 Representative Phone	10	1242	1251	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
63	C3 Representative Phone Extension	5	1252	1256	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
64	Reserved for Future Use	20	1257	1276	Alpha-Numeric	Fill with spaces.
65	Claimant 4 Relationship	1	1277	1277	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
66	Claimant 4 TIN	9	1278	1286	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
67	Claimant 4 Last Name	40	1287	1326	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
68	Claimant 4 First Name	30	1327	1356	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
69	Claimant 4 Middle Initial	1	1357	1357	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
70	Claimant 4 Entity/Organization Name	71	1287	1357	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
71	Claimant 4 Mailing Address Line 1	50	1358	1407	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
72	Claimant 4 Mailing Address Line 2	50	1408	1457	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
73	Claimant 4 City	30	1458	1487	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
74	Claimant 4 State	2	1488	1489	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
75	Claimant 4 Zip	5	1490	1494	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
76	Claimant 4 Zip+4	4	1495	1498	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
77	Claimant 4 Phone	10	1499	1508	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
78	Claimant 4 Phone Extension	5	1509	1513	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
79	Reserved for Future Use	20	1514	1533	Alpha-Numeric	Fill with spaces.
80	Claimant 4 (C4) Representative Indicator	1	1534	1534	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
81	C4 Representative Last Name	40	1535	1574	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
82	C4 Representative First Name	30	1575	1604	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
83	C4 Representative Firm Name	70	1605	1674	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
84	C4 Representative TIN	9	1675	1683	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
85	C4 Representative Mailing Address Line 1	50	1684	1733	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
86	C4 Representative Mailing Address Line 2	50	1734	1783	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
87	C4 Representative City	30	1784	1813	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
88	C4 Representative State	2	1814	1815	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
89	C4 Representative Zip	5	1816	1820	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
90	C4 Representative Zip+4	4	1821	1824	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
91	C4 Representative Phone	10	1825	1834	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
92	C4 Representative Phone Extension	5	1835	1839	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
93	TPOC Date 2	8	1840	1847	Numeric Date	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 2. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 2 is all zeroes.
94	TPOC Amount 2	11	1848	1858	Numeric	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 2. Must be all zeroes if TPOC Date 2 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
95	Funding Delayed Beyond TPOC Start Date 2	8	1859	1866	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
96	TPOC Date 3	8	1867	1874	Numeric Date	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 3. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 3 is all zeroes.
97	TPOC Amount 3	11	1875	1885	Numeric	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
98	Funding Delayed Beyond TPOC Start Date 3	8	1886	1893	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
99	TPOC Date 4	8	1894	1901	Numeric Date	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 4. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 4 is all zeroes.
100	TPOC Amount 4	11	1902	1912	Numeric	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount. See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 4. Must be all zeroes if TPOC Date 4 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
101	Funding Delayed Beyond TPOC Start Date 4	8	1913	1920	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
102	TPOC Date 5	8	1921	1928	Numeric Date	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 5. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 5 is all zeroes. NOTE: If more than five TPOCs need to be reported for a single claim, then put the most recent TPOC Date in TPOC Date 5.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
103	TPOC Amount 5	11	1929	1939	Numeric	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Date 5. Must be all zeroes if TPOC Date 5 is all zeroes. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** NOTE: If more than five TPOCs need to be reported for a single claim, add the sixth and subsequent TPOC Amounts to the amount reported in TPOC Amount 5.
104	Funding Delayed Beyond TPOC Start Date 5	8	1940	1947	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
105	Reserved for Future Use	273	1948	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Trailer Record

Table A-6: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Trailer Record – 2220 bytes

Field No.	Name	Len	Start Pos.	End Pos.	Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCT" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. Must match RRE ID supplied on corresponding file header record. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPCLM" Must be = Section 111 Reporting File Type (Field 3) of Claim Input File Header Record. **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding header record. Format: CCYYMMDD **Required.**
5	File Record Count	7	29	35	Numeric	Number of Detail and Auxiliary records contained within file (do not include header or trailer records in the count.) Right justify and pad with leading zeroes. A record count of 215 should be submitted as "0000215." Must match total number of detail records in the file. **Required.**
6	Reserved for Future Use	2185	36	2220	Alpha-Numeric	Fill with spaces.

Appendix B: TIN Reference File Layout

MMSEA Section 111 Mandatory Reporting—Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation

TIN Reference File Layout—to be submitted with the Claim Input File

TIN Reference File Header Record

Table B-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference File Header Record – 2220 bytes

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTH" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPTIN" **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding trailer record. Format: CCYYMMDD **Required.**
5	Reserved for Future Use	2192	29	2220	Alpha-Numeric	Fill with spaces.

TIN Reference File Detail Record

Table B-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance) No-Fault Insurance, Workers' Compensation TIN Reference File Detail Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTD" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	TIN	9	14	22	Numeric	RRE's TIN. Federal Tax Identification Number of the insurer, applicable plan (s), workers' compensation law/plan (s), or self-insured entities reported in Field 52 of each Detail Claim Record. Used in conjunction with the Office Code/Site ID reported in Field 53 of the Detail Claim Record. Also known as the Employer Identification Number (EIN). Each TIN/Office Code combination reported in Fields 52 and 53 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. If RRE ID is associated with a foreign entity with no TIN, fill with a pseudo-TIN formatted as 9999xxxxx where 'xxxxx' is an RRE-assigned number. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
4	Office Code/Site ID	9	23	31	Alpha-Numeric	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses as reported in Field 53 of each Detail Claim Record. Used in conjunction with the TIN reported in Field 52 of the Detail Claim record to uniquely specify different addresses associated with one TIN. **If only one address will be used per reported TIN, leave blank. If not used, must be spaces. If used, must be a non-zero 9-digit number, right justified and padded on the left with zeroes. No letters or special characters are accepted.** Each TIN/Office Code combination reported in Fields 52 and 53 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. **Required if Office Code/Site ID is supplied in Field 53 of the Claim Input File Detail Record.**
5	TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	Name associated with the RRE reflected by the unique TIN and Office Code combination. If the RRE is using a recovery agent, do not enter the recovery agent's name here. This name will be used to address recovery-related correspondence (including demand notifications, if applicable) associated with matching claim reports to the RRE. This field must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
6	TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	First line of the address associated with the unique TIN/Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. **Note:** If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite and/or apartment number if possible. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field must be spaces. **Required.**
7	TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	Second line of the address associated with the unique TIN and Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have all recovery related correspondence directed for the TIN and Office Code combination. **Note:** If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the secondary street address information such as "ATTN TO," internal mailstops, department name, etc. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC." this field must be spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
8	TIN/Office Code City	30	202	231	Alpha-Numeric	City of the address associated with the unique TIN and Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. **Note:** If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE. Must be a US city. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field must be spaces. **Required.**
9	TIN/Office Code State	2	232	233	Alphabetic	US Postal state abbreviation of the address associated with the unique TIN and Office Code combination reflected on this record. See http://www.usps.com The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. Note: If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE. If the RRE has registered as a foreign entity and no US address is available, supply "FC" and place the correct international mailing address in Fields 12-15. **Required**.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
10	TIN/Office Code Zip	5	234	238	Alpha-Numeric	5-digit ZIP Code of the address associated with the unique TIN and Office Code combination reflected on this record. Must be a US ZIP Code. If the RRE has registered as a foreign entity and no US address is available, fill with zeroes (or all spaces) and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field must be spaces. **Required.**
11	TIN/Office Code Zip+4	4	239	242	Alpha-Numeric	4-digit ZIP+4 code of the address associated with the unique TIN and Office Code combination reflected on this record. If not applicable fill with zeroes (0000) or spaces. If the RRE has registered as a foreign entity and no US address is available, fill with zeroes or spaces and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field can be filled with zeros or spaces.
12	Foreign RRE Address Line 1	32	243	274	Alpha-Numeric	First line of mailing address of a foreign RRE. Use *only if* RRE has no US address. **Required if TIN/Office Code State (Field 9) = "FC."**
13	Foreign RRE Address Line 2	32	275	306	Alpha-Numeric	Second line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**
14	Foreign RRE Address Line 3	32	307	338	Alpha-Numeric	Third line of mailing address of a foreign RRE. Use *only* **if** RRE has no US address. **Optional.**
15	Foreign RRE Address Line 4	32	339	370	Alpha-Numeric	Fourth line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
16	Recovery Agent Mailing Name	70	371	440	Alpha-Numeric	Name to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. If this field is used, it must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results. **Optional**.
17	Recovery Agent Mailing Address Line 1	50	441	490	Alpha-Numeric	Address line 1 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite and/or apartment number if possible. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
18	Recovery Agent Mailing Address Line 2	50	491	540	Alpha-Numeric	Address line 2 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the secondary street address information such as "ATTN TO," internal mailstops, department name, etc. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
19	Recovery Agent Mailing City	30	541	570	Alpha-Numeric	City to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US city. Field may contain only alphabetic, space, comma, &, '-' . @ # / ; : characters. No numeric characters allowed. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
20	Recovery Agent Mailing State	2	571	572	Alphabetic	US Postal state abbreviation to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. See http://www.usps.com. The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional**.
21	Recovery Agent Mailing Zip	5	573	577	Alpha-Numeric	5-digit ZIP Code to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN amd Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US ZIP Code. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
22	Recovery Agent Mailing Zip+4	4	578	581	Alpha-Numeric	4-digit ZIP+4 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. If not applicable fill with zeroes (0000).

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
23	TIN/Office Code Paperless Indicator	1	582	582	Alphabetic	Indicates the paperless selection for the TIN/Office Code combination. Valid values: Y = the TIN/Office Code address is opting in to "Go Paperless" and will receive letter notification emails instead of mailed hard copies of NGHP recovery letters N = the TIN/Office Code address is opting out of "Go Paperless" and will receive hard copies of NGHP recovery letters Space = no change to the currently saved paperless selection **Optional.** **Note:** The TIN/Office Code address can only be opted in to "Go Paperless" when there is an active MSPRP account for the Recovery Agent TIN.
24	Recovery Agent Paperless Indicator	1	583	583	Alphabetic	Indicates the paperless selection for the Recovery Agent Address associated to the TIN/Office Code. Valid values: Y = the recovery agent address is opting in to "Go Paperless" and will receive letter notification emails instead of mailed hard copies of NGHP recovery letters N = the recovery agent address is opting out of "Go Paperless" and will receive hard copies of NGHP recovery letters Space = no change to the currently saved paperless selection **Optional.** **Note:** The recovery agent address can only be opted in to "Go Paperless" when there is an active MSPRP account for the Recovery Agent TIN.
25	Recovery Agent TIN	9	584	592	Numeric	Recovery Agent's Federal Tax Identification Number. Enter the 9-digit TIN for the recovery agent or fill with spaces. **Required if Recovery Agent Paperless Indicator (Field 24) = 'Y'.**
26	Reserved for Future Use	1628	593	2220	Alpha-Numeric	Fill with spaces.

TIN Reference File Trailer Record

Table B-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference File Trailer Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Date Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTT" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. Must match the RRE ID supplied on the corresponding header record. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPTIN" **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding header record. Format: CCYYMMDD **Required.**
5	File Record Count	7	29	35	Numeric	Number of records contained within this TIN Reference File (do not include header or trailer records in count.) Right justify and pad with leading zeroes. A record count of 5 should be submitted as "0000005." **Required.**
6	Reserved for Future Use	2185	36	2220	Alpha-Numeric	Fill with spaces.

Appendix C: Claim Response File Layout

Claim Response File Header Record

Table C-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Header Record – 460 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alpha-Numeric	Contains value of "NGRH" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value of "NGHPRSP" BCRC supplied.
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	Reserved for Future Use	432	29	460	Alpha-Numeric	Contains all spaces.

Claim Response File Detail Record

Fields 28-37:

Error Code fields indicate an error was found on the submitted claim record. The submitted claim record was **rejected and not processed**. The RRE must correct these errors and resubmit the record on the next quarterly file submission.

Fields 38-47:

Compliance Flag fields provide information on issues related to reporting requirement compliance. **Records will not be rejected for these issues.** The disposition code in Field 27 will indicate how the record was processed by the BCRC. The RRE must review and correct compliance issues as applicable and resubmit the record as an update transaction on the next quarterly file submission.

Table C-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Detail Record – 460 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value of "NGRD" BCRC supplied.
2	Submitted DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) submitted by RRE on input record. Used for matching input records with response records. As supplied by RRE on input record.
3	Submitted Action Type	1	20	20	Numeric	Action to be performed. As supplied by RRE on input record.
4	Injured Party Medicare ID	12	21	32	Alpha-Numeric	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of Injured Party. As supplied by RRE on input record.
5	Submitted Injured Party SSN	9	33	41	Alpha-Numeric	Social Security Number of Injured Party. If supplied by RRE on input record, the value will be returned as entered (i.e., either the last 5 digits of the SSN or full 9-digit SSN).
6	Submitted Injured Party Last Name	40	42	81	Alphabetic	As supplied by RRE on input record.
7	Submitted Injured Party First Name	30	82	111	Alphabetic	As supplied by RRE on input record.
8	Submitted Injured Party Middle Init	1	112	112	Alphabetic	As supplied by RRE on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
9	Submitted Injured Party Gender	1	113	113	Numeric	As supplied by RRE on input record.
10	Submitted Injured Party DOB	8	114	121	Numeric Date	As supplied by RRE on input record.
11	Submitted Plan TIN	9	122	130	Numeric	As supplied by RRE on input record.
12	Submitted Plan Office Code/Site ID	9	131	139	Alpha-Numeric	As supplied by RRE on input record.
13	Submitted Policy Number	30	140	169	Alpha-Numeric	As supplied by RRE on input record.
14	Submitted Claim Number	30	170	199	Alpha-Numeric	As supplied by RRE on input record.
15	Reserved for Future Use	20	200	219	Alpha-Numeric	Filled with spaces.
16	Applied Injured Party Medicare ID	12	220	231	Alpha-Numeric	Current Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of Injured Party if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
17	Reserved for Future Use	9	232	240	Alpha-Numeric	Filled with spaces.
18	Applied Injured Party Last Name	40	241	280	Alphabetic	Injured Party Last Name, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
19	Applied Injured Party First Name	30	281	310	Alphabetic	Injured Party First Name, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
20	Applied Injured Party Middle Initial	1	311	311	Alphabetic	Injured Party Middle Initial, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
21	Applied Injured Party Gender	1	312	312	Numeric	Sex of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied. 1 – Male 2—Female
22	Applied Injured Party DOB	8	313	320	Numeric Date	Date of birth (DOB) of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. Format: CCYYMMDD BCRC supplied.
23	Applied MSP Effective Date	8	321	328	Numeric Date	Applied Medicare Secondary Payer (MSP) effective date. If injured party is identified as a Medicare beneficiary based upon the information submitted, and the submitted claim information reflects ORM, the start date of Medicare's secondary payment status for the incident, illness or injury. Will be the later of the beneficiary's Medicare coverage start date or the CMS Date of Incident (DOI). This is the effective date of the MSP occurrence posted to the internal Medicare systems which are used in Medicare claim payment determinations. Will contain all zeroes if not applicable. Format: CCYYMMDD BCRC supplied.
24	Applied MSP Termination Date	8	329	336	Numeric Date	Applied Medicare Secondary Payment (MSP) Termination Date. If injured party is a Medicare beneficiary based upon the information submitted, the date posted to internal Medicare systems for the termination of responsibility for ongoing medicals as reported by the RRE. Format: CCYYMMDD Will contain all zeroes if open-ended or not applicable. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
25	Applied MSP Type Indicator	1	337	337	Alphabetic	Applied Medicare Secondary Payer (MSP) Type. D = No-Fault E = Workers' Compensation L = Liability As supplied by RRE on input record.
26	Reserved for Future Use	20	338	357	Alpha-Numeric	Filled with spaces.
27	Applied Disposition Code	2	358	359	Alpha-Numeric	2-digit code indicating how the record was processed. **See the Response File Disposition Codes Table for values.** BCRC supplied.
28	Applied Error Code 1	5	360	364	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. See the Error Code Resolution Tables for values. BCRC supplied.
29	Applied Error Code 2	5	365	369	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 2 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
30	Applied Error Code 3	5	370	374	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 3 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
31	Applied Error Code 4	5	375	379	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 4 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
32	Applied Error Code 5	5	380	384	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 5 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
33	Applied Error Code 6	5	385	389	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 6 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
34	Applied Error Code 7	5	390	394	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 7 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
35	Applied Error Code 8	5	395	399	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 8 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
36	Applied Error Code 9	5	400	404	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 9 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
37	Applied Error Code 10	5	405	409	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if at least 10 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
38	Applied Compliance Flag 1	2	410	411	Alpha-Numeric	Code indicating compliance issue found with record. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
39	Applied Compliance Flag 2	2	412	413	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 2 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
40	Applied Compliance Flag 3	2	414	415	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 3 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
41	Applied Compliance Flag 4	2	416	417	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 4 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
42	Applied Compliance Flag 5	2	418	419	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 5 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
43	Applied Compliance Flag 6	2	420	421	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 6 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
44	Applied Compliance Flag 7	2	422	423	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 7 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
45	Applied Compliance Flag 8	2	424	425	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 8 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
46	Applied Compliance Flag 9	2	426	427	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 9 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
47	Applied Compliance Flag 10	2	428	429	Alpha-Numeric	Code indicating compliance issue found with record. Populated if 10 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
48	Reserved for Future Use	31	430	460	Alpha-Numeric	Filled with spaces.

Claim Response File Trailer Record

Table C-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Trailer Record – 460 bytes

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value of "NGRT" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value of "NGHPRSP" BCRC supplied.
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	File Record Count	7	29	35	Numeric	Number of detail response records contained within file (does not include header or trailer records). BCRC supplied.
6	Reserved for Future Use	425	36	460	Alpha-Numeric	Filled with spaces.

Appendix D: TIN Reference Response File Layout

TIN Reference Response File Header Record

Table D-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Header Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRH" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 RRE ID. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value "NGHTNRP" BCRC supplied.
4	File Date	8	21	28	Numeric Date	Date TIN Reference Response File was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	Reserved for Future Use	972	29	1000	Alpha-Numeric	Contains all spaces.

TIN Reference Response File Detail Record

Table D-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Detail Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRD"
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Submitted TIN	9	14	22	Numeric	Tax identification number of the entity as provided on the input record.
4	Submitted Office Code/Site ID	9	23	31	Alpha-Numeric	Office Code/Site ID as provided on the input record.
5	Submitted TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	TIN/Office Code Mailing Name as provided on input record.
6	Submitted TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	TIN/Office Code Mailing Address Line 1 as provided on input record.
7	Submitted TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 as provided on input record.
8	Submitted TIN/Office code City	30	202	231	Alpha-Numeric	TIN/Office Code City as provided on input record.
9	Submitted TIN/Office Code State	2	232	233	Alphabetic	TIN/Office Code State as provided on input record.
10	Submitted TIN/Office Code Zip	5	234	238	Numeric	TIN/Office Code Zip code as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
11	Submitted TIN/Office Code Zip+4	4	239	242	Alpha-Numeric	TIN/Office Code Zip+4 as provided on input record.
12	Applied TIN/Office Code Mailing Address Line 1	50	243	292	Alpha-Numeric	TIN/Office Code Address line 1, after address validation completed, which will be used by Medicare for subsequent processing. TIN/Office Code Address Change Flag (Field 33) will equal Y if the applied address in Fields 12—17 is different from the submitted address (Fields 6—11) and N if it is the same as the submitted address. Will contain spaces if the TIN record was rejected. The field will also contain spaces if the submitted TIN/Office State code contained "FC" indicating a foreign RRE address was submitted.
13	Applied TIN/Office Code Mailing Address Line 2	50	293	342	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 after address validation completed. See description for Field 12.
14	Applied TIN/Office Code City	30	343	372	Alpha-Numeric	TIN/Office Code City after address validation completed. See description for Field 12.
15	Applied TIN/Office Code State	2	373	374	Alphabetic	TIN/Office Code State after address validation completed. See description for Field 12.
16	Applied TIN/Office Code Zip	5	375	379	Alpha-Numeric	TIN/Office Code Zip after address validation completed. See description for Field 12.
17	Applied TIN/Office Code Zip+4	4	380	383	Alpha-Numeric	TIN/Office Code Zip+4 after address validation completed. See description for Field 12.
18	Submitted Foreign RRE Address Line 1	32	384	415	Alpha-Numeric	Foreign RRE Address Line 1 as provided on input record.
19	Submitted Foreign RRE Address Line 2	32	416	447	Alpha-Numeric	Foreign RRE Address Line 2 as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
20	Submitted Foreign RRE Address Line 3	32	448	479	Alpha-Numeric	Foreign RRE Address Line 3 as provided on input record.
21	Submitted Foreign RRE Address Line 4	32	480	511	Alpha-Numeric	Foreign RRE Address Line 4 as provided on input record.
22	TIN Disp Code	2	512	513	Alpha-Numeric	Code to indicate validation processing results of the submitted TIN Reference File Detail Record: "01" – TIN Record accepted "TN" – TIN Record rejected
23	TIN Error Code 1	4	514	517	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
24	TIN Error Code 2	4	518	521	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
25	TIN Error Code 3	4	522	525	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
26	TIN Error Code 4	4	526	529	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
27	TIN Error Code 5	4	530	533	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
28	TIN Error Code 6	4	534	537	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
29	TIN Error Code 7	4	538	541	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
30	TIN Error Code 8	4	542	545	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
31	TIN Error Code 9	4	546	549	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
32	TIN Error Code 10	4	550	553	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. See the TIN Reference Response File Error Code Resolution Table for values.
33	TIN/Office Code Address Change Flag	1	554	554	Alpha-Numeric	Code indicating whether Submitted Address (Fields 6—11) differs from the Applied Address (Fields 12—17). Values: Y – address changed N – address did not change Space – record could not be validated or Submitted TIN/Office Code State (Field 9) = "FC"
34	Recovery Agent Address Change Flag	1	555	555	Alpha-Numeric	Code indicating whether Recovery Agent Submitted Address (Fields 36-41) differs from the Recovery Agent Applied Address (Fields 42-47). Values: Y – address changed N – address did not change Space – record could not be validated
35	Submitted Recovery Agent Mailing Name	70	556	625	Alpha-Numeric	Recovery Agent Mailing Name as provided on input record.
36	Submitted Recovery Agent Mailing Address Line 1	50	626	675	Alpha-Numeric	Recovery Agent Mailing Address Line 1 as provided on input record.
37	Submitted Recovery Agent Mailing Address Line 2	50	676	725	Alpha-Numeric	Recovery Agent Mailing Address Line 2 as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
38	Submitted Recovery Agent City	30	726	755	Alpha-Numeric	Recovery Agent City as provided on input record.
39	Submitted Recovery Agent State	2	756	757	Alphabetic	Recovery Agent State as provided on input record.
40	Submitted Recovery Agent Zip	5	758	762	Numeric	Recovery Agent ZIP code as provided on input record.
41	Submitted Recovery Agent Zip+4	4	763	766	Alpha-Numeric	Recovery Agent ZIP+4 as provided on input record.
42	Applied Recovery Agent Mailing Address Line 1	50	767	816	Alpha-Numeric	Recovery Agent Address Line 1, after address validation is completed, will be used by Medicare for subsequent processing. Recovery Agent Address Change Flag (Field 34) will equal Y if the applied address in Fields 42–47 is different from the submitted address (Fields 36–41) and N if it is the same as the submitted address. Field 42 will contain spaces if the TIN record was rejected.
43	Applied Recovery Agent Mailing Address Line 2	50	817	866	Alpha-Numeric	Recovery Agent Mailing Address Line 2 after address validation is completed. See description for Field 42.
44	Applied Recovery Agent City	30	867	896	Alpha-Numeric	Recovery Agent City after address validation is completed. See description for Field 42.
45	Applied Recovery Agent State	2	897	898	Alphabetic	Recovery Agent State after address validation is completed. See description for Field 42.
46	Applied Recovery Agent Zip	5	899	903	Alpha-Numeric	Recovery Agent ZIP after address validation is completed. See description for Field 42.
47	Applied Recovery Agent Zip+4	4	904	907	Alpha-Numeric	Recovery Agent ZIP+4 after address validation is completed. See description for Field 42.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
48	Submitted TIN/Office Code Paperless Indicator	1	908	908	Alphabetic	TIN/Office Code Paperless Indicator as provided on input record.
49	Applied TIN/Office Code Paperless Indicator	1	909	909	Alphabetic	TIN/Office Code Paperless Indicator after validation is completed.
50	Submitted Recovery Agent Paperless Indicator	1	910	910	Alphabetic	Recovery Agent Paperless Indicator as provided on input record.
51	Submitted Recovery Agent TIN	9	911	919	Numeric	Recovery Agent TIN as provided on the input record.
52	Applied Recovery Agent Paperless Indicator	1	920	920	Alphabetic	Recovery Agent Paperless Indicator after validation is complete.
53	Reserved for Future Use	80	921	1000	Alpha-Numeric	Filled with spaces.

