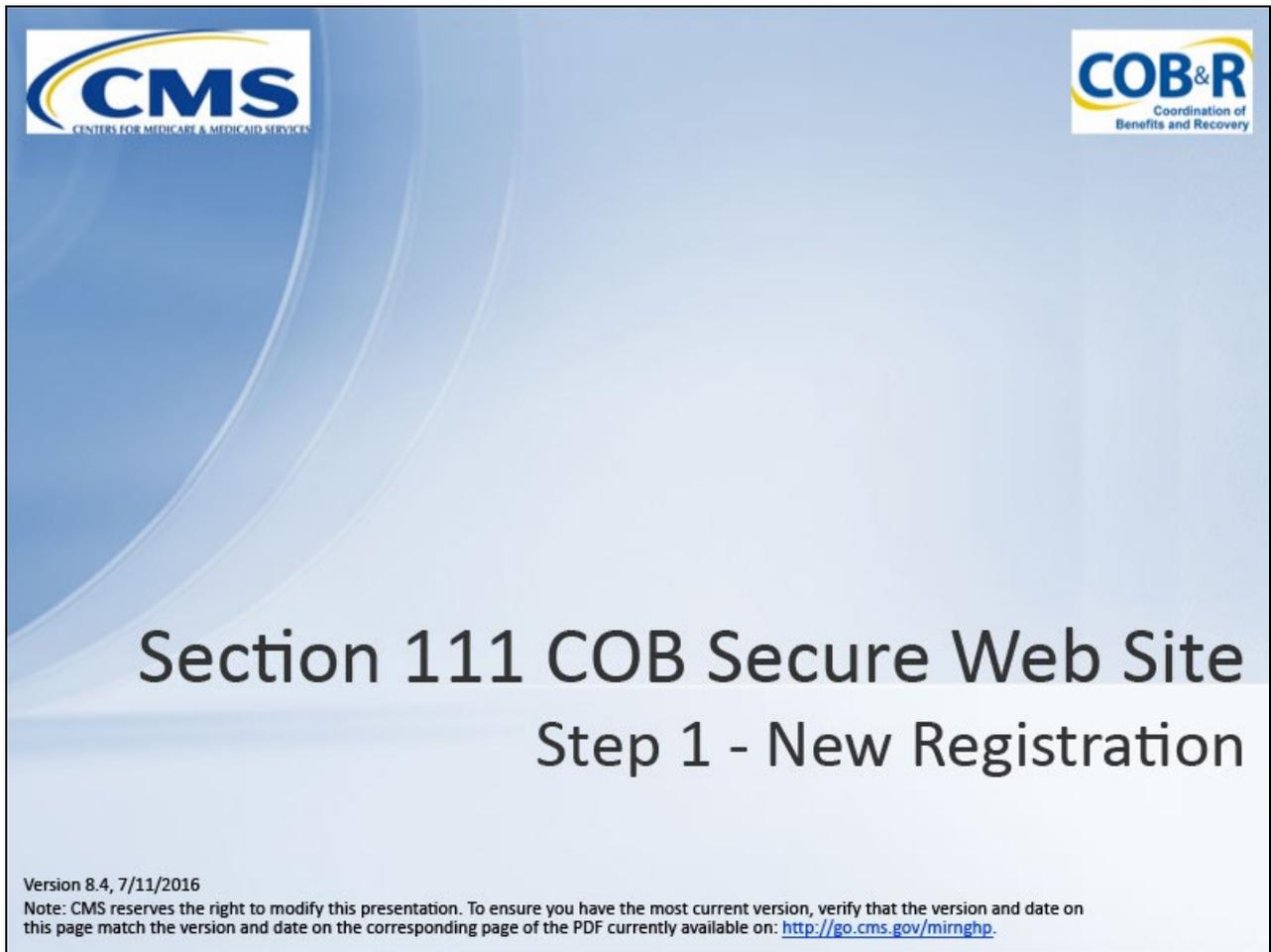


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The slide features a light blue background with a subtle wave pattern. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is centered in a large, dark grey font. At the bottom left, there is a version number and a note about the presentation's currency, with a URL provided.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

Section 111 COB Secure Web Site Step 1 - New Registration

Version 8.4, 7/11/2016
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/mirngbp>.

Slide notes

Welcome to the Section 111 Coordination of Benefits (COB) Secure Web Site Step 1- New Registration course for Liability Insurance (including Self-Insurance), No-Fault Insurance and Workers' Compensation reporters.

Note: This module applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission as well as those RREs that will be submitting this information via direct data entry (DDE).

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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 at the following link:

<http://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:

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

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 and Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following link:

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

Slide 3 - of 62

Course Overview

- **Step 1 - New Registration**
- Step 2 - Account Setup

**Slide notes**

Topics in the Section 111 COB Secure Web Site curriculum include Step 1, New Registration and Step 2, Account Setup. This course will cover Step 1- New Registration.

Before starting Step 1, you should review the Section 111 Registration course which precedes this course. The Registration course describes the Section 111

registration process. You will need to define user roles (such as Authorized Representative, Account Manager, Account Designees) and determine how many RRE IDs you

would like to obtain for this Responsible Reporting Entity (RRE) registration.

This process can also be found in the Liability/No Fault/Workers' Compensation User Guide found at the following link: <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-User-Guide/NGHP-User-Guide.html>.

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Introduction to the Section 111 COBSW

- Interface for RREs
 - Register
 - Submit files (SFTP or HTTPS submitters)
 - Attain response files
 - Review statistics
 - Submit and view claim information (DDE submitters)
 - Review status of data submissions

Slide notes

The Section 111 COB Secure Web Site (COBSW) provides an interface for RREs impacted by the Medicare Secondary Payer (MSP) reporting mandated by Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA). This site will be used to register RREs with CMS.

Additionally this site provides RREs and their agents with the ability to submit files (if the RRE ID has specified Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol over Secure Socket Layer (HTTPS) as the file transfer method);

attain generated response files; review statistical information related to file submissions; submit and view claim information if the RRE has specified the DDE option; and review the status of current data submissions.

The following steps will guide you through the process of getting started on the Section 111 COBSW.

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Login Warning

- Information about Section 111 COBSW security measures
 - Access
 - Penalty
 - Privacy laws

Slide notes

To begin registration, enter the following URL into your web browser:

<https://www.cob.cms.hhs.gov/Section111>.

