

# MMSEA Section 111 MSP Mandatory Reporting

## Interim Record Layout Information for:

- **Liability Insurance (Including Self-Insurance)**
- **No-Fault Insurance**
- **Workers' Compensation**

**The complete Section 111 User Guide for Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation is in process.**

Note: This is a revised version of the Interim Record Layout dated November 17, 2008. The version date is shown in the footer on the cover page for each version. Note that the date for this version, as shown below, is December 5, 2008.

## Revisions:

- Added detailed information regarding: "Who Is the Responsible Reporting Entity (RRE)?", "General Rules for Agents", "High Level File Submission Rules", and "What Triggers Reporting?"
- Revisions to the File Layout include but are not limited to the following: elimination of some fields associated with no-fault insurance; delay in requiring the reporting of certain fields; re-naming the "Policyholder" information as "Self-Insurance" information (with the applicable information requested only for self-insurance); and optional use of free form text for a limited time period in lieu of providing the WCIO Nature of Injury Code and the WCIO Cause of Injury Code and either an ICD-9 Code or WCIO Body Part Code. See page 15 for a more detailed listing of revisions to the File Layout.

## Material in this document includes:

- Overview
- Who Is the Responsible Reporting Entity (RRE)?
- General Rules for Agents
- High Level File Submission Rules
- General Requirements for the Reporting Process
- What Triggers Reporting?
- File Layouts

### PRA Disclosure Statement

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 **0938-1024 (Expires 04/30/2021)**. The time required to complete this information collection is estimated to average 2.44 hours per response, 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. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.

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

### **Overview**

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds new Medicare Secondary Payer (MSP) mandatory reporting requirements for group health plan (GHP) arrangements at 42 U.S.C. 1395y(b)(7) and for liability insurance (including self-insurance), no-fault insurance, and workers' compensation (sometimes collectively referred to as Non-Group Health Plan, Non-GHP or NGHP) at 42 U.S.C. 1395y(b)(8).

The entities responsible for complying with the reporting requirements for Section 111 are referred to as Responsible Reporting Entities or RREs. This document provides information on the file layouts that will be used by RREs for complying with the reporting requirements at 42 U.S.C. 1395y(b)(8) for liability insurance (including self-insurance), no-fault insurance, and workers' compensation. You must use the applicable statutory language *in conjunction with* "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the Paperwork Reduction Act (PRA) Notice published in the Federal Register. See Appendix A. in order to determine if you are an RRE for purposes of these new provisions. The statutory language, the PRA Notice and the PRA Supporting Statement with Attachments are all available as downloads at [www.cms.hhs.gov/MandatoryInsRep](http://www.cms.hhs.gov/MandatoryInsRep). "Attachment A" to the Supporting Statement provides details on definitions and exactly which entities must report.

Complete instructions and requirements will be published at a later date in the MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide, and this user guide will be available as a download on the dedicated Section 111 Web page at [www.cms.hhs.gov/MandatoryInsRep](http://www.cms.hhs.gov/MandatoryInsRep) when completed. RREs are encouraged to visit this site often for updates on Section 111 reporting requirements.

The purpose of the Section 111 MSP reporting process is to enable CMS to pay correctly for Medicare covered items and services furnished to Medicare beneficiaries by determining primary versus secondary payer responsibility. Section 111 requires RREs to submit information specified by the Secretary in a form and manner (including frequency) specified by the Secretary. The Secretary requires data for both Medicare claims processing and for MSP recovery actions, where applicable. RREs will submit information electronically on liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims where the injured party is a Medicare beneficiary. The actual data submission process will take place between the RREs and the

CMS Coordination of Benefits Contractor (the COBC). The COBC will manage the technical aspects of the Section 111 data submission process for all Section 111 RREs.

**Note:** For purposes of RRE submissions, the term “**claim**” is used to refer to the overall claim for liability insurance (including self-insurance), no-fault insurance or workers’ compensation rather than a single claim for a particular medical item or service.

Section 111 RREs are required to register with the COBC and fully test the data submission process before submitting production files. RREs will then be assigned a quarterly file submission timeframe during which they are to submit files. Once in a production mode, RREs will submit their initial files containing information for all liability insurance (including self-insurance), no-fault insurance, and workers’ compensation claims involving a Medicare beneficiary as the injured party where the settlement, judgment, award or other payment date is July 1, 2009, or subsequent, and claims on which ongoing responsibility for medical payments exists as of July 1, 2009, regardless of the date of an initial acceptance of payment responsibility. Subsequent quarterly file submissions are to contain only new or changed claim information using add, delete and update transactions.

The data necessary for the Section 111 NGHP reporting process is documented in the attached record layouts. An RRE electronically transmits a data file to the COBC. The COBC processes the data in this *input file* by first editing the incoming data. Other insurance information for Medicare beneficiaries derived from the input file is posted on the Medicare Common Working File (CWF) by the COBC for use by other Medicare contractors for claims processing and/or passed to the CMS Medicare Secondary Payer Recovery Contractor (MSPRC) for recovery efforts. When this processing is completed or the prescribed time for response file generation has elapsed, the COBC electronically transmits a *response file* back to the RRE. The response file will include information on any errors found, disposition codes that indicate the results of processing, and MSP information as prescribed by the response file format.

### **Who Is the Responsible Reporting Entity (RRE)?**

- 42 U.S.C. 1395y(b)(8) defines a responsible reporting entity (RRE) to be an applicable plan:

“APPLICABLE PLAN- In this paragraph, the term ‘applicable plan’ means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement:

- (i) Liability insurance (including self-insurance).
- (ii) No fault insurance.
- (iii) Workers' compensation laws or plans.”

As stated, you must use the applicable statutory language *in conjunction with* “Attachment A – Definitions and Reporting Responsibilities” to the Supporting

Statement for the Paperwork Reduction Act (PRA) Notice published in the Federal Register in order to determine if you are a “responsible reporting entity” or “RRE” for purposes of these new provisions. The statutory language, the PRA Notice and the PRA Supporting Statement with Attachments are all available as downloads at [www.cms.hhs.gov/MandatoryInsRep](http://www.cms.hhs.gov/MandatoryInsRep). "Attachment A -- Definitions and Reporting Responsibilities" to the Supporting Statement provides details on definitions and exactly which entities must report.

CMS is aware that the industry generally does not use the term “plan” or some other CMS definitions such as the definitions for “no-fault insurance” or “self-insurance.” However, CMS is constrained by the language of the applicable statute and CMS’ regulations. It is critical that you understand and utilize CMS’ definitions for purposes of Section 111 when reviewing and implementing Section 111 instructions.

- Third party administrators (TPAs) as defined by CMS for purposes for 42 U.S.C. 1395y(b)(7) & (8) are never RREs for purposes of 42 U.S.C. 1395y(b)(8) [liability (including self-insurance), no-fault, and workers’ compensation reporting] and only act as agents for such reporting. The RRE is limited to the “applicable plan” and may not by contract or otherwise limit its reporting responsibility although it may contract with a TPA or other entity for actual file submissions for reporting purposes. The applicable plan must either report directly or contract with the TPA or some other entity to submit data as its agent. (Where an RRE uses another entity for claims processing or other purposes, it may wish to consider contracting with that entity as its agent for reporting purposes).
- Where an entity is self-insured for a deductible but the payment of that deductible is done through the insurer, then the insurer is responsible for including the deductible amount in the amount it reports as a settlement, judgment, award or other payment.
- Where there are multiple defendants involved in a settlement, an agreement to have one of the defendant’s insurers issue any payment in obligation of a settlement, judgment, award or other does not shift RRE responsibility to the entity issuing the payment. All RREs involved in the settlement remain responsible for their own reporting.
- RRE in bankruptcy – CMS is considering whether or not special provisions must be made for this situation.
- Re-insurance, stop loss insurance, excess insurance, umbrella insurance, guaranty funds, patient compensation funds which have responsibility beyond a certain limit, etc. -- The key in determining whether or not reporting for 42 U.S.C. 1395y(b)(8) is required for these situations is whether or not the payment is to the injured claimant/representative of the injured claimant vs. payment being made to self-insured entity to reimburse the self-insured entity. Where payment is being made to reimburse the self-insured entity, the self-insured entity is the RRE for purposes of

the payment made to the injured individual and no reporting is required by the insurer reimbursing the self-insured entity.

### ***General Rules for the Use of Agents for Section 111 Reporting***

- Agents are not Responsible Reporting Entities (RREs) for purposes of the MSP reporting responsibilities for 42 U.S.C. 1395y(b)(7) & (8). However, the applicable RRE may contract with an entity to act as an agent for reporting purposes.
- Agents may include, but are not limited to, data service companies, consulting companies or similar entities that can create and submit Section 111 files to the COBC on behalf of the RRE.
- Registration for reporting and file submission with the COBC must be completed by the RRE. During registration, the RRE may designate an agent. An agent may not register on behalf of an RRE.
- An RRE may not shift its Section 111 reporting responsibility to an agent, by contract or otherwise. The RRE remains solely responsible and accountable for complying with CMS instructions for implementing Section 111 and for the accuracy of data submitted.
- CMS does not sponsor or partner with any entities that can be agents. CMS has not and will not endorse any entity as an agent for Section 111 reporting purposes and has no approved list of agents. Entities that are potential agents do not register with CMS or pay CMS a fee in order to become an agent.

### ***High Level File Submission Rules for Section 111 Reporting***

- CMS' COBC will handle the technical aspects for reporting and for the management of all file submissions.
- RRE GHP file submissions may not be mixed with RRE NGHP (liability insurance [including self-insurance], no-fault insurance, and workers' compensation) file submissions.
- An NGHP RRE may include liability insurance (including self-insurance), no-fault insurance, and workers' compensation files in a single submission if it has responsibility for multiple lines of business; however, there is no requirement to do so. If separate files will be submitted by line of business, subsidiary or other reason, then the RRE must register and obtain a Section 111 reporter ID for each file

- An NGHP RRE is to report the assumption or termination of “ongoing responsibility” situations along with the one-time reporting of payments where ongoing responsibility is not assumed.
- The number of submissions per quarter made by a particular NGHP RRE will be a consequence of how many lines of business it chooses to report separately; for a GHP RRE the number of submissions per quarter will be dependent upon how the RRE wishes to split its client base. An RRE may register separately for different lines of business and/or different client bases (including identifying a different agent for data submission for each registration). This could include registering at the parent company level vs. registering at a subsidiary level.
- An agent may not mix data for multiple RRE clients in the agent’s file submission.
- Each registered RRE will be assigned a COBC EDI representative (EDI Rep). The EDI Rep will assist with test and production file exchanges.
- All reporting is to be through electronic file exchanges. CMS has made no plans for direct data entry by RREs. (RREs who believe that their volume is too small to report electronically directly may wish to contract with an agent for file submission.)

### ***General Requirements for File Submission***

- Input Claim Files must include properly formatted header, detail and trailer records as defined in the file layouts provided.
- Input Claim Files must be submitted on a quarterly basis, four times a year.
- Files must be submitted within an assigned, 7-day submission period each quarter. File submission timeframes will be assigned after successful registration for Section 111 reporting.
- RREs will be assigned a Section 111 Reporter ID during registration which is to be used on all submitted files.
- Section 111 liability insurance (including self-insurance), no-fault insurance, and workers’ compensation RREs must submit their initial production Section 111 Input Claim File during the fourth calendar quarter (October - December) of 2009 during their assigned submission timeframe.

