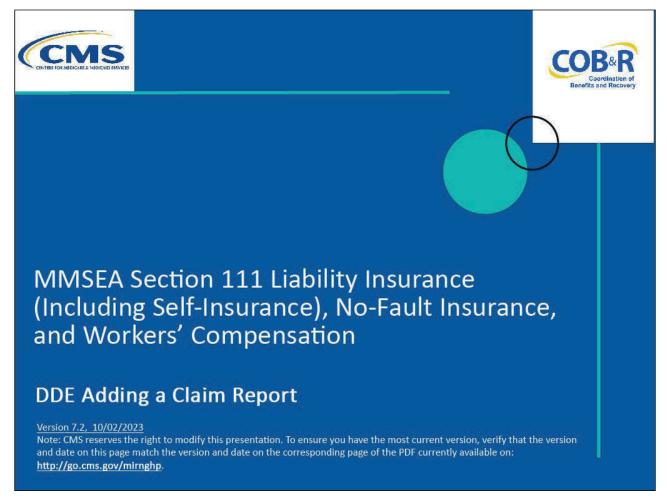
Direct Data Entry (DDE) Adding a Claim Report Introduction

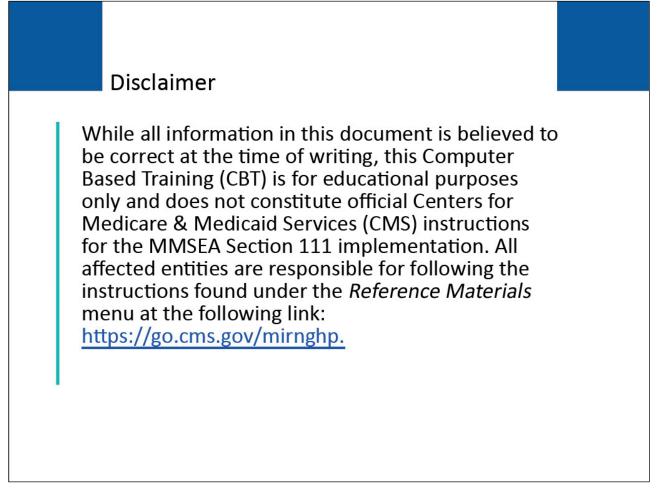
Slide 1 of 35 - Direct Data Entry (DDE) Adding a Claim Report Introduction



Slide notes

Welcome to the Direct Data Entry (DDE) Adding a Claim Report course.

Slide 2 of 35 - Disclaimer

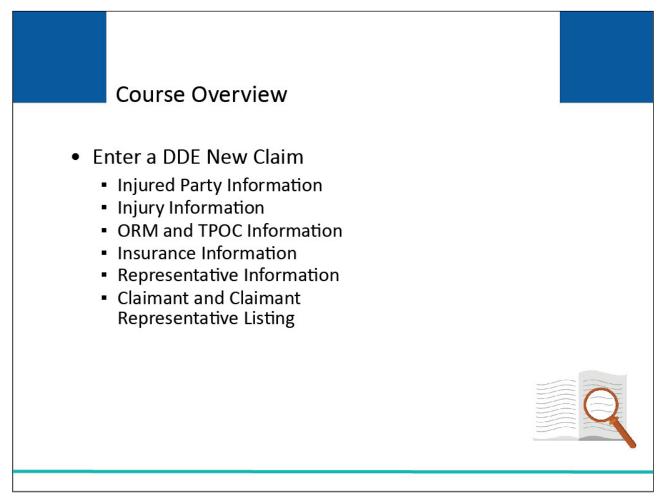


Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following site: <u>CMS</u> <u>NGHP Website</u>.

Slide 3 of 35 - Course Overview



Slide notes

This module explains how to enter a DDE New Claim report by completing the information on the New Claim screens:

- Injured Party Information,
- Injury Information,
- Ongoing Responsibilities for Medicals (ORM) and Total Payment Obligation to Claimant (TPOC) Information,
- Insurance Information,
- Representative Information, and
- Claimant and Claimant Representative Listing.

NOTE: Liability insurance (including self-insurance), no-fault insurance, and workers' compensation are sometimes collectively referred to as "non-group health plan" or "NGHP". The term NGHP will be used in this CBT for ease of reference.

Slide 4 of 35 - PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

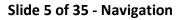


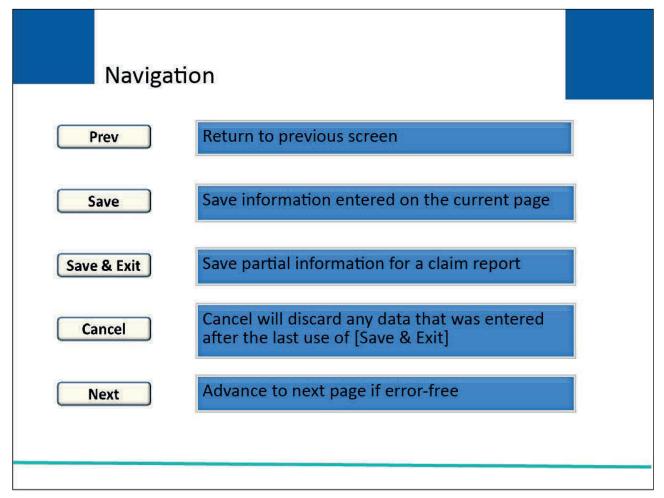
Slide notes

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This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.





Slide notes

Each DDE New Claim screen will allow users to navigate to different pages in the New Claim entry process using buttons located on the bottom of the screen.

Unless otherwise noted, all pages presented during the New Claim entry process will include the following buttons: [Prev], [Save], [Save & Exit], [Cancel], and [Next].

[Prev] will return the user to the previous screen.

[Save] allows a user to save the claim information that has been entered on the current page before progressing to the next page.

The first time [Save] is used, the system will assign a Document Control Number (DCN) to the claim report. Note: The DCN is the Claim ID.

[Save & Exit] allows a user to provide and save partial information for a claim report if they do not have all of the information readily available to complete and submit the claim.

Once the claim report has been saved, the user must complete and submit it within 30 calendar days, otherwise it will be deleted.

[Cancel] will discard any data that was entered after the last use of [Save & Exit].

[Next] will advance the user to the next page in the New Claim entry process if there are no errors on the current screen.

If errors are found, the system will display applicable error messages and the cursor shall be placed on the first field that generates an error. Errors must be corrected before the system will advance the user to the next page.

