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

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

Version 5.0, 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/mirngph>.

Slide notes

Welcome to the Direct Data Entry (DDE) Resume, Update and Delete Claim Reports course.

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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 site: <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>.

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Course Overview

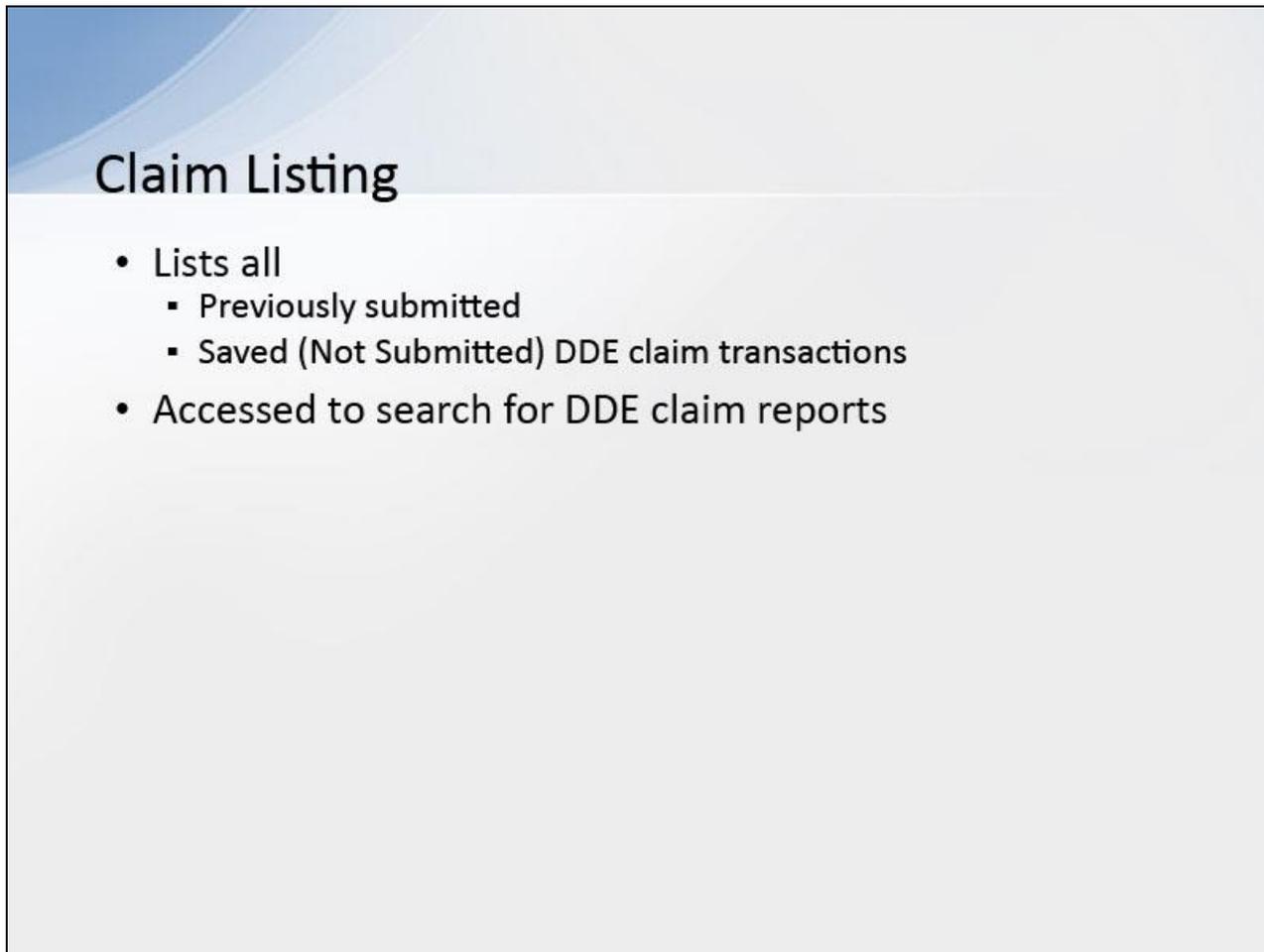
- Claim Listing
- When and how to
 - Resume claim submission
 - Submit updates
 - Submit deletes



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.

