



## Office of Financial Management/Financial Services Group

April 7, 2009

### Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007

(See 42 U.S.C. 1395y(b)(7) & (8))

### **ALERT for Reporting Multiple Total Payment Obligation to the Claimant (TPOC) Amounts for Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation**

This alert provides information on how RREs will report multiple TPOC Dates and Amounts on the Claim Input File for Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation reporting. Information contained herein will be added to the next version of the User Guide.

#### **Reporting Multiple TPOCs:**

Version 1.0 of the User Guide defines three values for the Action Type (Field 3) on the Claim Input File Detail record:

- 0 = Add
- 1 = Delete
- 2 = Update/Change
- 3 = Update for additional, separate TPOC Report (*has now been removed*)

Since that initial publication of the User Guide, questions have been raised on how a Responsible Reporting Entity (RRE) would apply updates to multiple TPOC Amounts reported previously. For example, suppose a TPOC Amount and Date were reported on an add record for a Workers' Compensation indemnity settlement and subsequently an update record was submitted with an Action Type of '3' to report a different, additional TPOC Amount and Date, for the same claim, reflecting a settlement for lost wages. The current file layout and processing requirements do not provide the flexibility for an RRE to subsequently update one of these specific TPOC Amounts and/or Dates if necessary.

Since RREs have indicated that this situation may occur frequently, CMS has modified the reporting requirements for cases where an RRE needs to report multiple settlement amounts. ***The Action Type value of '3' has been removed.*** Instead, four additional TPOC Amount and corresponding TPOC Date fields have been added to the end of the Claim Input File Auxiliary Record layout. In addition, for each new TPOC Date and Amount field added to the Auxiliary Record, a corresponding "Funding Delayed Beyond TPOC Start Date" field has also been added. Please see the field descriptions in the updated Auxiliary Record layout below. An area previously defined as "filler" was used. No other field location was changed and the record will remain the same length. These new fields only need to be submitted if the RRE has more than one, distinct, additional TPOC to report for a claim.

The TPOC fields will be “positional” in the sense that the first settlement/judgment/award or other payment TPOC Amount should be reported on the Detail Record in Fields 100-102, the second settlement/judgment/award or other payment TPOC Amount should be placed in the first available TPOC Date and Amount on the Auxiliary Record, and so on. All Subsequent reports for the claim should maintain all previously reported data in its original position/field, except for fields being updated.

RREs only need to report the Auxiliary Record if they have additional “claimant” information to report in the event of a Medicare beneficiary’s death or if they have more than one distinct TPOC to report for the claim. The Auxiliary Record must always follow the corresponding Detail Record for the claim report. The Detail Record is always required for a claim report on the Claim Input File. The Auxiliary Record is only included if needed. Once an RRE has submitted an Auxiliary Record for a claim report, the RRE must continue to include the Auxiliary Record with all subsequent update and delete transactions for that claim.

To report only one TPOC Amount on an initial claim report, submit an add transaction with a ‘0’ in the Action Type of the Detail Record, place the TPOC Date and Amount in Fields 100 and 101 of the Detail Record and do not include an Auxiliary Record. (To report only one TPOC Amount on an existing record (the record was already submitted with ORM information), the transaction would be submitted with a ‘2’ in the Action Type as an update rather than an add.)

To report more than one TPOC Amount on an initial claim report, submit an add transaction with a ‘0’ in the Action Type of the Detail Record, place the first TPOC Date and Amount in Fields 100 and 101 of the Detail Record, and place the second and subsequent TPOC Dates and Amounts in the new fields on the Auxiliary Record. (To report more than one TPOC Amount on an existing record (the record was already submitted with ORM information), the transaction would be submitted with a ‘2’ in the Action Type as an update rather than an add.)

To report a new, additional 2<sup>nd</sup> TPOC Date and Amount after the 1<sup>st</sup> TPOC Amount has been reported, submit an update transaction with ‘2’ in the Action Type of the Detail Record, place the previously reported TPOC Date and Amount in Fields 100 and 101 of the Detail Record, include an Auxiliary Record and place the second TPOC Date and Amount in Fields 90 and 91 on the Auxiliary Record.

