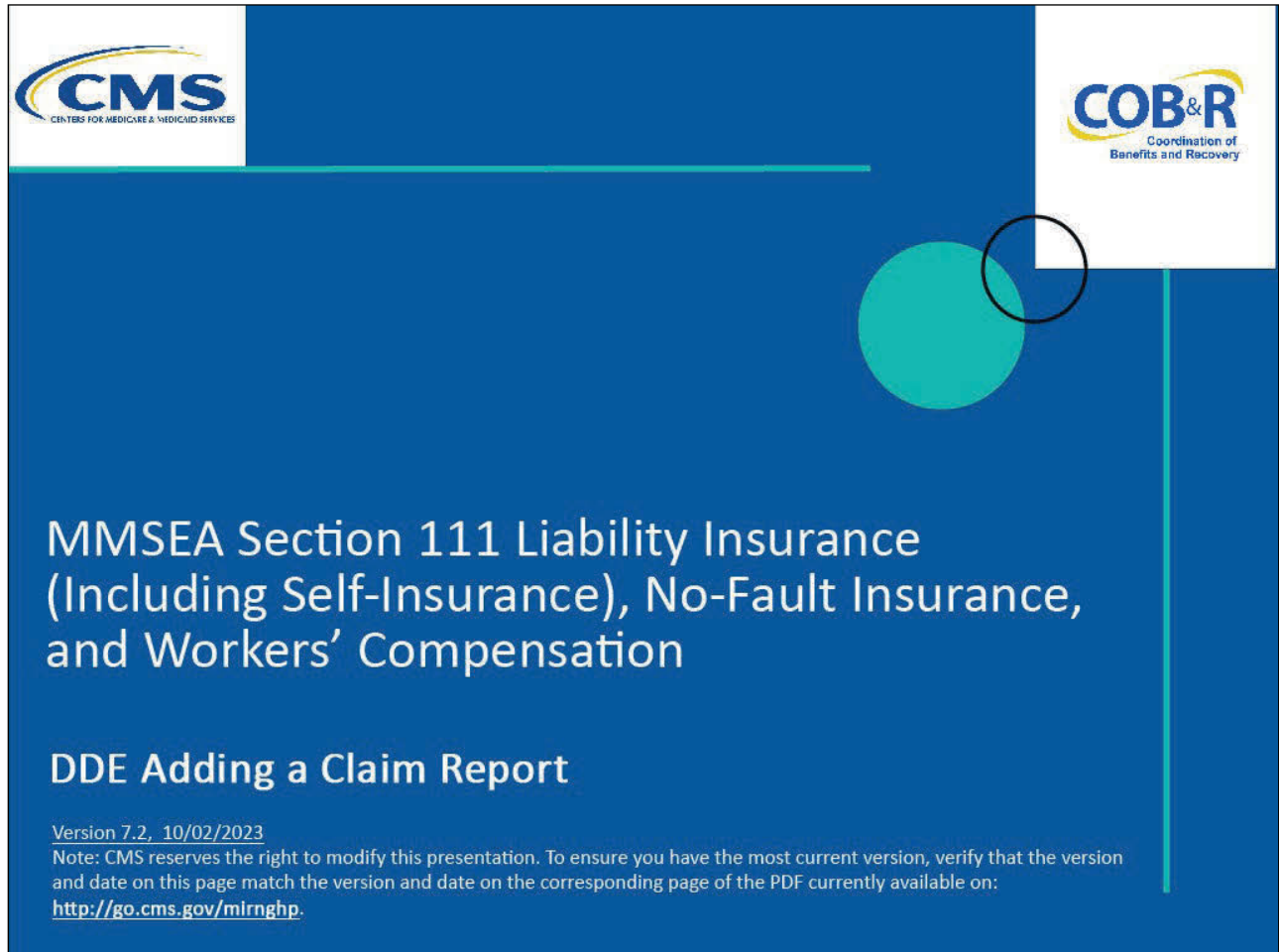


Direct Data Entry (DDE) Adding a Claim Report Introduction

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



The slide features a blue background with a white header area at the top. On the left side of the header is the CMS logo (Centers for Medicare & Medicaid Services). On the right side is the COB&R logo (Coordination of Benefits and Recovery). The main content area contains the title 'MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation' and the subtitle 'DDE Adding a Claim Report'. Below the subtitle is the version information 'Version 7.2, 10/02/2023' and a note stating that CMS reserves the right to modify the presentation and provides a URL to the current PDF version: <http://go.cms.gov/mirnghp>. A large teal circle is positioned on the right side of the slide, partially overlapping the COB&R logo.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation

DDE Adding a Claim Report

Version 7.2, 10/02/2023
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on:
<http://go.cms.gov/mirnghp>

Slide notes

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

Slide 2 of 35 - Disclaimer

Disclaimer

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 under the *Reference Materials* menu at the following link:

<https://go.cms.gov/mirnghp>.

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: [CMS NGHP Website](https://go.cms.gov/mirnghp).

