

# ERRP

## Early Retiree Reinsurance Program

### *Information Collection*



## U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection is estimated to average 309 hours for each of the second and third years of the program (July 1, 2011 - June 30, 2012, and July 1, 2012 - June 30, 2013), and 221 hours for the fourth year of the program (July 1, 2013 - June 30, 2014), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form #CMS 10321

OMB Control Number 0938-1087 p.1

## **Application**

Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center  
4700 Corridor Place  
Suite D  
Beltsville, MD 20705

An asterisk (\*) identifies a required field.

### **PART I: Plan Sponsor and Key Personnel Information**

#### **A. Plan Sponsor Information**

- 1) \*Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN))
- 2) \*Type of Organization (Check the one category that best describes your organization)
  - a. Government
  - b. Union
  - c. Religious
  - d. Commercial
  - e. Non-profit
- 3) \*Organization's Employer Identification Number (EIN)
- 4) \*Organization's Telephone Number and Extension (if applicable)
- 5) Organization's FAX Number
- 6) \*Organization's Address (must be the address associated with the EIN provided)
  - a. \* Street Line 1
  - b. Street Line 2
  - c. \*City
  - d. \*State/US Territory
  - e. \*Zip Code
- 7) Organization's Website Address

#### **B. Authorized Representative Information**

- 1) \*First Name, Middle Initial (optional), \*Last Name
- 2) \*Job Title
- 3) \*Email Address
- 4) \*Telephone Number and Extension (if applicable)

- 5) FAX Number
- 6) \*Employer Name
- 7) \* Authorized Representative Business Address
  - a. \*Street Line 1
  - b. Street Line 2
  - c. \*City
  - d. \*State/US Territory
  - e. \*Zip Code

C. Account Manager Information

- 1) \*First Name, Middle Initial (optional), \*Last Name
- 2) \*Job Title
- 3) \*Email Address
- 4) \*Telephone Number and Extension (if applicable)
- 5) FAX Number
- 6) \*Employer Name
- 7) \* Account Manager Business Address
  - a. \*Street Line 1
  - b. Street Line 2
  - c. \*City
  - d. \*State/US Territory
  - e. \*Zip Code

**Part II: Plan Information**

**A. Plan Information**

- 1) \*Plan Name
- 2) \*Plan Year Cycle:
  - a. Start Month/Day
  - b. End Month/Day

**B. Benefit Option(s) Provided Under This Plan (This section of the application has been removed)**

**C. \*Programs and Procedures for Chronic and High-Cost Conditions**

A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define “chronic and high cost condition” as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify at

least two chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. Also, please identify the nature of each such program (e.g., disease management, case management, wellness program, etc.) If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

**D. \*Estimated Amount of Early Retiree Reinsurance Program Reimbursements**

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements, although this might not be the case. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

- 1) First Plan Year Cycle:
  - a. Low Estimate (optional)
  - b. \*Most Likely Estimate
  - c. High Estimate (optional)
- 2) Second Plan Year Cycle:
  - a. Low Estimate (optional)
  - b. \*Most Likely Estimate
  - c. High Estimate (optional)

**E. \*Intended Use of Early Retiree Reinsurance Program Reimbursements**

- 1) Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program (ERRP) by checking the appropriate box that appears next to (a), (b) or (c):
  - a. To reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs);
  - b. To reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or
  - c. To reduce or offset increases for a combination of any of these costs (whether reducing or offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs).

For assistance with answering this question, you may wish to view the program regulations and Common Questions at [www.errp.gov](http://www.errp.gov) for information on permissible uses of ERRP reimbursement.

- 2) If the sponsor indicated in Question E.1 that it intends to use any of the reimbursement under the ERRP to reduce the sponsor's health benefit or health benefit premium costs (i.e., the sponsor checked either (a) or (c)), the ERRP regulation requires a sponsor to maintain its level of contribution toward the plan, solely as a way of ensuring that the sponsor does not violate the statutory prohibition on using program funds as general revenue. Therefore, if the sponsor checked either (a) or (c), the sponsor must attest to the following by checking this box.

### Part III: Plan Sponsor Agreement

- 1) **Compliance:** In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R .Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
- 2) **Reimbursement-Related and Other Representations Made by Designees:** Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor affirms that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under the program.
- 3) **Written Agreement:** Plan Sponsor affirms that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer(s), employment-based plan, and other entities participating in the administration of the plan, regarding disclosure of information, data, documents, and records to HHS, and the issuer, plan, and other entity participating in the administration of the plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.

- 4) **Use of Records:** Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148), 42 U.S.C. §18002, and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.
- 5) **Obtaining Federal Funds:** Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor affirms that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.
- 6) **Data Security:** Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor affirms that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.
- 7) **Depository Information:** Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148), 42 U.S.C. §18002 and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") identified by the Plan Sponsor. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.

- 8) **Policies and Procedures to Detect Fraud, Waste and Abuse.** The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.
- 9) **Change of Ownership:** The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.
- 10) **Signature of Plan Sponsor Authorized Representative:** I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148), 42 U.S.C. §18002 and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I affirm that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law. (Only the Authorized Representative specified in Part I.B. can sign this agreement.)

## **Access to ERRP Secure Website**

### **Part I – User Registration Information**

The individual attempting to register in the ERRP Secure Website must either provide or confirm the accuracy of the following data:

- 1) \*Enter the Pass-phrase (Designee only)
- 2) \*Read and accept the user Agreement and Privacy Policy (located in “Access to ERRP Secure Website”, Part V of the document.
- 3) \*First Name, Middle Initial (optional), \*Last Name
- 4) \*Job Title
- 5) \*Date of birth (Month/Day/Year)
- 6) \*Social Security Number
- 7) \*Email Address
- 8) \*Telephone Number and Extension (if applicable)
- 9) FAX Number
- 10) \*Employer Name
- 11) \*Business Address of the Registering Individual:
  - a. \*Street Line 1
  - b. Street Line 2
  - c. \*City
  - d. \*State/US Territory
  - e. \*Zip Code
- 12) \*Login Information
  - a. \*Login ID
  - b. \*Password
  - c. \*Security Question 1
  - d. \*Answer 1
  - e. \*Security Question 2
  - f. \*Answer 2

### **Part II – Designee Invitation**

- 1) \*Email Address
- 2) \*First Name, Middle Initial, \*Last Name
- 3) \*Pass-phrase
- 4) \*Specify actions designee can perform (e.g., report costs, request reimbursement).

### **Part III – Login Warning**



**Registered secure website user must read and agree to the following terms prior to each login.**

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

The ERRP Secure Website is maintained by the U.S. Government and is protected by Federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or Password, may be in violation of Federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of Federal, civil, and criminal law. Violators are subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes, HHS' ERRP Center employs software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal, or other adverse action. You may access the ERRP Privacy Policy by clicking on the link at the bottom of most ERRP Secure Website pages after you log in.

By clicking on "I Accept" you indicate your awareness of, and consent to, the terms and conditions of use stated in this Login Warning.

Click Decline IMMEDIATELY if you are not authorized to access this system or if you do not agree to the conditions stated in this warning.

[I Accept](#)

[Decline](#)

#### **Part IV - User Agreement and Privacy Policy**

**Registered secure website user must read and agree to the following terms prior to each login.**

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS ON WHICH THE EARLY RETIREE REINSURANCE PROGRAM (ERRP) CENTER OFFERS YOU ACCESS TO THE ERRP CENTER SECURE WEBSITE.

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the ERRP Center Secure Website.

The ERRP Center may amend this User Agreement at any time. Except as stated below, all amended terms shall automatically be effective 30 days after they are initially posted on the Site. This User Agreement is effective immediately.

## 1. Purpose of ERRP Center Secure Website

The U.S. Department of Health & Human Services (HHS) has published interim final regulations for the Early Retiree Reinsurance Program (ERRP), which is established in section 1102 of the Patient Protection and Affordable Care Act (the Affordable Care Act), 42 U.S.C. §18002. Section 1102 and its implementing regulations at 45 C.F.R Part 149 contain the provisions governing the ERRP, which is designed to assist employers and unions with continuing provision of high quality health benefit coverage to early retirees and their spouses, surviving spouses, and dependents, as well as to other individuals.

## 2. Privacy Policy

The U.S. Department of Health & Human Services (HHS) at (<http://www.hhs.gov/>), of which the ERRP Center Secure Website is a part, has a clear privacy policy. When you access the ERRP Center Secure Website, **we collect the minimum amount of information about you necessary to manage your ERRP account.**

### Information Automatically Collected and Stored

When you browse through any website, certain personal information about you can be collected. We automatically collect and temporarily store the following information about your visit:

- the name of the domain you use to access the Internet (for example, aol.com, if you are using an American Online account, or stanford.edu, if you are connecting from Stanford University's domain);
- the date and time of your visit
- the pages you visited
- the address of the web site you came from when you came to visit

This information is used for statistical purposes only and to help us make this site more useful to visitors. Unless it is specifically stated otherwise, no additional information will be collected about you.