Slide 6 of 35 - Entering a New DDE Claim Report

CMS				ON 111 y Reporting			COB®R Mentered Manager
About This Site CMS Links H RRE Listing This page lists all the Responsible Reporting associated. You can select from the Actions on the down arrow, select an Action from the To search for a specific RRE enter the RRE of RREs with which you are associated, clic The RRE Listing is sorted by RRE ID. RRE ID	g Identification Numb available in the drop e list and then click or ID and click on the Se k on the Refresh RRE	down menu i in the Go butto earch button.	s) with which next to each on. To refresh t on.	you are RRE ID. Click	Help/ Subr Prin I'd like t	ersonal Information	
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	CMS	/HHS Vulnera	ability Disclo	osure Policy Privacy F	Policy User Agre	ement	

Slide notes

In order to enter a new DDE claim report, users must first successfully login to the Section 111 Coordination of Benefits Secure Website (COBSW) at <u>CMS COBSW Section 111</u>.

Once logged in, the Login Warning page will appear, detailing the Data Use Agreement (DUA). Review the DUA and then proceed to click the "I Accept" link.

Enter your Login ID in the "Username" field, and your password in the "Password" field, and click "Login".

The Responsible Reporting Entity (RRE) Listing page will then display. This page functions as the main processing screen, or Home page, to initiate any Section 111 website processes.

It lists all RRE IDs to which your Login ID is associated. The user will then select the New Claim action on the RRE Listing page for a DDE RRE and click Go.

Note: The S111/MRA application RRE Listing page will now include the "Beneficiary Lookup" as an available action for DDE reporters.

Slide 7 of 35 - Entering a New DDE Claim Report

About This Site	CMS Links	How To	Reference Materia	s Contact Us	Home	Log off Skip Navi	igation	
ta ata								
Injured Party I	nformation					Step 1 of 6		ICK HELP bout This Page
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Injured Party*								
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OR								
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Date of Birth*		/	/			(MM/DD/YYYY)		
SECURE AREA						Cancel Next		
SECURE AREA								

Slide notes

This is the first page in the New Claim entry process and data is required in all fields. Required fields are denoted by asterisks on each of the New Claim entry pages.

It is very important that the user enters the most recent, accurate information they have for the injured party because the information entered on this page will be used to determine if the injured party is/is not a Medicare beneficiary.

The best source of this information is the beneficiary's Medicare Insurance Card.

Users are required to enter either the Medicare ID or the Social Security Number (SSN) for the injured party, but not both fields. The Medicare ID is preferred.

The Medicare ID is CMS' Medicare identifier for Medicare beneficiaries and is the preferred data element for matching injured party information to a Medicare beneficiary. The Medicare ID cannot be more than 12 characters.

You may enter either the last 5 digits or the full 9 digits of the SSN. (Note: When entering digits, there is no need to add any leading spaces).

Dashes and special characters cannot be entered in either field. The Injured Party First and Last Name should be entered exactly as it appears on the individual's Medicare Insurance or Social Security card.

Middle Initial is not required but may be entered if available. Gender must be entered (Male or Female). Injured Party Date of Birth is also required.

Slide 8 of 35 - Injured Party Information

out This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Navigat	tion	
njured Party	Information					Step 1	of 6		ICK HELP bout This Pag
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Required*								Tra	re to view the nsactions ining page.
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OR									
SSN						(9 digits)			Claim:
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						Cano	el Next		

Slide notes

When all required information has been entered on this page, and the user clicks [Next], the system will determine if the submitted Injured Party information can be matched to a Medicare beneficiary.

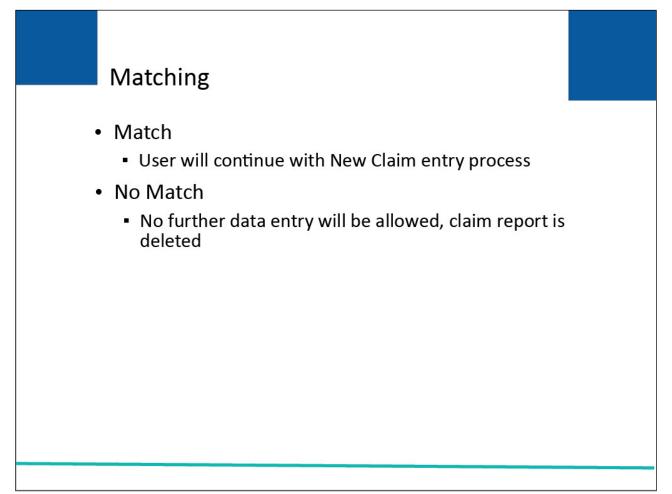
This action will cause one transaction to be used and the Transactions Remaining field will decrease by one.

Direct Data Entry (DDE) records, submitted prior to the effective date of the injured party's entitlement to Medicare will be rejected and returned with a Disposition Code '03' instead of an SP31 error.

Transactions Remaining can also be viewed from this page by clicking the button above the 'Transactions Remaining' button. Note: DDE RREs accessing certain pages in the COBSW Section 111 will not see the "Transaction Remaining" field as the lookup is not limited for those RREs.

For more information on the matching process, please see the Matching Records to Medicare Beneficiaries section in the NGHP User Guide Technical Information Chapter.

Slide 9 of 35 - Matching



Slide notes

When the entered information is matched to a Medicare beneficiary, the user will continue with the New Claim entry process.

When the entered information could not be matched to a Medicare beneficiary, no further data entry will be allowed, and the claim report will be deleted by the system.

Slide 10 of 35 - Beneficiary Not Found

CMS	SECTION 111 Mandatory Reporting	COB®R Exection and Reserved
		QUICK HELP
Beneficiary Not Found		Help About This Page Transactions Remaining
to the Beneficiary Lookup page where	ficiary for the identification numbers you specified. Click the Prev button to return you can review the beneficiary information you entered. Click Next to perform cel to return to the RRE Listing page. The beneficiary info you entered appears r records.	97
Add Date ##/###### Medicare ID #########A SSN ########## First Name FIRST Middle Initial M		
Last Name LAST Gender MALE Date of Birth ##/##/####	Print this page	
SECURE AREA		
	CMS/HHS Vulnerability Disclosure Policy Privacy Policy User Agreement	

Slide notes

The Beneficiary Not Found page will display to notify the user that a match could not be found, and they will be advised to print the page for their records. The user should verify that the information was entered accurately.

When the information was not entered accurately, the user will have to re-enter the claim report which will use another transaction. When the information was entered correctly, no further action is required.