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The slide features a light blue header with the title "Claim Listing" in a large, dark font. Below the header, there is a bulleted list of three items. The first item is "Lists all", which has two sub-bullets: "Previously submitted" and "Saved (Not Submitted) DDE claim transactions". The second item is "Accessed to search for DDE claim reports".

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.

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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 RRE ID and click on the Search button. To refresh the complete list of RREs with which you are associated, click on the Refresh RRE Listing button.

The RRE Listing is sorted by RRE ID.

RRE ID: Search

One item found: 1

RRF ID	Name	Status	Subman Period	Reporting Option	FDI Representative Name	FDI Phone Number	FDI Fmail	Actions
#####	EXAMPLE RRE NAME	PROD	0	DDE	First Lastname	#####	femailname@domain.com	Please Select <input type="button" value="Go"/>

Export options: [Text](#) [Screenshot](#)

QUICK HELP
[Help About This Page](#)
[Submission Periods](#)

[Print this page](#)

I'd like to...
[Manage Personal Information](#)
[Change Password](#)
[Logout](#)

Slide notes

To access the Claim Listing page, you must login to the Section 111 Coordination of Benefits Secure Web site (COBSW) at: <https://www.cob.cms.hhs.gov/Section111/>.

Once logged in, select the Claim Listing Action on the RRE Listing page for a DDE RRE and click [Go].

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Claim Listing
 [Print this page](#)

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining

427

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.)

HICN (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.

Showing 4 claims.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10089	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View History