TIN Reference Response File Trailer Record

Table D-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Trailer Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRT" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value "NGHTNRP" BCRC supplied.
4	File Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	File Record Count	7	29	35	Numeric	Number of TIN Reference Response File Detail Records contained within file (does not include header or trailer records). BCRC supplied.
6	Reserved for Future Use	965	36	1000	Alpha-Numeric	Filled with spaces.

Appendix E: HEW Query File Input and Response File Layouts

Section 111 Query Input File (ANSI X12 270/271 Entitlement Query HEW Flat File Input/Output Format)

Note: These file layouts are for use with the HIPAA Eligibility Wrapper (HEW) software supplied by the BCRC to process the ASC X12 270/271. They reflect the flat file input and output for the current version of the HEW software.

Mainframe and Windows PC/Server-based versions of the HEW software are available. You may download the latest Windows version of the HEW software after logging on to the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/. You may request a copy of the mainframe version from your EDI Representative or by contacting the EDI Department at 646-458-6740. See Appendix K for detailed steps on how to install and configure the HEW software.

Note: When using the HEW software, RREs should select the "COB" processing format for the Section 111 output file.

If you choose to use your own ANSI X12 translator to create the ANSI X12 270 files for the Section 111 Query Input File and process the X12 271 response, please refer to the following link found on the NGHP page of the CMS website: https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-User-Guide/NGHP-User-Guide.html. Download the companion document for the X12 270/271 mapping required for Section 111 ("270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide for NGHP Entities") or contact your EDI Representative for a copy.

HEW Query Input File Header Record – Version 5.0.0

Table E-1: Section 111 HEW Query Input File Header Record—200 bytes

Field	Name	Size	Displacement	Data Type	Description
1	Header Indicator	2	1-2	Alpha-Numeric	Must be: "H0" **Required.**
2	RRE ID	9	3-11	Numeric	"000010001," "000010002," etc. RRE ID number assigned by BCRC. Pad with leading zeroes. **Required.**
3	File Type	4	12-15	Alphabetic	"NGHQ" – NGHP Query. **Required.**
4	Cycle Date	8	16-23	Numeric Date	File date (CCYYMMDD). **Required.**
5	Filler	177	24-200	Alpha-Numeric	Unused Field. Fill with spaces.

HEW Query Input File Detail Record – Version 5.0.0

Table E-2: Section 111 HEW Query Input File Detail Record—200 bytes

Field	Name	Size	Displacement	Data Type	Description
1	Medicare ID	12	1-12	Alpha-Numeric	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). Optional.
2	Last Name	6	13-18	Alphabetic	First 6 characters of the surname of Individual/Injured Party. Should be submitted as the first 6 characters of the last name appear on the individual's Social Security or Medicare Insurance card. Embedded hyphens (dashes), apostrophes and spaces accepted. **Required.**
3	First Initial	1	19-19	Alphabetic	First Initial of Individual/Injured Party. 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	Numeric Date	Individual's Date of Birth (CCYYMMDD). **Required.**
5	Sex Code	1	28-28	Numeric	Individual's Gender: 0 = Unknown* 1 = Male 2 = Female **Required.** *If a value of "0" is submitted, the BCRC will change it to "1" for matching purposes.
6	SSN	9	29-37	Numeric	Social Security Number of the Individual/Injured Party. **Required if Medicare ID not provided.** **If SSN is not provided, field must be zero filled.**
7	RRE DCN 1	30	38-67	Alpha-Numeric	Primary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.

Field	Name	Size	Displacement	Data Type	Description
8	RRE DCN 2	30	68-97	Alpha-Numeric	Secondary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.
9	Filler	103	98-200	Alpha-Numeric	Unused. Fill with spaces.

HEW Query Input File Trailer Record – Version 5.0.0

Table E-3: Section 111 HEW Query Input File Trailer Record—200 bytes

Field	Name	Size	Displacement	Data Type	Description
1	Trailer Indicator	2	1-2	Alpha-Numeric	Must be: "T0" **Required.**
2	RRE ID	9	3-11	Numeric	"000010001," "000010002," etc. RRE ID number assigned by BCRC. Pad with leading zeroes. Must match RRE ID supplied on header record. **Required.**
3	File Type	4	12-15	Alphabetic	Must be "NGHQ" – NGHP Query. **Required.**
4	Cycle Date	8	16-23	Numeric Date	File date (CCYYMMDD). **Required.**
5	Record Count	9	24-32	Numeric	Number of individual query records in this file. Do not include the Header and Trailer Records in the Record Count. Right justify and pad with leading zeroes. A record count of 215 should be formatted as "000000215." **Required.**
6	Filler	168	33-200	Alpha-Numeric	Unused Field. Fill with spaces.

HEW Query Response File Record – Version 5.0.0

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

Table E-4: Section 111 HEW Query Response File Record—5608 bytes

Field	Name	Size	Displacement	Data Type	Description
1	Medicare ID	12	1-12	Alpha-Numeric	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). 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. BCRC supplied. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
2	Last Name	6	13-18	Alphabetic	Surname of Individual/Injured Party. Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
3	First Initial	1	19-19	Alphabetic	First Initial of Individual/Injured Party. **Updated with Medicare information** if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.

Field	Name	Size	Displacement	Data Type	Description
4	DOB	8	20-27	Numeric Date	Individual's Date of Birth (CCYYMMDD). **Updated with Medicare information** if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
5	Sex Code	1	28-28	Numeric	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 BCRC will change this value to "1" prior to matching. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
6	SSN	9	29-37	Alpha-Numeric	Social Security Number of the individual **as submitted by the RRE** on the input record. **Note:** If both a Medicare ID and an SSN were submitted on the input file CMS matches on the Medicare ID, and takes no action to validate or match on the SSN. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
7	Filler	62	38-99	Alpha-Numeric	Future Use
8	Disposition Code	2	100-101	Numeric	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. BCRC supplied.

Field	Name	Size	Displacement	Data Type	Description
9	CMS Document Control Number	15	102-116	Alpha-Numeric	Unique ID assigned to response record for tracking by the BCRC. BCRC supplied.
10	RRE DCN 1	30	117-146	Alpha-Numeric	Primary identifier assigned to record by RRE for tracking as submitted on the input record.
11	RRE DCN 2	30	147-176	Alpha-Numeric	Secondary identifier assigned to record by RRE for tracking as submitted on the input record.
12	Most Recent Medicare Part A Effective Date	8	177-184	Numeric Date	Individual's most recent Medicare Part A effective date. Format CCYYMMDD
13	Most Recent Medicare Part A Termination Date	8	185-192	Numeric Date	Individual's most recent Medicare Part A termination date. Format CCYYMMDD
14	Most Recent Medicare Part B Effective Date	8	193-200	Numeric Date	Individual's most recent Medicare Part B effective date. Format CCYYMMDD
15	Most Recent Medicare Part B Termination Date	8	201-208	Numeric Date	Individual's most recent Medicare Part B termination date. Format CCYYMMDD
16	Most Recent Medicare Part C Plan Contract Number	5	209-213	Alpha-Numeric	Individual's most recent Medicare Part C plan contract number.
17	Most Recent Medicare Part C Plan Enrollment Date	8	214-221	Numeric Date	Individual's most recent Medicare Part C plan enrollment date. Format CCYYMMDD
18	Most Recent Medicare Part C Plan Termination Date	8	222-229	Numeric Date	Individual's most recent Medicare Part C plan termination date. Format CCYYMMDD
19	Most Recent Medicare Part C Plan Contract Name	50	230-279	Alpha-Numeric	Individual's most recent Medicare Part C plan contract name.
20	Most Recent Medicare Part C Plan PBP Number	3	280-282	Alpha-Numeric	Individual's most recent Medicare Part C plan benefit package number.
21	Most Recent Medicare Part C Plan Contract Address 1	55	283-337	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
22	Most Recent Medicare Part C Plan Contract Address 2	55	338-392	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address 2.
23	Most Recent Medicare Part C Plan Contract Address City	30	393-422	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address city.
24	Most Recent Medicare Part C Plan Contract Address State	2	423-424	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address state.
25	Most Recent Medicare Part C Plan Contract Address Zip	9	425-433	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address ZIP.
26	Previous Medicare Part C Plan Contract Number	5	434-438	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
27	Previous Medicare Part C Plan Enrollment Date	8	439-446	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
28	Previous Medicare Part C Plan Termination Date	8	447-454	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
29	Previous Medicare Part C Plan Contract Name	50	455-504	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
30	Previous Medicare Part C Plan PBP Number	3	505-507	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
31	Previous Medicare Part C Plan Contract Address 1	55	508-562	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
32	Previous Medicare Part C Plan Contract Address 2	55	563-617	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
33	Previous Medicare Part C Plan Contract Address City	30	618-647	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
34	Previous Medicare Part C Plan Contract Address State	2	648-649	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
35	Previous Medicare Part C Plan Contract Address Zip	9	650-658	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
36	Previous Medicare Part C Plan Contract Number	5	659-663	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
37	Previous Medicare Part C Plan Enrollment Date	8	664-671	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
38	Previous Medicare Part C Plan Termination Date	8	672-679	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
39	Previous Medicare Part C Plan Contract Name	50	680-729	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
40	Previous Medicare Part C Plan PBP Number	3	730-732	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
41	Previous Medicare Part C Plan Contract Address 1	55	733-787	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
42	Previous Medicare Part C Plan Contract Address 2	55	788-842	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
43	Previous Medicare Part C Plan Contract Address City	30	843-872	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.

Field	Name	Size	Displacement	Data Type	Description
44	Previous Medicare Part C Plan Contract Address State	2	873-874	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
45	Previous Medicare Part C Plan Contract Address Zip	9	875-883	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
46	Previous Medicare Part C Plan Contract Number	5	884-888	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
47	Previous Medicare Part C Plan Enrollment Date	8	889-896	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
48	Previous Medicare Part C Plan Termination Date	8	897-904	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
49	Previous Medicare Part C Plan Contract Name	50	905-954	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
50	Previous Medicare Part C Plan PBP Number	3	955-957	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
51	Previous Medicare Part C Plan Contract Address 1	55	958-1012	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
52	Previous Medicare Part C Plan Contract Address 2	55	1013-1067	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
53	Previous Medicare Part C Plan Contract Address City	30	1068-1097	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
54	Previous Medicare Part C Plan Contract Address State	2	1098-1099	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.

Field	Name	Size	Displacement	Data Type	Description
55	Previous Medicare Part C Plan Contract Address Zip	9	1100-1108	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
56	Previous Medicare Part C Plan Contract Number	5	1109-1113	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
57	Previous Medicare Part C Plan Enrollment Date	8	1114-1121	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
58	Previous Medicare Part C Plan Termination Date	8	1122-1129	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
59	Previous Medicare Part C Plan Contract Name	50	1130-1179	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
60	Previous Medicare Part C Plan PBP Number	3	1180-1182	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
61	Previous Medicare Part C Plan Contract Address 1	55	1183-1237	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
62	Previous Medicare Part C Plan Contract Address 2	55	1238-1292	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
63	Previous Medicare Part C Plan Contract Address City	30	1293-1322	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
64	Previous Medicare Part C Plan Contract Address State	2	1323-1324	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
65	Previous Medicare Part C Plan Contract Address Zip	9	1325-1333	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.

Field	Name	Size	Displacement	Data Type	Description
66	Previous Medicare Part C Plan Contract Number	5	1334-1338	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
67	Previous Medicare Part C Plan Enrollment Date	8	1339-1346	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
68	Previous Medicare Part C Plan Termination Date	8	1347-1354	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
69	Previous Medicare Part C Plan Contract Name	50	1355-1404	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
70	Previous Medicare Part C Plan PBP Number	3	1405-1407	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
71	Previous Medicare Part C Plan Contract Address 1	55	1408-1462	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
72	Previous Medicare Part C Plan Contract Address 2	55	1463-1517	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
73	Previous Medicare Part C Plan Contract Address City	30	1518-1547	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
74	Previous Medicare Part C Plan Contract Address State	2	1548-1549	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
75	Previous Medicare Part C Plan Contract Address Zip	9	1550-1558	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
76	Previous Medicare Part C Plan Contract Number	5	1559-1563	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.

Field	Name	Size	Displacement	Data Type	Description
77	Previous Medicare Part C Plan Enrollment Date	8	1564-1571	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
78	Previous Medicare Part C Plan Termination Date	8	1572-1579	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
79	Previous Medicare Part C Plan Contract Name	50	1580-1629	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
80	Previous Medicare Part C Plan PBP Number	3	1630-1632	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
81	Previous Medicare Part C Plan Contract Address 1	55	1633-1687	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
82	Previous Medicare Part C Plan Contract Address 2	55	1688-1742	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
83	Previous Medicare Part C Plan Contract Address City	30	1743-1772	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
84	Previous Medicare Part C Plan Contract Address State	2	1773-1774	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
85	Previous Medicare Part C Plan Contract Address Zip	9	1775-1783	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
86	Previous Medicare Part C Plan Contract Number	5	1784-1788	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
87	Previous Medicare Part C Plan Enrollment Date	8	1789-1796	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
88	Previous Medicare Part C Plan Termination Date	8	1797-1804	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
89	Previous Medicare Part C Plan Contract Name	50	1805-1854	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
90	Previous Medicare Part C Plan PBP Number	3	1855-1857	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
91	Previous Medicare Part C Plan Contract Address 1	55	1858-1912	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
92	Previous Medicare Part C Plan Contract Address 2	55	1913-1967	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
93	Previous Medicare Part C Plan Contract Address City	30	1968-1997	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
94	Previous Medicare Part C Plan Contract Address State	2	1998-1999	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
95	Previous Medicare Part C Plan Contract Address Zip	9	2000-2008	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
96	Previous Medicare Part C Plan Contract Number	5	2009-2013	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
97	Previous Medicare Part C Plan Enrollment Date	8	2014-2021	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
98	Previous Medicare Part C Plan Termination Date	8	2022-2029	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
99	Previous Medicare Part C Plan Contract Name	50	2030-2079	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
100	Previous Medicare Part C Plan PBP Number	3	2080-2082	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
101	Previous Medicare Part C Plan Contract Address 1	55	2083-2137	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
102	Previous Medicare Part C Plan Contract Address 2	55	2138-2192	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
103	Previous Medicare Part C Plan Contract Address City	30	2193-2222	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
104	Previous Medicare Part C Plan Contract Address State	2	2223-2224	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
105	Previous Medicare Part C Plan Contract Address Zip	9	2225-2233	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
106	Previous Medicare Part C Plan Contract Number	5	2234-2238	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
107	Previous Medicare Part C Plan Enrollment Date	8	2239-2246	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
108	Previous Medicare Part C Plan Termination Date	8	2247-2254	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
109	Previous Medicare Part C Plan Contract Name	50	2255-2304	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.

Field	Name	Size	Displacement	Data Type	Description
110	Previous Medicare Part C Plan PBP Number	3	2305-2307	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
111	Previous Medicare Part C Plan Contract Address 1	55	2308-2362	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
112	Previous Medicare Part C Plan Contract Address 2	55	2363-2417	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
113	Previous Medicare Part C Plan Contract Address City	30	2418-2447	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
114	Previous Medicare Part C Plan Contract Address State	2	2448-2449	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
115	Previous Medicare Part C Plan Contract Address Zip	9	2450-2458	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
116	Previous Medicare Part C Plan Contract Number	5	2459-2463	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
117	Previous Medicare Part C Plan Enrollment Date	8	2464-2471	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
118	Previous Medicare Part C Plan Termination Date	8	2472-2479	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
119	Previous Medicare Part C Plan Contract Name	50	2480-2529	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
120	Previous Medicare Part C Plan PBP Number	3	2530-2532	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.

Field	Name	Size	Displacement	Data Type	Description
121	Previous Medicare Part C Plan Contract Address 1	55	2533-2587	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
122	Previous Medicare Part C Plan Contract Address 2	55	2588-2642	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
123	Previous Medicare Part C Plan Contract Address City	30	2643-2672	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
124	Previous Medicare Part C Plan Contract Address State	2	2673-2674	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
125	Previous Medicare Part C Plan Contract Address Zip	9	2675-2683	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
126	Previous Medicare Part C Plan Contract Number	5	2684-2688	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
127	Previous Medicare Part C Plan Enrollment Date	8	2689-2696	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
128	Previous Medicare Part C Plan Termination Date	8	2697-2704	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
129	Previous Medicare Part C Plan Contract Name	50	2705-2754	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
130	Previous Medicare Part C Plan PBP Number	3	2755-2757	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
131	Previous Medicare Part C Plan Contract Address 1	55	2758-2812	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
132	Previous Medicare Part C Plan Contract Address 2	55	2813-2867	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
133	Previous Medicare Part C Plan Contract Address City	30	2868-2897	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
134	Previous Medicare Part C Plan Contract Address State	2	2898-2899	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
135	Previous Medicare Part C Plan Contract Address Zip	9	2900-2908	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
136	Most Recent Medicare Part D Plan Contract Number	5	2909-2913	Alpha-Numeric	Individual's most recent Medicare Part D contract number.
137	Most Recent Medicare Part D Plan Enrollment Date	8	2914-2921	Numeric Date	Individual's most recent Medicare Part D plan enrollment date. Format CCYYMMDD
138	Most Recent Medicare Part D Plan Termination Date	8	2922-2929	Numeric Date	Individual's most recent Medicare Part D plan termination date. Format CCYYMMDD
139	Most Recent Medicare Part D Plan Contract Name	50	2930-2979	Alpha-Numeric	Individual's most recent Medicare Part D plan contract name.
140	Most Recent Medicare Part D Plan PBP Number	3	2980-2982	Alpha-Numeric	Individual's most recent Medicare Part D plan benefit package number.
141	Most Recent Medicare Part D Plan Contract Address 1	55	2983-3037	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address 1.
142	Most Recent Medicare Part D Plan Contract Address 2	55	3038-3092	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
143	Most Recent Medicare Part D Plan Contract Address City	30	3093-3122	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address city.
144	Most Recent Medicare Part D Plan Contract Address State	2	3123-3124	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address state.
145	Most Recent Medicare Part D Plan Contract Address Zip	9	3125-3133	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address ZIP.
146	Previous Medicare Part D Plan Contract Number	5	3134-3138	Alpha-Numeric	Individual's previous Medicare Part D contract number.
147	Previous Medicare Part D Plan Enrollment Date	8	3139-3146	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
148	Previous Medicare Part D Plan Termination Date	8	3147-3154	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
149	Previous Medicare Part D Plan Contract Name	50	3155-3204	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
150	Previous Medicare Part D Plan PBP Number	3	3205-3207	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
151	Previous Medicare Part D Plan Contract Address 1	55	3208-3262	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
152	Previous Medicare Part D Plan Contract Address 2	55	3263-3317	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
153	Previous Medicare Part D Plan Contract Address City	30	3318-3347	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.

