



# **IRS/SSA/CMS Data Match Project XVII**

## **Electronic Media Questionnaire Specifications**

**For Employers**

**Version 1.2**

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## Revision History

Date	Version	Reason for Change
January 6, 2004	NA	Previous publication date
February 3, 2014 (January Release B)	1.0	Reformatted a branded for the Benefits Coordination & Recovery Center (BCRC).
December 9, 2015	1.1	Change Request (CR) 16694: The EMQ layout was updated to accommodate the need to retrieve up to five years of Data Match data (i.e., triple data match).
February 2, 2016	1.2	Change Request (CR 17996): Part I, Employer Information, corrected to include Question 2; correction to EMQ Response file layout.

## Introduction

The *Electronic Media Questionnaire (EMQ) Specifications for Employers* booklet provides information for submission of the Internal Revenue Service (IRS)/Social Security Administration (SSA)\Centers for Medicare & Medicaid Services (CMS)\Data Match questionnaire responses through the Benefits Coordination & Recovery Center (BCRC) Secure Web site using the EMQ program. A brief overview of the IRS/SSA/CMS Data Match is provided, followed by EMQ program specifications, which include employer eligibility requirements and the technical aspects of preparing an EMQ data file response.

## Data Match Program Overview

In late 1989, a law was enacted (Section 6202 of the Omnibus Budget Reconciliation Act of 1989) to provide the Centers for Medicare & Medicaid Services (CMS) with better information about Medicare beneficiaries' group health plan (GHP) coverage.

This law requires the IRS, SSA, and CMS to share information that each agency has about whether Medicare beneficiaries or their spouses are working. The process for sharing this information is called the IRS/SSA/CMS Data Match.

The purpose of the Data Match is to identify situations where another payer may be primary to Medicare. The Data Match identifies employers of beneficiaries or spouses of beneficiaries for whom employer coverage, if available, is likely to be primary to Medicare. The law identifies potential situations in which Medicare is not the primary payer.

Information for the Medicare Secondary Payer Data Match is collected under contract (CMS 500-00-0001) with the United States Department of Health and Human Services for use by the Medicare Program. The Benefits Coordination & Recovery Center (BCRC) is a contracted entity authorized by the U.S. Department of Health and Human Services through CMS to obtain Medicare Secondary Payer data from employers through the IRS/SSA/CMS Data Match.

Additional information about the **IRS/SSA/CMS Data Match** is available on the CMS Web site at <http://go.cms.gov/employer>.

## About the Electronic Media Questionnaire (EMQ) Program

### I. Why should you consider responding by EMQ?

Data Match questionnaire responses are submitted via the Coordination of Benefits (COB) Contractor IRS/SSA/CMS Secure Web site using one of two methods, Direct Entry or Electronic Media Questionnaire (EMQ). The Electronic Media Questionnaire (EMQ) program is designed to assist and allow larger employers to respond to the questionnaire via electronic media rather than completing the information manually through the Direct Entry method. Employers with the largest number of working Medicare beneficiaries or their spouses are offered this method as an option.

Those employers who choose to participate in the EMQ program will have certain responsibilities regarding the availability of media, the ability to develop simple software applications, and the availability of a few personnel. EMQ submitters will be required to register on the BCRC Secure Web site to submit and upload their file response through the EMQ application.

Although there are additional responsibilities associated with the EMQ program, it is the best choice for those employers who have many hundreds of worker records to complete within a limited timeframe.

Finally, if you are looking for a way to streamline your organization's processing of Data Match questionnaires, you should explore the benefits of entering into a Voluntary Data Sharing Agreement

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(VDSA) with CMS. This method is a cost effective alternative to the Data Match that can also lead to other significant savings to your health benefit program.

You can receive additional information about the VDSA program by contacting the BCRC Customer Service Department toll-free at 1-855-798-2627 or TTY/TDD at 1-855-797-2627 for the hearing and speech impaired, or you can e-mail [COBVA@ghiMedicare.com](mailto:COBVA@ghiMedicare.com) to make your request. A representative will be available to assist you Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays.