### Information Collected to Process Reimbursement Requests and Manage Accounts through ERRP Center Secure Website

When Users of the ERRP Center Secure website register to use the website, we will collect personal information necessary to validate Users, to process reimbursement requests, and to manage information related to the application. The authority to collect this information is granted by § section 1102 of the Patient Protection Act (42 U.S.C. §18002) and the ERRP implementing regulations at 45 C.F.R. Part 149. The provision of this information is mandatory for participation in ERRP, and may include your name, address, telephone and fax numbers, e-mail address, social security number, Federal Employer Identification Number (FEIN), banking information, certain certifications, or other payment information. Your e-mail address will be used by the ERRP Center to send you mandatory program and account e-mail notifications. The ERRP Center may also collect a password and password hint for each User accessing the ERRP Secure Website. We use this information to verify Users' identities in order to prevent unauthorized access to Plan Sponsors' secure ERRP accounts. ERRP Center staff has role-based access to this information, and use only the information minimally necessary to accomplish their jobs.

The personal information you provide is encrypted and sent to us using a secure method, in order to assure that your personal information is securely and safely transmitted. However, no one can give an absolute assurance that information intended to be maintained as private, whether transmitted via the Internet or otherwise, cannot be accessed inappropriately or unlawfully by third parties. We have taken and will continue to take reasonable steps to ensure the secure and safe transmission of your personal information.

### Personally Provided Information

If you are not involved with the submission or management of an ERRP application, or the submission or management of data related to a reimbursement request on the ERRP Center Secure Website, you do not have to give us personal information. If you choose to provide us with additional information about yourself through e-mail, forms, surveys, etc., we will maintain the information as long as needed to respond to your question or to fulfill the stated purpose of the communication.

#### **Disclosure**

HHS does not disclose, give, sell or transfer any personal information about its visitors, unless required for law enforcement or statute.

#### **Intrusion Detection**

This website is maintained by the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

For site security purposes and to ensure that this service remains available to all Users, we employ software programs to monitor traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual.

### **3. Systems of Records**

Information originally collected in traditional paper systems can be submitted electronically, i.e., electronic commerce transactions and information updates about eligibility benefits. Electronically submitted information is maintained and destroyed pursuant to the Federal Records Act and in some cases may be subject to the Privacy Act. If information that you submit is to be used in a Privacy Act system of records, there will be a Privacy Act Notice provided.

### **4. Links**

References from this website to any non-governmental entity, product, service or information do not imply endorsement or recommendation by HHS or any other HHS agency or employees.

We are not responsible for the contents of any "off-site" web pages referenced from this server. We do not endorse ANY specific products or services provided by public or private organizations. In addition, we do not necessarily endorse the views expressed by such sites, nor do we warrant the validity of any site's information or its fitness for any particular purpose.

### **5. Pop-up Advertisements**

When visiting our website, your web browser may produce pop-up advertisements. These advertisements were most likely produced by other websites you visited or by third party software installed on your computer. HHS does not endorse or recommend products or services for which you may view a pop-up advertisement on your computer screen while visiting our site.

### **6. Outdated Information**

Many HHS documents are time sensitive. Department policies change over time. Information in older documents may be out-dated. You also may wish to review our Privacy Policy, above.

### **7. Accessibility**

This page provides information for those visitors who use assistive or other devices to access the content on this website. Please see the Contact Us section at <http://errp.gov/contact/default.htm> if you have general questions and comments or have difficulty finding something on this site.

### **Synopsis of Section 508 Accessibility Requirements**

Section 508 requires that individuals with disabilities, who are members of the public seeking information or services from this website have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on us. Section 508 also requires us to ensure that Federal employees with disabilities have access to and use of information and data that is comparable to the access to and use of information and data by Federal employees who are not individuals with disabilities, unless an undue burden would be imposed on us. (To learn more about the regulations governing the accessibility of Federal electronic information, read the Synopsis of Section 508 Accessibility Requirements at <http://www.section508.gov/index.cfm?FuseAction=Content&ID=11.>)

## **8. Freedom of Information Act (FOIA)**

The ERRP Center website is a service of the U.S. Department of Health & Human Services at <http://www.hhs.gov/>. Any Freedom of Information Act (FOIA) requests concerning this website should be submitted in accordance with the Department's FOIA guidelines, which are online at <http://www.hhs.gov/foia>. Information on making FOIA requests is available at the Freedom of Information Group page. You also may wish to review our Privacy Policy above.

**I accept**

**I decline**

## **Reimbursement Request Information**

An asterisk (\*) identifies a required field.

### **PART I: Reimbursement Request Setup Information**

- A. Early Retiree List: Submission Information (Note: The Plan Sponsor must provide the following information for each plan year.)
- 1) \* Early Retiree List Submission Method (Choose one):
    - a. Submission via ERRP Secure Website – Response via the ERRP Website
    - b. Submission via Plan Sponsor Mainframe to ERRP Data Center Mainframe – Response via ERRP Data Center Mainframe to Plan sponsor Mainframe
    - c. Submission via Plan Sponsor Mainframe to ERRP Data Center Mainframe - Response via ERRP Data Center Mainframe to Plan sponsor Mainframe with a copy of all Early Retiree Response files sent to the ERRP Secure Website
    - d. Submission via Vendor Mainframe to ERRP Data Center Mainframe – Response via ERRP Data Center Mainframe to Vendor Mainframe
    - e. Submission via Vendor Mainframe to ERRP Data Center Mainframe - Response via ERRP Data Center Mainframe to Vendor Mainframe with a copy of all Early Retiree Response Files sent to the ERRP Secure Website

**Note: Items 2-4 are required if sending data using the mainframe-to-mainframe method. If a Plan Sponsor chooses this method, it must work with HHS to establish mainframe communications protocols.**

- 2) \* Mainframe Vendor ID (assigned by HHS)
  - 3) \* Name of Organization Submitting Early Retiree Data
  - 4) \* Contact Information:
    - a. \* First Name, Middle Initial (optional), \* Last Name
    - b. \* Email Address
    - c. \* Telephone Number and Extension (if applicable)
    - d. FAX Number
    - e. \* Address:
      - i. \* Street Line 1
      - ii. Street Line 2
      - iii. \* City
      - iv. \* State/US Territory
      - v. \* Zip Code
- B. Submit Claim List(s): Submission Information (Note: The Plan Sponsor must provide the following information for each plan year.)
- 1) \* Submit Claim List(s): Submission Method (Choose one):
    - a. Secure file upload using Hypertext Transfer Protocol Secure (HTTPS) to ERRP Secure Website

- b. Plan Sponsor (or Vendor) Mainframe to HHS Mainframe

**Note: Items 2-4, as applicable, are required if sending data using the mainframe-to-mainframe method of delivery. If a Plan Sponsor chooses the mainframe to mainframe method, it must work with HHS to establish mainframe communications protocols.**

- 2) \*Mainframe Vendor ID (assigned by HHS)
- 3) \*Name of Organization Submitting Claim List(s)
- 4) \*Contact Information:
  - a. \*First Name, Middle Initial (optional), \*Last Name
  - b. \*Email Address
  - c. \*Telephone Number and Extension (if applicable)
  - d. FAX Number
  - e. \* Address:
    - i. \*Street Line 1
    - ii. Street Line 2
    - iii. \*City
    - iv. \*State/US Territory
    - v. \*Zip Code

C. Assign Reimbursement-Related Privilege to Account Manager

- 1) \*Specify one of the following privileges for the Account Manager (Choose one)
  - a. Report Costs
  - b. Request Reimbursement
  - c. View Only

D. Banking Information

Provide the following information.

Account Information:

- 1) \*Bank Name
- 2) \*Account Type (Indicate Checking or Savings)
- 3) \*Organization Name Associated with Account
- 4) \*Account Number
- 5) \*Bank Routing Number

Bank Contact Information

- 1) \*First Name, Middle Initial (optional), \*Last Name
- 2) \*Telephone Number and Extension (if applicable)

Bank Address

- 1) Address:
  - a. \*Street Line 1
  - b. Street Line 2
  - c. \*City
  - d. \*State/US Territory

e. \*Zip Code

## E. Affirmation by Authorized Representative

Prior to the Sponsor's first reimbursement request for an ERRP application, its Authorized Representative must agree to the following:

As the Authorized Representative of the plan sponsor identified in this application, I hereby affirm that the sponsor will make a reasonable, good-faith effort to satisfy the following requirements, and that the sponsor will be prepared to demonstrate that it has made such a good-faith effort with respect to the following requirements, upon the request of the U.S. Department of Health & Human Services:

- Sponsor will use any and all Early Retiree Reinsurance Program (ERRP) reimbursement proceeds to: (A) Reduce the sponsor's health benefit premiums or health benefit costs, (B) Reduce health benefit premium contributions, copayments, deductibles, coinsurance, or other out of pocket costs, or any combination of these costs, for plan participants, or (C) Reduce any combination of the costs in (A) or (B).
- If sponsor uses any portion of ERRP reimbursement funds to offset increases its own health benefit premiums or health benefit costs, sponsor will comply with the statutory and regulatory prohibition against using ERRP reimbursement as general revenue, by maintaining its level of contribution toward supporting the plan.
- Sponsor will provide a notice to all plan participants notifying them that, because the plan is participating in the Affordable Care Act's Early Retiree Reinsurance Program, the plan may use the payments to reduce premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs, and therefore that plan participants may experience such changes in the terms and conditions of their plan participation. Sponsor will provide this notice, drafted by the U.S. Department of Health & Human Services (HHS), in a manner specified in HHS guidance.
- Sponsor will submit claims only for items and services that Medicare would cover, as specified in HHS guidance.
- Sponsor will not submit claims associated with plan participants who are not U.S. citizens or lawfully present in the U.S.

