Transitioning Into Section 111 Reporting

For Existing Insurer Voluntary Data Sharing Agreement (VDSA) and Voluntary Data Exchange Agreement (VDEA) Data Sharing Partners.

The information under this page has been produced by CMS for the use of current Insurer VDSA and VDEA (BCBS Plan) partners ONLY.

IMPORTANT: This document has not been produced for – and is not to be used by – any other Responsible Reporting Entities that will or may be reporting data to CMS through the new Section 111 reporting processes.

In particular, the information following does **NOT** include file layouts that may be used by responsible reporting entities for liability insurance, no-fault insurance, or workers compensation mandatory reporting.

File Layouts
GHP MSP Section 111 Data Reporting and File Exchange

New Medicare Secondary Payer Reporting Requirements for Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds new mandatory reporting requirements for group health plan (GHP) arrangements and for liability insurance (including self-insurance), no-fault insurance, and workers' compensation. Please review the applicable legislative language, which can be found at www.cms.gov/MandatoryInsRep/Downloads/StatutoryLanguage.pdf .

This document provides information on the file layouts that will be used by entities responsible for complying with the group health plan (GHP) reporting requirements. **Note:** In addition to the legislative language, see "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the Paperwork Reduction Act Notice published in the Federal Register on August 1, 2008. Both the Notice and the Supporting Statement are available as downloads at www.cms.hhs.gov/MandatoryInsRep. "Attachment A" provides details on definitions and exactly which entities must report. Note that CMS refers to entities that have the responsibility for complying with the reporting requirements at 42 U.S.C. 1395y(b)(7) or (8) as "responsible reporting entities," or RREs.

Complete instructions and requirements for Section 111 GHP mandatory reporting will be published as part of the forthcoming MMSEA Section 111 GHP User Guide. However, this document is being provided at this time to our existing GHP responsible reporting entities that currently have a Voluntary Data Sharing Agreement (VDSA) or Voluntary Data Exchange Agreement (VDEA) with CMS. As shown on the Section 111 timeline posted at www.cms.hhs.gov/MandatoryInsRep , GHP responsible reporting entities that currently have a VDSA or VDEA with CMS will begin data exchange testing of the Section 111 data files in October, 2008. This information is being made available now in order to give existing VDSA and VDEA partners adequate lead time to make the necessary systems changes. All other GHP responsible reporting entities will begin testing on or soon after April 1, 2009.

This document does not discuss data elements or file layouts that will be used by responsible reporting entities for liability, no-fault and worker's compensation insurance mandatory reporting. The reporting formats for those entities will be published at a later date.

A note about definitions: We assume that current VDSA or VDEA data sharing partners that will be RREs are already familiar with most of the data exchange terms and acronyms used throughout this document – for example, the meaning of TIN, MSP and non-MSP should be well known.

However, Section 111 does bring some new terminology to our MSP (and non-MSP) reporting processes. One of the first is the designation of the law itself, which is usually shortened to "the MMSEA." Section 111 of the MMSEA is the specific part of the law that mandates the types of reporting we have been developing and writing instructions for, and that this document is a part of. For a variety of technical reasons, when referring to the MMSEA we no longer use the terms "Mandatory Insurer Reporting" or "MIR" (although they do still linger is some of our older documents). And as we already noted in the second paragraph, above, we often use the acronym RRE, for "responsible reporting entity," when referring to those who must be reporting under the terms of Section 111.

Differences Between the Current VDSA/VDEA Files and the new Section 111 Files

Responsible Reporting Entities (RREs) that are current VDSA/VDEA partners will note the following differences between VDSA/VDEA and Section 111 data exchange reporting:

- Each Section 111 RRE will be assigned a Section 111 Reporter ID number. This number will replace the partner's existing VDSA or VDEA ID number. The RRE Reporter ID will be entered in Field 2 of the Header and Trailer Files for the Section 111 GHP MSP, Non-MSP, and TIN Reference Input Files. The partner's previous VDSA or VDEA ID will no longer be valid or used in these files.

  NOTE: For the time being, a former VDSA or VDEA partner that uses the Query Only file labeled *Section 111 Query Only Input File (ANSI 270/271 Entitlement Query Flat File Format)* must continue to use its current VDSA or VDEA ID in Field 2 of the Query Only File Header and Trailer Files. The Section 111 Query Only File will be modified at a later date to include the new Section 111 Reporter ID, and all RREs will be notified.

- Pseudo-TINs are no longer permitted for inclusion on the TIN Reference File. All Section 111 RREs now must provide valid TINs for employers and insurers on all file type submissions.

- On the MSP Input File, the age threshold for reporting individuals not otherwise known to be Medicare beneficiaries is now 45 years of age and older. This has been lowered from the age threshold of 55 years of age used in the VDSA and VDEA program. In addition, with Section 111 reporting, adherence to this reporting age threshold is a requirement.

- A "Small Employer Exception (SEE) HICN" field has been added; see Field 32 on the MSP Input File Detail Record. Data supplied in new Field 32 and existing Field 16 will be used in conjunction with records of previously approved small employer exception requests to ensure that we know when Medicare is primary for a particular beneficiary with the exception. A full explanation of the "Small Employer Exception" will be provided in the Section 111 User Guide that will be published later this year. In the interim, CMS has placed a download on our dedicated Section 111 Web page to explain the SEE.

- A "SEE Response Code" Field has been added to the MSP Response File at Field 81. The full explanation of the "SEE Response Code" is included in the explanation of the "Small Employer Exception" identified above.

- A "Late Submission Indicator" field has been added on the MSP Response File. It will be filled if the submitted record was not received within its required submission period. The Late Submission Indicator is at Field 82.

- For Section 111 production file exchange, each current VDSA or VDEA partner will be assigned a new file submission schedule. It will replace the file submission schedule a partner is using in the Voluntary program.

GHP Reporting Options

Section 111 requires that GHP RREs provide CMS with information regarding hospital and medical GHP coverage they provide to Medicare beneficiaries, and contains provisions for CMS to share information regarding a beneficiary's Medicare Part A (hospital) entitlement, Part B (medical), and Part C (Medicare Advantage) coverage in return. However, CMS is very interested in coordinating benefits related to GHP prescription drug benefits and Medicare Part D (prescription drug) coverage for these same Medicare beneficiaries. As a result we have made two reporting options available – Basic and Expanded – in the Section 111 GHP reporting process.

The *Basic Reporting Option* reflects the minimum requirements you must adhere to in order to comply with Section 111. The *Expanded Reporting Option* includes the minimum requirements for Section 111 plus the exchange of prescription drug coverage information. If you select the Basic Reporting Option, CMS will return just Medicare Part A entitlement, and Parts B and C enrollment information on your response files. However, entities participating through the Expanded Reporting Option will also receive Medicare Part D eligibility and enrollment information. Most current users of the VDSA and VDEA program are already participating at the Section 111 Expanded Reporting Option level, and CMS encourages all RREs that are existing VDSA and VDEA partners to use the Section 111 Expanded Reporting Option.

The actual data exchange process will still take place between the former VDSA or VDEA partners and the CMS Coordination of Benefits Contractor (the COBC). The COBC will be managing the technical aspects of the Section 111 data exchange process for all Section 111 RREs.

The following sections explain each of the two reporting options in further detail. The complete file types identified below follow, in later sections of this document.

Basic Reporting Option

The Basic Reporting Option represents the minimum requirements you must adhere to for compliance with the Section 111 requirements. The Basic Reporting Option includes submission of the Medicare Secondary Payer (MSP) Input File for hospital and medical (Parts A and B) coverage of active covered individuals and, optionally, the Query Only Input File, in the form of an ANSI 270/271 Entitlement Query file, along with the corresponding response files. The COBC will only return entitlement/enrollment information for Medicare Parts A, B and C with this option.

For GHP insurers that choose the Basic Reporting Option, we will be happy to accept reporting of prescription drug coverage that is in addition to your hospital and medical reporting. If you anticipate reporting such additional drug coverage on more than an occasional basis we recommend that you choose to report using the Expanded Reporting Option.