Slide 11 of 35 - Claim Listing

Values into any of all of the search fields, and click on the Search button. If ansacting remain 394 DCN (30 characters max.) 34 Policy Number (30 characters max.) 34 Claim Number (30 characters max.) 34 Medicare ID (12 characters max.) 34 Initial Entry Dates Between 12 / 10 / 2010 A maximum two-month search range applies. Use MM/DD/VWV date format. And 2 / 10 / 2011 Cart find your recent updates? Search again to refresh the listing. Status Saved Not Submitted v Cart find your mean updates? Search again to refresh the listing. Search Clear Search Criteria New Claim Latest DCN Trx Policy Number Medicare ID Number Number Medicare ID Beneficiary CMS Date 10580 1 pn1111 15678000 D1690519212 CARR 01/01/2010 01/26/2011 Update Saved Not 10581 1 5678ABC 15678003 719212 LEWIS B 01/01/2001 12/28/2010 Update History. 10577 9 123456C 15678003 719212 LEWIS B	CN	15				M	SECTION 1 landatory Rep					C	OB®R Condition of Martine and Recovery
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Slide notes

Attempted, but unsuccessful, claim reports are counted as a transaction and will reduce the Transactions Remaining count by one but they will not be included in the Transaction Count field on the Claim Listing page.

That field will only include Saved (Not Submitted) and Submitted transactions.

CMS recommends that users maintain a hard-copy record of all entries where the Injured Party could not be identified as a Medicare beneficiary in order to maintain an accurate accounting of all transactions used.

Slide 12 of 35 - Injury Information

About This Site	CMS Links	How To	Reference Material	s Conta	t Us	Home	Log off	Skip Nav	rigation	
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Slide notes

This is the second page in the New Claim entry process. This page will only display if the Injured Party is matched to a Medicare beneficiary.

Insurance Type is the type of insurance coverage or line of business provided by the plan policy or selfinsurance. This field is required. Users will select this value from a drop-down list.

Note: When selecting "No-Fault" as the type of insurance, you must use the CMS definition of No-Fault insurance found at 42 CFR 411.50.

The CMS Date of Injury is the Date of Injury defined by CMS. As described in the NGHP User Guide, for an automobile wreck or other accident, this is the date of the accident.

For claims involving exposure, this is the date of first exposure. For claims involving ingestion, this is the date of first ingestion.

For claims involving implants, this is the date of the implant (or the date of the first implant if there are multiple implants).

For claims involving cumulative injury, this is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner.

The Industry Date of Injury is used by the insurance/workers' compensation industry. For an automobile wreck or other accident, the date of the incident is the date of the accident.

For claims involving exposure, ingestion, or implantation, the date of the incident is the date of last exposure, ingestion, or implantation.

When users submit a no-fault insurance claim for Claim Input File Detail Record files, where the policy limit is less than \$1000.00; the input files will be accepted but a new CP13 error will be returned on the response files to notify users to confirm the dollar amount submitted. Direct Data Entry (DDE) submitters will see a message on the Insurance Information page but will be able to proceed with data entry without correcting it.

Note: In some states, depending on various factors associated with the incident being reported, nofault policy limits may vary. The reported Policy Limit should reflect the amount that the RRE has accepted responsibility for at the time the record was submitted or updated. Just as importantly, if the Section 111 record needs to be corrected to reflect a new Policy Limit, the RRE should update the record as soon as possible.

The existing logic that looks at the value entered in the No Fault Insurance Limit field on the S111 Insurance Information page will be updated to display the updated message when the entered value is less than or equal to \$500.00.

Slide 13 of 35 - Injury Information

oout This Site CMS Links	How To Reference Materials Contact Us H	lome Log off Skip Nav	rigation	
Injury Information Enter injury information below Required*	ν.	Step 2 of 6	<u>Help Al</u>	CK HELP bout This Page insactions emaining 92
Insurance Type* CMS Date of Injury* Industry Date of Injury State of Venue*		(MM/DD/YYYY) (MM/DD/YYYY)	Reporter ID Claim ID Claim Add Dt Status Cd Medicare ID	Claim: 321 0 02/11/2011 Saved Not Submitted
Diagnosis Code Indicator*	○ ICD-09 ○ ICD-10		Inj Last Name Inj First Name Inj Mi Inj Gndr Cd	LAST FIRST M Female
Alleged Cause of Injury Diagnosis Code Code Lookup Tool Keyword Lookup Tool	E Apply Code Search P	Cause-of-injury codes begin with "E." To specify the diagnosis, enter a known E-code and click "Apply Code." Or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match embedded ones.	Inj DOB Cms Inj Dt Ind Inj Dt Coi Diag Cd Venue State Ins Type Cd	Hanne Harmann 01/01/2011 01/02/2011 E8094 AA Not Defined
Diagnosis Codes (up to 19)* Code Lookup Tool Keyword Lookup Tool	Code Description Delete Add Diagnosis Search P	Please enter as few as one or as many as 19 diagnoses. To specify the diagnosis, enter a known diag code and click "Add Diagnosis." Or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match embedded		

Slide notes

State of Venue will be selected from a drop-down list. The user must select the state that corresponds to the US State (including Guam, Puerto Rico, Washington DC, and the US Virgin Islands) whose state law controls the resolution of the claim.

Users should select 'United States' if the claim is a Federal Tort Claims Act liability insurance matter, a Federal workers' compensation claim, Longshore Harbor Worker Act claim, Jones Act Liability claim or Maritime Maintenance and Cure claim, or select 'Foreign Country' if the state of the venue is outside the United States.

Slide 14 of 35 - Injury Information

bout This Site	CMS Links	How To	Reference Material	s Contact Us	Home	Log off	Skip Navigat	tion	
Injury Informati						Step 2 d	of 6	Help At	ICK HELP bout This Page nsactions emaining
Required* Insurance Type* CMS Date of Inju Industry Date of State of Venue*						(MM/DD/YYYY) (MM/DD/YYYY)	c		92 Claim: 321 0 02/11/2011 Saved Not Submitted
Diagnosis Code	Indicator*	O ICD-09 O	ICD-10		77	Cause-of-injury coo	ir ir ir	ledicare ID nj Last Name nj First Name nj Mi nj Gndr Cd nj DOB	########A LAST FIRST M Female ###########
Alleged Cause o Diagnosis Code Code Lookup To		E	Apply Code	Search 🔎		begin with "E." To s the diagnosis, ente known E-code and "Apply Code." Or y search for a code u lookup tool. Code searches match lea characters and key	specify C r a In click C ou can C ising a V iding In	ims Inj Dt nd Inj Dt ioi Diag Cd ienue State ns Type Cd	01/01/2011 01/02/2011 E8694 AA Not Defined
Keyword Lookup	Tool			Search 🔎		searches match en ones.			
Diagnosis Codes Code Lookup To Keyword Lookup	ol	Code Descr	iption Delete	Search &)	Please enter as few or as many as 19 diagnosis, To spec diagnosis, enter a diag code and click Diagnosis," Or you search for a code u lookup tool. Code searches match lea characters and key searches match en ones.	ify the known "Add can ising a iding word		

Slide notes

The bottom section of this page is related to ICD Diagnosis Codes. Users are required to provide at least one ICD Diagnosis Code in the Diagnosis Code fields on all new and updated claim reports.