Field	Name	Size	Displacement	Data Type	Description
154	Previous Medicare Part D Plan Contract Address State	2	3348-3349	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
155	Previous Medicare Part D Plan Contract Address Zip	9	3350-3358	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
156	Previous Medicare Part D Plan Contract Number	5	3359-3363	Alpha-Numeric	Individual's previous Medicare Part D contract number.
157	Previous Medicare Part D Plan Enrollment Date	8	3364-3371	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
158	Previous Medicare Part D Plan Termination Date	8	3372-3379	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
159	Previous Medicare Part D Plan Contract Name	50	3380-3429	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
160	Previous Medicare Part D Plan PBP Number	3	3430-3432	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
161	Previous Medicare Part D Plan Contract Address 1	55	3433-3487	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
162	Previous Medicare Part D Plan Contract Address 2	55	3488-3542	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
163	Previous Medicare Part D Plan Contract Address City	30	3543-3572	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
164	Previous Medicare Part D Plan Contract Address State	2	3573-3574	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.

Field	Name	Size	Displacement	Data Type	Description
165	Previous Medicare Part D Plan Contract Address Zip	9	3575-3583	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
166	Previous Medicare Part D Plan Contract Number	5	3584-3588	Alpha-Numeric	Individual's previous Medicare Part D contract number.
167	Previous Medicare Part D Plan Enrollment Date	8	3589-3596	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
168	Previous Medicare Part D Plan Termination Date	8	3597-3604	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
169	Previous Medicare Part D Plan Contract Name	50	3605-3654	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
170	Previous Medicare Part D Plan PBP Number	3	3655-3657	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
171	Previous Medicare Part D Plan Contract Address 1	55	3658-3712	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
172	Previous Medicare Part D Plan Contract Address 2	55	3713-3767	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
173	Previous Medicare Part D Plan Contract Address City	30	3768-3797	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
174	Previous Medicare Part D Plan Contract Address State	2	3798-3799	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
175	Previous Medicare Part D Plan Contract Address Zip	9	3800-3808	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.

Field	Name	Size	Displacement	Data Type	Description
176	Previous Medicare Part D Plan Contract Number	5	3809-3813	Alpha-Numeric	Individual's previous Medicare Part D contract number.
177	Previous Medicare Part D Plan Enrollment Date	8	3814-3821	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
178	Previous Medicare Part D Plan Termination Date	8	3822-3829	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
179	Previous Medicare Part D Plan Contract Name	50	3830-3879	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
180	Previous Medicare Part D Plan PBP Number	3	3880-3882	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
181	Previous Medicare Part D Plan Contract Address 1	55	3883-3937	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
182	Previous Medicare Part D Plan Contract Address 2	55	3938-3992	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
183	Previous Medicare Part D Plan Contract Address City	30	3993-4022	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
184	Previous Medicare Part D Plan Contract Address State	2	4023-4024	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
185	Previous Medicare Part D Plan Contract Address Zip	9	4025-4033	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
186	Previous Medicare Part D Plan Contract Number	5	4034-4038	Alpha-Numeric	Individual's previous Medicare Part D contract number.

Field	Name	Size	Displacement	Data Type	Description
187	Previous Medicare Part D Plan Enrollment Date	8	4039-4046	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
188	Previous Medicare Part D Plan Termination Date	8	4047-4054	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
189	Previous Medicare Part D Plan Contract Name	50	4055-4104	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
190	Previous Medicare Part D Plan PBP Number	3	4105-4107	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
191	Previous Medicare Part D Plan Contract Address 1	55	4108-4162	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
192	Previous Medicare Part D Plan Contract Address 2	55	4163-4217	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
193	Previous Medicare Part D Plan Contract Address City	30	4218-4247	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
194	Previous Medicare Part D Plan Contract Address State	2	4248-4249	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
195	Previous Medicare Part D Plan Contract Address Zip	9	4250-4258	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
196	Previous Medicare Part D Plan Contract Number	5	4259-4263	Alpha-Numeric	Individual's previous Medicare Part D contract number.
197	Previous Medicare Part D Plan Enrollment Date	8	4264-4271	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
198	Previous Medicare Part D Plan Termination Date	8	4272-4279	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
199	Previous Medicare Part D Plan Contract Name	50	4280-4329	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
200	Previous Medicare Part D Plan PBP Number	3	4330-4332	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
201	Previous Medicare Part D Plan Contract Address 1	55	4333-4387	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
202	Previous Medicare Part D Plan Contract Address 2	55	4388-4442	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
203	Previous Medicare Part D Plan Contract Address City	30	4443-4472	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
204	Previous Medicare Part D Plan Contract Address State	2	4473-4474	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
205	Previous Medicare Part D Plan Contract Address Zip	9	4475-4483	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
206	Previous Medicare Part D Plan Contract Number	5	4484-4488	Alpha-Numeric	Individual's previous Medicare Part D contract number.
207	Previous Medicare Part D Plan Enrollment Date	8	4489-4496	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
208	Previous Medicare Part D Plan Termination Date	8	4497-4504	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
209	Previous Medicare Part D Plan Contract Name	50	4505-4554	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
210	Previous Medicare Part D Plan PBP Number	3	4555-4557	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
211	Previous Medicare Part D Plan Contract Address 1	55	4558-4612	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
212	Previous Medicare Part D Plan Contract Address 2	55	4613-4667	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
213	Previous Medicare Part D Plan Contract Address City	30	4668-4697	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
214	Previous Medicare Part D Plan Contract Address State	2	4698-4699	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
215	Previous Medicare Part D Plan Contract Address Zip	9	4700-4708	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
216	Previous Medicare Part D Plan Contract Number	5	4709-4713	Alpha-Numeric	Individual's previous Medicare Part D contract number.
217	Previous Medicare Part D Plan Enrollment Date	8	4714-4721	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
218	Previous Medicare Part D Plan Termination Date	8	4722-4729	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
219	Previous Medicare Part D Plan Contract Name	50	4730-4779	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.

Field	Name	Size	Displacement	Data Type	Description
220	Previous Medicare Part D Plan PBP Number	3	4780-4782	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
221	Previous Medicare Part D Plan Contract Address 1	55	4783-4837	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
222	Previous Medicare Part D Plan Contract Address 2	55	4838-4892	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
223	Previous Medicare Part D Plan Contract Address City	30	4893-4922	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
224	Previous Medicare Part D Plan Contract Address State	2	4923-4924	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
225	Previous Medicare Part D Plan Contract Address Zip	9	4925-4933	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
226	Previous Medicare Part D Plan Contract Number	5	4934-4938	Alpha-Numeric	Individual's previous Medicare Part D contract number.
227	Previous Medicare Part D Plan Enrollment Date	8	4939-4946	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
228	Previous Medicare Part D Plan Termination Date	8	4947-4954	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
229	Previous Medicare Part D Plan Contract Name	50	4955-5004	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
230	Previous Medicare Part D Plan PBP Number	3	5005-5007	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.

Field	Name	Size	Displacement	Data Type	Description
231	Previous Medicare Part D Plan Contract Address 1	55	5008-5062	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
232	Previous Medicare Part D Plan Contract Address 2	55	5063-5117	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
233	Previous Medicare Part D Plan Contract Address City	30	5118-5147	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
234	Previous Medicare Part D Plan Contract Address State	2	5148-5149	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
235	Previous Medicare Part D Plan Contract Address Zip	9	5150-5158	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
236	Previous Medicare Part D Plan Contract Number	5	5159-5163	Alpha-Numeric	Individual's previous Medicare Part D contract number.
237	Previous Medicare Part D Plan Enrollment Date	8	5164-5171	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
238	Previous Medicare Part D Plan Termination Date	8	5172-5179	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
239	Previous Medicare Part D Plan Contract Name	50	5180-5229	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
240	Previous Medicare Part D Plan PBP Number	3	5230-5232	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
241	Previous Medicare Part D Plan Contract Address 1	55	5233-5287	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
242	Previous Medicare Part D Plan Contract Address 2	55	5288-5342	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
243	Previous Medicare Part D Plan Contract Address City	30	5343-5372	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
244	Previous Medicare Part D Plan Contract Address State	2	5373-5374	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
245	Previous Medicare Part D Plan Contract Address Zip	9	5375-5383	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
246	Previous Medicare Part D Plan Contract Number	5	5384-5388	Alpha-Numeric	Individual's previous Medicare Part D contract number.
247	Previous Medicare Part D Plan Enrollment Date	8	5389-5396	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
248	Previous Medicare Part D Plan Termination Date	8	5397-5404	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
249	Previous Medicare Part D Plan Contract Name	50	5405-5454	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
250	Previous Medicare Part D Plan PBP Number	3	5455-5457	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
251	Previous Medicare Part D Plan Contract Address 1	55	5458-5512	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
252	Previous Medicare Part D Plan Contract Address 2	55	5513-5567	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
253	Previous Medicare Part D Plan Contract Address City	30	5568-5597	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
254	Previous Medicare Part D Plan Contract Address State	2	5698-5599	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
255	Previous Medicare Part D Plan Contract Address Zip	9	5600-5608	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.

Appendix F: NGHP Unsolicited Response File Layout

Note: As of July 2023, the following will be implemented:

This file is sent on the second Sunday of each month, and applies to ORM records the RRE uploaded in the last 12 months.

NGHP Unsolicited Response File Header Record

Table F-1: Section 111 NGHP Unsolicited MSP Response File Header Record - 600 bytes

Field	Name	Size	Displacement	Data Type	Description
1.	Header Type Code	4	1-4	Alpha-numeric	Contains a value of 'UNOH'.
2.	RRE ID	9	5-13	Numeric	Section 111 RRE ID.
3.	File Type	4	14-17	Alpha-numeric	Contains a value of 'USOL'.
4.	File Date	8	18-25	Numeric Date	Date file created by the BCRC. (CCYYMMDD format).
5.	Filler	575	26-600	Alpha-numeric	Not Used. Filled with spaces.

NGHP Unsolicited Response File Detail Record

Table F-2: NGHP Unsolicited Response File Detail Record – 600 bytes

Field	Name	Size	Displacement	Data Type	Description
1.	Transaction Type	4	1-4	Alpha-numeric	'USOL'
2.	Medicare ID	12	5-16	Alpha-numeric	Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). **Note:** The Medicare ID is also known as the Medicare Number to CMS' Medicare beneficiaries.
3.	Beneficiary Surname	6	17-22	Text	First 6 characters of the beneficiary's last name.
4.	Beneficiary First Initial	1	23-23	Text	First letter of the beneficiary's first name.
5.	Beneficiary Date of Birth	8	24-31	Numeric Date	Date of birth of the beneficiary. (CCYYMMDD format).
6.	Beneficiary Sex Code	1	32-32	Alpha-numeric	Beneficiary gender code.
7.	Interested Party DCN	15	33-47	Alpha-numeric	Most recent Document Control Number successfully submitted by the interested party RRE on its MSP Input File. Use this field to assist in matching the Unsolicited MSP Response Detail Record to your previously submitted coverage records.
8.	Filler	2	48-49	Alpha-numeric	Not used. Filled with spaces.
9.	Last Transaction Type	1	50-50	Alpha-numeric	Last action performed on the MSP occurrence by the BCRC based on information from the entity identified in the Modifier Type Code and Modifier Name (Fields 29 and 30). Values: '0' = Update '1' = Delete
10.	Filler	2	51-52	Alpha-numeric	Not Used. Filled with spaces.
11.	Insurer's Name	32	53-84	Text	Name of the most current insurer/TPA Medicare has associated with the MSP occurrence.
12.	Insurer's Address 1	32	85-116	Alpha-numeric	Address Line 1 for the most current insurer/TPA Medicare has associated with the MSP occurrence.

Field	Name	Size	Displacement	Data	Description
13.	Insurer's Address 2	32	117-148	Alpha-numeric	Address Line 2 for the most current insurer/TPA Medicare has associated with the MSP occurrence.
14.	Insurer's City	15	149-163	Text	City for the most current insurer/TPA Medicare has associated with the MSP occurrence.
15.	Insurer's State	2	164-165	Alpha	State for the most current insurer/TPA Medicare has associated with the MSP occurrence.
16.	Insurer's Zip Code	9	166-174	Alpha-numeric	ZIP Code for the most current insurer/TPA Medicare has associated with the MSP occurrence.
17.	Filler	9	175-183	Alpha-numeric	Not used. Filled with spaces.
18.	MSP Effective Date	8	184-191	Numeric Date	Effective Date of the MSP occurrence posted on the Medicare CWF.
19.	MSP Termination Date	8	192-199	Numeric Date	End date of the MSP occurrence posted on the Medicare CWF. **Note**: All zeros if open-ended (i.e., if coverage is not terminated).
20.	Filler	39	200-238	Alpha-numeric	Not used. Filled with spaces.
21.	Attorney's Name	32	239-270	Text	Name of the most current attorney associated with the MSP occurrence.
22.	Attorney's Address 1	32	271-302	Alpha-numeric	Address Line 1 of the most current attorney associated with the MSP occurrence.
23.	Attorney's Address 2	32	303-334	Alpha-numeric	Address Line 2 of the most current attorney associated with the MSP occurrence.
24.	Attorney's City	15	335-349	Text	City of the most current attorney associated with the MSP occurrence.
25.	Attorney's State	2	350-351	Alpha	State code of the most current attorney associated with the MSP occurrence.
26.	Attorney's Zip Code	9	352-360	Alpha-numeric	ZIP Code of the most current attorney associated with the MSP occurrence.
27.	Group Insurance Policy/DOL	20	361-380	Alpha-numeric	Displays the group insurance policy number or date of loss.
28.	Filler	17	381-397	Alpha-numeric	Not used. Filled with spaces.
29.	Modifier Type Code	3	398-400	Alpha-numeric	Code identifying the type of entity that last changed the MSP occurrence.

Field	Name	Size	Displacement	Data	Description
30.	Modifier Name	32	401-432	Text	Modifier Name/Description of the last entity that changed the MSP occurrence.
31.	Change Reason Code	2	433-434	Alpha-numeric	Code identifying the reason for the last change to the MSP occurrence (if known).
32.	Last Update Applied Date	8	435-442	Numeric Date	Date the BCRC last changed the MSP occurrence. CCYYMMDD format.
33.	Filler	158	443-600	Alpha-numeric	Not used. Filled with spaces.

NGHP Unsolicited Response File Trailer Record

Table F-3: NGHP Unsolicited Response File Trailer Record – 600 bytes

Field	Name	Size	Displacement	Data Type	Description
1.	Trailer Type Code	4	1-4	Alpha-numeric	Contains a value of 'UNOT'.
2.	RRE ID	9	5-13	Numeric	Section 111 RRE ID.
3.	File Type	4	14-17	Alpha-numeric	Contains a value of 'USOL'.
4.	File Date	8	18-25	Numeric Date	Date file created by the BCRC (CCYYMMDD format).
5.	File Record Count	9	26-34	Numeric	Number of response detail records contained in this file. Does not include the header and trailer records in the count. Will contain a value of all zeros if there were no NGHP Unsolicited Response records to transmit to the RRE for the month.
6.	Filler	566	35-600	Alpha-numeric	Not used. Filled with spaces.

Appendix G: Disposition, Error, and Compliance Flag Codes

Response File Disposition Codes

Table G-1: Response File Disposition Codes

Disposition Codes	Description
01	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated ongoing responsibility for medicals.
	TIN Reference Response File: TIN Record accepted.
	HEW Query Response File: For queries, the individual was identified as a Medicare beneficiary based upon the information submitted.
02	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated **no** ongoing responsibility for medicals.
03	Claim Response File: Record was found to be error-free and the injured party was matched to a Medicare beneficiary, but the period of time reflected on the claim report did not overlap the beneficiary's Medicare coverage dates.
	The injured party was identified as a Medicare beneficiary based upon the information submitted, but the beneficiary did not have Medicare coverage during the reported time period.
	For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted unless subsequent TPOC Amounts must be reported.
	For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when the individual becomes a Medicare beneficiary until the ongoing responsibility ends. Monitoring of such individuals may cease before they become a Medicare beneficiary if the standard for ORM termination set forth in the "Special Exception" section of the NGHP User Guide Chapter IV regarding reporting termination of ORM is met.
DP	Claim Response and Query Response Files:
	Multiple Medicare beneficiary records were identified based upon the data submitted. The DP (duplicate) disposition code will be returned if the the last 5 digits of the SSN submitted on the claim or query input files, when combined with matching criteria (first initial of the first name; the first six characters of the last name; date of birth; and gender), return multiple records.
	In instances where the RRE receives the DP code, they are instructed to take the following actions to remain in compliance with MMSEA Section 111 reporting requirements:
	1. Verify that the SSN, name, gender, and date of birth were entered accurately and re-submit.
	2. Enter the full 9-digit SSN (if available) and re-submit.
	If the system is still unable to locate a distinct match after re-submission, contact the BCRC at 1-855-798-2627. The RRE should provide the claim information to the customer service representative to file a self-report.
SP	Claim Response File: Record not accepted by the BCRC due to errors in the data reported. Record returned with at least one error code (specific edits and associated error codes are described below). **Record must be corrected and resubmitted on the next quarterly file submission, unless otherwise specified in the error description, or as instructed by your EDI Representative.**

Disposition Codes	Description
50	Claim Response File: Record still being processed by CMS. Internal CMS use only. **Record must be resubmitted on the next quarterly file submission.** This disposition code will be returned infrequently. RREs should expect to receive a very low volume of this disposition code. Records in the file that completed processing will be returned with an applicable disposition code.
51	Individual was not identified as a Medicare Beneficiary.
	Claim Response File: For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted if all information submitted was correct.
	For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when he or she becomes a Medicare beneficiary until the ongoing responsibility ends. Monitoring of such individuals may cease before they become a Medicare beneficiary if the ORM is not subject to reopening or otherwise subject to an additional request for payment or if the standard for ORM termination set forth in the "Special Exception" section of the NGHP User Guide Chapter IV regarding reporting termination of ORM is met.
	HEW Query Response File: For queries, the individual was **not** identified as a Medicare beneficiary based upon the information submitted.
	Note: This disposition code will be returned on the claim and query response files if the RRE submits the SSN (i.e., the last 5 digits or full 9 digits of the SSN) on the input record and the information is not matched to a Medicare beneficiary. RREs will also receive this disposition code if neither the Medicare ID (HICN or MBI) nor SSN is submitted on the input record or if the SSN entered is not 5 or 9 digits. In this case, the RRE must obtain a valid Medicare ID or SSN and resubmit the record on the next file submission.
TN	TIN Reference File: Detail Record rejected due to errors. Only returned on TIN Reference Response File.
	TIN Record returned with at least one TN edit (specific TIN Reference Response File error codes are described below). Record must be corrected and resubmitted on the next file submission or as directed by your EDI Representative.

Claim Response File Compliance Flag Codes

Table G-2: Claim Response File Compliance Flag Codes

Compliance Code	Description
01	Most recent TPOC Date (or Funding Delayed Beyond TPOC Start Date, where applicable) submitted on an add record is more than 135 days older than the **File Receipt Date.**
02	Warning. As of October 1, 2015, ICD-10-CM diagnosis codes are required on all claim reports with a CMS DOI of October 1, 2015 and subsequent dates.
03	ORM Termination Date on an add or update record is more than 135 days older than the **File Receipt Date**.

Claim Response File Error Codes

Excel and text files containing the error codes, fields and corresponding descriptions are available at https://www.cob.cms.hhs.gov/Section111/. After accepting the Login Warning, the Section 111 COBSW Login page will display. Click on the Reference Materials menu option to view the reference files available for download including the error table below.

Error Code Descriptions

In general, when you receive an error related to a Claim Input File Detail Record and/or a TIN Reference File Detail Record, the corrected record(s) needs to be resubmitted on your next Quarterly Claim Input File submission. If TIN Reference File records are not corrected, subsequently processed Claim Input File Detail Records with matching RRE TIN/Office Code will reject. Any Claim Input File Detail Record that rejects for TIN-related errors must be resubmitted with the corrected TIN Reference File Detail Record in order for it to correctly process.

Error codes are prefaced with two letters followed by two numbers. Error codes that begin with a "C" indicate that the error occurred in the Claim Input File. Error codes that begin with a "T" indicate that the error occurred in the TIN Reference File. See the table below:

Table G-3: Error Codes Descriptions

Error Codes beginning with	Relate to
CB	Claim Beneficiary Information
CC	Claim Claimant Information
CI	Claim Injury Information
CJ	Claim Ongoing Responsibility for Medicals (ORM) or Total Payment Obligation to Claimant (TPOC) Information
CP	Claim Plan Information
CR	Claim Representative Information
CS	Claim Self-Insurance Information
CT	Claim Auxiliary TPOC Information
SP	Errors returned by CWF
TN	TIN Reference File Errors

Error Code Resolution Tables

The Error Code Resolution Tables (Claim Response and TIN Reference Response) provide information on the error codes that you may receive on your Section 111 response file(s). Each table identifies the record and field that caused the error, identifies whether or not the field is required, provides the record layout field descriptions and provides some possible causes of the error.