- RREs must register on the COB Secure Web site (COBSW) by June 30, 2009, and complete testing prior to submission of production files. (The earliest date for registration is May 1, 2009.) After the registration has been processed by the COBC, the RRE will receive an e-mail with a Profile Report. The Profile Report will contain information submitted during registration for verification purposes, the assigned 7-day file submission timeframe, and the assigned Section 111 Reporter ID (RRE ID). The last page of the Profile Report must be signed by the RRE and returned to the COBC before testing can begin.
- Files may be submitted via the COBSW using Hypertext Transfer Protocol over Secure Socket Layer (HTTPS) or Secure File Transfer Protocol (SFTP). As an alternative, RREs with large amounts of data may submit via Connect:Direct (formerly known as NDM) via the AT&T Global Network System (AGNS). To use the AGNS method, RREs must first establish an AGNS account in order to send files directly to the COBC over AGNS. RREs that currently do not have an existing AGNS account should contact one of the well-established resellers of AT&T services to obtain a dedicated or a dial-up access line to the AGNS VAN. ***RREs are encouraged to do this as soon as possible since this set up can take a significant amount of time.***
  - Files submitted via HTTPS or uploaded via SFTP to the COBC secured web site should utilize an ASCII format. Fields within the records are length delimited and all records are fixed length.
  - Files transmitted directly to the COBC mainframe using Connect:Direct will be automatically converted to EBCDIC.
- RREs must implement a procedure in their claims resolution process to determine whether an injured party is a Medicare beneficiary. RREs must submit either the Social Security Number (SSN) or Medicare Health Insurance Claim Number (HICN) for the injured party on all Input Claim File detail records.
- RREs' initial file submissions must report on all claims, where the injured party is/was a Medicare beneficiary, that are resolved (or partially resolved) through a settlement, judgment, award or other payment on or after July 1, 2009, regardless of the assigned date for a particular RREs first submission. This includes resolution (or partial resolution) through one payment obligation (regardless of whether the payment obligation is executed through a single payment, a structured settlement, or an annuity) as well as those situations where there is a responsibility for ongoing medical services.
- RREs must also report on claims for which the RRE still has responsibility for ongoing payments for medical services as of July 1, 2009, regardless of an initial resolution (partial resolution) date prior to July 1, 2009. (See the associated special reporting extension discussed in "What Triggers Reporting" later in this document.)

- If an RRE has accepted Ongoing Responsibility for Medical payments (ORM) on a claim, then the RRE must report two events; an initial record to reflect the acceptance of ongoing payment responsibility and a second (final) record to reflect the end date of ongoing payment responsibility with the corresponding end date reflected in the ORM Termination Date (Field 77). Because reporting is done only on a quarterly basis, there may be some situations in which the RRE reports the assumption of ongoing responsibility in the same record as which a termination date for such responsibility. RREs are **not** to submit a report on the Input Claim File every time a payment is made for situations involving ongoing payment responsibility.
- A Federal Tax Identification Number (TIN) Reference File must be submitted with the Initial Claim File containing records for each plan TIN submitted in Field 50 of Claim File detail records. For those who are self-insured, their TIN may be an Employer Identification Number (EIN) or Social Security Number (SSN) depending upon their particular situation.
- All combinations of Plan TIN and Office Code/Site ID submitted in Fields 50 and 51 of the Claim File detail records must have a corresponding TIN/Site ID combination on the TIN Reference File. For example, an RRE may use only one TIN (123456789) but have two office codes or site IDs; 01 for Workers' Compensation claims and 02 for Commercial Liability Claims. Two records will be reported on the TIN Reference File. One record with TIN of 123456789 and Office Code/Site ID of 01 and a second record with the same TIN of 123456789 but Office Code/Site ID of 02. Different mailing addresses may be submitted on the TIN Reference File for each of these entries. In this example, the RRE would submit 123456789 in Field 50 of each claim detail record, 01 in Field 51 of each Workers' Compensation claim detail record, and 02 in Field 51 of each Commercial Liability claim detail record.
- Subsequent Claim Files do not need to be accompanied by a TIN Reference File unless changes to previously submitted TIN/Office Code/Site ID information must be submitted or new TIN/Office Code/Site ID combinations have been added.
- Subsequent quarterly update files must include records for any new claims, where the injured party is a Medicare beneficiary, reflecting settlement, judgment, award, or other payment since the last file submission. However, if the settlement, judgment, award or other payment is within 45 days prior to the start of the 7-day file submission timeframe, then an RRE may submit that claim on the next quarterly file. This grace period allows the RRE time to process the newly resolved (partially resolved) claim information internally prior to submission for Section 111. For example, if the settlement date is May 1, 2010, and the file submission period for the second calendar quarter of 2010 is June 1-7, 2010, then the RRE may delay reporting that claim until the third calendar quarter file submission during September 1-7, 2010. However, if the settlement date is April 1, 2010, then the RRE must include this claim on the second calendar quarter file submission during June 1-7, 2010. Records not received timely will be processed but marked as late and used for subsequent compliance tracking. A code indicating a late submission was received will be placed



in the first available Compliance Flag (Fields 36 – 45) of the corresponding Claim Response File Detail record.

- Subsequent quarterly update files must include pertinent updates/corrections/deletions to any previously submitted records.
- Quarterly update files must contain resubmission of any records found in error on the previous file with corrections made. No interim file submissions will be accepted.
- If you have no new information to supply on a quarterly update file, you must submit an “empty” Claim Input File with a header record, no detail records, and a trailer record that indicates a zero detail record count.
- E-mail notifications will be sent to the Section 111 RRE contacts after a file has been initially processed and when a response file has been transmitted or is available for download.
- Each detail record on the Input Claim File must contain a unique Document Control Number (DCN) generated by the RRE. This DCN is required so that response records can be matched and issues with files more easily identified and resolved. It can be any format of the RREs choosing as long as it is not more than 15 alpha-numeric characters as defined in the record layout. Most of CMS’ current data exchange partners use some form of a Julian date and a counter as their DCN.
- The COBC will return response files to the RRE within 45 days of the receipt date posted for the input file.

### ***What Triggers Reporting***

In general, reporting for purposes of 42 U.S.C. 1395y(b)(8) (vs. 1395y(b)(7)) is somewhat different because coverage for liability insurance (including self-insurance), no-fault insurance, and workers’ compensation situations is incident specific rather than the type of ongoing coverage provided by GHP coverage.

- RREs are to report only with respect to Medicare beneficiaries (including a deceased beneficiary if the individual was deceased at the time of the settlement, judgment, award or other payment). If a reported individual is not a Medicare beneficiary or CMS is unable to validate a particular SSN or HICN based upon the submitted information, CMS will reject the record for that individual. The Applied Disposition Code (Field 25) on the corresponding Claim Response File detail record will indicate the reason for rejection.

- RREs are to report once there has been a settlement, judgment, award or other payment. Notice to CMS of a pending claim or other pending action does not satisfy an RRE's reporting obligations with respect to 42 U.S.C. 1395y(b)(8).
- Records are submitted on a beneficiary-by-beneficiary basis, by type of insurance, by policy number, by RRE, etc. Consequently, it is possible that an RRE will submit more than one record for a particular individual in a particular quarter's submission window. For example if there is an automobile accident with both drivers insured by the same company and both drivers' policies are making payment with respect to a particular beneficiary, there would be a record with respect to each policy. There would also be two records with respect to a single policy if the policy were reporting a med pay (considered to be no-fault) assumption of ongoing responsibility for medicals and/or exhaustion/termination amount as well as a liability settlement/judgment/award/other payment in the same quarter.
  - Joint settlements, judgments, awards, or other payments -- Each RRE reports its ongoing medical responsibility and/or its settlement/judgment/award/other payment responsibility without regard to ongoing medicals. Each RRE would also report any responsibility it has for ongoing medicals on a policy-by-policy basis. Again, depending on the number of policies at issue for an RRE and/or the type of insurance or workers' compensation involved, an RRE may be submitting multiple records for the same individual.
  - Multiple settlements involving the same individual -- Each RRE must report appropriately. There will be multiple records submitted for the same individual but they will be cumulative rather than duplicative. Additionally, if more than one RRE has assumed responsibility for ongoing medicals, Medicare would be secondary to each such entity and would build a separate MSP occurrence in CMS' common Working File for each submission.
  - Re-insurance, stop loss insurance, excess insurance, umbrella insurance guaranty funds, patient compensation funds which have responsibility beyond a certain limit, etc. -- The key in determining whether or not reporting for 42 U.S.C. 1395y(b)(8) is required for these situations is whether or not the payment is to the injured claimant/representative of the injured claimant vs. payment being made to self-insured entity to reimburse the self-insured entity. Where payment is being made to reimburse the self-insured entity, the self-insured entity is the RRE for purposes of the payment made to the injured individual and no reporting is required by the insurer reimbursing the self-insured entity.
  - One time payment for defense evaluation - A payment made specifically for this purpose directly to the provider or other physician furnishing this service does not trigger the requirement to report.

- RREs must report required data as of July 1, 2009, regardless of the date of the RRE's first assigned file submission window. This includes claims pending a settlement, judgment, award, or other payment as of July 1, 2009, or later, as well as claims for which ongoing responsibility for medicals was established/accepted prior to July 1, 2009.
  - Where ongoing responsibility for Medicals has been assumed, the RRE must report two events -- when the responsibility is assumed and when the responsibility is terminated. The RRE does not report specific dollar amounts paid for individual bills for services to these individuals. The RRE will normally have to make two reports for such individuals although it is possible that both events could be reported in a single submission, depending upon the timing of the submission.

Where ongoing responsibility for medicals was assumed prior to July 1, 2009, and continues on as of July 1, 2009, the RRE must report this individual. As RREs may not have collected the necessary data elements for individuals for whom responsibility was assumed prior to July 1, 2009, CMS is permitting RREs to delay reporting for these individuals until the RRE's assigned submission in the third calendar quarter (July – October) of 2010. The extension is intended to allow RREs time to go back and determine the Medicare status of individuals for whom there is pre-existing ongoing payment responsibility which continues as of July 1, 2009. This extension does *not* apply to claims with resolution (partial resolution) dates of July 1, 2009, and subsequent. The extension applies only to claims where the RRE has accepted ongoing responsibility, with the claim potentially subject to further payment as of 7/1/09, but the original resolution (partial resolution) date is prior to 7/1/09. If an RRE has the information that such a claimant is a Medicare beneficiary and the RRE has the SSN or HICN, it is to send the record with its initial file in fourth calendar quarter 2009. If the RRE does not have this information, it may delay reporting on these claims until its third calendar quarter 2010 file submission.

If the individual was not a Medicare beneficiary at the time responsibility for ongoing medicals was assumed, the RRE must monitor the status of that individual and report when that individual becomes a Medicare beneficiary unless responsibility for ongoing medicals has terminated before the individual becomes a Medicare beneficiary.

- Where payment is made pending investigation, the RRE must report this as an assumption of responsibility for ongoing medicals. If responsibility for ongoing medicals terminates upon completion of the investigation, the termination of responsibility for ongoing medicals must be reported.

- Where there is a settlement, judgment, award or other payment with no establishment/acceptance of responsibility for ongoing medicals, the RRE is not required to report for purposes of 42 U.S.C. 1395y(b)(7) & (8) if the individual is not a Medicare beneficiary as of the date which must be reported for the settlement, judgment, award, or other payment.
- RREs must report settlements, judgments, awards, or other payments **regardless of whether or not there is an admission or determination of liability.** Reports are required with either partial or full resolution of a claim.
  - For purpose of the required reporting for 42 U.S.C. 1395y(b)(8), the RRE does not make a determination of what portion of any settlement, judgment, award, or other payment is for medicals and what portion is not. The RRE reports responsibility for ongoing medicals separately from any other payment obligation but does not separate medical vs. non medical issues if medicals have been claimed and/or released or the settlement, judgment, award, or other payment otherwise has the effect of releasing medicals.
  - There is no exception to the reporting requirements for alleged de minimus or “nuisance” settlements, judgments, awards or other payments. (CMS is gathering data related to this issue and will issue instructions if it adopts a de minimus or “nuisance value” exception for reporting purposes.)
  - “No medicals” – If medicals are claimed and/or released, the settlement, judgment, award or other payment must be reported regardless of any allocation made by the parties or a determination by the court.
    - The CMS is not bound by any allocation made by the parties even where a court has approved such an allocation. (The CMS does normally defer to an allocation made through a jury verdict or after a hearing on the merits. However, this issue is relevant to whether or not CMS has a recovery claim with respect to a particular settlement, judgment, award or other payment and does not affect the RRE’s obligation to report.)
    - RREs are not required to report liability insurance (including self-insurance) settlements, judgments, awards or other payments for “property damage only” claims which did not claim and/or release medicals or have the effect of releasing medicals.
  - RREs must report the full amount of any settlement, judgment, award or other payment without regard to any amount separately obligated to be paid as a result of the assumption/establishment of responsibility for ongoing medicals.
- “Date of Incident” prior to December 5, 1980 – The date of incident does not affect the RRE’s reporting responsibilities for workers’ compensation. Medicare has been secondary to workers’ compensation from the inception of the Medicare

program. However, the liability insurance and no-fault insurance MSP provisions were effective December 5, 1980. CMS has determined as a matter of policy that it will not recover under the MSP provisions with respect to liability insurance (including self-insurance) or no-fault settlements, judgment, or awards where the date of incident **as defined by CMS** was prior to December 5, 1980.