CMS encourages RREs to supply as many related codes as possible. RREs may enter up to 19 ICD Diagnosis Codes.

Select the [Diagnosis Code Indicator] radio button to identify the type of diagnosis codes submitted on the claim.

The Diagnosis Code Indicator selected must correspond to all of the diagnosis codes submitted on the claim.

Note: The Diagnosis Code Indicator must be selected before you are permitted to perform a diagnosis code lookup or add a diagnosis code using the [Add Diagnosis] button.

The Alleged Cause of Injury Diagnosis is the ICD-9 External Cause of Injury Code (E Code) or ICD-10 Cause-of-Injury code that begins with a "V", "W", "X", or "Y", that describes the alleged cause of injury/illness.

To specify the diagnosis, enter a known code and click "Apply Code" or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match the embedded text.

For more information on ICD Diagnosis Codes, please see the ICD Diagnosis Code Requirements CBTs and the NGHP User Guide.

ICD-10 diagnosis code I25.2 has been added to the list of no-fault excluded codes.

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated. Diagnosis Code described the alleged injury/illness. These codes are special defaults for liability reporting.

When considering the requirements for the Ongoing Responsibility for Medicals (ORM), remember, per the current policy, that the dollar limit for No-Fault Insurance Limits (Field 61) represents a combined total of Med-Pay and Personal Injury Protection (PIP) (Section 6.7.1).

Note: Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for download on CMS.gov at ICD 9/ICD 10 Excluded and Valid Codes FY 2023 (Appendix A, Appendix F, and Appendix I).

In very rare instances, liability claims can now be reported as a non-injury claim or "NONINJ" (more information is available in (NGHP User Guide Chapter IV Section 6.2.5.2).

Slide 15 of 35 - Diagnosis Lookup

This Site CMS Lin	ks How To Reference Materials Contact Us Home Log off Skip Navigation	
Diagnosis Looku	QUICK Help Abou	
Search for a diag	nosis code by entering a numeric value for the code or by entering any text in the text field to find ere the description includes that text.	
Diagnosis Code:		aini 90
Diagnosis Keywo	rds: Search \wp	
Click on one or m Diagnosis Codes'	nore of the checkboxes to select diagnosis codes from the following list. Click the 'Select ' button to add them to the case. Up to 19 diagnosis codes may be selected and added to a claim.	
Code	Description	
920	Contusion face/scalp/nck	
9210	Black eye NOS	
9211	Contusion periocular	
9212	Contusion orbital tissue	
9213	Contusion of eyeball	
9219	Contusion of eye NOS	
9220	Contusion of breast	
9221	Contusion of chest wall	
9222	Contusion abdominal wall	
92231	Back contusion	
92232	Buttock contusion	
92233	Interscplr reg contusion	
9224	Contusion genital organs	
9228	Multiple contusion trunk	
9229	Contusion trunk NOS	
92300	Contusion shoulder rea	

Slide notes

Once [Search] has been clicked for the Alleged Cause of Injury Diagnosis, the Diagnosis Lookup page will display with the results for the entered partial diagnosis code/keyword.

If the search returned an accurate diagnosis code, select the desired cause of injury diagnosis code from the list then click "Select Code".

You also have the option to search for additional codes by entering new information in the "Diagnosis Code" or "Diagnosis Keywords" fields and then clicking Search.

Note: Users will perform the same steps to add Diagnosis Codes to the claim report. The only difference is the search will be performed using the diagnosis section of the screen.

Slide 16 of 35 - Injury Information

out This Site	CMS Links	How To	Reference Materials	s Contact Us	Home	Log off	Skip Navig	ation	
Injury Informa	tion					Step 2	of 6		CK HELP
Enter injury info Required*	ormation below.								nsactions maining 92
Insurance Type	*		~						Claim:
CMS Date of In	njury*	1	1			(MM/DD/YYYY)		Reporter ID	321
Industry Date of	e la inaci					(MM/DD/YYYY)		Claim ID	0
Industry Date o	n injury							Claim Add Dt	02/11/2011
State of Venue	*		~					Status Cd	Saved Not Submitt
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						Cause-of-injury co begin with "E." To		Cms Inj Dt	01/01/2011
Alleged Cause	of Injury					the diagnosis, ent		Ind Inj Dt	01/02/2011
Diagnosis Code						known E-code and	l click	Coi Diag Cd	E8694
Diagnosis Cour	5					"Apply Code." Or search for a code		Venue State	AA
Code Lookup T	ool.	-		0		lookup tool. Code	10	Ins Type Cd	Not Defined
COUE LOOKUP I	001	E	Apply Code	Search 🔎		searches match le characters and ke			
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Diagnosis Code Code Lookup T Keyword Looku	ōol	Code Descr	iption Delete	Search &)	Please enter as fe or as many as 19 diagnoses. To spe- diagnosis, enter a diag code and clic Diagnosis." Or you search for a code lookup tool. Code searches match le characters and ke searches match et ones.	cify the known k "Add u can using a ading yword		

Slide notes

When the user has completed entering information on the Injury Information page, they should click [Next] to proceed to the next page in the New Claim entry process.

Slide 17 of 35 - ORM and TPOC Information

bout This Site	CMS Links	How To	Reference Materials	Contact Us Ho	Deme Log off Skip N	lavigation	
ORM and TPO	C Information				Step 3 of 6		ick help
Enter ORM (Or below. Required*	ngoing Respons	ibility for Medi	cals) and TPOC (Total Pa	yment Obligation of C	laimant) information	fra	bout This Pag Insactions emaining 92
ORM Indicator There are strict help. TPOC D MM 1 2 3 4 5	requirements o	• Yes • N		Funding Delaye TPOC Start Date MM DD I		Reporter ID Claim ID Claim Add Dt Status Cd Medicare ID Inj Last Name Inj First Name Inj Grdr Cd Inj Grdr Cd Inj Grdr Cd Inj Dt Ind Inj Dt Coi Diag Cd Venue State ORM Ind Ins Type Cd	Claim: 321 0 02/11/2011 Saved Not Submit ######### AST FIRST M Female ######### 01/01/2011 01/02/2011 E8094 AA No Liability
				Prev Save S	ave & Exit Cancel Ne	xt	

Slide notes

This is the third page in the New Claim entry process. For Section 111, Ongoing Responsibility for Medicals (ORM) refers to the RRE's ongoing responsibility to pay for the injured party's/Medicare beneficiary's medicals associated with the claim.

Users must select Yes or No to indicate whether or not the RRE has or had ORM on the submitted claim report. If the claim report has ORM (i.e., ORM Indicator = Yes), the user will be required to specify whether or not the ORM is terminated.