Slide 3 of 35 - Course Overview

Course Overview

- Enter a DDE New Claim
 - Injured Party Information
 - Injury Information
 - ORM and TPOC Information
 - Insurance Information
 - Representative Information
 - Claimant and Claimant Representative Listing

**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.

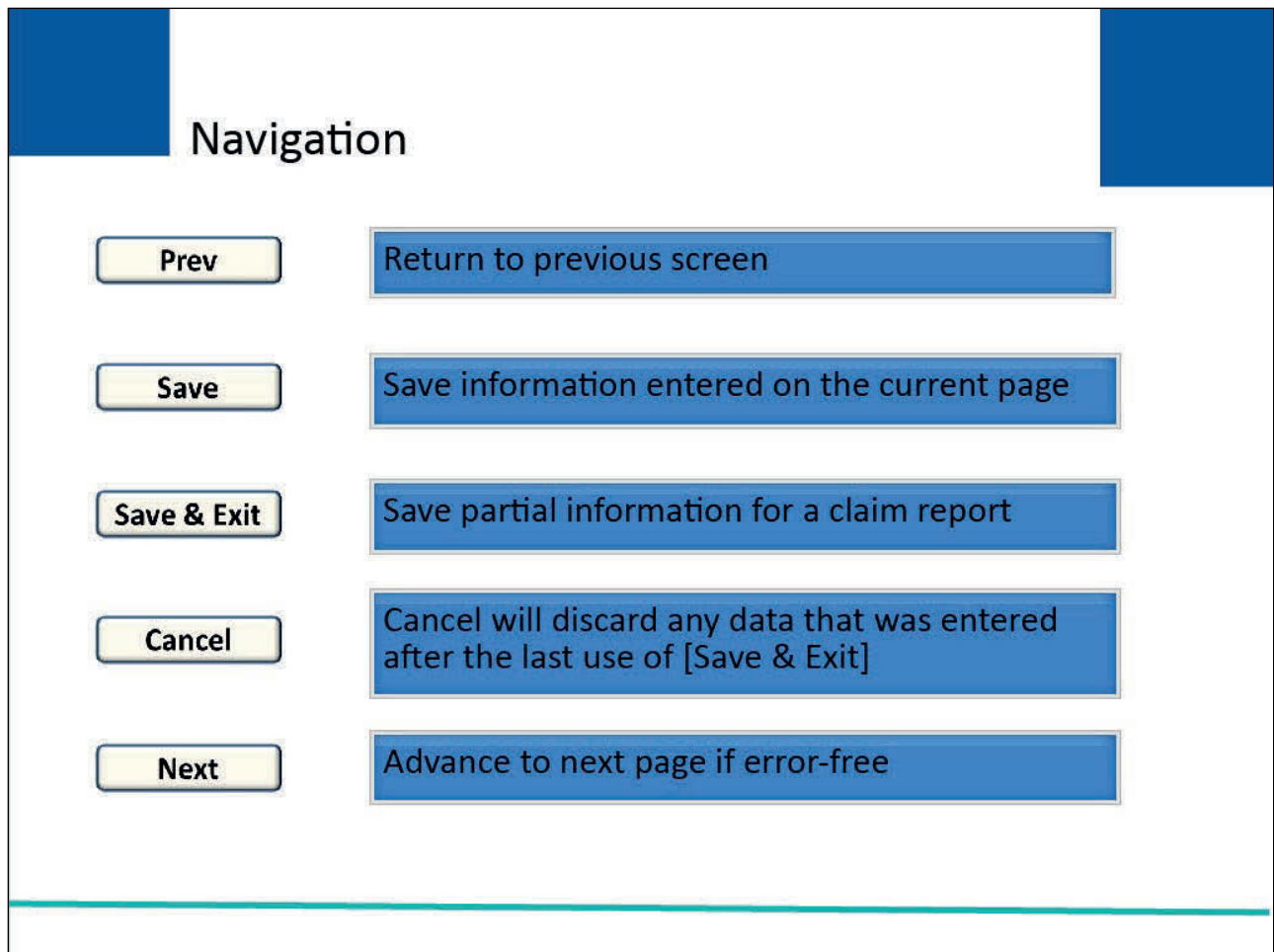


Slide notes

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 three 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.

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 5 of 35 - NavigationA slide titled "Navigation" with a blue header and footer. The slide contains five rows of navigation buttons and their descriptions. Each row consists of a yellow button with a black border on the left and a blue rectangular box with white text on the right. The rows are: 1. "Prev" button, "Return to previous screen"; 2. "Save" button, "Save information entered on the current page"; 3. "Save & Exit" button, "Save partial information for a claim report"; 4. "Cancel" button, "Cancel will discard any data that was entered after the last use of [Save & Exit]"; 5. "Next" button, "Advance to next page if error-free".

Button	Description
Prev	Return to previous screen
Save	Save information entered on the current page
Save & Exit	Save partial information for a claim report
Cancel	Cancel will discard any data that was entered after the last use of [Save & Exit]
Next	Advance to next page if error-free

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

SECTION 111
Mandatory Reporting

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RRE Listing

This page lists all the Responsible Reporting Identification Numbers (RRE IDs) with which you are associated. You can select from the Actions available in the drop-down menu next to each RRE ID. Click on the down arrow, select an Action from the list and then click on the Go button.

To search for a specific RRE enter the RREID and click on the Search button. To refresh the complete list of RREs with which you are associated, click on the Refresh RRE Listing button.

The RRE Listing is sorted by RRE ID.

RRE ID: Search Refresh RRE Listing

items found, displaying all items 1

RRE ID	Name	Status	Profile Report Status	Submsn Period	Reporting Option	EDI Representative Name	EDI Phone Number	EDI Email	Actions
123456	AAAAAAAAAAAA	Setup	N/A	01	Expanded	Mike Jones	281-330-8004	mike@mikejones.com	Please Select Go
77777	AAAAAAAAAAAA	Production Recertified	01		Expanded	Jenny	202-867-5309	tommy@tutone.com	Please Select Go
75555	AAAAAAAAAAAA	Test	N/A	04	Basic	Mike Hanks	410-333-3333	mk@mike.com	Please Select Go
98765	AAAAAAAAAAAA	Production Not Due	0		DDE	Susan Su	202-606-0842	susan@susan.com	Please Select Go

Export options: [Text](#) | [Spreadsheet](#)

SECURE AREA

CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement

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 [CMS COBSW Section 111](#).