MMSEA Section 111: Basic GHP Reporting Option Files

File Type	Description
GHP MSP Input File	This is the data set transmitted from a MMSEA Section 111 responsible reporting entity (RRE) to the COBC that is used to report information regarding Active Covered Individuals.
GHP MSP Response File	This is the data set transmitted from COBC to the MMSEA Section 111 RRE after the information supplied in the RRE's MSP Input File has been processed.
TIN Reference File	The TIN Reference File consists of a listing of each business entity's federal TIN and the business mailing address that is linked to that particular TIN.
Query Only Input File	This is a query file used to obtain Medicare Part A entitlement and Parts B and C enrollment of potential Medicare beneficiaries.
Query Only Response File	After the COBC has processed the Query Only Input File it will return the Query Only Response File with Medicare Parts A, B and C coverage information for individuals identified as Medicare beneficiaries.

Expanded Reporting Option

The Expanded Reporting Option is also similar to the former VDSA/VDEA process. It includes submission of the MSP file for primary medical and hospital coverage for active covered individuals, the Non-MSP file with supplemental prescription drug coverage records, Retiree Drug Subsidy (RDS) reporting, and entitlement/enrollment query capability, and the optional Query Only Input File, in the form of an ANSI 270/271 Entitlement Query file. The COBC will provide response files with entitlement/enrollment information for Medicare Parts A, B, C and D with this option.

MMSEA Section 111: Expanded GHP Reporting Option Files

File Type	Description
GHP MSP Input File	This is the data set transmitted from a MMSEA Section 111 RRE to the COBC that is used to report information regarding Active Covered Individuals.

GHP MSP Response File	This is the data set transmitted from the COBC to the MMSEA Section 111 RRE after the information supplied in the RRE's MSP Input File has been processed.
TIN Reference File	The TIN Reference File consists of a listing of each business entity's federal TIN and the firm's business mailing address that is linked to that particular TIN.
GHP Non-MSP Input File	This is the data set transmitted from a MMSEA Section 111 RRE to the COBC that is used to report information regarding the drug insurance coverage information of Inactive (e.g., not working, retired) Covered Individuals.
GHP Non-MSP Response File	This is the data set transmitted from the COBC to the MMSEA Section 111 RRE after the information supplied in the Non-MSP Input File has been processed.
Query Only Input File	This is a query file used to obtain Medicare Part A entitlement and Parts B and C enrollment of potential Medicare beneficiaries.
Query Only Response File	After the COBC has processed the Query Only Input File it will return the Query Only Response File with Medicare Parts A, B and C coverage information for individuals identified as Medicare beneficiaries.

Section 111 GHP MSP Input File

Section 111 GHP MSP Input File Header - 425 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	Header Indicator	2	1-2	Alpha	**Must be: 'H0'**
2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**
3.	File Type	4	12-15	Alpha	**Must be 'MSPI'** – MSP input file.

| 4. | File Date | 8 | 16-23 | Numeric Date | CCYYMMDD

Required. |
| 5. | Filler | 402 | 24-425 | Alpha-Numeric | Unused Field – **fill with spaces**. |

Section 111 GHP MSP Input File Detail Record – 425 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	HIC Number (HICN)	12	1-12	Alpha-Numeric	Active Covered Individual's/Beneficiary's Health Insurance Claim (Medicare ID) Number (HICN). **Required if SSN not provided.** **Required if the Active Covered Individual is under 45 years of age and is eligible for Medicare due to ESRD or a disability.** Populate with spaces if unavailable.
2.	Beneficiary Surname	6	13-18	Text	Active Covered Individual's/Beneficiary's Last Name – **Required**.
3.	Beneficiary First Initial	1	19-19	Alpha	Beneficiary's First Initial – **Required**.
4.	Beneficiary Date of Birth	8	20-27	Date	Beneficiary's DOB (CCYYMMDD) – **Required**.
5.	Beneficiary Sex Code	1	28-28	Numeric	Beneficiary's Sex – **Required**. Valid Values: 0 = Unknown 1 = Male 2 = Female
6.	DCN	15	29-43	Text	Document Control Number; assigned by the Section 111 GHP RRE. **Required**. Each record shall have a unique DCN.

Section 111 GHP MSP Input File Detail Record – 425 bytes					
Field	Name	Size	Displacement	Data Type	Description
7.	Transaction Type	1	44-44	Numeric	Type of Maintenance – **Required**. Valid Values: '0' = Add Record '1' = Delete record '2' = Update/Change record
8.	Coverage Type	1	45-45	Alpha-Numeric	Type of Insurance – **Required**. Basic Reporting Option includes Hospital and/or Medical Coverage. Expanded Reporting Option includes all coverage types. Valid Values: 'J' = Hospital Only 'K' = Medical Only 'A' = Hospital and Medical 'U' = Drug Only (network Rx) 'V' = Drug with Major Medical (non-network Rx) 'W' = Comprehensive Coverage –Hosp/Med/Drug (network Rx) 'X' = Hospital and Drug (network Rx) 'Y' = Medical and Drug (network Rx) 'Z' = Health Reimbursement Account (non-network Rx) '4' = Comprehensive Coverage – Hosp/Med/Drug (non-network Rx) '5' = Hospital and Drug (non-network Rx) '6' = Medical and Drug (non-network Rx)
9.	Beneficiary Social Security Number	9	46-54	Numeric	Active Covered Individual's/Beneficiary's SSN – **Required if HICN not provided**. Populate with 9 spaces if unavailable.

	Section 111 GHP MSP Input File Detail Record – 425 bytes				
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
10.	Effective Date	8	55-62	Date	Start Date of Covered Individual's GHP Coverage by Insurer. (CCYYMMDD) – **Required**.
11.	Termination Date	8	63-70	Date	End Date of Covered Individual's GHP Coverage. CCYYMMDD, **Required**. *Use all zeros if open-ended.*
12.	Relationship Code	2	71-72	Numeric	Covered Individual's Relation to Policy Holder – **Required**. Valid values: '01' = Self; Covered Individual is Policy Holder or subscriber '02' = Spouse or Common Law Spouse '03' = Child '20' = Domestic Partner '04' = Other
13.	Policy Holder's First Name	9	73-81	Text	Policy Holder's First name – **Required.**
14.	Policy Holder's Last Name	16	82-97	Text	Policy Holder's Last Name – **Required**.
15.	Policy Holder's SSN	9	98-106	Numeric	Policy Holder's SSN – **Required**.
16.	Employer Size	1	107	Numeric	Valid Values: '0' = 1 to 19 employees* '1' = 20 to 99 employees* '2' = 100 or more employees *Employer Size Rule: Enter '1' if the employer has fewer than 20 full or part-time employees but is part of a multi-employer plan and another employer in that plan has 20 or more employees. Enter '2' if employer has fewer than 100 full or part-time employees but is part of a multi-employer plan where another employer in that plan has 100 or more employees. **Required**.

Section 111 GHP MSP Input File Detail Record – 425 bytes					
Field	Name	Size	Displacement	Data Type	Description
17.	Group Policy Number	20	108-127	Text	Policy Number Assigned by GHP Payer – For use when coverage type is V, Z, 4, 5, and 6.
18.	Individual Policy Number	17	128-144	Text	Individual Policy Number; GHP's unique individual identifier for the Active Covered Individual (beneficiary) reported on this record. **Required for Coverage types V, Z, 4, 5, and 6**.
19.	Employee Coverage Election	1	145	Numeric	Who the Policy Covers – **Required.** '1' = Policyholder Only. '2' = Policyholder & Family. '3' = Policyholder & Dependents, but not Spouse.
20.	Employee Status	1	146	Numeric	'1' = Active/Currently Employed. Plan is primary because employee is in current employment status. '2' = Plan is primary for another reason (i.e., employee is a retiree under age 65, but the beneficiary retains primary coverage through the employer because the covered beneficiary or covered dependent has ESRD). **Required**.
21.	Employer TIN	9	147-155	Numeric	Employer Tax Identification Number (EIN) – **Required**. A matching record must be (or have been) submitted on the TIN Reference File.
22.	Insurer TIN	9	156-164	Numeric	Insurer Tax Identification Number – **Required**. A matching record must be (or have been) submitted on the TIN Reference File.