To report a new, additional 3<sup>rd</sup> TPOC Date and Amount after your initial claim report, submit an update transaction with ‘2’ in the Action Type of the Detail Record, place the previously reported TPOC Date and Amount in Fields 100 and 101 of the Detail Record, and place the second previously reported TPOC Date and Amount in Fields 90 and 91 on the Auxiliary Record, and place the new, additional 3<sup>rd</sup> TPOC Date and Amount in Fields 93 and 94 on the Auxiliary Record. Each subsequent TPOC added will follow the same guidelines.

To correct a previously submitted TPOC Amount or Date, you will submit an update transaction with a value of ‘2’ in the Action Type on the Detail Record and place the corrected TPOC Amount and/or Date in the same field it was reported previously, in a sense overlaying what was reported before on the Detail or Auxiliary Record. All other TPOCs reported previously for the claim should be reported with their original values and in their original locations on the Detail or Auxiliary Records as applicable.

In the case where an RRE has previously reported multiple TPOCs, to remove one TPOC previously reported due to erroneous information on a prior submission (in essence, deleting that one TPOC but keeping the others), you will submit an update transaction with a value of '2' in the Action Type on the Detail Record and place zeroes in the TPOC Date and Amount in the same fields they were reported previously on the Detail or Auxiliary Record. Subsequent submissions for the claim report should continue to preserve the positional nature of these fields so that TPOC should continue to be reported with zeroes on any subsequent report for the claim.

Note that this change to reporting multiple TPOCs does not change the instructions related to submitting a delete transaction to completely remove a record that was sent entirely in error. If a claim was previously reported with one or more TPOCs, the RRE *never* had any ongoing responsibility for medicals (*no ORM*), and you later discover that this claim never should have been submitted under Section 111 (you submitted it in error, there was no settlement, judgment, award or other TPOC payment made), then you would submit a delete record with a '1' in the Action Type of the Detail Record. This process is documented in the User Guide and will remain unchanged. The delete Action Type is used to completely remove the entire set of claim information as there was never a settlement, judgment, award or other TPOC payment made and no report should have been sent originally.

If more than five TPOCs need to be reported for a single claim, then please contact your EDI Representative for assistance.

Please refer to the revised Claim Input File Auxiliary Record Layout below:

Claim File Auxiliary Record

This record is only required if there are additional claimants to report for the associated Detail Claim Record and/or if there is more than one TPOC Amount to report. Do not include this record for the claim unless one or both of these situations exist(s). Fields 1-6 must always be completed in order submit this Auxiliary Record. Claimant 1 on the Detail Claim Record must be completed in order for information concerning additional claimants to be accepted.

MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Auxiliary Record – 2220 bytes						
Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alpha-numeric	Must be 'NGCE'. <b>Required.</b>

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

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

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

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

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<b>Field No.</b>	<b>Name</b>	<b>Size</b>	<b>Start Pos.</b>	<b>End Pos.</b>	<b>Data Type</b>	<b>Description</b>
23	C2 Representative First Name	30	409	438	Alpha-betic	Given/First name of C2 attorney or representative.  <b>Required if Claimant 2 has a representative.</b>
24	C2 Representative Firm Name	70	439	508	Alpha-numeric	Representative's firm name.  <b>Required on reports submitted on or after January 1, 2011, if representative is associated with or a member of a firm.</b>
25	C2 Representative TIN	9	509	517	Numeric	C2 representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN).  <b>Required.</b>
26	C2 Representative Mailing Address Line 1	50	518	567	Alpha-numeric	First line of the mailing address for the C2 representative named above.  <b>Required if Claimant 2 has a representative.</b>
27	C2 Representative Mailing Address Line 2	50	568	617	Alpha-numeric	Second line of the mailing address of the C2 representative named above.