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

Injured Party Information Step 1 of 6

Enter injured party information below. When you click the Next button, a query transaction will be created to determine if this injured party is a Medicare beneficiary. Your transactions remaining will be reduced by one whether or not the beneficiary is found. Please carefully check your information before clicking the Next button.

Required*

Injured Party*

Medicare ID (12 characters max.)

OR

SSN (9 digits)

First Name*, Middle Initial, Last Name*

Gender* Female Male

Date of Birth* / / (MM/DD/YYYY)

QUICK HELP
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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted

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

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Injured Party Information
Step 1 of 6

Enter injured party information below. When you click the Next button, a query transaction will be created to determine if this injured party is a Medicare beneficiary. Your transactions remaining will be reduced by one whether or not the beneficiary is found. Please carefully check your information before clicking the Next button.

Required*

Injured Party*

(12 characters max.)

OR

SSN

(9 digits)

First Name*, Middle Initial, Last Name*

Gender*

Female Male

Date of Birth*

/
 /

(MM/DD/YYYY)

Cancel Next

SECURE AREA

QUICK HELP

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[Click here to view the Transactions Remaining page.](#)

Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted

Slide notes

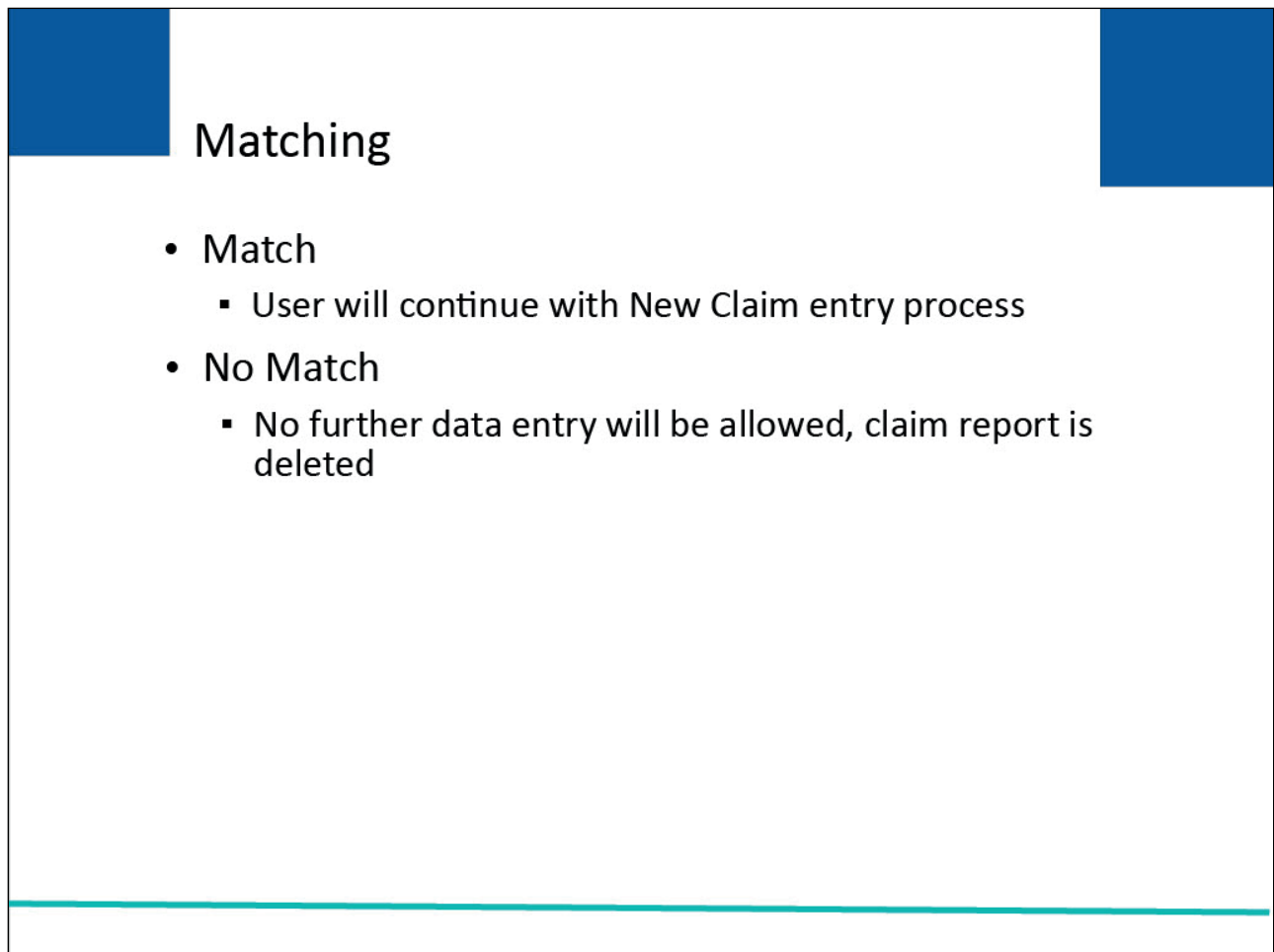
When all required information has been entered on this page, and the user clicks [Next], the system will determine if the submitted Injured Party information can be matched to a Medicare beneficiary.

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

Matching

- Match
 - User will continue with New Claim entry process
- No Match
 - No further data entry will be allowed, claim report is deleted

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

SECTION 111
Mandatory Reporting

Beneficiary Not Found

We're sorry. We could not find a beneficiary for the identification numbers you specified. Click the Prev button to return to the Beneficiary Lookup page where you can review the beneficiary information you entered. Click Next to perform another Beneficiary Lookup. Click Cancel to return to the RRE Listing page. The beneficiary info you entered appears below. You may print this page for your records.