### II. What will you need to do to respond by EMQ?

This booklet is intended to assist you with the technical aspects of preparing the data file for your response. For the details you will need in order to properly select the data to be included in the file, please refer to the **Coordination of Benefits Secure Website (COBSW) Data Match User Guide** available on the COB IRS/SSA/CMS Secure Web site at <https://www.cob.cms.hhs.gov/DataMatch/> after you register and log into the site.

**Note:** For technical assistance, please contact our Electronic Data Interchange Department at (646) 458-6740.

### Media Requirements

The EMQ response file will need to be uploaded to the COB Secure Web site via HTTPS.

### Software Requirements

#### Input Specifications

The Questionnaire is divided into four separate parts:

**Part I, Employer Information**, asks for information concerning the number and type of workers employed.

**Part II, Group Health Plan Information**, asks for information concerning those group health plans that have provided coverage to the workers included in the questionnaire.

**Part III, Employee Information**, asks worker-specific questions and represents the bulk of the work associated with answering the questionnaire.

**Part III, Worker Information** section will be downloaded from the Secure Web site in the form of an Employee Listing, which identifies all of the workers to be included in the questionnaire.

**Part IV, Certification**, is the certification section which must be completed by the employer.

#### Information Provided by the Government

Each employer electing to report data via the EMQ process will need to download an Employee Listing, which will identify the Social Security Number (SSN), Worker Name, and the earliest eligibility date for each worker (Worker Earliest Potential MSP (EPM) - Date) for whom a request for information is being made (see Attachment A).

#### Processing Specifications

Each part of the questionnaire is discussed below.

## Part I: Employer Information

Part I of the questionnaire asks the employer to answer either [Y] for “yes” or [N] for “no” to specific questions. These questions involve the number of employees and the type of group health plans provided for different years. Determine the answers and key them into a Part I record as directed by the output specifications.

### Part I, Question 1A

*Did you offer a health plan to any employee at any time since (Employer EPM date)? (full or part-time)*

Answer either [Y] for **yes** or [N] for **no**, if any type of health plan was offered to full time and/or part time employees.

### Part I, Question 1B

*Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (e.g. a union plan) since (Employer EPM date)?*

Select either [Y] for **yes** or [N] for **no** if your organization makes contributions on behalf of any employee who was or is covered under a collectively bargained Health and Welfare Fund (e.g. a union plan).

If the answer is **yes** to Question 1A or 1B, proceed to Part I, Question 2.

If the answer is **no** to both questions, skip to Part IV. You have successfully completed Part I, and you do not need to provide information for Parts II or III.

### Part I, Question 2

*In the following years, did you have 20 or more employees for 20 or more calendar weeks? (This includes full time, part time, intermittent and/or seasonal employees).*

Please answer [Y] for **yes** or [N] for **no** as to whether there were 20 or more full and/or part time employees for 20 or more calendar weeks for each of the query years. See field 4 of the EMQ Response File Part I Record for applicable years.

If the answer to Question 2 or 3 is **YES** for any query year, proceed to Part I, Question 4.

If the answers to all query years for 2 and 3 are **NO**, proceed to Part IV. You have successfully completed Part I and do not need to provide information for Parts II and III.

### Part I, Question 3

*In the following years did your organization participate in a multi or multiple employer group health plan in which there was at least one Employer who had 20 or more employees for 20 or more calendar weeks (this includes full time, part-time, intermittent and/or seasonal employees)?*

Please answer [Y] for **yes** or [N] for **no** as to whether there were 20 or more full and/or part time employees for 20 or more calendar weeks for each of the query years. See field 5 of the EMQ Response File Part I Record for applicable years.

If the answer to Question 2 or 3 is **YES** for any query year, proceed to Part I, Question 4.

If the answers to all query years for 2 and 3 are **NO**, proceed to Part IV. You have successfully completed Part I and do not need to provide information for Parts II and III.

### Part I, Question 4

*In the following years, did you have 100 or more employees during 50% of your business days (full or part-time)?*

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Please answer [Y] for **yes** or [N] for **no** as to whether there were 100 or more full and/or part time employees during 50 percent of the business days during each of the query years, then proceed to Part I, Question 5. Refer to Field 6 of the EMQ Response File Part I Record for applicable years.