If the ORM has ended for the claim, the user must enter the ORM Termination Date. Future dates will be accepted in the ORM Termination Date field.

Please note, future dated ORM Termination Dates cannot be more than 6 months greater than the submission date.

A blank ORM Termination Date field will indicate that there is no established ORM end date as of yet. Once the termination date is entered, it reflects the existence of ORM prior to the termination date.

For more information on ORM, please see the NGHP User Guide as well as the Ongoing Responsibilities for Medicals CBT.

Note: The guidance on determining the ORM termination date based on a physician statement has been clarified (NGHP User Guide Chapter III, Section 6.3.2). Additionally, guidance on what triggers the need to report ORM has been clarified (NGHP User Guide Chapter III, Section 6.5.1.1).

Slide 18 of 35 - ORM And TPOC Information

below. Required* ORM Indicator*	sponsibility for Mec	of information that can be e				Help Al	CK HELP pout This Page nsactions maining 92 Claim: 321 0 0 0211/2011 Saved Not Submit
below. Required* ORM Indicator* There are strict requiremented help.	○ Yes ●	No of information that can be e				Reporter ID Claim ID Claim Add Dt Status Cd	92 Claim: 221 0 0 02/11/2011 Saved Not Submit
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Slide notes

The next section of the ORM and Total Payment Obligation to Claimant (TPOC) Information page is related to the TPOC.

The TPOC Amount generally reflects a "one-time" or "lump sum" payment of a settlement, judgment, award, or other payment intended to resolve/partially resolve a claim in addition to/apart from ORM.

Individual reimbursements paid for specific medical claims submitted to an RRE, paid due the RRE's ORM for the claim, do not constitute separate TPOC Amounts.

The TPOC Date is the date the payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required.

If court approval is required, it is the later of the date the obligation is signed or the date of court approval.

If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. A more thorough discussion of the TPOC can be found in the Claim Input File Data Elements CBT.

The Funding Delayed Beyond TPOC Start Date fields must be entered if funding for the corresponding TPOC Amount is delayed. Users can provide the actual or estimated date of funding.

Note: There are strict requirements on how TPOC Dates and Amounts can be entered.

Please see the NGHP User Guide for the specific exceptions and mandatory reporting thresholds related to Section 111 reporting for Liability insurance (including self-insurance), no-fault insurance, or workers' compensation.

RREs are responsible for ensuring that they adhere to these requirements.

The threshold for physical trauma-based liability insurance settlements will remain at \$750. CMS will maintain the \$750 threshold for no-fault insurance and workers' compensation settlements, where the no-fault insurer or workers' compensation entity does not otherwise have ongoing responsibility for medicals (ORM).

Slide 19 of 35 - ORM and TPOC Information

below.		lity for Modicale)				Step 3 of 6	OUT	
below.	oing Responsibil	lity for Modicala)						ICK HELP
		ity for medicals)	and TPOC (Total Pay	ment Obligation	of Claimant) i	information	fra	nsactions maining 92
Required* ORM Indicator*) Yes 🖲 No					Reporter ID Claim ID	321 0
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Slide notes

When the user enters TPOC information, each TPOC must be reported as a separate settlement, judgment, award, or other payment. The TPOC dollar amount should be entered into the TPOC Amount field.

The decimal portion is optional and only used when necessary. (For example, a TPOC Amount of \$10,000.00 should be entered as 10000 and a TPOC Amount of \$6,500.40 would be entered as 6500.4 or 6500.40).

The earliest TPOC Date and Amount must be entered in the first TPOC Date and Amount fields.

The second and subsequent TPOC Dates and Amounts (if applicable) must be entered in the next available TPOC Date and Amount fields.

Before submitting multiple TPOC Amounts, remember that a TPOC is a single payment obligation reported in total regardless of whether it is funded through a single payment, an annuity, or a structured settlement.

When the RRE has entered all pertinent and required information on this page, they should click [Next].

Note: On a new claim report, you may have only one TPOC to enter which must be entered in the first TPOC Date and Amount fields.

Any subsequent TPOCs established on the claim after the initial submission will be added to the claim report using an update transaction.

Please see the DDE Resume, Update, & Delete Claim Reports CBT for more information on this process.

Slide 20 of 35 - Insurance Information

out This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Navig	ation	
Insurance Info	ormation					Step	4 of 6		ick help
Enter insurance	e information be	low.						Help Ab	bout This I
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Does the report involve self-ins	rtable event surance?	⊖Yes ⊖No)						Claim:
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DBA (DO BUSII	less As) Indille							Inj First Name	FIRST
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If the Insurer ha	as a foreign add	ress							
Foreign Addre	ss 1	-							
Foreian Addre									

Slide notes

This is the fourth page in the New Claim entry process. The field labeled "Does the reportable event involve self-insurance?" corresponds to Field 64 in the record layout.

This field is required and will only be used if the Insurance Type found on page 2 is workers' compensation or liability. Users will select either Yes or No.

If the reportable event involves self-insurance, the user must identify whether the self-insured is an organization or individual by selecting the Self-Insured Type from a drop-down list.

If the Self-Insured Type is Individual, the Policy Holder First and Last Name are required.

If the Self-Insured Type is Other than Individual, the user must provide the DBA ("Doing Business As") Name or the Legal Name of the self-insured organization or business.

Slide 21 of 35 - Insurance Information

out This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Navigati	on	
Insurance Info	ormation					Step 4	4 of 6		ick help
Enter insurance	e information be	low.						Help Al	bout This F
Required*									insactions emaining 92
Does the report involve self-ins		○Yes ○No	i i						Claim:
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	274 - 14					name) (Suite number			
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Insurer City*, S	State*, Zip*			Not Defined	L	~			
If the Insurer ha	as a foreign add	ress							
Foreign Addre	ss 1								
Foreign Addre	103								

Slide notes

The RRE TIN is the Federal Tax Identification Number of the insurer, applicable plan, workers' compensation law/plan, or self-insured entity (RRE) associated with the claim report.

This TIN may be the same TIN used by the RRE for registration or a TIN of one of its subsidiaries.

The TIN must contain a valid 9-digit IRS-assigned TIN. In the case of a foreign RRE without a valid IRSassigned TIN, the user must enter the pseudo-TIN created during Section 111 registration.

The Policy Number is the unique identifier for the policy under which the underlying claim was filed. This number is defined by the RRE.

The Policy Number should be submitted with a consistent format. When sending updates, enter the Policy Number exactly as it was entered on the original submission, whether zeros or a full Policy Number.

The user will be required to enter three or more alpha-numeric and/or punctuation characters. Note: Policy Number is not required when the insurance type is Self-Insurance.

