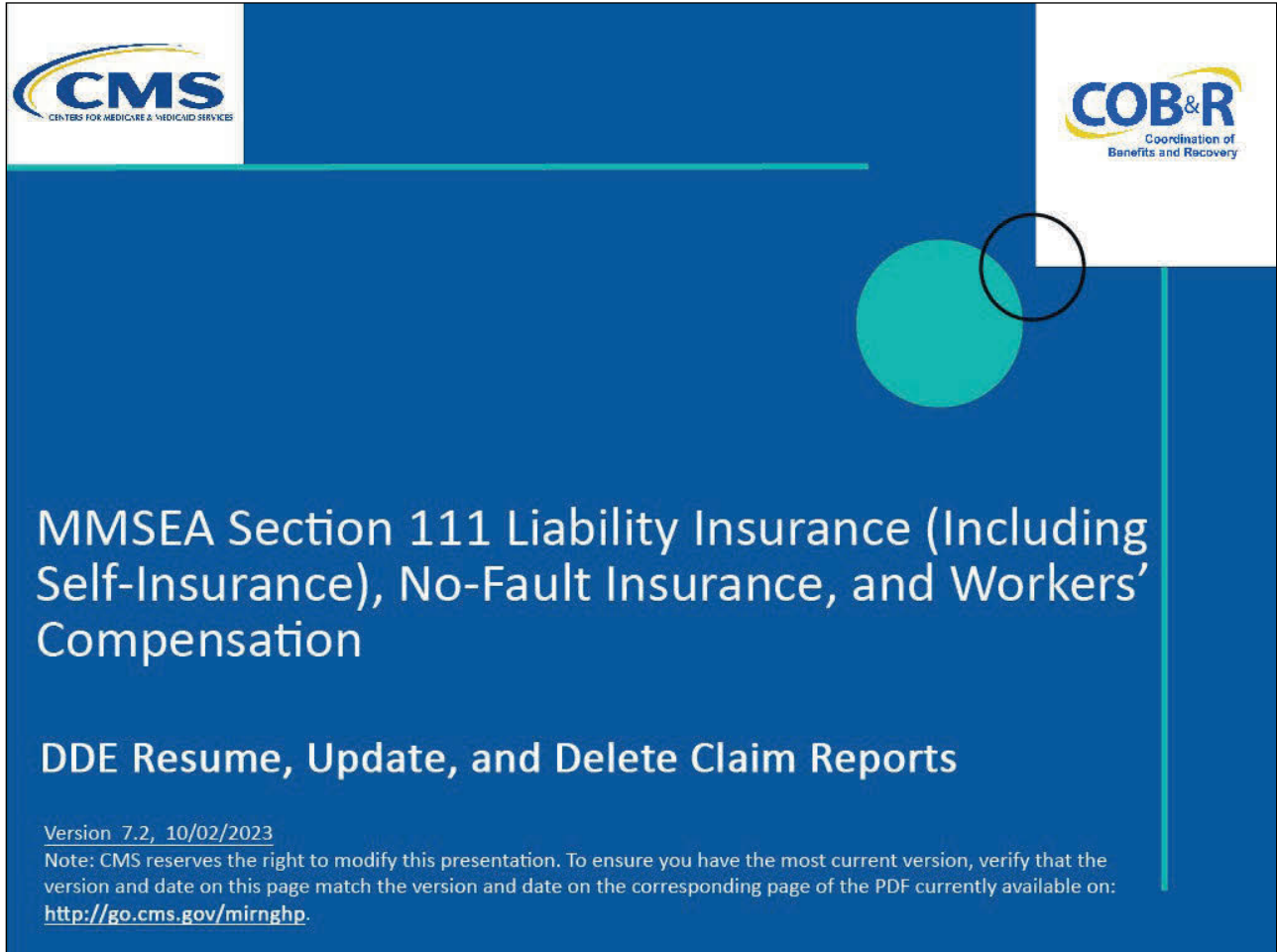


Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports

Slide 1 of 50 – Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports



The slide features a dark blue background with a teal circle and a white circle with a black outline. The CMS logo is in the top left, and the COB&R logo is in the top right. The main text is centered in white.

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 Resume, Update, and Delete Claim Reports

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) Resume, Update, and Delete Claim Reports course.

Slide 2 of 50 - 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: [NGHP Website](#).

Slide 3 of 50 - Course Overview

Course Overview

- Claim Listing
- When and how to
 - Resume claim submission
 - Submit updates
 - Submit deletes

**Slide notes**

This module begins with an overview of the Claim Listing page. It explains when and how to resume the DDE claim submission process and clarifies when and how to submit updates and deletes to DDE claim reports.

Slide 4 of 13 - 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 50 - Claim Listing


Claim Listing

- Lists all
 - Previously submitted
 - Saved (Not Submitted) DDE claim transactions
- Accessed to search for DDE claim reports


Slide notes

The DDE Claim Listing page displays a list of all previously submitted or Saved (Not Submitted) DDE claim transactions. You will access this page to search for claim reports.

Slide 6 of 50 - RRE Listing



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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.

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	<div style="border: 1px solid black; padding: 2px;">Please Select ▼</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Go</div>
77777	AAAAAAAAAAAA	Production	Recertified	01	Expanded	Jenny	202-867-5309	tommy@tutone.com	<div style="border: 1px solid black; padding: 2px;">Please Select ▼</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Go</div>
75555	AAAAAAAAAAAA	Test	N/A	04	Basic	Mike Hanks	410-333-3333	mk@mike.com	<div style="border: 1px solid black; padding: 2px;">Please Select ▼</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Go</div>
98765	AAAAAAAAAAAA	Production Not Due		0	DDE	Susan Su	202-606-0842	susan@susan.com	<div style="border: 1px solid black; padding: 2px;">Please Select ▼</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Go</div>

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

SECURE AREA

[CMS/HHS Vulnerability Disclosure Policy](#) | [Privacy Policy](#) | [User Agreement](#)

Slide notes

To access the Claim Listing page, you must login to the Section 111 Coordination of Benefits Secure Website (COBSW) at: [Section 111 COB Secure Website](#).

Once logged in, select the Claim Listing 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.


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 7 of 50 – 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 (30 characters max.)

Claim Number (30 characters max.)

Medicare ID (12 characters max.)

Last Name, First Initial ,

Initial Entry Dates Between / /

And / /

Status ▼

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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History

Slide notes

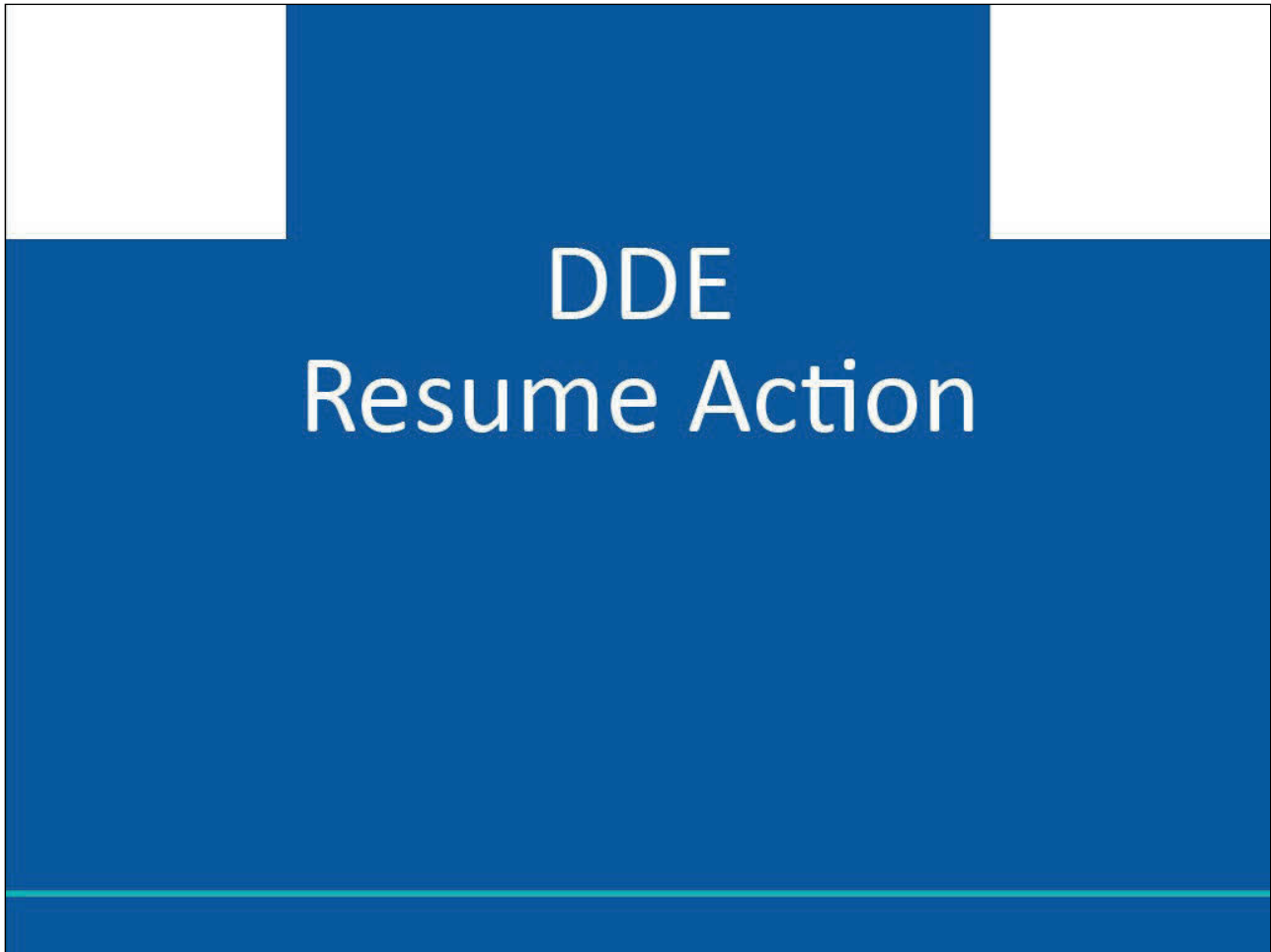
When the Claim Listing page displays, you will see a list of all DDE claim reports that have been entered. Every submitted DDE claim report will receive a Disposition Code.