### Part I, Question 5

*In the following years, did your organization participate in a multi or multiple-Employer group health plan in which there was at least one Employer who had 100 or more employees during 50% of their business days (this includes full time, part-time, intermittent, and/or seasonal employees)?*

Please answer [Y] or **yes** or [N] for **no** for each of the query years as to whether your organization participated in a multi- or multiple-Employer group health plan in which there was at least one Employer who has had 100 or more full and/or part time employees during 50 percent of the business days in the year. Refer to Field 7 of the EMQ Response File Part I Record for applicable years.

If you answered **YES** to ANY of Questions 2, 3, 4, or 5, you must complete the remaining sections of the questionnaire.

**Note:** If there was a query year for Question 2, 3, 4 or 5 for which you were not in business, please indicate **NO** for that year.

## Part II: Group Health Plan Information

Part II of the questionnaire asks the employer to compile a list of group health plans that have provided coverage to the individuals identified on the Employee Listing. These are the individuals listed in your employer file.

In order to isolate those group health plans, which should be included, they should first be matched to all eligible workers. Therefore, the first step in completing the questionnaire will be to determine the employment status of the workers identified by the Employee Listing.

The second step will be to determine which group health plans will be included in your response to the questionnaire. **The employer is only required to report on those group health plans that supplied coverage for the workers identified in Part III of the questionnaire.** A detailed description of each step follows:

### STEP 1 - Determine Worker Employment Status

The objective of this step is to establish those workers that should be included in the search.

- Use the Employee Listing provided to establish all of the workers to be included in your search.
- Establish the employment status of each worker (i.e., currently employed, disability leave, retired, unknown, etc.).

### STEP 2 - Compile Listing of Group Health Plans

The objective of this step is to compile a list of group health plans to be included in the search. The instructions for Part II direct the employer to assign a report number to each group health plan listed in Part II.

By assigning a unique number to each plan, the employers save themselves the trouble of having to repeat the plan name, address, etc. for each worker with coverage under that plan. Once a number has been assigned to each group health plan, the Part III worker information can be completed using the number assigned to the plan rather than the complete name and address over and over again.

- Using the list of workers established in the previous step, compile a list of group health plans that provided coverage to those workers.
- Eliminate any duplicate occurrences of group health plans from the list. Then, assign a unique number 0001-9999 to each plan.

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- Complete Part II of the questionnaire using the list of group health plans compiled.

**Note:** Use of invalid characters in the group health plan list may result in errors during processing. Aside from letters and numbers, the only valid characters are: space & - ' . , @ # / ; :

In addition to listing the group health plans that provided coverage to your workers:

- You must provide the Tax Identification Number (TIN).
- In the case of a prescription drug plan you must provide the BIN, PCN and RxID.

## Part III: Worker Coverage Information

Part III of the questionnaire asks the employer to do two things:

The first is to establish a range of eligibility dates for each worker. For the purpose of discussion, we will refer to the worker eligibility date as Worker-EPM-Date (Earliest Potential MSP Date).

The second is to provide group health plan coverage information for each worker within the range of eligibility dates. Therefore, the software development process should include two logical steps which duplicate these functions. A detailed description of each step follows:

**Note:** All dates should be in the format: CCYYMMDD, e.g., enter April 1, 2013 as 20130401.

### STEP 1 - Calculate Worker Eligibility Dates

The objective of this step is to establish the range of dates that are required in Part III of the questionnaire. The Employee Listing provided identifies the earliest eligibility date for each worker (Worker-EPM-Date). Use this date to calculate the range of dates for which coverage information will be reported.

The following questions should be carefully reviewed and understood before this step is coded. A detailed description of how to answer these questions is provided below:

#### Part III, Question 1

*Was this individual employed by your organization during 2011, 2012 or 2013?*

If the answer is [Y] for **yes**, then continue to Question 2.

If the answer is [N] for **no**, then continue to the next worker record.

**Note:** Data Match 2013 is a combined Data Match for query years 2011, 2012 and 2013. If the worker EPM date was in 2013, you only need to answer this question for 2013. If the worker EPM date is in 2012, you should answer for both years. If the worker EPM date is in 2011, you should answer for all three years.

#### Part III, Question 2

*Is this employee currently working in your organization?*

If the answer is [Y] for **yes**, then continue to Question 3.