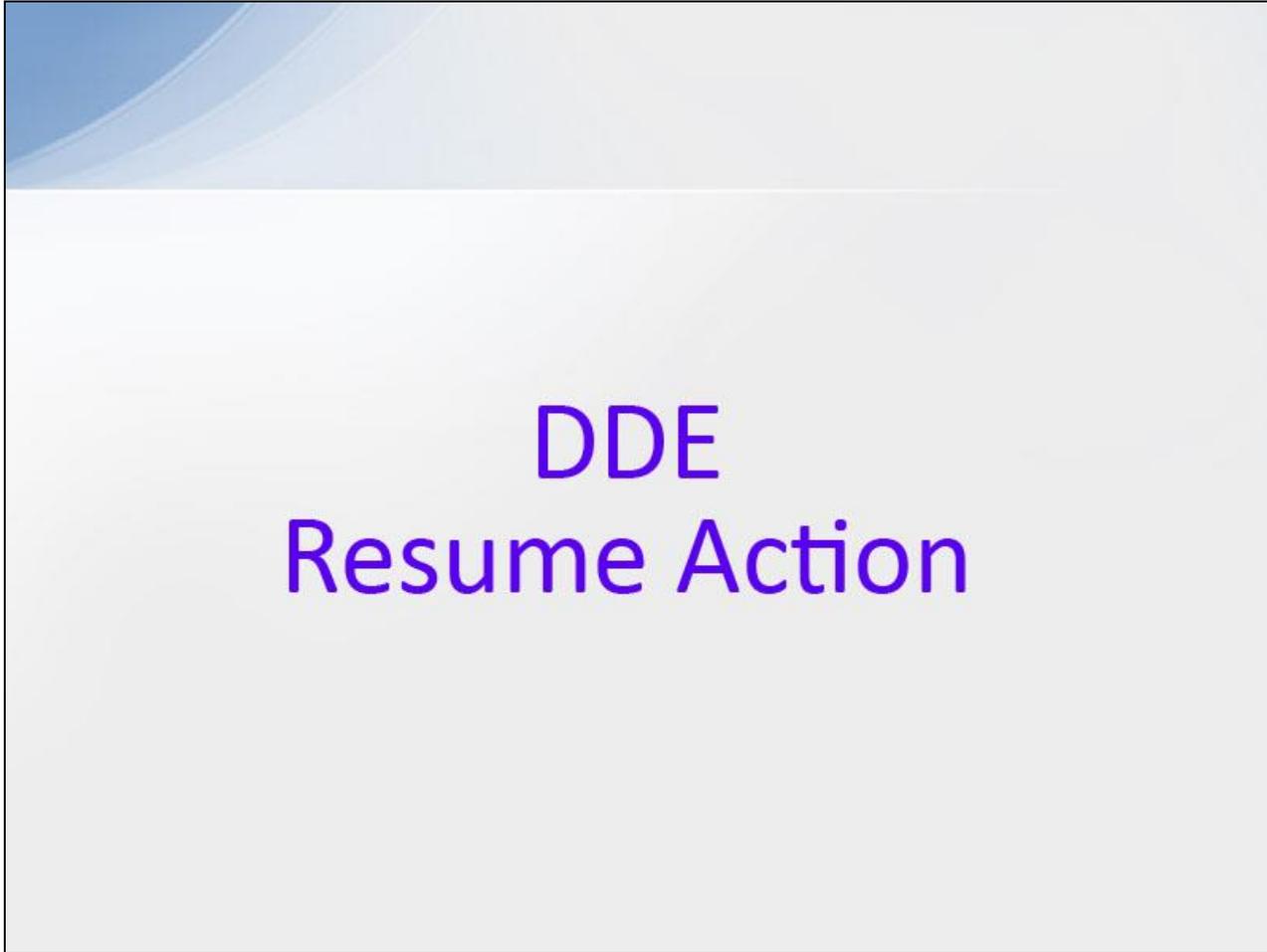
Slide notes

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 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 on the bottom of the Claim Confirmation page.

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Slide notes

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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.

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How to Resume Claim Submission

Claim Listing [Print this page](#)

This page lists all of the claims you have entered. To search for a specific claim, enter search values into any or all of the search fields, and click on the Search button.

QUICK HELP
[Help About This Page](#)

Transactions Remaining
427

DCN	<input type="text"/>	
Policy Number	<input type="text"/>	(30 characters max.)
Claim Number	<input type="text"/>	(30 characters max.)
HICN	<input type="text"/>	(12 characters max.)
Last Name, First Initial	<input type="text"/> . <input type="text"/>	
Initial Entry Dates Between	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>	A maximum two-month search range applies. Use MM/DD/YYYY date format.
And	<input type="text" value="1"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>	
Status	<input type="text" value="Not Defined"/>	

Showing 4 claims.

Latest DCN	Txx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	000000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	000000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	000000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	000000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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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Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type* (MM/DD/YYYY)

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

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

State of Venue* (MM/DD/YYYY)

Diagnosis Code Indicator ICD-9 ICD-10

Alleged Cause of Injury ICD-9 Cause-of-injury codes begin with "E".
ICD-10 Cause-of-injury codes begin with "V", "W", "X", or "Y".

Code Lookup Tool Search

Keyword Lookup Tool Search

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

	Code	Description	Delete
Diagnosis Codes (up to 19)*	71984	Joint dis NEC-hand	✕
	9140	Abrasion hand	✕

