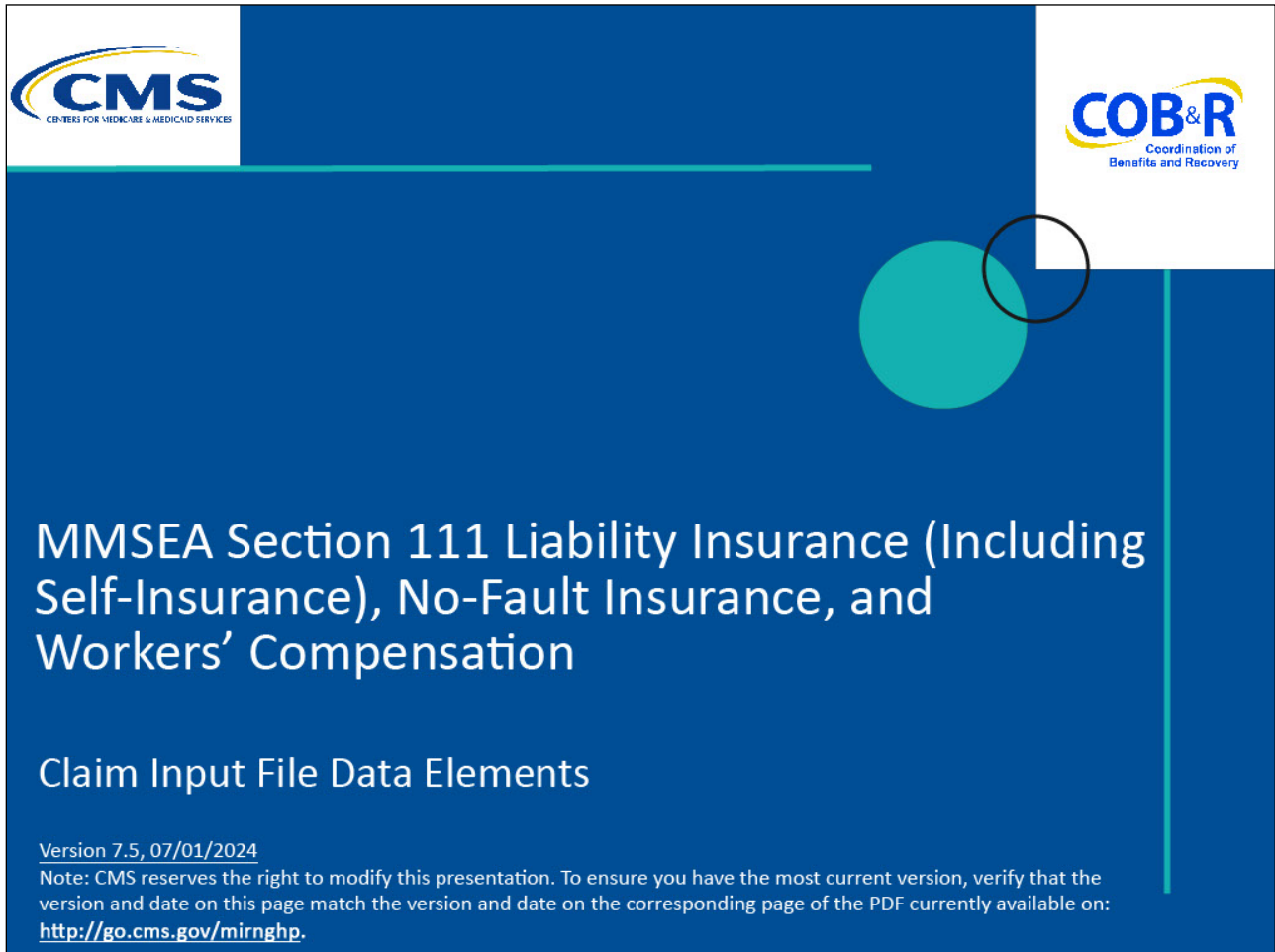


Claim Input File Data Elements

Slide 1 of 30 - Claim Input File Data Elements



The slide features a dark blue background with a teal circle and a thin teal line. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is "MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation". Below the title is "Claim Input File Data Elements". At the bottom left, it says "Version 7.5, 07/01/2024" and includes a note about the CMS right to modify the presentation, with a link to <http://go.cms.gov/mirnghp>.

Slide notes

Welcome to the Claim Input File Data Elements course.

Note: This module only applies to Responsible Reporting Entities or RREs, that will be submitting Section 111 claim information via an electronic file submission.

Slide 2 of 30 - Disclaimer

Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111. All affected entities are responsible for following the instructions found under the *Reference Materials* menu at the following link: <https://go.cms.gov/mirnghp>.

Slide notes

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Slide 3 of 30 - Course Overview

Course Overview

- Claim Input File
 - Header
 - Detail
 - Auxiliary
 - Trailer
- Data Editing

**Slide notes**

This module explains the Claim Input File data format. It describes the header, detail, auxiliary, and trailer records, and provides an overview on editing that will be performed on the submitted data.

Note: Liability insurance (including self-insurance), no-fault insurance and workers' compensation are sometimes collectively referred to as "non-group health plan" or "NGHP".