When you first enter the Section 111 COBSW, a Login Warning page is displayed. This page provides information about Section 111 COBSW security measures including access, penalty and privacy laws.

If you accept the terms of the Login Warning, you will be taken to the Section 111 COBSW Home page.

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[About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#) | [Skip Navigation](#)

Login Warning

 [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in criminal or civil penalties.

By using this information system, you understand and agree that:

- *You have no reasonable expectation of privacy regarding any information you provide to this system. At any time, and for any lawful Government purpose, information that you provide to this system, or any communication or data transiting or stored on this information system, may be disclosed or used for any lawful Government purpose.
- *Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(7) & (8). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity (RRE) and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of multiple RREs will segregate data reported on behalf of each unique RRE to limit access to only the RRE and CMS and the agent. Further, RREs must ensure that access by the agent is limited to instances where it is acting solely on behalf of the unique RRE on whose behalf the data was obtained. I agree that the authorized representatives of CMS shall be granted access to premises where the Medicare data is being kept for the purpose of inspecting security arrangements confirming whether the RRE and its duly authorized agent, if any, is in compliance with the security requirements specified above. Access to the records matched and to any records created by the matching process shall be restricted to authorized CMS and RRE employees, agents and officials who require access to perform their official duties in accordance with the uses of the information as authorized under Section 111 of the MMSEA of 2007. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

[I Accept](#)
[Decline](#)

Slide notes

The Login Warning is displayed.

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[About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#) | [Skip Navigation](#)

[Login Warning](#)  [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

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Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

*Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(7) & (8). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity (RRE) and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data exchanged. I agree to limit access to the data provided by CMS. I agree that the only entities authorized to have access to the data are the RRE and CMS and the agent. Further, RRE to limit access to only the RRE and CMS and the agent. Further, RRE it is acting solely on behalf of the unique RRE on whose behalf the data be granted access to premises where the Medicare data is being kept for the RRE and its duly authorized agent, if any, is in compliance with the s and to any records created by the matching process shall be restricted to access to perform their official duties in accordance with the uses of the Such personnel shall be advised of (1) the confidential nature of the info administrative, civil and criminal penalties for noncompliance contained i

If you accept the terms, select the I Accept link to continue.

[I Accept](#)
[Decline](#)

Slide notes

If you accept the terms, select the I Accept link to continue.

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[About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#) | [Skip Navigation](#)

Login Warning  [Print this page](#)

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

*You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

*Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(7) & (8). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity (RRE) and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of the RRE to limit access to only the RRE and CMS and the agent. Further, if the agent is acting solely on behalf of the unique RRE on whose behalf the data is being exchanged, the agent shall be granted access to premises where the Medicare data is being kept for the RRE and its duly authorized agent, if any, is in compliance with the requirements of the Act and to any records created by the matching process shall be restricted to the RRE and its duly authorized agent, if any, and shall be used solely for the purposes of the Act. Such personnel shall be advised of (1) the confidential nature of the information, (2) the administrative, civil and criminal penalties for noncompliance contained in the Act, and (3) the fact that the information shall be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

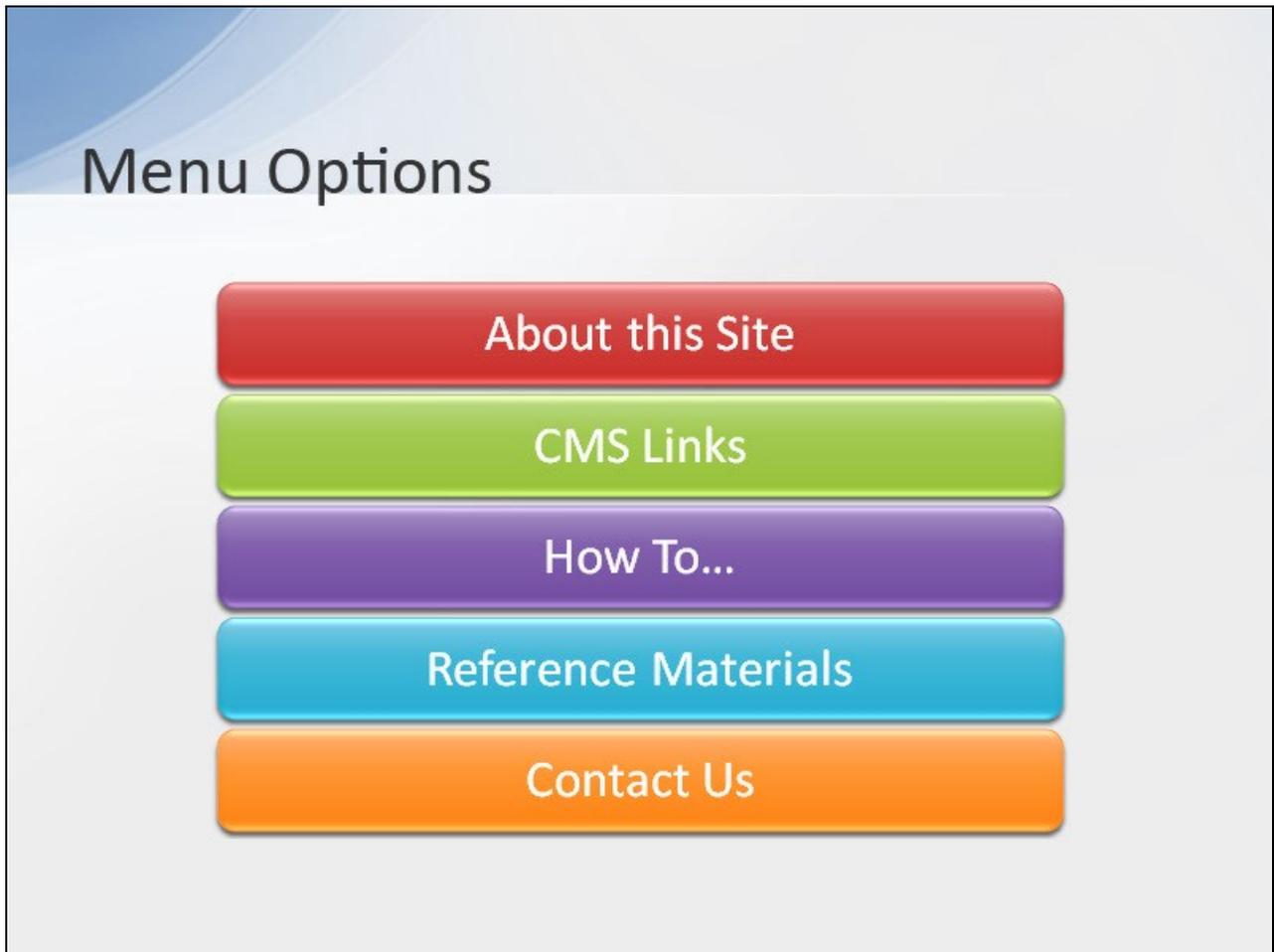
If you do not accept the terms, select the Decline link.