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 Search

Keyword Lookup Tool Search

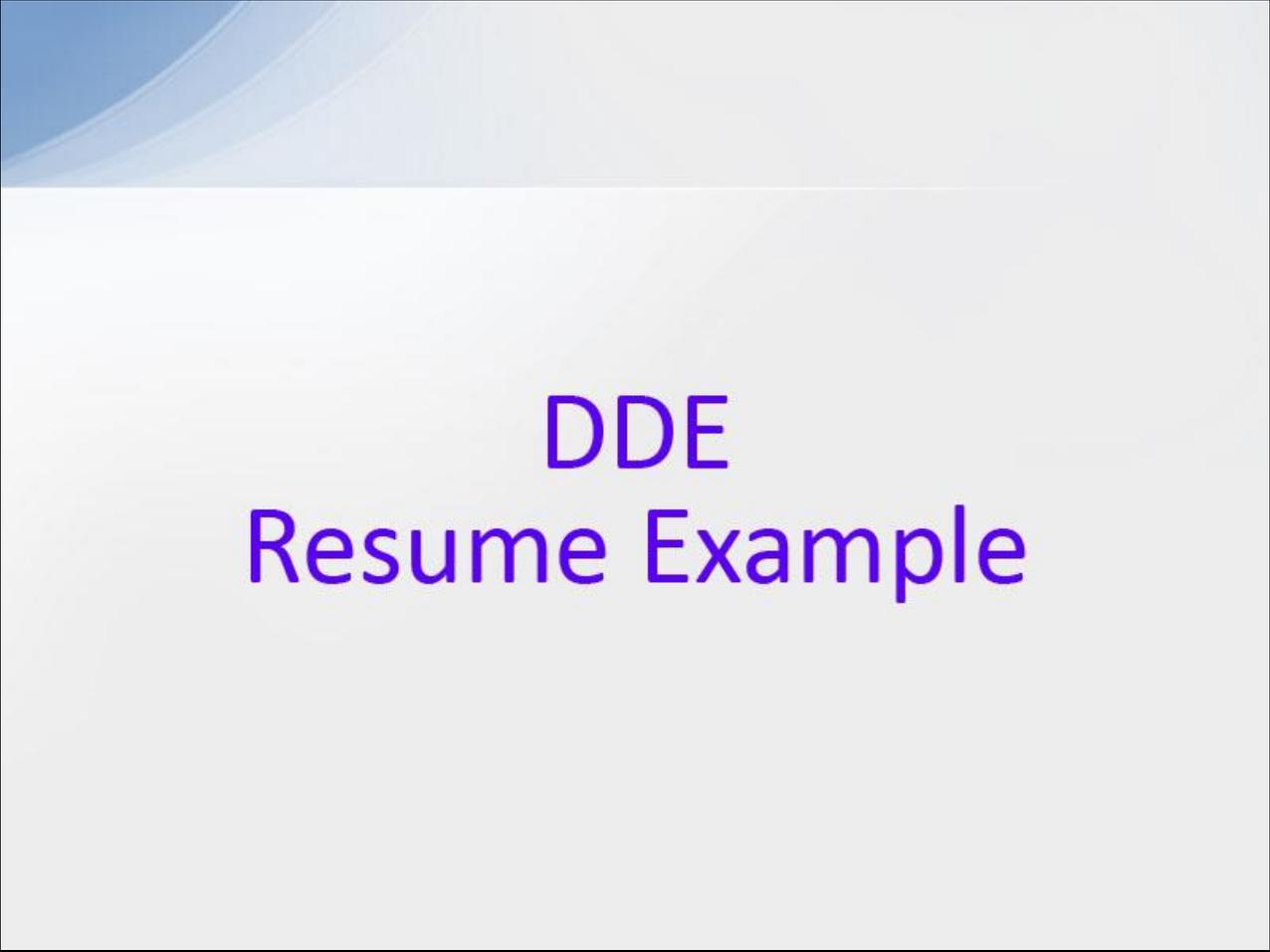
Slide notes

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.

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DDE
Resume Example

Slide notes

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Insurance Information
Step 4 of 6

Enter insurance information below.

Required*

Does the reportable event involve self-insurance? Yes No

Self-Insured Type:

Policyholder First Name, Last Name:

DBA (Do Business As) Name:

Legal Name:

RRE TIN*: (9 characters max.)

Policy Number*: (20 characters max.)

Claim Number*: (20 characters max.)