Add Date	#####
Medicare ID	#####A
SSN	#####
First Name	FIRST
Middle Initial	M
Last Name	LAST
Gender	MALE
Date of Birth	#####

[Print this page](#)

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SECURE AREA


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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



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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.

DCN

Policy Number

Claim Number

Medicare ID

Last Name, First Initial

Initial Entry Dates Between

/ /

And

/ /

Status

(30 characters max.)

(30 characters max.)

(12 characters max.)

A maximum two-month search range applies. Use MM/DD/YYYY date format.

Can't find your recent updates? **Search again** to refresh the listing.

QUICK HELP
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Showing 50 of 128 matching claims. You may need to refine your search criteria.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	Medicare ID	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10580	1	pn1111	15678000	D1690519212	WANDA X. CARR	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	018340998A	FRANK A. JOBS	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	719212	LEWIS B. CANNON	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	919212	BEN R. ROGERS	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	519212	MARY B. WISE	01/01/2001	12/28/2010	Update	Completed		Update Delete History

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.

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Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*

CMS Date of Injury* / / (MM/DD/YYYY)

Industry Date of Injury / / (MM/DD/YYYY)

State of Venue*

QUICK HELP

Help About This Page

Transactions Remaining

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
Ins Type Cd	Not Defined

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury
Diagnosis Code

Code Lookup Tool E

Keyword Lookup Tool

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.

Diagnosis Codes (up to 19)*

Code	Description	Delete
<input type="text"/>	<input type="text"/>	<input type="button" value="Add Diagnosis"/>

Code Lookup Tool

Keyword Lookup Tool

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 ones.

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 self-insurance. 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, no-fault 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

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Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*

CMS Date of Injury* / / (MM/DD/YYYY)

Industry Date of Injury / / (MM/DD/YYYY)

State of Venue*

QUICK HELP

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Transactions Remaining

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
Ins Type Cd	Not Defined

Diagnosis Code Indicator* ICD-09 ICD-10

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.

Alleged Cause of Injury Diagnosis Code

Code Lookup Tool E

Keyword Lookup Tool

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 ones.

Diagnosis Codes (up to 19)*

	Code	Description	Delete
Code Lookup Tool	<input type="text"/>	<input type="button" value="Add Diagnosis"/>	<input type="button" value="Search"/>
Keyword Lookup Tool	<input type="text"/>	<input type="button" value="Search"/>	

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 ones.

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.

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Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*

CMS Date of Injury* / / (MM/DD/YYYY)

Industry Date of Injury / / (MM/DD/YYYY)

State of Venue*

QUICK HELP

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Transactions Remaining

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
Ins Type Cd	Not Defined

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury Diagnosis Code

Code Lookup Tool E

Keyword Lookup Tool

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.

Diagnosis Codes (up to 19)*

Code	Description	Delete
<input type="text"/>	<input type="text"/>	<input type="button" value="Add Diagnosis"/>

Code Lookup Tool

Keyword Lookup Tool

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 ones.

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

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Diagnosis Lookup

Search for a diagnosis code by entering a numeric value for the code or by entering any text in the text field to find all diagnoses where the description includes that text.

Diagnosis Code: Search

Diagnosis Keywords: Search

Click on one or more of the checkboxes to select diagnosis codes from the following list. Click the 'Select Diagnosis Codes' button to add them to the case. Up to 19 diagnosis codes may be selected and added to a claim.

Code	Description
<input type="checkbox"/> 920	Contusion face/scalp/nck
<input type="checkbox"/> 9210	Black eye NOS
<input type="checkbox"/> 9211	Contusion periocular
<input type="checkbox"/> 9212	Contusion orbital tissue
<input type="checkbox"/> 9213	Contusion of eyeball
<input type="checkbox"/> 9219	Contusion of eye NOS
<input type="checkbox"/> 9220	Contusion of breast
<input type="checkbox"/> 9221	Contusion of chest wall
<input type="checkbox"/> 9222	Contusion abdominal wall
<input type="checkbox"/> 92231	Back contusion
<input type="checkbox"/> 92232	Buttock contusion
<input type="checkbox"/> 92233	Interscplr reg contusion
<input type="checkbox"/> 9224	Contusion genital organs
<input type="checkbox"/> 9228	Multiple contusion trunk
<input type="checkbox"/> 9229	Contusion trunk NOS
<input type="checkbox"/> 92300	Contusion shoulder reg

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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.

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Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*

CMS Date of Injury* / / (MM/DD/YYYY)

Industry Date of Injury / / (MM/DD/YYYY)

State of Venue*

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
Ins Type Cd	Not Defined

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury
Diagnosis Code

Code Lookup Tool E

Keyword Lookup Tool

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.

Diagnosis Codes (up to 19)*

Code	Description	Delete
<input type="text"/>	<input type="text"/>	<input type="button" value="Add Diagnosis"/>

Code Lookup Tool

Keyword Lookup Tool

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 ones.

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.

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ORM and TPOC Information
Step 3 of 6

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

Required*

ORM Indicator* Yes No

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:			TPOC Amount:	Funding Delayed Beyond TPOC Start Date:		
	MM	DD	YYYY	\$	MM	DD	YYYY
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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).

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ORM and TPOC Information
Step 3 of 6

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

Required*

ORM Indicator* Yes No

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:			TPOC Amount:	Funding Delayed Beyond TPOC Start Date:			
	MM	DD	YYYY	\$	MM	DD	YYYY	
1.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	
2.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	
3.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	
4.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	
5.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		<input type="text"/>	

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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).