NOTE: If you receive an error code that is not listed in this table, or you are not able to use this table to resolve your error, contact your EDI Representative for additional assistance.

Claim Response File Error Code Resolution Table

Table G-4: Claim Response File Error Code Resolution Table

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB01	Claim Input File Detail Record	Record Identifier (Field 1)	Yes	Must be "NGCD."	Field 1 does not equal "NGCD."
CB01	Claim Input File Auxiliary Record	Record Identifier (Field 1)	Yes	Must be "NGCE."	Field 1 does not equal "NGCE." Field 1 on preceding record does not equal "NGCD"
CB01	Claim Input File Auxiliary Record	DCN (Field 2), Medicare ID (Field 3), SSN (Field 4), Injured Party Last Name (Field 5), and/or Injured Party First Name (Field 6)	Yes	Must match the values submitted in the corresponding field names on the preceding Claim Input File Detail Record.	The values in Field 2, 3, 4, 5, and/or 6 on the Claim Input File Auxiliary Record do not match the values submitted in the corresponding fields on the preceding Claim Input File Detail Record
CB02	Claim Input File Detail Record	DCN (Field 2)	Yes	Document Control Number (DCN) assigned by the Section 111 RRE. Each record within the file submitted shall have a unique DCN. The DCN only needs to be unique within the current file being submitted.	Field 2: • is space-filled; • is zero-filled; • contains parenthesis (); or • is not unique within the same Claim Input File submission
CB03	Claim Input File Detail Record	Action Type (Field 3)	Yes	Action to be performed. Valid values: 0 (zero) = Add; 1 = Delete; 2 = Update/Change **Note:** To change or correct TPOC information, use "2."	Field 3: • does not equal "0," "1," or "2"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB04	Claim Input File Detail Record	Injured Party Medicare ID (Field 4)	Yes, if Injured Party SSN (Field 5) is not submitted.	Health Insurance Claim Number of the Injured Party. Fill with spaces if unknown and SSN provided. Do not include dashes. May only contain digits 0 through 9, spaces, and/or letters. No special characters.	Field 4: - contains dashes, hyphens or special characters; or - is not left-justified
CB06	Claim Input File Detail Record	Injured Party Medicare ID (Field 4) and Injured Party SSN (Field 5)	Yes, either Field 4 or Field 5 must be submitted	See record layout field descriptions for Field 4 (Injured Party Medicare ID) and Field 5 (Injured Party SSN).	Field 4 and Field 5 were either zero-filled or space-filled
CB07	Claim Input File Detail Record	Injured Party Last Name (Field 6)	Yes	Surname of the injured party. Submit it as it appears on the individual's Social Security or Medicare Insurance card. First position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space.	Field 6: - was space-filled - contains values other than a space, letter, hyphen or an apostrophe; or - Position (42) did not contain an alphabetic character
CB08	Claim Input File Detail Record	Injured Party First Name (Field 7)	Yes	First name of injured party. Submit it as it appears on the individual's Social Security or Medicare Insurance card. May only contain letters and spaces.	Field 7: - was space-filled; - contained non-alphabetic characters; or - Position (82) did not contain an alphabetic character
CB09	Claim Input File Detail Record	Injured Party Middle Init (Field 8)	No	First letter of Injured Party middle name. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. Fill with space if unknown.	Field 8: - contained non-alphabetic characters; or - was not space-filled
CB10	Claim Input File Detail Record	Injured Party Gender (Field 9)	Yes	Sex of the injured party. Valid values: 0 (zero) = Unknown; 1 = Male; or 2 = Female.	Field 9: does not equal "0," "1," or "2"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB11	Claim Input File Detail Record	Injured Party DOB (Field 10)	Yes	Date of Birth of Injured Party. Must be numeric and contain a valid date prior to the current date. Field cannot contain spaces, alpha characters or all zeroes.	Field 10: • contained non-numeric data; • was zero-filled; • was not a valid date (formatted CCYYMMDD); or • was not prior to the current date
CC01	Claim Input File Detail Record	Claimant 1 Relationship (Field 84)	No, but if entered, it will be edited.	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. "The Trust of John Doe" or "The Estate of John Doe"). Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied. (Fields 104 – 118 must contain default values according to Data Type, or all spaces)	Field 84 does not equal "E," "F," "O," "X," "Y," "Z," or space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC02	Claim Input File Detail Record	Claimant 1 TIN (Field 85)	No, but if entered, it will be edited.	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. Optional.	Field 85: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; or • is not space-filled or zero-filled when Field 84 = a space.
CC03	Claim Input File Detail Record	Claimant 1 Last Name (Field 86)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 86: • is all spaces and Field 84 = "E," "F," or "O;" • position 1647 is not an alphabetic character when Field 84 = "E," "F," or "O;" or • is not space-filled when Field 104 = a space
CC04	Claim Input File Detail Record	Claimant 1 First Name (Field 87)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 1. May only contain letters and spaces. Optional.	Field 87: • is all spaces and Field 84 = "E," "F," or "O;" • position 1687 is not an alphabetic character when Field 84 = "E," "F," or "O;" or • is not space-filled when Field 104 = a space
CC05	Claim Input File Detail Record	Claimant 1 Middle Initial (Field 88)	No	First letter of Claimant 1's middle name. Optional.	Field 88: • does not equal a space when Field 84 = a space; or • was not submitted as a letter Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC06	Claim Input File Detail Record	Claimant 1 Mailing Address 1 (Field 90)	No, but if entered, it will be edited.	First line of the mailing address for the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional.	Field 90: - is not space-filled when Field 84 = a space; - contains an invalid character such as a parenthesis; - is not space-filled when Field 93 = "FC;" or - is not at least 2 alphanumeric characters.
CC07	Claim Input File Detail Record	Claimant 1 Mailing Address 2 (Field 91)	No	Second line of the mailing address of the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional	Field 91: - is not space-filled when Field 84 = a space; - contains an invalid character such as a parenthesis; or - is not space-filled when Field 93 = "FC"
CC08	Claim Input File Detail Record	Claimant 1 City (Field 92)	No	Mailing address city for the claimant 1. Optional.	Field 92: - has numeric data; - is not space-filled when Field 84 = a space; - is space filled when Field 84 does not equal a space; - contains an invalid character such as a parenthesis; - is not space-filled when Field 93 = "FC;" or - contains data other than alphabetic, space comma, &—' , @#;:
CC09	Claim Input File Detail Record	Claimant 1 State (Field 93)	No	US Postal abbreviation State Code for the claimant 1. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 93: - is submitted with numeric data; - is not space-filled when Field 84 = a space; or - is space-filled when Field 84 does not equal a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC10	Claim Input File Detail Record	Claimant 1 Zip (Field 94)	No, but if entered, it will be edited.	5-digit Zip Code for the claimant 1. Optional.	Field 94: - is not space-filled or zero-filled when Field 84 = a space; or - is not zero-filled when Field 93 = "FC"
CC11	Claim Input File Detail Record	Claimant 1 Zip+4 (Field 95)	No	4-digit Zip+4 Code for claimant 1. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 95: - is not space-filled or zero-filled when Field 84 = a space; or - is not zero-filled when Field 93 = "FC" Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC12	Claim Input File Detail Record	Claimant 1 Phone (Field 96)	No, but if entered, it will be edited.	Telephone number of claimant 1. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional.	Field 96: - is not zero-filled when Field 84 = a space; - is not zero-filled when Field 93 = "FC;" or - contains a non-numeric character Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC13	Claim Input File Detail Record	Claimant 1 Phone Extension (Field 97)	No	Telephone extension number of the claimant 1. Fill with all spaces if unknown or not applicable. Optional.	Field 97: - is not space-filled when Field 84 = a space; or - contains an invalid character such as a parenthesis Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. (Effective April 5, 2021)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC14	Claim Input File Detail Record	Claimant 1 Entity / Organization Name (Field 89)	No, but if entered, it will be edited.	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. Optional.	Field 89: • is not space-filled when Field 84 = a space; • is space-filled when Field 84 = "X," "Y," or "Z;" • contains an invalid character such as a parenthesis; or • is not at least 2 alphanumeric characters.
CC21	Claim Input File Auxiliary Record	Claimant 2 Relationship (Field 7)	No, but if entered, it will be edited.	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. "The Trust of John Doe" or "The Estate of John Doe") Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied. (Fields 7 – 21 must contain default values according to Data Type, or all spaces) Optional.	Field 7 does not equal "E," "F," "O," "X," "Y," "Z," or space.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CC22	Claim Input File Auxiliary Record	Claimant 2 TIN (Field 8)	No	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 2. Optional.	Field 8: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; or • is not space-filled or zero-filled when Field 7 = a space.
CC23	Claim Input File Auxiliary Record	Claimant 2 Last Name (Field 9)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Surname of Claimant 2. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 9: • is all spaces and Field 7 = "E," "F," or "O;" • position 121 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC24	Claim Input File Auxiliary Record	Claimant 2 First Name (Field 10)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 2. May only contain letters and spaces. Optional.	Field 10: • is all spaces and Field 7 = "E," "F," or "O;" • position 161 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC25	Claim Input File Auxiliary Record	Claimant 2 Middle Initial (Field 11)	No	First letter of Claimant 2's middle name. Optional.	Field 11: • is not a space when Field 7 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC26	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 1 (Field 13)	No, but if entered, it will be edited.	First line of the mailing address for Claimant 2 . Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 13: • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • is not space-filled when Field 16 = "FC;" or • contains an invalid character such as a parenthesis
CC27	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 2 (Field 14)	No	Second line of the mailing address for Claimant 2. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 14: • is not space-filled when Field 7 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 16 = "FC"
CC28	Claim Input File Auxiliary Record	Claimant 2 City (Field 15)	No	Mailing address city for Claimant 2. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 15: • has numeric data; • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 16 = "FC" • contains data other than alphabetic, space comma, &—' , @#;:
CC29	Claim Input File Auxiliary Record	Claimant 2 State (Field 16)	No	US Postal abbreviation State Code for Claimant 2. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 16: • has numeric data; • is not space-filled when Field 7 = a space; or • is space-filled when Field 7 does not equal a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC30	Claim Input File Auxiliary Record	Claimant 2 Zip (Field 17)	No, but if entered, it will be edited.	5-digit Zip Code for Claimant 2. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional.	Field 17: • is not space-filled or zero-filled when Field 7 = a space; • is not space-filled or zero-filled when Field 7 = a space; • is not zero-filled when Field 16 = "FC;" or • is space-filled when Field 7 does not equal a space
CC31	Claim Input File Auxiliary Record	Claimant 2 Zip+4 (Field 18)	No	4-digit Zip+4 Code for Claimant 2. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 18: • is not space-filled or zero-filled when Field 7 = a space; or • is not zero-filled when Field 16 = "FC" Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC32	Claim Input File Auxiliary Record	Claimant 2 Phone (Field 19)	No.	Telephone number of Claimant 2. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional..	Field 19: • is not space-filled or zero-filled when Field 7 = a space; • is space-filled when Field 7 does not equal a space; • is not zero-filled when Field 16 = "FC;" or • contains a non-numeric character Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC33	Claim Input File Auxiliary Record	Claimant 2 Phone Extension (Field 20)	No	Telephone extension number of Claimant 2. Fill with all spaces if unknown or not applicable. Optional.	Field 20: • is not space-filled when Field 7 = a space; • is not space-filled when Field 16 = "FC;" or • contains an invalid character such as a parenthesis Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC34	Claim Input File Auxiliary Record	Claimant 2 Entity / Organization Name (Field 12)	No, but if entered, it will be edited.	Name of Claimant 2 Entity/Organization. Redefines Fields 9-11 (is made up of the same bytes, is in the same location as Fields 9-11). Use either Field 12 or Fields 9-11 depending on the Relationship code submitted. Optional..	Field 12: • is not space-filled when Field 7 = a space; • is space-filled when Field 7 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis
CC41	Claim Input File Auxiliary Record	Claimant 3 Relationship (Field 36)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 36 does not equal "E," "F," "O," "X," "Y," "Z," or space.
CC42	Claim Input File Auxiliary Record	Claimant 3 TIN (Field 37)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 37: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; • is not space-filled or zero-filled when Field 36 = a space; or
CC43	Claim Input File Auxiliary Record	Claimant 3 Last Name (Field 38)	No, but if entered or Claimant 3 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	• Field 38: • is all spaces and Field 36 = "E," "F," or "O;" • position 704 is not an alphabetic character when Field 36 = "E," "F," or "O;" or • is not space-filled when Field 36 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC44	Claim Input File Auxiliary Record	Claimant 3 First Name (Field 39)	No, but if entered or Claimant 3 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 39: • position 161 is not an alphabetic character when Field 36 = "E," "F," or "O;" • is all spaces and Field 36 = "E," "F," or "O;" or • is not space-filled when Field 36 = a space
CC45	Claim Input File Auxiliary Record	Claimant 3 Middle Initial (Field 40)	No	See Claimant 2 Information section above for individual field description.	Field 40: does not a space when Field 36 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC46	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 1 (Field 42)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 42: • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = "FC;" or • contains an invalid character such as a parenthesis
CC47	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 2 (Field 43)	No	See Claimant 2 Information section above for individual field description.	Field 43: • is not space-filled when Field 36 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 45 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC48	Claim Input File Auxiliary Record	Claimant 3 City (Field 44)	No	See Claimant 2 Information section above for individual field description.	Field 44: • has numeric data; • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—' , @#;:
CC49	Claim Input File Auxiliary Record	Claimant 3 State (Field 45)	No	See Claimant 2 Information section above for individual field description.	Field 45: • has numeric data; • is not space-filled when Field 36 = a space; or • is space-filled when Field 36 does not equal a space
CC50	Claim Input File Auxiliary Record	Claimant 3 Zip (Field 46)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 46: • is not space-filled or zero-filled when Field 36 = a space; • is not space-filled or zero-filled when Field 36 = a space; • is not zero-filled when Field 45 = "FC;" or • is space-filled when Field 36 does not equal a space
CC51	Claim Input File Auxiliary Record	Claimant 3 Zip+4 (Field 47)	No	See Claimant 2 Information section above for individual field description.	Field 47: • is not space-filled or zero-filled when Field 36 = a space; or • is not zero-filled when Field 45 = "FC" Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC52	Claim Input File Auxiliary Record	Claimant 3 Phone (Field 48)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 48: • is not space-filled or zero-filled when Field 36 = a space; • is space-filled when Field 36 does not equal a space; • is not zero-filled when Field 45 = "FC;" or • contains a non-numeric character Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC53	Claim Input File Auxiliary Record	Claimant 3 Phone Extension (Field 49)	No	See Claimant 2 Information section above for individual field description.	Field 49: • is not space-filled when Field 36 = a space; • is not space-filled when Field 45 = "FC;" or • contains an invalid character such as a parenthesis Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC54	Claim Input File Auxiliary Record	Claimant 3 Entity / Organization Name (Field 41)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 41: • is not space-filled when Field 36 = a space; • is space-filled when Field 36 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis
CC61	Claim Input File Auxiliary Record	Claimant 4 Relationship (Field 65)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 65 does not equal "E," "F," "O," "X," "Y," "Z," or space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC62	Claim Input File Auxiliary Record	Claimant 4 TIN (Field 66)	No	See Claimant 2 Information section above for individual field description.	Field 66: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; • is not space-filled or zero-filled when Field 65 = a space
CC63	Claim Input File Auxiliary Record	Claimant 4 Last Name (Field 67)	No, but if entered or Claimant 4 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 67: • is all spaces and Field 65 = "E," "F," or "O;" • position 1287 is not an alphabetic character when Field 65 = "E," "F," or "O;" or • is not space-filled when Field 65 = a space
CC64	Claim Input File Auxiliary Record	Claimant 4 First Name (Field 68)	No, but if entered or Claimant 4 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 68: • is all spaces and Field 65 = "E," "F," or "O;" • position 161 is not an alphabetic character when Field 65 = "E," "F," or "O;" or • is not space-filled when Field 65 = a space
CC65	Claim Input File Auxiliary Record	Claimant 4 Middle Initial (Field 69)	No but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 69: • does not a space when Field 65 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC66	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 1 (Field 71)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 71: • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = "FC;" or • contains an invalid character such as a parenthesis
CC67	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 2 (Field 72)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 72: • is not space-filled when Field 65 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 74 = "FC"
CC68	Claim Input File Auxiliary Record	Claimant 4 City (Field 73)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 73: • has numeric data; • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—' , @#;:
CC69	Claim Input File Auxiliary Record	Claimant 4 State (Field 74)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 74: • has numeric data; • is not space-filled when Field 65 = a space; or • is space-filled when Field 65 does not equal a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC70	Claim Input File Auxiliary Record	Claimant 4 Zip (Field 75)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 75: • is not space-filled or zero-filled when Field 65 = a space; • is not space-filled or zero-filled when Field 65 = a space; • is not zero-filled when Field 74 = "FC;" or • is space-filled when Field 65 does not equal a space
CC71	Claim Input File Auxiliary Record	Claimant 4 Zip+4 (Field 76)	No	See Claimant 2 Information section above for individual field description.	Field 76: • is not space-filled or zero-filled when Field 65 = a space; or • is not zero-filled when Field 74 = "FC" Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC72	Claim Input File Auxiliary Record	Claimant 4 Phone (Field 77)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 77: • is not space-filled or zero-filled when Field 65 = a space; • is space-filled when Field 65 does not equal a space; • is not zero-filled when Field 74 = "FC;" or • contains a non-numeric character Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC73	Claim Input File Auxiliary Record	Claimant 4 Phone Extension (Field 78)	No	See Claimant 2 Information section above for individual field description.	Field 78: • is not space-filled when Field 65 = a space; • is not space-filled when Field 74 = "FC;" or • contains an invalid character such as a parenthesis Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CC74	Claim Input File Auxiliary Record	Claimant 4 Entity / Organization Name (Field 70)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 70: • is not space-filled when Field 65 = a space; • is space-filled when Field 65 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI01	Claim Input File Detail Record	CMS Date of Incident (DOI):DOI as defined by CMS (Field 12)	Yes	Date of Incident (DOI) *as defined by CMS*: For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the *date of first exposure*. For claims involving ingestion (for example, a recalled drug), it is the *date of first ingestion*. For claims involving implants, it is the *date of the implant (or date of the first implant if there are multiple implants)*. For claims involving cumulative injury, the DOI is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. **Note:** CMS's definition of DOI generally differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants. Must be numeric and a valid date prior to or equal to the current BCRC processing date. Field cannot contain spaces, alpha characters or all zeroes.	Field 12: • contained non-numeric data; • was zero-filled; • was not a valid date formatted CCYYMMDD; or • was not prior to the current date

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI02	Claim Input File Detail Record	Industry Date of Incident (DOI) (Field 13)	No	For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of *last* exposure, ingestion, or implantation. **Note:** The definition of DOI routinely used by the insurance/workers' compensation industry DOI generally differs from the definition which CMS must use (Field 12) only for claims involving exposure, ingestion, or implants.	Field 13: - contained non-numeric data; - was not a valid date formatted CCYYMMDD; or - was not prior to the BCRC processing date; or - was not all zeroes if not used Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CI03	Claim Input File Detail Record	Alleged Cause of Injury, Incident, or Illness (Field 15)	No	ICD-9-CM/ICD-10-CM External Cause of Injury Code "E Code" describing the alleged cause of injury/illness. Left justify. Do not include decimal point.	Field 15: - included a decimal point; - was not left-justified; or - diagnosis code did not match a value on the list of valid ICD-9/ ICD-10 diagnosis codes Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI03 (Cont)	Claim Input File Detail Record	Alleged Cause of Injury, Incident, or Illness (Field 15)	No	See the NGHP User Guide Technical Information Chapter for complete information. ICD-9-CM diagnosis code must begin with the letter "E." ICD-10-CM diagnosis code must begin with the letter "V," "W," "X," or "Y." Cannot report ICD-10 "Z" codes. These are excluded from Section 111 claim reports. *Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found on CMS.gov at* https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists. Special default for liability reporting: If, and only if: 1) the ORM Indicator (Field 78) is N, the Plan Insurance Type (Field 51) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.	Field 15: - included a decimal point; - was not left-justified; or - diagnosis code did not match a value on the list of valid ICD-9/ ICD-10 diagnosis codes Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI04	Claim Input File Detail Record	State of Venue (Field 16)	Yes	US postal abbreviation corresponding to the US State (including Guam, Puerto Rico, Washington DC and the US Virgin Islands) whose state law controls resolution of the claim. See http://www.usps.com If the applicable law that controls the resolution of the claim is federal law (such as the Federal Tort Claim Act or the Federal Employee Compensation Act), then submit "US." Otherwise if the applicable law is state law, supply the code for that state. Insert "FC" in the case where the state of venue is outside the United States. If the state of venue is in dispute at the time an RRE reports acceptance of ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals.	Field 16: • does not equal "US" or "FC;" or • is not considered a valid US Postal state abbreviation