If the answer is [N] for **no**, then update the Worker-Stop-Date with the date that the employee stopped working. Compare Worker-EPM-Date to Worker-Stop-Date. If Worker-EPM-Date is after the Worker-Stop-Date, then go to the next worker record. Otherwise, continue to Question 3.

**Note:** Worker-Stop-Date is a variable intended to represent the date on which this individual stopped working for the company. The Worker-EPM-Date is a unique date calculated for each worker and is contained on the Employer Listing, which is provided.

#### Part III, Question 3

*Was this individual covered under a group health plan at any time after Worker-EPM-Date?*

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If the answer is [Y] for **yes**, then continue to Question 4.

If the answer is [N] for **no**, then go to the next worker record.

### **Part III, Question 4a**

*Please enter the later of Worker-EPM-Date OR the date this individual started working for your organization (use date format CCYYMMDD).*

**Note:** Worker-Start-Date is a variable date intended to represent the date on which this individual began working for the company.

Compare Worker-EPM-Date to Worker-Start-Date and enter the later of the two dates.

### **Part III, Question 4b**

*Enter your answer from Question 2.*

If the answer to Question 2 is [Y] for **yes**, then place the current date in the date field.

If the answer to Question 2 is [N] for **no**, then place the Worker Stop-Date (from Question 2) in the date field.

**Note:** The end result of these calculations provides the range of dates necessary to answer Question 5 of Part III of the questionnaire as follows:

### **STEP 2 - Complete Worker Coverage Information**

The objective to this step is to provide detailed group health plan coverage information for each worker. Once the range of dates for each worker has been established in Question 4, this step can be used to itemize each period of coverage for each worker within that range.

### **Part III, Question 5**

*During the period of time between your answer to Question 4a and your answer to 4b, what type of health care coverage did this individual elect under your plan?*

For each period of coverage as defined by the questionnaire, complete the following information:

- Period number 01 through 99
- Beginning Date of Coverage
- Ending Date of Coverage
- Persons Covered
  - Worker Only ([Y] or space)
  - Family ([Y] or space)
  - None ([Y] if no coverage during this period, or space)
  - GHP Report Number (from Part II)

**Note:** All of the periods specified in the answer to Questions 4a and 4b must be accounted for in the answers to Question 5. This includes periods of time where no coverage existed.

**Be sure to enter all periods in the date format CCYYMMDD.**

**Special Note:** If the coverage of an employee is through a collectively-bargained health and welfare fund (HWF), it is unlikely that you as an employer will know the dates of coverage or type of coverage under the health plan.

Therefore, for those employees covered under these types of plans, complete Part III. Question 5 as follows:

- For the beginning and ending dates of coverage, enter your answers from Question 4.

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- Annotate “Coverage Elected” using a question mark (?).
- Enter the GHP Report Number assigned by your answers in Part II of the report. The name and address of the collectively-bargained health and welfare fund should be listed in Part II.

## Part IV: Employer Certification

Part IV of the questionnaire asks the employer to verify that the information being provided is complete and correct to the best of their knowledge. This section must be completed because it serves as a certification that the data is valid.

## Output Specifications

Those employers who choose to submit via electronic media will be required to produce an output file of 275 bytes fixed length (See Attachment B).

This file should be in ASCII format (TEXT). This output file should NOT be in spreadsheet, database, or word processing format. The output file should be assembled using a header record which identifies the Employer Name, Employer Identification Number (EIN), as well as other identifying information. The header record will be identified using H00 in the first three positions. A Part I record will follow the header record.

The Part I records will be identified using the number 100 in the first three positions of the record.

The Part II record(s) will follow the Part I records and will contain the number 200 in the first three positions followed by a Group Health Plan Report Number designated by consecutive four digit numbers beginning with 0001.

The Part III record(s) will follow the Part II record(s) and will be identified using a range of sequential numbers beginning with 300. The 300 record is the first position pertaining to questions 1 through 4. The records that follow should range from 301-399. These sequential records pertain to each coverage period-identified in Question 5 for the worker in question.

**Note: Each worker’s 301, 302, etc., record must immediately follow their 300 record. All periods between your answer to Questions 4a and 4b must be accounted for in these records.**

The Part IV record will follow the Part III records and will contain the number 400 in the first three positions.