RRE Mailing Name*:

RRE Mailing Address 1*: (Street number and street name)

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

RRE Mailing City*, State*, Zip*: -

If the Insurer has a foreign address:

Foreign Address 1:

Foreign Address 2:

Foreign Address 3:

Foreign Address 4:

If the Insurer is submitting Recovery Agent Information:

Recovery Agent Mailing Name:

Recovery Agent Mailing Address 1: (Street number and street name)

Recovery Agent Mailing Address 2: (Suite number, apt. number, "Attn. To", etc.)

Recovery Agent Mailing City, State, Zip: -

Plan Contact Department Name:

Plan Contact First Name, Last Name:

Plan Contact Phone: Ext

No Fault Insurance Limit:

No Fault Limit Exhaust Date: / / Enter 99999999.99 if unlimited. (MM/DD/YYYY)

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.

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Claim Listing
 [Print this page](#)

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining

427

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.)

HICN (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.

Showing 4 claims.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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.

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Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type* (MM/DD/YYYY)

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

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

State of Venue* (MM/DD/YYYY)

Diagnosis Code Indicator ICD-9 ICD-10

Alleged Cause of Injury Diagnosis Code ICD-9 Cause-of-injury codes begin with "E".
ICD-10 Cause-of-injury codes begin with "V", "W", "X", or "Y".

Code Lookup Tool Search

Keyword Lookup Tool Search

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

	Code	Description	Delete
Diagnosis Codes (up to 19)*	71984	Joint dis NEC-hand	✕
	9140	Abrasion hand	✕

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 Search

Keyword Lookup Tool Search

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? Yes No

Self-Insured Type:

Policyholder First Name, Last Name:

DBA (Do Business As) Name:

Legal Name:

RRE TIN*: (9 characters max.)

Policy Number*: (20 characters max.)

Claim Number*: (20 characters max.)

RRE Mailing Name*:

RRE Mailing Address 1*: (Street number and street name)

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

RRE Mailing City*, State*, Zip*: -

If the Insurer has a foreign address:

Foreign Address 1:

Foreign Address 2:

Foreign Address 3:

Foreign Address 4:

If the Insurer is submitting Recovery Agent Information:

Recovery Agent Mailing Name:

Recovery Agent Mailing Address 1: (Street number and street name)

Recovery Agent Mailing Address 2: (Suite number, apt. number, "Attn. To", etc.)

Recovery Agent Mailing City, State, Zip: -

Plan Contact Department Name:

Plan Contact First Name, Last Name:

Plan Contact Phone: () () Ext

No Fault Insurance Limit:

No Fault Limit Exhaust Date: / / Enter 99999999.99 if unlimited. (MM/DD/YYYY)

Slide notes

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

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Plan Contact Last Name	
Plan Contact Phone	
Plan Contact Ext	
No Fault Limit Exhaust Date	
No-Fault Insurance Limit	\$0.00

Representative

Type	Attorney
TIN	
Rep First Name	John
Rep Last Name	Smith
Firm Name	
Address 1	219 Main St
Address 2	
City	Mount Airy
State	MARYLAND
Zip5	21771
Zip4	
Phone	3015555555
Extension	

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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].

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The slide features a light blue gradient background with a darker blue curved shape in the top-left corner. The text "DDE Update Action" is centered in a purple font.

DDE Update Action

Slide notes

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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.

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How to Submit an Update

Claim Listing
 Print this page

QUICK HELP
[Help About This Page](#)

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.)

HICN (12 characters max.)

Last Name, First Initial .

Initial Entry Dates Between / /

And / /

Status

Transactions Remaining
427

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

Showing 4 claims.