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI05	Claim Input File Detail Record Detail Record	ICD Diagnosis Code 1 (Field 18)	Yes, if Action Type (Field 3) = 0 (Add) or if Action Type (Field 3) = 2 (Update)	ICD-9-CM or ICD-10-CM Diagnosis Code describing the alleged injury/illness. Special default for liability reporting: If, and only if: 1) the ORM Indicator (Field 78) is N, the Plan Insurance Type (Field 51) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 18 then all remaining ICD Diagnosis Codes 2-19 must be filled with spaces.	Field 18: • was space-filled (See the NGHP User Guide Technical Information Chapter for complete information.); • ICD-9 began with the letter "V" or "E;" • ICD-10 began with the letter "V," "W," "X," "Y," or "Z"; • was not left-justified; • included a decimal point; or • was on the list of excluded ICD-9/ICD-10 Diagnosis Codes found on CMS.gov at https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists
CI06	Claim Input File Detail Record	ICD Diagnosis Code 2 (Field 19)	No, unless multiple body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18.	See explanation for Error CI05.
CI07	Claim Input File Detail Record	ICD Diagnosis Code 3 (Field 20)	No, unless 3 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI08	Claim Input File Detail Record	ICD Diagnosis Code 4 (Field 21)	No, unless 4 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI09	Claim Input File Detail Record	ICD Diagnosis Code 5 (Field 22)	No, unless 5 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI10	Claim Input File Detail Record	ICD Diagnosis Code 6 (Field 23)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI11	Claim Input File Detail Record	ICD Diagnosis Code 7 (Field 24)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI12	Claim Input File Detail Record	ICD Diagnosis Code 8 (Field 25)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI13	Claim Input File Detail Record	ICD Diagnosis Code 9 (Field 26)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI14	Claim Input File Detail Record	ICD Diagnosis Code 10 (Field 27)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI15	Claim Input File Detail Record	ICD Diagnosis Code 11 (Field 28)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 28 was not a valid ICD Diagnosis Code per the field requirements.
CI16	Claim Input File Detail Record	ICD Diagnosis Code 12 (Field 29)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 29 was not a valid ICD Diagnosis Code per the field requirements.
CI17	Claim Input File Detail Record	ICD Diagnosis Code 13 (Field 30)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 30 was not a valid ICD Diagnosis Code per the field requirements.
CI18	Claim Input File Detail Record	ICD Diagnosis Code 14 (Field 31)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 31 was not a valid ICD Diagnosis Code per the field requirements.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CI19	Claim Input File Detail Record	ICD Diagnosis Code 15 (Field 32)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 32 was not a valid ICD Diagnosis Code per the field requirements.
CI20	Claim Input File Detail Record	ICD Diagnosis Code 16 (Field 33)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 33 was not a valid ICD Diagnosis Code per the field requirements.
CI21	Claim Input File Detail Record	ICD Diagnosis Code 17 (Field 34)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 34 was not a valid ICD Diagnosis Code per the field requirements.
CI22	Claim Input File Detail Record	ICD Diagnosis Code 18 (Field 35)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 35 was not a valid ICD Diagnosis Code per the field requirements.
CI23	Claim Input File Detail Record	ICD Diagnosis Code 19 (Field 36)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 36 was not a valid ICD Diagnosis Code per the field requirements.
CI25	Claim Input File Detail Record	Alleged Cause of Injury, Incident, or Illness (Field 15)	No	See explanation for Alleged Cause of Injury, Incident, or Illness (Field 15)	Field 15 was not a valid Alleged Cause of Injury, Incident, or Illness Diagnosis Code per the field requirements, or The 'NOINJ' value was incorrectly submitted. When submitting the 'NOINJ' value, it must be submitted in Field 15 **and** Field 18 (ICD Diagnosis Code 1) **and** all other ICD Diagnosis Code fields must be blank. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI31	Claim Input File Detail Record	ICD Indicator (Field 17)	Yes	Must be one of the following values: "0" – ICD-10-CM diagnosis codes "9" – ICD-9-CM diagnosis codes Space – ICD-9-CM diagnosis codes *** Note**: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of "9" or space will be rejected with a CI31 error.	Field 17 did not equal "0," "0" or Space.
CJ01	Claim Input File Detail Record	ORM Indicator (Field 78)	Yes	Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes, N – No. The Y value remains in this field even when an ORM Termination Date (Field 779) is submitted in this same record or a subsequent record.	Field 78 contains a value other than a "Y" or "N."

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CJ02	Claim Input File Detail Record	ORM Termination Date (Field 79)	No	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = Y. Format: CCYYMMDD ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See the NGHP User Guide Technical Information Chapter IV (Sections 6.7and 6.8) for information concerning exceptions regarding reporting ORM. When an ORM termination date is submitted, the ORM indicator in Field 78 must remain as "Y." Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.	Field 79: • has non-numeric data or spaces; • is not zero-filled when Field 78 is N • ORM Indicator = "N" (Field 78) and ORM Termination Date (Field 79) provided (Add records); or ORM Indicator = "Y" and ORM Termination Date is blank (the ORM Term Date must = 0 or a valid date) (Update records).

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ03	Claim Input File Detail Record	TPOC Date 1 (Field 80)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to <u>ongoing</u> responsibility for medicals (ORM). Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. Format: CCYYMMDD Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 80: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 81 is all zeros; or • is all zeros when Field 81 is not all zeroes.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ04	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant. If there is a structured settlement, the amount is the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity. For annuities, base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout), whichever calculation results in the larger amount. When this record includes information reflecting ongoing responsibility for medicals (either current or terminated), fill with zeroes unless there is a TPOC date/amount for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ongoing medicals. (cont.)	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or • is all zeros when Field 80 has a non-zero value

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CJ04 (cont.)	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	*Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or • is all zeros when Field 80 has a non-zero value
CJ05	Claim Input File Detail Record	Funding Delayed Beyond TPOC Start Date 1 (Field 82)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 82: • has non-numeric data or spaces; • was not submitted with all zeroes if not used; or • was not a valid date (formatted CCYYMMD)
CJ06	Claim Input File Detail Record	ORM Termination Date (Field 79)	No	See Field 79 description in the Claim Input File Detail Record.	Submitted ORM Termination Date (Field 79) is more than 75 years from the current date.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ07	Claim Input File Detail Record	TPOC Threshold	N/A	N/A	**Add or Update Record:** ORM Indicator = "N" and the cumulative total of all submitted TPOC Amounts is zero.
CP01	Claim Input File Detail Record	Plan Insurance Type (Field 51)	Yes	Type of insurance coverage or line of business provided by the plan policy or self-insurance. Valid values: D=No-Fault E=Workers' Compensation L = Liability *Note: When selecting "no-fault" as the type of insurance, you must use the CMS definition of no-fault insurance found at 42 CFR § 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.* "No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called "medical payments coverage," "personal injury protection," or "medical expense coverage." See 42 CFR § 411.50."	Field 51 does not equal: "D," "E," or "L"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP02	Claim Input File Detail Record	TIN (Field 52)	Yes	Federal Tax Identification Number of the "applicable plan" used by the RRE, whether liability insurance (including self-insurance), no-fault insurance or a workers' compensation law or plan. Must contain a valid 9-digit IRS-assigned Federal Tax Identification Number or foreign RRE pseudo-TIN. Must be numeric. Include leading zeroes. Do not include hyphens. In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration. Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File.	Field 52: • has non-numeric data.
CP03	Claim Input File Detail Record	Office Code/Site ID (Field 53)	No	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses under the same TIN. Defined by RRE. Used to uniquely specify different addresses associated with one TIN. If only one address will be used per reported TIN, leave blank. Must have a corresponding entry with associated TIN on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination.	Field 53: • has letters or special characters; • was not space-filled if not used; or • was not right-justified and padded on the left with zeroes
CP04	Claim Input File Detail Record	Policy Number (Field 54)	Yes	The unique identifier for the policy under which the underlying claim was filed. RRE defined. If liability self-insurance or workers' compensation self-insurance, fill with 0s if you do not have or maintain a specific number reference.	Field 54: • was space-filled; or • positions 1001-1003 were not submitted with data

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP05	Claim Input File Detail Record	Claim Number (Field 55)	Yes	The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0s if you do not have or maintain a claim number reference.	Field 55: • was space-filled; or • submitted data was not left-justified
CP06	Claim Input File Detail Record	Plan Contact Department Name (Field 56)	No	Name of department for the Plan Contact to which claim-related communication and correspondence should be sent. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 56: • was not left-justified; or; • was not space-filled if not used Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CP07	Claim Input File Detail Record	Plan Contact Last Name (Field 57)	No	Surname of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 57: • position 1131 was not an alphabetic character when the rest of the field had data; • was zero-filled; or • contained data other than a letter, hyphen, apostrophe or space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP08	Claim Input File Detail Record	Plan Contact First Name (Field 58)	No	Given or first name of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 58: • position 1171 was not an alphabetic character when the remainder of the field had data; • was zero-filled; or • contained data other than letters or spaces Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CP09	Claim Input File Detail Record	Plan Contact Phone (Field 59)	No	Telephone number of individual that should be contacted at the Plan for claim-related communication. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g., 1112223333).	Field 59: • has non-numeric data; • was space-filled; or • did not contain 10 numbers Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CP10	Claim Input File Detail Record	Plan Contact Phone Extension (Field 60)	No	Telephone extension number of individual that should be contacted at the Plan for claim-related communication.	Field 60: • was not left-justified; • contain parenthesis; • position 1211 was a space, but other positions had data; or • was not space-filled if not used Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CP11	Claim Input File Detail Record	No-Fault Insurance Limit (Field 61)	Yes if Plan Insurance Type (Field 51) = D	Dollar amount of limit on no-fault insurance. Specify dollars and cents with implied decimal. No formatting (no $ or , or .) For example, a limit of $10,500.00 should be coded as 00001050000. **Note:** the last two positions reflect cents. For example, an amount of 500 dollars and no cents must be submitted as "00000050000,"	Field 61: - has non-numeric data; - was space-filled; - was not filled all 9s when Field 51 = "D" and Field 61 was not applicable; - was zero-filled when Field 51 = "D;" or - was not zero-filled when Field 51 = "E" or "L"
CP12	Claim Input File Detail Record	Exhaust Date for No-Fault Insurance Limit (Field 62)	Yes, if Plan Insurance Type (Field 51) = D and the Exhaust Date for No-Fault Insurance Limit has been reached	Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 61). Format: CCYYMMDD If Plan Insurance Type (Field 51) is D (No-Fault Insurance) and the limit has not yet been reached, fill with all zeroes. Otherwise, specify the date the limit was reached and the same date in the ORM Termination Date (Field 79).	Field 62: - has non-numeric data; - was space-filled; - did not contain a valid date or all zeros; or - was not zero-filed when Field 51 is "E" or "L"
CP13	Claim Input File Detail Record	No Fault Insurance Limit (Field 61)	Yes if Plan Insurance Type (Field 51) = D	Dollar amount of limit on no-fault insurance. Specify dollars and cents with implied decimal. No formatting (no $ or , or .) For example, a limit of $10,500.00 should be coded as 00001050000. **Note:** the last two positions reflect cents. For example, an amount of 500 dollars and no cents must be submitted as "00000050000."	Field 61: Dollar amount of No-Fault Insurance Limit (Field 61) is less than $500.00. Error will not cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR01	Claim Input File Detail Record	Injured Party Representative Indicator (Field 64)	Yes, if the Injured Party has a represen-tative.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 84 – 96 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 64 does not equal "A," "G," "P," "O," or space
CR02	Claim Input File Detail Record	Representative Last Name (Field 65)	Yes, if Field 64 does not equal a space and Field 65 is space-filled	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 65: • was not left-justified; • position 1256 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 64 = a space
CR03	Claim Input File Detail Record	Representative First Name (Field 66)	Yes, if Field 64 does not equal a space and Field 66 is space-filled	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 66: • was not left-justified; • position 1296 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 64 = a space
CR04	Claim Input File Detail Record	Representative Firm Name (Field 67)	Yes, if Field 64 does not equal a space and Fields 65 & 66 are space-filled	Representative's firm name.	Field 67: • was not space filled when Field 64 = a space; • is not space-filled, but positions 1326 and 1327 are not alphanumeric characters; • was not submitted when field 64 does not equal a space and field 64 and 66 were space-filled; or • If supplied, it is not at least 2 alphanumeric characters.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR05	Claim Input File Detail Record	Representative TIN (Field 68)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 68: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 64 was a space
CR06	Claim Input File Detail Record	Representative Mailing Address Line 1 (Field 69)	Yes, if Field 64 does not equal a space	First line of the mailing address for the representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 69: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; or • contains special characters other than , &—' . @ # / : ;
CR07	Claim Input File Detail Record	Representative Mailing Address Line 2 (Field 70)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 70: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; or • contains special characters other than , &—' . @ # / : ;
CR08	Claim Input File Detail Record	Representative City (Field 71)	Yes, if Field 64 does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 71: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /;:

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR09	Claim Input File Detail Record	Representative State (Field 72)	Yes, if Field 64 does not equal a space	US Postal abbreviation State Code for the representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 72: • is not space filled when Field 64 = a space; or • contains numeric data
CR10	Claim Input File Detail Record	Representative Mail Zip Code (Field 73)	Yes, if Field 64 does not equal a space	5-digit Zip Code for the representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 73: • is not space-filled or zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR11	Claim Input File Detail Record	Representative Mail Zip+4 (Field 74)	No	4-digit Zip+4 Code for the representative. If not applicable or unknown, fill with zeroes (0000).	Field 74: • is not zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR12	Claim Input File Detail Record	Representative Phone (Field 75)	Yes, if Field 64 does not equal a space	Telephone number of the representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 75: • is not zero-filled when Field 72 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 84 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR13	Claim Input File Detail Record	Representative Phone Extension (Field 76)	No	Telephone extension number of representative. Fill with all spaces if unknown or not applicable.	Field 76: • is not space-filled when Field 64 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR14	Claim Input File Detail Record	Representative Name/Firm Name (Field 65 & 66 / 67)	Yes, if Field 64 does not equal a space	See the description for the Representative Fields 65-67.	Field 64 does not equal a space, but data is not submitted in both Field 65 & 66 or is not submitted in Field 67. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR21	Claim Input File Detail Record	Claimant 1 Representative Indicator (Field 99)	Yes, if the claimant is not the injured party.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 99: • does not equal "A," "G," "P," "O," or space; or; • was populated, but Field 84 was space-filled.
CR22	Claim Input File Detail Record	Claimant 1 Representative Last Name (Field 100)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 100: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 99 = a space
CR23	Claim Input File Detail Record	Claimant 1 Representative First Name (Field 101)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 101: • was not left-justified; • if submitted, does not contain at least 2 characters; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 99 = a space
CR24	Claim Input File Detail Record	Claimant 1 Representative Firm Name (Field 102)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space and Field 100 and Field 101 are all spaces	Representative's firm name.	Field 102: • was not space filled when Field 99 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 99 does not equal a space and field 100 and 101 were space-filled

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR25	Claim Input File Detail Record	Claimant 1 Representative TIN (Field 103)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 103: • has data other than numbers or spaces; • was not space-filled or zero-filled when Field 99 was a space; or • equals the TIN supplied in Field 52 on the Claim Input File.
CR26	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 1 (Field 104)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space	First line of the mailing address for the representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 104: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR27	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 2 (Field 105)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 105: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR28	Claim Input File Detail Record	Claimant 1 Representative Mailing City (Field 106)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 106: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR29	Claim Input File Detail Record	Claimant 1 Representative State (Field 107)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space	US Postal abbreviation State Code for the Claimant 1 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 107: - is not space filled when Field 99 = a space; or - contains numeric data
CR30	Claim Input File Detail Record	Claimant 1 Representative Zip (Field 108)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space	5-digit Zip Code for the Claimant 1 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 108: - is not space-filled or zero-filled when Field 107 = "FC;" - contains non-numeric data or spaces; or - is not space-filled or zero-filled when Field 64 = a space
CR31	Claim Input File Detail Record	Claimant 1 Representative Zip+4 (Field 109)	No	4-digit Zip+4 Code for the Claimant 1 representative. If not applicable or unknown, fill with zeroes (0000).	Field 109: - is not zero-filled when Field 107 = "FC;" - contains non-numeric data or spaces; or - is not space-filled or zero-filled when Field 99 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR32	Claim Input File Detail Record	Claimant 1 Representative Phone (Field 110)	Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space	Telephone number of the Claimant 1 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 110: - is not zero-filled when Field 127 = "FC;" - contains a non-numeric character; or - is not space-filled or zero-filled when Field 99 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR33	Claim Input File Detail Record	Claimant 1 Representative Phone Extension (Field 111)	No	Telephone extension number of the Claimant 1 representative. Fill with all spaces if unknown or not applicable.	Field 111: is not space-filled when Field 64 = a space. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR34	Claim Input File Detail Record	Claimant 1 Representative Name / Firm Name (Field 100 & 101 / Field 102)	Yes	See description for Field 100, 101, & 102.	Field 99 does not equal a space, but data is not submitted in both Field 100 & 101 or is not submitted in Field 102. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR41	Claim Input File Auxiliary Record	Claimant 2 Representative Indicator (Field 22)	Yes, if the claimant is not the injured party.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 22: • has a value other than "A," "G," "P," "O," or space; or; • Field 7 was space-filled.
CR42	Claim Input File Auxiliary Record	Claimant 2 Representative Last Name (Field 23)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 23: • was not left-justified; • has data, but position 369 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 22 = a space
CR43	Claim Input File Auxiliary Record	Claimant 2 Representative First Name (Field 24)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 24: • was not left-justified; • position 409 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 22 = a space
CR44	Claim Input File Auxiliary Record	Claimant 2 Representative Firm Name (Field 25)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space and Field 23 and Field 24 are all spaces.	Representative's firm name.	Field 25: • was not space filled when Field 22 = a space; • is not space-filled, but positions 439 and 440 are not alphanumeric characters; or • was not submitted when field 22 does not equal a space and field 23 and 24 were space-filled