Consequently, the RRE is not required to report liability insurance (including self-insurance) or no-fault insurance settlements, judgments, awards or other payments where the date of incident was prior to December 5, 1980.

- For claims involving “exposure”, this means that there was no exposure on or after December 5, 1980, alleged, established, and/or released. If any exposure for 12/5/80 or later was claimed and/or released, then Medicare has a potential recovery claim and the RRE must report for Section 111 purposes.
- Policies or self-insurance allegedly “supplemental” to Medicare -- By statute, Medicare is secondary to liability insurance (including self-insurance), no-fault insurance, and workers' compensation. An insurer cannot, by contract, supersede federal law.
- There is no age threshold for reporting for 42 U.S.C. 1395y(b)(8).
- The geographic location of the incident, illness, injury is not determinative of the RRE’s reporting responsibility as Medicare beneficiaries who are injured or become ill outside of the United States often return to the U.S. for medical care.
- No settlement, judgment, award, other payment and “file is ready to be closed” -- Where there is no settlement, judgment award or other payment, including an assumption of responsibility for ongoing medicals, there is no report required.
  - With respect to responsibility for ongoing medicals, a determination that a case is “closed” or otherwise inactive does not automatically equate to a report terminating the responsibility for ongoing medicals. If the responsibility for ongoing medicals is subject to reopening or otherwise subject to a further request for payment, the record submitted for responsibility for ongoing medicals should remain open. (Medicare beneficiaries have a continuing obligation to apply for all no-fault or workers’ compensation benefits to which they are entitled.) Similarly, if a file is “closed” due to a “return to work” and no additional anticipated medicals, a report terminating the responsibility for ongoing medicals should not be submitted as long as the responsibility for ongoing medicals is subject to reopening or otherwise subject to an additional request for payment.
  - For liability insurance (including self-insurance) each new payment obligation must be reported as a separate settlement, judgment, award, or other payment. Note: Where a payment obligation is satisfied through a structured settlement

or purchase of an annuity, there is a single report with respect to the total amount of the obligation.

- Mass torts or Multi-District Litigation (MDL) – CMS is seeking input from the industry and will work with the industry regarding the most efficient way for reporting to occur in such situations. Reporting is required, but CMS recognizes that it may have to issue special instructions for such situations.

## NGHP File Layout Pages

Changes made since November 17, 2008 posting:

- Input Claim File record length increased to 2220 bytes.
- Document Control Number (DCN) increased to 15 bytes (Claim Detail Field 2, Claim Auxiliary Field 2 and Claim Response Field 2).
- Fields on the Claim Detail record renumbered and starting and ending positions adjusted.
- Added a value of '0' for Unknown to Claim Detail Injured Party Gender Field 9.
- Description of Claim Detail Field 12 changed to CMS Date of Incident.
- Added Field 13 Industry Date of Incident to Claim Detail record.
- Renamed Claim Detail Fields 14 and 16 to Alleged Nature and Alleged Cause of Injury, Incident, Illness.
- Descriptions of Claim Detail Fields 14, 16, 20, 30, 35, 37, 38, 39, 40, and 65 changed to add requirements effective January 1, 2011.
- Clarification added to description of Claim Detail State of Venue Field 18.
- Additional filler added after Claim Detail ICD-9 Diagnosis Code Fields 20-28 to allow for future expansion for submission of ICD-10 Diagnosis Codes.
- Values of Claim Detail Product Liability Indicator Field 36 changed.
- Modified requirements for Claim Detail Product Liability Fields 37-40.
- Descriptions of Claim Detail Policyholder Fields 42-47 modified to require policyholder information for self-insured situations only.
- Claim Detail Office/Site Code Field 51, Plan Contact Department Name Field 54, and Plan Contact Phone/Extension Fields 57/58 changed from required to optional.
- Claim Detail and Auxiliary Representative Firm Name Fields changed to be required as of January 1, 2011.
- No-Fault Insurance Arrangement Indicator, Specified Medicals Cap Amount and associated Exhaust Date field removed from Claim Detail record.
- Ten Compliance Flag fields added to the end of the Claim Response File Detail record using existing filler.

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

### *Input Claim File Layout*

| MMSEA Section 111<br>Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Input Claim File Header Record – 2220 bytes |                                 |      |            |          |               |  |
|--|---------------------------------|------|------------|----------|---------------|--|
| Field No.  | Name                            | Size | Start Pos. | End Pos. | Data Type     | Description  |
| 1  | Record Identifier               | 4    | 1          | 4        | Alpha-numeric | Must be 'NGCH'.<br><b>Required.</b>  |
| 2  | Section 111 Reporter ID         | 9    | 5          | 13       | Numeric       | COBC assigned Section 111 Reporter ID #.<br><b>Required.</b>                       |
| 3  | Section 111 Reporting File Type | 7    | 14         | 20       | Alpha-numeric | Must be 'NGHPCLM'.<br><b>Required.</b>   |
| 4  | File Submission Date            | 8    | 21         | 28       | Numeric Date  | Date file was transmitted to the COBC.<br><br>Format: CCYYMMDD<br><b>Required.</b> |
| 5  | Reserved for Future Use         | 2192 | 29         | 2220     | Alpha-numeric | Fill with spaces.  |



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

| Field No.  | Name               | Size | Start Pos. | End Pos. | Data Type     | Description   |
|--|--------------------|------|------------|----------|---------------|---|
| <b>Injured Party/Medicare Beneficiary Information<br/>(The injured party is/was a Medicare beneficiary.)</b> |                    |      |            |          |               |   |
| 1  | Record Identifier  | 4    | 1          | 4        | Alpha-numeric | Must be 'NGCD'.<br><br><b>Required.</b>   |
| 2  | DCN                | 15   | 5          | 19       | Alpha-numeric | Document Control Number; assigned by the Section 111 RRE.<br>Each record shall have a unique DCN. DCN will be supplied back by COBC on corresponding response file records for tracking purposes.<br><br><b>Required.</b> |
| 3  | Action Type        | 1    | 20         | 20       | Numeric       | Action to be performed.<br><br>Valid values:<br>0 = Add<br>1 = Change/Update<br>2 = Delete<br><br><b>Required.</b>  |
| 4  | Injured Party HICN | 12   | 21         | 32       | Alpha-numeric | Medicare Health Insurance Claim Number<br><br>Fill with spaces if unknown.<br><br><b>Required if SSN not provided.</b>  |

| Field No. | Name                      | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|---------------------------|------|------------|----------|---------------|--|
| 5         | Injured Party SSN         | 9    | 33         | 41       | Alpha-numeric | Social Security Number<br><b>Required if HICN not provided.</b><br><br>Fill with spaces if unknown and HICN provided.  |
| 6         | Injured Party Last Name   | 40   | 42         | 81       | Alphabetic    | Surname of Injured Party<br><b>Required.</b>   |
| 7         | Injured Party First Name  | 30   | 82         | 111      | Alphabetic    | Given or first name of Injured Party.<br><b>Required.</b>  |
| 8         | Injured Party Middle Init | 1    | 112        | 112      | Alphabetic    | First letter of Injured Party middle name.<br><br>Fill with space if unknown.  |
| 9         | Injured Party Gender      | 1    | 113        | 113      | Numeric       | Code to reflect the sex of the injured party.<br><br>Valid values:<br>1 = Male<br>2 = Female<br>0 = Unknown<br><br>Default to 0, if unknown.<br><b>Required.</b> |
| 10        | Injured Party DOB         | 8    | 114        | 121      | Numeric Date  | Date of Birth of Injured Party<br><br>Format: CCYYMMDD<br><b>Required.</b>   |
| 11        | Reserved for Future Use   | 20   | 122        | 141      | Alpha-numeric | Fill with spaces.  |

| Field No.   | Name   | Size | Start Pos. | End Pos. | Data Type    | Description  |
|---|--|------|------------|----------|--------------|--|
| <b><i>Injury/Incident/Illness Information</i></b> |  |      |            |          |              |  |
| 12  | <b>CMS</b> Date of Incident (DOI):<br><i>DOI as defined by CMS</i> | 8    | 142        | 149      | Numeric Date | <p>Date of Incident (DOI) <b>as defined by CMS</b>: For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the <b>date of first exposure</b>. For claims involving ingestion (for example, a recalled drug), it is the <b>date of first ingestion</b>. For claims involving implants, it is the <b>date of the implant (or date of the first implant if there are multiple implants)</b>.</p> <p>Note: CMS' definition of DOI differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants.</p> <p>Format: CCYYMMDD</p> <p><b>Required.</b></p> |

| Field No. | Name  | Size | Start Pos. | End Pos. | Data Type    | Description   |
|-----------|---|------|------------|----------|--------------|---|
| 13        | <b>Industry</b> Date of Incident (DOI): DOI routinely used by the insurance/worker s' compensation industry | 8    | 150        | 157      | Numeric Date | <p>Date of Incident (DOI) used by the insurance/workers' compensation industry:</p> <p>For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of <b>last</b> exposure, ingestion, or implantation.</p> <p>Note: The definition of DOI routinely used by the insurance/workers' compensation industry DOI differs from the definition which CMS must use (Field 12 ) only for claims involving exposure, ingestion, or implants.</p> <p>Format: CCYYMMDD</p> <p><b>Optional.</b></p> |

| Field No. | Name  | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|---|------|------------|----------|---------------|---|
| 14        | Alleged Nature of Injury, Incident, Illness | 2    | 158        | 159      | Numeric       | <p>Workers' Compensation Insurance Organization (WCIO) Nature of Injury Code.</p> <p>Report the 2-digit code that corresponds to the nature of the injury sustained by the injured party/claimant.</p> <p>For all claim types including Liability, No-Fault, and Workers' Compensation. Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Nature_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Nature_Table.pdf</a>.</p> <p><b>Required for new claim records submitted on or after January 1, 2011. See Field 35 for interim requirement.</b></p> |
| 15        | Reserved for Future Use                     | 2    | 160        | 161      | Alpha-numeric | Fill with spaces.   |

| Field No. | Name  | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|---|------|------------|----------|---------------|---|
| 16        | Alleged Cause of Injury, Incident, or Illness | 2    | 162        | 163      | Numeric       | <p>Workers' Compensation Insurance Organization (WCIO) Cause of Injury Code.</p> <p>Report the 2-digit code that corresponds to the cause of the injury.</p> <p>For all claim types including Liability, No-Fault, and Workers' Compensation. Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Cause_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Cause_Table.pdf</a>.</p> <p><b>Required for New Claim Records Submitted on or after January 1, 2011. See Field 35 for interim requirement.</b></p> |
| 17        | Reserved for Future Use                       | 2    | 164        | 165      | Alpha-numeric | Fill with spaces.   |

| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-------------------------|------|------------|----------|---------------|--|
| 18        | State of Venue          | 2    | 166        | 167      | Alpha-betic   | <p>US postal abbreviation corresponding to the US State whose state law controls resolution of the claim.</p> <p>Insert "US" where the claim is a Federal Tort Claims Act liability insurance matter or a Federal workers' compensation claim.</p> <p>If the state of venue is in dispute at the time an RRE reports acceptance on ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals.</p> <p><b>Required.</b></p> |
| 19        | Reserved for Future Use | 1    | 168        | 168      | Alpha-numeric | Fill with spaces. . For future expansion to ICD-10 Diagnosis Codes.  |

| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|-------------------------|------|------------|----------|---------------|---|
| 20        | ICD-9 Diagnosis Code 1  | 5    | 169        | 173      | Alpha-numeric | <p>ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness.</p> <p>Refer to <a href="http://www.cdc.gov/nchs/data/atawh/ftpserve/ftp/cd9/icdguide08.pdf">http://www.cdc.gov/nchs/data/atawh/ftpserve/ftp/cd9/icdguide08.pdf</a> and <a href="http://www.cdc.gov/nchs/data/atawh/ftpserve/ftp/cd9/ftp/cd9.htm">http://www.cdc.gov/nchs/data/atawh/ftpserve/ftp/cd9/ftp/cd9.htm</a>.</p> <p>At least one ICD-9 Diagnosis Code or Body Part Code (Field 30) is required.</p> <p><b>Required for New Claim Records Submitted on or after January 1, 2011 if no Body Part Code 1 provided. See Field 35 for interim requirement.</b></p> |
| 21        | Reserved for Future Use | 2    | 174        | 175      | Alpha-numeric | Fill with spaces. For future expansion to ICD-10 Diagnosis Codes.   |
| 22        | ICD-9 Diagnosis Code 2  | 5    | 176        | 180      | Alpha-numeric | <p>See explanation for Field 20.</p> <p>Provide if available/applicable.</p>  |
| 23        | Reserved for Future Use | 2    | 181        | 182      | Alpha-numeric | Fill with spaces.   |
| 24        | ICD-9 Diagnosis Code 3  | 5    | 183        | 187      | Alpha-numeric | <p>See explanation for Field 20.</p> <p>Provide if available/applicable.</p>  |
| 25        | Reserved for Future Use | 2    | 188        | 189      | Alpha-numeric | Fill with spaces.   |



| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-------------------------|------|------------|----------|---------------|--|
| 26        | ICD-9 Diagnosis Code 4  | 5    | 190        | 194      | Alpha-numeric | See explanation for Field 20.<br><br>Provide if available/applicable.  |
| 27        | Reserved for Future Use | 2    | 195        | 196      | Alpha-numeric | Fill with spaces.  |
| 28        | ICD-9 Diagnosis Code 5  | 5    | 197        | 201      | Alpha-numeric | See explanation for Field 20.<br><br>Provide if available/applicable.  |
| 29        | Reserved for Future Use | 142  | 202        | 343      | Alpha-numeric | Fill with spaces. For future expansion to ICD-10 Diagnosis Codes.  |
| 30        | Body Part Code 1        | 3    | 344        | 346      | Alpha-numeric | Code corresponding to the part of the body allegedly injured.<br><br>Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf</a> .<br><br>At least one ICD-9 Diagnosis Code 1 (Field 20) or Body Part Code 1 is required.<br><br><b>Required for New Claim Records Submitted on or after January 1, 2011. See Field 35 for interim requirement.</b> |
| 31        | Body Part Code 2        | 3    | 347        | 349      | Alpha-numeric | Code corresponding to the part of the body injured.<br><br>Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf</a> .<br><br>Provide if available/applicable.  |

| Field No. | Name             | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|------------------|------|------------|----------|---------------|---|
| 32        | Body Part Code 3 | 3    | 350        | 352      | Alpha-numeric | Code corresponding to the part of the body injured.<br><br>Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf</a> .<br><br>Provide if available/applicable. |
| 33        | Body Part Code 4 | 3    | 353        | 355      | Alpha-numeric | Code corresponding to the part of the body injured.<br><br>Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf</a> .<br><br>Provide if available/applicable. |
| 34        | Body Part Code 5 | 3    | 356        | 358      | Alpha-numeric | Code corresponding to the part of the body injured.<br><br>Refer to <a href="https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf">https://www.iisprojects.com/WCIO/pub/PNC/WCIO_Part_Table.pdf</a> .<br><br>Provide if available/applicable. |

| Field No. | Name   | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|--|------|------------|----------|---------------|--|
| 35        | Description of Illness/Injury:<br><br>(Temporary field available through December 31, 2010. This Field will be re-labeled for records submitted on or after January 1, 2011, as "Reserved for Future Use") | 50   | 359        | 408      | Alpha-numeric | Free-form text description of illness or injury.<br><br>Include description of major body part injured (e.g. head, arm, leg, etc.)<br><br><b>Required through December 31, 2010, if no Nature of Injury Code and a Cause of Injury Code and either ICD-9 Diagnosis Code 1 or Body Part Code 1 provided.</b><br><br><b>NOTE: The Description for this Field will be changed for records submitted on or after January 1, 2011, to read "Fill With Spaces"</b>                   |
| 36        | Product Liability Indicator  | 1    | 409        | 409      | Alpha-numeric | Indicates whether injury, illness or incident was allegedly caused by/contributed to by a particular product. Some product liability situations involve a product which allegedly results in situations involving falls or other accidents. Others may involve exposure to, implantation of, or ingestion of a particular product.<br><br>Valid values:<br>1 = No<br>2 = Yes, but not a mass tort situation.<br>3 = Yes, and is a mass tort situation.<br><br><b>Required.</b> |

| Field No. | Name                 | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|----------------------|------|------------|----------|---------------|---|
| 37        | Product Generic Name | 40   | 410        | 449      | Alpha-numeric | <p>Generic name of product alleged to be cause of injury, illness or incident.</p> <p>If no generic name applicable, supply brand name.</p> <p><b>Required if Product Liability Indicator (Field 36) is 3 (mass tort).</b></p> <p><b>Required for New Claim Records Submitted on or after January 1, 2011, if Product Liability Indicator is <u>2 or 3</u>.</b></p> |
| 38        | Product Brand Name   | 40   | 450        | 489      | Alpha-numeric | <p>Brand name of product alleged to be cause of injury, illness or incident.</p> <p><b>Required if Product Liability Indicator (Field 36) is 3.</b></p> <p><b>Required for all New Claim Records Submitted on or after January 1, 2011, if Product Liability Indicator is <u>2 or 3</u>.</b></p>  |
| 39        | Product Manufacturer | 40   | 490        | 529      | Alpha-numeric | <p>Maker of product named in Fields 37 and/or 38 above.</p> <p><b>Required if Product Liability Indicator (Field 36) is 3.</b></p> <p><b>Required for all New Claim Records Submitted on or after January 1, 2011, if Product Liability Indicator is <u>2 or 3</u>.</b></p>   |

| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|-------------------------|------|------------|----------|---------------|---|
| 40        | Product Alleged Harm    | 200  | 530        | 729      | Alpha-numeric | Free-form description of harm allegedly caused by product named in Fields 37 and/or 38 above.<br><br><b>Required if Product Liability Indicator (Field 36) is 3.</b><br><br><b>Required for all New Claim Records Submitted on or after January 1, 2011, if Product Liability Indicator is <u>2 or 3</u>.</b> |
| 41        | Reserved for Future Use | 20   | 730        | 749      | Alpha-numeric | Fill with spaces.   |

| Field No.  | Name                   | Size | Start Pos. | End Pos. | Data Type     | Description   |
|--|------------------------|------|------------|----------|---------------|---|
| <b>Self-Insurance Information – Information required to: 1) indicate if the reportable event involves “self-insurance” as defined by CMS; and 2) if yes, specific information regarding the self-insured individual or entity.</b> |                        |      |            |          |               |   |
| 42   | Self Insured Indicator | 1    | 750        | 750      | Alpha-numeric | <p>Indication of whether the reportable event involves self-insurance as defined by CMS.</p> <p>Valid values:<br/>Y = Yes<br/>N = No</p> <p>Self-insurance is defined in “Attachment A – Definitions and Reporting Responsibilities” to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available at <a href="https://www.cms.hhs.gov/MandatoryInsRep/Downloads/SupportingStatement082808.pdf">https://www.cms.hhs.gov/MandatoryInsRep/Downloads/SupportingStatement082808.pdf</a>.</p> <p><b>Required if Plan Insurance Type (Field 49) is E or L (Workers’ Compensation or Liability).</b></p> |
| 43   | Self-Insured Type      | 1    | 751        | 751      | Alpha-numeric | <p>Identifies whether the self-insured is an organization or individual.</p> <p>Valid values:<br/>I = Individual<br/>O = Other than Individual (e.g. Business, corporation, organization, company, etc.)</p> <p><b>Required if Self Insured Indicator (Field 42) is Y.</b></p>  |

| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type    | Description   |
|-----------|-------------------------|------|------------|----------|--------------|---|
| 44        | Policyholder Last Name  | 40   | 752        | 791      | Alphabetic   | Surname of policyholder.<br><br><b>Required if Self-Insured Type (Field 43) = I.</b>  |
| 45        | Policyholder First Name | 30   | 792        | 821      | Alphabetic   | Given/First name of policyholder.<br><br><b>Required if Self-Insured Type (Field 43) = I.</b>   |
| 46        | DBA Name                | 70   | 822        | 891      | Alphanumeric | “Doing Business As” Name of self-insured organization/business.<br><br>DBA Name or Legal Name is required for Self-Insured Type = O.<br><br><b>Required if Self-Insured Type (Field 43) = O and Legal Name (Field 47) not provided.</b> |
| 47        | Legal Name              | 70   | 892        | 961      | Alphanumeric | Legal Name of self-insured organization/business.<br><br>DBA Name or Legal Name is required for Self-Insured Type = O.<br><br><b>Required if Self-Insured Type (Field 43) = O and DBA Name (Field 46) not provided.</b>                 |
| 48        | Reserved for Future Use | 20   | 962        | 981      | Alphanumeric | Fill with spaces.   |

| Field No.               | Name                | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-------------------------|---------------------|------|------------|----------|---------------|--|
| <b>Plan Information</b> |                     |      |            |          |               |  |
| 49                      | Plan Insurance Type | 1    | 982        | 982      | Alpha-numeric | <p>Type of insurance coverage or line of business provided by the plan policy or self-insurance.</p> <p>Valid values:<br/> D = No-Fault<br/> E = Workers' Compensation<br/> L = Liability</p> <p><b>Required.</b></p> <p><i>Note: When selecting "no-fault" as the type of insurance, you <b>must</b> use the CMS definition of "no-fault" insurance found at 42 CFR 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.</i></p> <p>"No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called 'medical payments coverage', 'personal injury protection', or 'medical expense coverage.' See 42 CFR 411.50"</p> |



| Field No. | Name                | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|---------------------|------|------------|----------|---------------|---|
| 50        | TIN                 | 9    | 983        | 991      | Numeric       | <p>Federal Tax Identification Number of the “applicable plan,” whether liability insurance (including self-insurance), no-fault insurance or a workers’ compensation law or plan.</p> <p>Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File.</p> <p><b>Required.</b></p>   |
| 51        | Office Code/Site ID | 9    | 992        | 1000     | Alpha-Numeric | <p>RRE-defined code to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses. Defined by RRE. Used to uniquely specify different addresses associated with one TIN.</p> <p>If only one address will be used per reported TIN, leave blank.</p> <p>Must have a corresponding entry with associated TIN on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Site ID combination.</p> <p><b>Optional.</b></p> |

| Field No. | Name                         | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|------------------------------|------|------------|----------|---------------|--|
| 52        | Policy Number                | 30   | 1001       | 1030     | Alpha-numeric | The unique identifier for the policy under which the underlying claim was filed. RRE defined. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a specific number reference.<br><br><b>Required.</b> |
| 53        | Claim Number                 | 30   | 1031       | 1060     | Alpha-numeric | The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a claim number reference.<br><br><b>Required.</b>                      |
| 54        | Plan Contact Department Name | 70   | 1061       | 1130     | Alpha-numeric | Name of department for the Plan Contact to which claim-related communication and correspondence should be sent.<br><br><b>Optional.</b>  |
| 55        | Plan Contact Last Name       | 40   | 1131       | 1170     | Alpha-numeric | Surname of individual that should be contacted at the Plan for claim-related communication and correspondence.<br><br><b>Optional.</b>   |

| Field No. | Name                         | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|------------------------------|------|------------|----------|---------------|---|
| 56        | Plan Contact First Name      | 30   | 1171       | 1200     | Alpha-numeric | Given or first name of individual that should be contacted at the Plan for claim-related communication and correspondence.<br><br><b>Optional.</b>  |
| 57        | Plan Contact Phone           | 10   | 1201       | 1210     | Numeric       | Telephone number of individual that should be contacted at the Plan for claim-related communication.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Optional.</b> |
| 58        | Plan Contact Phone Extension | 5    | 1211       | 1215     | Alpha-numeric | Telephone extension number of individual that should be contacted at the Plan for claim-related communication.<br><br>Fill with all spaces if unknown or not applicable.<br><br><b>Optional</b>   |