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ORM and TPOC Information
Step 3 of 6

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

Required*

ORM Indicator* Yes No

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:			TPOC Amount:	Funding Delayed Beyond TPOC Start Date:		
	MM	DD	YYYY	\$	MM	DD	YYYY
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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.

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Insurance Information Step 4 of 6

Enter insurance information below.

Required*

Does the reportable event involve self-insurance? Yes No

Self-Insured Type: Not Defined

Policyholder First Name, Last Name:

DBA (Do Business As) Name:

Legal Name:

TIN*: (9 characters max.)

Policy Number*: (30 characters max.)

Claim Number*: (30 characters max.)

Insurer Name*:

Insurer Address 1*: (Street number and street name)

Insurer Address 2: (Suite number, apt. number, "Attn. To:", etc.)

Insurer City*, State*, Zip*: Not Defined

If the Insurer has a foreign address

Foreign Address 1:

Foreign Address 2:

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Coj Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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.

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Insurance Information
Step 4 of 6

Enter insurance information below.

Required*

Does the reportable event involve self-insurance?	<input type="radio"/> Yes <input type="radio"/> No		
Self-Insured Type	Not Defined ▼		
Policyholder First Name, Last Name	<input style="width: 100%;" type="text"/>		
DBA (Do Business As) Name	<input style="width: 100%;" type="text"/>		
Legal Name	<input style="width: 100%;" type="text"/>		
TIN*	<input style="width: 80%;" type="text"/>	(9 characters max.)	
Policy Number*	<input style="width: 80%;" type="text"/>	(30 characters max.)	
Claim Number*	<input style="width: 80%;" type="text"/>	(30 characters max.)	
Insurer Name*	<input style="width: 100%;" type="text"/>		
Insurer Address 1*	<input style="width: 90%;" type="text"/>		(Street number and street name)
Insurer Address 2	<input style="width: 90%;" type="text"/>		(Suite number, apt. number, "Attn. To:", etc.)
Insurer City*, State*, Zip*	<input style="width: 60%;" type="text"/>	Not Defined ▼	<input style="width: 20%;" type="text"/>

If the Insurer has a foreign address

Foreign Address 1	<input style="width: 100%;" type="text"/>		
Foreign Address 2	<input style="width: 100%;" type="text"/>		

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Coj Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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 IRS-assigned 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.

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Insurance Information
Step 4 of 6

Enter insurance information below.

Required*

Does the reportable event involve self-insurance?	<input type="radio"/> Yes <input type="radio"/> No		
Self-Insured Type	Not Defined ▼		
Policyholder First Name, Last Name	<input style="width: 100%;" type="text"/>		
DBA (Do Business As) Name	<input style="width: 100%;" type="text"/>		
Legal Name	<input style="width: 100%;" type="text"/>		
TIN*	<input style="width: 80%;" type="text"/>	(9 characters max.)	
Policy Number*	<input style="width: 80%;" type="text"/>	(30 characters max.)	
Claim Number*	<input style="width: 80%;" type="text"/>	(30 characters max.)	
Insurer Name*	<input style="width: 100%;" type="text"/>		
Insurer Address 1*	<input style="width: 100%;" type="text"/>		(Street number and street name)
Insurer Address 2	<input style="width: 100%;" type="text"/>		
	(Suite number, apt. number, "Attn. To:", etc.)		
Insurer City*, State*, Zip*	<input style="width: 40%;" type="text"/>	Not Defined ▼	<input style="width: 15%;" type="text"/>
	(City, State, Zip)		
If the Insurer has a foreign address			
Foreign Address 1	<input style="width: 100%;" type="text"/>		
Foreign Address 2	<input style="width: 100%;" type="text"/>		

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Coj Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

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.

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Insurer City*, State*, Zip*

If the Insurer has a foreign address

Foreign Address 1

Foreign Address 2

Foreign Address 3

Foreign Address 4

If the Insurer is submitting Recovery 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

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)

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.

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Representative Information
Step 5 of 6

Representative information is required only if the injured party has a representative. If you choose to enter Representative information below, those fields marked with a red asterisk (*) are required. If there is no Representative, set Type to "None".

Required*

Type*
Not Defined
(9 characters max.)

TIN

Representative*

First, Last Name

AND / OR

Firm Name

Address 1*

(Street number and street name)

Address 2

(Suite number, apt. number, "Attn. To:", etc.)

City*, State*, Zip*

Not Defined

Phone* and Extension

Ext

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Save
Save & Exit
Cancel
Next

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submit
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Coi Diag Cd	E8804
Venue State	AA
ORM Ind	No
Si Ind	No
Si Type Cd	Not Defined
PH Last Name	
PH First Name	
Dbn Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####
Policy Number	345345
Claim Number	458458
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	
Ins City	AAAAAAAAAAAA
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.

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Claimant and Claimant Representative Listing
Step 6 of 6

Enter up to four claimants with optional claimant representative.

Enter claimants other than the injured party/Medicare beneficiary such as the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. **This page is not used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary.**

Claimant	Claimant Representative Actions
	<input type="button" value="Add Claimant..."/>

- Do not use when injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary
- Only used if the injured party/Medicare beneficiary is *deceased* and the claimant is not the injured party

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	08/31/1919
Cms Inj Dt	01/01/2011
Ind Inj Dt	#####
Coi Diag Cd	E8884
Venue State	AA
ORM Ind	No
SI Ind	No
SI Type Cd	Not Defined
PH Last Name	
PH First Name	
Dbn Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####
Policy Number	345345
Claim Number	458458
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	

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 Claimant Representative Information

Claimant and Claimant Representative Information

Claimant

Required*

Relationship*

TIN* (9 characters max.)