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR45	Claim Input File Auxiliary Record	Claimant 2 Representative TIN (Field 26)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 26: • has data other than numbers or spaces; • was not space-filled or zero-filled when Field 22 was a space; or • equals the TIN submitted in Field 52 of Claim Input File.
CR46	Claim Input File Auxiliary Record	Claimant 2 Representative Mailing Address 1 (Field 27)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space	First line of the mailing address for the Claimant 2 representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 27: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; or • contains special characters other than , &—' . @ # / : ;
CR47	Claim Input File Auxiliary Record	Claimant 2 Representative Mailing Address 2 (Field 28)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 28: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; or • contains special characters other than , &—' . @ # / : ;
CR48	Claim Input File Auxiliary Record	Claimant 2 Representative City (Field 29)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	• Field 29: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR49	Claim Input File Auxiliary Record	Claimant 2 Representative State (Field 30)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	US Postal abbreviation State Code for the Claimant 2 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 30: • is not space filled when Field 22 = a space; or • contains numeric data
CR50	Claim Input File Auxiliary Record	Claimant 2 Representative Zip (Field 31)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	5-digit Zip Code for the Claimant 2 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 31: • is not space-filled or zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space
CR51	Claim Input File Auxiliary Record	Claimant 2 Representative Zip+4 (Field 32)	No	4-digit Zip+4 Code for the Claimant 2 representative. If not applicable or unknown, fill with zeroes (0000).	Field 32: • is not zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR52	Claim Input File Auxiliary Record	Claimant 2 Representative Phone (Field 33)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	Telephone number of the Claimant 2 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 33: • is not zero-filled when Field 30 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 22 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR53	Claim Input File Auxiliary Record	Claimant 2 Representative Phone Extension (Field 34)	No	Telephone extension number of the Claimant 2 representative. Fill with all spaces if unknown or not applicable.	Field 34: is not space-filled when Field 22 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR54	Claim Input File Auxiliary Record	Claimant 2 Representative Name / Firm Name (Field 23,24 & Field 25)	Yes	See the description for the Claimant 2 Representative Fields 23-25.	Field 22 does not equal a space, but data is not submitted in both Field 23 & 24 or is not submitted in Field 25. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR61	Claim Input File Auxiliary Record	Claimant 3 Representative Indicator (Field 51)	Yes, if the claimant is not the injured party.	See Claimant 2 Information section above for field definition.	Field 51: • has a value other than "A," "G," "P," "O," or space; or; • was populated, but Field 36 was space-filled.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR62	Claim Input File Auxiliary Record	Claimant 3 Representative Last Name (Field 52)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 52: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 51 = a space
CR63	Claim Input File Auxiliary Record	Claimant 3 Representative First Name (Field 53)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 53: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 51 = a space
CR64	Claim Input File Auxiliary Record	Claimant 3 Representative Firm Name (Field 54)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space and Field 52 and Field 53 are all spaces.	See Claimant 2 Information section above for field definition.	Field 54: • was not space filled when Field 51 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 51 does not equal a space and field 52 and 53 were space-filled
CR65	Claim Input File Auxiliary Record	Claimant 3 Representative TIN (Field 55)	No	See Claimant 2 Information section above for field definition.	Field 55: • was not space-filled or zero-filled when Field 51 was a space; or • has data other than numbers or spaces; or • equals the TIN supplied in Field 52 on the Claim Input File.
CR66	Claim Input File Auxiliary Record	Claimant 3 Representative Mailing Address 1 (Field 56)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space	See Claimant 2 Information section above for field definition.	Field 56: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR67	Claim Input File Auxiliary Record	Claimant 3 Representative Mailing Address 2 (Field 57)	No	See Claimant 2 Information section above for field definition.	Field 57: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;
CR68	Claim Input File Auxiliary Record	Claimant 3 Representative City (Field 58)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 58: • is not space-filled when Field 59 = "FC;" • contains special characters other than , &—' . @ # / : • is not space filled when Field 51 = a space; or • contains numeric data
CR69	Claim Input File Auxiliary Record	Claimant 3 Representative State (Field 59)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space	US Postal abbreviation State Code for the Claimant 3 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 59: • is not space filled when Field 51 = a space; or • contains numeric data
CR70	Claim Input File Auxiliary Record	Claimant 3 Representative Zip (Field 60)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space	5-digit Zip Code for the Claimant 3 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 60: • is not space-filled or zero-filled when Field 59 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 51 = a space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR71	Claim Input File Auxiliary Record	Claimant 3 Representative Zip+4 (Field 61)	No	4-digit Zip+4 Code for the Claimant 3 representative. If not applicable or unknown, fill with zeroes (0000).	Field 61: - is not zero-filled when Field 59 = "FC;" - contains non-numeric data or spaces; or - is not space-filled or zero-filled when Field 51 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR72	Claim Input File Auxiliary Record	Claimant 3 Representative Phone (Field 62)	Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space	Telephone number of the Claimant 3 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 62: - is not zero-filled when Field 59 = "FC;" - contains a non-numeric character; or - is not space-filled or zero-filled when Field 51 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR73	Claim Input File Auxiliary Record	Claimant 3 Representative Phone Extension (Field 63)	No	Telephone extension number of the Claimant 3 representative. Fill with all spaces if unknown or not applicable.	Field 63: is not space-filled when Field 51 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR74	Claim Input File Auxiliary Record	Claimant 3 Representative Name / Firm Name (Fields 52, 53 & 54)	Yes, if Claimant 3 Represent-ative Indicator (Field 51) does not equal a space	See the description for Claimant 3 Fields 52, 53 & 54.	Field 51 does not equal a space, but data is not submitted in both Field 52 & 53 or is not submitted in Field 54. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR81	Claim Input File Auxiliary Record	Claimant 4 Representative Indicator (Field 80)	Yes, if the claimant is not the injured party.	See Claimant 2 Information section above for field definition.	Field 80: • has a value other than "A," "G," "P," "O," or space; or; • was populated, but Field 65 was space-filled.
CR82	Claim Input File Auxiliary Record	Claimant 4 Representative Last Name (Field 81)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 81: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 80 = a space
CR83	Claim Input File Auxiliary Record	Claimant 4 Representative First Name (Field 82)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 82: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 80 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR84	Claim Input File Auxiliary Record	Claimant 4 Representative Firm Name (Field 83)	Yes, if Claimant 4 Representative Indicator (Field 80) does not equal a space and Field 81 and Field 82 are all spaces.	See Claimant 2 Information section above for field definition.	Field 83: • was not space filled when Field 80 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 80 does not equal a space and field 81 and 82 were space-filled
CR85	Claim Input File Auxiliary Record	Claimant 4 Representative TIN (Field 84)	No	See Claimant 2 Information section above for field definition.	Field 84: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 80 was a space; or • equals the TIN supplied in Field 52 on the Claim Input File.
CR86	Claim Input File Auxiliary Record	Claimant 4 Representative Mailing Address 1 (Field 85)	Yes, if Claimant 4 Representative Indicator (Field 80) does not equal a space	See Claimant 2 Information section above for field definition.	Field 85: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;
CR87	Claim Input File Auxiliary Record	Claimant 4 Representative Mailing Address 2 (Field 86)	No	See Claimant 2 Information section above for field definition.	Field 86: • is not space-filled when Field 88 = "FC;" • is not space filled when Field 80 = a space; or • contains special characters other than , &—' . @ # / : ;
CR88	Claim Input File Auxiliary Record	Claimant 4 Representative City (Field 87)	Yes, if Claimant 4 Representative Indicator (Field 80) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 87: • is not space-filled when Field 88 = "FC;" • is not space filled when Field 80 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR89	Claim Input File Auxiliary Record	Claimant 4 Representative State (Field 88)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	US Postal abbreviation State Code for the Claimant 4 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 88: • is not space filled when Field 80 = a space; or • contains numeric data
CR90	Claim Input File Auxiliary Record	Claimant 4 Representative Zip (Field 89)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	5-digit Zip Code for the Claimant 4 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 89: • is not space-filled or zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space
CR91	Claim Input File Auxiliary Record	Claimant 4 Representative Zip+4 (Field 90)	No	4-digit Zip+4 Code for the Claimant 4 representative. If not applicable or unknown, fill with zeroes (0000).	Field 90: • is not zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR92	Claim Input File Auxiliary Record	Claimant 4 Representative Phone (Field 91)	Yes, if Claimant 4 Representative Indicator (Field 80) does not equal a space	Telephone number of the Claimant 4 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 91: • is not zero-filled when Field 88 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 80 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR93	Claim Input File Auxiliary Record	Claimant 4 Representative Phone Extension (Field 92)	No	Telephone extension number of the Claimant 4 representative. Fill with all spaces if unknown or not applicable.	Field 92: is not space-filled when Field 80 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
CR94	Claim Input File Auxiliary Record	Claimant 4 Representative Name / Firm Name (Field 81, 82 & 83)	Yes	See Field 81, 82, & 83 of the Claim Input File Auxiliary Record.	Field 80 does not equal a space, but data is not submitted in both Field 81 & 82 or is not submitted in Field 83. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CS01	Claim Input File Detail Record	Self-Insured Indicator (Field 44)	Yes	Indication of whether the reportable event involves self-insurance <u>as defined by CMS</u>. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix I. You must use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 51) is E or L (Workers' Compensation or Liability). Since the self-insurance rules applicable to Liability and WC do not apply to No-Fault, if Plan Insurance Type is D (no-fault), field must contain a default value of N or space.	Field 44: • does not equal "Y" or N when Field 51 is "E" or "L;" • does not equal "N" or space when Field 51 is "D;" or • does not equal "Y," "N" or space
CS02	Claim Input File Detail Record	Self-Insured Type (Field 45)	Yes	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not Applicable	Field 45: • does not equal "I," or "O" when Field 44 = "Y;" • does not equal a space when Field 44 is "N" or a space; or • does not equal "I," "O," or space
CS03	Claim Input File Detail Record	Policyholder Last Name (Field 46)	Yes, if Self-Insured Type (Field 45) = "I"	Surname of policyholder or self-insured individual.	Field 46: • was not space-filled when Field 45 did not equal "I;" • Position (752) did not equal a letter when Field 45 has an "I;" • contained numeric data; or • contained data other than hyphens, apostrophes and spaces

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CS04	Claim Input File Detail Record	Policyholder First Name (Field 47)	Yes, if Self-Insured Type (Field 45) = "I"	Given/First name of policyholder or self-insured individual.	Field 47: • position (792) did not equal a letter when Field 45 was submitted as an "I;" • was not space-filled when Field 45 was "I;" or • contained data other than letters or spaces
CS05	Claim Input File Detail Record	DBA Name (Field 48)	Yes, if Self-Insured Type (Field 45) = "O" and Legal Name (Field 49) = spaces	"Doing Business As" Name of self-insured organization/business.	Field 48: • positions 822-823 were not submitted with data when Field 45 is "O" and Field 49 was space-filled; or • was not space-filled when Field 45 = "I" or a space
CS06	Claim Input File Detail Record	Legal Name (Field 49)	Yes, if Self-Insured Type (Field 45) = "O" and DBA Name (Field 48) = spaces	Legal Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = "O."	Field 49: • positions 892-893 were not submitted with data when Field 45 was "O" and Field 48 was space-filled; or • was not space-filled when Field 45 = "I" or a space
CS07	Claim Input File Detail Record	DBA Name (Field 48) / Legal Name (Field 49)	Yes, either Field 48 or Field 49 must be submitted if the Self-Insured Type (Field 45) = "O"	See Field 48 and Field 49 of the Claim Input File Detail Record.	Field 48 and Field 49 were space-filled when Field 45 = "O."

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT01	Claim Input File Auxiliary Record	TPOC Date 2 (Field 93)	Yes, if ORM Indicator = N and TPOC Amount 2 is submitted	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment.	Field 93: - has non-numeric data or spaces; - has a future date; - date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); - date submitted is greater than the file submission date; - is not all zeros when Field 94 is all zeros; or - is all zeros when Field 94 is not all zeroes
CT02	Claim Input File Auxiliary Record	TPOC Amount 2 (Field 94)	Yes, if ORM Indicator = N and TPOC Date 2 is submitted	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 94: - has non-numeric data or spaces; - is not all zeros when Field 100 is all zeros; or - is all zeros when Field 100 has a non-zero value
CT03	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 2 (Field 95)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 95: - has non-numeric data or spaces; or - was not submitted with all zeroes if not used); or - was not a valid date (formatted CCYYMMD)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT11	Claim Input File Auxiliary Record	TPOC Date 3 (Field 96)	Yes, if ORM Indicator = N and TPOC Amount 3 is submitted	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment.	Field 96: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 97 is all zeros; or • is all zeros when Field 97 is not all zeroes
CT12	Claim Input File Auxiliary Record	TPOC Amount 3 (Field 97)	Yes, if ORM Indicator = N and TPOC Date 3 is submitted	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.	Field 97: • has non-numeric data or spaces; • is not all zeros when Field 96 is all zeros; or • is all zeros when Field 96 has a non-zero value
CT13	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 3 (Field 98)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 98: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT21	Claim Input File Auxiliary Record	TPOC Date 4 (Field 99)	Yes, if ORM Indicator = N and TPOC Amount 4 is submitted	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment.	Field 99: - has non-numeric data or spaces; - has a future date; - date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); - date submitted is greater than the file submission date; - is not all zeros when Field 100 is all zeros; or - is all zeros when Field 100 is not all zeroes
CT22	Claim Input File Auxiliary Record	TPOC Amount 4 (Field 100)	Yes, if ORM Indicator = N and TPOC Date 4 is submitted	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 100: - has non-numeric data or spaces; - is not all zeros when Field 99 is all zeros; or - is all zeros when Field 99 has a non-zero value
CT23	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 4 (Field 101)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	Field 101: - has non-numeric data or spaces; - was not submitted with all zeroes if not used); or - was not a valid date (formatted CCYYMMD)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT31	Claim Input File Auxiliary Record	TPOC Date 5 (Field 102)	Yes, if ORM Indicator = N and TPOC Amount 5 is submitted	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 5. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record). Must be all zeroes if TPOC Amount 5 is all zeroes. **Note:** If more than five TPOCs need to be reported for a single claim, then put the most recent TPOC Date in TPOC Date 5.	Field 102: • has non-numeric data or spaces; • is not all zeros when Field 103 is all zeros; or • is all zeros when Field 103 has a non-zero value
CT32	Claim Input File Auxiliary Record	TPOC Amount 5 (Field 103)	Yes, if ORM Indicator = N and TPOC Date 5 is submitted	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** NOTE: If more than five TPOCs need to be reported for a single claim, add the sixth and subsequent TPOC Amounts to the amount reported in TPOC Amount 5.	Field 103: • has non-numeric data or spaces; • is not all zeros when Field 102 is all zeros; or • is all zeros when Field 102 has a non-zero value

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CT33	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 5 (Field 104)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 104: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
SP31	Claim Input File Auxiliary Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record.	Record submitted with effective date greater than 90 days prior to Medicare entitlement. Injured Party matched to a Medicare beneficiary. No correction necessary by the RRE. Resubmit record in next quarterly file submission.
SP47 SP48 SP49	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	No previously accepted record can be matched to the submitted delete. Delete failed.
SP50	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	Transaction attempted to add/update/delete an ORM record locked by the BCRC. No changes are accepted via Section 111 reporting. Do NOT attempt to resubmit this record. See the NGHP User Guide Technical Information Chapter IV (Section 7.2).
SP55	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	MSP Effective Date is less than the earliest beneficiary Part A or Part B Entitlement Date. MSP can only occur after the beneficiary becomes entitled to Medicare Part A or Medicare Part B. An MSP Effective Date that is an invalid date will also cause an SP55 error. No correction necessary - resubmit records with this error on your next file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
TN99	Claim Input File Detail Record	TIN/Office Code (Field 52 & 53)	TIN (Field 52) is required	Please see Field 52 and Field 53 in the Claim Input File Detail Record	No matching, valid TIN Reference File Detail Record was found for the TIN/Office Code combination on the Claim Input File Detail Record. Review errors returned on the TIN Reference Response File. Resubmit corrected TIN Reference File record and/or Claim Input File record.

TIN Reference Response Error Code Resolution Table

Table G-5: TIN Reference Response Error Code Resolution Table

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN01	TIN Reference File Detail Record	TIN (Field 3)	Yes	Invalid RRE TIN. TIN cannot be validated by the BCRC. If RRE ID is associated with a foreign entity with no TIN, must be formatted as 9999xxxxx where "xxxxx" is an RRE-defined number. If you believe the TIN to be valid, contact your EDI Representative to supply supporting evidence. Your EDI Representative will update the system to mark the TIN as valid and then you may resend the record.	Field 3: • has non-numeric data or spaces; • was not submitted with 9 digits; or • TIN was not a valid, IRS-assigned TIN
TN02	TIN Reference File Detail Record	Office Code/Site ID (Field 4)	No	Invalid Office Code/Site ID. Must be equal to spaces or must be a 9-digit numeric code.	Field 4: • was not submitted with 9 digits; or • was not submitted with all spaces (if not used)
TN03	TIN Reference File Detail Record	TIN/Office Code Mailing Name (Field 5)	Yes	Invalid TIN/Office Code Name Cannot contain only the following word(s): SUPPLEMENTAL, SUPPLEMENT, INSURER, MISCELLANEOUS, CMS, ATTORNEY, UNKNOWN, NONE, N/A, UN, MISC, NA, NO, BC, BX, BS, BCBX, BLUE CROSS, BLUE SHEILD, or MEDICARE. Special characters other than , &,—' . @ # / : ; are not allowed.	Field 5: • has all spaces; • was only submitted with one character; • positions 70 & 71 were submitted as spaces; or • has the names or special characters listed in the description for this error
TN04	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 1 (Field 6)	Yes	Invalid TIN/Office Code Mailing Address Line 1.	Field 6: • is not space-filled when Field 9 = "FC;" • is space-filled when Field 92 does not equal "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN05	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 2 (Field 7)	No	Invalid TIN/Office Code Mailing Address Line 2.	Field 7: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN06	TIN Reference File Detail Record	TIN/Office Code City (Field 8)	Yes	Invalid TIN/Office Code City.	Field 8: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN07	TIN Reference File Detail Record	TIN/Office Code State (Field 9)	Yes	Invalid TIN/Office Code State.	Field 9: does not equal "FC" or a valid US postal state code
TN08	TIN Reference File Detail Record	TIN/Office Code Zip (Field 10)	Yes	Invalid TIN/Office Code Zip.	Field 10: • is not 5 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN09	TIN Reference File Detail Record	TIN/Office Code Zip+4 (Field 11)	Yes	Invalid TIN/Office Code Zip+4. TIN/Office Code Zip+4 must contain 4 numeric digits, all zeroes or all spaces. Must be equal to all spaces or all zeroes if TIN/Office Code State is equal to "FC."	Field 11: • is not 4 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN10 – TN16	TIN Reference File Detail Record	N/A	N/A	N/A	N/A. These error codes are not currently used.
TN17	TIN Reference File Detail Record	Foreign RRE Address Line 1—4 (Fields 12, 13, 14, 15)	Yes	See the description for the TIN Reference File Detail Record (Fields 12-15).	Fields 12-15: • are not space-filled when Field 9 does not equal "FC;" or • are not submitted when Field 9 = "FC"

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN18	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: address was insufficient to determine a match to the postal database.
TN19	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: address matches an undeliverable address
TN20	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: apartment number was not found in the postal database or was not supplied for an address that requires apartment number
TN21	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: house or box number was not found on the street
TN22	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: street name not found in the postal database for the submitted ZIP code
TN23	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: ZIP code not found in the postal database
TN24	TIN Reference Response File	Recovery Agent Mailing Name (Field 16)	No	Name to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. If recovery agent name is entered, this field must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results.	Field 16: - does not contain at least 2 characters - one or both of the first 2 characters are blank - contains special characters other than space, comma, period, ampersand, dash, @, #, /, semicolon, colon, period, or single quote (').

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN25	TIN Reference Response File	Recovery Agent Mailing Address Line 1 (Field 17)	Yes, if Field 16 is used	Address line 1 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite or apartment number if possible.	Field 17: • contains characters other alpha A-Z, numeric (0-9), space, or contains special characters other than space, comma, period, ampersand, dash, @, #, /, semicolon, colon, period, or single quote (') • Recovery Agent Mailing Name is submitted and Recovery Agent Mailing Address 1 is missing • Recovery Agent Mailing Address 1 is submitted and Recovery Agent Mailing Name is missing
TN26	TIN Reference Response File	Recovery Agent Mailing Address Line 2 (Field 18)	No	Address line 2 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the secondary street address information such as "ATTN TO," internal mailstops, department name, etc.	Field 18: • contains characters other than alphabetic, numeric, space, or special characters other than space, ampersand, dash, @, #, /, comma, semicolon, colon, period, or single quote (') • Recovery Agent Mailing Address 2 is supplied and Recovery Agent Mailing Name is missing
TN27	TIN Reference Response File	Recovery Agent City (Field 19)	Yes, if Field 16 is used	City to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN/Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US city. Field may contain only alphabetic, space, comma, &, '-' . @ # / ; : characters. No numeric characters allowed.	Field 19: • contains characters other than alphabetic and special characters other than space, ampersand, dash, @, #, /, comma, semicolon, colon, period, or single quote (') • Recovery Agent Mailing Name is submitted and Recovery Agent City is missing • Recovery Agent City is submitted and Recovery Agent Mailing Name is missing

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN28	TIN Reference Response File	Recovery Agent State (Field 20)	Yes, if Field 16 is used	US Postal state abbreviation to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. See http://www.usps.com. The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.	Field 20: • is not a valid US postal state code • Recovery Agent Mailing Name is submitted and Recovery Agent State is missing • Recovery Agent State is submitted and Recovery Agent Mailing Name is missing
TN29	TIN Reference Response File	Recovery Agent Zip (Field 21)	Yes, if Field 16 is used	5-digit ZIP Code to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US ZIP Code.	Field 21: • does not contain 5 numeric digits • Recovery Agent Mailing Name is submitted and Recovery Agent Zip is missing • Recovery Agent Zip is submitted and Recovery Agent Mailing Name is missing
TN30	TIN Reference Response File	Recovery Agent Zip+4 (Field 22)	No	4-digit ZIP+4 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. If not applicable, fill with zeroes (0000).	Field 22 does not contain 4 numeric digits, all zeroes, or all spaces. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.
TN31	TIN Reference Response File	Recovery Agent Address (Fields 16-22)	No	See TIN Reference File Detail Record description, fields 16–22.	Fields 16–22 are missing components needed to determine a unique match to the postal database
TN32	TIN Reference Response File	Recovery Agent Address (Fields 16-22)	No	See TIN Reference File Detail Record description, fields 16–22.	Fields 16–22 match an address to which mail is undeliverable, such as a vacant lot.
TN33	TIN Reference Response File	Recovery Agent Address (Fields 17-18)	Field 17 is required if Field 16 is used; Field 18 is optional.	See TIN Reference File Detail Record description, fields 17–18.	Fields 17 and 18 are missing an apartment number for an address that requires an apartment number.

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN34	TIN Reference Response File	Recovery Agent Mailing Address (Field 17)	Yes, if Field 16 is used	Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite or apartment number if possible.	Field 17: house number or box number supplied was not found on the street.
TN35	TIN Reference Response File	Recovery Agent Mailing Address (Field 17)	Yes, if Field 16 is used	Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite or apartment number if possible.	Field 17: street name supplied was not found in the ZIP code.
TN36	TIN Reference Response File	Recovery Agent Zip (Field 21)	Yes, if Field 16 is used	5-digit ZIP code to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US ZIP code.	Field 21: ZIP code supplied was not found in the postal database.

Error	Record	Field Name	Field	Record Layout	Possible Cause
TN37	TIN Reference File Detail Record	TIN/Office Code Paperless Indicator (Field 23)	No	Indicates the paperless selection for the TIN/Office Code combination. Valid values: Y = the TIN/Office Code address is opting in to "Go Paperless" and will receive letter notification emails instead of mailed hard copies of NGHP recovery letters N = the TIN/Office Code address is opting out of "Go Paperless" and will receive hard copies of NGHP recovery letters Space = no change to the currently saved paperless selection **Optional.** **Note:** The TIN/Office Code address can only be opted in to "Go Paperless" when there is an active MSPRP account for the Recovery Agent TIN.	Field 23: • is not "Y," "N," or space • is "N" and TIN/Office Code Address has never opted in to paperless (i.e., existing TIN/Office Code Paperless Indicator is space-filled).
TN38	TIN Reference File Detail Record	TIN/Office Code Paperless Indicator (Field 23)	No	Indicates the paperless selection for the TIN/Office Code combination. Valid values: Y = the TIN/Office Code address is opting in to "Go Paperless" and will receive letter notification emails instead of mailed hard copies of NGHP recovery letters N = the TIN/Office Code address is opting out of "Go Paperless" and will receive hard copies of NGHP recovery letters Space = no change to the currently saved paperless selection **Optional.** **Note:** The TIN/Office Code address can only be opted in to "Go Paperless" when there is an active MSPRP account for the Recovery Agent TIN.	Field 23: • is "Y" and there is not an established active MSPRP account for the insurer's TIN (field 3).