The last record will be the trailer. The trailer will be identified using the number T00 in the first three positions of the record, and should duplicate the header information for validation purposes.

## Personnel

The personnel requirement could include the time and effort of a programmer from the software development department as well as a person from the personnel/benefits department. These requirements may vary, depending on both the structure of your organization and personnel records.

Once the file is complete, it should be uploaded to the Data Match Web site.

## Assumptions and Constraints

The EMQ program is designed to assist the largest employers in their ability to complete the questionnaire within the thirty-day limit. In order for the EMQ program to operate as efficiently as possible, the following guidelines will be strictly enforced:

## Time Frames and Extensions

The law requires that you complete the employee specific report within 30 days of receipt. Employers who willfully or repeatedly fail to report, or who provide inaccurate information, may be assessed a civil monetary penalty of up to \$1,000 for each individual for whom an inquiry concerning health care coverage was made.

However, if you have thoroughly reviewed the instructions and conclude that the information gathering and reporting will require more than the allotted 30 days, you may request an extension of an extra thirty days by calling our toll-free telephone number.

Any request for an extension beyond these 60 days for filing will require you to detail the reasons in a letter written to:

IRS/SSA/CMS Data Match Project  
PO Box 660  
New York, NY 10274-0660

In general, extensions beyond the 60-day period (the original 30 days and one 30- day extension) will not be granted to any employer who is required to report on less than 150 workers (Part III of the data match report). Extensions beyond the 60-day period for those employers with more than 150 workers will be reviewed on a case-by-case basis.

If you have more than 150 workers identified in Part III of your Data Match report and do not believe you can complete the report in 60 days, you should immediately request an extension over the phone and send in a request for an additional extension in writing. Your written request should contain the following:

- The name of your organization;
- The employer identification number (EIN) of your organization;
- Any associated EINs if you are a parent organization and wish to have all EINs aggregated;
- An explanation of the problem or difficulty that precludes completion of the questionnaire in 30 days or 60 days and the actions you are taking to resolve the problem or difficulty; and
- A proposed completion date.

**Note:** The assessment of a civil monetary penalty will not relieve the employer of the requirement to provide this information.

## Security Considerations

Due to the sensitive nature of the data, which is being reported, the employer should ensure that only appropriate personnel have access to the employee data being compiled.

# Attachment A: Record Layout Specifications for Electronic Media Questionnaire (EMQ) Worker Download File

**Table A-1: EMQ Worker Download File Header/Trailer Record (100 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	1	1	1	Alpha-numeric	Values: 'H' for Header 'T' for Trailer
2	EIN	9	2	10	Numeric	Employer Identification Number
3	Query Year	4	11	14	Alpha-numeric	CCYY format
4	Worker Count	9	15	23	Numeric	Number of worker records included in the file.
5	Employer EPM Date	8	24	31	Numeric	Earliest Potential Medicare Secondary Payer Date for this Employer. To be used to answer Part I, questions 2 and 3 of the response. Format = CCYYMMDD
6	Employer Name	40	32	71	Alpha-numeric	Left Justify and pad with spaces
7	DCIA-Switch	1	72	72	Alpha-numeric	CMS use only. Value 'N'
8	Creation Date	8	73	80	Numeric	Date the worker download file was created.
9	Employer Disability EPM Date	8	81	88	Numeric	Earliest Potential Medicare Disability Secondary Payer Date for this Employer. To be used to answer Part I, Question 4 of the response. Format = CCYYMMDD
10	Reserved for Future Use	11	89	100	Alpha-numeric	Value 'spaces'

**Table A-2: EMQ Worker Download File Worker Record (100 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	1	1	1	Alpha-numeric	Values: 'W' for Worker Record
2	Reserved	4	2	5	Numeric	Value zeros
3	Worker SSN	9	6	14	Alpha-numeric	Worker's Social Security Number
4	Worker's DOB	8	15	22	Numeric	Date of Birth of worker Format = CCYYMMDD
5	EPM Date	8	23	30	Numeric	Earliest Potential Medicare Secondary Payer Date for this worker Format = CCYYMMDD
6	First Name	10	31	40	Alpha-numeric	First name of worker
7	Middle Init	1	41	41	Alpha-numeric	Middle initial of worker
8	Last Name	12	42	53	Alpha-numeric	Last name of the worker
9	Reserved for Future Use	47	54	100	Alpha-numeric	Value 'spaces'