**\*Click here to make the affirmation**

## PART II: Reimbursement Request Information

### A. Initiate Reimbursement Request

An individual with the appropriate privilege must:

- 1) \*Select sponsor

- 2) \*Select application
- 3) \*Select plan year

**B. Submit List of Early Retirees and Process Response Files**

A Plan Sponsor must submit with each Reimbursement Request an electronic cumulative list of Early Retirees for whom it is seeking or has sought program reimbursement for the plan year. The form and content of the list will vary, depending on the method of delivery, as follows.

**ERRP Mainframe Early Retiree File Processing Layout**

Data Element	Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
<b>HEADER RECORD</b>					
Record Type	1	A	X*	X	"H"
Application ID	10	N	X*	X	
Plan Year Start Date	8	N	X*	X	CCYYMMDD
Create Date	8	N	X*	X	CCYYMMDD
Create Time	6	N	X*	X	HHMMSS
Filler	217	A/N	X*	X	Must be spaces
<b>DETAIL RECORD</b>					
Record Type	1	A	X*	X	"D"
Subscriber SSN	9	N	X*	X	The Early Retiree
Member Unique Person ID	20	A/N	X*	X	Beneficiary for whom you are seeking reimbursement (For the Subscriber it will be the same as Subscriber SSN)
Unique Person ID Type	1	N	X*	X	Type of Member UPI: 1=SSN 2=Alien ID 3=I-94 ID 4=Other Federal ID



Data Element	Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
Member First Name	30	A	X*	X	
Member Middle Initial	01	A	X	X	Not Required
Member Last Name	40	A	X*	X	
Member Date of Birth	08	N	X*	X	CCYYMMDD
Member Gender	01	N	X*	X	0 = Unknown, 1 = Male, 2 = Female
Member Relationship to Early Retiree	02	N	X*	X	01 = Self, 02 = Spouse, 03 = Dependent
Member ID	30	A/N	X*	X	See accompanying instructions
Member Group ID	20	A/N	X*	X	See accompanying instructions
Member Coverage Effective Date	08	N	X*	X	Date coverage begins for the Member CCYYMMDD
Member Coverage Termination Date	08	N	X*	X	Date coverage ends for the Member CCYYMMDD (Blank if not terminated)
Member Coverage Termination Reason	1	N	X*	X	1 = Death, 2 = Other (Needed for spouse/dependent coverage continuation determination)
Filler	70	A/N	X*		Must be spaces
Reason Code 1	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code	02	N		X	Reason for full or

Data Element	Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
2					partial denial of ERRP eligibility.
Reason Code 3	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code 4	02	N		X	Reason for full or partial denial of ERRP eligibility.
ERRP Effective Date	08	N		X	ERRP Center calculated eligibility start date. CCYYMMDD
ERRP Termination Date	08	N		X	ERRP Center calculated eligibility end date. CCYYMMDD
Filler	46	A/N		X	Must be spaces
<b>TRAILER RECORD</b>					
Record Type	1	A	X*	X	"T"
Application ID	10	N	X*	X	
Plan Year Start Date	8	N	X*	X	CCYYMMDD
Create Date	8	N	X*	X	CCYYMMDD
Create Time	6	N	X*	X	HHMMSS
Record Count	7	N	X*	X	Record count corresponds to number of Detail records only (not Header/Trailer)
Filler	210	A/N	X*	X	Must be spaces

## ERRP Secure Website Early Retiree File Processing Layout

Data Element	Max Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
Application ID	10	N	X*	X	
Plan Year Start	8	N	X*	X	CCYYMMDD

Data Element	Max Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
Date					
Subscriber SSN	9	N	X*	X	The Early Retiree
Member Unique Person ID	20	A/N	X*	X	Beneficiary for whom you are seeking reimbursement (For the Subscriber it will be the same as Subscriber SSN)
Unique Person ID Type	1	N	X*	X	Type of Member UPI: 1=SSN 2=Alien ID 3=I-94 ID 4=Other Federal ID
Member First Name	30	A	X*	X	
Member Middle Initial	01	A	X	X	Not Required
Member Last Name	40	A	X*	X	
Member Date of Birth	08	N	X*	X	CCYYMMDD
Member Gender	01	N	X*	X	0 = Unknown, 1 = Male, 2 = Female
Member Relationship to Early Retiree	02	N	X*	X	01 = Self, 02 = Spouse, 03 = Dependant
Member ID	30	A/N	X*	X	See accompanying instructions
Member Group ID	20	A/N	X*	X	See accompanying instructions
Member Coverage Effective Date	08	N	X*	X	Date coverage begins for the Member CCYYMMDD

<b>Data Element</b>	<b>Max Size</b>	<b>Alpha / Numeric</b>	<b>Incoming Early Retiree File</b>	<b>Outgoing Response &amp; Notification Files</b>	<b>Allowable Values / Notes</b>
<b>Member Coverage Termination Date</b>	08	N	X*	X	Date coverage ends for the Member CCYMMDD (Blank if not terminated)
<b>Member Coverage Termination Reason</b>	1	N	X*	X	1 = Death, 2 = Other (Needed for spouse/dependent coverage continuation determination)
<b>Reason Code 1</b>	02	N		X	Reason for full or partial denial of ERRP eligibility.
<b>Reason Code 2</b>	02	N		X	Reason for full or partial denial of ERRP eligibility.
<b>Reason Code 3</b>	02	N		X	Reason for full or partial denial of coverage.
<b>Reason Code 4</b>	02	N		X	Reason for full or partial denial of ERRP eligibility.
<b>ERRP Effective Date</b>	08	N		X	ERRP Center calculated eligibility start date. CCYMMDD
<b>ERRP Termination Date</b>	08	N		X	ERRP Center calculated eligibility end date. CCYMMDD

C. Sponsor Must Review Response Files

After submitting an Early Retiree List, a Plan Sponsor will receive from the ERRP Center a response file specifying which individuals on the Early Retiree List are approved or rejected for the purpose of submitting cost/claims data and requesting reimbursement. If an individual is approved, the response file will include the dates within the plan year for which the sponsor can submit cost/claims data and request reimbursement. Also, the response file, for records that

are either rejected or approved only for a portion of the time period requested, will specify the reason(s) for the rejection or partial approval.

See the column labeled "Outgoing Response & Notification Files" in both tables in Part II.B. to identify the data elements returned to the Plan Sponsor in the response file.

#### D. Submit Summary Cost Data

A Plan Sponsor must submit with each Reimbursement Request (via data entry in the ERRP Secure Website) the following summary cost data related to the Reimbursement Request, on a cumulative basis. The data must correlate to the corresponding data in the Claim List specified in E. that is submitted for the same reimbursement request:

- 1) \* Cost Paid by Plan - User enterable text field. This represents the aggregated actual costs for health benefits paid by the plan and incurred for Early Retirees
- 2) \* Cost Paid by Early Retiree - User enterable text field. This represents the aggregated actual costs for health benefits paid by approved Early Retirees
- 3) \* Threshold Reduction - User enterable text field. This field represents the aggregated cost threshold reduction amount for all approved Early Retirees with costs for health benefits reported for the plan year. The Plan Sponsor's data aggregator shall be responsible for calculating and inputting the threshold reductions.
- 4) Limit Reduction - User enterable text field. This field represents the aggregated cost limit reduction amount for all approved Early Retirees with costs for health benefits reported for the plan year. The Plan Sponsor's data aggregator shall be responsible for calculating and inputting the limit reductions.

#### E. Submit Claim List(s)

A Plan Sponsor must submit with each Reimbursement Request the following data:

- 1) \* Reimbursement Request Number (assigned by HHS)
- 2) \* Vendor ID (if applicable)
- 3) \* Plan Sponsor ID (assigned by HHS)
- 4) \* Application ID (assigned by HHS)

A Plan Sponsor must submit with each Reimbursement Request an electronic cumulative Claim List (via a Mainframe or Secure Website Upload method) containing the detailed claim line records supporting the costs included in its reimbursement request. The form and content of the list will vary, depending on the method of delivery, as follows.

## ERRP Mainframe Claim List Layouts

### ERRP File Header Layout (\*left justified, space filled)

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
File Header							
FH01	Record Type	2	1	2	A	R	FH = File Header
FH02	Application ID	10	3	12	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	13	20	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID.
FH04	Create Date	8	21	28	N	R	The date the file is created.  CCYYMMDD
FH05	Create Time	6	29	34	N	R	The time of day the file is created.  HHMMSS
	Filler	266	35	300	A/N	R	Must be spaces.