The term NGHP will be used in this CBT for ease of reference.

Slide 4 of 30 - PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

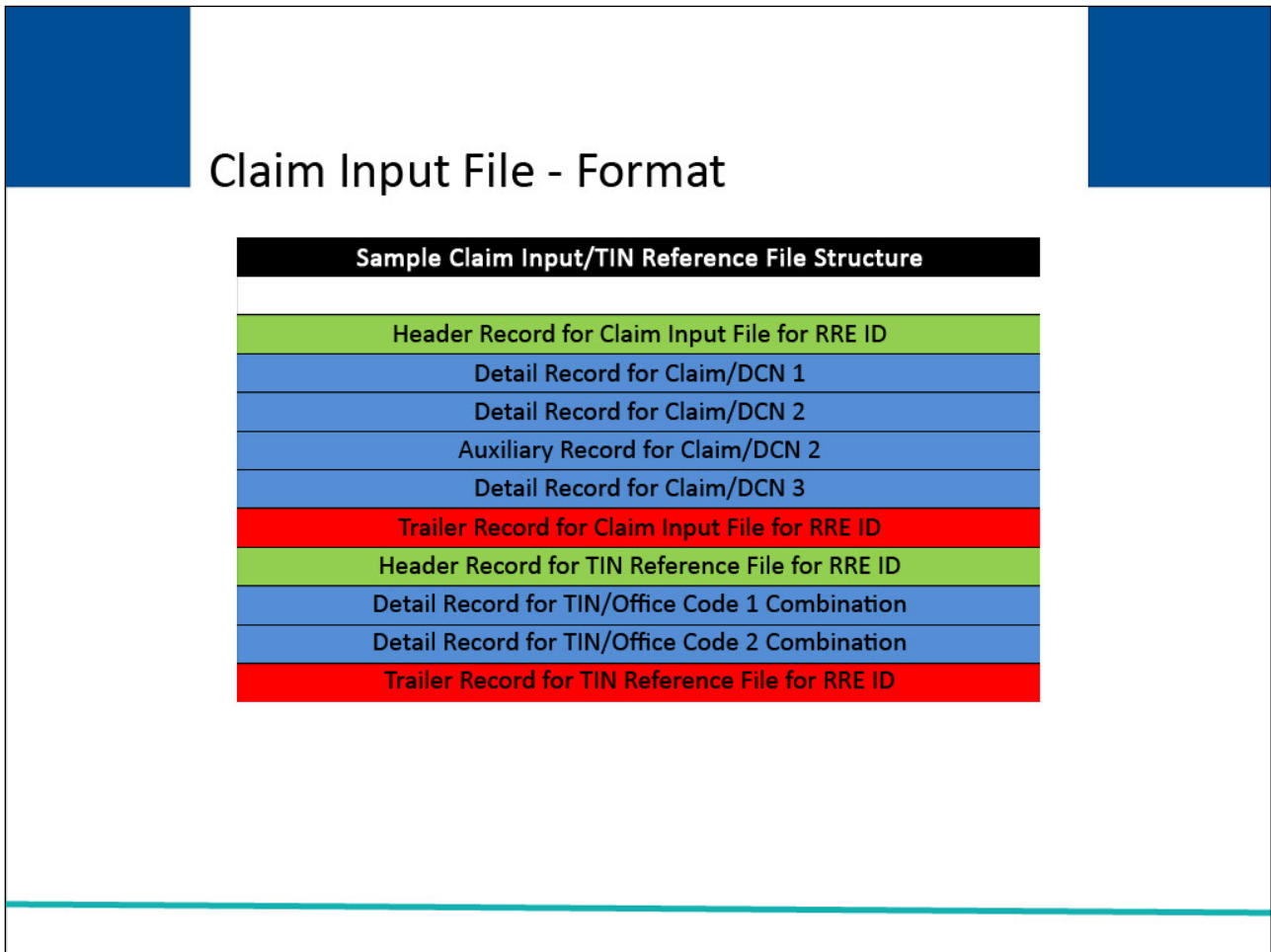
**Slide notes**

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 30 - Claim Input File - Format



Slide notes

Each Claim Input File contains at least three record types: header, detail, and trailer records. The first record in the Claim Input File must be a single header record.

The header record is followed by detail records for each claim reported in the file. A detail record may be followed by an auxiliary record, if applicable. The last record in the file must be a trailer record.

A Tax Identification Number or TIN Reference File must be submitted prior to, or with, the initial Claim Input File.

The TIN Reference File is used to submit mailing addresses that correspond to the different TIN and Office Code, or Site IDs, submitted on the Claim Input File, so this information doesn't have to be repeated on every Claim Input File Detail Record.

After the initial submission, the TIN Reference File only needs to be submitted if there are changes or additional TINs to report.

However, if you choose, you may submit a TIN Reference File prior to, or with, every quarterly Claim Input File submission.

The TIN Reference File may be submitted with your Claim Input File as a logically separated file within the same physical file, or in a completely separate physical file.

The record layouts are defined in the NGHP User Guide Appendices.