Error	Record	Field Name	Field	Record Layout	Possible Cause
TN39	TIN Reference File Detail Record	Recovery Agent Paperless Indicator (Field 24)	No	Indicates the paperless selection for the Recovery Agent Address associated to the TIN/Office Code. Valid values: Y = the recovery agent address is opting in to "Go Paperless" and will receive letter notification emails instead of mailed hard copies of NGHP recovery letters N = the recovery agent address is opting out of "Go Paperless" and will receive hard copies of NGHP recovery letters Space = no change to the currently saved paperless selection **Optional.** **Note:** The recovery agent address can only be opted in to "Go Paperless" when there is an active MSPRP account for the Recovery Agent TIN.	Field 24: • is not "Y," "N," or space. • is "N" and the recovery agent address was never opted in to paperless (i.e., existing "Recovery Agent Paperless Indicator" is space-filled).
TN40	TIN Reference File Detail Record	Recovery Agent TIN (Field 25)	Yes, if Field 24 is Y	Recovery Agent's Federal Tax Identification Number. Enter the 9-digit TIN for the recovery agent or fill with spaces. **Required if Recovery Agent Paperless Indicator (Field 24) = 'Y'.**	There is not an established active MSPRP account for the recovery agent TIN (Field 25)

Appendix H: MMSEA Section 111 Statutory Language

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

SECTION 111 – MEDICARE SECONDARY PAYOR

1. In General—Section 1862(b) of the Social Security Act (42 U.S.C. § 1395y(b)) is amended by adding at the end the following new paragraphs:

REQUIRED SUBMISSION OF INFORMATION BY GROUP HEALTH PLANS-

    (A) REQUIREMENT- On and after the first day of the first calendar quarter beginning after the date that is 1 year after the date of the enactment of this paragraph, an entity serving as an insurer or third party administrator for a group health plan, as defined in paragraph (1)(A)(v), and, in the case of a group health plan that is self-insured and self-administered, a plan administrator or fiduciary, shall--

        (i) secure from the plan sponsor and plan participants such information as the Secretary shall specify for the purpose of identifying situations where the group health plan is or has been a primary plan to the program under this title; and

        (ii) submit such information to the Secretary in a form and manner (including frequency) specified by the Secretary.

    (B) ENFORCEMENT-

        (i) IN GENERAL- An entity, a plan administrator, or a fiduciary described in subparagraph (A) that fails to comply with the requirements under such subparagraph shall be subject to a civil money penalty of $1,000 for each day of noncompliance for each individual for which the information under such subparagraph should have been submitted. The provisions of subsections (e) and (k) of section 1128A shall apply to a civil money penalty under the previous sentence in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a). A civil money penalty under this clause shall be in addition to any other penalties prescribed by law and in addition to any Medicare secondary payer claim under this title with respect to an individual.

        (ii) DEPOSIT OF AMOUNTS COLLECTED- Any amounts collected pursuant to clause (i) shall be deposited in the Federal Hospital Insurance Trust Fund under section 1817.

    (C) SHARING OF INFORMATION- Notwithstanding any other provision of law, under terms and conditions established by the Secretary, the Secretary--

        (i) shall share information on entitlement under Part A and enrollment under Part B under this title with entities, plan administrators, and fiduciaries described in subparagraph (A);

        (ii) may share the entitlement and enrollment information described in clause (i) with entities and persons not described in such clause; and

(iii) may share information collected under this paragraph as necessary for purposes of the proper coordination of benefits.

(D)   IMPLEMENTATION- Notwithstanding any other provision of law, the Secretary may implement this paragraph by program instruction or otherwise.

REQUIRED SUBMISSION OF INFORMATION BY OR ON BEHALF OF LIABILITY INSURANCE (INCLUDING SELF-INSURANCE), NO FAULT INSURANCE, AND WORKERS' COMPENSATION LAWS AND PLANS-

(E)   REQUIREMENT- On and after the first day of the first calendar quarter beginning after the date that is 18 months after the date of the enactment of this paragraph, an applicable plan shall--

(i)   determine whether a claimant (including an individual whose claim is unresolved) is entitled to benefits under the program under this title on any basis; and

(ii)   if the claimant is determined to be so entitled, submit the information described in subparagraph (B) with respect to the claimant to the Secretary in a form and manner (including frequency) specified by the Secretary.

(F)   REQUIRED INFORMATION- The information described in this subparagraph is--

(i)   the identity of the claimant for which the determination under subparagraph (A) was made; and

(ii)   such other information as the Secretary shall specify in order to enable the Secretary to make an appropriate determination concerning coordination of benefits, including any applicable recovery claim.

(G)   TIMING- Information shall be submitted under subparagraph (A)(ii) within a time specified by the Secretary after the claim is resolved through a settlement, judgment, award, or other payment (regardless of whether or not there is a determination or admission of liability).

(H)   CLAIMANT- For purposes of subparagraph (A), the term 'claimant' includes--

(i)   an individual filing a claim directly against the applicable plan; and

(ii)   an individual filing a claim against an individual or entity insured or covered by the applicable plan.

(I)   ENFORCEMENT-

(i)   IN GENERAL- An applicable plan that fails to comply with the requirements under subparagraph (A) with respect to any claimant shall be subject to a civil money penalty of $1,000 for each day of noncompliance with respect to each claimant. The provisions of subsections (e) and (k) of section 1128A shall apply to a civil money penalty under the previous sentence in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a). A civil money penalty under this clause shall be in addition to any other penalties prescribed by law and in addition to any Medicare secondary payer claim under this title with respect to an individual.

    (ii) DEPOSIT OF AMOUNTS COLLECTED- Any amounts collected pursuant to clause (i) shall be deposited in the Federal Hospital Insurance Trust Fund.

  (J) APPLICABLE PLAN- In this paragraph, the term `applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement:

    (i) Liability insurance (including self-insurance).

    (ii) No fault insurance.

    (iii) Workers' compensation laws or plans.

  (K) SHARING OF INFORMATION- The Secretary may share information collected under this paragraph as necessary for purposes of the proper coordination of benefits.

  (L) IMPLEMENTATION- Notwithstanding any other provision of law, the Secretary may implement this paragraph by program instruction or otherwise.

2. Rule of Construction- Nothing in the amendments made by this section shall be construed to limit the authority of the Secretary of Health and Human Services to collect information to carry out Medicare secondary payer provisions under title XVIII of the Social Security Act, including under parts C and D of such title.

3. Implementation- For purposes of implementing paragraphs (7) and (8) of section 1862(b) of the Social Security Act, as added by subsection (a), to ensure appropriate payments under title XVIII of such Act, the Secretary of Health and Human Services shall provide for the transfer, from the Federal Hospital Insurance Trust Fund established under section 1817 of the Social Security Act (42 U.S.C. § 1395i) and the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of such Act (42 U.S.C. § 1395t), in such proportions as the Secretary determines appropriate, of $35,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for the period of fiscal years 2008, 2009, and 2010.

Appendix I: MMSEA Section 111 Definitions and Reporting Responsibilities

Attachment A – Definitions and Reporting Responsibilities

(Attachment A to the Supporting Statement for the MMSEA Section 111 Paperwork Reduction Act (PRA) Federal Register (FR) Notice published February 13, 2009.)

SUPPORTING DOCUMENT FOR PRA PACKAGE FOR MEDICARE SECONDARY PAYER REPORTING RESPONSIBILITIES FOR SECTION 111 OF THE MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007

Note: **The second paragraph under Liability Self-Insurance was revised subsequent to the initial publication of this Attachment on August 1, 2008.**

DEFINITIONS AND REPORTING RESPONSIBILITIES

GROUP HEALTH PLAN (GHP) ARRANGEMENTS (42 U.S.C. § 1395y(b)(7)) --

INSURER

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(7), an insurer is an entity that, in return for the receipt of a premium, assumes the obligation to pay claims described in the insurance contract and assumes the financial risk associated with such payments. In instances where an insurer does not process GHP claims but has a third party administrator (TPA) that does, the TPA has the responsibility for the reporting requirements at 42 U.S.C. § 1395y(b)(7).

THIRD PARTY ADMINISTRATOR (TPA)

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(7), a TPA is an entity that pays and/or adjudicates claims and may perform other administrative services on behalf of GHPs (as defined at 42 U.S.C. § 1395y(b)(1)(A)(v)), the plan sponsor(s) or the plan insurer. A TPA may perform these services for, amongst other entities, self-insured employers, unions, associations, and insurers/underwriters of such GHPs. If a GHP is self-funded and self-administered for certain purposes but also has a TPA as defined in this paragraph, the TPA has the responsibility for the reporting requirements at 42 U.S.C. § 1395y(b)(7).

USE OF AGENTS FOR PURPOSES OF THE REPORTING REQUIREMENTS AT 42 U.S.C. § 1395y(b)(7):

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(7), agents may submit reports on behalf of :

- Insurers for GHPs
- TPAs for GHPs
- Employers with self-insured and self-administered GHPs

Accountability for submitting the reports in the manner and form stipulated by the Secretary and the accuracy of the submitted information continues to rest with each of the above-named entities.

The CMS will provide information on the format and method of identifying agents for reporting purposes.

LIABILITY INSURANCE (INCLUDING SELF-INSURANCE), NO-FAULT INSURANCE, AND WORKERS' COMPENSATION (42 U.S.C. § 1395y(b)(8))

INSURER

For purposes of the reporting requirements for 42 U.S.C. § 1395y(b)(8), a liability insurer (except for self-insurance) or a no-fault insurer is an entity that, in return for the receipt of a premium, assumes the obligation to pay claims described in the insurance contract and assumes the financial risk associated with such payments. The insurer may or may not assume responsibility for claims processing; however, the insurer has the responsibility for the reporting requirements at 42 U.S.C. § 1395y(b)(8) regardless of whether it uses another entity for claim processing.

CLAIMANT:

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(8), "claimant" includes: 1) an individual filing a claim directly against the applicable plan, 2) an individual filing a claim against an individual or entity insured or covered by the applicable plan, or 3) an individual whose illness, injury, incident, or accident is/was at issue in "1)" or "2)."

APPLICABLE PLAN:

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(8), the "applicable plan" as defined in subsection (8)((F) has the responsibility for the reporting requirements at 42 U.S.C. § 1395y(b)(8). For workers' compensation information this would be the Federal agency, the State agency, or self-insured employer or the employer's insurer.

NO-FAULT INSURANCE:

Trade associations for liability insurance, no-fault insurance and workers' compensation have indicated that the industry's definition of no-fault insurance is narrower than CMS's definition. For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(8), the definition of no-fault insurance found at 42 C.F.R. § 411.50 is controlling.

LIABILITY SELF-INSURANCE:

42 U.S.C. § 1395y(b)(2)(A) provides that an entity that engages in a business, trade or profession shall be deemed to have a self-insured plan if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part. Self-insurance or deemed self-insurance can be demonstrated by a settlement, judgment, award, or other payment to satisfy an alleged claim (including any deductible or co-pay on a liability insurance, no-fault insurance, or workers' compensation law or plan) for a business, trade or profession. See also 42 C.F.R. § 411.50.

Where an entity engages in a business, trade, or profession, deductible amounts are self-insurance for MSP purposes. **However**, where the self-insurance in question is a deductible, and the insurer is responsible for Section 111 reporting with respect to the policy, it is responsible for reporting both the deductible and any amount in excess of the deductible.

WORKERS' COMPENSATION LAW OR PLAN

For purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(8), a workers' compensation law or plan means a law or program administered by a State (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/or illnesses. The term includes a similar compensation plan

established by an employer that is funded by such employer directly or indirectly through an insurer to provide compensation to a worker of such employer for a work-related injury or illness.

USE OF AGENTS FOR PURPOSES OF THE REPORTING REQUIREMENTS AT 42 U.S.C. § 1395y(b)(8):

Agents may submit reports on behalf of:

- Insurers for no-fault or liability insurance
- Self-insured entities for liability insurance
- Workers' compensation laws or plans

Accountability for submitting the reports in the manner and form stipulated by the Secretary and the accuracy of the submitted information continues to rest with each of the above-named entities.

TPAs of any type (including TPAs as defined for purposes of the reporting requirements at 42 § U.S.C. § 1395y(b)(7) for GHP arrangements) have no reporting responsibilities for purposes of the reporting requirements at 42 U.S.C. § 1395y(b)(8) for liability insurance (including self-insurance), no-fault insurance, or workers' compensation. Where an entity reports on behalf of another entity required to report under 42 U.S.C. § 1395y(b)(8), it is doing so as an agent of the second entity.

CMS will provide information on the format and method of identifying agents for reporting purposes.

Appendix J: Excluded and No-Fault Excluded Diagnosis Codes

The ICD-9 and ICD-10 excluded lists of codes for all plan types, and the excluded lists for No-Fault Plan Type D are now located on CMS.gov at https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists.

About Excluded Diagnosis Codes

The excluded ICD-9 and ICD-10 lists for plan types E, L, and D contain ICD-10 diagnosis codes that are not accepted by CMS for Section 111 reporting and are to be excluded from all claim report records.

None of these excluded codes may be submitted in Field 15 Alleged Cause of Injury, Incident, or Illness or the ICD Diagnosis Code 1-19 (Fields 18-36) on the Claim Input File Detail Record. If an ICD-9 diagnosis code is submitted in Field 15, it must be a code starting with the letter "E." If an ICD-10 diagnosis code is submitted in Field 15, it must be a code starting with the letter "V," "W," "X," or "Y" that is **not** on this list. Diagnosis codes that begin with "V," "W," "X," or "Y" can **only be used** in Field 15.

If an ICD-9 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter "E," and it cannot start with the letter "V." If an ICD-10 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter "V," "W," "X," "Y," or "Z," and it cannot be a code on the excluded list.

All ICD-10 codes beginning with "Z" and all ICD-9 Diagnosis Codes beginning with the letter "V" are considered inadmissible for Section 111 reporting and should be excluded from diagnosis code fields 18-36.

Note: To find out the corresponding ICD-9 code for any ICD-10 code, go online and select an ICD-10-to-ICD-9 conversion tool.

On add and update record submissions, ICD Diagnosis Codes submitted in Fields 18-36 must be valid, that is, the submitted ICD Diagnosis Code MUST:

- Exactly match an ICD-10 or ICD-9 diagnosis code that CMS has deemed to be valid;
- Be left justified and any remaining unused bytes filled with spaces to the right;
- Include any leading and trailing zeros only if they appear that way on the list of valid ICD diagnosis codes;
- Not include a decimal; and
- Cannot be one of the diagnosis codes found on the Excluded ICD-10/ICD-9 code lists.

Appendix K: HEW Installation and Configuration

About the Latest HEW Software

As of December 2021, the latest release of HEW version 5.0.0 is available to download. This HEW version should be used for unwrapping production 271 files, and you should discontinue use of the previous versions of the HEW software.

As part of the PAID Act, the HEW application was modified to accept new information in an NGHP 271 X12 file, which then converts and includes the new data it in the fixed-length S111 Query Response flat file.

Changes for Version 5.0.0

- Prior versions of HEW only had one input/output directory for all the format types. In this release, the directories have been created separately (Figure K-8) so you can configure and the query file paths individually.

- The log file used to be overwritten every time HEW was run. With this version, the log file is never overwritten. New entries are appended to the end of the file.

- This version (not previous versions) can now be automated (see Command Line Process for details).
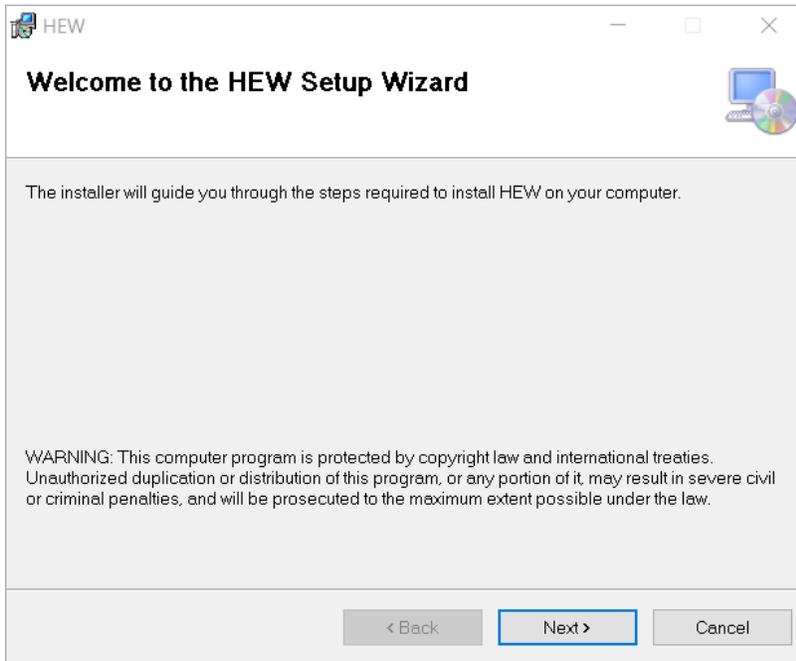
Installation

The following describes the steps for installing and configurating the latest HEW software on the Windows platform. For a detailed description of the HEW software see NGHP Chapter IV.

1. To download the program, log in to the Section 111 application at https://www.cob.cms.hhs.gov/Section111/

2. Select the **HEW Software Download** from the *Reference Materials* menu to download the .exe file to your desktop.

3. Click the HEW .exe file to begin the automatic installer, following the screen prompts (Figure K-1).

   Note: It is important to select the correct install option (Figure K-2). If in doubt, select *Everyone*.

4. Click **Next** to confirm the installation (Figure K-3).

5. Click **Close** to exit (Figure K-4).

   An icon for the HEW application is installed on your desktop and in the Windows menu (Figure K-5).
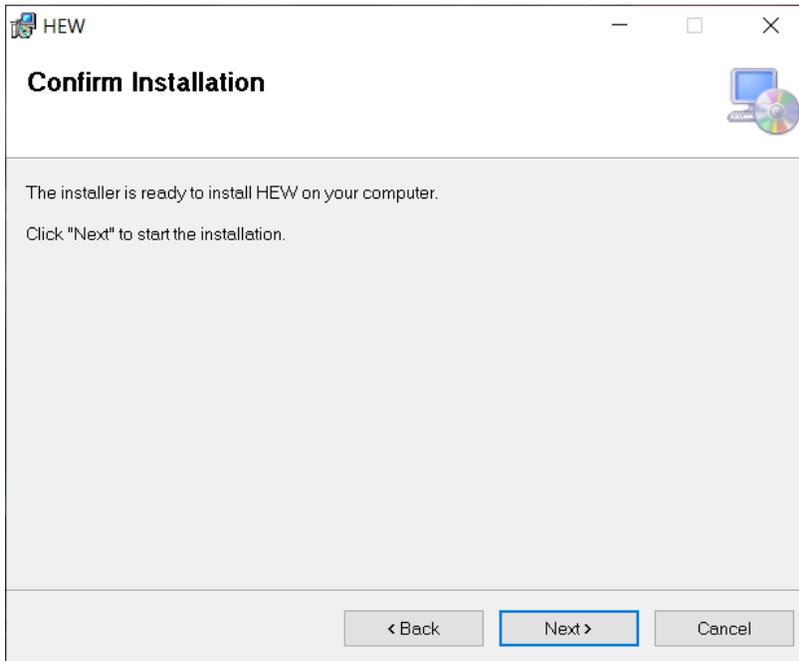
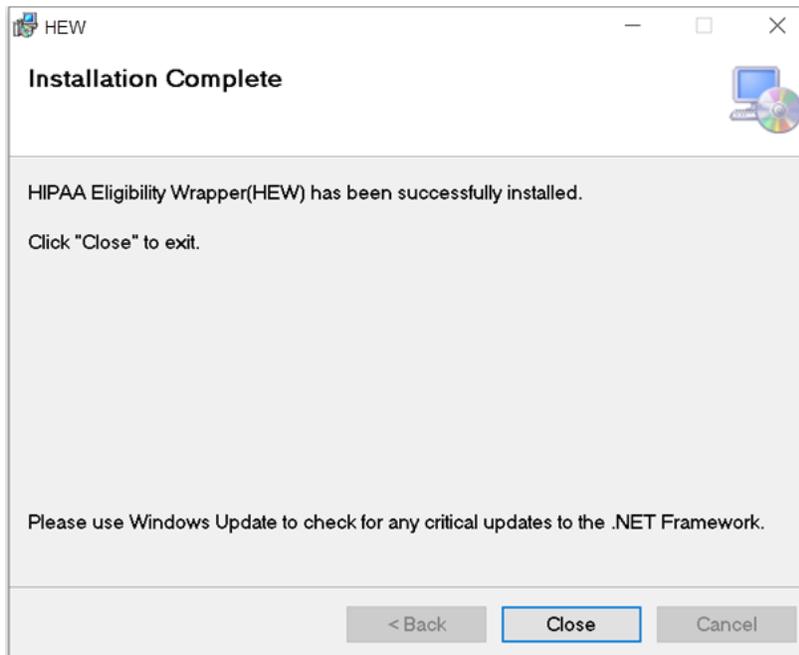**Figure K-1: Welcome to HEW Setup Wizard**

Figure K-2: Select Installation Folder
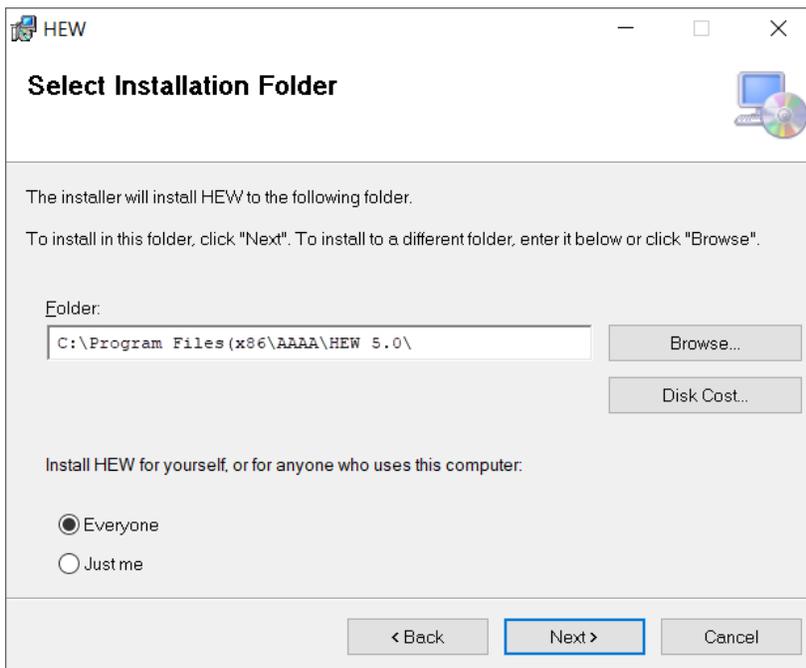
Figure K-3: Confirm Installation

Figure K-4: Installation Complete

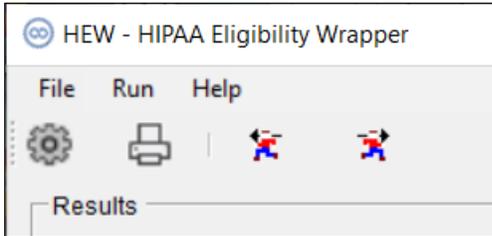**Figure K-5: Desktop Icons (Old and New)**

Settings

Once you launch HEW, you can then specify your application settings. To open the *Settings* menu:

1. Click the HEW application icon to launch the program.

2. Click the **Settings** icon or select *Settings* from the *File* menu.

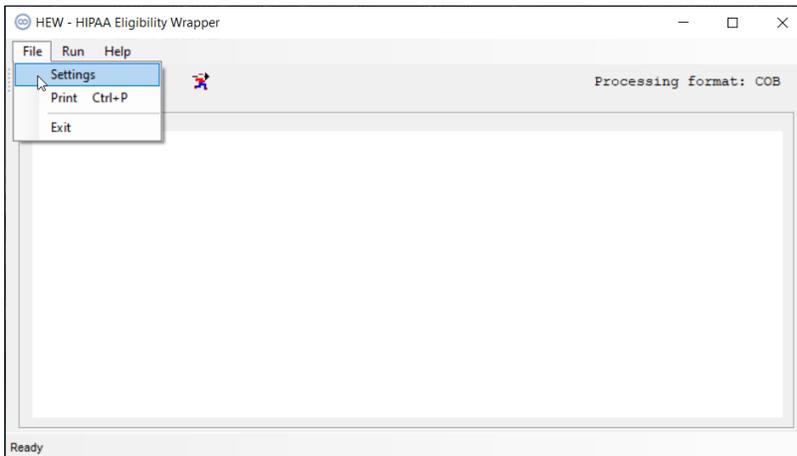   The *HEW Settings* menu appears (Figure K-8).