					Section 111 GHP MSP Input File Detail Record – 425 bytes

Field	Name	Size	Displacement	Data Type	Description
23.	National Health Plan	10	165-174	Filler	National Health Plan Identifier – (Future Use). **Fill with spaces**.
24.	Rx Insured ID number	20	175-194	Text	Insured's Identification Number for prescription drug coverage. Applies to drug coverage information reported when using the Expanded Reporting Option. **Required for coverage types U, W, X, & Y**
25.	Rx Group Number	15	195-209	Text	Group Number for prescription drug coverage. Applies to drug coverage information reported when using the Expanded Reporting Option. For use when coverage type is V, Z, 4, 5, and 6.
26.	Rx PCN	10	210-219	Text	Rx Processor Control Number. Applies to drug coverage information reported when using the Expanded Reporting Option. **Required if available.**
27.	Rx BIN Number	6	220-225	Text	Benefit Identification Number for Rx processing. Applies to drug coverage information reported when using the Expanded Reporting Option. **Required for coverage types U, W, X, & Y**
28.	Rx Toll Free Number	18	226- 243	Text plus "(" and ")"	Prescription Drug/Pharmacy Benefit Information Toll Free Number. Applies to drug coverage information reported when using the Expanded Reporting Option.

						Section 111 GHP MSP Input File Detail Record – 425 bytes	
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
29.	Person Code	3	244-246	Text	Person code the plan uses to identify specific individuals on a policy. The values are established by the insurer. May also known as a Dependent Code.
30.	Reserved	10	247-256	Alpha-Numeric	Reserved for COBC use. **Fill with spaces only.**
31.	Reserved	5	257-261	Alpha-Numeric	Reserved for COBC use. **Fill with spaces only.**
32.	Small Employer Exception (SEE) HICN	12	262-273	Alpha-Numeric	Beneficiary's Health Insurance Claim Number if a small employer exception for this specific beneficiary has been approved by CMS.

Fill with spaces if there is no known SEE approval, or if the Field is N/A. |
| 33. | Filler | 152 | 274-425 | Alpha-Numeric | Unused Field. **Fill with spaces only.** |

					Section 111 GHP MSP Input File Trailer Record – 425 bytes	
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	Trailer Indicator	2	1-2	Alpha	**Must be: 'T0'**
2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**
3.	File Type	4	12-15	Alpha	**Must be 'MSPI'** – MSP input file.
4.	File Date	8	16-23	Numeric Date	CCYYMMDD **Required.**
5.	Record Count	9	24-32	Numeric	Number of Active Covered Individual records in this file. ***Do not include the Header and Trailer Records in this Record Count.*** **Required.**

6.	Filler	393	33-425	Alpha-Numeric	Unused Field – **fill with spaces.**

Section 111 GHP MSP TIN Reference File

Section 111 GHP MSP TIN Reference File Header Record – 425 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	Header Indicator	2	1-2	Alpha	**Must be: 'H0'**
2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**
3.	File Type	4	12-15	Alpha	**Must be: 'REFR'** – TIN reference file. **Required.**
4.	File Date	8	16-23	Numeric Date	CCYYMMDD **Required.**
5.	Filler	402	24-425	Alpha Numeric	Unused Field – **fill with spaces**.

Section 111 GHP MSP TIN Reference File Detail Record – 425 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	TIN	9	1-9	Numeric	Tax identification number of the entity, or cross-reference number to TIN field in the detail records. Corresponds to either Field 21 or 22 of the MSP Input File. The TIN indicator field identifies which has been used. **Required.**
2.	Name	32	10-41	Text	Name of the entity. **Required.**

Field	Name	Size	Displacement	Data Type	Description
3.	Address Line 1	32	42-73	Text	Address Line 1. The mailing address associated with each TIN should be the address to which health care insurance coordination of benefits issues should be directed. This mailing address will help CMS and others to direct correspondence to the most appropriate contact at the GHP responsible reporting entity and employer. **Required.**
4.	Address Line 2	32	74-105	Text	Address Line 2.
5.	City	15	106-120	Text	City. **Required.**
6.	State	2	121-122	Alpha	State – Must be a valid USPS state abbreviation. **Required.**
7.	Zip Code	9	123-131	Alpha-Numeric	Zip Code. **First 5 positions required.**
8.	TIN indicator	1	132	Alpha	Used to indicate whether the TIN is for an insurer/TPA or employer. Values: E = The TIN field contains a valid TIN (EIN) for an Employer. I = The TIN field contains a valid TIN for an Insurer/TPA. **Required.**
9.	Filler	293	133-425	Text	Future use – **Fill with spaces**.

Section 111 GHP MSP TIN Reference File Trailer Record – 425 Bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	Trailer Indicator	2	1-2	Alpha	**Must be: 'T0'**
2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**

3.	File Type	4	12-15	Alpha	Must be: **'REFR'** – TIN Reference file.
4.	File Date	8	16-23	Numeric Date	CCYYMMDD **Required.**
5.	Record Count	9	24-32	Numeric	Number of TIN records in this file. ***Do not include the Header and Trailer Records in the Record Count.*** **Required.**
6.	Filler	393	33-425	Alpha-Numeric	Unused Field – **fill with spaces**.

Section 111 GHP MSP Response File

Section 111 GHP MSP Response File Header Record – 800 bytes				
Field	**Name**	**Size**	**Displacement**	**Description**
1.	Header Indicator	2	1-2	**Must be: 'H0'**
2.	Section 111 Reporter ID	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. Corresponds to the reporter ID submitted on the MSP Input File.
3.	File Type	4	12-15	'MSPR' – MSP input file.
4.	File Date	8	16-23	CCYYMMDD COBC supplied.
5.	Filler	777	24-800	Unused Field. Space filled.

	Section 111 GHP MSP Response File Detail Record - 800 bytes			
Field	**Name**	**Size**	**Displacement**	**Description**
1.	Filler	4	1-4	For COBC internal use.
2.	HIC Number	12	5-16	Beneficiary Health Insurance Claim Number (HICN). Field will contain either the HICN that has matched or the **corrected** HICN based on an SSN match. Store this HICN in your system for future COBC data exchanges.
3.	Beneficiary Surname	6	17-22	Beneficiary's Last Name. Field will contain either the name supplied or the **corrected** name from COBC database.
4.	Beneficiary First Initial	1	23	Beneficiary's First Initial. Field will contain either the value supplied or the **corrected** value from COBC database.
5.	Beneficiary Date of Birth	8	24-31	Beneficiary's DOB. (CCYYMMDD) Field will contain either the value supplied or the **corrected** value from COBC database.
6.	Beneficiary Sex Code	1	32	Beneficiary's Sex: 0 = Unknown 1 = Male 2 = Female Field will contain either the value supplied or the **corrected** value from COBC database.
7.	COBC DCN	15	33-47	Document Control Number assigned by the COBC. COBC supplied.
8.	Disposition Code	2	48-49	Response Disposition Code from COBC (via the Medicare CWF). See GHP Disposition Code Table for values.
9.	Transaction Type	1	50	Type of Maintenance: '0' = Add Record '1' = Delete record '2' = Update record Transaction type applied by COBC.

| **Section 111 GHP MSP Response File Detail Record - 800 bytes** |

Field	Name	Size	Displacement	Description
10.	Reason for Medicare Entitlement	1	51	Reason for Medicare Entitlement: 'A' = Working Aged 'B' = ESRD 'G' = Disabled Value returned if individual is entitled. COBC supplied.
11.	Coverage Type (insurer type/policy type)	1	52	Type of Insurance: 'J' = Hospital Only 'K' = Medical Only 'A' = Hospital and Medical 'U' = Drug Only - network Rx 'V' = Drug with Major Medical - non-network Rx 'W' = Comprehensive Coverage - Hosp/Med/Drug - network Rx 'X' = Hospital and Drug - network Rx 'Y' = Medical and Drug - network Rx 'Z' = Health Reimbursement Account - non-network Rx '4' = Comprehensive Coverage - Hosp/Med/Drug - non-network Rx '5' = Hospital and Drug - non-network Rx '6' = Medical and Drug - non-network Rx Field will contain value supplied on input.
12.	Insurer Name	32	53-84	Insurer name. Field will contain value supplied on TIN Reference File.
13.	Insurer Address 1	32	85-116	Insurer's Address Line 1. Field will contain value supplied on TIN Reference File.
14.	Insurer Address 2	32	117-148	Insurer's Address Line 2. Field will contain value supplied on TIN Reference File.
15.	Insurer City	15	149-163	Insurer's City. Field will contain value supplied on TIN Reference File.