[I Accept](#) | [Decline](#)

Slide notes

If you do not accept the terms, select the Decline link. If you select Decline, you will not be able to enter the Section 111 COBSW.

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**Slide notes**

On the Section 111 COBSW Home page, you will find various menu options.

“About This Site” describes the purpose of the site and provides general information on how to use it.

“CMS Links” displays links to the dedicated MMSEA Section 111 Web pages and the Medicare Coordination of Benefits & Recovery Overview page on the CMS Web site.

The “How To...” section provides general instructions on how to get started, register, and complete the account set up on the Section 111 COBSW.

“Reference Materials” displays links where you can view and download the Liability/No Fault/Workers' Compensation (NGHP) User Guide.

“Contact Us” provides information on how to contact the Benefits Coordination & Recovery Center (BCRC).

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The screenshot shows a web application interface. At the top, there is a navigation menu with the following items: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the menu, the main content area is divided into several sections. On the left, there is a "Welcome to the Section 111 COB Se" header, followed by a paragraph of text: "This site provides an interface for Responsible reporting mandated by Section 111 of the Medi register their organization with the Centers for their agents with the ability to submit files, revi review statistical information related to file subr". Below this is another paragraph: "All implementation instructions are available on CMS' dedicated Section 111 Web page at www.cms.hhs.gov/MandatoryInsRep. Detailed instructions are included in both the Section 111 GHP and Liability Insurance (Including Self-Insurance), No-Fault, and Workers' Compensation User Guides. [Section 111 Messages](#)".

In the center, there is a light blue callout box with the text: "From the Home page, click any of the menu options for more information." Below this callout, there is a "GETTING STARTED" section with the text: "For more information, refer to How To Get Started under the How To menu option." Below this text are two buttons: "New Registration" and "Account Setup", both with right-pointing arrows.

On the right side of the page, there is an "Account Login" section. It contains a "User Name:" label followed by an input field, a "Forgot Login ID" link, a "Password:" label followed by an input field, and a "Forgot Password" link. Below these are "Continue" and "Clear" buttons.

Slide notes

From the Home page, click any of the menu options for more information.

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Registration on the Section 111 COBSW

- Step 1 - New Registration

Slide notes

In order to begin using the Section 111 COBSW, a company representative for the RRE must first click on the “New Registration” button, and then complete and submit the registration for the RRE.

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The screenshot shows the COBSW website interface. At the top, there is a navigation bar with links: About This Site, CMS Links, How To..., Reference Materials, and Contact Us. Below the navigation bar, a welcome message reads: "Welcome to the Section 111 COB Secure Web site (COBSW)". The main content area contains a paragraph explaining the site's purpose for Responsible Reporting Entities (RREs) impacted by the Medicare Secondary Payer (MSP) reporting. A callout box with a light blue background and a dark border is positioned over the text, containing the instruction: "Click on the New Registration button to register your company." Below this callout, there are two dark buttons with white text and right-pointing arrows: "New Registration" and "Account Setup". To the right of the main content, there is an "Account Login" section with input fields for "User Name:" and "Password:", and buttons for "Continue" and "Clear". There are also links for "Forgot Login ID" and "Forgot Password".

Slide notes

Click on the New Registration button to register your company.

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The screenshot shows the COBSW website interface. At the top, there is a navigation menu with links: "About This Site", "CMS Links", "How To...", "Reference Materials", and "Contact Us". Below the menu, a grey banner reads "Welcome to the Section 111 COB Secure Web site (COBSW)". The main content area on the left contains introductory text about the site's purpose for RREs and agents, and a "GETTING STARTED" section with a "New Registration" button. On the right, there is an "Account Login" section with input fields for "User Name" and "Password", and "Continue" and "Clear" buttons. A callout box with a light blue background and a dark border is overlaid on the page, containing the text: "Click on the Account Setup button if you have gone through the initial registration process and need to complete your account setup." Below this callout, there is an "Account Setup" button with a right-pointing arrow.

Slide notes

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New Registration

- Captures
 - Basic RRE information
 - Authorized Representative contact information
- Completed for each RRE ID
 - Unique code assigned by the BCRC
 - Used for file submission (file submitters)
 - Used for submitting claim information on the Section 111 COBSW (DDE submitters)

Slide notes

During the new registration process, basic information related to the RRE will be captured. Authorized Representative contact information (name, job title, address, e-mail address, phone number) is also required.

The new registration step must be completed by the RRE for each RRE ID it would like to use for reporting.

The RRE will receive an RRE ID after completing the New Registration step. The RRE ID is the unique code assigned by the BCRC to be used by file submitters when submitting files

and DDE submitters when submitting claim information on the Section 111 COBSW.

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Account Registration

 [Print this page](#)

You will now go through Step 1 to create a new Responsible Re information related to the RRE w

This page describes Step 1 of the Section 111 registration process, New Registration.

- A Federal Tax Identification Number (TIN) for the RRE
- Company name and address
- Company Authorized Representative contact information (name, job title, address, E-mail address, phone, fax)
- National Association of Insurance Commissioners (NAIC) company code, if applicable
- Reporter Type (GHP or Liability/No-Fault/Workers' Compensation)
- Subsidiary company information applicable to the file submission for the RRE ID (company names, TINs, NAIC company codes for the subsidiaries).

Before continuing, be sure to have this information, including the E-mail address for your Authorized Representative on hand.

Authorized Representative (AR) Role

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing. Your AR has ultimate accountability for the RRE's compliance with Section 111 reporting requirements.

The Authorized Representative:

- May perform this New Registration step on the COBSW, but will not be provided with a Login ID

Slide notes

This page describes Step 1 of the Section 111 registration process, New Registration.

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names, TINs, NAIC company codes for the subsidiaries).

Before continuing, be sure to have this information, including the E-mail address for your Authorized Representative on hand.