Figure K-6: Menus and Icons

Table K-1: Menus and Icons

Item	Description
Menus	Options include:
File	Settings, Print, and Exit
Run	271 Inbound and 270 Outbound
Help	Contents (Help) and About (Version, Copyright, and Warning)
Icons	Functions:
Settings	Opens the *Settings* menu
Print	Prints results shown in *Results* panel
Run 271 Inbound	Runs the 271 Inbound query
Run 270 Outbound	Runs the 270 Outbound query

Figure K-7: File Settings

Figure K-8: HEW Settings

HEW Settings   ?   ✕

HIPAA 270 COBA Outbound

Input Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Input Filename	COBA270OutboundOutput.txt
Output Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Output Filename	COBA270OutboundOutput.txt

HIPAA 270 S111/VDSA Outbound

Input Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Input Filename	COBA271InboundOutput.txt
Output Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Output Filename	COB270OutboundOutput.txt

HIPAA 271 COBA Inbound COBA

Input Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Input Filename	COBA271InboundInput.txt
Output Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Output Filename	COBA271InboundOutput.txt

HIPAA 271 S111/VDSA Inbound

Input Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Input Filename	COB271InboundInput.txt
Output Directory Path	C:\Users\Username\AppData\Local\GDIT\HEW
Output Filename	COB271InboundOutput.txt

Log

Log Directory	C:\Users\Username\AppData\Local\GDIT\HEW
Log Filename	hew.log
Log Type	FileSystem

Misc

Processing Format	S111/VDSA

HIPAA 270 COBA Outbound

Close

Changing Settings

From the *Settings* menu, you can change the defaults for the input and output directory paths, log type, and processing format.

- To change the destination of a selected directory, click an **Input Directory Path, Output Directory Path,** or **Log Directory** and then click the three-dot menu icon (…) to select a different folder location (Figure K-9).
- To change the processing format (i.e., S111/VDSA or COBA), double-click **Processing Format** under **Misc**. and select a different format from the drop-down menu (Figure K-10).
- To change the log type (Event Viewer, File System, or Both), double-click **Log Type** and select a different log type from the drop-down menu (Figure K-11).

Notes:

The directories can be located anywhere and mapped to any drive. However, if you plan to use the command line mode and you specify a network location, make sure the drive is mapped or available **before** executing the application.

If you select the log type *Event Viewer* or *Both* option, you will be prompted to verify that you would like to create a new Event Viewer source. Click **Yes** and follow the remaining screen prompts.
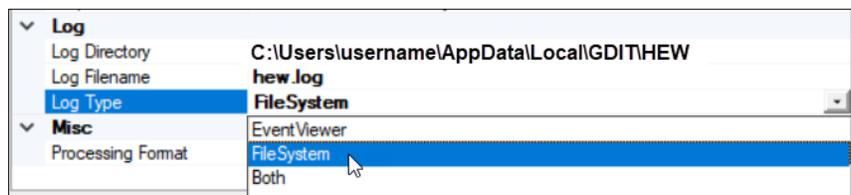
Figure K-9: Changing Directory Path
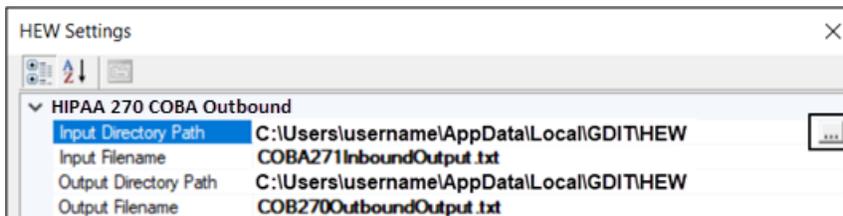
Figure K-10: Changing Processing Format
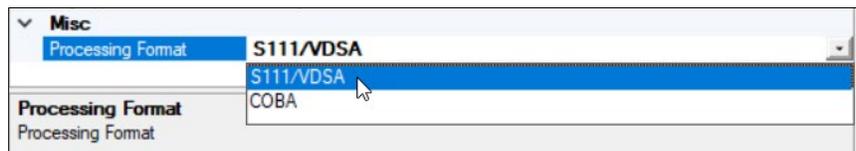
Figure K-11: Changing Log Type

Running Reports

Once you have mapped your drives, and have configured your settings (or have accepted the defaults), you can run your queries any time. Clicking the **Run 271 Inbound** button, for example, will display the input file results and location corresponding to the settings specified in the *Settings* menu. To cancel the processing, click **Stop**.

Pre-Processing Input Files

For Inbound files, the input files are pre-processed to ensure the file is properly formatted (i.e., each line is exactly 80 characters). If errors are detected, processing stops and the issues found are listed (Figure K-13).

For files that complete processing successfully, the last line of the results includes the command line argument options that can be used to automate the process just completed (Figure K-14).

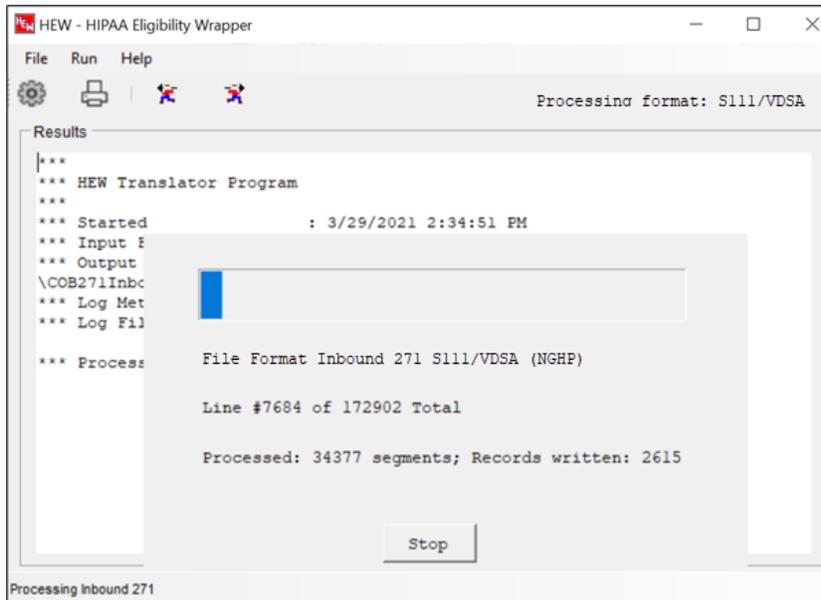**Figure K-12: In Process Inbound 271 S111/VDSA Query (Example)**

Figure K-13: Pre-Processing Errors (Example)

Figure K-14: Completed Inbound 271 S111/VDSA Query (Example)

Error Files

In addition to pre-processing inbound files to check formats, if other errors occur during processing, an error file is created. The name of the file is the same as the input with the extension of .ERR and is stored in a sub-directory of the input file location and is named ERRORS. The format of the file is JavaScript Object Notation (JSON) and contains 4 fields per error record.

- FIELD 1: "ErrId" - Unique numeric identifier (sequential) for each error record
- FIELD 2: "Segment" - The complete record segment in which the error occurred
- FIELD 3: "ErrSegment" - The part of the Segment in FIELD 2 that caused the error
- FIELD 4: "ErrMsg" - The error message that was generated during processing

If errors occur, the processing will continue but will not output a results file. Instead, the errors will be displayed in the results screen in red text (Figure K-16) and logged in the error file.

Figure K-15: Error File (Example)

```
{
  "$schema": "json-schemaErrors.json#",
  "InputFilename": "NGHP271x12.txt",
  "allerrors": [
    {
      "ErrId": 1,
      "Segment": "HL*70129**20*1~N031",
      "ErrSegment": "N031",
      "ErrMsg": "Incorrect/Unknown Segment"
    },
    {
      "ErrId": 2,
      "Segment":
"HL*132183*132182*22*0~TRN*1*211120000159380*9000030783~NM1*IL*1*GIERCE*K~REF
*IG*448986892~REF*NQ*250011171926302~AAA*Y**75*C~DMG*D8*1952032079*21*1",
      "ErrSegment": "DMG*D8*1952032079*21",
      "ErrMsg": "DMG03 - GenderCode must be 1 character. 21"
    }
  ]
}
```

Figure K-16: Results File with Processing Errors (Example)

```
File    Run   Help

 ⚙   🖨   |  🔁   🔁              Processing format: S111/VDSA

┌Results──────────────────────────────────────────────────────────┐
│                                                                  │
│  ***                                                             │
│  *** HEW Translator Program                                      │
│  ***                                                             │
│  *** Started              : 4/27/2021 1:06:54 PM                 │
│  *** Input File: C:\bit9prog\dev\HET-DATA\NGHP271x12.txt         │
│  *** Output File: C:\bit9prog\dev\HET-DATA\NGHP271x12-OUT.txt    │
│  *** Log Method: FileSystem                                      │
│  *** Log File: C:\bit9prog\dev\HET-DATA\hew.log                  │
│  *** Processing Inbound 271 S111/VDSA Records(GHP)               │
│  Error        : Incorrect/Unknown Segment                        │
│  Current Record: HL*70129**20*1~N031                             │
│  Segment - N031                                                  │
│                                                                  │
│  Error          : DMG03 - GenderCode must be 1 character. 21     │
│  Current Record: DMG*D8*1962032079*21*1                          │
│  Segment - DMG*D8*1962032079*21                                  │
│                                                                  │
│  *** File Format          : Inbound 271 S111/VDSA Records(GHP)   │
│  *** Total Segments Read   : 3482869                             │
│  *** Total Records Written  : 312886                             │
│  *** Ended                : 4/27/2021 1:07:56 PM                 │
│  *** Elapsed Run Time       : 1 minutes 1 seconds                │
│  ***                                                             │
│  *** Finished: 4/27/2021 1:07:56 PM                              │
│  ------------------                                              │
│  *** Command Line Args:                                          │
│  "C:\Users\todd.bannar\OneDrive - GDIT\Documents\Visual Studio   │
│  Projects\HEW2\HEW\bin\Debug\HEW-CmdLine.exe" -i -filein "C:     │
│  \bit9prog\dev\HET-DATA\NGHP271x12.txt" -fileout "C:\bit9prog\dev│
│  \HET-DATA\NGHP271x12-OUT.txt"  -processtype "S111VDSA"          │
│  |                                                               │
│  *** Errors occurred while processing. ***                       │
│  Therefore, no output file was created.  The error details were  │
│  logged and can be viewed here:                                  │
│  C:\bit9prog\dev\HET-DATA\ERRORS\NGHP271x12.ERR                  │
│                                                                  │
└──────────────────────────────────────────────────────────────────┘
```

Command Line Process

To launch HEW from a command line interface, open a command prompt and enter HEW-CmdLine.exe. Then enter "-h" to view the command line argument options.

Figure K-17: Command Line Mode and Options

```
Administrator: Command Prompt                                    —    □    ×

C:\WINDOWS\system32>"C:\Program Files (x86)\GDIT\HEW\HEW-CmdLine.exe" -h
Command Line options:
-i          : Process Inbound Transactions; -i and -o cannot be specified together
-o          : Process Outbound Transactions; -i and -o cannot be specified together
-filein     : Input file, including full path enclosed in double quotes "fullpathname to file"
-fileout    : Output file, including full path enclosed in double quotes "fullpathname to file"
-processtype : Either S111/VDSA or COBA enclosed in double quotes "S111/VDSA" or "COBA"

The only required parameter is either -i or -o.  If the other options are not specified, the values in User Settings are
used.
Ensure that the account/process running this task has access to data files directories.
Current Account: UserName

C:\WINDOWS\system32>
```

About Process Automation

For version 5.0.0, but not previous ones, the Command Line process can be automated by using the Windows(10) Task Scheduler. Keep the following points in mind when attempting to automate:

- By default, the data and error files are stored in the user's APPDATA directory: C:\Users\username\AppData\Local\GDIT\HEW

- If the default file to process in the configuration file does not contain a path, then it looks in the default data directory listed above.

- Regardless of where you install the software, make sure that you are pointing to the HEW-CmdLine.exe file.

The user or process running the Command Line process must have **full rights** to the directories listed above. If the process runs from the application or user interface but not the command line, try running the Command Line process with administrative privileges. Right-click the Command Line file and select Run as administrator. If an error does occur while running it via the command line, any errors should be written to the log file located in the default directory listed above (Figure K-15). If the log file does not contain any errors, but the file was not processed, it may mean the account from which you are running the command line does not have read/write permission to that directory. You can always open a command prompt with administrative rights, navigate to the directory and type in: hew.exe -on at the command prompt to see if there are any messages.

Command Line Examples:

Inbound 271 S111/VDSA

HEW-CmdLine.exe -i -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COB271InboundOutput.txt" -processtype "S111/VDSA"

Inbound 271 COBA

HEW-CmdLine.exe -i -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COBA271InboundOutput.txt" -processtype "COBA"

Outbound 270 S111/VDSA

HEW-CmdLine.exe -o -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COB270OutboundOutput.txt" -processtype "S111/VDSA"

Outbound 270 COBA

HEW-CmdLine.exe -o -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COBA270OutboundOutput.txt" -processtype "COBA"

Appendix L: Acronyms

The following table contains a list of acronyms related to Section 111 GHP and Non-GHP (Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation) reporting.

Table L-1: Acronyms

Acronym	Description
ANSI	American National Standards Institute
ASCII	American Standard Code for Information Interchange
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits Program
COBA	Coordination of Benefits Agreement
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
COBSW	COB Secure Website
CWF	Common Working File
DBA	Doing Business As…
DCN	Document Control Number
DDE	Direct Data Entry
DES	Data Encryption Standard
DOB	Date of Birth
DOI	Date of Incident
E02	COBA Drug Coverage Eligibility
EBCDIC	Extended Binary Coded Decimal Interchange Code
EDI Rep	Electronic Data Interchange Representative
EGHP	Employer Group Health Plan
EIN (FEIN)	Employer Identification Number (Federal EIN)
ESRD	End Stage Renal Disease
FSA	Flexible Spending Account
GHP	Group Health Plan
HEW	HIPAA Eligibility Wrapper Software
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HICN	Health Insurance Claim Number
HRA	Health Reimbursement Arrangement
HSA	Health Savings Account

Acronym	Description
HTTPS	Hypertext Transfer Protocol over Secure Socket Layer
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IACS UID	Individuals Authorized Access to CMS Computer Services User Identification Number
IRS	Internal Revenue Service
LGHPs	Large Group Health Plans
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MMSEA	Medicare, Medicaid and SCHIP Extension Act of 2007
MSP	Medicare Secondary Payer
NAIC	National Association of Insurance Commissioners
NDM	Network Data Mover (now known as Connect:Direct)
NCPDP	National Council For Prescription Drug Programs
NGHP	Non Group Health Plan or Liability Insurance (including Self Insurance), No-Fault Insurance and Workers' Compensation
Non-MSP	Non Medicare Secondary Payer
ORM	Ongoing Responsibility for Medicals
PBP	Plan Benefit Package
PIN	Personal Identification Number
PRA	Paperwork Reduction Act
RDS	Retiree Drug Subsidy
RRE ID	Responsible Reporting Entity Identification Number or Section 111 Reporter ID
RREs	Responsible Reporting Entities
Rx BIN	Prescription Benefit Identification Number
Rx PCN	Prescription Processor Control Number
SCHIP	State Children's Health Insurance Program
SEE	Small Employer Exception
SFTP	Secure File Transfer Protocol
SNA	Systems Network Architecture
SSH	Secure Shell
SSN	Social Security Number
TCP/IP	Transmission Control Protocol/Internet Protocol (Internet Protocol Suite)
TIN	Tax Identification Number
TPA	Third Party Administrator
TPOC	Total Payment Obligation to Claimant

Acronym	Description
TrOOP	True Out of Pocket
TrOOP Rx BIN/Rx PCN	TrOOP specific drug payment codes
URL	Uniform Resource Locator (website address)
VAN	Value Added Network
VDEA	Voluntary Data Exchange Agreement
VDSA	Voluntary Data Sharing Agreement
VTAM	Virtual Telecommunications Access Method

Appendix M: Alerts

Recent Alerts related to Non-GHP (Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation) Section 111 reporting are posted on, and may be downloaded from, the Section 111 website: https://go.cms.gov/mirnghp. To view older Alerts, click on the **Archive** link on the left-hand side of the page or https://go.cms.gov/MIRNGHPArchive.

Appendix N: Previous Version Changes

Version 7.0

Chapter I

The expiration date for the OMB Control Number of the Paperwork Reduction Act (PRA) Disclosure Statement (before the Table of Contents) has been updated to 01/31/2025.

Chapter III

As of January 1, 2022, the threshold for physical trauma-based liability insurance settlements will remain at $750. CMS will maintain the $750 threshold for no-fault insurance and workers' compensation settlements, where the no-fault insurer or workers' compensation entity does not otherwise have ongoing responsibly for medicals (Sections 6.4.2, 6.4.3, and 6.4.4).

Chapter IV

The information on recovery agents has been clarified to emphasize that such agents need written authorizations to pursue any post-demand actions (Section 6.3.1).

Recovery agents may now view the Open Debt Report on the MSPRP, if the agent has an active MSPRP account with a TIN matching one submitted on the RRE's TIN Reference File (Section 6.3.1.2).

ORM Termination Date field number 79 was corrected for the Event Table (Section 6.6.4).

Chapter V

The CP13 soft edit policy limit amount has decreased from $1000 to $500 (Appendix F).

For the TIN Reference File, the Go Paperless Indicator is no longer required when submitting the Recovery Agent TIN (Field 25) (Appendix G).

Chapters I, IV, and V

As of July 2023, the following change will be made:

To inform RREs when another source has updated their submitted ORM records, RREs may now opt in via the Section 111 Coordination of Benefits Secure Website (COBSW) application to receive a monthly NGHP Unsolicited Response File. This will provide key information about updates to records originally submitted in the last 12 months, and allow RREs to either update their own internal data or contact the BCRC for a correction (Appendix F).

Note: The fields *Relationship Code*, *Policy Holder's First Name*, *Policy Holder's Last Name*, and *Policy Holder's SSN* will not be used in the NGHP Unsolicited Response File layout. They have been replaced with filler in the layout description (Appendix F) [January 30, 2023].

Version 6.9

Chapter IV

The Section 111 excluded ICD-10 diagnosis codes for All Types (E, L, D) and for No-Fault Plan Insurance Type D have been removed from this guide (previously Appendices I and J). Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for

download on CMS.gov at https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists (Section 6.2.5).

Chapter V

The Section 111 excluded ICD-10 diagnosis codes for All Types (E, L, D) and for No-Fault Plan Insurance Type D have been removed from this guide (previously Appendices I and J). Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for download on CMS.gov at https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists (Appendix A, Appendix F, and Appendix I).

The SP31 error code has been restored. RREs will receive this error code when submitting records with effective dates greater than 90 days prior to Medicare entitlement (Appendix F).

Version 6.8

Chapter V

Field 79 (ORM Termination Date) has been updated and the possible causes for error codes CJ02 and CJ06 have been clarified. Also, error code TN40 has been corrected (Appendix A) (Table A-3) and Appendix F (Table F-4)).