			Section 111 GHP MSP Response File Detail Record - 800 bytes	
Field	**Name**	**Size**	**Displacement**	**Description**
16.	Insurer State	2	164-165	Insurer's State. Field will contain value supplied on TIN Reference File.
17.	Insurer Zip Code	9	166-174	Insurer's Zip Code. Field will contain value supplied on TIN Reference File.
18.	Beneficiary SSN	9	175-183	Beneficiary's SSN. Field will contain either the SSN matched or the **corrected** SSN based on a HICN match.
19.	MSP Effective Date	8	184-191	Start Date of Beneficiary's Primary GHP Coverage (CCYYMMDD). Effective date of the MSP occurrence posted on the Medicare System of Record. To be saved by the RRE. COBC supplied.
20.	MSP Termination Date	8	192-199	End Date of Beneficiary's Primary GHP Coverage (CCYYMMDD). End date of the MSP occurrence posted on the Medicare Systems of Record. *All zeros if open-ended. COBC supplied.
21.	Relationship Code	2	200-201	Covered Individual's Relationship to Active Employee: '01' = Covered Individual is Active Employee '02' = Spouse or Common Law Spouse '03' = Child '20' = Domestic Partner '04' = Other Default is '01'
22.	Policy Holder's First Name	9	202-210	Active Employee's First Name. Field will contain value supplied on input.
23.	Policy Holder's Last Name	16	211-226	Active Employee's Last Name. Field will contain value supplied on input.
24.	Policy Holder's SSN	12	227-238	Active Employee's SSN. (9 digits, left justified.) Field will contain value supplied on input.

	Section 111 GHP MSP Response File Detail Record - 800 bytes			
Field	**Name**	**Size**	**Displacement**	**Description**
25.	Employer's Name	32	239-270	Employer Providing Coverage. Field will contain the value supplied on the TIN Reference File.
26.	Employer's Address Line 1	32	271-302	Employer's Street Address, line 1. Field will contain value supplied on TIN Reference File.
27.	Employer's Address Line 2	32	303-334	Employer's Street Address, line 2. Field will contain value supplied on TIN Reference File.
28.	Employer's City	15	335-349	Employer's City. Field will contain value supplied on TIN Reference File.
29.	Employer's State	2	350-351	Employer's State Code. Field will contain value supplied on TIN Reference File.
30.	Employer's Zip Code	9	352-360	Employer's Zip Code. Field will contain value supplied on TIN Reference File.
31.	Group Policy Number	20	361-380	Group Policy Number. Field will contain value supplied on input.
32.	Individual Policy Number	17	381-397	Individual's Policy Number. Field will contain value supplied on input.
33.	Last Query Date	8	398-405	Last Date Sent to Medicare CWF (Common Working File). (CCYYMMDD) COBC supplied.
34.	Current Disposition Code	2	406-407	Result from Most Current CWF Transmission (same as Field #8). COBC supplied.
35.	Current Disposition Date	8	408-415	Date of Most Current CWF Transmission. (CCYYMMDD) COBC supplied.
36.	Previous Disposition Code	2	416-417	Result from Previous CWF Transmission. COBC supplied.

Section 111 GHP MSP Response File Detail Record - 800 bytes				
Field	**Name**	**Size**	**Displacement**	**Description**
37.	Previous Disposition Date	8	418-425	Date of Previous CWF Transmission. (CCYYMMDD) COBC supplied.
38.	First Disposition Code	2	426-427	Result from First CWF Transmission. COBC supplied.
39.	First Disposition Date	8	428-435	Date of First CWF Transmission. (CCYYMMDD) COBC supplied.
40.	Error Code 1	4	436-439	SP Error Code 1 See SP Error Code Table for values. COBC or CWF supplied.
41.	Error Code 2	4	440-443	SP Error Code 2 See SP Error Code Table for values. COBC or CWF supplied.
42.	Error Code 3	4	444-447	SP Error Code 3 See SP Error Code Table for values. COBC or CWF supplied.
43.	Error Code 4	4	448-451	SP Error Code 4 See SP Error Code Table for values. COBC or CWF supplied.
44.	Split Entitlement Indicator	1	452	Entitlement Split Indicator: 'Y' = yes 'N' or blank = no COBC supplied.
45.	Original Reason for Medicare Entitlement	1	453	Original Reason for Medicare Entitlement: 'A' = Working Aged 'B' = ESRD 'G' = Disabled COBC supplied.
46.	Original Coverage Effective Date	8	454-461	The original GHP coverage effective date sent. This gets populated if a SP31 error occurs. (CCYYMMDD) Field will be the value supplied on input.

			Section 111 GHP MSP Response File Detail Record - 800 bytes	
Field	**Name**	**Size**	**Displacement**	**Description**
47.	Original Coverage Termination Date*	8	462-469	The original GHP coverage termination date sent. This gets populated if a SP32 error occurs. (CCYYMMDD) Field will be the value supplied on input. *All zeros if open-ended.
48.	Partner Assigned DCN	15	470-484	The Document Control Number assigned by the Section 111 GHP responsible reporting entity. It is moved here so we can provide our own unique COBC DCN in Field 7. Field will be the value supplied on input.
49.	Current Medicare Part A Effective Date	8	485-492	Effective Date of Medicare Part A Coverage. (CCYYMMDD) COBC supplied.
50.	Current Medicare Part A Termination Date*	8	493-500	Termination Date of Medicare Part A Coverage. (CCYYMMDD) COBC supplied. * All zeros if open-ended.
51.	Current Medicare Part B Effective Date	8	501-508	Effective Date of Medicare Part B Coverage. (CCYYMMDD) COBC supplied.
52.	Current Medicare Part B Termination Date*	8	509-516	Termination Date of Medicare Part B Coverage. (CCYYMMDD) COBC supplied. * All zeros if open-ended.
53.	Medicare Beneficiary Date of Death	8	517-524	Medicare Beneficiary Date of Death. (CCYYMMDD) COBC supplied.
54.	Current Medicare Part C Plan Contractor Number	5	525-529	Contractor Number of the current Medicare Part C Plan in which the beneficiary is enrolled. COBC supplied.

Section 111 GHP MSP Response File Detail Record - 800 bytes				
Field	Name	Size	Displacement	Description
55.	Current Medicare Part C Plan Enrollment Date	8	530-537	Effective Date of coverage provided by current Medicare Part C Plan. (CCYYMMDD) COBC supplied.
56.	Current Medicare Part C Plan Termination Date*	8	538-545	Termination Date of coverage provided by current Medicare Part C Plan. (CCYYMMDD) COBC supplied. * All zeros if open-ended (i.e., if coverage is not terminated).
57.	Current Medicare Part D Plan Contractor Number	5	546-550	Contractor Number of the current Medicare Part D Plan in which the beneficiary is enrolled. COBC supplied. **Only provided to Section 111 Expanded Reporting Option reporters.**
58.	Current Part D Plan Enrollment Date	8	551-558	Effective Date of coverage provided by current Medicare Part D Plan. (CCYYMMDD) COBC supplied. **Only provided to Section 111 Expanded Reporting Option reporters.**
59.	Current Medicare Part D Plan Termination Date*	8	559-566	Termination Date of coverage provided by current Medicare Part D Plan. (CCYYMMDD) COBC supplied. * All zeros if open-ended (i.e., if coverage is not terminated). **Only provided to Section 111 Expanded Reporting Option reporters.**
60.	Part D Eligibility Start Date	8	567-574	Earliest date that Beneficiary is eligible to receive Part D Benefits – Refer to Field 58 for Part D Plan Enrollment Date. (CCYYMMDD) COBC supplied. **Only provided to Section 111 Expanded Reporting Option reporters.**