Note: When there is an active Medicare Secondary Payer Recovery Portal (MSRP) account for the insurer/recovery agent TIN, Section 111 submitters may set Go Paperless options (i.e., choose to receive letters electronically or by mail) for the insurer and recovery agent address using the following new TIN Reference File fields (Appendix B):

TIN/Office Code Paperless Indicator (Field 23),

Recovery Agent Paperless Indicator (Field 24), and

Recovery Agent TIN (Field 25).

There are also five new fields (Fields 48-52) returned for these entries on the TIN Reference Response File (Appendix D).

Slide 6 of 30 - Claim Input File Header Record

Claim Input File Header Record

Identifies type of file being submitted

Required data elements

Data Elements	Value
Record Identifier	NGCH
RRE ID	RRE ID associated with file submission; must match RRE ID on corresponding trailer record
Reporting File Type	NGHPCLM
File Submission Date	<ul style="list-style-type: none"> RRE-generated date Must match File Submission Date on the corresponding trailer record

Slide notes

Header records identify the type of file being submitted using the Record Identifier field.

The required data elements included on the Claim Input File header record are Record Identifier (value = NGCH), RRE ID (value = the RRE ID associated with the file submission; this must match the RRE ID on the corresponding trailer record), Reporting File Type (value = NGHPCLM), and File Submission Date (value = a date generated by the Responsible reporting entity).

The File Submission Date on the header record must match the date supplied on the corresponding trailer record.

Slide 7 of 30 - Claim Input File Header Record

Claim Input File Header Record

Claim information where injured party is a Medicare beneficiary and information concerning the incident

Some required data elements

Data Element	Value
Record Identifier	NGCD
Document Control Number	RRE-generated
Action Type	0 - add, 1 = delete or 2 = update
TIN	Federal Tax ID of applicable plan/RRE

Slide notes

The header record will be followed by detail records. These detail records include claim information where the injured party is a Medicare beneficiary, as well as information concerning the incident.

Some of the specific data elements that will be included on each Claim Input File Detail Record, are a Record Identifier (value = NGCD), a Document Control Number or DCN (this will be generated by the Responsible Reporting Entity and must be unique for each record on the file), an Action Type (the Responsible Reporting Entity will submit a value to identify the action to be performed on the record, that is, 0 for an add transaction, 1 for a delete transaction or 2 for an update transaction), and TIN (value = the Federal TIN of the applicable plan or Responsible Reporting Entity).

Slide 8 of 30 - Detail Record - Foreign Addresses

Detail Record - Foreign Addresses

- Claim Input File
 - Contact information provided must be inside United States
 - Guam, Puerto Rico, and the US Virgin Islands are considered inside the US
- TIN Reference File
 - Foreign address fields are available
- Claim Input File Detail and Auxiliary
 - Claimant and Claimant Representative field
 - Supply domestic US address and telephone number if possible

Domestic Address Unavailable	
Field	Value
State Code	FC
All other fields	Populate with spaces or zeroes

Slide notes

Contact information outside the United States may not be provided in any address or telephone number field on the Claim Input File. Guam, Puerto Rico, and the US Virgin Islands are considered inside the US. Foreign address fields are available on the TIN Reference File.

On the Claim Input File Detail and Auxiliary Records, the Responsible reporting entity must supply a domestic US address and telephone number for Claimant and Claimant Representative fields, if possible.

If none is available, then supply a value of FC in the associated State Code field and default all other fields to spaces or zeroes as specified in the record layouts in the NGHP User Guide Appendices Chapter 5 (Appendix A).

If the US address and phone number are not supplied for a Claimant or Claimant Representative, then the RRE may be contacted directly to supply additional information.

So, it is recommended that an RRE make every effort to supply a US address and phone number to avoid further contact about this information.

Slide 9 of 30 - Detail Record - DCN

Detail Record - DCN

- Required to match response records to input records
- RRE chooses format
- No more than 15 characters
- Unique within current file
- Does not need to be maintained and submitted on subsequent transactions
- Automatically generated by the system for those RREs using DDE

**Slide notes**

The DCN is required on the Claim Input File so that response records can be matched and issues with files more easily identified and resolved.

It can be any format of the RRE's choosing as long as it is no more than 15 characters as defined in the record layout. The DCN only needs to be unique within the current file being submitted.

The same DCN does not need to be maintained and submitted on subsequent update or delete records for a claim report. A new DCN may be generated for the claim report each time it is submitted in subsequent files.

Note: DCNs are automatically generated by the system for those RRE's using Direct Data Entry (DDE).

Slide 10 of 30 - Detail Record Submissions

Detail Record Submissions

Records submitted on a
beneficiary-by-beneficiary basis

- By type of insurance
- By policy number
- By claim number

Slide notes

Records are submitted on a beneficiary-by-beneficiary basis, by type of insurance, by policy number, by claim number, etc.

Note: The policy number (field 54), is now a key field, RREs must submit a delete Claim Input File record that matches the previously accepted add record, followed by a new add record with the changed information (i.e., delete/add process).