If the claim report is processed with no errors, the applicable Disposition Code will be returned in this field. If the claim report was not accepted due to errors, a value of SP will be returned in this field.

Please note: If the submitted claim received any Error Codes or Compliance Codes, they will be displayed at the bottom of the Claim Confirmation page.

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Slide 8 of 50 - DDE Resume Action



Slide notes

DDE Resume Action

Slide 9 of 50 - When to Resume Claim Submission

When to Resume Claim Submission


- Save and Exit
 - Allows users to provide and save partial information for a claim report if they do not have all of the information available to complete the claim
- DDE claims can be saved for up to 30 calendar days
 - An incomplete claim must be completed and submitted or it will be deleted

Slide notes


In DDE, [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 submit the claim.

These claims can be saved for up to 30 calendar days. Before the end of the 30-day window, the incomplete claim (i.e., the Saved (Not Submitted) claim) must be completed and submitted or it will be deleted from the system on the 31st day.

Slide 10 of 50 - How to Resume Claim Submission



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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 (30 characters max.)

Claim Number (30 characters max.)

Medicare ID (12 characters max.)

Last Name, First Initial ,

Initial Entry Dates Between / /

And / /

Status

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
[Help About This Page](#)

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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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History

Slide notes

To resume the claims submission process for a claim in Saved (Not Submitted) status, go to the Claim Listing page, locate the specific claim report, and click [Resume]. The Transactions Remaining count will not be impacted.

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Slide 11 of 50 - Injury Information

Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	[Not Defined] ▾	
CMS Date of Injury*	[01] / [01] / [2011]	(MM/DD/YYYY)
Industry Date of Injury	[01] / [02] / [2011]	(MM/DD/YYYY)
State of Venue*	[ALASKA] ▾	

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury Diagnosis Code* E8694 Code Lookup Tool E [E8694] [Apply Code] Search 🔍 Keyword Lookup Tool [] Search 🔍	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)* <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Code</th> <th style="width: 60%;">Description</th> <th style="width: 25%;">Delete</th> </tr> </thead> <tbody> <tr> <td>01550</td> <td>TB of limb bones-unspec</td> <td>✕</td> </tr> <tr> <td>75559</td> <td>Upper limb anomaly NEC</td> <td>✕</td> </tr> <tr> <td>75560</td> <td>Lower limb anomaly NOS</td> <td>✕</td> </tr> </tbody> </table> Code Lookup Tool [] [Add Diagnosis] Search 🔍 Keyword Lookup Tool [] Search 🔍	Code	Description	Delete	01550	TB of limb bones-unspec	✕	75559	Upper limb anomaly NEC	✕	75560	Lower limb anomaly NOS	✕	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.
Code	Description	Delete											
01550	TB of limb bones-unspec	✕											
75559	Upper limb anomaly NEC	✕											
75560	Lower limb anomaly NOS	✕											

QUICK HELP

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj M	M
Inj Grnd Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind inj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	AA
Ins Type Cd	Not Defined

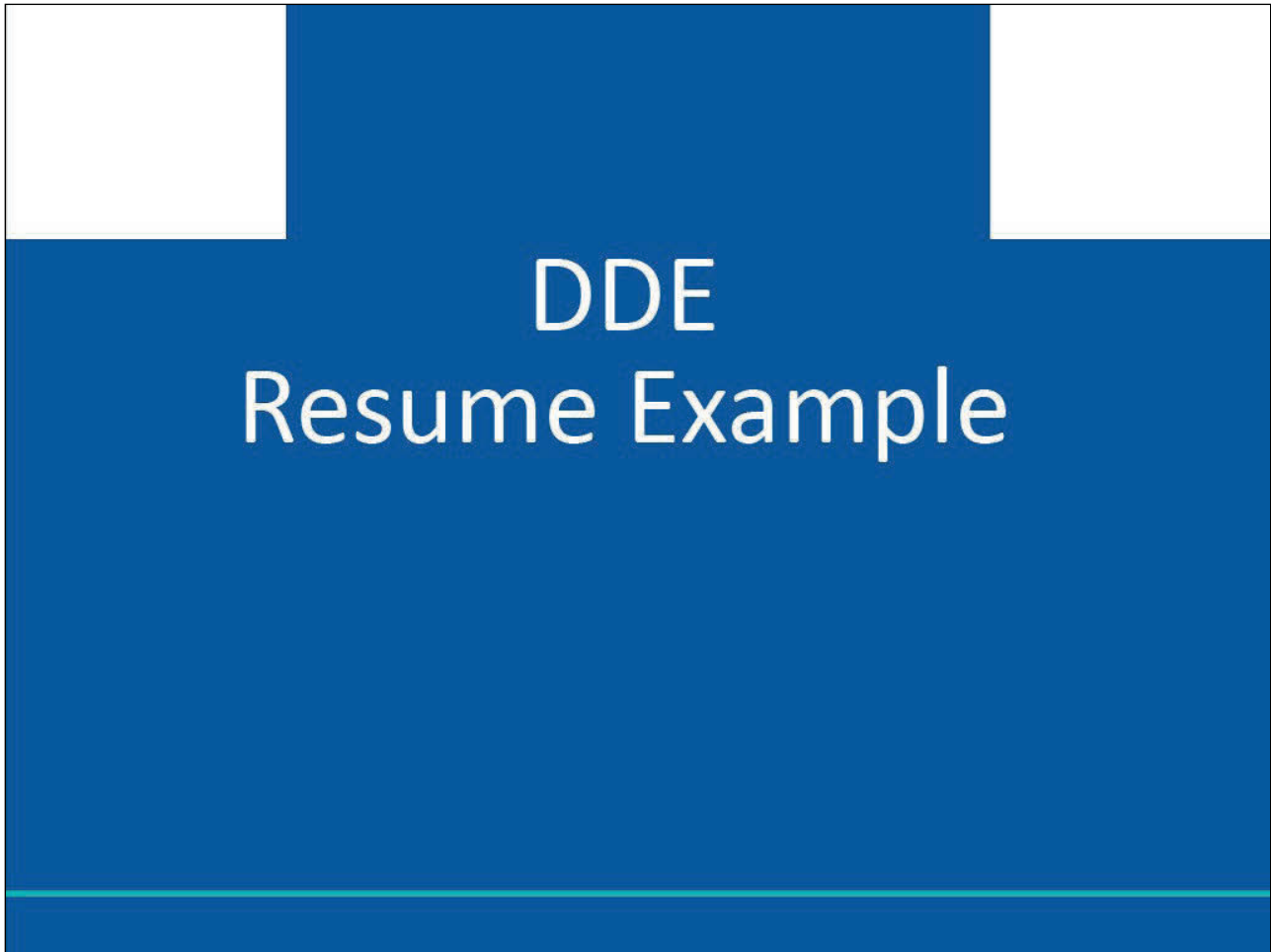
Slide notes

The Injury Information page will display for the selected claim regardless of the last page that was completed and saved. Use the [Prev] and [Next] buttons to access any pages you need to complete, making sure to click [Save] before going to the next page.