The Claim Number is the unique claim identifier by which the primary plan identifies the claim. The user is required to enter one or more alpha-numeric characters.

Slide 22 of 35 - Insurance Information

out This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Navigatio	n	
Insurance Info	ormation					Step 4	4 of 6		ICK HELP
Enter insurance	e information be	low.						Help A	bout This P
Required*									ansactions emaining 92
Does the report involve self-ins		⊖Yes ⊖No							Claim:
Self-Insured Ty	vpe	Not Defined	~					orter ID m ID	321
10								m ID m Add Dt	02/11/2011
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Claim Number	*			=		(30 characters		Diag Cd	E8694
Claim Number								ue State	AA
Insurer Name*	3						1.5.0	VI Ind	No
Insurer Addres	s 1*	-				(Street numbe	er and street	Type Cd	Liability
						name) (Suite number			
Insurer Addres	s 2					number, "Attn			
Insurer City*, S	State*, Zip*			Not Defined	1	~	-		
If the Insurer h	as a foreign add	ress							
Foreign Addre	ss 1								
Foreign Addre									

Slide notes

The RRE Mailing Name and Address fields are pre-populated with the RRE information entered during registration but are open for editing.

RRE Mailing Name is the name to be used to address correspondence relating to the RRE related to the associated claim.

RRE Mailing Address 1 is the first line of the primary mailing address for the RRE. RRE Mailing Address 1 and RRE Mailing City, State, and Zip code are required if FOREIGN COUNTRY is not selected as the RRE state.

If the RRE has registered as a foreign entity and no US address is available users will select "Foreign Country" in the State field and leave all the other address fields on this page blank.

Note: Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.

Slide 23 of 35 - Insurance Information

Insurer City*, State*, Zip*			
If the Insurer has a foreign add	Iress		
Foreign Address 1			
Foreign Address 2			
Foreign Address 3			
Foreign Address 4			
If the Insurer is submitting Reco	overy Agent Information		
Recovery Agent Mailing Name	[
Recovery Agent Mailing Address 1			(Street number and street name)
Recovery Agent Mailing Address 2			(Suite number, apt. number, "Attn. To:", etc.)
Recovery Agent Mailing City State, Zip		Not Defined	• -
Plan Contact Department Name			
Plan Contact First Name, Last Name			
Plan Contact Phone	()Ext		
No-Fault Insurance Limit			
No-Fault Limit Exhaust Date			(MM/DD/YYYY)
	[Prev Save Save	& Exit Cancel Next

Slide notes

The Foreign Address Fields 1 - 4 should only be used if the RRE has no US address. If the user has selected Foreign Country as the State, these fields are required and used to capture the first through the fourth line of the foreign RRE's mailing address.

The Recovery Agent Information section is used when the insurer is submitting information for the Recovery Agent. In this case, you may enter the Recovery Agent's name, mailing address, city, state, and zip.

The Plan Contact fields are not required and will be used for informal communications only. These fields will not be used for recovery demand notifications.

When used, enter the plan contact department name, contact first and last name, and phone number to which claim-related communication and correspondence should be directed.

The No-Fault Insurance Limit is the dollar amount of limit on No-Fault insurance. If there is a limit, users should enter the dollar amount into this field. The decimal portion is optional.

The Exhaust Date for Dollar Limit for No-Fault Insurance is the date on which the limit was reached, or benefits exhausted for the No-Fault Insurance Limit.

Slide 24 of 35 - Representative Information

out This Site	CMS Links	How To	Reference Ma	terials	Contact Us	Home	Log off Skip Naviga	ation	
Representativ	e Information						Step 5 of 6		ICK HELP
	e information bel		the injured party s marked with a r				to enter is no Representative,	Tra	bout This F Insactions Imaining 92
Required*									Claim:
Type*		Not Defined	~					Reporter ID	321
TIN							(9 characters max.)	Claim ID	0
								Claim Add Dt Status Cd	02/11/2011 Saved Not Su
Representative	•							Medicare ID	######################################
First, Last Na	me							Inj Last Name	LAST
AND/OR								Inj First Name	FIRST
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Address 1*						••••]	(Street number and street name)	Cms Inj Dt	01/01/2011
							(Suite number, apt.	Ind Inj Dt	01/02/2011
Address 2							number, "Attn. To:", etc.)	Coi Diag Cd	E8694
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								PH First Name Dba Name	
								Legal Name	
								Ins Type Cd	Liability
								Ins TIN	******
					Prev S	ave Save	& Exit Cancel Next	Policy Number	
					Flev S	ave Save	a Exit Cancer Next	Claim Number	456456 AAAAAAAAA
								Ins Name	AAAAAAAAAA
								Ins Addr2	
								Ins City	AAAAAAA
								Ins State	AA

Slide notes

The Representative Information page is the fifth page in the New Claim entry process. The information on this page is required only if the injured party has a representative.

If the injured party does not have a representative, select None from the Type drop-down list and then click [Next] to proceed to page 6.

If the injured party does have a representative, the user must enter information for all required fields. Users will select the representative type from the drop-down list.

If the injured party has more than one representative, select an Attorney and provide the injured party's attorney information in the subsequent representative fields if this information is available.

The TIN is the Representative's Federal Tax Identification Number (TIN). If the representative is part of a firm, enter the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN).

If no Representative ID is available, leave this field blank.

Enter the Representative First and Last Name or Representative Firm Name.

The Representative Address should be entered in the same manner as was described earlier for Address information. Phone number is required, and extension should be entered if available.

Slide 25 of 35 - Claimant and Claimant Representative Listing

About This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Nav	vigation	
Claimant and Cla	aimant Repre	sentative Lis	sting			Step 6 c	of 6		
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Enter up to four cla	aimants with opti-	onal claimant i	epresentative.					<u>Ticip Ai</u>	
	eath or survivor a	action. This pa	care beneficiary such as t age is <u>not</u> used when th the beneficiary.						nsactions emaining 92
Claimant Clain	nant Representa	ative Actions							Claim:
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Slide notes

This is the last data entry page in the New Claim entry process, which will be used to add claimants and a claimant representative for a wrongful death or survivor action claim.

This page will not be required/used when the injured party/Medicare beneficiary is alive, and an individual is pursuing a claim on behalf of the beneficiary.

This page must be completed if the injured party/Medicare beneficiary is deceased, and the claimant is not the injured party.

To add a claimant, click [Add Claimant]. To bypass this page and continue the claim submission process, click [Next].

Slide 26 of 35 - Claimant and Clair	nant Representative Information
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Slide notes

Once the [Add Claimant] button has been clicked on the previous page, the entry portion of the Claimant and Claimant Representative Information page will appear.

The top half of this page is where the user will enter information for the Claimant (i.e., the beneficiary's estate, or other claimant in the case of wrongful death or survivor action).