Authorized Representative (AR) Role

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing. Your AR has ultimate accountability for the RRE's compliance with Section 111 reporting requirements.

The Authorized Representative:

- May perform this New Registration step on the COBSW, but will not be provided with a Login ID
- Cannot be an agent of the RRE
- Will designate the Account Manager
- Must approve the account set up, by physically signing the profile report including the Data Use Agreement, and returning it to the BCRC
- Will be the recipient of BCRC notifications related to non-compliance with Section 111 reporting requirements.

If you need more than one RRE ID for Section 111 reporting, this step must be repeated for each.

The information you provide will be verified. Once verified, you will receive an email with the new RRE ID and a personal identification number (PIN). Your Account Manager (AM) will return to complete the registration process. Once the account is set up, you will receive an email with your Account Manager's contact information.

Refer to the How to Get Started document for more information.

Click the Continue button to proceed to the next page in the New Registration step.

Slide notes

Click the Continue button to proceed to the next page in the New Registration step.

Slide 17 - of 62

names, TINs, NAIC company codes for the subsidiaries).

Before continuing, be sure to have this information, including the E-mail address for your Authorized Representative on hand.

Authorized Representative (AR) Role

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing. Your AR has ultimate accountability for the RRE's compliance with Section 111 reporting requirements.

The Authorized Representative:

- May perform this New Registration step on the COBSW, but will not be provided with a Login ID
- Cannot be an agent of the RRE
- Will designate the Account Manager
- Must approve the account set up, by physically signing the profile report including the Data Use Agreement, and returning it to the BCRC
- Will be the recipient of BCRC notifications related to non-compliance with Section 111 reporting requirements.

If you need more than one RRE ID for Section 111 reporting, this step must be repeated for each.

The information you provide will be verified by the BCRC. Upon completion, a letter will be sent to your AR with the new RRE ID and a personal identification number (PIN). Upon completion, the Account Manager (AM) will return to complete Step 2 of the process, Account Setup.

Refer to the How to Get Started document under the How To menu.

Click the **Cancel** button to terminate the action.

Continue

Cancel

Slide notes

Click the Cancel button to terminate the action.

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Anytime you click the **Cancel** button, you will be returned to the previous page and any information you entered will not be saved.

Slide notes

Anytime you click the Cancel button, you will be returned to the previous page and any information you entered will not be saved.

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RRE Information

- EIN/TIN
- Company name and address
- Authorized Representative
- NAIC company code
- Company telephone number
- Reporter type (Liability/No Fault/Workers' Compensation)
- Subsidiary company information (optional)

Slide notes

Your RRE company representative will be asked to submit the following information:

A Employer Identification Number (EIN) or Federal Tax Identification Number (TIN) for the RRE; Company name and address;

Company authorized representative contact information (name, job title, address, e-mail address, phone); National Association of Insurance Commissioners (NAIC) company code, if applicable;

Company telephone number; Reporter Type (as a Liability/No Fault/Workers' Compensation reporter, select Liability/No Fault/Workers' Compensation);

Optional Subsidiary company information to be included in the file submission for the registration (names, TINs, NAIC company codes for the subsidiaries).

Once your registration is submitted, this information will be validated by the BCRC.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting

Complete the information below for the Responsible Reporting Entity you are registering for this RRE ID.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Slide notes

Complete the information below for the Responsible Reporting Entity you are registering for this RRE ID.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:*

NAIC Number:

Company Telephone:* ()

Company Fax: ()

Reporter Type:* GHP LI

Company EIN/TIN: The IRS-assigned tax ID associated with the company reflected under this Section 111 registration. If you have more than one EIN, you may submit this registration with any one of those EINs.

If the RRE is a foreign RRE that does not have an IRS-assigned TIN, you can enter a fake or pseudo-TIN in the format of 9999xxxxx where 'xxxxx' is a 5-digit number created by the RRE.

Please note: Foreign RREs are defined by CMS as those that have no IRS-assigned TIN and/or US mailing address. Guam, Puerto Rico, and the US Virgin Islands are considered part of the US.

Slide notes

Company EIN/TIN: The IRS-assigned tax ID associated with the company reflected under this Section 111 registration. If you have more than one EIN, you may submit this registration with any one of those EINs.

If the RRE is a foreign RRE that does not have an IRS-assigned TIN, you can enter a fake or pseudo-TIN in the format of 9999xxxxx where 'xxxxx' is a 5-digit number created by the RRE.

Please note: Foreign RREs are defined by CMS as those that have no IRS-assigned TIN and/or US mailing address. Guam, Puerto Rico, and the US Virgin Islands are considered part of the US.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:*

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Company Name: The company name associated with the Section 111 registration.

Slide notes

Company Name: The company name associated with the Section 111 registration.

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RRE ID Profile Information

Complete the information below for the RRE

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Company Address: The corporate address associated with the TIN or EIN supplied.

For foreign RREs, select "Foreign Country" from the State dropdown menu. The rest of the address fields are not required.

Slide notes

Company Address: The corporate address associated with the TIN or EIN supplied. For foreign RREs, select "Foreign Country" from the State dropdown menu. The rest of the address fields are not required.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

NAIC Number: The company code assigned to your company by the National Association of Insurance Commissioners (NAIC). If you are not registered with the NAIC, then you do not need to complete this field. If you have more than one NAIC Company Code, you may submit this registration with any one of those codes.

Slide notes

NAIC Number: The company code assigned to your company by the National Association of Insurance Commissioners (NAIC). If you are not registered with the NAIC, then you do not need to complete this field.

If you have more than one NAIC Company Code, you may submit this registration with any one of those codes.

Slide 25 - of 62

RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:*

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Company Telephone: Telephone number of your corporate office.

Note: For foreign RREs, enter a United States telephone number, if applicable.

Slide notes

Company Telephone: Telephone number of your corporate office. Note: For foreign RREs, enter a United States telephone number, if applicable.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Company Fax: Facsimile number of your corporate office.

Slide notes

Company Fax: Facsimile number of your corporate office.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:*

NAIC Number:

Company Telephone:* (-)

Company Fax: (-)

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

Reporter Type: Type of RRE. As a Liability/ No Fault/ Workers' Compensation reporter, select Liability/ No Fault/ Workers' Compensation by clicking the appropriate radio button.

