

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT33	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 5 (Field 104)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed.  Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 104: <ul style="list-style-type: none"> <li>has non-numeric data or spaces;</li> <li>was not submitted with all zeroes if not used); or</li> <li>was not a valid date (formatted CCYYMMDD)</li> </ul>
CW01	Claim Input File Detail Record	MSA Amount (Field *37, effective on April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *37 is effective starting April 4, 2025: Medicare Set-Aside (MSA) amount: Dollar amount of the MSA. For WC settlements without an MSA, enter all zeros. <b>Note: The last two positions reflect cents.</b> Specify dollars and cents with an implied decimal and no formatting symbols such as "\$" or ".". For example, an amount of \$20,500.55 must be submitted as "00002050055".  If there is a structured settlement funding the WCMSA, the MSA Amount must be calculated using the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity. For annuities, base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout), whichever calculation results in the larger amount.  <b>Required if WC TPOC amount &gt; \$0.</b>	Field *37 includes non-numeric data or spaces.

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CW02	Claim Input File Detail Record	MSA Period (Field *38; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *38 is effective starting April 4, 2025: Enter the amount of time in years that the MSA is expected to cover the beneficiary. <b>Required. If MSA Amount is \$0, enter 0s.</b>	Field *38 includes non-numeric data or spaces.
CW03	Claim Input File Detail Record	MSA Period (Field *38; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *38 is effective starting April 4, 2025: Enter the amount of time in years that the MSA is expected to cover the beneficiary. <b>Required. If MSA Amount is \$0, enter 0s.</b>	Field *38 is all 0s and Field *37 is > \$0.
CW04	Claim Input File Detail Record	Lump Sum or Structured/Annuity Payout Indicator (Field *39; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *39 is effective starting April 4, 2025: Valid values: S = Structured/Annuity L = Lump Sum <b>Required. If WCMSA is a combination of Lump Sum and Structured/Annuity, enter S.</b> <b>If MSA Amount is \$0, enter a space.</b>	Field *39: <ul style="list-style-type: none"> <li>• is a space, when Field *37 is &gt; \$0, or</li> <li>• is a character other than S or L..</li> </ul>

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CW05	Claim Input File Detail Record	Initial Deposit Amount (Field *40; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *40 is effective starting April 4, 2025: <b>Note: The last two positions reflect cents.</b> Specify dollars and cents with an implied decimal and no formatting symbols such as "\$" or ".". For example, an amount of \$20,500.55 must be submitted as "00002050055". Zero is an allowable value—enter all 0s.  When an WCMSA is a Lump Sum and Structured Annuity Funding combination, the Lump Sum amount should be included in the Initial Deposit Amount. <b>Required. If Lump/Structured Payout Indicator (Field 39) is L or blank, enter all 0s.</b>	Field *40 contains non-numeric data or characters.
CW06	Claim Input File Detail Record	Anniversary (Annual) Deposit Amount (Field *41; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *41 is effective starting April 4, 2025: <b>Note: The last two positions reflect cents.</b> Specify dollars and cents with an implied decimal and no formatting symbols such as "\$" or ".". For example, an amount of \$20,500.55 must be submitted as "00002050055". <b>Required. If Lump/Structured Payout Indicator (Field *39) is S,</b> enter an amount greater than 0. If Lump/Structured Payout Indicator (Field *39) is L or blank, enter all 0s.	Field *41 contains non-numeric characters or data.
CW07	Claim Input File Detail Record	Anniversary (Annual) Deposit Amount (Field *41; effective April 4, 2025)	Yes, if Plan Insurance Type (Field 51) = 'E' and TPOC Amount 1 (Field 81) > \$0 and TPOC date is on or after 4/4/2025	Field *41 is effective starting April 4, 2025: <b>Note: The last two positions reflect cents.</b> Specify dollars and cents with an implied decimal and no formatting symbols such as "\$" or ".". For example, an amount of \$20,500.55 must be submitted as "00002050055". <b>Required. If Lump/Structured Payout Indicator (Field *39) is S, enter an amount greater than 0. If Lump/Structured Payout Indicator (Field *39) is L or blank, enter all 0s.</b>	Field *41 contains 0s when Field *39 is "S".

Error	Record	Field Name	Field	Record Layout Field	Possible Cause
CW08	Claim Input File Detail Record	Case Control Number (Field *42; effective April 4, 2025)	No, but if entered, it will be edited	Field *42 is effective starting April 4, 2025: Case ID for WMCSAs submitted for voluntary review pre-settlement or for non-CMS approved WMCSAs submitted post-settlement. If unknown, enter spaces.	Field *42 contains an invalid CCN.
CW09	Claim Input File Detail Record	Professional Administrator EIN (Field *43; effective April 4, 2025)	No	Field *43 is effective starting April 4, 2025: EIN of Professional Administrator, if applicable. Case administrator will default to the beneficiary if no EIN is entered in this field, or if the EIN submitted does not match a registered administrator account in the WCMSAP. <b>If unknown, enter all 0s.</b>	Field *43 contains an invalid EIN.
CW10	Claim Input File Detail Record	Fields *37-41; effective April 4, 2025)	Field *37 is required; Fields *38-41 must not contain information if *37 = \$0	See description of Fields *37-41 in Claim Input File Detail Record.	Field *37 = \$0 but information is provided in fields *38-41.
CW11	Claim Input File Detail Record	Field *37 (effective April 4, 2025), current Field 81	No	Field *37 (effective starting April 4, 2025) is the MSA Amount; Field 81 is TPOC Amount 1.	Field *37 contains an MSA amount but TPOC Amount 1 is not given in Field 81.
CW12	Claim Input File Detail Record	Fields *39-41; effective April 4, 2025)	Yes	Fields *39-41 are effective starting April 4, 2025: See description of Fields *39-41 in Claim Input File Detail Record.	Fields *40-41 should be all zeros when Field *39 = 'L'.
SP31	Claim Input File Auxiliary Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record.	Record submitted with effective date greater than 90 days prior to Medicare entitlement. Injured Party matched to a Medicare beneficiary.  No correction necessary by the RRE. Resubmit record in next quarterly file submission.