Relationship is the relationship of the claimant to the injured party/Medicare beneficiary.

This field indicates whether the claimant name refers to an individual or an entity/organization (e.g., "The Trust of John Doe" or "The Estate of John Doe"). Users will select this value from the drop-down list.

The TIN is the Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of the Claimant. It cannot match the TIN for any other claimant entered for the claim report.

The First and Last Name fields should be populated with the first and last name of the Claimant.

The Organization Name is the name of the Claimant's Entity/Organization.

Claimant Address and Phone number should be entered in the same manner as was described earlier for Address and Phone information.

Slide 27 of 35 - Claimant Representative

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Slide notes

The bottom half of the Claimant and Claimant Representative Information page is where the user will enter information for the claimant's representative.

Claimant representative information is required only if the claimant entered at the top of the page has a representative, such as an attorney or conservator.

Type indicates the type of representative the claimant has. Users will select this value from the dropdown list.

If the claimant does not have a representative, select "None" as the claimant representative type, and leave all other fields related to the claimant representative blank.

Representative First and Last Name fields or the Representative Firm Name should be populated if the claimant has a representative.

Representative Address and Phone information should be entered in the same manner as was described earlier for address and phone information.

When all required fields have been entered, the user should click [Done with Claimant] to add the claimant and claimant representative information to the claim report or [Cancel] to cancel the addition of this information.

Additionally, as of July 2023, RREs will be notified when another source has updated their submitted records, RREs may now opt-in via the Section 111 Coordination of Benefits Secure Website (COBSW) application to receive a monthly NGHP Unsolicited Response File. This will provide key information about updates to ORM records originally submitted in the last 12 months and allow RREs to either update their own internal data or contact the BCRC for a correction.

The modifier type codes CEM (Employer/Other Plan Sponsor Name), DSA (Name of the Voluntary Data Sharing Agreement (VDSA) entity), and PRV (From a Provider) will not be used in the NGHP Unsolicited Response File and have been removed from the list.

Note: July 12, 2023 - Notice Regarding the Receipt of Empty (Header & Trailer Record Only) Non-Group Health Plan (NGHP) Unsolicited Response Files

Questions have been received from NGHP Responsible Reporting Entities (RREs) regarding receipt of empty (header and trailer record only) Unsolicited Response Files. Please be aware that a file will be transmitted regardless of record count. This means that an RRE that has opted in to receive the Unsolicited Response File will always receive a file that includes any updates made in the last 30 days. If there are no records updated by an outside source that are linked to that RRE ID in that timeframe, the Unsolicited Response File will be empty. Please note that the Non-Group Health Plan User Guide will also be updated to clarify the receipt of empty files. Slide 28 of 35 - Claimant and Claimant Representative Listing

About This Site	CMS Links	How To	Reference Materials	Contact Us	Home	Log off	Skip Nav	igation	
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Slide notes

After adding a claimant to a claim, the Claimant and Claimant Representative page reappears, with the claimant's name and the claimant representative's name displayed.

Click [Edit] to make changes to claimant information that has already been added.

Click [Delete] to remove a claimant from the claim. If necessary, click [Add Claimant] to add more claimants to a claim. Up to four claimants can be entered on a claim.

After all claimant information has been entered and verified, click [Save & Exit] to go to the Claim Listing page, or click [Save] to save all information entered then click [Next].

Slide 29 of 35 - Claim Confirmation

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Claim Confirmation			Print this page		CK HELP
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Gender	Female	Alleged Cause of Injury	F8694	Status Cd	Saved Not Submit
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Slide notes

When [Next] is clicked from the Claimant and Claimant Representative Listing page, the Claim Confirmation page will appear. This page provides a summarized view of all data that was entered.

Users must carefully review this page for accuracy. Remember, claim reports that are submitted with inaccurate information may put the RRE at risk of non-compliance with Section 111 reporting requirements.

Users must ensure that data has been entered completely and accurately, e.g., the TPOC Amount(s) is/are accurate, the Policy and Claim Number have been entered, if applicable etc.

The user may revise information that has been entered prior to submitting the claim report. All information, with the exception of the information on the Injured Party Information page, can be edited.

In order to revise information, the user will click the [Edit] button next to the Injury section. This action will return the user to the Injury Information page.

Once you are on this page, you can advance to any page that needs correction by using the [Next] button.

After making the necessary changes, navigate back to the Claim Confirmation page by using the [Next] button.

Each time [Next] is clicked, the system will re-edit the information on the page so the RRE will know that they didn't introduce any conflicting information that will result in an error during processing.

Last Name	LAST	Organization Name	AAAAAAAAAAAA
	LAST	Address 1	ΑΑΑΑΑΑΑΑΑΑ
Organization Name		Address 2	
Address 1	AAAAAAAAAAA	City	ААААААААА
Address 2		State	AA
City	AAAAAAAAAAA	Zip5	#####
State	AA	Zip4	4564
Zip5	#####	Phone	#######################################
Zip4	####	Extension	####
Phone	#######################################		
Extension	####		
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201	Estate Individual Name		Neer
Relationship	Provided	TIN	
TIN	#########	First Name	
First Name	FIRST	Last Name	
Middle Initial	M	Organization Name	
Last Name	LAST	Address 1	
Organization Name		Address 2	
Address 1	AAAAAAAAAA	City	
Address 2		State	Not Defined
City	AAAAAAAAAAA	Zip5	#####
State	AA	Zip4	####
Zip5	#####	Phone	######################################
Zip4	####	Extension	****
Phone	#######################################	Extension	
Extension	####		
		S	Submit Claim Cancel Save Updates

Slide 30 of 35 - Claim Confirmation

Slide notes

Once the user has confirmed that all entered data is accurate and complete, the user should scroll to the bottom of the Claim Confirmation page where they will see three options for the claim report.

The user may select [Submit Claim], [Cancel], or [Save Updates].

[Submit Claim] will submit the claim report to the Benefits Coordination & Recovery Center (BCRC) for processing.

[Cancel] will discard any data that was entered after the last use of [Save].

[Save Updates] will save, but not submit all of the additions and changes made to the claim report.

Note: Users will have 30 calendar days from the original date the claim report was saved to submit it, otherwise it will be deleted.

After 15 calendar days, an email notification will be sent to the RRE, reminding them about claims that have been saved but not submitted.

Slide 31 of 35 - Submit Claim

CMS	SECTION 111 Mandatory Reporting							
Claim submission wa		Navigation QUICK HELP Help About This Page Iransactions Remaining 90						
	CMS/HHS Vulnerability Disclosure Policy Privacy Policy User Agreer	ment						

Slide notes

Once a user has submitted a claim, the Claim Submission message appears and displays the assigned DCN for the claim.