### ERRP Professional Claim Layout

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
Claim Header							
HP01	Record Type	2	1	2	A	R	HP = Professional Header

HP02	Member ID	30	3	32	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members).</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HP03	Member Group ID	20	33	52	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HP04	Claim Number	38	53	90	A/N	R	<p>Unique ID of a given claim that is assigned by the claim processing system.</p>
HP05	Derived Claim Indicator	1	91	91	A	R	<p>Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated arrangement (Derived Claim).</p> <p>Y = Derived Claim</p> <p>N = Actual Claim</p>
HP06	Plan Paid Date	8	92	99	N	R	<p>Date claim system adjudicated or processed the claim for payment.</p>

							CCYMMDD
HP07	Member Date of Birth	8	100	107	N	R	<p>Date of birth for the Member associated with a given claim.</p> <p>Date must be entered in CCYMMDD format.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HP08	Member Gender	1	108	108	N	R	<p>Gender for the Member associated with a given claim.</p> <p>0 = Unknown</p> <p>1 = Male</p> <p>2 = Female</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HP09	Cost Paid By Early Retiree	9	109	117	N	O	<p>The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim.</p> <p>Cannot be negative.</p> <p>7v2 (Example: 000054321 = 543.21)</p> <p><i>*Amount must be the full amount the member paid. (not net of rebates).</i></p> <p><i>If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must be filled with zeros.</i></p>



	Filler	183	118	300	A/N	R	Must be spaces
Service Item Detail							
DP01	Record Type	2	1	2	A	R	DP = Professional Detail
DP02	Member ID	30	3	32	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members).</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
DP03	Member Group ID	20	33	52	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
DP04	Claim Number	38	53	90	A/N	R	Unique ID of a given claim that is assigned by the Plan Sponsor's claim processing system.
DP05	Claim Line Item Number	3	91	93	N	R	<p>Line Number identifying the Service line associated with a claim assigned by the claim processing system.</p> <p>A claim must contain at least one service line.</p>

DP06	From Date of Service	8	94	101	N	R	Service Begin Date. Incurred date of claim. CCYYMMDD
DP07	To Date of Service	8	102	109	N	R	Service Ending Date. CCYYMMDD
DP08	Place of Service	2	110	111	N	R	Code value used to identify the location/facility where the service was rendered.  Two-digit codes for health care professional claims to indicate the setting in which a service was provided.  Value must be a valid industry standard Place of Service code.
DP09	Procedure Code	30	112	141	N	R	Code value used to designate the specific health interventions taken by medical professionals.  Must be a valid HCPCS/CPT code.
DP10	Procedure Code Modifier1	2	142	143	A/N	O	Code value used to provide further information about the service being performed.
DP11	Procedure Code Modifier2	2	144	145	A/N	O	Code value used to provide further information about the service being performed.
DP12	Procedure Code Modifier3	2	146	147	A/N	O	Code value used to provide further information about the service being performed.
DP13	Procedure Code Modifier4	2	148	149	A/N	O	Code value used to provide further information about the service being performed.
DP14	ICD Code Qualifier	1	150	150	N	R	Code value used to identify which version of ICD is being

							utilized 1 = ICD-9 code 2 = ICD-10 code
DP15	Principal Diagnosis Code	7	151	157	A/N	R	Primary diagnosis code associated with the Member's condition. Must be a valid ICD code.
DP16	Other Diagnosis Code2	7	158	164	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.
DP17	Other Diagnosis Code3	7	165	171	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.
DP18	Other Diagnosis Code4	7	172	178	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.
DP19	Quantity Qualifier	2	179	180	A	R	Code value used to identify the type of measurement used in the Unit Quantity field. DA = Days DH = Miles UN = Units MJ = Minutes

							<p>WK = Week</p> <p>MO = Months</p> <p>Q1 = Quarter(Time)</p> <p>YR = Year</p> <p>LB = Pounds</p> <p>GM = Gram</p> <p>F2 = International Unit</p> <p>O1 = Actual Pounds</p> <p>ME = Milligram</p> <p>ML = Milliliter</p>
DP20	Unit Quantity	9	181	189	N	R	<p>Quantity of services/product delivered.</p> <p>6v3</p> <p>(Example: 999999999 = 999999.999)</p>
DP21	Rendering Provider ID Qualifier	2	190	191	A/N	R	<p>Code value used to identify the type of Provider ID reported in the Rendering Provider ID field.</p> <p>XX = NPI</p> <p>24 = EIN</p> <p>34 = SSN</p> <p>G2 = Plan Provider ID</p> <p>99 = Other</p>
DP22	Rendering Provider ID	80	192	271	A/N	R	<p>ID of the Provider/Supplier rendering the services to the Member.</p>

DP23	Service Location Zip Code	5	272	276	N	R	US Zip Code of the location where service was rendered.
DP24	Item Plan Paid Amount	9	277	285	N	R	The dollar amount paid by the Plan for this claim item.  7v2 (Example: 000054321 = 543.21)  Cannot be negative.  <i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered in the Cost Summary Report in the SWS is net of rebates.</i>
	Filler	15	286	300	A/N	R	Must be spaces

### ERRP Institutional Layout

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
Claim Header							
HI01	Record Type	2	1	2	A	R	HI = Institutional Header
HI02	Member ID	30	3	32	A/N	R	The Plan's unique identification number for the Member associated with a given claim.  Member ID must be unique, i.e. cannot be the same for any two individuals (including family members).  This should be the same

							data value as what was provided on the Early Retiree List for a given individual.
HI03	Member Group ID	20	33	52	A/N	R	The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.  This should be the same data value as what was provided on the Early Retiree List for a given individual.
HI04	Claim Number	38	53	90	A/N	R	Unique ID of a given claim that is assigned by the claim processing system.
HI05	Derived Claim Indicator	1	91	91	A	R	Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated arrangement (Derived Claim).  Y = Derived Claim  N = Actual Claim
HI06	Plan Paid Date	8	92	99	N	R	Date claim system adjudicated or processed the claim for payment.  CCYMMDD
HI07	Member Date of Birth	8	100	107	N	R	Date of birth for the Member associated with a given claim.  Date must be entered in CCYMMDD format.

							This should be the same data value as what was provided on the Early Retiree List for a given individual.
HI08	Member Gender	1	108	108	N	R	Gender for the Member associated with a given claim. 0 = Unknown 1 = Male 2 = Female This should be the same data value as what was provided on the Early Retiree List for a given individual.
HI09	Cost Paid By Early Retiree	9	109	117	N	O	The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim. Cannot be negative. 7v2 (Example: 000054321 = 543.21) <i>*Amount must be the full amount the member paid. (not net of rebates).</i>  <i>If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must be filled with zeros.</i>
HI10	Type of Bill	3	118	120	A/N	R	Code value which identifies the specific type of bill for institutional claims. Typically for industry

							standard, Type of Bill is a four byte field, with the first byte being a leading zero. For ERRP purposes it is a three byte field; drop the leading zero (first byte). For ERRP, the first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence.
HI11	Facility Provider ID Qualifier	2	121	122	A	R	Code value that defines the type of Provider ID reported in the Facility Provider ID field. XX = NPI  24 = EIN  34 = SSN  G2 = Plan Provider ID  99 = Other
HI12	Facility Provider ID	80	123	202	A/N	R	ID of the Facility where item/service was provided.
	Filler	98	203	300	A/N	R	Must be spaces.
<b>Service Item Detail</b>							
DI01	Record Type	2	1	2	A	R	DI = Institutional Detail
DI02	Member ID	30	3	32	A/N	R	The Plan's unique identification number for the Member associated with a given claim.  Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)



							This should be the same data value as what was provided on the Early Retiree List for a given individual.
DI03	Member Group ID	20	33	52	A/N	R	The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.  This should be the same data value as what was provided on the Early Retiree List for a given individual.
DI04	Claim Number	38	53	90	A/N	R	Unique ID of a given claim that is assigned by the Plan Sponsor's claim processing system
DI05	Claim Line Item Number	3	91	93	N	R	Line Number identifying the Service line associated with a claim assigned by the claim processing system.  A claim must contain at least one service line.
DI06	Admission Date	8	94	101	N	R	Date admitted to facility for institutional claims. For non-acute care claims, if no Admission Date is available, use From Date of Service CCYYMMDD
DI07	From Date of Service	8	102	109	N	R	Service Begin Date CCYYMMDD
DI08	To Date of Service	8	110	117	N	R	Service Ending Date CCYYMMDD

DI09	ICD Code Qualifier	1	118	118	N	R	Code value used to identify which version of ICD is being utilized. 1 = ICD-9 code 2 = ICD-10 code
DI10	Principal Diagnosis Code	7	119	125	A/N	R	Primary diagnosis code associated with the Member's condition. Must be a valid ICD code.
DI11	Other Diagnosis Code	7	126	132	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI12	Other Diagnosis Code2	7	133	139	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI13	Other Diagnosis Code3	7	140	146	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI14	Other Diagnosis Code4	7	147	153	A/N	O	Other diagnosis code associated with the Member's condition.  Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI15	Other	7	154	160	A/N	O	Other diagnosis code