Slide notes

Reporter Type: Type of RRE. As a Liability/ No Fault/ Workers' Compensation reporter, select Liability/ No Fault/ Workers' Compensation by clicking the appropriate radio button.

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RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Worker's Compensation

Click the Continue button to proceed.

Slide notes

Click the Continue button to proceed.

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Corporate Structure

If you will be reporting any other subsidiaries

Subsidiaries Reporting under this RRE

The Corporate Structure page allows you to submit information for any subsidiaries for which you will be reporting under this RRE registration. Enter the company names, company NAIC numbers (if applicable) and EINs/TINs.

Company Names:	Company NAIC Number(s) and EIN(s)/TIN(s):	
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>

Slide notes

The Corporate Structure page allows you to submit information for any subsidiaries for which you will be reporting under this RRE registration. Enter the company names, company NAIC numbers (if applicable) and EINs/TINs.

Slide 30 - of 62

The screenshot shows a web form for adding subsidiaries. A light blue callout box contains the following text: "Note: Information for subsidiaries is optional. CMS encourages you to supply this information. Doing so will assist us in our efforts to help assure that you are in compliance with the Section 111 reporting requirements. Further, we may require this information at a later date during subsequent recovery efforts." Below the note, there are three rows of input fields. Each row starts with a "Name:" label followed by a text box, then a "NAIC No:" label with a text box, and finally an "EIN/TIN:" label with a text box. To the right of the third row is an "Add More" button. At the bottom right of the form area are "Continue" and "Cancel" buttons.

Slide notes

Note: Information for subsidiaries is optional. CMS encourages you to supply this information. Doing so will assist us in our efforts to help assure that you are in compliance with the Section 111 reporting requirements.

Further, we may require this information at a later date during subsequent recovery efforts.

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If yo
Sub
Con

All TINs supplied for subsidiaries under one RRE ID must be unique. In other words, all TINs for the RRE ID and subsidiaries listed in the New Registration step must be different within one specific RRE ID. If your subsidiaries do not have different TINs then do not list them on the corporate structure page of the New Registration step on the Section 111 COBSW. You can use the same TIN for multiple, different RRE IDs. TINs just need to be unique within the same RRE ID.

Name: NAIC No: EIN/TIN:

Name: NAIC No: EIN/TIN:

Name: NAIC No: EIN/TIN:

Slide notes

All TINs supplied for subsidiaries under one RRE ID must be unique. In other words, all TINs for the RRE ID and subsidiaries listed in the New Registration step must be different within one specific RRE ID.

If your subsidiaries do not have different TINs then do not list them on the corporate structure page of the New Registration step on the Section 111 COBSW.

You can use the same TIN for multiple, different RRE IDs. TINs just need to be unique within the same RRE ID.

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For example, if you are one entity with one TIN registering five different RRE IDs, you can use the same TIN for all five distinct RRE IDs. The subsidiary information on the corporate structure page is not required. If you have trouble with data entry on this page, you may simply click on the **Continue** button to bypass it. If you do not have any subsidiary information to provide, you can click on **Continue** to skip this page.

Company names:	Company NAIC number(s) and EIN(s)/TIN(s):
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/> EIN/TIN: <input style="width: 120px;" type="text"/>
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/> EIN/TIN: <input style="width: 120px;" type="text"/>
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/> EIN/TIN: <input style="width: 120px;" type="text"/>

Slide notes

For example, if you are one entity with one TIN registering five different RRE IDs, you can use the same TIN for all five distinct RRE IDs. The subsidiary information on the corporate structure page is not required.

If you have trouble with data entry on this page, you may simply click on the Continue button to bypass it. If you do not have any subsidiary information to provide, you can click on Continue to skip this page.

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Corporate Structure

If you will be reporting any other subsidiaries, please enter them here. You can add up to 10 subsidiaries.

Subsidiaries Reporting under this Registration:

Company Names:

Name:	<input type="text"/>	NAIC No:	<input type="text"/>	EIN/TIN:	<input type="text"/>
Name:	<input type="text"/>	NAIC No:	<input type="text"/>	EIN/TIN:	<input type="text"/>
Name:	<input type="text"/>	NAIC No:	<input type="text"/>	EIN/TIN:	<input type="text"/>

Subsidiary Company Names(s): Supply the names of all the subsidiary companies reflected in this registration for which data will be submitted.

Slide notes

Subsidiary Company Names(s): Supply the names of all the subsidiary companies reflected in this registration for which data will be submitted.

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Company NAIC Number(s): Company code(s) assigned to each subsidiary organization by the NAIC. If the subsidiary is not registered with the NAIC, you do not need to complete this field.

If you are adding subsidiaries, please enter the following information pertaining to subsidiaries.

Company name(s)	Company NAIC Number(s)	Number(s) and EIN(s)/TIN(s)
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>

Slide notes

Company NAIC Number(s): Company code(s) assigned to each subsidiary organization by the NAIC. If the subsidiary is not registered with the NAIC, you do not need to complete this field.

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Corporate Structure

If you will be reporting any other subsidiaries, please provide the following information relating to subsidiaries.

Subsidiaries Reporting under this RRE

EIN(s)/TIN(s): Supply the corresponding EIN/TIN for each subsidiary company listed.

Company Names: Company NAIC Number(s) and EIN(s)/TIN(s)

Name:	NAIC No:	EIN/TIN:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	NAIC No:	EIN/TIN:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	NAIC No:	EIN/TIN:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Slide notes

EIN(s)/TIN(s): Supply the corresponding EIN/TIN for each subsidiary company listed.

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Corporate Structure

If you will be reporting any other subsidiaries under this RRE, please provide the following information pertaining to subsidiaries.

Subsidiaries Reporting under this RRE

Company Names:	Company NAIC Number(s) and EIN(s)/TIN(s):	
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>

If you will be reporting for more subsidiaries than those allotted on the page, click the **Add More button to create additional subsidiary fields.**

Slide notes

If you will be reporting for more subsidiaries than those allotted on the page, click the Add More button to create additional subsidiary fields.

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Corporate Structure

If you will be reporting any other subsidiaries under this RRE, please provide the following information pertaining to subsidiaries.

Subsidiaries Reporting under this RRE

Company Names:	Company NAIC Number(s) and EIN(s)/TIN(s):	
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/>	EIN/TIN: <input style="width: 120px;" type="text"/>
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/>	EIN/TIN: <input style="width: 120px;" type="text"/>
Name: <input style="width: 300px;" type="text"/>	NAIC No: <input style="width: 80px;" type="text"/>	EIN/TIN: <input style="width: 120px;" type="text"/>

Click the **Continue** button to proceed.