Slide 11 of 30 - Detail Record Submissions

Detail Record Submissions

- Possible that an RRE will submit more than one record for a particular individual in a particular quarter
- For example
 - Automobile accident and both drivers are insured by the same company
 - Both drivers' policies are making payment with respect to a particular beneficiary
 - RRE submits record for driver one's policy and a record for driver two's policy

Slide notes

It is possible that an RRE will submit more than one record for a particular individual in a particular quarter's Claim Input File. For example, if there is an automobile accident and both drivers are insured by the same company and both drivers' policies are making payment with respect to a particular beneficiary, the RRE would submit a record for driver one's policy and a record for driver two's policy.

Slide 12 of 30 - Detail Record Submissions

Detail Record Submissions

- Could be two records with respect to a single automobile insurance policy
- For example
 - Policy reports a Med Pay or PIP assumption of ORM and/or exhaustion/termination amount as well as
 - Liability insurance (bodily injury coverage) settlement, judgment, award, or other payment in the same quarter
 - RRE would submit two records, one for each insurance type

Slide notes

There could also be two records with respect to a single automobile insurance policy.

For example, if the policy were reporting a Med Pay or Personal Injury Protection (PIP) (considered to be no-fault) assumption of ongoing responsibility for medicals (ORM) and or exhaustion or termination amount as well as a liability insurance (bodily injury coverage) settlement, judgment, award, or other payment in the same quarter, the RRE would submit two records, one for each insurance type.

Claim Input File Detail Records, and Direct Data Entry (DDE) records, submitted prior to the effective date of the injured party's entitlement to Medicare will be rejected and returned with a Disposition SP31 error.

Note: RREs will receive this error code when submitting records with effective dates greater than 90 days prior to Medicare entitlement (Appendix F).

Slide 13 of 30 - Med Pay and PIP

Med Pay and PIP

- Both are no-fault insurance (Field 51 = D)
- RRE must combine for one policy/separate coverage/same injured party/same incident
 - Do not terminate ORM until PIP/Med Pay limits exhausted
- RRE must report separately if coverage under separate policies
 - Report applicable no-fault policy limits

Slide notes

Med Pay and PIP are both considered no-fault insurance by CMS (Field 51, Plan Insurance Type = D). RREs must combine PIP or Med Pay limits for one policy when they are separate coverages and being paid out on claims for the same injured party and same incident under a single policy and not terminate the ORM until both the PIP and Med Pay limits are exhausted.

If PIP and Med Pay are coverages under separate policies, then separate records with the applicable no-fault policy limits for each should be reported.

Slide 14 of 30 - Detail Record - TIN and Office Code/Site

Detail Record - TIN and Office Code/Site

Field 52 - RRE TIN (Required)	Field 53 - Office Code/Site ID (Optional)
<ul style="list-style-type: none">• Federal TIN of the applicable plan• For self-insured, may be Employer Identification Number (EIN) or Social Security Number (SSN)• For RREs without a valid IRS-assigned TIN, may be a fake or pseudo-TIN in the format 9999xxxx<ul style="list-style-type: none">▪ Apply for U.S. TIN or EIN by completing IRS SS-4 Application	<ul style="list-style-type: none">• RRE-defined, non zero, 9-digit code• Identifies variations in addresses• Used in conjunction with the TIN (Field 52)• If used, record must be submitted on TIN Reference File for each unique TIN/Site ID combination• If not used, Office Code must be filled with spaces

Slide notes

Each Responsible reporting entity is required to submit TIN information in Field 52 of the Claim Input File Detail Records. The TIN is the IRS-assigned, Federal Tax Identification Number for the Responsible Reporting Entity.

For those who are self-insured, their TIN may be an Employer Identification Number (EIN) or Social Security Number (SSN), depending upon their situation. In the case of a Responsible reporting entity without a United States address and without a valid IRS-assigned TIN, it may be a fake or pseudo-TIN created by the Responsible Reporting Entity during the Section 111 COB Secure Website registration process in the format of 9999xxxx where 'xxxx' is any number of the RRE's choosing (please see the Registration and Account Setup CBT).

CMS encourages entities that do not have a U.S. TIN or EIN to apply for one by completing the Internal Revenue Service (IRS) SS-4 Application and use that number to register and report if possible.

The Claim Input File Detail Record also contains an optional field called the Office Code or Site ID (Field 53).

This is an RRE-defined, non-zero, 9-digit code used to uniquely identify variations in insurer addresses, claim offices, or plan contact addresses.

It is used in conjunction with the TIN reported in Field 52 of the Claim Input File Detail Record.

Note: If the Office Code or Site ID is used, a record must be submitted on the TIN Reference File for each unique TIN and Office Code or Site ID combination (for example, '123456789' or '000000001').

If you choose not to use it, the Office Code must be filled with spaces.

Slide 15 of 30 - TIN and Office Code/Site ID - Example

TIN and Office Code/Site ID - Example

Office Location 1

Worker's Compensation
Office Code = 000000001

TIN Reference File Record 1
RRE TIN = 123456789
Office Code - 000000001
TIN/Office Code Mailing
Address = Workers'
Compensation Claims Address

Claim File Detail Records
RRE TIN = 123456789
Office Code = 000000001

Office Location 2

Commercial Liability
Office Code = 000000002

TIN Reference File Record 2
RRE TIN = 123456789
Office Code = 000000002
TIN/Office Code Mailing
Address = Commercial Liability
Claims Address

Claim File Detail Records
RRE TIN = 123456789
Office Code = 000000002

Slide notes

Suppose an RRE processes workers' compensation claims at one office location and commercial liability claims at another office location.

