Federal Parent Locator Service

Insurance Match

Release 14-01 – Minor
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Administration for Children and Families
Office of Child Support Enforcement
370 L'Enfant Promenade SW
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1. INCLUDE CLAIM ADJUSTER AND NAIC CODE FIELDS PROVIDED BY ISO IN RESPONSE RECORD TO STATES (OCSE REF. # 4798)

1.1 Summary of Changes

We are enhancing the Insurance Match system to add the claim adjuster's name and phone number and the National Association of Insurance Commissioner's (NAIC) code to the Insurance Match response record.

1.2 Background

The Insurance Match system did not send the claim adjuster's name and phone number or the NAIC code to the state.

1.3 Description of Changes

As a result of this change, the Insurance Match system will be able to supply contact information for the adjuster responsible for a specific claim and to identify the insurance company by the NAIC code issued to licensed and affiliated insurance companies across the United States.

1.4 Impact on States

This enhancement will require programming enhancements to your state system if you wish to use the claim adjuster's name and phone number or the NAIC code.

1.5 State Testing

Testing is not required for this enhancement.

1.6 Download Record Layout Changes

See Chart A-1, "FCR Insurance Match Response Record, Part 1," for the changes to the download record, positions 862-906, Claim Adjuster Name, Claim Adjuster Phone, and NAIC Code fields. Part 2 of the record did not change.

1.7 End User Support Contact Information

For help or questions about this enhancement, contact Beatrice Locks at 201-260-5606 or e-mail beatrice.locks@acf.hhs.gov.

2.   CREATE A NEW DOWNLOAD OPTION FOR INSURANCE MATCH ON THE PORTAL (OCSE REF. # 4914)

2.1   Summary of Changes

We are enhancing the Insurance Match download portal application to enable states to download a comma-separated value (CSV) file in order to import into a spreadsheet.

2.2   Background

The Insurance Match download application offers insurance matches currently in either a fixed-length text (TXT) file format or an Extensible Markup Language (XML) document format.

2.3   Description of Changes

As a result of this change, the Insurance Match download application will enable you to convert the TXT file to a CSV format for easy import into a spreadsheet.

2.4   Impact on States

This enhancement requires no changes to your system.

2.5   State Testing

Testing is not required for this enhancement.

2.6   Page Enhancements

Figure 2-1: Insurance Match Response Download

2.7   End User Support Contact Information

For help or questions about this change, contact the Service Desk at 800-258-2736 or e-mail ocse.gr-portal@lmco.com.

A.   DOWNLOAD RECORD LAYOUT

This record format gives the specifications for the Insurance Match response file. Type 'A' is alphabetic, type 'N' is numeric, and type 'A/N' is alphanumeric.

