

Appendix A3 – Beneficiary MSP Data

Field	Size	Usage	Location	Remarks
1. HIC Number (VSAM KEY)	11	X	1-11	Beneficiary HICN/RRB Number
2. MSP Data Occurrence	2	X	12-13	MSP Data Occurrence Count
Following MSP Data Occurs 1 to 17 Times:				
3. Delete Indicator	1	X	14	D-Occurrence to be Deleted
4. Validity Indicator	1	X	15	Validity of MSP Coverage Y-Beneficiary has MSP Coverage N-Beneficiary does not have MSP Coverage
5. MSP Code	1	X	16	MSP Coverage Type A-Working Aged B-ESRD C-Conditional D-No-Fault E-Workers' Compensation F-Federal (Public Health) G-Disabled H-Black Lung I-Veterans L-Liability
6. Contractor Number	5	X	17-21	Identifies Contractor Establishing Entry
7. Data Entry Added	7	C 3	22-25	Date Entry was Created CCYYDDD
7a. Filler	1	X	26	
8. Updating Contractor	5	X	27-31	Identifies Contractor that Updated Entry
9. Maintenance Date	7	C 3	32-35	Date Entry was Last Updated CCYYDDD
10. Filler	4	X	36-39	Value spaces
11. Filler	3	X	40-42	Value spaces
12. Insurer Type	1	X	43	Type of Primary Insurer A thru M, R, S, and spaces
13. Insurer's Name	32	X	44-75	Primary Insurer's Name
14. Insurer's Address-1	32	X	76-107	Primary Insurer's Address Line 1
15. Insurer's Address-2	32	X	108-139	Primary Insurer's Address Line 2
16. Insurer's City	15	X	140-154	Primary Insurer's City
17. Insurer's State Code	2	X	155-156	Primary Insurer's State

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Field	Size	Usage	Location	Remarks
18. Insurer's Zip	9	X	157-165	Primary Insurer's Zip Code
19. Policy Number	17	X	166-182	Primary Insurance Policy Number of Insured
20. MSP Effective Date	7	C 3	183-186	Effective Date of MSP Coverage CCYYDDD
20a. Filler	1	X	187	
21. MSP Termination Date	7	C 3	188-191	Termination Date of MSP Coverage CCYYDDD
21a. Filler	1	X	192	
22. Patient Relationship	2	X	193-194	Relationship of Patient to Insured 01-Patient is Insured 02-Spouse 03-Natural Child, Insured has Financial Responsibility 04-Natural Child, Insured does not have Financial Responsibility 05-Step Child 06-Foster Child 07-Ward of the Court 08-Employee 09-Unknown 10-Handicapped Dependent 11-Organ Donor 12-Cadaver Donor 13-Grandchild 14-Niece/Nephew 15-Injured Plaintiff 16-Sponsored Dependent 17-Minor Dependent of a Minor Dependent 18-Parent 19-Grandparent Dependent 39-Group Health Plan Recovery 41-Non-Group Health Plan Non-ORM recovery

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Field	Size	Usage	Location	Remarks
				42-Non-Group Health Plan ORM recovery 43-Medicare Part C/Medicare Advantage Plans
23. Subscriber First Name	9	X	195-203	First Name of Policyholder
24. Subscriber Last Name	16	X	204-219	Last Name of Policyholder
25. Employee ID Number	12	X	220-231	Employee ID Number Assigned by Employer
26. Source Code	2	X	232-233	Source Code A thru U, 0 thru 18, 25 thru 26, and spaces A-Claim Processing B-IRS/SSA/CMS Data Match C-First Claim Development D-IRS/SSA/CMS Data Match II E-Black Lung (DOL) F-Veterans (VA) G-Other Data Matches H-Worker's Compensation I-Notified by Beneficiary J-Notified by Provider K-Notified by Insurer L-Notified by Employer M-Notified by Attorney N-Notified by Group Health Plan/Primary Payer O-Initial Enrollment Questionnaire P-HMO Rate Cell Adjustment Q-Voluntary Insurer Reporting R-Office of Personnel Management Data

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Field	Size	Usage	Location	Remarks
				Match S-Miscellaneous Reporting T-IRS/SSA/CMS Data Match III U-IRS/SSA/CMS Data Match IV
				0-COB Contractor 1-Initial Enrollment Questionnaire 2- IRS/SSA /HCFA Data Match 3-HMO Rate Cell 4-Litigation Settlement 5-Employer Voluntary Reporting 6-Insurer Voluntary Reporting 7-First Claim Development 8-Trauma Code Development 9-Secondary Claims Investigation 10-Self Reports 11-411.25 12-BC/BS Voluntary Agreements 13-Office of Personnel Management 14-Workmens Compensation (WC) Datamatch 15-Workers Compensation Insurer Voluntary Data Sharing Agreements (WC VDSA) 16-Liability Insurer VDSA 17-No Fault Insurer VDSA 18-Pharmacy Benefit Manager Data Sharing Agreement 21-MIR 11121 COB GHP

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Field	Size	Usage	Location	Remarks
				22-MIR 11122 COB non GHP 25-RAC Self Reports 26-RAC Self Reports
27. Employee Information Data	1	X	234	To Whom the Employment Data Applies P-Patient S-Spouse M-Mother F-Father
27a. Employer Name	32	X	235-266	Employer providing Coverage
28. Employer's Address1	32	X	267-298	Employer's Street Address
29. Employer's Address2	32	X	299-330	Employer's Street Address
30. Employer's City	15	X	331-345	Employer's City
31. Employer's State	2	X	346-347	Employer's State Code
32. Employer's Zip Code	9	X	348-356	Employer's Zip Code
33. Insurance Group Number	20	X	357-376	Group Number Assigned by Primary Payer
34. Insurance Group	17	X	377-393	Name of Group Plan
35. Prepaid Health Plan Date	7	C 5	394-397	Date Beneficiary was Notified that Medicare is Secondary payer for Services Performed Outside the Prepaid Health Plan when they could have been Performed by a Prepaid Health Plan Provider. CCYYDDD
35a. Filler	1	X	398	
36. Remarks Code - 1	2	X	399-400	
37. Remarks Code - 2	2	X	401-402	
38. Remarks Code - 3	2	X	403-404	
40. Diagnosis Codes	200	X	405-604	Occurs 25 times
40a. Diagnosis Code Indicator	1	X	405	'9' -ICD-9 code default
40b. Diagnosis Code	7	X	406-412	Diagnosis code ICD-9
41. Payer ID	10	X	605-614	
42. Filler	100	X	615-714	Reserved for

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Field	Size	Usage	Location	Remarks
				future use