	Diagnosis Code5						associated with the Member's condition.  Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI16	Principle ICD Procedure Code	7	161	167	A/N	S	Principal procedure performed within an institutional setting.  Required when procedure is performed. Must be valid ICD Procedure Code.
DI17	Other ICD Procedure Code	7	168	174	A/N	O	Other procedures performed within an institutional setting.  Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI18	Other ICD Procedure Code2	7	175	181	A/N	O	Other procedures performed within an institutional setting.  Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI19	Other ICD Procedure Code3	7	182	188	A/N	O	Other procedures performed within an institutional setting.  Not allowed if primary is

							blank. Must be a valid ICD Procedure Code if provided.
DI20	Other ICD Procedure Code4	7	189	195	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI21	Other ICD Procedure Code5	7	196	202	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI22	Revenue Code	4	203	206	A/N	R	Code value that identifies the specific cost center related to the service for institutional claims. Always Required. Individual services that contain Revenue Codes should be reported as documented in the claim. Bundled Services that do not have a specific Revenue Code should be reported with a value of "XXXX". Revenue Code "0001" is an invalid code for ERRP purposes and a Claim List with this code will be rejected.
DI23	Procedure Code	30	207	236	A/N	O	Code value used to designate the specific health interventions taken by medical professionals. Must be a valid

							HCPCS/HIPPS/CPT code.
DI24	Procedure Code Modifier1	2	237	238	A/N	O	Code value used to provide further information about the service being performed.
DI25	Procedure Code Modifer2	2	239	240	A/N	O	Code value used to provide further information about the service being performed.
DI26	Procedure Code Modifier3	2	241	242	A/N	O	Code value used to provide further information about the service being performed.
DI27	Procedure Code Modifier4	2	243	244	A/N	O	Code value used to provide further information about the service being performed.
DI28	Quantity Qualifier	2	245	246	A	S	Code value used to identify the type of measurement used in the Unit Quantity field. Required if Revenue Code is not "XXXX" DA = Days DH = Miles UN = Units MJ = Minutes WK = Week MO = Months Q1 = Quarter(Time) YR = Year LB = Pounds

							GM = Grams F2 = International Unit O1 = Actual Pounds ME = Milligram ML = Milliliter EA = Each
DI29	Unit Quantity	9	247	255	N	S	Quantity of services/product delivered. Required if Revenue Code is not "XXXX". 6v3 (Example: 999999999=999,999.999)
DI30	Service Location Zip Code	5	256	260	N	R	US Zip Code of the location where service was rendered.
DI31	Item Plan Paid Amount	9	261	269	N	R	The dollar amount paid by the Plan for this claim item. 7v2 (Example: 000054321 = 543.21)  <i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered into the Cost Summary Report in the SWS is net of rebates.</i>
	Filler	31	270	300	A/N	R	Must be spaces.

### ERRP Prescription Layout

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/	Description/ Value
-----------	------	------	------------	----------	-----------	-------------------------	--------------------

						Optional	
Claim Header							
HX01	Record Type	2	1	2	A	R	HX = Prescription Header
HX02	Member ID	30	3	32	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HX03	Member Group ID	20	33	52	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HX04	Claim Number	38	53	90	A/N	R	Unique ID of a given claim that is assigned by the claim processing system.
HX05	Derived Claim Indicator	1	91	91	A	R	Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated

							arrangement (Derived Claim). Y = Derived Claim N = Actual Claim
HX06	Plan Paid Date	8	92	99	N	R	Date claim system adjudicated or processed the claim for payment. CCYYMMDD
HX07	Member Date of Birth	8	100	107	N	R	Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format. This should be the same data value as what was provided on the Early Retiree List for a given individual.
HX08	Member Gender	1	108	108	N	R	Gender for the Member associated with a given claim. 0 = Unknown 1 = Male 2 = Female This should be the same data value as what was provided on the Early Retiree List for a given individual.
HX09	Cost Paid By Early Retiree	9	109	117	N	O	*The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim. Cannot be negative. 7v2 (Example: 000054321 =



							543.21) *Amount must be the full amount the member paid. (not net of rebates).  If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must either be filled with zeros.
HX10	Prescription Service Provider ID Qualifier	2	118	119	N	R	Code value that defines the type of Service Provider ID reported in the Prescription Service Provider ID field.  XX = NPI  07 = NAPB  24 = EIN  34 = SSN  G2 = Plan Provider ID  99 = Other
HX11	Prescription Service Provider ID	80	120	199	N	R	ID of the Pharmacy or Supplier for prescription claims. In most cases, will be the NAPB number.
	Filler	101	200	300	A/N	R	Must be spaces.
<b>Service Item Detail</b>							
DX01	Record Type	2	1	2	A	R	DX = Prescription Detail
DX02	Member ID	30	3	32	A/N	R	The Plan's unique identification number for the Member associated with a given claim.  Member ID must be

							<p>unique, i.e. cannot be the same for any two individuals (including family members).</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
DX03	Member Group ID	20	33	52	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
DX04	Claim Number	38	53	90	A/N	R	<p>Unique ID of a given claim that is assigned by the claim processing system.</p>
DX05	Claim Line Item Number	3	91	93	N	R	<p>Line Number identifying the Service line within a claim assigned by the claim processing system.</p> <p>A claim must contain at least one service line.</p>
DX06	Filled Date	8	94	101	N	R	<p>Date Prescription was filled for prescription claims.</p>

							CCYYMMDD
DX07	Prescription Product/Service ID Qualifier	1	102	102	A	R	Identifies if the Product/Service ID is a NDC code, HCPCS code or other value.  N = NDC H = HCPCS O = Other
DX08	Prescription Product/Service ID	30	103	132	A/N	R	Code value used to identify the product delivered.  Must be a valid NDC Code or HCPCS/CPT Code.
DX09	Prescription Product/Service ID Modifier1	2	133	134	A/N	O	Code value used to provide further information about the service being performed.
DX10	Prescription Product/Service ID Modifier2	2	135	136	A/N	O	Code value used to provide further information about the service being performed.
DX11	Prescription Product/Service ID Modifier3	2	137	138	A/N	O	Code value used to provide further information about the service being performed.
DX12	Prescription Product/Service ID Modifier4	2	139	140	A/N	O	Code value used to provide further information about the service being performed.
DX13	Prescription Product/Service ID Modifier5	2	141	142	A/N	O	Code value used to provide further information about the service being

							performed.
DX14	Prescription Product/Service ID Modifier6	2	143	144	A/N	O	Code value used to provide further information about the service being performed.
DX15	Prescription Product/Service ID Modifier7	2	145	146	A/N	O	Code value used to provide further information about the service being performed.
DX16	Prescription Product/Service ID Modifier8	2	147	148	A/N	O	Code value used to provide further information about the service being performed.
DX17	Prescription Product/Service ID Modifier9	2	149	150	A/N	O	Code value used to provide further information about the service being performed.
DX18	Prescription Product/Service ID Modifier10	2	151	152	A/N	O	Code value used to provide further information about the service being performed.
DX19	Unit of Measure	2	153	154	A	R	Code value specifies the type of Quantity Reported for prescription claims.  EA = Each (Being one or individual)  GM = Grams  ML = Milliliters
DX20	Quantity Dispensed	9	155	163	N	R	Quantity of services/products delivered for prescription claims.  6V3 (Example:

							999999999=9999999.999)
DX21	Prescriber Provider ID Qualifier	2	164	165	A/N	R	Code value that defines the type of Prescriber Provider ID reported in the Prescriber Provider ID field for prescription claims.  XX = NPI  12 = DEA  24 = EIN  34 = SSN  G2 = Plan Provider ID  99 = Other
DX22	Prescriber ID	80	166	245	N	R	ID of the Prescriber for prescription claims.
DX23	Service Location Zip Code	5	246	250	N	R	US Zip Code of the location where service was rendered.
DX24	Item Plan Paid Amount	9	251	259	N	R	The dollar amount paid by the Plan for this claim item.  7v2 (Example: 000054321 = 543.21)  <i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered into the Cost Summary Report in the SWS is net of rebates.</i>
	Filler	41	260	300	A/N	R	Must be spaces.

### ERRP Cost Adjustment Layout

**(For price concessions applied to costs incurred on or after June 1, 2010)**

This Cost Adjustment record is not required unless Cost Adjustments apply for a given Member ID/Member Group ID.

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
<b>Cost Adjustment Record</b>							
CA01	Record Type	2	1	2	A	R	CA = Cost Adjustment record type for price concessions applied to costs incurred on or after June 1, 2010
CA02	Member ID	30	3	32	A/N	R	The Plan's unique identification number for the Member associated with a given claim.  Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)  This should be the same data value as what was provided on the Early Retiree List for a given individual.
CA03	Member Group ID	20	33	52	A/N	R	The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.  This should be the same data value as what was provided on the Early Retiree List for a given individual.
	Filler	47	53	99	A/N	R	Fill with spaces.

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
CA04	Member Date of Birth	8	100	107	N	R	Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format. This should be the same data value as what was provided on the Early Retiree List for a given individual.
CA05	Member Gender	1	108	108	N	R	Gender for the Member associated with a given claim. 0 = Unknown 1 = Male 2 = Female This should be the same data value as what was provided on the Early Retiree List for a given individual.
CA06	Cost Adjustment Amount	9	109	117	N	R	The total amount of post point-of-sale concessions and rebates applied to costs incurred on or after June 1, 2010 for a particular member (i.e., one Cost Adjustment record per Member ID/Member Group ID combination). This amount must not be included in the Cost Paid by Plan in the Summary Cost Report in the Secure Website. Summing the Cost Adjustment amount for all

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
							members should equal the Total Cost Adjustment on the Claim List Trailer record. 7v2 (Example: 000054321 = 543.21)  Cannot be negative.
	Filler	183	118	300	A	R	Must be spaces.