After all pages are completed, the Claim Confirmation page displays where you can submit the claim.

Note: The [Prev] button is not available on the Injury Information page.


Slide 12 of 50 - DDE Resume Example




Slide notes

DDE Resume Example

Slide 13 of 50 - Insurance Information



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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: 20%;" type="text"/>	(9 characters max.)	
Policy Number*	<input style="width: 30%;" type="text"/>	(30 characters max.)	
Claim Number*	<input style="width: 30%;" 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: 10%;" type="text"/> - <input style="width: 10%;" 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"/>
Foreign Address 3	<input style="width: 100%;" type="text"/>
Foreign Address 4	<input style="width: 100%;" type="text"/>

If the Insurer is submitting Recovery Agent Information

Recovery Agent Mailing Name	<input style="width: 100%;" type="text"/>
Recovery Agent Mailing Address 1	<input style="width: 100%;" type="text"/> (Street number and street name)

QUICK HELP

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj M	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind nj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

Slide notes


Let’s say you begin to enter a new DDE claim report. When you get to the Insurance Information page in the New Claim entry process, you realize that you do not have the RRE’s TIN.

Since you need to research this information, you click [Save & Exit] to save all of the information you have entered. When you locate the correct RRE TIN, you can complete the New Claim entry.


Note: You can use the [Save & Exit] option as often as necessary but must remember to submit saved claims within 30 calendar days from the date the claim was first saved.

Saved claims that are not submitted within 30 calendar days will be deleted.

Slide 14 of 50 - 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
[Help About This Page](#)

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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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume History Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update History Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update History Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update History Delete History

Slide notes

Once you have the RRE TIN, you can complete the claim by clicking [Resume] on the Claim Listing page for the previously saved claim report.

Slide 15 of 50 - Injury Information

Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	Not Defined	
CMS Date of Injury*	01 / 01 / 2011	(MM/DD/YYYY)
Industry Date of Injury	01 / 02 / 2011	(MM/DD/YYYY)
State of Venue*	ALASKA	

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury Diagnosis Code*	E8694	
Code Lookup Tool	E <input type="text" value="E8694"/> <input type="button" value="Apply Code"/> <input type="button" value="Search"/>	
Keyword Lookup Tool	<input type="text"/> <input type="button" value="Search"/>	

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.

	Code	Description	Delete
Diagnosis Codes (up to 19)*	01550	TB of limb bones-unspec	X
	75559	Upper limb anomaly NEC	X
	75560	Lower limb anomaly NOS	X

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.

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"/>

QUICK HELP

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Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj M	M
Inj Grndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind inj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	AA
Ins Type Cd	Not Defined


Slide notes

The Injury Information page will display for the selected claim, regardless of the last page that was completed and saved. Continue to click [Next] until you arrive at the Insurance Information page.

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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"/>	<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: 100%;" type="text"/>	(9 characters max.)	
Policy Number*	<input style="width: 100%;" type="text"/>	(30 characters max.)	
Claim Number*	<input style="width: 100%;" 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: 100%;" type="text"/>	Not Defined ▼	<input style="width: 100%;" type="text"/> - <input style="width: 100%;" 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"/>
Foreign Address 3	<input style="width: 100%;" type="text"/>
Foreign Address 4	<input style="width: 100%;" type="text"/>

If the Insurer is submitting Recovery Agent Information

Recovery Agent Mailing Name	<input style="width: 100%;" type="text"/>
Recovery Agent Mailing Address 1	<input style="width: 100%;" type="text"/> (Street number and street name)

QUICK HELP

Help About This Page

Transactions Remaining

92

Claim:

Reporter ID	321
Claim ID	0
Claim Add Dt	02/11/2011
Status Cd	Saved Not Submitted
Medicare ID	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj M	M
Inj Gndr Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind nj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability


Slide notes

Enter the TIN, making sure to click [Save] before going to the next page. Advance to the Claim Confirmation page.

Slide 17 of 50 - Claim Confirmation

First Name	FIRST	First Name	
Middle Initial	M	Last Name	
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	####		

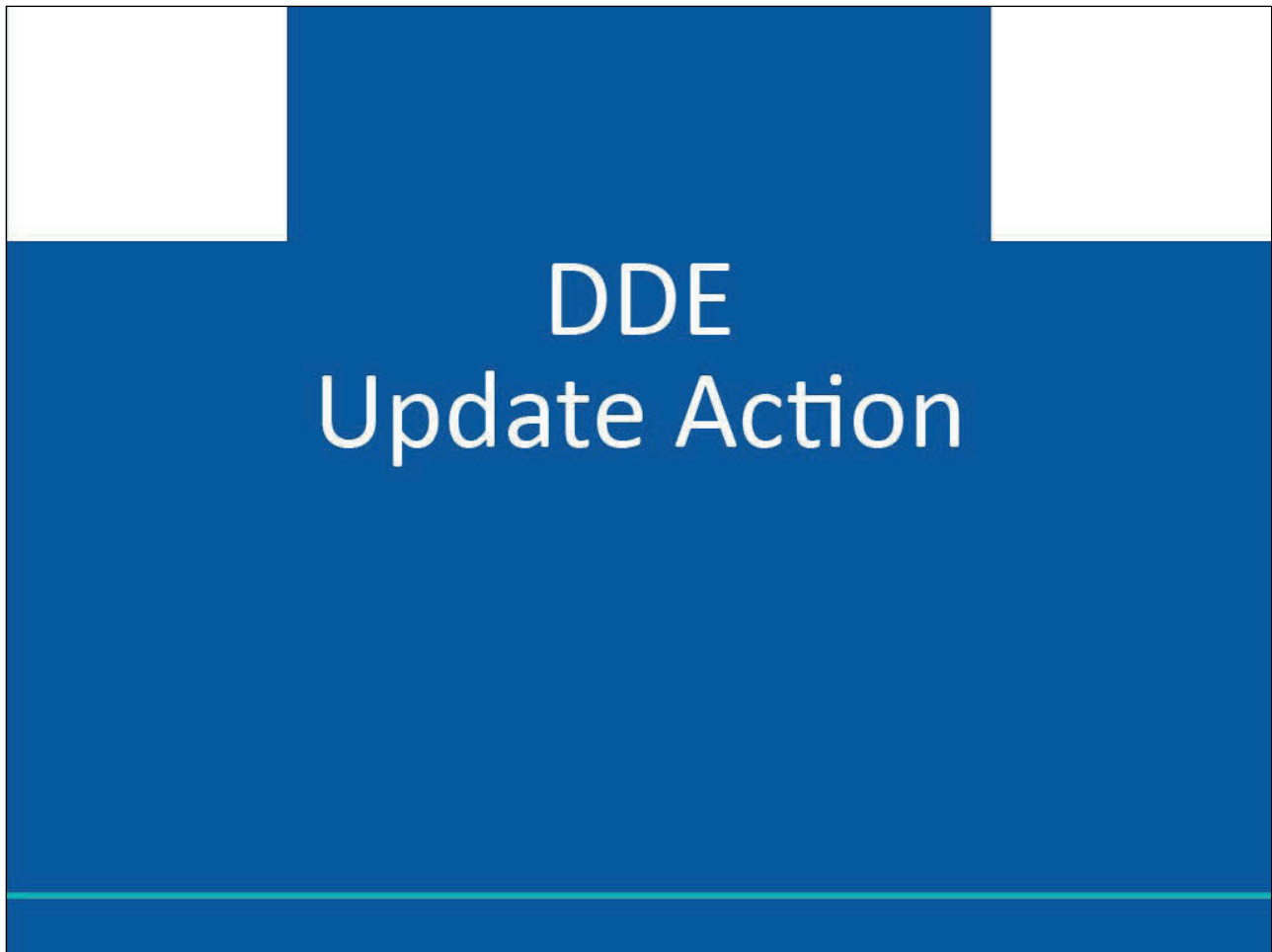
Claimant 2 <input type="button" value="Edit..."/>		Claimant Representative 2 <input type="button" value="Edit..."/>	
Relationship	Estate, Individual Name Provided	Type	None
TIN	#####	TIN	
First Name	FIRST	First Name	
Middle Initial	M	Last Name	
Last Name	LAST	Organization Name	
Organization Name		Address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


 Tips on the above buttons - (1) Submit will not appear if (a) transactions remaining is zero; (b) status is New; or (c) Status is Deleted. (2) Save will not appear if status is Deleted. (3) Submit Changes replaces Save Updates for existing claims with Status of New.