This RRE may choose to define an Office Code of 000000001 for the workers' compensation claims office and an Office Code of 000000002 for the commercial liability claims office.

As a result, the RRE can now use one TIN to report claims that are handled by two office locations at different addresses by using the TIN and Office Code combination.

In this case, the RRE will submit two records on the TIN Reference File.

One record will be submitted with TIN 123456789 but Office Code of 000000001 and a second record submitted with the same TIN and Office code of 000000002.

Different mailing addresses may be submitted on the TIN Reference File Detail Record for each of these combinations. In this example, the RRE would also submit 123456789 in Field 52 of each claim detail record but submit a 000000001 in Field 53 of each workers' compensation Claim Detail Record, and a 000000002 in Field 53 of each commercial liability Claim Detail Record.

By using the TIN/Office Code combination, the RRE can provide CMS with a different address to use for different claims on the same file in the event that issues arise concerning Medicare coordination of benefits or for notifications related to Medicare's recovery efforts, if contact is necessary.

Slide 16 of 30 - Detail Record - ICD Diagnosis Code

Detail Record - ICD Diagnosis Code

- All add and update records on Claim Input Files and DDE submissions must include
 - At least one of the ICD Diagnosis Codes

Slide notes

All add and update records on Claim Input Files and DDE submissions must include International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification (ICD-9-CM or ICD-10-CM) diagnosis codes considered valid for Section 111 reporting in at least the first of the ICD Diagnosis Codes 1-19 beginning in Field 18.

With the implementation of ICD-10, please note that ICD-9 diagnosis codes will not be accepted on any Claim Input File Detail record with CMS DOI of 10/1/2015 and subsequent.

Please see the NGHP User Guide (Technical) for more detailed information.

Slide 17 of 30 - Detail Record - ICD Diagnosis Code

Detail Record - ICD Diagnosis Code

- ICD Diagnosis Code Data reporting requirements
 - See ICD Diagnosis Code Requirements Part I and Part II CBTs
- ICD Diagnosis Code Requirements Part I
 - Defines ICD-9/ICD-10
 - Importance of ICD Diagnosis Codes
 - ICD Diagnosis Code reporting requirements for Section 111
 - How to derive an ICD Diagnosis Code
- ICD Diagnosis Code Requirements Part II
 - Transition from ICD-9 to ICD-10
 - Obtaining valid ICD Diagnosis Codes
- For additional assistance, see ICD Diagnosis Code Requirements FAQ

Slide notes

The ICD Diagnosis Code data reporting requirements are explained in detail in two CBTs called: ICD Diagnosis Code Requirements Part 1 and Part 2. Part 1 defines ICD-9 or ICD-10, explains the importance of ICD Diagnosis Codes for Section 111 reporting, describes what these codes are used for, clarifies the ICD Diagnosis Code reporting requirements, and explains how to derive an ICD Diagnosis Code.

ICD Diagnosis Code Requirements Part 2 describes the transition from ICD-9 to ICD-10 and explains where a Responsible Reporting Entity can obtain valid ICD Diagnosis Codes.

For additional assistance, there is also an ICD Diagnosis Code Requirements Frequently Asked Questions (FAQ) CBT. This module addresses FAQs regarding ICD Diagnosis Code reporting for Section 111.

ICD-10 diagnosis codes 125.2 have been added to the list of no-fault excluded codes.

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated. Diagnosis Code describing the alleged injury/illness. These codes are special default for liability reporting.

ICD-10 diagnosis code 125.2 has been added to the list of no-fault excluded codes.

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated. Diagnosis Code describing the alleged injury/illness. These codes are special default for liability reporting.

Note: An Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for download on CMS.gov at CMS ICD Diagnosis Codes FY 2023

<<https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists>> (Appendix A, Appendix F, and Appendix I).

Slide 18 of 30 - Auxiliary Record

Auxiliary Record

- Required if RRE has additional “claimants” to report OR
- More than one TPOC Amount to report
- For more information on TPOC, please see the Total Payment Obligation to Claimant CBT

Slide notes

The Auxiliary Record is used to report information only if there is more than one claimant or if there is information related to additional Total Payment Obligation to Claimant (TPOC) amounts. For more information on TPOC, please see the Total Payment Obligation to Claimant CBT.

Slide 19 of 30 - Auxiliary Record

Auxiliary Record

- When submitting additional claimants
 - Claim Input File Detail Record must have information in Fields 84-112
 - Reported only in the event of a deceased beneficiary when another entity or individual has taken the Medicare beneficiary's place as the "Claimant"
- When submitting additional TPOCs
 - Detail record must have information for the initial TPOC Date and TPOC Amount in Fields 80-81
 - Additional TPOCs placed on Auxiliary Record beginning in Field 93

Slide notes

If you are submitting an Auxiliary Record to report additional claimants for the injured party, then information for Claimant 1 (Fields 84-112) on the detail record for the Claim Input File record must be completed in order for information concerning additional claimants to be accepted.