Section 111 GHP MSP Response File Detail Record - 800 bytes				
Field	**Name**	**Size**	**Displacement**	**Description**
61.	Part D Eligibility Stop Date*	8	575-582	Date the Beneficiary is no longer eligible to receive Part D Benefits – Refer to Field 59 for Part D Plan Termination Date. (CCYYMMDD) COBC supplied. * All zeros if open-ended. **Only provided to Section 111 Expanded Reporting Option reporters.**
62.	National Health Plan ID	10	583-592	National Health Plan Identifier. (Future requirement.) Field will contain value supplied on input.
63.	Rx Insured ID number	20	593-612	Insured's Identification Number. Field will contain value supplied on input.
64.	Rx Group Number	15	613-627	Group Number. Field will contain value supplied on input.
65.	Rx PCN	10	628-637	Processor Control Number. Field will contain value supplied on input.
66.	Rx BIN Number	6	638-643	Benefit Identification Number for Rx processing. Field will contain value supplied on input.
67.	Rx 800 Number	18	644-661	Pharmacy benefit information Toll Free Number. Field will contain value supplied on input.
68.	Person Code	3	662-664	Person Code. Field will contain value supplied on input.
69.	Rx Disposition Code	2	665-666	Response Disposition Code from COBC (Medicare System of Record MBD). See GHP Disposition Code Table for values. Code supplied by the COBC.
70.	Rx Disposition Date	8	667-674	Date Rx Disposition Code was generated. (CCYYMMDD) Code supplied by the COBC.
71.	Rx Error Code 1	4	675-678	Rx Error Code 1. Refer to GHP Rx Error Codes for values. COBC supplied.

Section 111 GHP MSP Response File Detail Record - 800 bytes				
Field	Name	Size	Displacement	Description
72.	Rx Error Code 2	4	679-682	Rx Error Code 2. Refer to GHP Rx Error Codes for values. COBC supplied.
73.	Rx Error Code 3	4	683-686	Rx Error Code 3. Refer to GHP Rx Error Codes for values. COBC supplied.
74.	Rx Error Code 4	4	687-690	Rx Error Code 4. Refer to GHP Rx Error Codes for values. COBC supplied.
75.	ESRD Coordination Period Start Date	8	691-698	The start date for the 30-month coordination period in which GHP coverage is considered primary to Medicare because the beneficiary has a diagnosis of End Stage Renal Disease. (CCYYMMDD) COBC supplied.
76.	ESRD Coordination Period End Date	8	699-706	The ending date for the 30-month coordination period in which GHP coverage is considered primary to Medicare because the beneficiary has a diagnosis of ESRD. A corresponding GHP coverage will no longer be considered an MSP record after the 30-month coordination period is terminated. (CCYYMMDD) COBC supplied.
77.	First Dialysis Date	8	707-714	A date that indicates when the ESRD Dialysis first started. (CCYYMMDD) Value will be zero if not applicable. COBC supplied.
78.	ESRD Self-Training Date	8	715-722	A date that indicates when the beneficiary participated in ESRD Self - Care Training.(CCYYMMDD) Value will be zero if not applicable. COBC supplied.
79.	Transplant Date – Most Recent	8	723-730	A date that indicates when a Kidney Transplant Operation Occurred. (CCYYMMDD) Value will be zero if not applicable. COBC supplied.

			Section 111 GHP MSP Response File Detail Record - 800 bytes	
Field	**Name**	**Size**	**Displacement**	**Description**
80.	Transplant Failure Date – Most Recent	8	731-738	A date that indicates when a Kidney Transplant failed. Last occurrence will be reported. (CCYYMMDD) COBC supplied.
81.	SEE Response Code	2	739-740	Small Employer Exception (SEE) response code. (Spaces): Not applicable. SEE HICN not provided SA – SEE HICN accepted SN – SEE HICN not accepted SP – SEE HICN partially accepted (SEE HICN period does not cover entire MSP period) COBC supplied.
82.	Late Submission Indicator	1	741-741	Indicates that the submitted record was not received on schedule. The MSP effective date (the later of the coverage effective date or the beneficiary entitlement date) was more than 45 calendar days older then the date of the scheduled Section 111 submission. COBC supplied.
83.	Filler	60	741-800	Unused Field. Space filled.

			Section 111 GHP MSP Response File Trailer Record – 800 bytes	
Field	**Name**	**Size**	**Displacement**	**Description**
1.	Trailer Indicator	2	1-2	Must be: 'T0'
2.	Section 111 Reporter ID	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. Corresponds to the reporter ID submitted on the MSP Input File.
3.	File Type	4	12-15	'MSPR' – MSP input file.
4.	File Date	8	16-23	CCYYMMDD COBC supplied.
5.	Record Count	9	24-32	Number of detail records in this file. **Do not count the header and trailer.** COBC supplied
6.	Filler	768	33-800	Unused Field – Space filled.

Section 111 Query Only Input File (ANSI 270/271 Entitlement Query Flat File Format)

Section 111 Query Only Input File Header Record – 38 Bytes				
Field	**Name**	**Size**	**Displace ment**	**Description**
1.	Header Indicator	2	1-2	Must be: 'H0'
2.	VDSA ID	4	3-6	'0001', '0002', etc. ID number assigned by COBC (previously known as "Plan Number").
3.	Contractor Number	5	7-11	'11106' - Insurer '11105' – Employer '11112' – BCBS
4.	File Type	4	12-15	'IACT' – Inactive.
5.	Cycle Date	8	16-23	File date 'CCYYMMDD'
6.	Filler	15	24-38	Unused Field.

Section 111 Query Only Input File Detail Record – 38 Bytes				
Field	**Name**	**Size**	**Displacement**	**Description**
1.	HIC Number	12	1-12	Medicare Health Insurance Claim Number (if available).
2.	Surname	6	13-18	Surname of Covered Individual.
3.	First Initial	1	19-19	First Initial of Covered Individual.
4.	DOB	8	20-27	Covered Individual's Date of Birth. (CCYYMMDD)
5.	Sex Code	1	28-28	Covered Individual's Gender: 0 = Unknown 1 = Male 2 = Female
6.	SSN	9	29-37	Social Security Number of the Covered Individual.
7.	Filler	1	38	Filler.

	Section 111 Query Only Input File Trailer Record – 38 Bytes			
1.	Trailer Indicator	2	1-2	Should be: 'TO'
2.	VDSA ID	4	3-6	'0001', '0002', etc. ID number assigned by COBC (previously known as "Plan Number").
3.	Contractor Number	5	7-11	'11106' – Insurer '11105' – Employer '11112' – BCBS
4.	File Type	4	12-15	'IACT' – Inactive.
5.	Cycle Date	8	16-23	File date 'CCYYMMDD'
6.	Record Count	9	24-32	Number of individual query records in this file. Do not include the Header and Trailer Records in the Record Count.
7.	Filler	6	33-38	Unused Field.

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

	Section 111 Query Only Response File Record – 116 Bytes			
Field	**Name**	**Size**	**Displacement**	**Description**
1.	HIC Number	12	1-12	Medicare Health Insurance Claim Number.
2.	Surname	6	13-18	Surname of Covered Individual.
3.	First Initial	1	19-19	First Initial of Covered Individual.
4.	DOB	8	20-27	Covered Individual's Date of Birth. (CCYYMMDD)
5.	Sex Code	1	28-28	Covered Individual's Gender: 0 = Unknown 1 = Male 2 = Female
6.	SSN	9	29-37	Social Security Number of the Covered Individual.
7.	Entitlement Reason (Medicare reason)	1	38	Reason for Medicare Entitlement: A = Working Age B = ESRD G = Disabled
8.	Current Medicare Part A Effective Date	8	39-46	Effective Date of Medicare Part A Coverage. (CCYYMMDD)

Field	Name	Size	Displacement	Description
				Section 111 Query Only Response File Record – 116 Bytes

Field	Name	Size	Displacement	Description
9.	Current Medicare Part A Termination Date*	8	47-54	Termination Date of Medicare Part A Coverage. (CCYYMMDD) * Blank if ongoing.
10.	Current Medicare Part B Effective Date	8	55-62	Effective Date of Medicare Part B Coverage. (CCYYMMDD)
11.	Current Medicare Part B Termination Date*	8	63-70	Termination Date of Medicare Part B Coverage. (CCYYMMDD) *Blank if ongoing.
12.	Medicare Beneficiary Date of Death	8	71-78	Beneficiary Date of Death. (CCYYMMDD)
13.	Current Medicare Part C Plan Contractor Number	5	79-83	Contractor Number of the current Part C Plan in which the beneficiary is enrolled. COBC supplied value.
14.	Current Medicare Part C Plan Enrollment Date	8	84-91	Effective Date of coverage provided by the beneficiary's current Medicare Part C Plan. (CCYYMMDD)
15.	Current Medicare Part C Plan Termination Date*	8	92-99	Termination Date of the coverage provided by the beneficiary's current Medicare Part C Plan. (CCYYMMDD) *Blank if ongoing.
16.	Disposition Code	2	100-101	01 = Record Accepted. Beneficiary is on File on CMS System. 51 = Beneficiary is not in File on file in CMS System.
17.	CMS Document Control Number	15	102-116	VDSA ID (102-105), Julian Date (106-110), Sequence Counter (111-116).