Latest DCN	Trx Cat.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	000000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	000000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	000000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	000000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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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Claim Confirmation

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

[Print this page](#)

Injured Party

HICN	
First Name	
Middle Initial	
Last Name	
Gender	
DOB	

Injury

Insurance Type	No-Fault
CMS Date of Injury	01/01/2010
Industry Date of Injury	
State of Venue	ALASKA
Diagnosis Code Indicator	ICD-09
Alleged Cause of Injury Diagnosis	E8910
Diagnosis 1	
Diagnosis 2	
Diagnosis 3	
Diagnosis 4	
Diagnosis 5	
Diagnosis 6	

QUICK HELP

[Help About This Page](#)

Transactions Remaining

449

Claim:

Unstored changes! Click Save to protect your work.

Reporter ID	
Claim ID	
Claim Add Dt	05-06-2011
Status Cd	Saved Not Submitted
HICN	
Inj Last Name	
Inj First Name	
Inj M	
Inj Gndr Cd	Female
Inj DOB	10-12-1940
Org Inj Dt	03-03-2010
Ind Inj Dt	03-01-2010
Cl Diag Cd	E8942
Venue State	NEW YORK
ORR Ind	Yes
SI Ind	No
SI Type Cd	Not Defined
PH Last Name	
PH First Name	

ORM TPOC

ORM Indicator	No
ORM Termination Date	
TPOC 1 Date	01/01/2011
TPOC 1 Amount	\$450000.00
TPOC 1 Delay Date	

Insurance

Does the reportable event involve self-insurance?	
Self Insured Type	Not Defined
Policyholder First Name	
Policyholder Last Name	
DBA Name	

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.

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Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type* (MM/DD/YYYY)

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

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

State of Venue* (MM/DD/YYYY)

Diagnosis Code Indicator ICD-9 ICD-10

Alleged Cause of Injury Diagnosis Code ICD-9 Cause-of-injury codes begin with "E".
ICD-10 Cause-of-injury codes begin with "V", "W", "X", or "Y".

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Keyword Lookup Tool Search

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

	Code	Description	Delete
Diagnosis Codes (up to 19)*	71984	Joint dis NEC-hand	✕
	9140	Abrasion hand	✕

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 Search

Keyword Lookup Tool Search

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.

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Plan Contact Last Name	
Plan Contact Phone	
Plan Contact Ext	
No Fault Limit Exhaust Date	
No-Fault Insurance Limit	\$0.00

Representative

Type	Attorney
TIN	
Rep First Name	John
Rep Last Name	Smith
Firm Name	
Address 1	219 Main St
Address 2	
City	Mount Airy
State	MARYLAND
Zip5	21771
Zip4	
Phone	3015555555
Extension	