Slide notes

Click the Continue button to proceed.

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Authorized Representative

- Individual who has legal authority to bind organization to terms of MMSEA Section 111
- Accountable for compliance
- Cannot be
 - Account Manager
 - Account Designee
- Will not receive Section 111 COBSW user ID

Slide notes

Each RRE must assign or name an Authorized Representative. This is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of MMSEA Section 111 requirements and processing.

The Authorized Representative has ultimate accountability for the RRE's compliance with Section 111 reporting requirements.

The Authorized Representative cannot be the Account Manager or Account Designee for the RRE ID. The Authorized Representative will not receive a Section 111 COBSW user ID.

Slide 39 - of 62

Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual who has the legal authority to bind the organization to the terms of MMSEA Section 111 requirements and processing.

The AR

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

Telephone:* () - ext

Fax: () -

Name: Name of the individual who has the legal authority to bind your organization to the terms of MMSEA Section 111 requirements and processing.

Slide notes

Name: Name of the individual who has the legal authority to bind your organization to the terms of MMSEA Section 111 requirements and processing.

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Authorized Representative Information

Provide the information requested below to bind authority to the account.

Your Authorized Representative cannot be the Account Manager. The Authorized Representative cannot be a user of the Section 111 COBSW for any RRE ID and therefore cannot perform the Account Setup.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

Telephone:* () - ext

Fax: () -

Slide notes

Warning: The person named as the Authorized Representative cannot also be the Account Manager. The Authorized Representative cannot be a user of the Section 111 COBSW for any RRE ID and therefore cannot perform the Account Setup.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR is a member of the RRE organization. The AR must be a resident of the State of Wisconsin.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

Telephone:* () - ext

Fax: () -

Job Title: Job title of your named Authorized Representative.

Slide notes

Job Title: Job title of your named Authorized Representative.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

Telephone:* () - ext

Fax: () -

E-mail Address: Electronic mail address used by your Authorized Representative for work-related e-mail.

Slide notes

E-mail Address: Electronic mail address used by your Authorized Representative for work-related e-mail.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

Telephone:* () - ext

Fax: () -

Mailing Address: Company or work mailing address of your named Authorized Representative.

Slide notes

Mailing Address: Company or work mailing address of your named Authorized Representative.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative:

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

Telephone:* () - ext

Fax: () -

Telephone: Company or work telephone number where your Authorized Representative can be reached.

Slide notes

Telephone: Company or work telephone number where your Authorized Representative can be reached.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:*

Telephone:* () - ext

Fax: () -

Fax: Company or work facsimile number used by your Authorized Representative.

Slide notes

Fax: Company or work facsimile number used by your Authorized Representative.

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Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRE organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

Telephone:* () - ext

Fax: () -

Slide notes

Click the Continue button to proceed.

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Registration Summary

- Account information is displayed
 - Review for accuracy
 - Edit information as needed
 - Print for your records

Slide notes

After you have completed the required RRE and Authorized Representative information, the account information you entered is displayed. Review this information for accuracy.

If you need to change any of the information, click the 'Edit' button in the appropriate section. Print this page out for your records.

Slide 48 - of 62

Registration Summary  [Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the 'Edit' button in the applicable section. Print this page for your records.

RRE Information	Subsidiary Information
EIN/TIN: ##### Reporter Type: Liability/ No Fault/ Workers' Compensation AAAAAAAAAAAA AAAAAAAAAAAA AAAAAAAAAAAA, ST ##### Telephone: (##)##-#### Fax: ()-	AAAAAAAAAAAA NAIC No: ##### EIN/TIN: #####
<input type="button" value="Edit"/>	<input type="button" value="Edit"/>

Authorized Representative Information

FIRST LAST
TITLE
AAAAAAAAAAAA
AAAAAAAAAAAA
AAAAAAAAAAAA, ST #####-####
EIN/TIN: #####
Telephone: (##)##-#### extn: ###
Fax: (##)##-####
Email: address@domain.com

The Registration Summary page displays the registration information that has been entered.

Slide notes

The Registration Summary page displays the registration information that has been entered.

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Registration Summary  [Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the 'Edit' button in the applicable section. Print this page for your records.

<p>RRE Information</p> <p>EIN/TIN: ##### Reporter Type: Liability/ No Fault/ Workers' Compensation AAAAAAAAAAAA AAAAAAAAAAAA AAAAAAAAAAAA, ST ##### Telephone: (##)##-#### Fax: ()-</p> <p><input type="button" value="Edit"/></p>	<p>Subsidiary Information</p> <p>AAAAAAAAAAAA NAIC No: ##### EIN/TIN: #####</p> <p><input type="button" value="Edit"/></p>
---	---

Authorized Representative Information

FIRST LAST
TITLE
AAAAAAAAAAAA
AAAAAAAAAAAA
AAAAAAAAAAAA, ST #####-####
EIN/TIN: #####
Telephone: (##)##-#### extn: ###
Fax: (##)##-####
Email: address@domain.com

If you need to change any of the information, click the **Edit** button under that section.

Slide notes

If you need to change any of the information, click the Edit button under that section.

Slide 50 - of 62

The screenshot shows a web interface for adding subsidiaries. At the top, there is a header area with the word "Corporate" partially visible. Below it, a callout box with a light blue background and rounded corners contains the text: "Once you click the **Edit** button for a section, you will be taken to appropriate information entry page. Add, change or delete any of the information as needed." The main form area is titled "Subsidiaries R" and contains two columns of input fields. The first column is labeled "Company Names:" and has three rows, each with a "Name:" label and an empty text input field. The second column is labeled "Company NAIC Number(s) and EIN(s)/TIN(s):" and has three rows, each with "NAIC No:" and "EIN/TIN:" labels and empty text input fields. Below the input fields, there is an "Add More" button. At the bottom right of the form area, there are "Continue" and "Cancel" buttons. The entire form is enclosed in a thin black border.

Slide notes

Once you click the Edit button for a section, you will be taken to appropriate information entry page. Add, change or delete any of the information as needed.

Slide 51 - of 62

Corporate Structure

If you will be reporting any other subsidiaries under this RRE, please provide the following information pertaining to subsidiaries.