Field Name	Location	Length	A/N	Comments
CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Record Identifier	1-2	2	A/N	The characters 'IM.'
Obligor SSN	3-11	9	A/N	The Federal Offset obligor SSN used by the insurance matcher (insurance company or OCSE) for insurance matching purposes.
Record Creation Date	12-19	8	A/N	The date the OCSE created the record. The date is in the CCYYMMDD format.
Record Sequence Number	20-22	3	A/N	The sequence of a pair of insurance match records that describe a unique match. The same sequence number is used for each pair of records.
Sub Record Indicator	23	1	A/N	The value of '1' to indicate the first of two corresponding records.
Filler	24-43	20	A/N	Reserved for future use and has spaces.
Obligor Case Identifier	44-58	15	A/N	The case ID for the SSN the insurer response matched on the Federal Offset file.
Obligor First Name	59-73	15	A/N	The person's first name for the SSN on the case the insurer response matched against on the Federal Offset file.
Obligor Last Name	74-93	20	A/N	The person's last name for the SSN on the case the insurer response matched to on the Federal Offset file.
Insurer Provided SSN	94-102	9	A/N	The SSN supplied by the insurer as part of its matching process. If not supplied, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurer Identifier	103-111	9	A/N	The valid nine-digit taxpayer identification number assigned to the insurer, a Federal Employee Identification Number (FEIN), or another designated identification. If not supplied, this has all spaces.
Insurer Processing Date	112-119	8	A/N	The date the insurer created or updated the insurer record within its database. The date is in the CCYYMMDD format.
Claim Update Indicator	120	1	A/N	Indicates whether this is an update to previously supplied information on this claim: 1 – Updated information on previously supplied insurance claim match. Space – New insurance claim match.
Insurer Name	121-165	45	A/N	The name of the insurer where the insurance claim is kept, and to which the state is directed to send the insurance intercept request for processing. If not supplied, this has all spaces.
Insurer Contact First Name	166-185	20	A/N	The first name of the insurer contact. If not supplied, this has all spaces.
Insurer Contact Last Name	186-215	30	A/N	The last name of the insurer contact. If not supplied, this has all spaces.
Insurer Contact Phone Number	216-225	10	A/N	The phone number of the insurer contact. If not supplied, this has all spaces.
Insurer Contact Phone Extension Number	226-231	6	A/N	The phone number extension of the insurer contact. If not supplied, this has all spaces.
Insurer Contact Fax Number	232-241	10	A/N	The fax number of the insurer contact. If not supplied, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurer Contact Email Text	242-281	40	A/N	The e-mail address of the insurer contact. If not supplied, this has all spaces.
Insurer Address Line 1 Text	282-321	40	A/N	The insurer's address information within this first street field. If not supplied, this has all spaces.
Insurer Address Line 2 Text	322-361	40	A/N	The insurer's address information within this second street field. If not supplied, this has all spaces.
Insurer Address City Name	362-391	30	A/N	The city associated with the insurer's address. If not supplied, this has all spaces.
Insurer Address State Code	392-393	2	A/N	The alphabetic code of the state associated with the insurer's address. If not supplied, this has all spaces.
Insurer Address Postal Code	394-408	15	A/N	The five-digit ZIP code and the four-digit extension code (if available) that represents the geographic segment that is a sub-unit of the ZIP code assigned by the USPS to a geographic location to help with mail delivery; or the postal zone (up to 15 characters) specific to the country, other than the U.S., where the mail is delivered. If not supplied, this has all spaces.
Insurer Address Foreign Country Indicator	409	1	A/N	Indicates whether the insurer's address supplied is a U.S. or foreign address: 1 – The address of the insurer is in a foreign country. Space – The address of the insurer is in the U.S.
Insurer Address Foreign Country Name	410-434	25	A/N	If the returned address is in a foreign country, this is the name of the foreign country. If the country name is not supplied, this has all spaces. If the address is not in a foreign country, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurer Address Scrub 1 Code	435-436	2	A/N	The first Insurer Address Scrub 1 Code represents the general status of the address. It is always present in the response record. This address scrub 1 code indicates the results of the address editing of the address information returned in the response: BA – Bad address: FINALIST determined it to be an undeliverable address. The address is left unchanged. CH – Changed address: The address was corrected and is considered by FINALIST to be deliverable. EA – Empty address: No address is present in the record. The address was not supplied by the source. FA – Foreign Address: The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or 'US.' GA – Good address: FINALIST determined it to be a deliverable address.