| Field No. | Name   | Size | Start Pos. | End Pos. | Data Type    | Description   |
|-----------|--|------|------------|----------|--------------|---|
| 59        | No-Fault Insurance Limit                             | 11   | 1216       | 1226     | Numeric      | <p>Dollar amount of limit on no-fault insurance.</p> <p>Specify dollars and cents with implied decimal. No formatting (no \$ or , or .) For example, a limit of \$10,500.00 should be coded as 00001050000.</p> <p>Fill with all 9's if there is no dollar limit.</p> <p>Fill with all 0's if Plan Insurance Type (Field 49) is E (Workers' Compensation) or L (Liability Insurance).</p> <p><b>Required if Insurance Plan Type (Field 49) is D (No-Fault).</b></p> |
| 60        | Exhaust Date for Dollar Limit for No-Fault Insurance | 8    | 1227       | 1234     | Numeric Date | <p>Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 59).</p> <p>Format: CCYYMMDD</p> <p>Fill with zeros if No-Fault limit has not been reached/exhausted or Insurance Plan Type (Field 49) is E (Workers' Compensation) or L (Liability insurance).</p> <p><b>Required if Insurance Plan Type (Field 49) is D (No-Fault) and benefit limit reached/exhausted.</b></p>  |

| Field No.  | Name                                   | Size | Start Pos. | End Pos. | Data Type     | Description  |
|--|--|------|------------|----------|---------------|--|
| 61   | Reserved for Future Use                | 20   | 1235       | 1254     | Alpha-numeric | Fill with spaces   |
| <b>Injured Party's Attorney or Other Representative Information</b>                      |  |      |            |          |               |  |
| Attorney/Representative information required only if injured party has a representative. |  |      |            |          |               |  |
| 62   | Injured Party Representative Indicator | 1    | 1255       | 1255     | Alpha-numeric | Code indicating the type of Attorney/Other Representative information provided.<br><br>Valid values:<br>A = Attorney<br>G = Guardian/Conservator<br>P = Power of Attorney<br>O = Other<br>Space = None<br><br><b>Required if Injured Party has a representative.</b> |
| 63   | Representative Last Name               | 40   | 1256       | 1295     | Alpha-betic   | Surname of representative.<br><br><b>Required if Injured Party has a representative.</b>   |
| 64   | Representative First Name              | 30   | 1296       | 1325     | Alpha-betic   | Given or first name of representative.<br><br><b>Required if Injured Party has a representative.</b>   |

| Field No. | Name                                  | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|---------------------------------------|------|------------|----------|---------------|--|
| 65        | Representative Firm Name              | 70   | 1326       | 1395     | Alpha-numeric | Representative's firm name.<br><br><b>Required on reports submitted on or after January 1, 2011, if Representative is associated with or a member of a firm.</b>   |
| 66        | Representative TIN                    | 9    | 1396       | 1404     | Numeric       | Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN).<br><br><b>Required if Injured Party has a representative.</b> |
| 67        | Representative Mailing Address Line 1 | 50   | 1405       | 1454     | Alpha-numeric | First line of the mailing address for the representative named above.<br><br><b>Required if Injured Party has a representative.</b>  |
| 68        | Representative Mailing Address Line 2 | 50   | 1455       | 1504     | Alpha-numeric | Second line of the mailing address of the representative named above.  |
| 69        | Representative City                   | 30   | 1505       | 1534     | Alpha-numeric | Mailing address city for the representative named above.<br><br><b>Required if Injured Party has a representative.</b>   |

| Field No. | Name                           | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|--------------------------------|------|------------|----------|---------------|--|
| 70        | Representative State           | 2    | 1535       | 1536     | Alpha-numeric | US Postal abbreviation state code for the representative named above.<br><br><b>Required if Injured Party has a representative.</b>  |
| 71        | Representative Mail Zip Code   | 5    | 1537       | 1541     | Numeric       | 5-digit Zip Code for the representative named above.<br><br><b>Required if Injured Party has a representative.</b>   |
| 72        | Representative Mail Zip+4      | 4    | 1542       | 1545     | Numeric       | 4-digit Zip+4 code for the representative named above.<br><br>If not applicable or unknown, fill with zeroes (0000).   |
| 73        | Representative Phone           | 10   | 1546       | 1555     | Numeric       | Telephone number of the representative named above.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Required if Injured Party has a representative.</b> |
| 74        | Representative Phone Extension | 5    | 1556       | 1560     | Alpha-numeric | Telephone extension number of representative named above.<br><br>Fill with all spaces if unknown or not applicable.  |
| 75        | Reserved for Future Use        | 20   | 1561       | 1580     | Alpha-numeric | Fill with spaces.  |

| Field No.   | Name                 | Size | Start Pos. | End Pos. | Data Type     | Description   |
|---|----------------------|------|------------|----------|---------------|---|
| <b>Settlement, Judgment, Award or Other Payment Information</b> |                      |      |            |          |               |   |
| 76  | ORM Indicator        | 1    | 1581       | 1581     | Alpha-numeric | <p>Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals.</p> <p>Valid values:<br/>Y - Yes<br/>N - No</p> <p><b>Required.</b></p>  |
| 77  | ORM Termination Date | 8    | 1582       | 1589     | Numeric Date  | <p>Date on-going responsibility for medicals ended, where applicable. Only applies to claims submitted with ORM Indicator = Y.</p> <p>ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim.</p> <p>Format: CCYYMMDD</p> <p>Fill with zeroes if not applicable.</p> |



| Field No. | Name      | Size | Start Pos. | End Pos. | Data Type    | Description  |
|-----------|-----------|------|------------|----------|--------------|--|
| 78        | TPOC Date | 8    | 1590       | 1597     | Numeric Date | <p>Initial date of Total Payment Obligation to the Claimant (TPOC) without regard to <b>ongoing</b> responsibility for medical services.</p> <p>Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued.</p> <p>Format: CCYYMMDD</p> <p><b>Not required for the initial report of a claim reflecting ongoing payment responsibility. If ongoing payment responsibility ends due to a settlement, report the settlement date on the second (final) report for the ongoing case. Otherwise fill with all zeroes.</b></p> <p><b>Required for all other claim reports.</b></p> |

| Field No. | Name                                   | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|--|------|------------|----------|---------------|--|
| 79        | TPOC Amount                            | 11   | 1598       | 1608     | Numeric       | <p>Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant. If there is a structured settlement, the amount is the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity.</p> <p>When reporting claims reflecting ongoing payment responsibility, fill with zeroes unless the ongoing responsibility ended due to a settlement.</p> <p>Specify dollars and cents with implied decimal. No formatting (no \$ , . ) For example, an amount of \$10,500.55 should be coded as 00001050055.<br/><b>Required.</b></p> |
| 80        | Funding Delayed Beyond TPOC Start Date | 8    | 1609       | 1616     | Numeric Date  | <p>If funding for the Total Payment Obligation to Claimant is delayed, provide actual or estimated date of funding.</p> <p>Format: CCYYMMDD</p> <p>Fill with zeroes if not applicable.</p>   |
| 81        | Reserved for Future Use                | 20   | 1617       | 1636     | Alpha-numeric | Fill with spaces   |

| Field No.   | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description   |
|---|-------------------------|------|------------|----------|---------------|---|
| <b>Claimant Information 1</b>   |                         |      |            |          |               |   |
| <p>This section is only required if the Claimant is not the Injured Party/Medicare Beneficiary. The claimant may be the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. Additional claimants must be listed on the Auxiliary Record. Fill the entire section (Fields 82-95) with spaces if not supplying Claimant 1 information. (This section is <b>not</b> used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary. See the section for Injured Party's Attorney or Other Representative Information.)</p> |                         |      |            |          |               |   |
| 82  | Claimant 1 Relationship | 1    | 1637       | 1637     | Alpha-numeric | <p>Relationship of the claimant to the injured party/Medicare beneficiary.</p> <p>Valid values:<br/> E = Estate<br/> F = Family<br/> O = Other<br/> Space = Not applicable (rest of the section will be ignored)</p> <p>Optional July 1, 2009 – March 31, 2010.</p> <p><b>Required April 1, 2010 and subsequent if claimant is not the injured party.</b></p> |
| 83  | Claimant 1 TIN          | 9    | 1638       | 1646     | Numeric       | <p>Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1.</p> <p>Must not match injured party named above or other claimant(s) listed on the Auxiliary Record.</p> <p><b>Required if claimant is not the injured party.</b></p>   |

| Field No. | Name                              | Size | Start Pos. | End Pos. | Data Type    | Description  |
|-----------|-----------------------------------|------|------------|----------|--------------|--|
| 84        | Claimant 1 Last Name              | 40   | 1647       | 1686     | Alphabetic   | Surname of Claimant 1.<br><br><b>Required if claimant is not the injured party.</b>  |
| 85        | Claimant 1 First Name             | 30   | 1687       | 1716     | Alphabetic   | Given/First name of Claimant 1.<br><br><b>Required if claimant is not the injured party.</b>                                 |
| 86        | Claimant 1 Middle Initial         | 1    | 1717       | 1717     | Alphabetic   | First letter of Claimant 1's middle name.  |
| 87        | Claimant 1 Mailing Address Line 1 | 50   | 1718       | 1767     | Alphanumeric | First line of the mailing address for the claimant named above.<br><br><b>Required if claimant is not the injured party.</b> |
| 88        | Claimant 1 Mailing Address Line 2 | 50   | 1768       | 1817     | Alphanumeric | Second line of the mailing address of the claimant named above.  |
| 89        | Claimant City                     | 30   | 1818       | 1847     | Alphabetic   | Mailing address city for the claimant named above.<br><br><b>Required if claimant is not the injured party.</b>              |
| 90        | Claimant 1 State                  | 2    | 1848       | 1849     | Alphabetic   | US Postal abbreviation state code for the claimant named above.<br><br><b>Required if claimant is not the injured party.</b> |
| 91        | Claimant 1 Zip                    | 5    | 1850       | 1854     | Numeric      | 5-digit Zip Code for the claimant named above.<br><br><b>Required if claimant is not the injured party.</b>                  |

| Field No. | Name                       | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|----------------------------|------|------------|----------|---------------|---|
| 92        | Claimant 1 Zip+4           | 4    | 1855       | 1858     | Numeric       | 4-digit Zip+4 code for the claimant named above.<br><br>If not applicable or unknown, fill with zeroes (0000).  |
| 93        | Claimant 1 Phone           | 10   | 1859       | 1868     | Numeric       | Telephone number of the claimant named above.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Required if claimant is not the injured party.</b> |
| 94        | Claimant 1 Phone Extension | 5    | 1869       | 1873     | Alpha-numeric | Telephone extension number of the claimant named above.<br><br>Fill with all spaces if unknown or not applicable.   |
| 95        | Reserved for Future Use    | 20   | 1874       | 1893     | Alpha-numeric | Fill with spaces.   |

| Field No.   | Name                                     | Size | Start Pos. | End Pos. | Data Type     | Description  |
|---|--|------|------------|----------|---------------|--|
| <b>Claimant 1 Attorney/Other Representative Information</b>   |  |      |            |          |               |  |
| This section is only required if Claimant 1 has a representative. Fill the entire section (Fields 96-109) with spaces if not supplying Claimant 1 representative information. |  |      |            |          |               |  |
| 96  | Claimant 1 (C1) Representative Indicator | 1    | 1894       | 1894     | Alpha-numeric | Code indicating the type of Attorney/Other Representative information provided for Claimant 1.<br><br>Valid values:<br>A = Attorney<br>G = Guardian/Conservator<br>P = Power of Attorney<br>O = Other<br>Space = Not applicable (rest of the section will be ignored)<br><br><b>Required if Claimant 1 has a representative.</b> |
| 97  | C1 Representative Last Name              | 40   | 1895       | 1934     | Alpha-betic   | Surname of C1 representative.<br><br><b>Required if Claimant 1 has a representative.</b>   |
| 98  | C1 Representative First Name             | 30   | 1935       | 1964     | Alpha-betic   | Given/First name of C1 representative.<br><br><b>Required if Claimant 1 has a representative.</b>  |
| 99  | C1 Representative Firm Name              | 70   | 1965       | 2034     | Alpha-numeric | Representative's firm name.<br><br><b>Required on reports submitted on or after January 1, 2011, if Representative is associated with or a member of a firm.</b>   |

| Field No. | Name                                | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|-------------------------------------|------|------------|----------|---------------|---|
| 100       | C1 Representative TIN               | 9    | 2035       | 2043     | Numeric       | C1 Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN).<br><br><b>Required.</b> |
| 101       | C1 Representative Mail Address 1    | 50   | 2044       | 2093     | Alpha-numeric | First line of the mailing address for the C1 representative named above.<br><br><b>Required if Claimant 1 has a representative.</b>   |
| 102       | C1 Representative Mailing Address 2 | 50   | 2094       | 2143     | Alpha-numeric | Second line of the mailing address of the C1 representative named above.  |
| 103       | C1 Representative Mailing City      | 30   | 2144       | 2173     | Alpha-betic   | Mailing address city for the C1 representative named above.<br><br><b>Required if Claimant 1 has a representative.</b>  |
| 104       | C1 Representative State             | 2    | 2174       | 2175     | Alpha-betic   | US Postal abbreviation state code for the C1 representative named above.<br><br><b>Required if Claimant 1 has a representative.</b>   |
| 105       | C1 Representative Zip               | 5    | 2176       | 2180     | Numeric       | 5-digit Zip Code for the C1 representative named above.<br><br><b>Required if Claimant 1 has a representative.</b>  |

| Field No. | Name                              | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-----------------------------------|------|------------|----------|---------------|--|
| 106       | C1 Representative Zip+4           | 4    | 2181       | 2184     | Numeric       | 4-digit Zip+4 code for the C1 representative named above.<br><br>If not applicable or unknown, fill with zeroes (0000).  |
| 107       | C1 Representative Phone           | 10   | 2185       | 2194     | Numeric       | Telephone number of the C1 representative named above.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Required if Claimant 1 has a representative.</b> |
| 108       | C1 Representative Phone Extension | 5    | 2195       | 2199     | Alpha-numeric | Telephone extension number of the C1 representative named above.<br><br>Fill with all spaces if unknown or not applicable.   |
| 109       | Reserved for Future Use           | 21   | 2200       | 2220     | Alpha-numeric | Fill with spaces.  |