Subsidiaries Reporting under this RRE

Company Names:	Company NAIC Number(s) and EIN(s)/TIN(s):	
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/>	EIN/TIN: <input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>

Once the information is correct, click the **Continue** button to submit the information and return to the Registration Summary page.

Slide notes

Once the information is correct, click the Continue button to submit the information and return to the Registration Summary page.

Slide 52 - of 62

Registration Summary [Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the Edit button in the applicable section. Print this page for your records.

RRE Information

EIN/TIN: #####
Reporter Type: Liability/ No Fault/ Workers' Compensation
AAAAAAAAAAAA
AAAAAAAAAAAA
AAAAAAAAAAAA, ST #####
Telephone: (##)##-####
Fax: ()-

Authorized Representative Information

FIRST LAST
TITLE
AAAAAAAAAAAA
AAAAAAAAAAAA
AAAAAAAAAAAA, ST #####-####
EIN/TIN: #####
Telephone: (##)##-#### extn: ##
Fax: (##)##-####
Email: address@domain.com

Click the **Print this page** link to print this information for your records.

Slide notes

Click the Print this page link to print this information for your records.

Slide 53 - of 62

Registration Summary  [Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the 'Edit' button in the applicable section. Print this page for your records.

RRE Information	Subsidiary Information
EIN/TIN: ##### Reporter Type: Liability/ No Fault/ Workers' Compensation AAAAAAAAAAAA AAAAAAAAAAAA AAAAAAAAAAAA, ST ##### Telephone: (###)###-#### Fax: ()-	AAAAAAAAAAAA NAIC No: ##### EIN/TIN: #####
<input type="button" value="Edit"/>	<input type="button" value="Edit"/>

Authorized Representative Information

FIRST LAST
TITLE
AAAAAAAAAAAA
AAAAAAAAAAAA
AAAAAAAAAAAA, ST #####-####
EIN/TIN: #####
Telephone: (###)###-#### extn: ###
Fax: (###)###-####
Email: address@domain.com

Once you have reviewed all information on the Registration Summary page and would like to submit the information, click the **Continue** button.

Slide notes

Once you have reviewed all information on the Registration Summary page and would like to submit the information, click the Continue button.

Slide 54 - of 62

Registration Summary  [Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the 'Edit' button in the applicable section. Print this page for your records.

RRE Information

EIN/TIN: #####
 Reporter Type: Liability/ No Fault/ Workers' Compensation
 AAAAAAAAAA
 AAAAAAAAAA
 AAAAAAAAAA, ST #####
 Telephone: (###)###-####
 Fax: ()-

Subsidiary Information

AAAAAAAAAAAA NAIC No: ##### EIN/TIN: #####

Authorized Representative Information

FIRST LAST
 TITLE
 AAAAAAAAAA
 AAAAAAAAAA
 AAAAAAAAAA, ST #####-####
 EIN/TIN: #####
 Telephone: (###)###-#### extn: ###
 Fax: (###)###-####
 Email: address@domain.com

If you erroneously provided the Account Manager information in the New Registration instead of the Authorized Representative information, you must STOP. Do not complete the Account Setup step. Contact the Electronic Data Interchange (EDI) Department to get the information corrected before proceeding to the Account Setup step.

Slide notes

If you erroneously provided the Account Manager information in the New Registration instead of the Authorized Representative information, you must STOP.

Do not complete the Account Setup step. Contact the Electronic Data Interchange (EDI) Department to get the information corrected before proceeding to the Account Setup step.

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Thank You

- Displayed after successful completion of registration
- RRE ID
- EDI Representative
 - Main contact for your account
 - Assist with data transmission and reporting issues
- Details on next steps
- Print for your records

Slide notes

After you have successfully completed the initial registration for the MMSEA Section 111 COBSW, a Thank You page is displayed. This page will contain your assigned RRE ID and EDI Representative information.

Your EDI Representative is your main contact for your Section 111 RRE account, and will assist you with data transmission and reporting issues. Details on what steps to take next are also provided on this page. Please print this page for your records.

Slide 56 - of 62

Thank You

You have successfully completed the initial registration steps for your records.

Your assigned RRE ID:
#####

Your assigned EDI Representative:

The following individual has been assigned as your EDI representative, contact the EDI representative if you any questions regarding the RRE account. Please have your above account number available for reference.

FIRST LAST
Telephone: ### ### ####
Email: address@domain.com

Your EDI Representative is your main contact for your Section 111 RRE ID account, file transmission and reporting issues.

Next Steps

Now that this RRE ID registration has been submitted, the information provided will be validated by the BCRC. Once this is completed, the BCRC will send a letter to the named Authorized Representative with the RRE ID and associated personal identification number (PIN).

Your Authorized Representative must give this RRE ID and PIN to your Account Manager who will return to the Section 111 COBSW to complete Step 2, Account Setup.

If you do not receive your mailing within 10 business days, please contact your assigned EDI Representative.

[Section 111 Home](#)

This page confirms that you completed Step 1, New Registration, in the Section 111 Registration Process.

Slide notes

This page confirms that you completed Step 1, New Registration, in the Section 111 Registration Process.

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Thank You

You have successfully completed the initial registration for your records.

Your assigned RRE ID:
#####

Your assigned EDI Representative:

The following individual has been assigned as your EDI representative, contact the EDI representative if you any questions regarding the RRE account. Please have your above account number available for reference.

FIRST LAST
Telephone: ### ### ####
Email: address@domain.com

Your EDI Representative is your main contact for your Section 111 RRE ID account, file transmission and reporting issues.

Next Steps

Now that this RRE ID registration has been submitted, the information provided will be validated by the BCRC. Once this is completed, the BCRC will send a letter to the named Authorized Representative with the RRE ID and associated personal identification number (PIN).

Your Authorized Representative must give this RRE ID and PIN to your Account Manager who will return to the Section 111 COBSW to complete Step 2, Account Setup.

If you do not receive your mailing within 10 business days, please contact your assigned EDI Representative.

[Section 111 Home](#)

You are provided with an RRE ID and EDI Representative information.

Slide notes

You are provided with an RRE ID and EDI Representative information.

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Thank You

You have successfully completed the initial registration step for the Section 111 COBSW. Please print this page for your records.

Your assigned RRE ID:
#####

Your assigned EDI Representative:

The following individual has been assigned as your EDI representative, contact the EDI representative if you any questions regarding the RRE account. Please have your above account number available for reference.