Slide notes

When the Claim Confirmation page displays, verify that all information has been entered completely and accurately and then scroll to the bottom of the page and click [Submit Claim].

Slide 18 of 50 - DDE Update Action



Slide notes

DDE Update Action

Slide 19 of 50 - When to Submit an Update

When to Submit an Update

- For claim reports that received an SP Disposition Code
- For open ORM claims which previously received 03 Disposition Code when the injured party becomes covered by Medicare
- To modify information critical to Medicare claims payment and recovery
- Required if **critical** fields are modified
 - ICD Diagnosis Codes
 - TIN
 - TPOC Date(s) and/or TPOC Amount(s)
 - Claimant Information
 - ORM Termination Date
- Note: When data in **key** data field changes, you will not submit an update
 - Previously accepted claim report must be deleted
 - New claim report must be added with corrected information

Slide notes

An update should be submitted for claim reports that received an SP Disposition Code once the claim has been corrected, for open Ongoing Responsibility for Medicals (ORM) claims which previously received a 03 Disposition Code (i.e., claim report for individual matched to a Medicare beneficiary but outside Medicare coverage period), when the injured party becomes covered by Medicare; and, to modify information critical for use by Medicare in its claims payment and recovery processes.

If information in a critical data field changes on any previously submitted and accepted claim report that received a 01 or 02 disposition, you must modify the claim report immediately.


The following are critical data fields: ICD (International Classification of Diseases) Diagnosis Codes, TIN (Tax Identification Number), TPOC (Total Payment Obligation to Claimant) Date(s) and/or TPOC Amount(s), Claimant Information, and ORM Termination Date. You are not required to send updated information for other fields.

For additional information on Disposition or Error Codes, please refer to the NGHP User Guide.


Please note: When data in one or more of the key fields that are used to uniquely identify claims on a previously accepted claim report needs to be corrected, you will not update the claim.

In this case, the previously accepted claim report must be deleted, and a new claim must be added with the corrected information.

Slide 20 of 50 - How to Submit an Update



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.

DCN

Policy Number (30 characters max.)

Claim Number (30 characters max.)

Medicare ID (12 characters max.)

Last Name, First Initial ,

Initial Entry Dates Between / /

And / /

Status

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.

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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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History

Slide notes

When an update is required, go to the Claim Listing page, locate the specific claim report and click [Update].

If the claim report selected is in a New Status, the Transactions Remaining count will not be impacted. If the claim report selected is in a Completed Status, the Transactions Remaining count will be decreased by one.

Please Note: If a claim report is returned to you with an SP Disposition Code and associated error and subsequently you update and re-submit this report to correct the error, the Transactions Remaining count will not decrease.

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Slide 21 of 50 - Claim Confirmation

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](#)

QUICK HELP

[Help About This Page](#)

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 Grndr 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	
DBA Name	
Legal Name	
Ins Type Cd	Liability
Ins TIN	#####
Policy Number	345345
Claim Number	456456
Ins Name	#####
Ins Addr1	#####
Ins Addr2	
Ins City	Orangeville
Ins State	ALASKA
Ins Zip5	45645
Ins Zip4	4564
Rec Agt Name	#####
Rec Agt Addr1	#####
Rec Agt Addr2	
Rec Agt City	Orangeville
Rec Agt State	ALASKA
Rec Agt Zip5	45645
Rec Agt Zip4	4564
Ins Fa1	
Ins Fa2	
Ins Fa3	
Ins Fa4	
Plan Ct Dept	
Plan Ct LName	
Plan Ct FName	
Plan Ct Ext	
NF Lim Amt	0.0
Rep Type Cd	Attorney

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
TPOC 1 Amount	\$5000.00
TPOC 1 Delay Date	
TPOC 2 Date	02/10/2011
TPOC 2 Amount	\$500.00
TPOC 2 Delay Date	

Insurance Edit...

Does the reportable event involve self-insurance?	No
Self Insured Type	Not Defined
Policyholder First Name	
Policyholder Last Name	
DBA Name	
Legal Name	
TIN	#####
Policy Number	345345
Claim Number	456456
RRE Mailing Name	#####
RRE Mailing Address 1	#####
RRE Mailing Address 2	
RRE Mailing City	#####
RRE Mailing State	AA
RRE Mailing Zip5	45645
RRE Mailing Zip4	4564
Recovery Agent Mailing Name	#####
Recovery Agent Mailing Address 1	#####
Recovery Agent Mailing	

Slide notes

Once the [Update] Action is selected, the Claim Confirmation page will display a detailed view of all information that was previously entered for the selected claim report. A section of this page is displayed here.

You may not edit the Injured Party Information because these fields are considered key data fields. If data needs to be changed for any of these fields, delete the original claim report and add a New Claim report with the corrected information.

You may edit information on all other pages with the exception of the Insurance Type and CMS Date of Injury fields.

To begin the edit process, click [Edit] next to the Injury section. This will return you to the Injury Information page.

Page 23 of 53

Slide 22 of 50 - Injury Information

Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	<input type="text" value="Not Defined"/>	
CMS Date of Injury*	<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>	(MM/DD/YYYY)
Industry Date of Injury	<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>	(MM/DD/YYYY)
State of Venue*	<input type="text" value="ALASKA"/>	

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury Diagnosis Code*	<input type="text" value="E8694"/>	
Code Lookup Tool	<input type="text" value="E"/> <input type="text" value="E8694"/> <input type="button" value="Apply Code"/> <input type="button" value="Search"/>	
Keyword Lookup Tool	<input type="text"/> <input type="button" value="Search"/>	

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.

	Code	Description	Delete
Diagnosis Codes (up to 19)*	01550	TB of limb bones-unspec	✕
	75559	Upper limb anomaly NEC	✕
	75560	Lower limb anomaly NOS	✕

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.

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"/>	

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	#####
Inj Last Name	LAST
Inj First Name	FIRST
Inj M	M
Inj Grnd Cd	Female
Inj DOB	#####
Cms Inj Dt	01/01/2011
Ind inj Dt	01/02/2011
Col Diag Cd	E8694
Venue State	AA
Ins Type Cd	Not Defined

Slide notes

When the Injury Information page displays, all fields will be open for editing except for the Insurance Type and CMS Date of Injury fields if the claim is in Completed or In Process status.


Once you are on this page, you can advance to any page that needs corrections. After making the necessary changes, click [Save] to save the changes, and then click [Next] until you navigate back to the Claim Confirmation page.

Note: [Save & Exit] will save what you have entered on the current page and return you to the Claim Listing page.

Slide 23 of 50 - Claim Confirmation

First Name	FIRST	Last Name	
Middle Initial	M	Organization Name	AAAAAAAAAAAA
Last Name	LAST	Address 1	AAAAAAAAAAAA
Organization Name		Address 2	
Address 1	AAAAAAAAAAAA	City	AAAAAAAAAAAA
Address 2		State	AA
City	AAAAAAAAAAAA	Zip5	####
State	AA	Zip4	4564
Zip5	####	Phone	#####
Zip4	####	Extension	####
Phone	#####		
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	####		


 Tips on the above buttons - (1) Submit will not appear if (a) transactions remaining is zero; (b) status is New; or (c) Status is Deleted. (2) Save will not appear if status is Deleted. (3) Submit Changes replaces Save Updates for existing claims with Status of New.