Additional claimants are reported only in the event of a deceased beneficiary (injured party) when another entity or individual has taken the Medicare beneficiary's place as the "Claimant" (Estate, Family, or Other).

If you are submitting an Auxiliary Record to report additional TPOCs, then information for the initial TPOC Date and TPOC Amount should be submitted on the Claim Input File Record (Fields 80-81) and any additional TPOC Dates and Amounts should be placed on the Auxiliary Record beginning in Field 93.

Slide 20 of 30 - Auxiliary Record

Auxiliary Record

- Record Identifier = NGCE
- DCN and injured party information
 - Must match detail record
- One Auxiliary Record per detail record
 - Must follow its corresponding detail

Slide notes

The Record Identifier for an Auxiliary Record is NGCE. The DCN and injured party information must match the associated detail record. Only one Auxiliary Record may be submitted per associated detail record. The Auxiliary Record must always follow the corresponding detail record for the claim. Fields 1-6 on the Claim Input File Detail record must always be completed in order to submit the Auxiliary Record.

Slide 21 of 30 - Auxiliary Record

Auxiliary Record

- Once submitted and accepted by BCRC
 - Include Auxiliary Record on all subsequent update and delete records for claim if there is information to report
- If there are no additional claimants or additional TPOCs, RRE is not required to send

Slide notes

Once an RRE has submitted an Auxiliary Record and it has been accepted by the Benefits Coordination & Recovery Center (BCRC) for a claim report, the RRE must continue to include the Auxiliary Record with all subsequent update transactions for that claim, unless the information it contains no longer applies to the claim (that is, the RRE wishes to remove information reported for Claimants 2-4 and TPOC 2-5 Fields).

Slide 22 of 30 - Claim Input File Trailer Record

Claim Input File Trailer Record

Marks the end of file, contains summary information

Required data elements are

Data Element	Value
Record Identifier	NGCT
RRE ID	RRE ID associated with file submission; must match RRE ID on corresponding header
Reporting File Type	NGHPCLM
File Submission Date	<ul style="list-style-type: none"> RRE-generated date Must match File Submission Date on the corresponding header record
File Record Count	Total count of detail and auxiliary records

Slide notes

Each file always ends with a trailer record that marks the end of the file and contains summary information including counts of the detail records for validation purposes.

The required data elements included on the Claim Input File trailer record are:

Record Identifier (value = NGCT),

RRE ID (value = the RRE ID associated with the file submission; this must match the RRE ID on the corresponding header),

Reporting File Type (value = NGHPCLM),

File Submission Date (value = date generated by the Responsible reporting entity; this must match the File Submission Date on the corresponding header record), and

File Record Count (value = the sum of the total detail and auxiliary records contained within the file. Do not include the header and trailer records in this count. If the trailer record contains invalid counts, your file will be rejected).

Slide 23 of 30 - Data Editing

Data Editing

Performed on add, delete, and update transactions

Ensures information is accurate, complete, and consistent

Some of the types of editing performed

- Validation
- Consistency



Adhere to all requirements specified for a field as documented in the record layout field descriptions and associated error codes in Appendix F

Slide notes

Data editing will be performed on add, delete, and update transactions to ensure that the information provided is accurate, complete, and consistent. Certain date sensitive edits are not applied to delete transactions.

Validation and Consistency checking are some of the types of editing that will be done.

You must adhere to all requirements specified for a field as documented in the record layout field descriptions and associated error codes in the NGHP User Guide Appendices Chapter 5 (Appendix F).