FIRST LAST
Telephone: ### ### ####
Email: address@domain.com

Your EDI Representative is your main contact for your Section 111 RRE ID account, file transmission and reporting issues.

Next Steps

Now that this RRE ID registration has been submitted, the information provided will be validated by the BCRC. Once this is completed, the BCRC will send a letter to the named Authorized Representative with the RRE ID and

Your Authorized Representative will be the Manager who will return to the Section 111 COBSW.

If you do not have an Authorized Representative, please contact the assigned EDI Representative.

[Section 111 Home](#)

If you would like to return to the Section 111 COBSW Home page, click the Section 111 Home link or you may exit the Section 111 COBSW.

Slide notes

If you would like to return to the Section 111 COBSW Home page, click the Section 111 Home link or you may exit the Section 111 COBSW.

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Important Information to Consider

- Supply
 - Authorized Representative's information during New Registration
 - Account Manager's information during Account Setup

Slide notes

Remember: You must supply your Authorized Representative information during the New Registration Step. The Account Manager's information will be provided by the Account Manager during the Account Setup step.

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Next Steps

- The BCRC
 - Validates information
 - Sends PIN and associated RRE ID to Authorized Representative
- Authorized Representative
 - Gives PIN and RRE ID to Account Manager
- Account Manager
 - Returns to Section 111 COBSW
 - Completes Account Setup

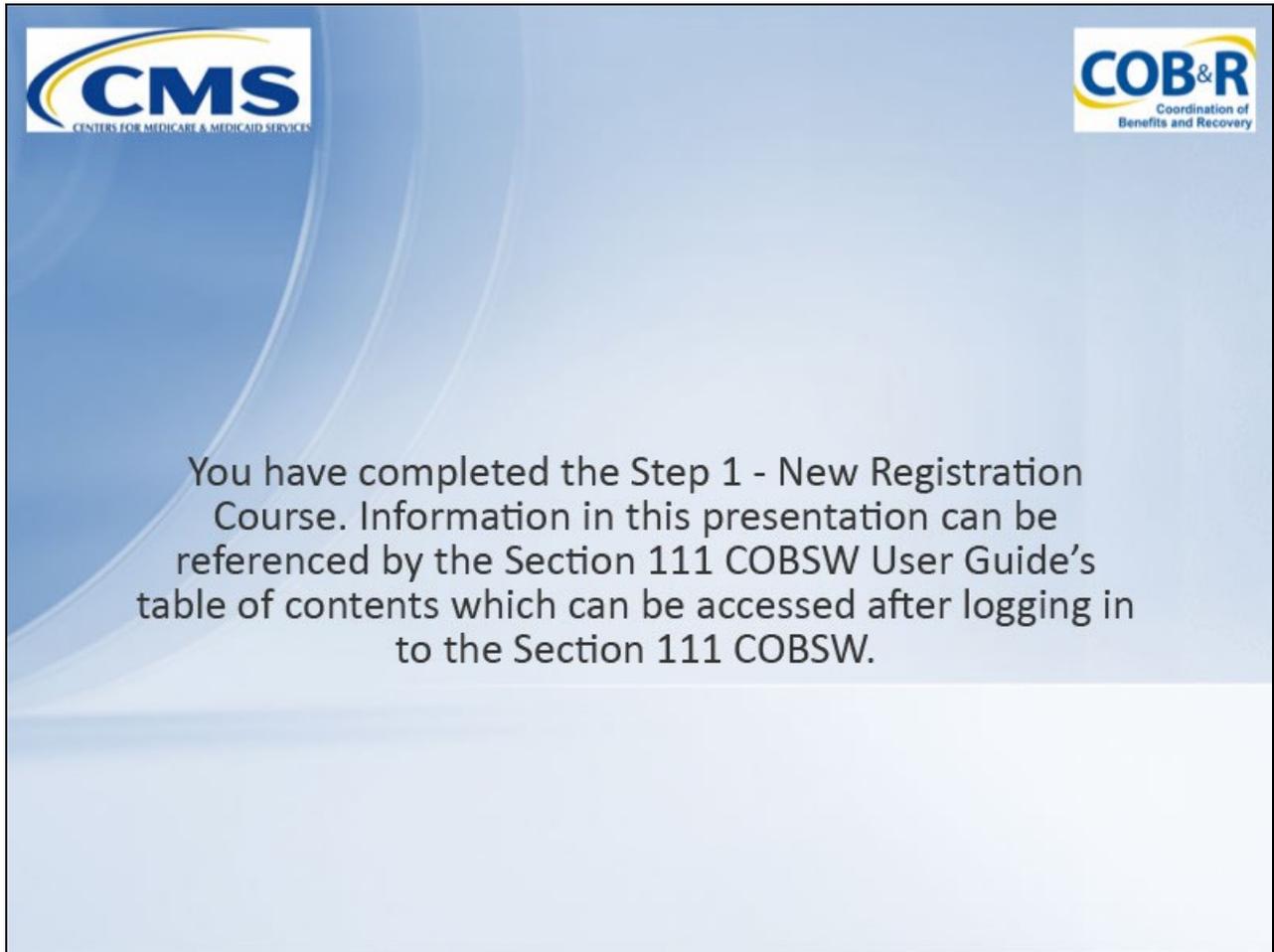
Slide notes

Once your registration application has been submitted, the information provided will be validated by the BCRC. When this is completed, the BCRC will send a letter to the named Authorized Representative with a personal identification number (PIN) and the BCRC-assigned RRE ID associated with the registration. The Authorized Representative must give this PIN and RRE ID to their Account Manager to use to complete the next step in the registration process which is Account Setup. The Account Manager must return to the Section 111 COBSW to complete the account setup.

The Account Manager will need to enter the RRE ID and PIN on the main page to begin setup. If you do not receive your mailing within 10 business days, please contact your assigned EDI Representative.

If you would like to return to the Section 111 COBSW Home page, click the Section 111 Home link.

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Slide notes

You have completed the Step 1 - New Registration Course. Information in this presentation can be referenced by the Section 111 COBSW User Guide's table of contents which can be accessed after logging in to the Section 111 COBSW.

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The slide features a light blue background with a white curved graphic on the left side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text is centered and reads: "If you have questions or feedback on this material, please go to the following URL: <http://www.surveymonkey.com/s/NGHPtraining>."

Slide notes

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<http://www.surveymonkey.com/s/NGHPtraining>.