Slide notes

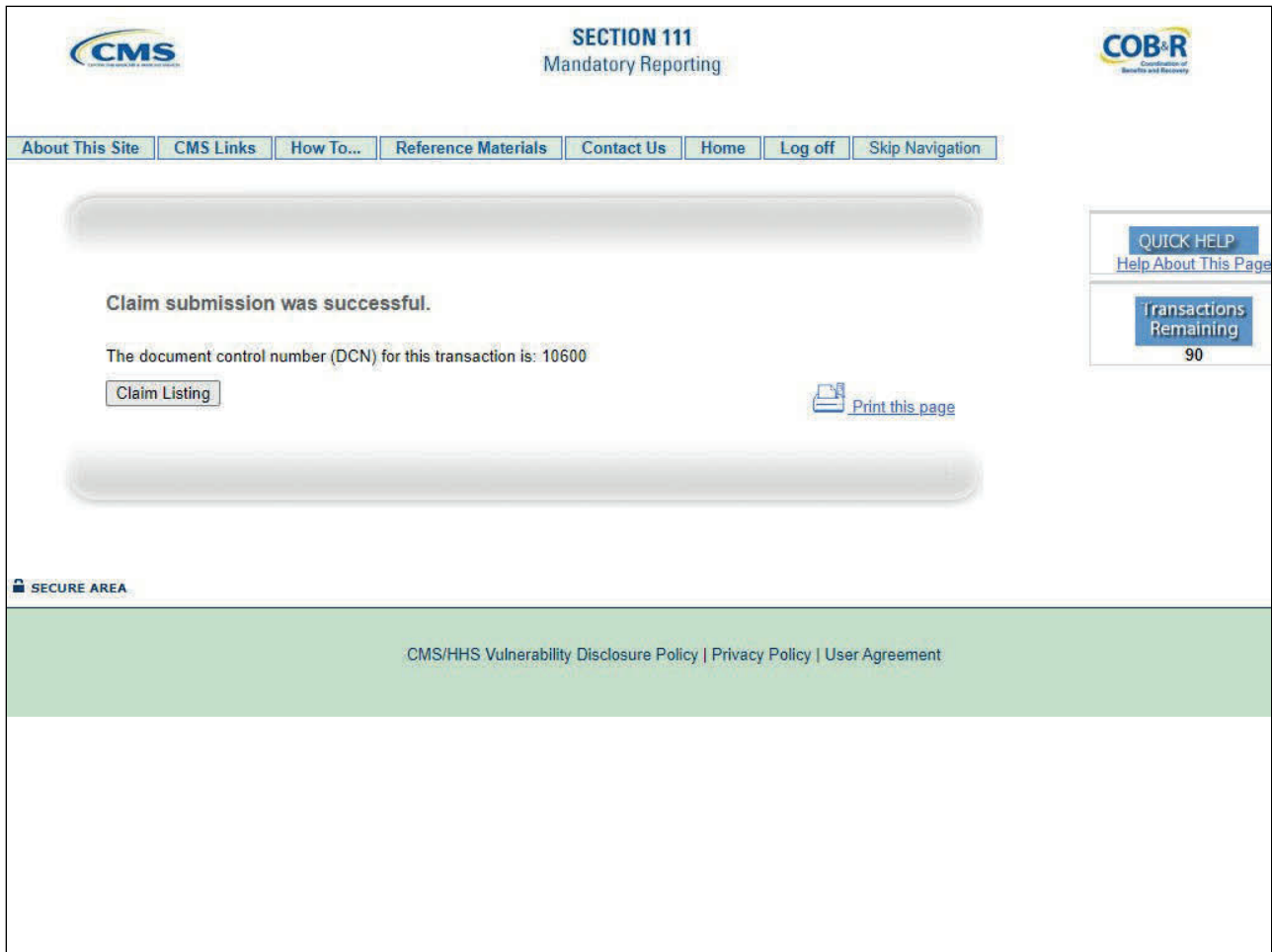
When you have returned to the Claim Confirmation page, verify that all updates have been made and then scroll to the bottom of the Claim Confirmation page.

If you want to save the claim and submit it at a later time, click [Save Updates]. To submit the claim, click [Submit Claim].

Note: If you click [Cancel], and have no changes pending (i.e., you saved your changes), the system will bring you directly to the Claim Listing page.

If you click Cancel and you have not yet saved your changes, the Cancel Edit page displays. If you click [Cancel] on this page, the modifications you made will be lost.

Slide 24 of 50 - Claim Submission was Successful

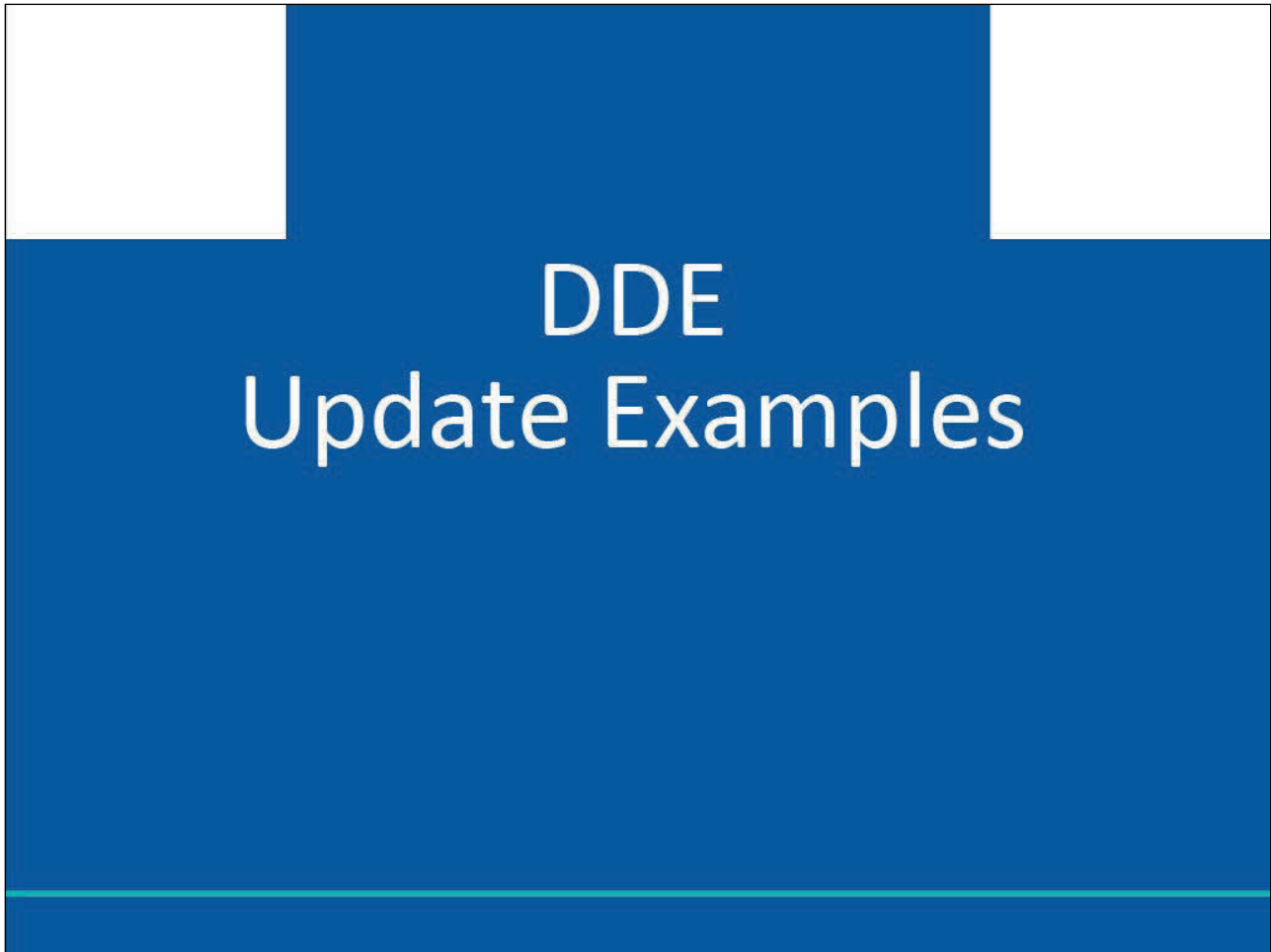


Slide notes

Once the claim has been submitted, the system will display the “Claim submission was successful” message.

Retain the Document Control Number (DCN) for your records. The DCN will be helpful if you need to search for the claim at a later time. Click [Claim Listing] to return to the Claim Listing page.

Slide 25 of 50 - DDE Update Examples



Slide notes

DDE Update Examples

Slide 26 of 50 - SP Disposition Code Example

SP Disposition Code Example

- Submitted claim report processes with an SP Disposition
 - Must be corrected and re-submitted
- To submit the required update
 - Go to Claim Listing page and click [Update]
 - Click [Edit] next to the page that requires the correction
 - Advance to any page that needs corrections
 - Once the revision has been made, click [Save] to save the changes and then [Next] to navigate back to the Claim Confirmation page

Slide notes

Let's say you submit a claim report that processes with an SP Disposition. Since the claim report was not accepted due to errors, you must correct and re-submit it.