**(For price concessions applied to costs incurred before June 1, 2010)**

This Cost Adjustment record is not required unless Cost Adjustments apply for a given Member ID/Member Group ID.



Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
Cost Adjustment Record							
CB01	Record Type	2	1	2	A	R	CB = Cost Adjustment record type for price concessions applied to costs incurred before June 1, 2010
CB02	Member ID	30	3	32	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
CB03	Member Group ID	20	33	52	A/N	R	<p>The Plan's group number for the Member associated with a given claim.</p> <p>Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>

## ERRP File Trailer Layout

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Required / Situational/ Optional	Description/ Value
File Trailer							
FT01	Record Type	2	1	2	A	R	FT = File Trailer
FT02	Application ID	10	3	12	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application
FT03	Plan Year Start Date	8	13	20	N	R	Date the Plan Year begins, provided in CCYMMDD format. This date is specific to the Application ID field.
FT04	Create Date	8	21	28	N	R	The date the file is created.  CCYMMDD
FT05	Create Time	6	29	34	N	R	The time of day the file is created.  HHMMSS
FT06	Total Number of Unique Retirees	6	35	40	N	R	Count of the unique Early Retirees within the Claim List.
FT07	Total Number of Claims	9	41	49	N	R	Count of unique claim records within the Claim List.  A unique claim is defined as a unique Member ID, Member Group ID, and Claim ID combination.
FT08	Total Number of Claim Service Line	11	50	60	N	R	Count of unique claim service line records within the Claim

	Records						List.
FT09	Total Cost Paid by Plan	11	61	71	N	R	<p>Sum of Item Plan Paid Amount fields.</p> <p>Aggregated actual costs for health benefits paid by the plan for claims included in the Claim List.</p> <p>Subtracting the Total Cost Adjustment amount in this Trailer record from this Total Cost Paid by Plan amount must equal the amount to be entered in the Cost Paid By Plan field in the Summary Cost Report in the Secure Website.</p> <p>9v2 (Example: 5555555555=55555555.55)</p>
FT10	Total Cost paid by Early Retiree	11	72	82	N	R	<p>Sum of Cost Paid by Early Retiree.</p> <p>Aggregated actual costs for health benefits paid by approved Early Retirees for claims included in the Claim List.</p> <p>Fill with zeros if the Plan Sponsor is not requesting reimbursement for Early Retiree Paid Costs.</p>

							9v2 (Example: 5555555555=55555555.55)
FT11	Total Cost Adjustment	11	83	93	N	R	The aggregated total of all Cost Adjustment Amount fields (in the Cost Adjustment records CA06 and CB06) included in the Claim List.  Fill with zeros if there is no amount.  9v2 (Example: 5555555555=55555555.55)
	Filler	207	94	300	A/N	R	Must be spaces

## ERRP Secure Website Claim List Layouts

### ERRP Professional Claim Layout

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
Professional Claim Record					
FH01	Record Type	2	A/N	R	DP = Professional
FH02	Application ID	10	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID.
HPO2	Member ID	30	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HP03	Member Group ID	20	A/N	R	The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.  This should be the same data value as what was provided on the Early Retiree List for a given individual.
HP04	Claim Number	38	A/N	R	Unique ID of a given claim that is assigned by the claim processing system.
HP05	Derived Claim Indicator	1	A	R	Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated arrangement (Derived Claim).  Y = Derived Claim  N = Actual Claim
HP06	Plan Paid Date	8	N	R	Date claim system adjudicated or processed the claim for payment.  CCYYMMDD

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HP07	Member Date of Birth	8	N	R	Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format. This should be the same data value as what was provided on the Early Retiree List for a given individual.
HP08	Member Gender	1	N	R	Gender for the Member associated with a given claim. 0 = Unknown 1 = Male 2 = Female This should be the same data value as what was provided on the Early Retiree List for a given individual.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HP09	Cost Paid By Early Retiree	9	N	O	<p>The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim.</p> <p>Cannot be negative.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p><i>*Amount must be the full amount the member paid. (not net of rebates).</i></p> <p><i>If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must be filled with zeros.</i></p>
DP05	Claim Line Item Number	3	N	R	<p>Line Number identifying the Service line associated with a claim assigned by the claim processing system.</p> <p>A claim must contain at least one service line.</p>
DP06	From Date of Service	8	N	R	<p>Service Begin Date, Incurred date of claim</p> <p>CCYYMMDD</p>
DP07	To Date of Service	8	N	R	<p>Service Ending Date</p> <p>CCYYMMDD</p>



Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DP08	Place of Service	2	N	R	Code value used to identify the location/facility where the service was rendered  Two-digit codes for health care professional claims to indicate the setting in which a service was provided.  Value must be a valid industry standard Place of Service code.
DP09	Procedure Code	30	A/N	R	Code value used to designate the specific health interventions taken by medical professionals.  Must be a valid HCPCS/CPT code.
DP10	Procedure Code Modifier1	2	A/N	O	Code value used to provide further information about the service being performed.
DP11	Procedure Code Modifier2	2	A/N	O	Code value used to provide further information about the service being performed.
DP12	Procedure Code Modifier3	2	A/N	O	Code value used to provide further information about the service being performed.
DP13	Procedure Code Modifier4	2	A/N	O	Code value used to provide further information about the service being performed.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DP14	ICD Code Qualifier	1	N	R	Code value used to identify which version of ICD is being utilized 1 = ICD-9 code 2 = ICD-10 code
DP15	Principal Diagnosis Code	7	A/N	R	Primary diagnosis code associated with the Member's condition. Must be a valid ICD code.
DP16	Other Diagnosis Code2	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.
DP17	Other Diagnosis Code3	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.
DP18	Other Diagnosis Code4	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary is blank. Must be a valid ICD code if provided.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DP19	Quantity Qualifier	2	A	R	Code value used to identify the type of measurement used in the Unit Quantity field. DA = Days DH = Miles UN = Units MJ = Minutes WK = Week MO = Months Q1 = Quarter(Time) YR = Year LB = Pounds GM = Gram F2 = International Unit O1 = Actual Pounds ME = Milligram ML = Milliliter
DP20	Unit Quantity	9	N	R	Quantity of services/product delivered. 6v3 (Example: 999999999 = 999999.999)

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DP21	Rendering Provider ID Qualifier	2	A/N	R	Code value used to identify the type of Provider ID reported in the Rendering Provider ID field. XX = NPI 24 = EIN 34 = SSN G2 = Plan Provider ID 99 = Other
DP22	Rendering Provider ID	80	A/N	R	ID of the Provider/Supplier rendering the services to the Member.
DP23	Service Location Zip Code	5	N	R	US Zip Code of the location where service was rendered.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DP24	Item Plan Paid Amount	9	N	R	<p>The dollar amount paid by the Plan for this claim item.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p>Cannot be negative.</p> <p><i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered in the Cost Summary Report in the SWS is net of rebates.</i></p>

### ERRP Institutional Layout

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
Institutional Claim Detail Record					
FH01	Record Type	2	A/N	R	DI = Institutional
FH02	Application ID	10	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID field.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
H102	Member ID	30	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members).</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
H103	Member Group ID	20	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
H104	Claim Number	38	A/N	R	<p>Unique ID of a given claim that is assigned by the claim processing system.</p>
H105	Derived Claim Indicator	1	A	R	<p>Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated arrangement (Derived Claim).</p> <p>Y = Derived Claim</p> <p>N = Actual Claim</p>

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HI06	Plan Paid Date	8	N	R	Date claim system adjudicated or processed the claim for payment. CCYYMMDD
HI07	Member Date of Birth	8	N	R	Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format. This should be the same data value as what was provided on the Early Retiree List for a given individual.
HI08	Member Gender	1	N	R	Gender for the Member associated with a given claim. 0 = Unknown 1 = Male 2 = Female This should be the same data value as what was provided on the Early Retiree List for a given individual.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HI09	Cost Paid By Early Retiree	9	N	O	<p>The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim.</p> <p>Cannot be negative.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p><i>*Amount must be the full amount the member paid. (not net of rebates).</i></p> <p><i>If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must be filled with zeros.</i></p>
HI10	Type of Bill	3	A/N	R	<p>Code value which identifies the specific type of bill for institutional claims. Typically for industry standard, Type of Bill is a four byte field, with the first byte being a leading zero. For ERRP purposes it is a three byte field; drop the leading zero (first byte). For ERRP, the first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence.</p>



Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HI11	Facility Provider ID Qualifier	2	A/N	R	Code value that defines the type of Provider ID reported in the Facility Provider ID field. XX = NPI  24 = EIN  34 = SSN  G2 = Plan Provider ID  99 = Other
HI12	Facility Provider ID	80	A/N	R	ID of the Facility where item/service was provided.
DI05	Claim Line Item Number	3	N	R	Line Number identifying the Service line associated with a claim assigned by the claim processing system.  A claim must contain at least one service line.
DI06	Admission Date	8	N	R	Date admitted to facility for institutional claims. For non-acute care claims, if no Admission Date is available, use From Date of Service CCYYMMDD
DI07	From Date of Service	8	N	R	Service Begin Date CCYYMMDD
DI08	To Date of Service	8	N	R	Service Ending Date CCYYMMDD

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI09	ICD Code Qualifier	1	N	R	Code value used to identify which version of ICD is being utilized. 1 = ICD-9 code 2 = ICD-10 code
DI10	Principal Diagnosis Code	7	A/N	R	Primary diagnosis code associated with the Member's condition. Must be a valid ICD code.
DI11	Other Diagnosis Code	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI12	Other Diagnosis Code2	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI13	Other Diagnosis Code3	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI14	Other Diagnosis Code4	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI15	Other Diagnosis Code5	7	A/N	O	Other diagnosis code associated with the Member's condition. Not allowed if primary diagnosis is blank. Must be a valid ICD code if provided.
DI16	Principal ICD Procedure Code	7	A/N	S	Principal procedure performed within an institutional setting. Required when procedure is performed. Must be valid ICD Procedure Code.
DI17	Other ICD Procedure Code	7	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI18	Other ICD Procedure Code2	7	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI19	Other ICD Procedure Code3	7	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI20	Other ICD Procedure Code4	7	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.
DI21	Other ICD Procedure Code5	7	A/N	O	Other procedures performed within an institutional setting. Not allowed if primary is blank. Must be a valid ICD Procedure Code if provided.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI22	Revenue Code	4	A/N	R	Code value that identifies the specific cost center related to the service for institutional claims. Always Required. Individual services that contain Revenue Codes should be reported as documented in the claim. Bundled Services that do not have a specific Revenue Code should be reported with a value of "XXXX". Revenue Code "0001" is an invalid code for ERRP purposes and a Claim List with this code will be rejected.
DI23	Procedure Code	30	A/N	O	Code value used to designate the specific health interventions taken by medical professionals. Must be a valid HCPCS/CPT/HIPPS code.
DI24	Procedure Code Modifier1	2	A/N	O	Code value used to provide further information about the service being performed.
DI25	Procedure Code Modifer2	2	A/N	O	Code value used to provide further information about the service being performed.
DI26	Procedure Code Modifier3	2	A/N	O	Code value used to provide further information about the service being performed.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI27	Procedure Code Modifier4	2	A/N	O	Code value used to provide further information about the service being performed.
DI28	Quantity Qualifier	2	A	S	Code value used to identify the type of measurement used in the Unit Quantity field. Required if Revenue Code is not "XXXX" DA = Days DH = Miles UN = Units MJ = Minutes WK = Week MO = Months Q1 = Quarter(Time) YR = Year LB = Pounds GM = Grams F2 = International Unit O1 = Actual Pounds ME = Milligram ML = Milliliter EA = Each

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DI29	Unit Quantity	9	N	S	Quantity of services/product delivered. Required if Revenue Code is not "XXXX". 6v3 (Example: 999999999=999,999.999)
DI30	Service Location Zip Code	5	N	R	US Zip Code of the location where service was rendered.
DI31	Item Plan Paid Amount	9	N	R	The dollar amount paid by the Plan for this claim item. 7v2 (Example: 54321 = 543.21)  <i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered into the Cost Summary Report in the SWS is net of rebates.</i>

### ERRP Prescription Layout

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
Prescription Claim Detail Record					
FH01	Record Type	2	A/N	R	DX = Prescription

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
FH02	Application ID	10	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID field.
HX02	Member ID	30	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HX03	Member Group ID	20	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>



Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HX04	Claim Number	38	A/N	R	Unique ID of a given claim that is assigned by the claim processing system.
HX05	Derived Claim Indicator	1	A	R	Code value indicating whether or not a given claim was paid as a fee for service claim (Actual Claim) or paid under a capitated arrangement (Derived Claim). Y = Derived Claim N = Actual Claim
HX06	Plan Paid Date	8	N	R	Date claim system adjudicated or processed the claim for payment. CCYYMMDD
HX07	Member Date of Birth	8	N	R	Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format. This should be the same data value as what was provided on the Early Retiree List for a given individual.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HX08	Member Gender	1	N	R	<p>Gender for the Member associated with a given claim.</p> <p>0 = Unknown</p> <p>1 = Male</p> <p>2 = Female</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
HX09	Cost Paid By Early Retiree	9	N	O	<p>*The aggregated actual costs for health benefits paid by approved Early Retirees for a given claim.</p> <p>Cannot be negative.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p><i>*Amount must be the full amount the member paid. (not net of rebates).</i></p> <p><i>If a Plan Sponsor is not requesting reimbursement for Costs Paid by an Early Retiree, this field must be filled with zeros.</i></p>

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
HX10	Prescription Service Provider ID Qualifier	2	N	R	Code value that defines the type of Service Provider ID reported in the Prescription Service Provider ID field. XX = NPI 07 = NAPB 24 = EIN 34 = SSN G2 = Plan Provider ID 99 = Other
HX11	Prescription Service Provider ID	80	N	R	ID of the Pharmacy or Supplier for prescription claims. In most cases, will be the NAPB number.
DX05	Claim Line Item Number	3	N	R	Line Number identifying the Service line within a claim assigned by the claim processing system. A claim must contain at least one service line.
DX06	Filled Date	8	N	R	Date Prescription was filled for prescription claims. CCYYMMDD

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DX07	Prescription Product/Service ID Qualifier	1	A	R	Identifies if the Product/Service ID is a NDC code, HCPCS code or other value. N = NDC H = HCPCS O = Other
DX08	Prescription Product/Service ID	30	A/N	R	Code value used to identify the product delivered. Must be a valid NDC Code or HCPCS/CPT Code.
DX09	Prescription Product/Service ID Modifier1	2	A/N	O	Code value used to provide further information about the service being performed.
DX10	Prescription Product/Service ID Modifier2	2	A/N	O	Code value used to provide further information about the service being performed.
DX11	Prescription Product/Service ID Modifier3	2	A/N	O	Code value used to provide further information about the service being performed.
DX12	Prescription Product/Service ID Modifier4	2	A/N	O	Code value used to provide further information about the service being performed.
DX13	Prescription Product/Service ID Modifier5	2	A/N	O	Code value used to provide further information about the service being performed.
DX14	Prescription Product/Service ID Modifier6	2	A/N	O	Code value used to provide further information about the service being performed.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DX15	Prescription Product/Service ID Modifier7	2	A/N	O	Code value used to provide further information about the service being performed.
DX16	Prescription Product/Service ID Modifier8	2	A/N	O	Code value used to provide further information about the service being performed.
DX17	Prescription Product/Service ID Modifier9	2	A/N	O	Code value used to provide further information about the service being performed.
DX18	Prescription Product/Service ID Modifier10	2	A/N	O	Code value used to provide further information about the service being performed.
DX19	Unit of Measure	2	A	R	Code value specifies the type of Quantity Reported for prescription claims. EA = Each (Being one or individual) GM = Grams ML = Milliliters
DX20	Quantity Dispensed	9	N	R	Quantity of services/products delivered for prescription claims. 6V3 (Example: 999999999=9999999.999)

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
DX21	Prescriber Provider ID Qualifier	2	A/N	R	Code value that defines the type of Prescriber Provider ID reported in the Prescriber Provider ID field for prescription claims.  XX = NPI  12 = DEA  24 = EIN  34 = SSN  G2 = Plan Provider ID  99 = Other
DX22	Prescriber ID	80	N	R	ID of the Prescriber for prescription claims.
DX23	Service Location Zip Code	5	N	R	US Zip Code of the location where service was rendered.
DX24	Item Plan Paid Amount	9	N	R	The dollar amount paid by the Plan for this claim item.  7v2 (Example: 54321 = 543.21)  <i>*Amount must be the full amount the plan paid. (not net of rebates). In contrast, the Cost Paid By Plan amount entered into the Cost Summary Report in the SWS is net of rebates.</i>

## ERRP Cost Adjustment Layout

(For price concessions applied to costs incurred on or after June 1, 2010)

This Cost Adjustment record is not required unless Cost Adjustments apply for a given Member ID/Member Group ID.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
Cost Adjustment Record					
FH01	Record Type	2	A/N	R	CA = Cost Adjustment  record type for price concessions applied to costs incurred on or after June 1, 2010
FH02	Application ID	10	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID.
CA02	Member ID	30	A/N	R	The Plan's unique identification number for the Member associated with a given claim.  Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)  This should be the same data value as what was provided on the Early Retiree List for a given individual.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
CA03	Member Group ID	20	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
CA04	Member Date of Birth	8	N	R	<p>Date of birth for the Member associated with a given claim. Date must be entered in CCYYMMDD format.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
CA05	Member Gender	1	N	R	<p>Gender for the Member associated with a given claim.</p> <p>0 = Unknown</p> <p>1 = Male</p> <p>2 = Female</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>



Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
CA06	Cost Adjustment Amount	9	N	R	<p>The total amount of post point-of-sale concessions and rebates applied to costs incurred on or after June 1, 2010 for a particular member (i.e., one Cost Adjustment record per Member ID/Member Group ID combination). This amount must not be included in the Cost Paid by Plan in the Summary Cost Report in the Secure Website. Summing the Cost Adjustment amount for all members should equal the Total Cost Adjustment on the Claim List Trailer record.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p>Cannot be negative.</p>

**(For price concessions applied to costs incurred before June 1, 2010)**

This Cost Adjustment record is not required unless Cost Adjustments apply for a given Member ID/Member Group ID.