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
28	C2 Representative City	30	618	647	Alpha-betic	Mailing address city for the C2 representative named above.  <b>Required if Claimant 2 has a representative.</b>
29	C2 Representative State	2	648	649	Alpha-betic	US Postal abbreviation state code for the C2 representative named above.  <b>Required if Claimant 2 has a representative.</b>
30	C2 Representative Zip	5	650	654	Numeric	5-digit Zip Code for the C2 representative named above.  <b>Required if Claimant 2 has a representative.</b>
31	C2 Representative Zip+4	4	655	658	Numeric	4-digit Zip+4 code for the C2 representative named above.  If not applicable or unknown, fill with zeroes (0000).
32	C2 Representative Phone	10	659	668	Numeric	Telephone number of the C2 representative named above.  Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).  <b>Required if Claimant 2 has a representative.</b>

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
33	C2 Representative Phone Extension	5	669	673	Alpha-numeric	Telephone extension number of the C2 representative named above.  Fill with all spaces if unknown or not applicable.
34	Reserved for Future Use	20	674	693	Alpha-numeric	Fill with spaces.
<b>Claimant 3 Information</b>						
Fill entire section with spaces if not applicable. <b>See Claimant 2 Information section above for individual field specifications.</b>						
35	Claimant 3 Relationship	1	694	694	Alpha-numeric	Relationship of the claimant to the injured party/Medicare beneficiary.  Valid values: E = Estate F = Family O = Other Space = Not applicable (rest of the section will be ignored)
36	Claimant 3 TIN	9	695	703	Numeric	
37	Claimant 3 Last Name	40	704	743	Alpha-betic	
38	Claimant 3 First Name	30	744	773	Alpha-betic	
39	Claimant 3 Middle Initial	1	774	774	Alpha-betic	
40	Claimant 3 Mailing Address Line 1	50	775	824	Alpha-numeric	
41	Claimant 3 Mailing Address Line 2	50	825	874	Alpha-numeric	
42	Claimant 3 City	30	875	904	Alpha-betic	
43	Claimant 3 State	2	905	906	Alpha-betic	
44	Claimant 3 Zip	5	907	911	Numeric	

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
45	Claimant 3 Zip+4	4	912	915	Numeric	
46	Claimant 3 Phone	10	916	925	Numeric	
47	Claimant 3 Phone Extension	5	926	930	Alpha-numeric	
48	Reserved for Future Use	20	931	950	Alpha-numeric	Fill with spaces.
<b>Claimant 3 Attorney/Representative Information</b>						
This section is only required if Claimant 3 has a representative. Fill the entire section (Field 49-62) with spaces if not supplying Claimant 3 representative information. <b>See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.</b>						
49	Claimant 3 (C3) Representative Indicator	1	951	951	Alpha-numeric	
50	C3 Representative Last Name	40	952	991	Alpha-betic	
51	C3 Representative First Name	30	992	1021	Alpha-betic	
52	C3 Representative Firm Name	70	1022	1091	Alpha-numeric	
53	C3 Representative TIN	9	1092	1100	Numeric	
54	C3 Representative Mailing Address Line 1	50	1101	1150	Alpha-numeric	
55	C3 Representative Mailing Address Line 2	50	1151	1200	Alpha-numeric	
56	C3 Representative City	30	1201	1230	Alpha-betic	
57	C3 Representative State	2	1231	1232	Alpha-betic	

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
58	C3 Representative Zip	5	1233	1237	Numeric	
59	C3 Representative Zip+4	4	1238	1241	Numeric	
60	C3 Representative Phone	10	1242	1251	Numeric	
61	C3 Representative Phone Extension	5	1252	1256	Alpha-numeric	
62	Reserved for Future Use	20	1257	1276	Alpha-numeric	Fill with spaces.
<b>Claimant 4 Information</b>						
Fill entire section with spaces if not applicable. <b>See Claimant 2 Information section above for individual field specifications.</b>						
63	Claimant 4 Relationship	1	1277	1277	Alpha-numeric	
64	Claimant 4 TIN	9	1278	1286	Numeric	
65	Claimant 4 Last Name	40	1287	1326	Alpha-betic	
66	Claimant 4 First Name	30	1327	1356	Alpha-betic	
67	Claimant 4 Middle Initial	1	1357	1357	Alpha-betic	
68	Claimant 4 Mailing Address Line 1	50	1358	1407	Alpha-numeric	
69	Claimant 4 Mailing Address Line 2	50	1408	1457	Alpha-numeric	
70	Claimant 4 City	30	1458	1487	Alpha-betic	
71	Claimant 4 State	2	1488	1489	Alpha-betic	
72	Claimant 4 Zip	5	1490	1494	Numeric	
73	Claimant 4 Zip+4	4	1495	1498	Numeric	
74	Claimant 4 Phone	10	1499	1508	Numeric	
75	Claimant 4 Phone Extension	5	1509	1513	Alpha-numeric	