To submit the required update, go to the Claim Listing page and click [Update] for the specific claim report. When the Claim Confirmation page displays, click [Edit] for the page that requires a correction.

The selected page will display with all fields open for editing except for the Insurance Type and Date of Injury.

Once the correction has been made, click [Save] to save the changes and then click [Next] to navigate back to the Claim Confirmation page.

Slide 27 of 50 - Claim Confirmation

First Name	FIRST	Last Name	
Middle Initial	M	Organization Name	AAAAAAAAAAAA
Last Name	LAST	Address 1	AAAAAAAAAAAA
Organization Name		Address 2	
Address 1	AAAAAAAAAAAA	City	AAAAAAAAAAAA
Address 2		State	AA
City	AAAAAAAAAAAA	Zip5	####
State	AA	Zip4	4564
Zip5	####	Phone	#####
Zip4	####	Extension	####
Phone	#####		
Extension	####		

Bottom of Claim Confirmation Screen

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	####		

Tips on the above buttons - (1) Submit will not appear if (a) transactions remaining is zero; (b) status is New; or (c) Status is Deleted. (2) Save will not appear if status is Deleted. (3) Submit Changes replaces Save Updates for existing claims with Status of New.

Slide notes

When the Claim Confirmation page displays, you have the option to save the claim report and submit it at a later time, cancel all updates made since the last time the claim report was saved, or to submit the claim report.

Once the claim is submitted, retain the updated DCN for your records.

Slide 28 of 50 - ORM and TPOC Information

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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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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
ORM Ind	No
Ins Type Cd	Liability

Slide notes

If the submitted claim report with a 03 Disposition Code did not have ORM, you are required to submit an update only if there is a subsequent TPOC.

From the Claim Confirmation page for the affected claim report, click [Edit] for the ORM and TPOC Information page.

When the ORM and TPOC Information page displays, add the new TPOC Date and TPOC Amount in the first available TPOC fields.

All other data elements should remain as they were originally submitted, including the ORM Indicator set to No.

Once the data has been entered, click [Save] to save the changes and then click [Next] to navigate back to the Claim Confirmation page where you can either save the claim to submit it at a later time, or you can submit the claim.

Note: Enter the date the ORM ended, if applicable. This field is enabled only if ORM Terminated is set to Yes.

The ORM Termination Date must be greater than the CMS Date of Injury. Future dates are accepted.

Note: To address situations where Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contract, RREs can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date.

Slide 29 of 50 - 03 Disposition Code - ORM Example

03 Disposition Code - ORM Example

- Claim report must be resubmitted at regular intervals
 - Once per quarter until ORM ends to see if the beneficiary became entitled to Medicare
 - From Claim Listing page, click [Update] for specific claim report

Slide notes

If the submitted claim report with a 03 Disposition Code did have ORM, you must resubmit the claim at regular intervals, once per quarter until ORM ends, to see if the beneficiary has subsequently become entitled to Medicare, at which point they would receive a 01 Disposition.

To submit the required update, go to the Claim Listing page and click [Update] for the specific claim report.

Slide 30 of 50 - Claim Confirmation

First Name	FIRST	Last Name	
Middle Initial	M	Organization Name	AAAAAAAAAAAA
Last Name	LAST	Address 1	AAAAAAAAAAAA
Organization Name		Address 2	
Address 1	AAAAAAAAAAAA	City	AAAAAAAAAAAA
Address 2		State	AA
City	AAAAAAAAAAAA	Zip5	####
State	AA	Zip4	4564
Zip5	####	Phone	#####
Zip4	####	Extension	####
Phone	#####		
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	####		

 Tips on the above buttons - (1) Submit will not appear if (a) transactions remaining is zero; (b) status is New; or (c) Status is Deleted. (2) Save will not appear if status is Deleted. (3) Submit Changes replaces Save Updates for existing claims with Status of New.

Slide notes

When the Claim Confirmation page displays, scroll to the bottom of the page and click [Submit Claim].

Slide 31 of 50 - Critical Data Fields - Example

Critical Data Fields - Example

- Workers' Compensation claim report with ORM was submitted and accepted
 - ORM ends 08/30/2011, you must update claim report
 - From the Claim Confirmation page for the affected claim report, click [Edit] for the ORM and TPOC Information section

Slide notes

Let's say you submitted a DDE Workers' Compensation claim report, that was accepted. The RRE assumed ORM (i.e., ORM Indicator = 'Y') on this claim report.

The RRE's ongoing responsibility will end on August 30, 2011. You must update the previously accepted claim report with the ORM Termination Date.

From the Claim Confirmation page for the affected claim report, click [Edit] for the ORM and TPOC Information section.

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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"/>

Prev Save Save & Exit Cancel Next

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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
CoI Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

Slide notes

When the ORM and TPOC Information page displays, first click [Yes] for “Is the ORM Terminated?” Next, enter 08302011 in the ORM Termination Date.

All other data elements should remain as they were originally submitted.

Once the data has been entered, click [Save] to save the changes and then click [Next] to navigate back to the Claim Confirmation page where you can either save the claim to submit it at a later time, or you can submit the claim.

Slide 33 of 50 - ORM and TPOC Information

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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"/>		
2.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		
3.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		
4.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		
5.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		

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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
CoI Diag Cd	E8894
Venue State	AA
ORM Ind	No
Ins Type Cd	Liability

Slide notes

If the RRE reassumes ORM for this claim report at a later date, you will again update the ORM and TPOC Information page.

When the ORM and TPOC Information page displays, click [No] in the “Is the ORM Terminated?” field which will erase the ORM Termination Date. You must then save your changes and submit the claim.

Slide 34 of 50 - Injury Information

Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	Not Defined					
CMS Date of Injury*	01	/	01	/	2011	(MM/DD/YYYY)
Industry Date of Injury	01	/	02	/	2011	(MM/DD/YYYY)
State of Venue*	ALASKA					

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury
 Diagnosis Code* E8694

Code Lookup Tool E E8694

Keyword Lookup Tool

	Code	Description	Delete
Diagnosis Codes (up to 19)*	01550	TB of limb bones-unspec	X
	75559	Upper limb anomaly NEC	X
	75560	Lower limb anomaly NOS	X

Code Lookup Tool

Keyword Lookup Tool

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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	E8694
Venue State	AA
Ins Type Cd	Not Defined

Slide notes

When an additional Diagnosis Code needs to be added, you are required to update the claim report. To make this change, go to the Claim Confirmation page for the affected claim report and click [Edit] next to the Injury heading.

When the Injury Information page displays, enter the new Diagnosis Code and click [Add Diagnosis] or click [Search] to find the correct Diagnosis Code.

Once the data has been entered, click [Save] to save the changes and then click [Next] to navigate back to the Claim Confirmation page where you can either save the claim to submit it at a later time, or you can submit the claim.

Note: You cannot submit a combination of ICD-9 and ICD-10 diagnosis codes on one claim.

If you need to change the selected Diagnosis Code Indicator, you must first delete all existing diagnosis codes before you will be allowed to change the Diagnosis Code Indicator.

Slide 35 of 50 - Injury Information

Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	Not Defined	
CMS Date of Injury*	01 / 01 / 2011	(MM/DD/YYYY)
Industry Date of Injury	01 / 02 / 2011	(MM/DD/YYYY)
State of Venue*	ALASKA	

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury
 Diagnosis Code* E8694

Code Lookup Tool E E8694

Keyword Lookup Tool

	Code	Description	Delete
Diagnosis Codes (up to 19)*	01550	TB of limb bones-unspec	X
	75559	Upper limb anomaly NEC	X
	75560	Lower limb anomaly NOS	X

Code Lookup Tool

Keyword Lookup Tool

QUICK HELP
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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	E8694
Venue State	AA
Ins Type Cd	Not Defined