First Name*, MI, Last Name*

Organization Name

Address 1*

Address 2

City*, State*, Zip* ,

Phone* Ext.

Claimant Representative

Representative information is required only if the claimant listed above has a representative. If you choose to enter Representative information below, those fields marked with a red asterisk (*) are required. If there is no Representative, set type to "None".

Type*

TIN* (9 characters max.)

Representative*

First, Last Name

AND / OR

Firm Name

Address 1*

Address 2

City*, State*, Zip* ,

Phone* Ext.

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Claim:

Unstored changes! Click Save to protect your work.

Reporter ID	321
Claim ID	10600
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
CoI Diag Cd	E0094
Verus State	AA
ORM Ind	No
SI Ind	No
SI Type Cd	Not Defined
PH Last Name	
PH First Name	
Dba Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####
Policy Number	345345
Claim Number	456456
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	
Ins City	AAAAAAAAAAAA
Ins State	AA
Ins Zip5	#####
Ins Fa1	
Ins Fa2	
Ins Fa3	
Ins Fa4	
Ins Zip4	####
Plan Ct Dept	
Plan Ct Lname	
Plan Ct Fname	
Plan Ct Ext	
NF Lim Amt	0.0
Rep Type Cd	Attorney
Rep Tin	#####
Rep Lname	
Rep Fname	
Rep Firm Name	AAAAAAAAAAAA
Rep Addr1	AAAAAAAAAAAA
Rep Addr2	

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

Claimant and Claimant Representative Information

Claimant

Required*

Relationship*

TIN* (9 characters max.)

First Name*, MI, Last Name*

Organization Name

Address 1*

Address 2

City*, State*, Zip* ,

Phone* Ext.

Claimant Representative

Representative information is required only if the claimant listed above has a representative. If you choose to enter Representative information below, those fields marked with a red asterisk (*) are required. If there is no Representative, set type to "None".

Type*

TIN* (9 characters max.)

Representative*

First, Last Name

AND / OR

Firm Name

Address 1*

Address 2

City*, State*, Zip* ,

Phone* Ext.

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Claim:

Unstored changes! Click Save to protect your work.

Reporter ID	321
Claim ID	10600
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
CoI Diag Cd	E0094
Verus State	AA
ORM Ind	No
SI Ind	No
SI Type Cd	Not Defined
PH Last Name	
PH First Name	
Dba Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####
Policy Number	345345
Claim Number	456456
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	
Ins City	AAAAAAAAAAAA
Ins State	AA
Ins Zip5	#####
Ins Fa1	
Ins Fa2	
Ins Fa3	
Ins Fa4	
Ins Zip4	####
Plan Ct Dept	
Plan Ct Lname	
Plan Ct Fname	
Plan Ct Ext	
NF Lim Amt	0.0
Rep Type Cd	Attorney
Rep Tin	#####
Rep Lname	
Rep Fname	
Rep Firm Name	AAAAAAAAAAAA
Rep Addr1	AAAAAAAAAAAA
Rep Addr2	

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 drop-down 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

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Claimant and Claimant Representative Listing Step 6 of 6

Enter up to four claimants with optional claimant representative.

Enter claimants other than the injured party/Medicare beneficiary such as the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. **This page is not used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary.**

Claimant	Claimant Representative Actions
	Add Claimant...

[Prev](#)
[Save](#)
[Save & Exit](#)
[Cancel](#)
[Next](#)

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submit
Medicare ID	*****A
Inj Last Name	LAST
Inj First Name	FIRST
Inj Mi	M
Inj Gndr Cd	Female
Inj DOB	08/31/1919
Cms Inj Dt	01/01/2011
Ind Inj Dt	*****
Coi Diag Cd	E8884
Venue State	AA
ORM Ind	No
Si Ind	No
Si Type Cd	Not Defined
PH Last Name	
PH First Name	
Dba Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	*****
Policy Number	345345
Claim Number	458458
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	

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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TOP OF CLAIM CONFIRMATION SCREEN

Claim Confirmation

Please review your claim information. If you need to change something, click the 'Edit' button in the applicable section. You might wish to print this page for your records. [Print this page](#)

Injured Party

Medicare ID	#####A
First Name	FIRST
Middle Initial	M
Last Name	LAST
Gender	Female
DOB	#####

Injury

[Edit...](#)

Insurance Type	Liability
CMS Date of Injury	01/01/2011
Industry Date of Injury	01/02/2011
State of Venue	AA
Alleged Cause of Injury	E8694
Diagnosis 1	01550
Diagnosis 2	75559
Diagnosis 3	75560

ORM TPOC

ORM Indicator	No
ORM Termination Date	
TPOC 1 Date	02/01/2011

Insurance

Does the reportable event involve self-insurance?	No
Self Insured Type	Not Defined
Policyholder First Name	
	#####
	345345
	456456
	AAAAAAAAAAAA
	AAAAAAAAAAAA

- Provides a summary of all entered data
- Carefully review this page for accuracy
- Submitting inaccurate information may put the RRE at risk of non-compliance with Section 111 reporting requirements

QUICK HELP

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Transactions Remaining

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Claim:

Reporter ID	321
Claim ID	10600
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####A
Inj Last Name	LAST
Inj First Name	FIRST
Inj MI	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind Inj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	ALASKA
ORM Ind	No
SI Ind	No
SI Type Cd	Not Defined
PH Last Name	
PH First Name	
Dbn Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####A
Policy Number	345345
Claim Number	456456
Ins Name	AAAAAAAAAAAA
Ins Addr1	AAAAAAAAAAAA
Ins Addr2	
Ins City	Orangeville
Ins State	ALASKA
Ins Zip5	45645

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.