Slide 24 of 30 - Data Editing

Data Editing

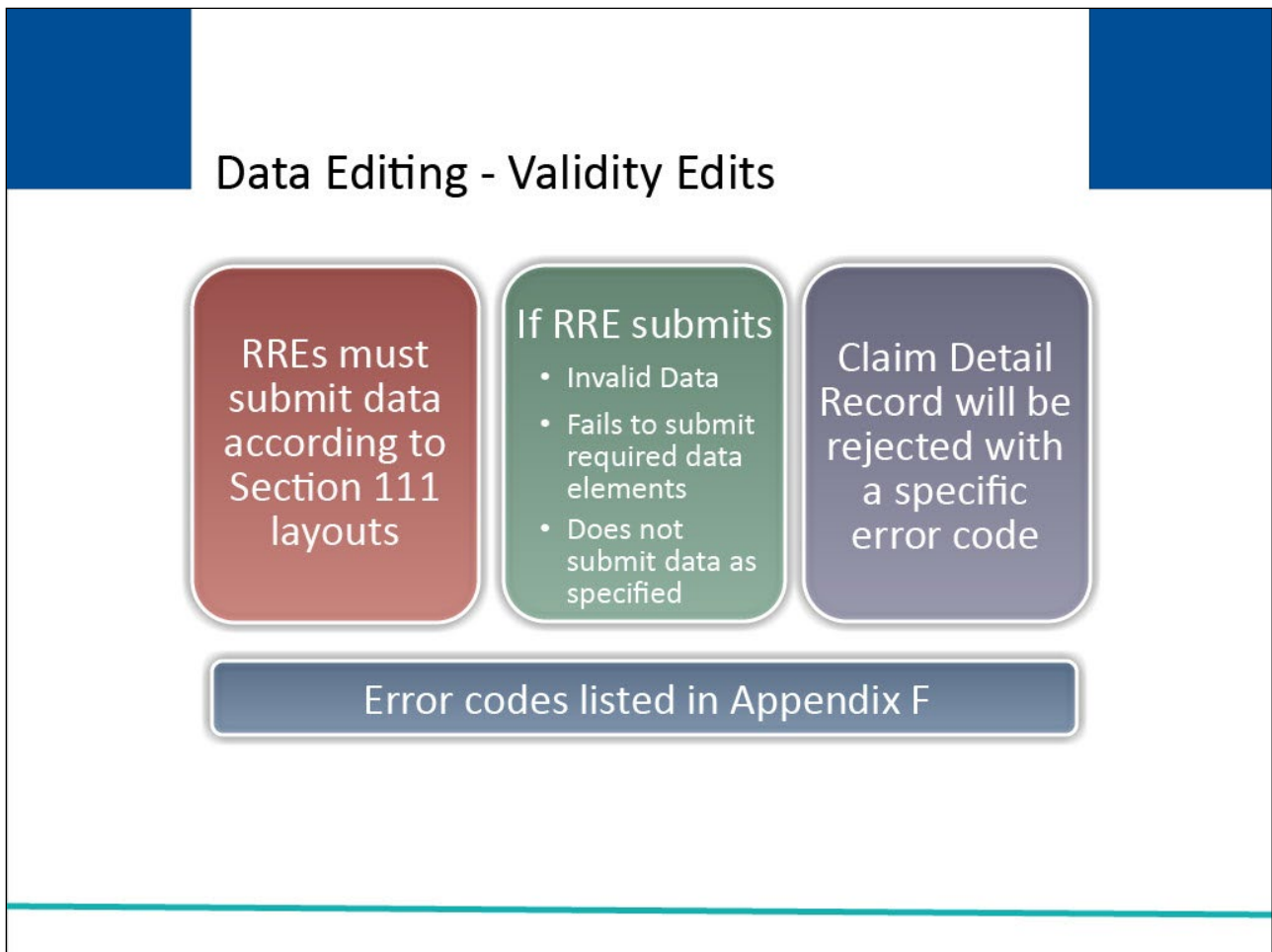
- Record layout includes data type and description
 - Data type
 - Type of data that can be submitted (e.g., numeric)
 - Description specifies
 - Data that should be submitted
 - Format used when submitting data
 - Whether or not the field is required
- Validity edits ensure data is valid
 - Invalid characters are not present
 - Required fields are included
 - Reporting specifications are accounted for

**Slide notes**

Each record layout includes a data type and a description column. The data type column specifies the type of data that can be submitted in the field (for example, if it says numeric, the field cannot contain alpha characters).

The description column provides several key pieces of information: an explanation of the data that should be submitted in the field, the format you must use when submitting that data and whether or not data in the field is required.

Validity edits ensure that the data is valid (that is, invalid characters are not present, required fields are included, reporting specifications are accounted for, etc.).

Slide 25 of 30 - Data Editing - Validity Edits**Slide notes**

RREs are responsible for reviewing the Section 111 record layouts in the NGHP User Guide, as well as the error codes that correspond to each field, to ensure they submit all required data elements and that all data elements are submitted according to the specifications. If the RRE submits invalid data (for example, unacceptable characters in a field), fails to submit required data elements, or does not submit data as specified, the Claim Detail Record will be rejected, and the RRE will receive a specific error code on the corresponding response file record.

All error codes are listed in NGHP User Guide Appendices Chapter 5 (Appendix F).

Slide 26 of 30 - Data Editing - Validity Edit Example

Data Editing - Validity Edit Example

- Field 10 - Injured Party DOB
 - Must be valid and prior to current date
 - RRE submits 20200820 in Field 10
 - Claim rejects; Applied Disposition Code = SP, Applied Error Code = CB11
 - Injured Party's DOB (8/20/2020), greater than current date

Slide notes

The description for this Field 10 is the Date of Birth (DOB). The data type for this field is Numeric Date and the format: CCYYMMDD is required.

When you review the error codes in Appendix F, you will notice that you will receive an error code if this field does not contain a valid date that is prior to the current date.

If the RRE submits a date of August 20, 2020 (20200820) in this field for a Claim Detail Record, the corresponding Claim Response File record will contain a value of SP in the Applied Disposition Code Field 25 (Record Rejected) and a value of CB11 in the first available Applied Error Code Field (Fields 26-35) because the submitted Injured Party's DOB (8/20/2020) was greater than the current date.

Slide 27 of 30 - Data Editing - Consistency Edit

Data Editing - Consistency Edit

Ensure correct relationships between two or more data items

- If a data element is reported in one file, a corresponding data element is reported in another

Example: relationship between Field 52 and Field 3

- Field 52 (TIN) on Claim Input File Detail Record must match Field 3 (TIN) on TIN Reference File Detail Record



Slide notes

Consistency edits ensure that correct relationships exist between two or more data items; (that is, if a data element is reported in one file, the edit will verify if the corresponding data element is reported in another). For example, Field 52 (TIN on the Claim Input File Detail Record) must match Field 3 (TIN on the TIN Reference File Detail Record).