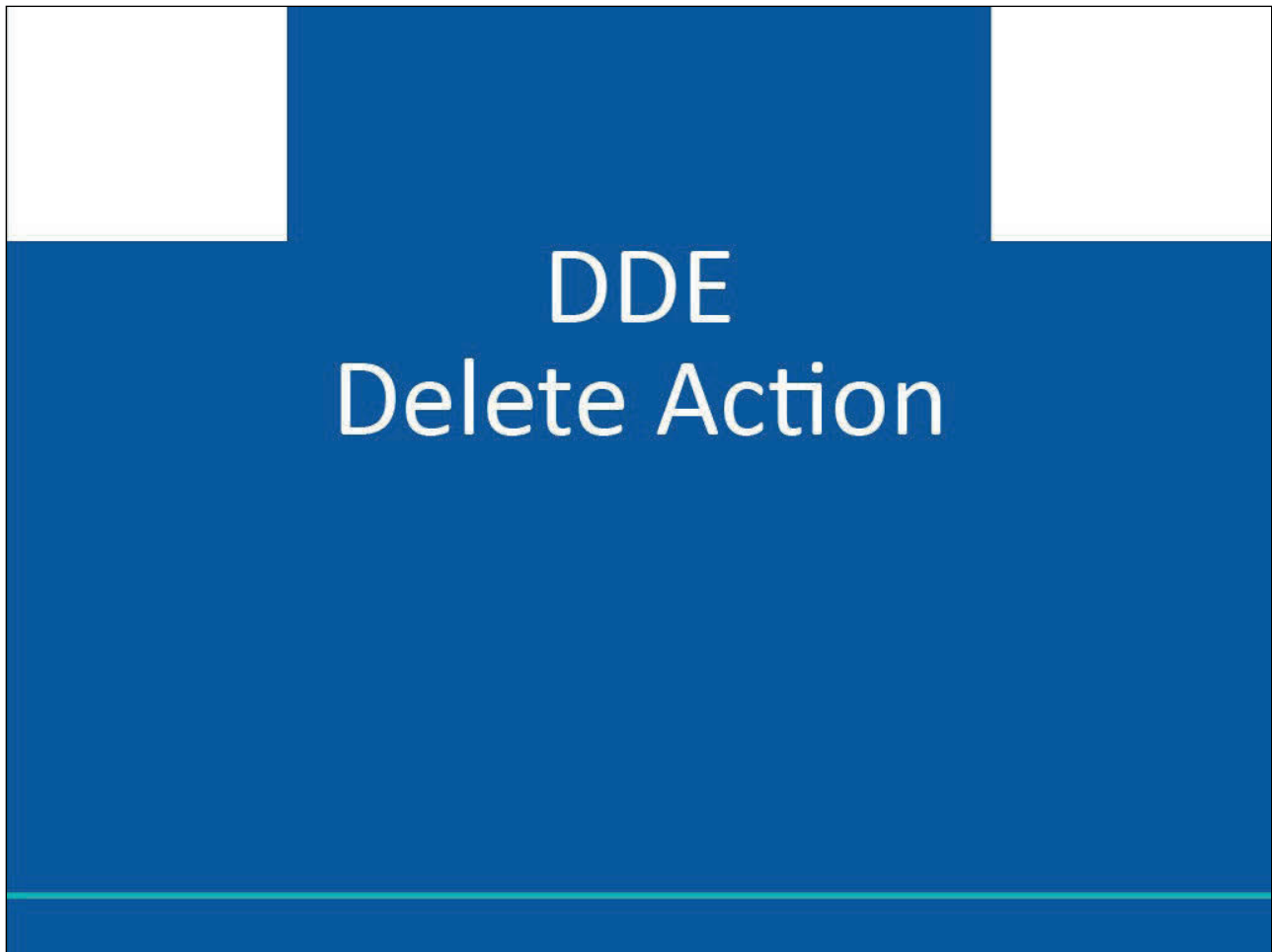
Slide notes

If a previously submitted and accepted claim report includes a Diagnosis Code that is later determined to not apply, or no longer applies to the claim, it must be removed.

In this case, you are again required to update the Injury Information page. Once on the Injury Information page, click the [X] next to the invalid Diagnosis Code.

Once all changes have been made, save your changes and submit the claim report.

Slide 36 of 50 – DDE Delete Action



Slide notes

DDE Delete Action

Slide 37 of 50 - When to Submit a Delete

When to Submit a Delete

- To remove a Saved (Not Submitted) claim report that was entered in error
- To remove claim information previously accepted but the claim report was submitted in error
- To correct data in one or more key fields used to uniquely identify claims on a previously accepted claim report

Slide notes

The Delete Action should only be used in the following situations:

- To remove a Saved (Not Submitted) claim report that was entered in error;
- To remove claim information that was previously submitted and accepted by the Benefits Coordination & Recovery Center (BCRC) (i.e., the claim report received a 01 or 02 Disposition), but the original claim report was submitted in error (e.g., the claim was not actually settled); and
- To correct data in one or more of the key fields that are used to uniquely identify claims on a previously accepted claim report.

Slide 38 of 50 - Correcting Key Data Fields

Correcting Key Data Fields

- Medicare stores information on claims using key data fields
- If a change is required to a key data field
 - Delete the original claim report
 - Submit a New Claim with corrected data
- Key data fields
 - Injured Party Medicare ID or SSN
 - CMS Date of Incident
 - Plan Insurance Type (Liability, No-Fault, Workers' Compensation)
 - ORM Indicator
- If any other field needs to be corrected or changed
 - Simply update the claim report to modify the non-key field


**Slide notes**

Medicare stores information on claims using key data fields. If you need to change data in any of the following key data fields, you must delete the original claim report and submit a New Claim with the corrected data:


- Injured Party Medicare ID or Social Security Number (SSN),
- CMS Date of Incident,
- Plan Insurance Type (i.e., Liability, No-Fault, Workers' Compensation), and
- ORM Indicator.

If any other field needs to be corrected or changed, do not delete the claim report. Simply update the claim report to modify the non-key field as described previously.

Slide 39 of 50 - How to Submit a Delete



How to Submit a Delete



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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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Search

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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History

Slide notes

From the Claim Listing page, click the [Delete] Action for the specific claim report.

Please Note: If the Claim Report selected is in a Completed status, the Transactions Remaining count will be decreased by one.

If the claim report selected is in a New status, the Transactions Remaining count will not be impacted.

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Slide 40 of 50 - Claim Listing

The screenshot shows the CMS Section 111 Mandatory Reporting interface. At the top left is the CMS logo. The page title is "SECTION 111 Mandatory Reporting". A navigation bar contains links: "About This Site", "CMS Links", "How To...", "Reference Materials", "Contact Us", "Home", "Log off", and "Skip Navigation". Below the navigation bar is a large greyed-out area. The main content area displays a "Delete Claim?" dialog box. The dialog text reads: "Deleting a claim will reduce your transactions remaining by one. Are you certain you wish to delete the claim for injured party WANDA P. CARR, claim number 456456?". Below the text are "Delete" and "Cancel" buttons. To the right of the dialog is a "Print this page" button. On the right side of the page, there is a "QUICK HELP" section with a link "Help About This Page" and a "Transactions Remaining" section showing the number "91". At the bottom left, there is a "SECURE AREA" indicator. At the bottom center, there is a green bar containing links: "CMS/HHS Vulnerability Disclosure Policy | Privacy Policy | User Agreement".

Slide notes

When the [Delete] Action is clicked, the system will display the Delete Claim page where you must confirm the delete.

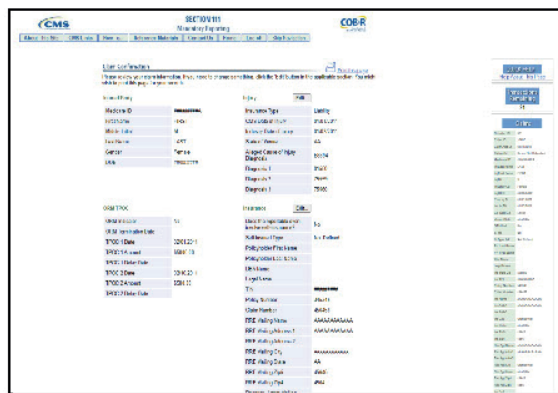
If you click [Delete], the claim report will be marked as deleted and the Deletion Confirmed page will display an updated Document Control Number, which should be saved for your records.

The previous DCN is no longer valid for the claim record. Click [OK] to return to the Claim Listing page.