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Slide notes

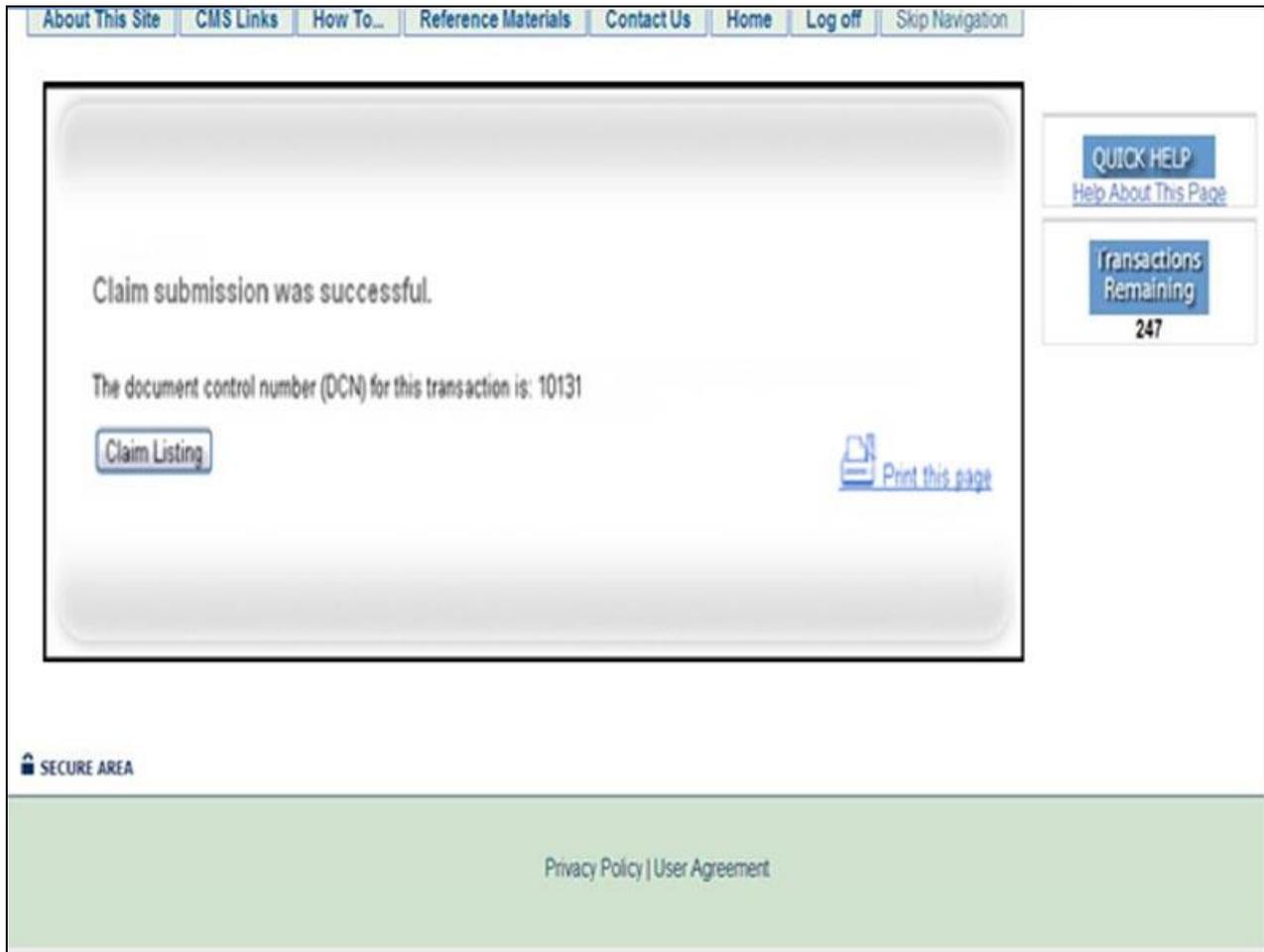
When you have returned to the Claim Confirmation page, verify that all updates have been made and then scroll to the bottom of the Claim Confirmation page.

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.