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
76	Reserved for Future Use	20	1514	1533	Alpha-numeric	Fill with spaces.
<b>Claimant 4 Attorney/Representative Information</b>						
This section is only required if Claimant 4 has a representative. Fill the entire section (Field 77-90) with spaces if not supplying Claimant 4 representative information. <b>See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.</b>						
77	Claimant 4 (C4) Representative Indicator	1	1534	1534	Alpha-betic	
78	C4 Representative Last Name	40	1535	1574	Alpha-betic	
79	C4 Representative First Name	30	1575	1604	Alpha-betic	
80	C4 Representative Firm Name	70	1605	1674	Alpha-numeric	
81	C4 Representative TIN	9	1675	1683	Numeric	
82	C4 Representative Mailing Address Line 1	50	1684	1733	Alpha-numeric	
83	C4 Representative Mailing Address Line 2	50	1734	1783	Alpha-numeric	
84	C4 Representative City	30	1784	1813	Alpha-betic	
85	C4 Representative State	2	1814	1815	Alpha-betic	
86	C4 Representative Zip	5	1816	1820	Numeric	
87	C4 Representative Zip+4	4	1821	1824	Numeric	

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<b>Field No.</b>	<b>Name</b>	<b>Size</b>	<b>Start Pos.</b>	<b>End Pos.</b>	<b>Data Type</b>	<b>Description</b>
88	C4 Representative Phone	10	1825	1834	Numeric	
89	C4 Representative Phone Extension	5	1835	1839	Alpha-numeric	
90	TPOC Date 2	8	1840	1847	Numeric Date	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).  See Field 100 on the Claim Input Detail Record for format requirements. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.

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<b>Field No.</b>	<b>Name</b>	<b>Size</b>	<b>Start Pos.</b>	<b>End Pos.</b>	<b>Data Type</b>	<b>Description</b>
91	TPOC Amount 2	11	1848	1858	Numeric	<p>Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM.</p> <p>See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.</p>
92	Funding Delayed Beyond TPOC Start Date 2	8	1859	1866	Numeric Date	<p>If funding for the Total Payment Obligation to Claimant 2 is delayed, provide actual or estimated date of funding.</p> <p>Format: CCYYMMDD</p> <p>Fill with zeroes if not applicable.</p>

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
93	TPOC Date 3	8	1867	1874	Numeric Date	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).  See Field 100 on the Claim Input Detail Record. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
94	TPOC Amount 3	11	1875	1885	Numeric	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount  See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
95	Funding Delayed Beyond TPOC Start Date 3	8	1886	1893	Numeric Date	If funding for the Total Payment Obligation to Claimant 3 is delayed, provide actual or estimated date of funding.  Format: CCYYMMDD  Fill with zeroes if not applicable.

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<b>Field No.</b>	<b>Name</b>	<b>Size</b>	<b>Start Pos.</b>	<b>End Pos.</b>	<b>Data Type</b>	<b>Description</b>
96	TPOC Date 4	8	1894	1901	Numeric Date	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).  See Field 100 on the Claim Input Detail Record. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
97	TPOC Amount 4	11	1902	1912	Numeric	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount  See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
98	Funding Delayed Beyond TPOC Start Date 4	8	1913	1920	Numeric Date	If funding for the Total Payment Obligation to Claimant 4 is delayed, provide actual or estimated date of funding.  Format: CCYYMMDD  Fill with zeroes if not applicable.

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Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
99	TPOC Date 5	8	1921	1928	Numeric Date	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).  See Field 100 on the Claim Input Detail Record. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
100	TPOC Amount 5	11	1929	1939	Numeric	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount  See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an <b>additional</b> settlement, judgment, award or other payment.
101	Funding Delayed Beyond TPOC Start Date 5	8	1940	1947	Numeric Date	If funding for the Total Payment Obligation to Claimant 5 is delayed, provide actual or estimated date of funding.  Format: CCYYMMDD  Fill with zeroes if not applicable.
102	Reserved for Future Use	273	1948	2220	Alpha-numeric	Fill with spaces.