Retain the DCN for your records. It will be helpful to search for the claim at a later time. Click the [Claim Listing] button to go to the Claim Listing page.

Please note: The system will retain the same DCN when you update/edit a claim report that is in New status or Saved (Not Submitted) status.

The system will assign a new DCN when you save or submit a new claim report and when you update/edit a claim that is in Completed status.

When a new DCN is assigned by the system, the previous DCN will no longer be valid for the claim report.

Slide 32 of 35 - Claim Listing

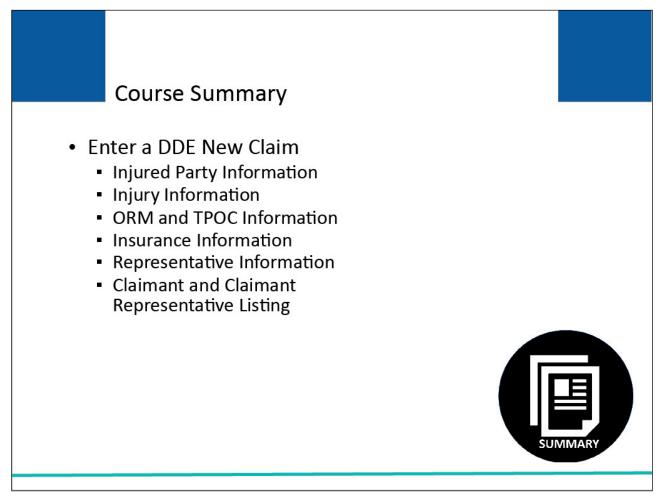
About This Site CMS Links How To Reference Materials Contact Us Home Log off Skip Navigation Claim Listing This page lists all of the claims you have entered. To search for a specific claim, enter search values into any or all of the search fields, and click on the Search button. Colspan="4">Claim Listing Coll characters max.) Coll characters max.) Colspan="4">Claim Number Colspan="4">Context Search button. Policy Number (30 characters max.) (30 ch	CN	15			SECTION 111 Mandatory Reporting							C	OB®R Condition of matter and Recovery
This page lists all of the claims you have entered. To search for a specific claim, enter search values into any or all of the search fields, and click on the Search button. QUICK HELP Help About This Page DCN	About This Site	(CMS Links	How	To Ref	ference Materials	Contact Us	Home	Log off	Skip Nav	igation		
DCN Remaining 34 Policy Number (30 characters max.) 34 Claim Number (30 characters max.) 34 Claim Number (30 characters max.) 34 Medicare ID (12 characters max.) 34 Last Name, First Initial . . A maximum two-month search range applies. Use MM/DD/VVV date format. And 2) 10) 2011 Can't find your recent updates? Search again to refresh the listing. Status Saved Not Submitted v Can't find your recent updates? Search again to refresh the listing. Showing 50 of 128 matching charms. You may need to refine your search criteria Search Clear Search Criteria New Claim. Medicare ID Beneficiary Mamee Of 101/12010 01/26/2011 Update Saved Not Resume Delete 10580 1 pn1111 15678000 D1690519212 WANDA X. 01/01/2010 01/26/2011 Update Saved Not History. 10580 1 pn1111 15678001 018340998A Of 101/0101 12/28/2010 Update New Update Delete History.	This page lists all of the claims you have entered. To search for a specific claim, enter search										A DESCRIPTION OF THE OWNER OF THE		
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	<u>10575</u>	9	12345678	3	15678054	519212		01/01/2001	12/28/2010	Update	Completed		

Slide notes

Claim reports that are Submitted as well as claim reports that are Saved (Not Submitted) will appear on the Claim Listing page for the RRE.

For more information on the basic functionality of the Claim Listing page, please see the DDE Screens Overview CBT.

Slide 33 of 35 - Course Summary

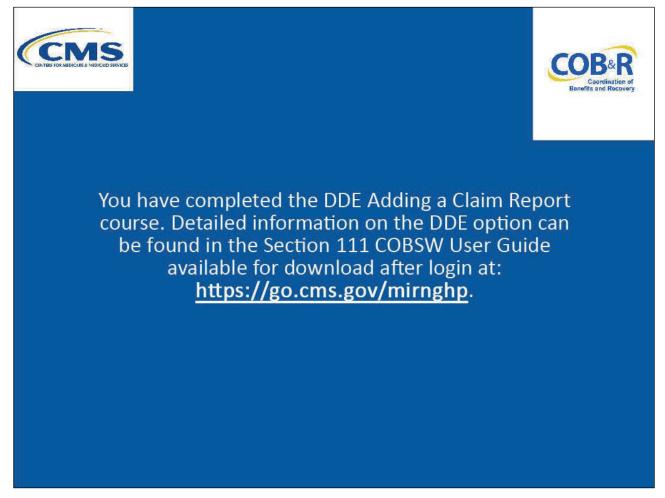


Slide notes

This module explained how to enter a DDE New Claim report by completing the information on the New Claim screens:

- Injured Party Information,
- Injury Information,
- Ongoing Responsibilities for Medicals (ORM) and Total Payment Obligation to Claimant (TPOC) Information,
- Insurance Information,
- Representative Information, and
- Claimant and Claimant Representative Listing.

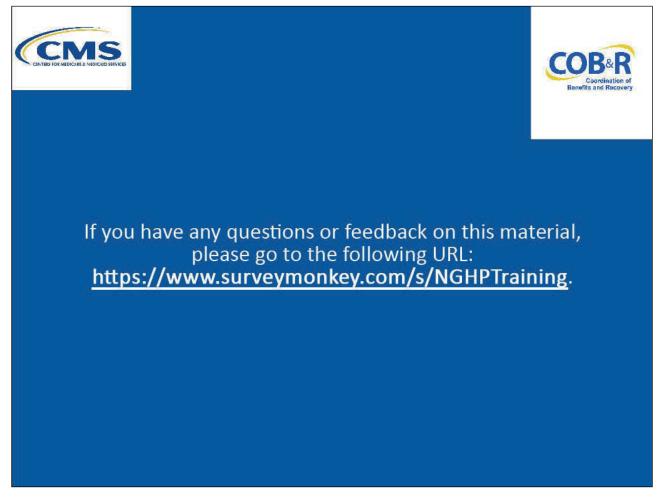
Slide 34 of 35 - Conclusion



Slide notes

You have completed the DDE Adding a Claim Report course. Detailed information on the DDE option can be found in the Section 111 COBSW User Guide available for download after login at the following link: <u>CMS NGHP Website</u>.

Slide 35 of 35 - NGHP Training Survey



Slide notes

If you have any questions or feedback on this material, please go to the following URL: <u>NGHP Training</u> <u>Survey</u>.