Section 111 GHP Non-MSP Input File – Expanded Reporting Option Only

Field	Name	Size	Displacement	Data type	Description
					Section 111 GHP Non-MSP Input File Header Record – 300 bytes
1.	Header Indicator	2	1-2	Alpha	**Must be: 'H0'**

2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**
3.	File Type	4	12-15	Alpha	**Must be: 'NMSI'** – non-MSP input file.
4.	File Date	8	16-23	Numeric	CCYYMMDD **Required.**
5.	RDS Application Number	10	24-33	Alpha-Numeric	Retiree Drug Subsidy ID number that is associated with a particular RDS application. Assigned by the RDS Center. When populated this field should contain 10 digits (0-9), right justified with leading positions zero filled. This application number will change each year when a new application is submitted. **Required for files containing Action Type S. Fill with spaces for Action Types D and N.**
6.	Filler	267	34-300	Filler	Unused Field.

Section 111 GHP Non-MSP Input File Detail Record – 300 bytes					
Field	**Name**	**Size**	**Displacement**	**Data type**	**Description**
1.	Beneficiary Social Security Number	9	1-9	Numeric	Inactive Covered Individual's Social Security Number. **Required if HICN field (below) not populated.** Fill with spaces if SSN is not available.
2.	HIC Number (HICN)	12	10-21	Alpha-Numeric	Inactive Covered Individual's Health Insurance Claim Number (Medicare ID number). **Required if SSN field (above) not populated.** Populate with spaces if not available.
3.	Covered Individual's Surname	6	22-27	Text	Inactive Covered Individual's Last Name – **Required**.
4.	Covered Individual's First Initial	1	28-28	Alpha	Inactive Covered Individual's First Initial – **Required.**

| | | | | | Section 111 GHP Non-MSP Input File Detail Record – 300 bytes | |

Field	Name	Size	Displacement	Data type	Description
5.	Covered Individual's Middle Initial	1	29-29	Alpha	Inactive Covered Individual's Middle Initial – Optional.
6.	Covered Individual's Date of Birth	8	30-37	Numeric Date	Inactive Covered Individual's DOB. (CCYYMMDD). **Required.**
7.	Covered Individual's Sex Code	1	38-38	Numeric	Inactive Covered Individual's Sex – Valid values: 0 = Unknown 1 = Male 2 = Female **Required.**
8.	Group Health Plan (GHP) Number	20	39-58	Text	GHP Number assigned by Payer for action type D, or, <u>Unique Benefit Option Identifier</u> assigned by Payer for action type S. For use with Action Types D and S. **Required for Action Type S when Coverage Type is V, Z, 4, 5 or 6.**
9.	Individual Policy Number	17	59-75	Text	Unique Identifier assigned by the payer to identify the covered individual. For use with Action Types D and S. **Required for Action Type D when coverage type is V, Z, 4, 5, and 6.**
10.	Effective Date	8	76-83	Numeric Date	Start Date of Covered Individual's GHP Coverage by Insurer. (CCYYMMDD) **Required for Action Types D and S.**
11.	Termination Date**	8	84-91	Numeric Date	End Date of Covered Individual's GHP Coverage by Insurer. (CCYYMMDD). For use with Action Types D and S. **Required for Action Type S.** **All zeros if open-ended.
12.	National Health Plan	10	92-101	Filler	National Health Plan Identifier. *(Future Use.)*

					Section 111 GHP Non-MSP Input File Detail Record – 300 bytes			
Field	**Name**	**Size**	**Displacement**	**Data type**	**Description**
13.	Rx Insured ID number	20	102-121	Text	Insured's Rx Identification Number. For use with Action Types D and S. **Required for Action Type D when coverage type = U, W, X, or Y.**
14.	Rx Group Number	15	122-136	Text	Rx Group Health Plan Number assigned by Payer for action type D, or, <u>Unique Benefit Option Identifier</u>, as defined by the RDS Center, and assigned by Payer for action type S. **Required with Action Type S when Coverage Type = U, W, X, or Y.**
15.	Rx PCN	10	137-146	Text	Rx Processor Control Number for Medicare Beneficiaries. **Required if available.** For use with Action Type D and S when Coverage Type = U, W, X, or Y.
16.	Rx BIN Number	6	147-152	Text	Benefit Identification Number for Rx processing - Medicare Beneficiaries. For use with Action Types D and S. **Required for Action Type D when Coverage Type = U, W, X, or Y.**
17.	Rx Toll Free Number	18	153-170	Text plus "(" and ")"	Toll Free Number Pharmacist can use to contact Rx Insurer. For use with Action Types D and S.
18.	Relationship Code	2	171-172	Numeric	Covered Individual's Relation to Policy Holder - Valid values: '01' = Covered Individual is Policy Holder '02' = Spouse or Common Law Spouse '03' = Child '20' = Domestic Partner '04' = Other Or spaces. **Required for Action Types D and S.**

Section 111 GHP Non-MSP Input File Detail Record – 300 bytes					
Field	Name	Size	Displacement	Data type	Description
19.	Partner Assigned DCN	15	173-187	Text	Document Control Number; assigned by the Section 111 GHP RRE. **Required.** Each record shall have a unique DCN.
20.	Action Type	1	188	Alpha	Type of Maintenance: Valid values: 'D' = Drug Reporting record 'S' = Subsidy Reporting record 'N' = Non-Reporting record **Required.**
21	Transaction Type	1	189	Numeric	Type of Maintenance: Valid values: '0' = Add Record '1' = Delete record '2' = Update record Fill with space for action type N. **Required for action type D or S.**
22.	Coverage Type	1	190	Alpha-Numeric	Type of Coverage: 'U' - Drug Only - network Rx 'V' - Drug with Major Medical - non-network Rx 'W' - Comprehensive Coverage - Hosp/Med/Drug - network Rx 'X' - Hospital and Drug - network Rx 'Y' - Medical and Drug - network Rx 'Z' - Health Reimbursement Account - non-network Rx '4' = Comprehensive Coverage - Hosp/Med/Drug - non-network Rx '5' = Hospital and Drug - non-network Rx '6' = Medical and Drug - non-network Rx **Required for action type D or S.**

Field	Name	Size	Displacement	Data type	Description
23.	Person Code	3	191-193	Text	Person code the plan uses to identify specific individuals on a policy. For use with Action Types D and S.
24.	Reserved	10	194-203	Internal use	Reserved for COB internal use; **Fill with spaces only.**
25.	Reserved	5	204-208	Internal use	Reserved for COBC internal use; **Fill with spaces only.**
26.	Reserved	1	209	Internal use	Reserved for COBC internal use; **Fill with spaces only.**
27.	Insurer Name	32	210-241	Text	Name of Insurance company providing Prescription Drug coverage. For use with Action Types D and S.
28.	Filler	59	242-300	Filler	Unused field.