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

**This record is only required if there are additional claimants to report for the associated Detail Claim Record. Do not include this record for the claim if there are no additional claimants to report. Claimant 1 on the Detail Claim Record must be completed in order for information concerning additional claimants to be accepted.**

| <b>Field No.</b> | <b>Name</b>              | <b>Size</b> | <b>Start Pos.</b> | <b>End Pos.</b> | <b>Data Type</b> | <b>Description</b>  |
|------------------|--------------------------|-------------|-------------------|-----------------|------------------|---|
| 1                | Record Identifier        | 4           | 1                 | 4               | Alpha-numeric    | Must be 'NGCE'.<br><b>Required.</b>   |
| 2                | DCN                      | 15          | 5                 | 19              | Alpha-numeric    | Document Control Number (DCN) assigned by the Section 111 RRE.<br><br>Must match the DCN on the corresponding Detail Claim Record (Record Identifier NGCD).<br><br><b>Required.</b> |
| 3                | Injured Party HICN       | 12          | 20                | 31              | Alpha-numeric    | Must match the value in this field on the Detail Claim Record.<br><br><b>Required.</b>  |
| 4                | Injured Party SSN        | 9           | 32                | 40              | Numeric          | Must match the value in this field on the Detail Claim Record.<br><br><b>Required.</b>  |
| 5                | Injured Party Last Name  | 40          | 41                | 80              | Alpha-betic      | Must match the value in this field on the Detail Claim Record.<br><br><b>Required.</b>  |
| 6                | Injured Party First Name | 30          | 81                | 110             | Alpha-betic      | Must match the value in this field on the Detail Claim Record.<br><br><b>Required.</b>  |

| Field No.                     | Name                      | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-------------------------------|---------------------------|------|------------|----------|---------------|---|
| <b>Claimant 2 Information</b> |                           |      |            |          |               |   |
| 7                             | Claimant 2 Relationship   | 1    | 111        | 111      | Alpha-numeric | Relationship of the claimant to the injured party/Medicare beneficiary.<br><br>Valid values:<br>E = Estate<br>F = Family<br>O = Other<br>Space = Not applicable (rest of the section will be ignored)<br><br><b>Required on reports April 1, 2010 and subsequent.</b> |
| 8                             | Claimant 2 TIN            | 9    | 112        | 120      | Numeric       | Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 2.<br><br>Must not match injured party named above or other claimant(s) listed on the Auxiliary Record.<br><br><b>Required.</b>             |
| 9                             | Claimant 2 Last Name      | 40   | 121        | 160      | Alpha-betic   | Surname of Claimant 2.<br><br><b>Required.</b>  |
| 10                            | Claimant 2 First Name     | 30   | 161        | 190      | Alpha-betic   | Given/First name of Claimant 2.<br><br><b>Required.</b>   |
| 11                            | Claimant 2 Middle Initial | 1    | 191        | 191      | Alpha-betic   | First letter of Claimant 2's middle name.   |

| Field No. | Name                              | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-----------------------------------|------|------------|----------|---------------|--|
| 12        | Claimant 2 Mailing Address Line 1 | 50   | 192        | 241      | Alpha-numeric | First line of the mailing address for Claimant 2 named above.<br><br><b>Required.</b>  |
| 13        | Claimant 2 Mailing Address Line 2 | 50   | 242        | 291      | Alpha-betic   | Second line of the mailing address for Claimant 2 named above.   |
| 14        | Claimant 2 City                   | 30   | 292        | 321      | Alpha-betic   | Mailing address city for Claimant 2 named above.<br><br><b>Required.</b>   |
| 15        | Claimant 2 State                  | 2    | 322        | 323      | Alpha-betic   | US Postal abbreviation state code for Claimant 2 named above.<br><br><b>Required.</b>  |
| 16        | Claimant 2 Zip                    | 5    | 324        | 328      | Numeric       | 5-digit Zip Code for Claimant 2 named above.<br><br><b>Required.</b>   |
| 17        | Claimant 2 Zip+4                  | 4    | 329        | 332      | Numeric       | 4-digit Zip+4 code for Claimant 2 named above.<br><br>If not applicable or unknown, fill with zeroes (0000).   |
| 18        | Claimant 2 Phone                  | 10   | 333        | 342      | Numeric       | Telephone number of Claimant 2 named above.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Required.</b> |

| Field No.   | Name                                     | Size | Start Pos. | End Pos. | Data Type     | Description   |
|---|--|------|------------|----------|---------------|---|
| 19  | Claimant 2 Phone Extension               | 5    | 343        | 347      | Alpha-numeric | Telephone extension number of Claimant 2 named above.<br><br>Fill with all spaces if unknown or not applicable.   |
| 20  | Reserved for Future Use                  | 20   | 348        | 367      | Alpha-numeric | Fill with spaces.   |
| <b>Claimant 2 Attorney/Other Representative Information</b>   |  |      |            |          |               |   |
| This section is only required if Claimant 2 has a representative. Fill the entire section (Field 21-34) with spaces if not supplying Claimant 2 representative information. |  |      |            |          |               |   |
| 21  | Claimant 2 (C2) Representative Indicator | 1    | 368        | 368      | Alpha-numeric | Code indicating the type of Attorney/Other Representative information provided for Claimant 2 (C2).<br><br>Valid values:<br>A = Attorney<br>G = Guardian/Conservator<br>P = Power of Attorney<br>O = Other<br>Space = Not applicable (rest of the section will be ignored)<br><br><b>Required if Claimant 2 has a representative.</b> |
| 22  | C2 Representative Last Name              | 40   | 369        | 408      | Alpha-betic   | Surname of C2 attorney or representative.<br><br><b>Required if Claimant 2 has a representative.</b>  |
| 23  | C2 Representative First Name             | 30   | 409        | 438      | Alpha-betic   | Given/First name of C2 attorney or representative.<br><br><b>Required if Claimant 2 has a representative.</b>   |

| Field No. | Name                                     | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|--|------|------------|----------|---------------|---|
| 24        | C2 Representative Firm Name              | 70   | 439        | 508      | Alpha-numeric | Representative's firm name.<br><br><b>Required on reports submitted on or after January 1, 2011, if Representative is associated with or a member of a firm.</b>  |
| 25        | C2 Representative TIN                    | 9    | 509        | 517      | Numeric       | C2 Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN).<br><br><b>Required.</b> |
| 26        | C2 Representative Mailing Address Line 1 | 50   | 518        | 567      | Alpha-numeric | First line of the mailing address for the C2 representative named above.<br><br><b>Required if Claimant 2 has a representative.</b>   |
| 27        | C2 Representative Mailing Address Line 2 | 50   | 568        | 617      | Alpha-numeric | Second line of the mailing address of the C2 representative named above.  |
| 28        | C2 Representative City                   | 30   | 618        | 647      | Alpha-betic   | Mailing address city for the C2 representative named above.<br><br><b>Required if Claimant 2 has a representative.</b>  |
| 29        | C2 Representative State                  | 2    | 648        | 649      | Alpha-betic   | US Postal abbreviation state code for the C2 representative named above.<br><br><b>Required if Claimant 2 has a representative.</b>   |

| Field No. | Name                              | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-----------------------------------|------|------------|----------|---------------|--|
| 30        | C2 Representative Zip             | 5    | 650        | 654      | Numeric       | 5-digit Zip Code for the C2 representative named above.<br><br><b>Required if Claimant 2 has a representative.</b>   |
| 31        | C2 Representative Zip+4           | 4    | 655        | 658      | Numeric       | 4-digit Zip+4 code for the C2 representative named above.<br><br>If not applicable or unknown, fill with zeroes (0000).  |
| 32        | C2 Representative Phone           | 10   | 659        | 668      | Numeric       | Telephone number of the C2 representative named above.<br><br>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).<br><br><b>Required if Claimant 2 has a representative.</b> |
| 33        | C2 Representative Phone Extension | 5    | 669        | 673      | Alpha-numeric | Telephone extension number of the C2 representative named above.<br><br>Fill with all spaces if unknown or not applicable.   |
| 34        | Reserved for Future Use           | 20   | 674        | 693      | Alpha-numeric | Fill with spaces.  |

| Field No.   | Name                              | Size | Start Pos. | End Pos. | Data Type     | Description   |
|---|-----------------------------------|------|------------|----------|---------------|---|
| <b>Claimant 3 Information</b>   |                                   |      |            |          |               |   |
| Fill entire section with spaces if not applicable. <b>See Claimant 2 Information section above for individual field specifications.</b> |                                   |      |            |          |               |   |
| 35  | Claimant 3 Relationship           | 1    | 694        | 694      | Alpha-numeric | Relationship of the claimant to the injured party/Medicare beneficiary.<br><br>Valid values:<br>E = Estate<br>F = Family<br>O = Other<br>Space = Not applicable (rest of the section will be ignored) |
| 36  | Claimant 3 TIN                    | 9    | 695        | 703      | Numeric       |   |
| 37  | Claimant 3 Last Name              | 40   | 704        | 743      | Alphabetic    |   |
| 38  | Claimant 3 First Name             | 30   | 744        | 773      | Alphabetic    |   |
| 39  | Claimant 3 Middle Initial         | 1    | 774        | 774      | Alphabetic    |   |
| 40  | Claimant 3 Mailing Address Line 1 | 50   | 775        | 824      | Alpha-numeric |   |
| 41  | Claimant 3 Mailing Address Line 2 | 50   | 825        | 874      | Alpha-numeric |   |
| 42  | Claimant 3 City                   | 30   | 875        | 904      | Alphabetic    |   |
| 43  | Claimant 3 State                  | 2    | 905        | 906      | Alphabetic    |   |
| 44  | Claimant 3 Zip                    | 5    | 907        | 911      | Numeric       |   |
| 45  | Claimant 3 Zip+4                  | 4    | 912        | 915      | Numeric       |   |

| Field No.   | Name                                     | Size | Start Pos. | End Pos. | Data Type     | Description       |
|---|--|------|------------|----------|---------------|-------------------|
| 46  | Claimant 3 Phone                         | 10   | 916        | 925      | Numeric       |                   |
| 47  | Claimant 3 Phone Extension               | 5    | 926        | 930      | Alpha-numeric |                   |
| 48  | Reserved for Future Use                  | 20   | 931        | 950      | Alpha-numeric | Fill with spaces. |
| <b>Claimant 3 Attorney/Representative Information</b>   |  |      |            |          |               |                   |
| <p>This section is only required if Claimant 3 has a representative. Fill the entire section (Field 49-62) with spaces if not supplying Claimant 3 representative information. <b>See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.</b></p> |  |      |            |          |               |                   |
| 49  | Claimant 3 (C3) Representative Indicator | 1    | 951        | 951      | Alpha-numeric |                   |
| 50  | C3 Representative Last Name              | 40   | 952        | 991      | Alpha-betic   |                   |
| 51  | C3 Representative First Name             | 30   | 992        | 1021     | Alpha-betic   |                   |
| 52  | C3 Representative Firm Name              | 70   | 1022       | 1091     | Alpha-numeric |                   |
| 53  | C3 Representative TIN                    | 9    | 1092       | 1100     | Numeric       |                   |
| 54  | C3 Representative Mailing Address Line 1 | 50   | 1101       | 1150     | Alpha-numeric |                   |
| 55  | C3 Representative Mailing Address Line 2 | 50   | 1151       | 1200     | Alpha-numeric |                   |
| 56  | C3 Representative City                   | 30   | 1201       | 1230     | Alpha-betic   |                   |