Slide 30 of 35 - Claim Confirmation

Last Name	LAST	Organization Name	AAAAAAAAAAAA
Organization Name		Address 1	AAAAAAAAAAAA
Address 1	AAAAAAAAAAAA	Address 2	
Address 2		City	AAAAAAAAAAAA
City	AAAAAAAAAAAA	State	AA
State	AA	Zip5	#####
Zip5	#####	Zip4	4564
Zip4	####	Phone	#####
Phone	#####	Extension	####
Extension	####		

Claimant 2 <input type="button" value="Edit..."/>		Claimant Representative 2 <input type="button" value="Edit..."/>	
Relationship	Estate, Individual Name Provided	Type	None
TIN	#####	TIN	
First Name	FIRST	First Name	
Middle Initial	M	Last Name	
Last Name	LAST	Organization Name	
Organization Name		Address 1	
Address 1	AAAAAAAAAAAA	Address 2	
Address 2		City	
City	AAAAAAAAAAAA	State	Not Defined
State	AA	Zip5	#####
Zip5	#####	Zip4	####
Zip4	####	Phone	#####
Phone	#####	Extension	####
Extension	####		

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.

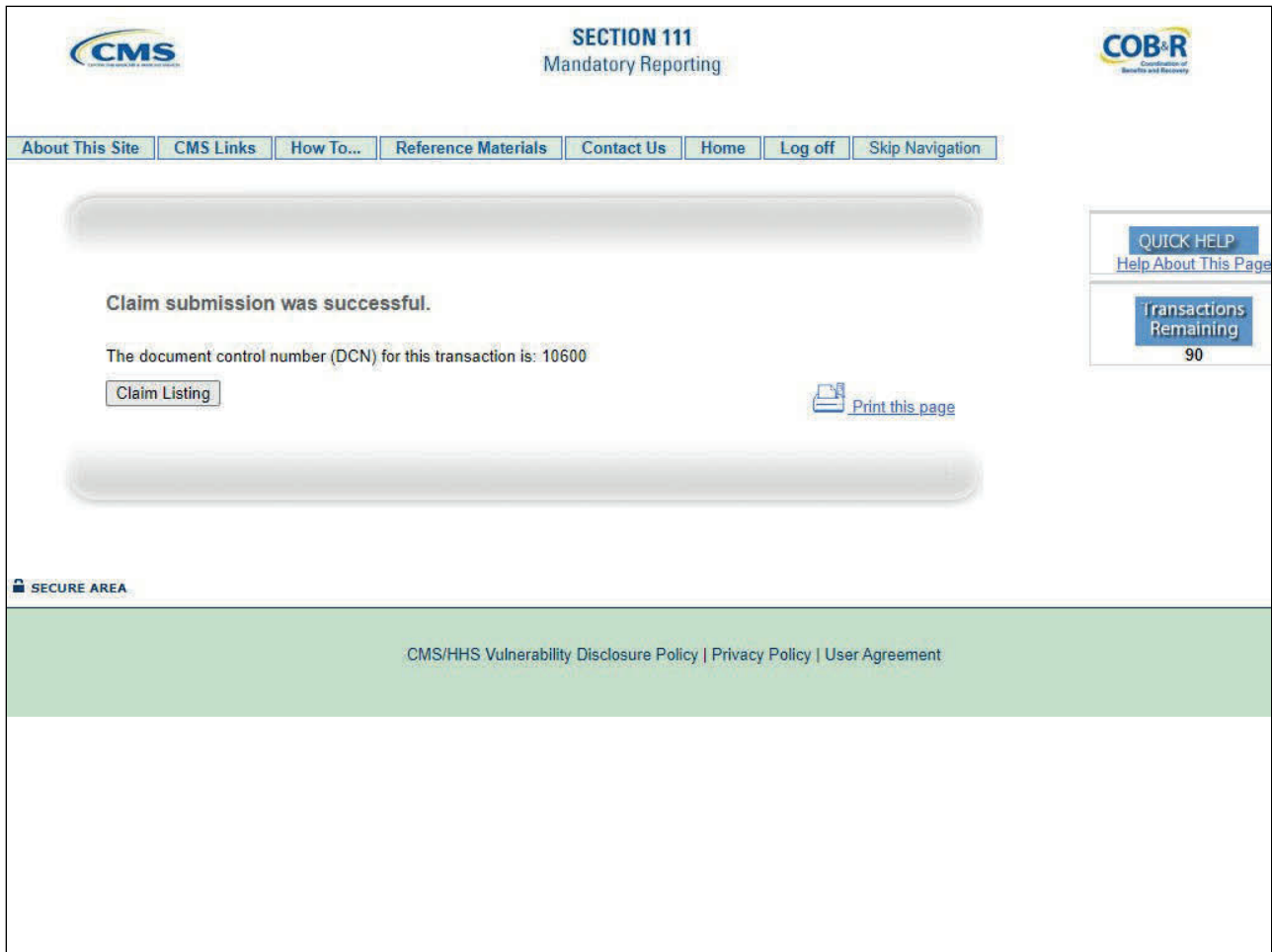
[Cancel] will discard any data that was entered after the last use of [Save].

[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



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




SECTION 111
Mandatory Reporting



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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.