## Attachment B: Record Layout Specifications for Electronic Media Questionnaire (EMQ) Response Files

### EMQ Response File Header Record

**Table B-1: EMQ Response File Header Record (275 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of 'H00'
2	EIN	9	4	12	Numeric	Employer Identification Number
3	Filler	4	13	16	Alpha-numeric	Value '0000'
4	Employer Name	40	17	56	Alpha-numeric	Left Justify and pad with spaces
5	Query Year	4	57	60	Numeric	Value '2013'
6	Reserved for Future Use	215	61	275	Alpha-numeric	Populate with spaces.

**EMQ Part I Record: Employer Information**

**Table B-2: EMQ Response File Part I Record (275 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of '100'
2	Question 1A	1	4	4	Alpha-numeric	Values ( Y = yes, N= no)
3	Question 1B	1	5	5	Alpha-numeric	Values (Y = yes, N=no, space=n/a)
4	Question 2	5	6	10	Alpha-numeric	<p>If the Employer EPM date is in 2011:                      Answer Y or N for year 2010 in position 1                      Answer Y or N for year 2011 in position 2                      Answer Y or N for year 2012 in position 3                      Answer Y or N for year 2013 in position 4                      Answer Y or N for year 2014 in position 5</p> <p>If the Employer EPM date is in 2012:                      Answer Y or N for year 2011 in position 1                      Answer Y or N for year 2012 in position 2                      Answer Y or N for year 2013 in position 3                      Answer Y or N for year 2014 in position 4                      Populate a space in positions 5</p> <p>If the Employer EPM date is in 2013:                      Answer Y or N for year 2012 in position 1                      Answer Y or N for year 2013 in position 2                      Answer Y or N for year 2014 in position 3                      Populate spaces in positions 4 &amp; 5</p> <p><b>The Employer EPM date is provided in field 5 of the EMQ Worker Download File Header/Trailer Record.</b></p>

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
5	Question 3	5	11	15	Alpha-numeric	<p>If the Employer EPM date is in 2011:                      Answer Y or N for year 2010 in position 1                      Answer Y or N for year 2011 in position 2                      Answer Y or N for year 2012 in position 3                      Answer Y or N for year 2013 in position 4                      Answer Y or N for year 2014 in position 5</p> <p>If the Employer EPM date is in 2012:                      Answer Y or N for year 2011 in position 1                      Answer Y or N for year 2012 in position 2                      Answer Y or N for year 2013 in position 3                      Answer Y or N for year 2014 in position 4                      Populate a space in positions 5</p> <p>If the Employer EPM date is in 2013:                      Answer Y or N for year 2012 in position 1                      Answer Y or N for year 2013 in position 2                      Answer Y or N for year 2014 in position 3                      Populate spaces in positions 4 &amp; 5</p> <p><b>The Employer EPM date is provided in field 5 of the EMQ Worker Download File Header/Trailer Record.</b></p>
6	Question 4	5	16	20	Alpha-numeric	<p>If the Employer Disability EPM date is in 2011:                      Answer Y or N for year 2010 in position 1                      Answer Y or N for year 2011 in position 2                      Answer Y or N for year 2012 in position 3                      Answer Y or N for year 2013 in position 4                      Answer Y or N for year 2014 in position 5</p> <p>If the Employer Disability EPM date is in 2012:                      Answer Y or N for year 2011 in position 1                      Answer Y or N for year 2012 in position 2                      Answer Y or N for year 2013 in position 3                      Answer Y or N for year 2014 in position 4                      Populate a space in positions 5</p> <p>If the Employer Disability EPM date is in 2013:                      Answer Y or N for year 2012 in position 1                      Answer Y or N for year 2013 in position 2                      Answer Y or N for year 2014 in position 3                      Populate spaces in positions 4 &amp; 5</p> <p><b>The Employer Disability EPM date is provided in field 9 of the EMQ Worker Download File Header/Trailer Record.</b></p>