| Field No.   | Name                              | Size | Start Pos. | End Pos. | Data Type    | Description       |
|---|-----------------------------------|------|------------|----------|--------------|-------------------|
| 57  | C3 Representative State           | 2    | 1231       | 1232     | Alphabetic   |                   |
| 58  | C3 Representative Zip             | 5    | 1233       | 1237     | Numeric      |                   |
| 59  | C3 Representative Zip+4           | 4    | 1238       | 1241     | Numeric      |                   |
| 60  | C3 Representative Phone           | 10   | 1242       | 1251     | Numeric      |                   |
| 61  | C3 Representative Phone Extension | 5    | 1252       | 1256     | Alphanumeric |                   |
| 62  | Reserved for Future Use           | 20   | 1257       | 1276     | Alphanumeric | Fill with spaces. |
| <b>Claimant 4 Information</b>   |                                   |      |            |          |              |                   |
| Fill entire section with spaces if not applicable. <b>See Claimant 2 Information section above for individual field specifications.</b> |                                   |      |            |          |              |                   |
| 63  | Claimant 4 Relationship           | 1    | 1277       | 1277     | Alphanumeric |                   |
| 64  | Claimant 4 TIN                    | 9    | 1278       | 1286     | Numeric      |                   |
| 65  | Claimant 4 Last Name              | 40   | 1287       | 1326     | Alphabetic   |                   |
| 66  | Claimant 4 First Name             | 30   | 1327       | 1356     | Alphabetic   |                   |
| 67  | Claimant 4 Middle Initial         | 1    | 1357       | 1357     | Alphabetic   |                   |
| 68  | Claimant 4 Mailing Address Line 1 | 50   | 1358       | 1407     | Alphanumeric |                   |
| 69  | Claimant 4 Mailing Address Line 2 | 50   | 1408       | 1457     | Alphanumeric |                   |
| 70  | Claimant 4 City                   | 30   | 1458       | 1487     | Alphabetic   |                   |

| Field No.  | Name                                     | Size | Start Pos. | End Pos. | Data Type    | Description       |
|--|--|------|------------|----------|--------------|-------------------|
| 71   | Claimant 4 State                         | 2    | 1488       | 1489     | Alphabetic   |                   |
| 72   | Claimant 4 Zip                           | 5    | 1490       | 1494     | Numeric      |                   |
| 73   | Claimant 4 Zip+4                         | 4    | 1495       | 1498     | Numeric      |                   |
| 74   | Claimant 4 Phone                         | 10   | 1499       | 1508     | Numeric      |                   |
| 75   | Claimant 4 Phone Extension               | 5    | 1509       | 1513     | Alphanumeric |                   |
| 76   | Reserved for Future Use                  | 20   | 1514       | 1533     | Alphanumeric | Fill with spaces. |
| <b>Claimant 4 Attorney/Representative Information</b>  |  |      |            |          |              |                   |
| This section is only required if Claimant 4 has a representative. Fill the entire section (Field 77-90) with spaces if not supplying Claimant 4 representative information. <b>See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.</b> |  |      |            |          |              |                   |
| 77   | Claimant 4 (C4) Representative Indicator | 1    | 1534       | 1534     | Alphabetic   |                   |
| 78   | C4 Representative Last Name              | 40   | 1535       | 1574     | Alphabetic   |                   |
| 79   | C4 Representative First Name             | 30   | 1575       | 1604     | Alphabetic   |                   |
| 80   | C4 Representative Firm Name              | 70   | 1605       | 1674     | Alphanumeric |                   |
| 81   | C4 Representative TIN                    | 9    | 1675       | 1683     | Numeric      |                   |
| 82   | C4 Representative Mailing Address Line 1 | 50   | 1684       | 1733     | Alphanumeric |                   |
| 83   | C4 Representative Mailing Address Line 2 | 50   | 1734       | 1783     | Alphanumeric |                   |
| 84   | C4 Representative City                   | 30   | 1784       | 1813     | Alphabetic   |                   |
| 85   | C4 Representative State                  | 2    | 1814       | 1815     | Alphabetic   |                   |

| Field No. | Name                              | Size | Start Pos. | End Pos. | Data Type     | Description       |
|-----------|-----------------------------------|------|------------|----------|---------------|-------------------|
| 86        | C4 Representative Zip             | 5    | 1816       | 1820     | Numeric       |                   |
| 87        | C4 Representative Zip+4           | 4    | 1821       | 1824     | Numeric       |                   |
| 88        | C4 Representative Phone           | 10   | 1825       | 1834     | Numeric       |                   |
| 89        | C4 Representative Phone Extension | 5    | 1835       | 1839     | Alpha-numeric |                   |
| 90        | Reserved for Future Use           | 381  | 1840       | 2220     | Alpha-numeric | Fill with spaces. |

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

| Field No. | Name                            | Len  | Start Pos. | End Pos. | Type          | Description   |
|-----------|---------------------------------|------|------------|----------|---------------|---|
| 1         | Record Identifier               | 4    | 1          | 4        | Alpha-numeric | Must be 'NGCT'<br><b>Required.</b>  |
| 2         | Section 111 Reporter ID         | 9    | 5          | 13       | Numeric       | COBC assigned Section 111 Reporter ID #.<br><b>Required.</b>  |
| 3         | Section 111 Reporting File Type | 7    | 14         | 20       | Alpha-numeric | Must be 'NGHPCLM'<br><b>Required.</b>   |
| 4         | File Submission Date            | 8    | 21         | 28       | Numeric Date  | Date file was transmitted to the COBC.<br><br>Format: CCYYMMDD<br><b>Required.</b>                                  |
| 5         | File Record Count               | 7    | 29         | 35       | Numeric       | Number of records contained within file (do not include header or trailer records in the count)<br><b>Required.</b> |
| 6         | Reserved for Future Use         | 2185 | 36         | 2220     | Alpha-numeric | Fill with spaces.   |

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

### TIN Reference File Layout – to be submitted with the Input Claim File

| MMSEA Section 111<br>Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference File Header Record – 2220 bytes |                                 |      |            |          |               |  |
|--|---------------------------------|------|------------|----------|---------------|--|
| Field No.  | Name                            | Size | Start Pos. | End Pos. | Data Type     | Description  |
| 1  | Record Identifier               | 4    | 1          | 4        | Alpha-numeric | Must be 'NGTH'<br><b>Required.</b>   |
| 2  | Section 111 Reporter ID         | 9    | 5          | 13       | Alpha-numeric | COBC assigned Section 111 Reporter ID #.<br><b>Required.</b>                       |
| 3  | Section 111 Reporting File Type | 7    | 14         | 20       | Alpha-numeric | Must be 'NGHPTIN'<br><b>Required.</b>  |
| 4  | File Submission Date            | 8    | 21         | 28       | Numeric Date  | Date file was transmitted to the COBC.<br><br>Format: CCYYMMDD<br><b>Required.</b> |
| 5  | Reserved for Future Use         | 2192 | 29         | 2220     | Alpha-numeric | Fill with spaces.  |

**MMSEA Section 111  
Liability Insurance (Including Self-Insurance) No-Fault Insurance, Workers'  
Compensation TIN Reference File Detail TIN/Site ID Record – 2220 bytes**

| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|-------------------------|------|------------|----------|---------------|---|
| 1         | Record Identifier       | 4    | 1          | 4        | Alpha-numeric | Must be 'NGTD'<br><b>Required.</b>  |
| 2         | Section 111 Reporter ID | 9    | 5          | 13       | Numeric       | COBC assigned Section 111 Reporter ID #.<br><b>Required.</b>  |
| 3         | TIN                     | 9    | 14         | 22       | Numeric       | Federal Tax Identification Number of the insurer, applicable plan (s), workers' compensation law/plan (s), or self-insured entities reported in Field 49 of each Detail Claim Record. Used in conjunction with the Site ID reported in Field 50 of the Detail Claim Record.<br><br>Also know as the Employer Identification Number (EIN).<br><br>Each TIN/Site ID combination reported in Fields 49 and 50 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Site ID combination.<br><br><b>Required.</b> |

| Field No. | Name                     | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|--------------------------|------|------------|----------|---------------|---|
| 4         | Office Code/Site ID      | 9    | 23         | 31       | Alpha-Numeric | <p>RRE-defined code to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses as reported in Field 50 of each Detail claim Record. Used in conjunction with the TIN reported in Field 49 of the Detail Claim record to uniquely specify different addresses associated with one TIN.</p> <p>If only one address will be used per reported TIN, leave blank.</p> <p>Each TIN/Site ID combination reported in Fields 49 and 50 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Site ID combination.</p> <p><b>Required.</b></p> |
| 5         | TIN/Site ID Mailing Name | 70   | 32         | 101      | Alpha-numeric | <p>Name associated with the RRE reflected by the unique TIN/Site ID combination.</p> <p><b>Required.</b></p>  |

| Field No. | Name                               | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|------------------------------------|------|------------|----------|---------------|--|
| 6         | TIN/Site ID Mailing Address Line 1 | 50   | 102        | 151      | Alpha-numeric | <p>First line of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Site ID combination.</p> <p><b>Required.</b></p> |
| 7         | TIN/Site ID Mailing Address Line 2 | 50   | 152        | 201      | Alpha-numeric | <p>Second line of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Site ID combination.</p>                        |
| 8         | TIN/Site/ID City                   | 30   | 202        | 231      | Alpha-numeric | <p>City of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Site ID combination.</p> <p><b>Required.</b></p>       |



| Field No. | Name                    | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-------------------------|------|------------|----------|---------------|--|
| 9         | TIN/Site ID State       | 2    | 232        | 233      | Alpha-numeric | <p>US Postal state abbreviation of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Site ID combination.</p> <p><b>Required.</b></p> |
| 10        | TIN/Site ID Zip         | 5    | 234        | 238      | Numeric       | <p>5-digit Zip Code of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p><b>Required.</b></p>  |
| 11        | TIN/Site ID Zip+4       | 4    | 239        | 242      | Numeric       | <p>4-digit Zip+4 code of the address associated with the unique TIN/Site ID combination reflected on this record.</p> <p>If not applicable fill with zeroes (0000).</p>  |
| 12        | Reserved for Future Use | 1978 | 243        | 2220     | Alpha-numeric | Fill with spaces.  |

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

| <b>Field No.</b> | <b>Name</b>                     | <b>Size</b> | <b>Start Pos.</b> | <b>End Pos.</b> | <b>Date Type</b> | <b>Description</b>   |
|------------------|---------------------------------|-------------|-------------------|-----------------|------------------|--|
| 1                | Record Identifier               | 4           | 1                 | 4               | Alpha-numeric    | Must be 'NGTT'<br><b>Required.</b>   |
| 2                | Section 111 Reporter ID         | 9           | 5                 | 13              | Numeric          | COBC assigned Section 111 Reporter ID #.<br><b>Required.</b>   |
| 3                | Section 111 Reporting File Type | 7           | 14                | 20              | Alpha-numeric    | Must be 'NGHPTIN'<br><b>Required.</b>  |
| 4                | File Submission Date            | 8           | 21                | 28              | Numeric Date     | Date file was transmitted to the COBC.<br><br>Format: CCYYMMDD<br><b>Required.</b>   |
| 5                | File Record Count               | 7           | 29                | 35              | Numeric          | Number of records contained within this TIN Reference File (do not include header or trailer records in count)<br><b>Required.</b> |
| 6                | Reserved for Future Use         | 2185        | 36                | 2220            | Alpha-numeric    | Fill with spaces.  |