Section 111 GHP Non-MSP Input File Detail Record – 300 bytes

Section 111 GHP Non-MSP Input File Trailer Record – 300 bytes

Field	Name	Size	Displacement	Data type	Description
1.	Trailer Indicator	2	1-2	Alpha	**Must be: 'T0'**
2.	Section 111 Reporter ID	9	3-11	Numeric	'000000001', '000000002', etc. ID number assigned by COBC. **Required.**
3.	File Type	4	12-15	Alpha	**Must be: 'NMSI'** – non-MSP input file.
4.	File Date	8	16-23	Numeric	CCYYMMDD **Required.**
5.	S Record Count	9	24-32	Numeric	Number of Action Type 'S' records on file. **Required.**
6.	D Record Count	9	33-41	Numeric	Number of Action Type 'D' records on file. **Required.**
7.	N Record Count	9	42-50	Numeric	Number of Action Type 'N' records on file. **Required.**

Section 111 GHP Non-MSP Input File Trailer Record – 300 bytes					
Field	Name	Size	Displacement	Data type	Description
8.	Total Record Count	9	51-59	Numeric	Number of detail records in this file. ***Do not include the Header and Trailer Records in the Record Count.*** **Required.**
9.	Filler	241	60-300	Filler	Unused Field.

Section 111 GHP Non-MSP Response File

Section 111 GHP Non-MSP Response File Header Record – 500 bytes				
Field	Name	Size	Displacement	Description
1.	Header Indicator	2	1-2	Must be: 'H0'
2.	Section 111 Reporter ID	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. Corresponds to the reporter ID submitted on the Non-MSP Input File.
3.	File Type	4	12-15	'NMSR' – Non-MSP Response file. 'RDSU' – Unsolicited RDS Response file.
4.	File Date	8	16-23	CCYYMMDD COB supplied.
5.	RDS Application Number	10	24-33	Retiree Drug Subsidy ID number assigned by the RDS contractor that is associated with a particular RDS application. This application number will change each year when a new application is submitted. Field will contain value supplied on input.
6.	Filler	467	34-500	Unused Field. Space filled.

Section 111 GHP Non-MSP Response File Detail Record - 500 bytes				
Field	Name	Size	Displacement	Description
1.	Filler	4	1-4	COBC use
2.	SSN	9	5-13	Beneficiary's SSN. Included for action types D, S, and N. Field will contain either the SSN matched, or a **corrected** SSN based on a HICN match.
3.	HIC Number	12	14-25	Beneficiary's Medicare Health Insurance Claim Number (HICN). Included for action types D, S, and N. Field will contain either the HICN matched, or a **corrected** HICN based on a SSN match. Store this HICN in your system for future updates and deletes.
4.	Covered Individual's Surname	6	26-31	Beneficiary's Last Name. Included for action types D, S, and N. Field will contain either the name supplied or a **corrected** name from COBC database.
5.	Beneficiary First Initial	1	32	Beneficiary's First Initial. Included for action types D, S, and N. Field will contain either the value supplied or a **corrected** value from COBC database.
6.	Beneficiary Middle Initial	1	33	Beneficiary's Middle Initial. Included for action types D, S, and N. Field will contain the value supplied.
7.	Beneficiary Date of Birth	8	34-41	Beneficiary's DOB (CCYYMMDD). Included for action types D, S, and N. Field will contain either the value supplied or a **corrected** value from COBC database.
8.	Beneficiary Sex Code	1	42	Beneficiary's Sex: 0 = Unknown 1 = Male 2 = Female Included for action types D, S, and N Field will contain either the value supplied or a **corrected** value from COB database.

				Section 111 GHP Non-MSP Response File Detail Record - 500 bytes
Field	**Name**	**Size**	**Displacement**	**Description**
9.	Group Health Plan Number	20	43-62	GHP Number assigned by Payer for action type 'D,' or, Unique Benefit Option Identifier, as defined by the RDS Center, and assigned by Payer for action type 'S.' Included for action types D and S. Field will contain the value supplied on input.
10.	Individual Policy number	17	63-79	Policy Number. Included for action types D and S. Field will contain the value supplied on input.
11.	Effective Date	8	80-87	Start Date of Benefeciary's Supplemental Drug Insurance Coverage. (CCYYMMDD). Included for action types D and S. Field will contain the effective date applied to the supplemental drug coverage record.
12.	Termination Date	8	88-95	End Date of Beneficiary's Supplemental Drug Insurance Coverage. (CCYYMMDD) **All zeros if open-ended or non-applicable. Included for action types D and S. Field will contain the term date applied to the supplemental drug coverage record.
13.	National Health Plan ID	10	96-105	National Health Plan Identifier. For action types D and S. (*Future Use*).
14.	Rx Insured ID number	20	106-125	Insured's Rx Identification Number. Included for action types D and S. Field will contain the value supplied on input.
15.	Rx Group Number	15	126-140	Rx Group Health Plan Number assigned by payer for action type 'D,' or Unique Benefit Option Identifier assigned by payer for action type 'S.' Included for action types D and S. Field will contain the value supplied on input.
16.	Rx PCN	10	141-150	Rx Processor Control Number. Included for action types D and S. Field will contain the value supplied on input.

Field	Name	Size	Displacement	Description
17.	Rx BIN Number	6	151-156	Benefit Identification Number for Rx processing. Included for action types D and S. Field will contain the value supplied on input.
18.	Rx Toll Free Number	18	157-174	Pharmacy benefit Toll Free Number. Included for action types D and S. Field will contain the value supplied on input.
19.	Person Code	3	175-177	Person Code the Plan uses to identify specific individuals on a policy. Included for action types D and S. Defaults to '001' for D records if not provided on input.
20.	Relationship Code	2	178-179	Beneficiary's Relation to active employee: '01' = Beneficiary is Policy Holder '02' = Spouse or Common Law Spouse '03' = Child '20' – Domestic Partner '04' = Other Included for action types D and S. Field will contain the value supplied on input.
21.	RRE Assigned DCN	15	180-194	The Document Control Number assigned by the Section 111 GHP RRE. Included for action types D, S, and N. Field will contain the value supplied on input.
22.	COBC DCN	15	195-209	COBC Document Control Number. Included for action types D, S, and N. Field will contain the DCN created for this record by the COBC.
23.	Original Action Type	1	210	Type of Maintenance: 'D' = Drug Reporting record 'S' = Subsidy Reporting record 'N' = Non-Reporting record Included for action types D, S, and N. Field will contain value supplied on input.

Section 111 GHP Non-MSP Response File Detail Record - 500 bytes

Section 111 GHP Non-MSP Response File Detail Record - 500 bytes				
Field	**Name**	**Size**	**Displacement**	**Description**
24.	Action Type	1	211	Type of Maintenance applied by COBC (COBC may change an S action to a D if RDS rejects the record due to Part D enrollment): 'D' = Drug Reporting record 'S' = Subsidy Reporting record 'N' = Non-Reporting record Included for action types D, S and N. COBC supplied value.
25.	Transaction Type	1	212	Type of Maintenance: '0' = Add Record '1' = Delete record '2' = Update record Included for action types D and S. Field will contain value supplied on input.
26.	Coverage Type	1	213	Type of Coverage: 'U' = Drug Only - network Rx 'V' = Drug with Major Medical - non-network Rx 'W' = Comprehensive Coverage - Hosp/Med/Drug - network Rx 'X' = Hospital and Drug - network Rx 'Y' = Medical and Drug - network Rx 'Z' = Health Reimbursement Account - non-network Rx '4' = Comprehensive Coverage - Hosp/Med/Drug - non-network Rx '5' = Hospital and Drug - non-network Rx '6' = Medical and Drug - non-network Rx Included for action types D and S. Field will contain the value supplied on input.
27.	Filler	1	214	Unused Field.
28.	Reason for Medicare Entitlement	1	215	Reason for Medicare Entitlement: 'A' = Aged 'B' = ESRD 'G' = Disabled Included for action types D and N. COBC-supplied value.