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
7	Question 5	5	21	25	Alpha-numeric	<p>If the Employer Disability EPM date is in 2011:                      Answer Y or N for year 2010 in position 1                      Answer Y or N for year 2011 in position 2                      Answer Y or N for year 2012 in position 3                      Answer Y or N for year 2013 in position 4                      Answer Y or N for year 2014 in position 5</p> <p>If the Employer Disability EPM date is in 2012:                      Answer Y or N for year 2011 in position 1                      Answer Y or N for year 2012 in position 2                      Answer Y or N for year 2013 in position 3                      Answer Y or N for year 2014 in position 4                      Populate a space in positions 5</p> <p>If the Employer Disability EPM date is in 2013:                      Answer Y or N for year 2012 in position 1                      Answer Y or N for year 2013 in position 2                      Answer Y or N for year 2014 in position 3                      Populate spaces in positions 4 &amp; 5</p> <p><b>The Employer Disability EPM date is provided in field 9 of the EMQ Worker Download File Header/Trailer Record.</b></p>
8	Reserved for Future Use	250	26	275	Alpha-numeric	Populate with spaces.

## EMQ Part II Record: Employer Group Health Plan Information

Table B-3: EMQ Response Part II Record (275 Bytes)

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of '200'
2	EGHP Report Number	4	4	7	Numeric	Unique number assigned to GHP Health plan within this file. Values should start with '0001'
3	EGHP Name	40	8	47	Alpha-numeric	Name of Employer Group Health Plan. Left Justify and pad with spaces. Aside from letters and numbers, the only valid characters are: space & - ' . , @ # / ; :
4	EGHP Address-1	40	48	87	Alpha-numeric	Street address line one for EGHP. Left Justify and pad with spaces
5	EGHP Address-2	40	88	127	Alpha-numeric	Street address line two for EGHP. Left Justify and pad with spaces
6	EGHP City	30	128	157	Alpha-numeric	City name for EGHP. Left Justify and pad with spaces
7	EGHP State	2	158	159	Alpha	2-letter postal state abbreviation for EGHP
8	EGHP ZIP-5	5	160	164	Alpha-numeric	5-digit postal zip code for EGHP
9	EGHP ZIP +4	4	165	168	Alpha-numeric	4-digit zip plus four extension.
10	EGHP TIN	9	169	177	Alpha-numeric	Tax identification number of the GHP
11	EGHP ID	16	178	193	Alpha-numeric	Health plan identification number
12	EGHP Type	1	194	194	Alpha-numeric	<p>A= Insurance (Medical and Hospital)  J= Hospitalization only plan – A plan which covers <b>ONLY</b> inpatient hospital services. (e.g., indemnity benefit plans)  K= Medical Services only plan – A plan which covers <b>ONLY</b> non-inpatient medical services  U= Prescription Drug Only (in network)  V= Prescription Drug with Major Medical (non-network)  W= Comprehensive (Hospital, Medical, and Drug [in-network])  X= Hospital and Drug (in network)  Y= Medical and Drug (in network)  4= Comprehensive (Hospital, Medical, and Drug [non-network])  5= Hospital and Drug (non-network)  6= Medical and Drug (non-network)</p> <p><b>Note:</b> Please do not include retirement/pension plans, life insurance plans, dental plans, and or special purpose indemnity benefit plan (e.g., cancer plans).</p>

Data Match EMQ Specifications for Employers

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
13	EGHP RX-BIN	6	195	200	Alpha-numeric	RX-BIN applicable for EGHPs that offer prescription drug coverage. Populate with spaces if not applicable.
14	EGHP RX-PCN	10	201	210	Alpha-numeric	RX-PCN applicable for EGHPs that offer prescription drug coverage. Populate with spaces if not applicable.
15	EGHP RX-GROUP	15	211	225	Alpha-numeric	RX-GROUP applicable for EGHPs that offer prescription drug coverage. Populate with spaces if not applicable.
16	Reserved for Future Use	50	226	275	Alpha-numeric	Populate with spaces.

