MICHIGAN SECRETARY OF STATE

ELECTRONIC INSURANCE VERIFICATION (EIV)
TRANSMISSION OPTIONS AND FILE FORMAT GUIDELINES

DATA DICTIONARY

Term	Definition
Compression	Zip compression format
CRLF	Carriage Return Line Feed
DEG	Data Exchange Gateway (State of Michigan, DTMB)
DEG Mailbox	Mailbox established by DEG to receive and distribute information
Delimiter	Field separator. The delimiter used will be '|' – a pipe.
EIV	Electronic Insurance Verification
EIV User Worksheet	Document that insurance companies will fill out to request a user mailbox and provide SOS with contact information. Should be filled out by new and existing users.
HTTPS	Hypertext Transfer Protocol Secure
MDCH	Michigan Department of Community Health
SOS	Secretary of State
NAIC Code	National Association of Insurance Commissioners unique insurance company identifier
Named Insured	Public Act 91 requires insurance companies to transmit the name of each person **named** on the policy. This may not include everyone covered by the policy.
Optional Field	Any field that is not defined as required or statutory.
Private Passenger Non-fleet Automobiles	A motor vehicle with at least four wheels, used in whole or in part for personal, family, or household purposes. It may be a 2-door, 4-door, motor home, pickup, van, or station wagon.
Public Acts 91 and 92 of 2011	Senate Bills 441 and 442 of 2011 were signed into law as Public Acts 91 and 92 and require insurance companies to provide certain automobile policy information to SOS.
Required Field	Any field that enables SOS to properly process incoming data. Public Act 91 allows SOS to establish the format and timeline necessary for transmitting policy information.
Return Report	SOS will return a VIN report listing the total number of VINs received and processed along with any invalid VINs contained in the file. MDCH will return a report that lists the total number of records received along with a count of errors for each required and statutory detail fields. Information specific to each error may not be available.
SFTP	Secure File Transfer Protocol
SSL-FTP	Secure Socket Layer-File Transfer Protocol
Statutory Field	Any field that contains the policy information required by Public Acts 91 and 92.
Third Party Liability	Any individual, entity, or program that is, or may be, liable to pay for any medical assistance provided to a Medicaid beneficiary under the approved state Medicaid plan. The State Medicaid program pays only after the third party has met its legal obligation to pay.
Vehicle Type	Vehicle Type specific to the file layout. S = vehicles that are statutorily reported and O = vehicles that are optionally reported, such as motorcycles & commercial vehicles.

In order to avoid issues concerning the receipt and processing of files, please read this document carefully and follow all requirements as they are outlined.

EIV TRANSMISSION OPTIONS

Information required to be reported by Public Acts 91 and 92 of 2011 can only be sent by an insurance company or its third-party reporting agency. Due to the type of information being reported, the data files must be sent encrypted using one of the following three protocols in order to comply with the State of Michigan's information security policy:

1) Access via the Internet using SSL-FTP. This method will require a connection (dial or leased line) to an Internet Service Provider. Data is encrypted using 128 bit SSL.

2) Access via the Internet using HTTPS. This method will require a connection (dial or leased line) to an Internet Service Provider. This requires a Web browser. Data is encrypted using 128 bit SSL. The Web browser accesses a State of Michigan Web server to transfer files.

3) Access via the Internet using SFTP. This method will require a connection (dial or leased line) to an Internet Service Provider. Data is encrypted using 128 bit SSL.

The program the SOS uses to process the file you send does not edit the information in the files for accuracy. A report providing the number of records sent and any invalid VINs that were included in your file will be sent to the mailbox established for your company. *(Please refer to the Technical Specifications for VIN reporting requirements and what is considered an invalid VIN.)*

MDCH will send separate notifications to insurance companies letting them know of any problems with information in the files other than the VINs.

EIV FILE FORMAT REQUIREMENTS

In order to avoid unnecessary return errors, please follow the File Format Requirements, including Global Requirements and Technical Specifications, exactly as they are described.

GLOBAL REQUIREMENTS:
- File transmissions must be made on the first and 15th of each month;
- Data files must be sent compressed using a zip compression format;
- Each file will contain one header record, one or more detail records, and one trailer record;
- If header or trailer records are not accurate, the file may not be processed resulting in noncompliance;
- All required and statutory fields must be populated correctly, or your file may not be processed resulting in noncompliance;
- All fields should be delimited using a pipe – '|', and at the end of each record, a Carriage Return Line Feed (CRLF) (See Appendix A for a Sample of Delimiter);
- Blank fields shall remain empty, separated by a pipe – '|';
- Only policies meeting Michigan's no-fault requirements should be included in the file (for example, no "storage" insurance);
- The insurance company's complete list of policies (meeting Michigan's no-fault requirements) must be sent with each transmission (not just recent activity or changed policy information);
- Insurance companies must submit a legal address for organizations; and
- Insurance companies must submit a residential address for individuals.