Slide 41 of 50 - How to View a Deleted Claim

How to View a Deleted Claim

- Information for deleted DDE claim reports can be viewed on the Section 111 COBSW
- To view deleted claim information
 - Click the [View] link in the Actions field for the claim



- After viewing the deleted claim information, click [Cancel] to return to the Claim Listing page

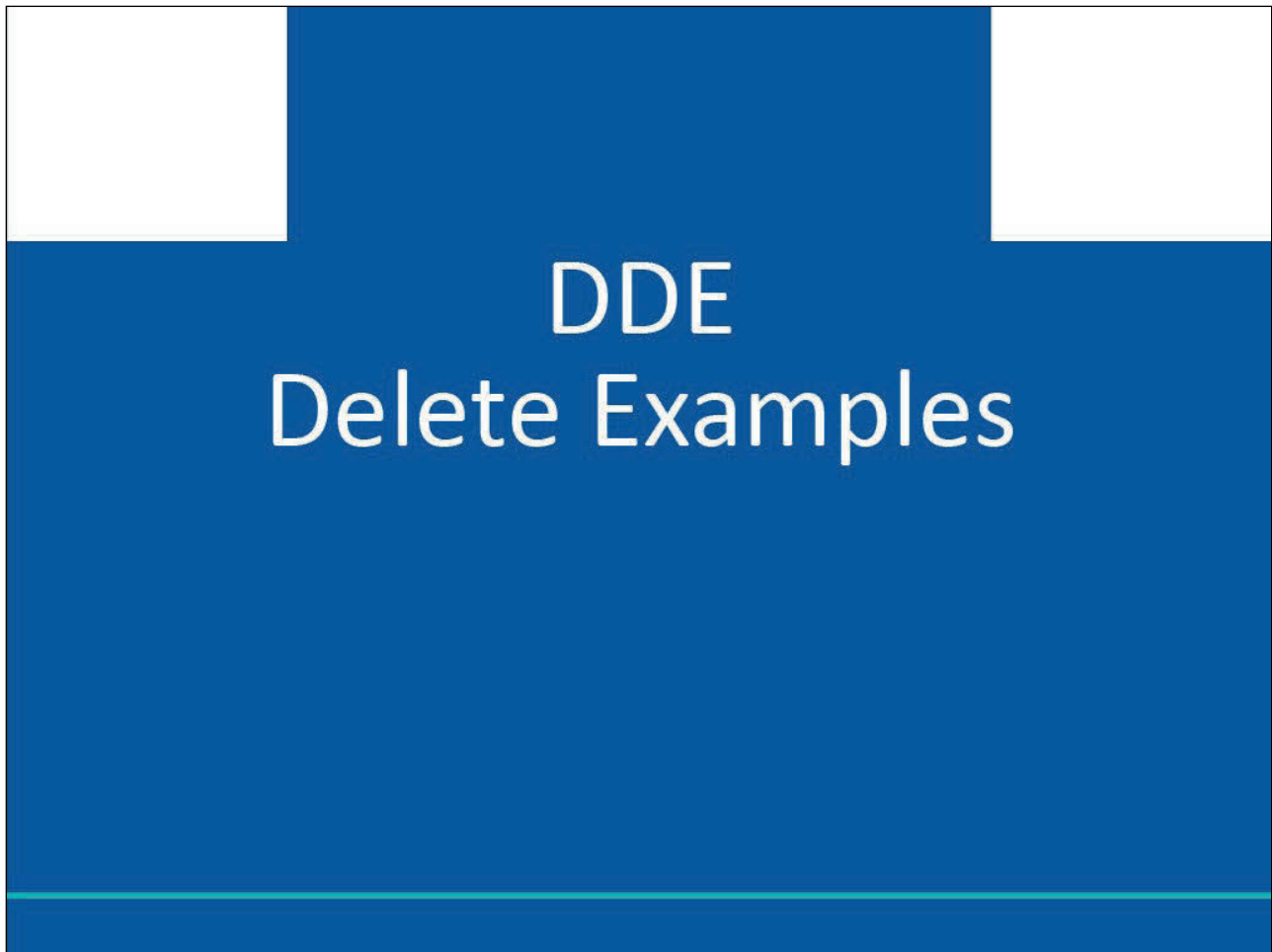
Slide notes

The information entered for DDE claim reports that were Deleted can still be viewed on the Section 111 COBSW.

To view deleted claim information, go to the Claim Listing page and click the [View] Action field for the particular claim. The Claim Confirmation page will then display information for the deleted claim, with all fields locked for editing.

After viewing the deleted claim information, click [Cancel] to return to the Claim Listing page.

Slide 42 of 50 - DDE Delete Examples



Slide notes

DDE Delete Examples

Slide 43 of 50 - Key Data Fields - Example

Key Data Fields - Example

- Claim report with ORM was submitted and accepted with a 01 Disposition Code
- Subsequently, the RRE changes the CMS Date of Incident, a key data field
 - Previously added claim report must be deleted
 - New Claim must be added with correct CMS Date of Incident
- Delete should only be used to
 - Remove an entire record that was created in error or
 - Correct a key field

Slide notes


A claim report was submitted for a liability insurance claim with ORM by an RRE. It was accepted with a 01 Disposition Code (i.e., claim accepted and ORM).

Subsequently, the RRE changes the CMS Date of Incident (DOI) in its internal system.


Because the CMS Date of Incident is a key data field, the RRE must delete the previously added claim report and add a new claim report with the correct CMS Date of Incident.

Note: [Delete] should only be used to remove an entire record that was created in error or to correct a key field. The use of the [Delete] button will remove all previously entered data.

Slide 44 of 50 - 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](#)

QUICK HELP
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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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History


Slide notes

To submit the required delete, go to the Claim Listing page and click the [Delete] Action for the particular claim. When the Delete Confirmation page displays, confirm the delete by clicking [Delete].


Click [OK] to return to the Claim Listing page.

The original claim report will be marked as deleted on the Claim Listing page. When the claim report is deleted, the Transactions Remaining count will be decreased by one.

Slide 45 of 50 - 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 (30 characters max.)

Claim Number (30 characters max.)

Medicare ID (12 characters max.)

Last Name, First Initial ,

Initial Entry Dates Between / /

And / /

Status ▼

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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Transactions Remaining
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Search New Claim...

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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume Delete History
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update Delete History
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update Delete History
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update Delete History

Slide notes

When the Claim Listing page displays, click [New Claim] to add the new claim report with the corrected CMS Date of Incident.

When entering the data for the New Claim, enter the most current information you have for the Injured Party's Name, Date of Birth, and Gender along with all other required data elements including the new CMS Date of Incident.

When the New Claim is entered, the Transactions Remaining count will be decreased by one.

Each claim report will be processed with the applicable Disposition Code. The original claim report will be marked as deleted on the Claim Listing page and the new claim report will be added with the corrected CMS Date of Incident.

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Slide 46 of 50 - Claim Report Added in Error - Example

Claim Report Added in Error - Example

- Claim report with no ORM was accepted with a 02 Disposition Code
 - RRE discovers that the claim is not settled
 - RRE must delete the previously accepted claim report


Slide notes

Let's say a claim report was submitted for a settled liability claim with no ORM and was accepted with a 02 Disposition Code (i.e., claim accepted, no ORM).


Subsequently, the RRE discovers that there is no settlement, judgment, award, or other payment with respect to the claim. Therefore, there is no TPOC, and the claim is not yet reportable.

The RRE must delete the previously accepted claim report.

Slide 47 of 50 - 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 (30 characters max.)

Claim Number (30 characters max.)

Medicare ID (12 characters max.)

Last Name, First Initial ,

Initial Entry Dates Between / /

And / /

Status

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.

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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	<input type="text"/>	<input type="text"/>	01/01/2010	01/26/2011	Update	Saved Not Submitted		Resume History Delete
10581	1	5678ABC	15678001	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	New		Update History Delete
10577	9	123456C	15678003	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	In Process		Update History Delete
10576	9	914567	15678012	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Deleted		View History
10575	9	12345678	15678054	<input type="text"/>	<input type="text"/>	01/01/2001	12/28/2010	Update	Completed		Update History Delete

Slide notes

To submit the required delete, go to the Claim Listing page and click the [Delete] Action for the particular claim. When the Delete Confirmation page displays, confirm the delete by clicking [Delete]. Click [OK] to return to the Claim Listing page.

The original claim report will be marked as deleted on the Claim Listing page. When the claim report is deleted, the Transactions Remaining count will be decreased by one.

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Slide 48 of 50 - Course Summary

Course Summary

- Claim Listing
- When and how to
 - Resume claim submission
 - Submit updates
 - Submit deletes

**Slide notes**

This module began with an overview of the Claim Listing page. It explained when and how to resume the DDE claim submission process and clarified when and how to submit updates and deletes to DDE claim reports.

Slide 49 of 50 - Conclusion

You have completed the DDE Resume, Update and Delete Claim Reports 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 Resume, Update, and Delete Claim Reports 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: [NGHP Website](#).

Slide 50 of 50 - 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 provides a survey URL.

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](#).