Slide 28 of 30 - Course Summary



Course Summary

- Claim Input File
 - Header
 - Detail
 - Auxiliary
 - Trailer
- Data Editing



Slide notes

This module explained the Claim Input File data format. It described the header, detail, auxiliary, and trailer records, and provided an overview on editing that will be performed on the submitted data.

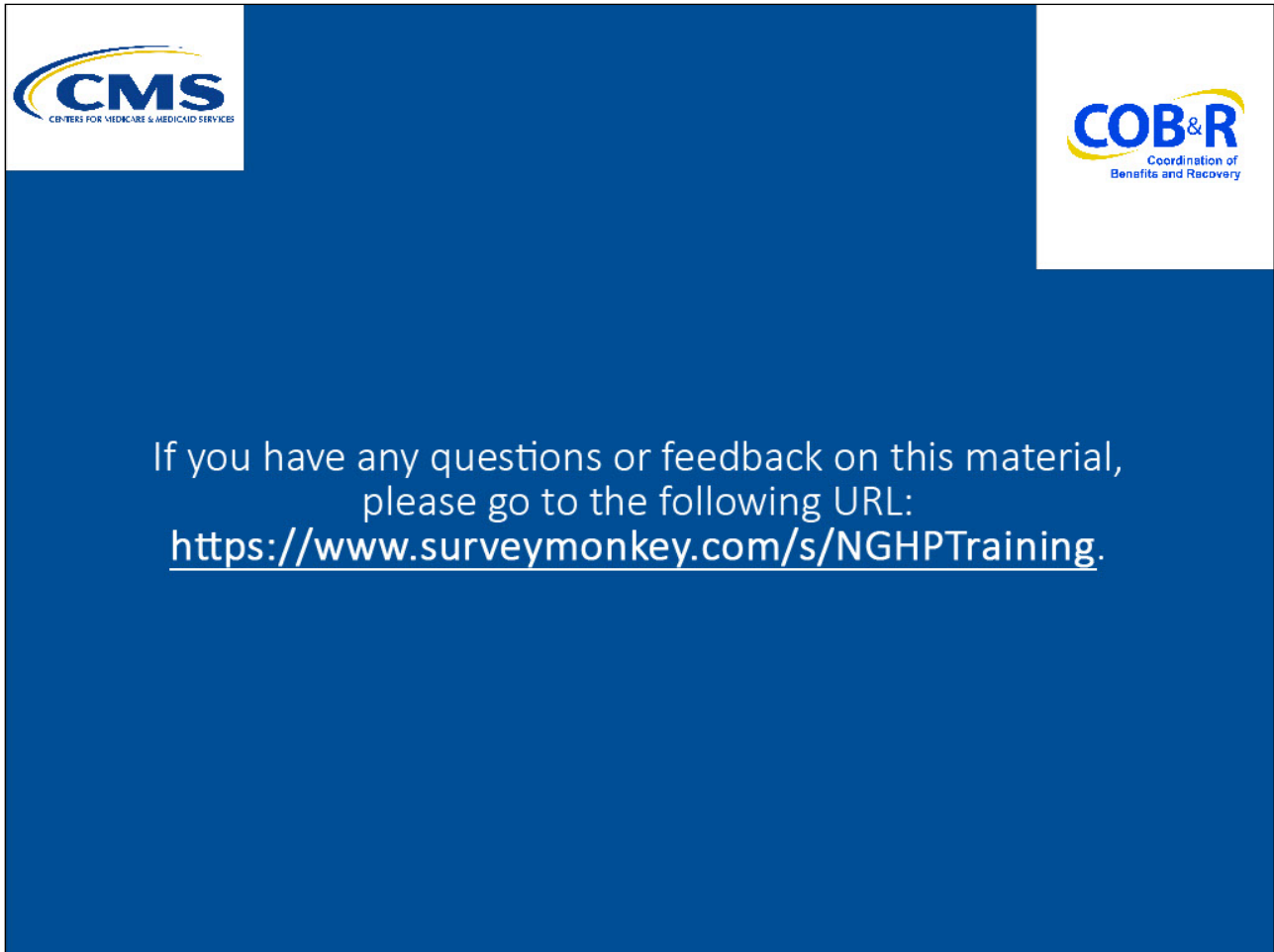
Slide 29 of 30 - Conclusion

You have completed the Claim Input File Data Elements course. Information in this course can be referenced by using the NGHP User Guide's table of contents. This document is available for download at the following link:
<https://go.cms.gov/mirnghp>.

Slide notes

You have completed the Claim Input File Data Elements course. Information in this course can be referenced by using the NGHP User Guide's table of contents. This document is available for download at the following link: <http://go.cms.gov/mirnghp>.

Slide 30 of 30 - NGHP Training Survey



The slide features a dark blue background. In the top-left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top-right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text in the center reads: "If you have any questions or feedback on this material, please go to the following URL: <https://www.surveymonkey.com/s/NGHPTraining>."

Slide notes

If you have any questions or feedback on this material, please go to the following URL:
<https://www.surveymonkey.com/s/NGHPTraining>.