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurer Address Scrub 2 Code	437-438	2	A/N	Further defines the results of address editing of the address information returned in the response. The value of the Insurer Address Scrub 1 Code indicates the success or failure of address correction attempts. If Insurer Address Scrub 1 Code has 'BA,' this field has one of these codes: BR – Bad range: The house number is out of range for that street. This type of address error cannot be corrected. BU – Bad unit number: In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. For P.O. box addresses, the box number does not match the ZIP+4 code. Standardization was attempted. BX – Missing state code or missing state code and ZIP code: Assigning a state or ZIP code was attempted. MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name). MX – Mismatched state and ZIP code: Correction of the ZIP code was attempted. NC – Non-determined city name: Correction of the city name was attempted. NZ – Non-determined ZIP code: Correction of the ZIP code was attempted, but failed.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurer Address Scrub 2 Code	437-438	2	A/N	If Insurer Address Scrub 1 Code has 'CH,' this field has one of these codes: BU – Bad unit number: In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. For P.O. box addresses, the box number does not match the ZIP+4 code. Standardization was successful. BX – Missing state code or missing state code and ZIP code: Assigning a state or ZIP code was successful. CA – Corrected address: A misspelled or non-standard street name was successfully corrected in the response record. CC – Corrected city name: Correction of the misspelled or non-standard city name was successful. CZ – Corrected ZIP code: Correction of the ZIP code was successful. MA – Mismatched address: The street name is not found in the city (the address may be deliverable because some addresses do not require a street name). MX – Mismatched state and ZIP code: Correction of the ZIP code was successful. NC – Non-determined city name: Correction of the city name was successful. If the Address Scrub 1 Code has 'EA,' 'FA,' or 'GA,' this has spaces.
Insurer Address Scrub 3 Code	439-440	2	A/N	Identical to the Insurer Address Scrub 2 Code with one exception: If Insurer Address Scrub 1 Code has 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this has spaces.
Insurer Claim Number	441-470	30	A/N	The insurer-assigned claim number. If not supplied, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurance Product Claim Type Code	471-472	2	A/N	The type of claim matched by the insurance matcher. Refer to Appendix E, "Data Dictionary," of the FCR Interface Guidance Document for valid values and descriptions. If not populated with a valid value, this has all spaces.
Insurance Claim State Code	473-474	2	A/N	The alphabetic FIPS code for the state in which the insurance loss occurred. If not supplied, this has all spaces.
Insurance Claim Loss Date	475-482	8	A/N	The claimant's insurance claim loss date. The date is in the CCYYMMDD format. If not supplied, this has all spaces.
Insurance Claim Beneficiary Indicator	483	1	A/N	Specifies whether a beneficiary is associated with this life insurance claim. Y – A beneficiary is associated with this life insurance claim. N – A beneficiary is not associated with this life insurance claim. If not supplied, this has all spaces.
Insurance Claim Reported Date	484-491	8	A/N	The date the claimant reported the claim to the insurer. The date is in the CCYYMMDD format. If not supplied, this has all spaces.
Insurance Claim Status Code	492	1	A/N	The status of the claim: 0 – Matched claim open at the time of the match by the insurance matcher. 1 – Matched claim closed at the time of the match by the insurance matcher. 9 – The insurer did not report the status of the matched claim.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurance Claim Payout Frequency Code	493	1	A/N	The frequency of the insurer claim payout. 1 – One-time 2 – Weekly 3 – Bi-weekly 4 – Monthly 5 – Quarterly 6 – Annually 7 – Other If not populated with a valid value, this has a space.
Obligor Match Code	494-495	2	A/N	The result of the match performed by the insurance matcher that compares the supplied obligor's identifying information against insurance claim data. Refer to Appendix E, "Data Dictionary," for valid values and descriptions. If not populated with a valid value, this has all spaces.
SSN Verification Code	496	1	A/N	The results of the SSN/name verification process. M – The SSN matches and a name comparison resulted in a probable match. U – The SSN/name combination does not verify. V – The SSN/name combination verifies.