 [Print this page](#)

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DCN	<input type="text"/>	
Policy Number	<input type="text"/>	(30 characters max.)
Claim Number	<input type="text"/>	(30 characters max.)
Medicare ID	<input type="text"/>	(12 characters max.)
Last Name, First Initial	<input type="text"/> , <input type="text"/>	
Initial Entry Dates Between	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>	A maximum two-month search range applies. Use MM/DD/YYYY date format.
And	<input type="text" value="2"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>	
Status	<input type="text" value="Saved Not Submitted"/>	Can't find your recent updates? Search again to refresh the listing.

Showing 50 of 128 matching claims. You may need to refine your search criteria.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	Medicare ID	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10580	1	pn1111	15678000	D1690519212	WANDA X. CARR	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	018340998A	FRANK A. JOBS	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	719212	LEWIS B. CANNON	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	919212	BEN R. ROGERS	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	519212	MARY B. WISE	01/01/2001	12/28/2010	Update	Completed		Update Delete History

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

Course Summary



- Enter a DDE New Claim
 - Injured Party Information
 - Injury Information
 - ORM and TPOC Information
 - Insurance Information
 - Representative Information
 - Claimant and Claimant Representative Listing

**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

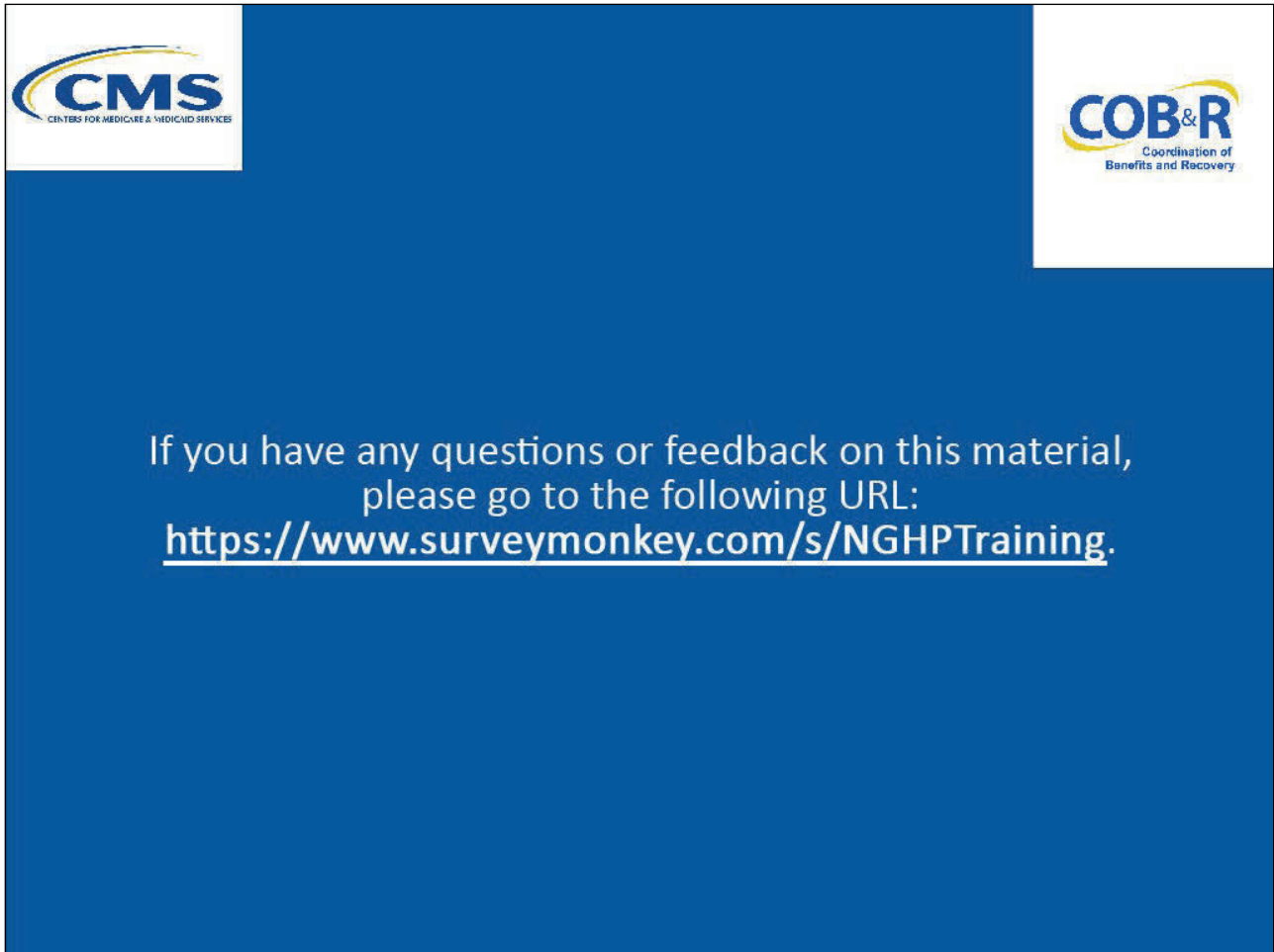


You have completed the DDE Adding a Claim Report course. Detailed information on the DDE option can be found in the Section 111 COBSW User Guide available for download after login at:
<https://go.cms.gov/mirnghp>.

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: [CMS NGHP Website](https://go.cms.gov/mirnghp).

Slide 35 of 35 - NGHP Training Survey



The slide features a blue background with two logos in the top corners: CMS (Centers for Medicare & Medicaid Services) on the left and COB&R (Coordination of Benefits and Recovery) on the right. The central text reads: "If you have any questions or feedback on this material, please go to the following URL: <https://www.surveymonkey.com/s/NGHPTraining>."

Slide notes

If you have any questions or feedback on this material, please go to the following URL: [NGHP Training Survey](https://www.surveymonkey.com/s/NGHPTraining).