Section 111 GHP Non-MSP Response File Detail Record - 500 bytes				
Field	Name	Size	Displacement	Description
29.	S Disposition Code	2	216-217	Cross-walked result from RDS processing to COBC disposition codes. Included for records submitted with 'S' action types. RDS-supplied value converted to Section 111 GHP specific S Disposition Code. Refer to Field 53 (RDS Reason Code) and Field 54 (RDS Determination Indicator) for actual codes supplied by the RDS Center.
30.	S Disposition Date	8	218-225	Date S Disposition determined. (CCYYMMDD). Included for records with an original S action types. RDS Center supplied value.
31.	Current Medicare Part A Effective Date	8	226-233	Effective Date of Medicare Part A Coverage. (CCYYMMDD) Included for all action types. COBC supplied value.
32.	Current Medicare Part A Termination Date*	8	234-241	Termination Date of Medicare Part A Coverage. (CCYYMMDD). Included for all action types. COBC supplied value. * All zeros if open-ended or not applicable.
33.	Current Medicare Part B Effective Date	8	242-249	Effective Date of Medicare Part B Coverage. (CCYYMMDD). Included for all action types. COBC supplied value.
34.	Current Medicare Part B Termination Date*	8	250-257	Termination Date of Medicare Part B Coverage. (CCYYMMDD). Included for all action types. COBC supplied value. * All zeros if open-ended or not applicable.
35.	Part D Eligibility Start Date	8	258-265	Earliest date that beneficiary is eligible to enroll in Part D – Refer to Field 42 for the Part D Plan Enrollment Date. (CCYYMMDD). Included for all action types. COBC supplied value.

Field	Name	Size	Displacement	Description
Section 111 GHP Non-MSP Response File Detail Record - 500 bytes				
36.	Part D Eligibility Stop Date*	8	266-273	Date the Beneficiary is no longer eligible to receive Part D Benefits – Refer to Filed 43 for the Part D Plan Termination Date. (CCYYMMDD). Included for all action types. COBC supplied value. * All zeros if open-ended or not applicable.
37.	Medicare Beneficiary Date of Death*	8	274-281	Medicare Beneficiary Date of Death (CCYYMMDD). Included for all action types. COBC supplied value. * All zeros if not applicable.
38.	Current Medicare Part C Plan Contractor Number	5	282-286	Contractor Number of the current Part C Plan in which the beneficiary is enrolled. Included for all action types. COBC supplied value.
39.	Current Medicare Part C Plan Enrollment Date	8	287-294	Effective Date of coverage provided by the Beneficiary's current Medicare Part C Plan. (CCYYMMDD). Included for all action types. COBC supplied value.
40.	Current Medicare Part C Plan Termination Date*	8	295-302	Termination Date of the coverage provided by the Beneficiary's current Medicare Part C Plan. Included for all action types. COBC supplied value. * All zeros if open-ended or not applicable.
41.	Current Medicare Part D Plan Contractor Number	5	303-307	Contractor Number of the current Medicare Part D Plan in which the Beneficiary is enrolled. Included for all action types. COBC supplied value.
42.	Current Medicare Part D Plan Enrollment Date	8	308-315	Effective Date of coverage provided by the Current Medicare Part D Plan. (CCYYMMDD). Included for all action types. COBC supplied value.

Field	Name	Size	Displacement	Description
			Section 111 GHP Non-MSP Response File Detail Record - 500 bytes	
43.	Current Medicare Part D Plan Termination Date*	8	316-323	Termination Date of coverage provided by the current Medicare Part D Plan. (CCYYMMDD) Included for all action types. COBC supplied value. * All zeros if open-ended or not applicable.
44.	Error Code 1	4	324-327	Error Code 1 – Contains SP or RX error codes from COBC or RDS processing if applicable. See SP and Rx Error Code Tables for values. COBC supplied value for D/N records. RDS supplied value for S records.
45.	Error Code 2	4	328-331	Error Code 2 – Contains SP or RX error codes from COBC or RDS processing if applicable. See SP and Rx Error Code Tables for values. COBC supplied value for D/N records. RDS supplied value for S records.
46.	Error Code 3	4	332-335	Error Code 3 – May contain SP or RX error codes from COBC or RDS processing if applicable. See SP and Rx Error Code Tables for values. COBC supplied value for D/N records. RDS supplied value for S records.
47.	Error Code 4	4	336-339	Error Code 4 – May contain SP or RX error codes from COBC or RDS processing if applicable. See SP and Rx Error Code Tables for values. COBC supplied value for D/N records. RDS supplied value for S records.
48.	D/N Disposition Code	2	340-341	Result from processing of an action type D or N record. This will also be used to provide a disposition for D records converted from S records – in such case, the S disposition (Field 30) will also be populated. See GHP Disposition Code Table for values. Code supplied by the COBC.
49.	D/N Disposition Date	8	342-349	Processing date associated with the D/N disposition code. (CCYYMMDD) Supplied by the COBC.
50.	RDS Start Date	8	350-357	Start date for the RDS subsidy period. RDS-supplied value.
51.	RDS End Date	8	358-365	End date for RDS subsidy period. RDS-supplied value.

		Section 111 GHP Non-MSP Response File Detail Record - 500 bytes			
Field	**Name**	**Size**	**Displacement**	**Description**
52.	RDS Split Indicator	1	366	Indicates multiple subsidy periods within the plan year. Expect multiple records. Values: 'Y' if applicable. Space if not-applicable. RDS-supplied value.
53.	RDS Reason Code*	2	367-368	Spaces = Accepted 01=Application deadline missed 02=Invalid application number 03=Invalid Last Name 04=Invalid First Name 05=Invalid Date of Birth 06=Invalid Gender 07=Invalid Coverage Effective date 08= Invalid coverage termination date 09= Invalid benefit option identifier 10= Enrolled in Part D 11= Not eligible for Medicare 12= Beneficiary is deceased 13= Invalid HICN or SSN 14=Termination date less than Effective date 15= Missing Trailer record 16= Not a valid Medicare Beneficiary 17= No coverage period exists for delete transaction 18= Invalid action type 19= Invalid relationship code 20= Beneficiary attempted to enroll in Part D and received an initial rejection. 21= New Medicare information has been received – resend record. *RDS Center supplied codes.
54.	RDS Determination Indicator	1	369	Y = Yes, the retiree qualifies for the RDS subsidy. N = No, the retiree does not qualify for the RDS subsidy. *This indicator may be blank on records in unsolicited RDS response files. .* RDS supplied value.
55.	ESRD Coverage Period Effective Date	8	370-377	The date on which the beneficiary is entitled to Medicare in some part because of a diagnosis of End Stage Renal Disease. (CCYYMMDD) Last coverage period will be reported if multiple coverage periods exist. Supplied by the COBC.

Field	Name	Size	Displacement	Description
				Section 111 GHP Non-MSP Response File Detail Record - 500 bytes
56.	ESRD Coverage Period Term Date	8	378-385	The date on which the beneficiary is no longer entitled to Medicare under ESRD Provisions (CCYYMMDD) Last coverage period will be reported if multiple coverage periods exist. Supplied by the COBC.
57.	First Dialysis Date	8	386-393	A date that indicates when the beneficiary first started ESRD Dialysis (CCYYMMDD) Supplied by the COBC.
58.	ESRD Self-Training Date	8	394-401	A date that indicates when the beneficiary participated in ESRD Self Care Training. (CCYYMMDD) Supplied by the COBC.
59.	Transplant Date – Most Recent	8	402-409	A date that indicates when a Kidney Transplant Operation Occurred. (CCYYMMDD) Last occurrence will be reported. Supplied by the COBC.
60.	Transplant Failure Date – Most Recent	8	410-417	A date that indicates when a Kidney Transplant failed. (CCYYMMDD) Last occurrence will be reported. Supplied by the COBC.
61.	Filler	83	418-500	Unused Field. Filled with spaces.

Field	Name	Size	Displacement	Description
				Section 111 GHP Non-MSP Response File Trailer Record – 500 bytes
1.	Trailer Indicator	2	1-2	Must be: 'T0'
2.	Section 111 Reporter ID	9	3-11	'000000001', '000000002', etc. ID number assigned by COBC. Corresponds to the reporter ID submitted on the Non-MSP Input File and the response file header record.
3.	File Type	4	12-15	'NMSR' – non-MSP response file. 'RDSU' – Unsolicited RDS Response file. Field will contain value supplied on input.
4.	File Date	8	16-23	CCYYMMDD COB supplied.

5.	Record Count	9	24-32	Number of detail records in this file. ***Header and trailer records are not included in this count.*** COBC Supplied.
6.	Filler	468	33-500	Unused Field. Space filled.