Filler	497-505	9	A/N	Reserved for future use and has spaces.
Claimant First Name	506-525	20	A/N	The first name of the claimant from the insurance data match. If not supplied, this has all spaces.
Claimant Middle Name	526-541	16	A/N	The middle name of the claimant from the insurance data match. If not supplied, this has all spaces.
Claimant Last Name	542-571	30	A/N	The last name of the claimant from the insurance data match. If not supplied, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Claimant ITIN Number	572-580	9	A/N	The Individual Taxpayer Identification Number (ITIN) for the claimant. If not supplied, this has all spaces.
Claimant Birth Date	581-588	8	A/N	The date of birth of the claimant from the insurer data match (if available). The date is in the CCYYMMDD format. If not supplied, this has spaces.
Claimant Gender Code	589	1	A/N	The gender of the claimant. F – Female M – Male If not available, this has a space.
Claimant Home Phone Number	590-599	10	A/N	The home phone number of the claimant. If not supplied, this has all spaces.
Claimant Business Phone Number	600-609	10	A/N	The business phone number of the claimant. If not supplied, this has all spaces.
Claimant Business Phone Extension Number	610-615	6	A/N	The business phone number extension of the claimant. If not supplied, this has all spaces.
Claimant Cell Phone Number	616-625	10	A/N	The cell phone number of the claimant. If not supplied, this has all spaces.
Claimant Driver License Number	626-645	20	A/N	The driver license number of the claimant. If not supplied, this has all spaces.
Claimant Driver License State Code	646-647	2	A/N	The driver's license alphabetic code for the state of the claimant. If not supplied, this has all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Claimant Occupation Text	648-687	40	A/N	The occupation of the claimant. If not supplied, this has all spaces.
Claimant Professional License Number	688-702	15	A/N	The professional license number of the claimant. If not supplied, this has all spaces.
Claimant Address Line 1 Text	703-742	40	A/N	The claimant's address information within this first street field. If not supplied, this has all spaces.
Claimant Address Line 2 Text	743-782	40	A/N	The claimant's address information within this second street field. If not supplied, this has all spaces.
Claimant Address City Name	783-812	30	A/N	The city associated with the claimant's address. If not supplied, this has all spaces.
Claimant Address State Code	813-814	2	A/N	The alphabetic code for the state associated with the claimant's address. If not supplied, this has all spaces.
Claimant Address ZIP Code	815-829	15	A/N	The five-digit ZIP code and the four-digit extension code (if available) that represents the geographic segment that is a sub-unit of the ZIP code assigned by the USPS to a geographic location to help with mail delivery; or the postal zone (up to 15 characters) specific to the country, other than the U.S., where the mail is delivered. If not supplied, this has all spaces.
Claimant Address Foreign Country Indicator	830	1	A/N	Indicates whether the claimant's address supplied is a U.S. or foreign address: 1　　– The address of the claimant is in a foreign country. Space　– The address of the claimant is in the U.S.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Claimant Address Foreign Country Name	831-855	25	A/N	If the returned address is in a foreign country, this is the name of the foreign country associated with the claimant's address. If the country name is not supplied, this has all spaces. If the address is not in a foreign country, this has all spaces.
Claimant Address Scrub 1 Code	856-857	2	A/N	The Claimant Address Scrub 1 Code represents the general status of the address. It is always present in the response record. Refer to Insurer Address Scrub 1 Code field above for values.
Claimant Address Scrub 2 Code	858-859	2	A/N	Further defines the results of address editing of the address information returned in the response. Refer to Insurer Address Scrub 2 Code field above for values.
Claimant Address Scrub 3 Code	860-861	2	A/N	This field's description is identical to the Insurer Address Scrub 2 Code with one exception: If insurer address scrub 1 code has 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this is spaces. Refer to the Insurer Address Scrub 3 Code field above for values.
Claim Adjuster Name	862-891	30	A/N	The name of the adjuster responsible for a claim.
Claim Adjuster Phone	892-901	10	A/N	The phone number of the adjuster responsible for a claim.
NAIC Code	902-906	5	A/N	The code issued by the National Association of Insurance Commissioners (NAIC) to licensed and affiliated insurance companies.
Filler	907-918	12	A/N	Reserved for future use and has spaces.
Sort State Code	919-920	2	A/N	The numeric FIPS state code for the state receiving the response.