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

### Claim Response File Layout

| MMSEA Section 111<br>Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Header Record – 400 bytes |                                 |      |            |          |               |   |
|--|---------------------------------|------|------------|----------|---------------|---|
| Field No.  | Name                            | Size | Start Pos. | End Pos. | Data Type     | Description   |
| 1  | Record Identifier               | 4    | 1          | 4        | Alpha-numeric | Contains value of 'NGRH'<br>COBC supplied.  |
| 2  | Section 111 Reporter ID         | 9    | 5          | 13       | Numeric       | COBC assigned Section 111 Reporter ID #.<br><br>As supplied by RRE input record.    |
| 3  | Section 111 Reporting File Type | 7    | 14         | 20       | Alpha-numeric | Contains value of 'NGHPRSP'<br>COBC supplied.                                       |
| 4  | File Submission Date            | 8    | 21         | 28       | Numeric Date  | Date file was transmitted to the RRE.<br><br>Format: CCYYMMDD<br><br>COBC supplied. |
| 5  | Reserved for Future Use         | 372  | 29         | 400      | Alpha-numeric | Contains all spaces.  |

**MMSEA Section 111  
Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers'  
Compensation Claim Response File Detail Record – 400 bytes**

| <b>Field No.</b> | <b>Name</b>                         | <b>Size</b> | <b>Start Pos.</b> | <b>End Pos.</b> | <b>Data Type</b> | <b>Description</b>  |
|------------------|-------------------------------------|-------------|-------------------|-----------------|------------------|---|
| 1                | Record Identifier                   | 4           | 1                 | 4               | Alpha-numeric    | Contains value of 'NGRD'<br>COBC supplied.  |
| 2                | Submitted DCN                       | 15          | 5                 | 19              | Alpha-numeric    | Document Control Number (DCN) submitted by RRE on input record. Used for matching input records with response records.<br><br>As supplied by RRE on input record. |
| 3                | Submitted Action Type               | 1           | 20                | 20              | Numeric          | Action to be performed.<br><br>As supplied by RRE on input record.  |
| 4                | Injured Party HICN                  | 12          | 21                | 32              | Alpha-numeric    | Health Insurance Claim Number (HICN) of Injured Party.<br><br>As supplied by RRE on input record.   |
| 5                | Submitted Injured Party SSN         | 9           | 33                | 41              | Numeric          | Social Security Number of Injured Party.<br><br>As supplied by RRE on input record.   |
| 6                | Submitted Injured Party Last Name   | 40          | 42                | 81              | Alpha-betic      | As supplied by RRE on input record.   |
| 7                | Submitted Injured Party First Name  | 30          | 82                | 111             | Alpha-betic      | As supplied by RRE on input record.   |
| 8                | Submitted Injured Party Middle Init | 1           | 112               | 112             | Alpha-betic      | As supplied by RRE on input record.   |
| 9                | Submitted Injured Party Gender      | 1           | 113               | 113             | Numeric          | As supplied by RRE on input record.   |

| Field No. | Name                                 | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|--------------------------------------|------|------------|----------|---------------|---|
| 10        | Submitted Injured Party DOB          | 8    | 114        | 121      | Numeric Date  | As supplied by RRE on input record.   |
| 11        | Submitted Plan TIN                   | 9    | 122        | 130      | Numeric       | As supplied by RRE on input record.   |
| 12        | Submitted Plan Office Code/Site ID   | 9    | 131        | 139      | Alpha-Numeric | As supplied by RRE on input record.   |
| 13        | Reserved for Future Use              | 20   | 140        | 159      | Alpha-numeric | Filled with spaces.   |
| 14        | Applied Injured Party HICN           | 12   | 160        | 171      | Alpha-numeric | Current Medicare Health Insurance Claim Number (HICN) of Injured Party if confirmed to be a Medicare beneficiary.<br><br>COBC supplied. |
| 15        | Applied Injured Party SSN            | 9    | 172        | 180      | Numeric       | Social Security Number (SSN) of Injured Party if confirmed to be a Medicare beneficiary.<br><br>COBC supplied.                          |
| 16        | Applied Injured Party Last Name      | 40   | 181        | 220      | Alpha-betic   | Injured Party Last Name if confirmed to be a Medicare beneficiary.<br><br>COBC supplied.  |
| 17        | Applied Injured Party First Name     | 30   | 221        | 250      | Alpha-betic   | Injured Party First Name if confirmed to be a Medicare beneficiary.<br><br>COBC supplied.   |
| 18        | Applied Injured Party Middle Initial | 1    | 251        | 251      | Alpha-betic   | Injured Party Middle Initial if confirmed to be a Medicare beneficiary.<br><br>COBC supplied.   |

| Field No. | Name                         | Size | Start Pos. | End Pos. | Data Type    | Description  |
|-----------|------------------------------|------|------------|----------|--------------|--|
| 19        | Applied Injured Party Gender | 1    | 252        | 252      | Numeric      | Sex of Injured Party if confirmed to be a Medicare beneficiary.<br><br>COBC supplied.<br><br>1 - Male<br>2 - Female  |
| 20        | Applied Injured Party DOB    | 8    | 253        | 260      | Numeric Date | Date of birth (DOB) of Injured Party if confirmed to be a Medicare beneficiary.<br><br>Format: CCYYMMDD<br><br>COBC supplied.  |
| 21        | Applied MSP Effective Date   | 8    | 261        | 268      | Numeric Date | Applied Medicare Secondary Payer (MSP) effective date.<br><br>If injured party is found to be a Medicare beneficiary, the start date of Medicare's secondary payment status for the incident, illness or injury. Will be the later of the beneficiary's Medicare entitlement/eligibility start date or the CMS Date of Incident (DOI). This is the effective date of the MSP occurrence posted to the Medicare Common Working File (CWF) which is used in Medicare claim payment determinations.<br><br>Format: CCYYMMDD<br><br>COBC supplied. |

| Field No. | Name                         | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|------------------------------|------|------------|----------|---------------|---|
| 22        | Applied MSP Termination Date | 8    | 269        | 276      | Numeric Date  | <p>Applied Medicare Secondary Payment (MSP) Termination Date.</p> <p>If injured party is found to be a Medicare beneficiary, the end date of Medicare's secondary payment status for the incident, illness or injury. This is the end date of the MSP occurrence posted to the Medicare Common Working File (CWF) which is used in Medicare claim payment determinations.</p> <p>Format: CCYYMMDD</p> <p>Will contain all zeroes if open-ended.</p> <p>COBC supplied.</p> |
| 23        | Applied MSP Type Indicator   | 1    | 277        | 277      | Alpha-numeric | <p>Applied Medicare Secondary Payer (MSP) Type.</p> <p>D = No-Fault<br/>E = Workers' Compensation<br/>L = Liability</p> <p>COBC supplied.</p>   |
| 24        | Reserved for Future Use      | 20   | 278        | 297      | Alpha-numeric | Filled with spaces.   |
| 25        | Applied Disposition Code     | 2    | 298        | 299      | Alpha-numeric | <p>2-digit code indicating how the record was processed. Will indicate whether the submitted record was in error or whether Medicare is the secondary payer.</p> <p>See Disposition Code Table for values.</p> <p>COBC supplied.</p>  |

| Field No.  | Name                 | Size | Start Pos. | End Pos. | Data Type     | Description  |
|--|----------------------|------|------------|----------|---------------|--|
| The following Error Code fields indicate an error was found on the submitted claim record. The submitted claim record was <b>rejected and not processed</b> . The RRE must correct these errors and resubmit the record on the next quarterly file submission. |                      |      |            |          |               |  |
| 26   | Applied Error Code 1 | 5    | 300        | 304      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error.<br>See Error Code Table for values.<br><br>COBC supplied.                                  |
| 27   | Applied Error Code 2 | 5    | 305        | 309      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 2 errors were found.<br>See Error Code Table for values.<br><br>COBC supplied. |
| 28   | Applied Error Code 3 | 5    | 310        | 314      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 3 errors were found.<br>See Error Code Table for values.<br><br>COBC supplied. |
| 29   | Applied Error Code 4 | 5    | 315        | 319      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 4 errors were found.<br>See Error Code Table for values.<br><br>COBC supplied. |



| Field No. | Name                 | Size | Start Pos. | End Pos. | Data Type     | Description   |
|-----------|----------------------|------|------------|----------|---------------|---|
| 30        | Applied Error Code 5 | 5    | 320        | 324      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 5 errors were found. See Error Code Table for values.<br><br>COBC supplied. |
| 31        | Applied Error Code 6 | 5    | 325        | 329      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 6 errors were found. See Error Code Table for values.<br><br>COBC supplied. |
| 32        | Applied Error Code 7 | 5    | 330        | 334      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 7 errors were found. See Error Code Table for values.<br><br>COBC supplied. |

| Field No. | Name                  | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|-----------------------|------|------------|----------|---------------|--|
| 33        | Applied Error Code 8  | 5    | 335        | 339      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 8 errors were found. See Error Code Table for values.<br><br>COBC supplied.  |
| 34        | Applied Error Code 9  | 5    | 340        | 344      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 9 errors were found. See Error Code Table for values.<br><br>COBC supplied.  |
| 35        | Applied Error Code 10 | 5    | 345        | 349      | Alpha-numeric | Code associated with an error found by the COBC in the submitted record. Provided only if disposition code denotes error and at least 10 errors were found. See Error Code Table for values.<br><br>COBC supplied. |

| Field No.  | Name                      | Size | Start Pos. | End Pos. | Data Type     | Description  |
|--|---------------------------|------|------------|----------|---------------|--|
| <p>The following Compliance Flag fields provide information on issues related to reporting requirement compliance. <b>Records will <i>not</i> be rejected for these issues.</b> The disposition code in Field 25 will indicate how the record was processed by the COBC. The RRE must review and correct compliance issues as applicable and resubmit the record as an update transaction on the next quarterly file submission.</p> |                           |      |            |          |               |  |
| 36   | Applied Compliance Flag 1 | 2    | 350        | 351      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record.<br>See Compliance Code Table for values.<br>COBC supplied.  |
| 37   | Applied Compliance Flag 2 | 2    | 352        | 353      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 2 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 38   | Applied Compliance Flag 3 | 2    | 354        | 355      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 3 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 39   | Applied Compliance Flag 4 | 2    | 356        | 357      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 4 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 40   | Applied Compliance Flag 5 | 2    | 358        | 359      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 5 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |

| Field No. | Name                       | Size | Start Pos. | End Pos. | Data Type     | Description  |
|-----------|----------------------------|------|------------|----------|---------------|--|
| 41        | Applied Compliance Flag 6  | 2    | 360        | 361      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 6 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 42        | Applied Compliance Flag 7  | 2    | 362        | 363      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 7 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 43        | Applied Compliance Flag 8  | 2    | 364        | 365      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 8 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 44        | Applied Compliance Flag 9  | 2    | 366        | 367      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if at least 9 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied. |
| 45        | Applied Compliance Flag 10 | 2    | 368        | 369      | Alpha-numeric | Alphanumeric code indicating compliance issue found with record. Populated if 10 issues were found.<br>See Compliance Code Table for values.<br>COBC supplied.         |
| 46        | Reserved for Future Use    | 31   | 370        | 400      | Alpha-numeric | Filled with spaces.  |

**MMSEA Section 111  
Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers'  
Compensation Claim Response File Trailer Record – 400 bytes**

| <b>Field No.</b> | <b>Name</b>                     | <b>Size</b> | <b>Start Pos.</b> | <b>End Pos.</b> | <b>Data Type</b> | <b>Description</b>  |
|------------------|---------------------------------|-------------|-------------------|-----------------|------------------|---|
| 1                | Record Identifier               | 4           | 1                 | 4               | Alpha-numeric    | Contains value of 'NGRT'<br>COBC supplied.  |
| 2                | Section 111 Reporter ID         | 9           | 5                 | 13              | Numeric          | COBC assigned Section 111Reporter ID #.<br>As supplied by RRE input record.   |
| 3                | Section 111 Reporting File Type | 7           | 14                | 20              | Alpha-numeric    | Contains value of 'NGHPRSP'<br>COBC supplied.   |
| 4                | File Submission Date            | 8           | 21                | 28              | Numeric Date     | Date file was transmitted to the RRE.<br>Format: CCYYMMDD<br>COBC supplied.   |
| 4                | File Record Count               | 7           | 29                | 35              | Numeric          | Number of detail response records contained within file (does not include header or trailer records).<br>COBC supplied. |
| 5                | Reserved for Future Use         | 365         | 36                | 400             | Alpha-numeric    | Filled with spaces.   |