**EMQ Part III Record: Employee Information**

**Table B-4: EMQ Response File Part III Record (275 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of '300'
2	Worker SSN	9	4	12	Numeric	Worker Social Security Number
3	Worker First Name	10	13	22	Alpha-numeric	Worker's First Name Left Justify and pad with spaces
4	Worker MID-INIT	1	23	23	Alpha-numeric	Worker's middle initial or space if not applicable.
5	Worker Last Name	12	24	35	Alpha-numeric	First 12 letters of worker's last name. Left Justify and pad with spaces
6	Question-1	1	36	36	Alpha-numeric	Y = Yes, N=no
7	Question-2	1	37	37	Alpha-numeric	Y = Yes, N=no, space = n/a
8	Question-2 stop date	8	38	45	Numeric	Worker stop work date Format = CCYYMMDD Populated with zeros if n/a
9	Question-3	1	46	46	Alpha-numeric	Y = Yes, N=no, space = n/a
10	Question-4 Begin Date	8	47	54	Numeric	Worker reporting start date Format = CCYYMMDD Populated with zeros if n/a
11	Question-4 End Date	8	55	62	Numeric	Worker reporting end date Format = CCYYMMDD Populated with zeros if n/a
12	Reserved for Future Use	213	63	275	Alpha-numeric	Populate with spaces.

## EMQ Response Part III Employee Coverage Record

Table B-5: EMQ Response File Part III Employee Coverage Record (275 Bytes)

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of '3XX' Type will vary from 301 to 399. Increment by 1 for each coverage period for the employee/worker.
2	Worker SSN	9	4	12	Numeric	Worker Social Security Number
3	Worker First Name	10	13	22	Alpha-numeric	Worker's First Name Left Justify and pad with spaces
4	Worker MID-INIT	1	23	23	Alpha-numeric	Worker's middle initial or space if not applicable.
5	Worker Last Name	12	24	35	Numeric	First 12 letters of worker's last name. Left Justify and pad with spaces
6	Begin Date	8	36	43	Numeric	Start date of coverage period Format = CCYYMMDD
7	End Date	8	44	51	Numeric	End date of coverage period Format = CCYYMMDD
8	Coverage Flags	3	52	54	Alpha-numeric	Answer Y in position 1 if insurance covers only the <b>WORKER</b> during coverage period between begin and end dates specified in field 6 and field 7. Answer Y in position 2 if insurance covers worker's <b>FAMILY</b> during coverage period between begin and end dates specified in field 6 and field 7. Answer Y in position 3, if no insurance [ <b>NONE</b> ] is applicable for the time frame. If answers are 'no' populate with spaces.
9	EGHP Report Number	4	55	58	Numeric	Unique number assigned to GHP Health plan in Part II within this file that identifies the GHP associated with the coverage period. Populate with zeros if no coverage is applicable for the period.
10	Reserved for Future Use	216	59	275	Alpha-numeric	Populate with spaces.

**EMQ Response Part IV- Certification Record****Table B-6: EMQ Response File Part IV Record (275 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of '400'
2	Cert Date	8	4	11	Numeric	Certification Date Format = CCYYMMDD Populate with current date at time of EMQ file creation.
3	First Name	20	12	31	Alpha-numeric	First name of person certifying that the submitted information is correct.
4	Middle Init	1	32	32	Alpha-numeric	Middle initial of person certifying that the submitted information is correct.
5	Last Name	20	33	52	Alpha-numeric	Last name of person certifying that the submitted information is correct.
6	Title	20	53	72	Alpha-numeric	Title of person certifying that the submitted information is correct.
7	Phone Number	10	73	82	Numeric	Phone number of person certifying that the submitted information is correct. Populate with numbers only including area code. Do not include dashes or parenthesis.
8	E-Mail	40	83	122	Alpha-numeric	E-mail address of person certifying that the submitted information is correct.
9	Reserved for Future Use	153	123	275	Alpha-numeric	Populate with spaces.

**EMQ Response File Trailer Record****Table B-7: EMQ Response File Trailer Record (275 Bytes)**

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description/ Value
1	Record Type	3	1	3	Alpha-numeric	Value of 'T00'
2	EIN	9	4	12	Numeric	Employer Identification Number
3	Filler	4	13	16	Alpha-numeric	Value '0000'
4	Employer Name	40	17	56	Alpha-numeric	Left Justify and pad with spaces
5	Query Year	4	57	60	Numeric	Value '2013'
6	Reserved for Future Use	215	61	275	Alpha-numeric	Populate with spaces.