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
Cost Adjustment Record					

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
FH01	Record Type	2	A/N	R	CB = Cost Adjustment record type for price concessions applied to costs incurred before June 1, 2010
FH02	Application ID	10	N	R	10-digit numeric field provided to the Plan Sponsor to identify the Application.
FH03	Plan Year Start Date	8	N	R	Date the Plan Year begins, provided in CCYYMMDD format. This date is specific to the Application ID.
CB02	Member ID	30	A/N	R	<p>The Plan's unique identification number for the Member associated with a given claim.</p> <p>Member ID must be unique, i.e. cannot be the same for any two individuals (including family members)</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
CB03	Member Group ID	20	A/N	R	<p>The Plan's group number for the Member associated with a given claim. Plans typically categorize an individual within a specific group.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
CB04	Member Date of Birth	8	N	R	<p>Date of birth for the Member associated with a given claim.</p> <p>Date must be entered in CCYYMMDD format.</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>
CB05	Member Gender	1	N	R	<p>Gender for the Member associated with a given claim.</p> <p>0 = Unknown</p> <p>1 = Male</p> <p>2 = Female</p> <p>This should be the same data value as what was provided on the Early Retiree List for a given individual.</p>

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
CB06	Cost Adjustment Amount	9	N	R	<p>The total amount of post point-of-sale concessions and rebates applied to costs incurred before June 1, 2010 for a particular member (i.e., one Cost Adjustment record per Member ID/Member Group ID combination)</p> <p>This amount must not be included in the Cost Paid by Plan in the Summary Cost Report in the Secure Website. Summing the Cost Adjustment amount for all members should equal the Total Cost Adjustment on the Claim List Trailer record.</p> <p>7v2 (Example: 54321 = 543.21)</p> <p>Cannot be negative.</p>

### ERRP File Trailer Layout

Field No.	Name	Max Size	Data Type	Required / Situational/ Optional	Description/ Value
File Trailer Record					
FT01	Record Type	2	A	R	FT = File Trailer

FT02	Application ID	10	N	R	10 digit identifier assigned to the Plan Sponsor's ERRP application.
FT03	Plan Year Start Date	8	N	R	The starting date of the Plan Sponsor's plan year. CCYYMMDD
FT06	Total Number of Unique Retirees	6	N	R	Count of the unique Early Retirees within the Claim List.
FT07	Total Number of Claims	9	N	R	Count of unique claim records within the Claim List.  A unique claim is defined as a unique Member ID, Member Group ID, and Claim ID combination.
FT08	Total Number of Claim Service Line Records	11	N	R	Count of unique claim service line records within the Claim List.
FT09	Total Cost Paid by Plan	11	N	R	Sum of Item Plan Paid Amount fields.  Aggregated actual costs for health benefits paid by the plan for claims included in the Claim List.  Subtracting the Total Cost Adjustment amount in this Trailer record from this Total Cost Paid by Plan amount must equal the amount to be entered in the Cost Paid By Plan field in the Summary Cost Report in the Secure Website.  9v2 (Example: 5555555555=55555555.55)

FT10	Total Cost paid by Early Retiree	11	N	R	<p>Sum of Cost Paid by Early Retiree.</p> <p>Aggregated actual costs for health benefits paid by approved Early Retirees for claims included in the Claim List.</p> <p>Fill with zeros if the Plan Sponsor is not requesting reimbursement for Early Retiree Paid Costs.</p> <p>9v2 (Example: 5555555555=55555555.55)</p>
FT11	Total Cost Adjustment	11	N	R	<p>The aggregated total of all Cost Adjustment Amount fields (in the Cost Adjustment records CA06 and CB06) included in the Claim List.</p> <p>Fill with zeros if there is no amount.</p> <p>9v2 (Example: 5555555555=55555555.55)</p>

F. Submit Prima Facie Evidence of Early Retiree Payment

When required, a Plan Sponsor must submit a package containing individual pieces of prima facie evidence for each item or service for which it is seeking program reimbursement for amounts that an Early Retiree paid and a Cover Sheet summarizing what is included in the package. The evidence must correlate to the Summary Cost Data specified in Section D.

Each actual or copied piece of prima facie evidence (i.e. receipt) must include the following information:

- 1) Receipt identifier;
- 2) Amount paid by the individual;
- 3) Date paid;
- 4) Identity of individual or entity paid (i.e. the provider of the health benefit item or service); and
- 5) A Description of each health benefit item or service for which the sponsor seeks reimbursement.

The Cover Sheet must include the following information:

- 1) Plan Sponsor Name
- 2) Application ID
- 3) Plan Year Start Date
- 4) Plan Year End Date
- 5) Number of pages, including Cover Sheet
- 6) Today's Date
- 7) Contact Name
- 8) Contact Phone
- 9) Information related to the Summary Cost Data:
  - a. Reimbursement Request Number
  - b. Current Cost Paid by Early Retiree
  - c. Old Cost Paid by Early Retiree
  - d. Net Cost Paid by Early Retiree

e. Reimbursement Request Date

f. Reimbursement Request Total

For each piece of prima facie evidence, the following data (items 10 through 15) must be included on the Cover Sheet:

10) Receipt Identifier

11) Claim Number

12) Cost Paid by Early Retiree

13) Member ID (for the applicable individual)

14) Member Group ID (for the applicable individual)

15) Provider ID (of the health care provider that delivered the health benefit item or service)

G. \*Authority to View Protected Health information

An individual sending and or receiving retiree data, and/or claims or summary cost data, must read and agree to the following statement:

**NOTE:** Your privileges permit you to access certain Electronic Protected Health Information (e-PHI) associated with this ERRP application. E-PHI is subject to protection under the federal privacy and security regulations established at 45 CFR Parts 160 and 164 and promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable statutes and regulations, and is intended for the access and use by individuals only as authorized by the Plan Sponsor. Disclosure of this e-PHI to any other party, unless authorized by the Plan Sponsor or required by law, is prohibited.

By clicking on the "I Accept" button below, you hereby acknowledge that you are authorized by the Plan Sponsor to access or use e-PHI associated with this ERRP application, and that you will do so in accordance with applicable statutes and regulations. Clicking the "Cancel" button will allow you to navigate away from this page, and you will not be permitted to access the Plan Sponsor's Retiree Response files.

I Accept

I Decline



## **Appeal Information**

An asterisk (\*) identifies a required field.

A Plan Sponsor must submit the following information if it wishes to appeal a reimbursement determination:

- 1) \*Plan Sponsor ID (assigned by HHS)
- 2) \*Application ID (assigned by HHS)
- 3) \*Copy of the Determination being appealed
- 4) \*The findings or issues with which the sponsor disagrees, and the reason(s) for disagreement with the determination
- 5) \*The items and/or services at issue
- 6) \*The amount of reimbursement at issue
- 7) \*The individuals to whom the items and/or services at issue, were provided
- 8) Supporting documentary evidence
- 9) Will additional supporting documentary evidence be submitted?
- 10) Estimated date by which any additional supporting documentary evidence will be submitted
- 11) Request for extended due date for submitting any additional documentary evidence
- 12) Additional supporting documentary evidence

## **Reopening Information**

A plan sponsor must submit the following information if it wishes to submit a request for reopening:

- 1) \*Plan Sponsor ID (assigned by HHS)
- 2) \*Application ID (assigned by HHS)
- 3) \*Copy of the Determination that is the subject of the reopening request
- 4) \*A description of the issue
- 5) Supporting documentary evidence
- 6) \*Analysis of the estimated financial impact, including the specific amount of reimbursement at issue.

## **Reporting Data Inaccuracies**

To report data inaccuracies, a Plan Sponsor must submit a new reimbursement request, reflecting an accurate Early Retiree List, accurate Summary Cost Data, an accurate Claim List, and accurate Prima Facie Evidence of Early Retiree Payment (if applicable), in a form and manner specified in Reimbursement Request Information, Part II.

## **Reporting Change of Ownership**

An asterisk (\*) identifies a required field.

\*When reporting a Change of Ownership, a Plan Sponsor must report the information necessary for HHS to understand the transaction and structure of the ownership change.

## **Other Information to be Produced Upon Request**

- 1) \*Fraud, Waste, and Abuse (FWA) Policies and Procedures related to the ERRP
- 2) \*Data demonstrating the effectiveness of the FWA Policies and Procedures
- 3) \*Written agreement with its health insurance issuer (as defined in 45 CFR Section 160.103), group health plan, or other entities participating in the administration of the plan regarding disclosure of information to HHS
- 4) \*Any other documentation or data necessary for the Secretary to effectively administer the ERRP.