TECHNICAL SPECIFICATIONS:

Header Record (Record size 30)

FIELD NAME	START	LENGTH	TYPE	REQUIRED/ OPTIONAL/ CONDITIONAL	DESCRIPTION
Header identifier	1	5	AN	REQUIRED	5-character field consisting of a space, followed by the word "HDR", followed by a space
File date	6	8	N	REQUIRED	File date formatted YYYYMMDD
PIN	14	6	N	REQUIRED	6-digit number assigned to each user ID by SOS
Mailbox ID	20	8	AN	REQUIRED	8-character alpha-numeric field assigned by SOS
Batch number	28	2	N	REQUIRED	2-digit batch number. The first batch sent on a particular date will have a batch assignment of "01". Each subsequent batch for that date must have the batch number increase by one (02, 03, 04, etc)
File type	30	1	AN	REQUIRED	1-character alpha field to identify the file type. Allowed values are: T = Test or P = Production

Detail Record

All fields should be delimited using a pipe – '|', and at the end of each record a Carriage Return Line Feed (CRLF). Blank fields shall remain empty, separated by a pipe – '|'. (See Appendix A for a Sample of Delimiter)

FIELD NAME	MAXIMUM LENGTH	TYPE	STATUTORY/ REQUIRED/ OPTIONAL/ CONDITIONAL	DESCRIPTION
VIN	17	AN	STATUTORY	Up to 17 character alpha-numeric VIN of the vehicle. All alpha characters in the VIN must be CAPITALIZED. Only alpha-numeric characters are allowed – no special characters of any type.
Vehicle Type	1	AN	REQUIRED	Vehicle Type specific to the file layout. S = vehicles that are statutorily reported and O = vehicles that are optionally reported, such as motorcycles.
Insurance Company Name	50	AN	STATUTORY	
NAIC Code	5	AN	REQUIRED	
Policy Number	30	AN	STATUTORY	
Total Number of Named Insured(s)	2	N	REQUIRED	Count of all named insured(s) being reported in the record
Named Insured's 1 Address 1 of residence	50	AN	STATUTORY	Organization – Legal address Individual – Residential address
Named Insured's 1 Address 2 of residence	50	AN	OPTIONAL	
Named Insured's City of residence	35	AN	STATUTORY	
Named Insured's State of residence	2	A	STATUTORY	2 character alpha state abbreviation
Named Insured's Zip of residence	5	N	STATUTORY	5 digit numeric zip code
Named Insured's 1 Last Name (or Organization Name)	40	AN	STATUTORY	If policy type is private passenger non-fleet, this must be the insured's last name. If the policy type is commercial, this should be the organization's name.
Named Insured's 1 Middle Name	20	AN	OPTIONAL	
Named Insured's 1 First Name	40	AN	CONDITIONAL	CONDITIONAL based on policy type: STATUTORY for private passenger, non-fleet OPTIONAL for commercial
Named Insured's 1 Suffix	3	AN	OPTIONAL	Abbreviated Name Suffix (JR, SR, etc)
Additional Named Insureds	Maximum length 103 char.	AN	STATUTORY	Include, if applicable, any Additional Named Insureds, in full name blocks including (in order) last name, middle name, first name, and suffix. (i.e. Last Name|Middle Name|First Name|Suffix|)

Trailer Record (Record size 30)

FIELD NAME	START	LENGTH	TYPE	REQUIRED/ OPTIONAL/ CONDITIONAL	DESCRIPTION
Trailer identifier	1	5	AN	REQUIRED	5-character field of a space, followed by the word "TLR", followed by a space.
File date	6	8	N	REQUIRED	File date (same date as in header) formatted YYYYMMDD
Record count	14	8	N	REQUIRED	8-digit numeric field of the total number of detail records in the file (not counting the header and trailer records). The field should be RIGHT JUSTIFIED and ZERO FILLED.
Filler	22	6	AN	REQUIRED	6 space characters
Batch number	28	2	N	REQUIRED	2-digit batch number. The batch number should be the same as in the header (see header description)
File type	30	1	A	REQUIRED	1-character alpha field to identify the file type. The file type should be the same as in the header (see header description for allowed values)

APPENDIX A – SAMPLE OF DELIMITER

All fields should be delimited using a pipe – '|', and at the end of each record a Carriage Return Line Feed (CRLF). Blank fields shall remain empty, separated by a pipe – '|'.

|3|	Total Number of Named Insured(s)

2LMDU88C28BJ35334|S|Your Michigan Insurance Company|12345|A987654321|3|5555 Easy St.|P.O Box 1234|Lansing|MI|48917|Brown|Joseph|Robert|III|Brown|Michelle|Anne||Brown|Joseph|Robert|IV|CRLF

Named Insured 1 Last Name	|Brown|Joseph|Robert|||||

Additional Named Insured	|Brown|Michelle|Anne||	'||' Indicates blank

Additional Named Insured	|Brown|Joseph|Robert||IV|

|CRLF

CRLF – Carriage Return Line Feed placed here, not 'CRLF' acronym