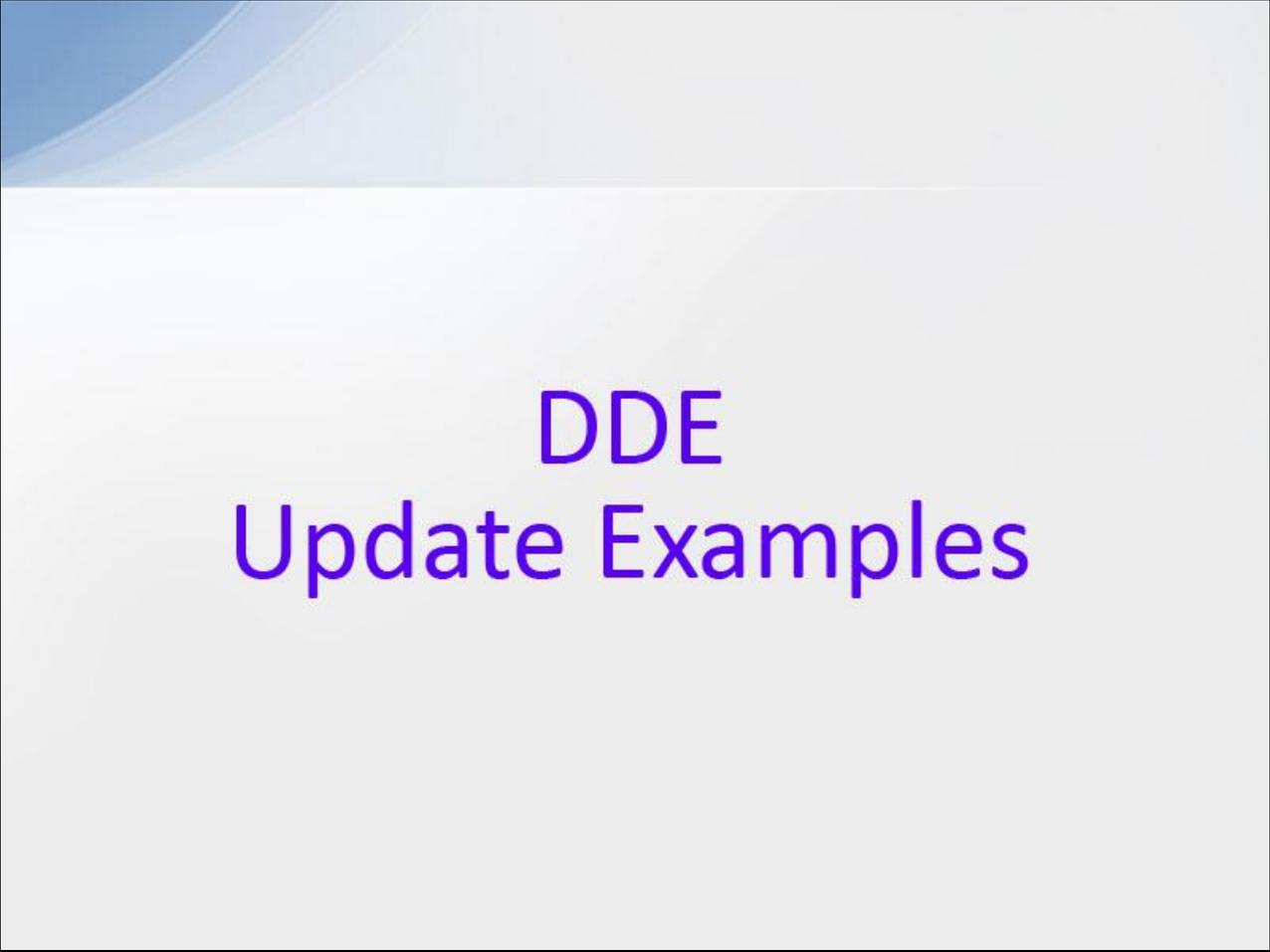
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Slide notes

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.

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DDE Update Examples

Slide notes

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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.

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Plan Contact Last Name	
Plan Contact Phone	
Plan Contact Ext	
No Fault Limit Exhaust Date	
No-Fault Insurance Limit	\$0.00

Representative

Type	Attorney
TIN	
Rep First Name	John
Rep Last Name	Smith
Firm Name	
Address 1	219 Main St
Address 2	
City	Mount Airy
State	MARYLAND
Zip5	21771
Zip4	
Phone	3015555555
Extension	

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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.

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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

Is the ORM terminated?* Yes No

ORM Termination Date / / (MM/DD/YYYY)

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"/>

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, but not more than 6 months greater than the claim submission date.

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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.

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Plan Contact Last Name	
Plan Contact Phone	
Plan Contact Ext	
No Fault Limit Exhaust Date	
No-Fault Insurance Limit	\$0.00

Representative

Type	Attorney
TIN	
Rep First Name	John
Rep Last Name	Smith
Firm Name	
Address 1	219 Main St
Address 2	
City	Mount Airy
State	MARYLAND
Zip5	21771
Zip4	
Phone	3015555555
Extension	

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Slide notes

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

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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 InformationStep 3 of 6

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

Required*

ORM Indicator* Yes No

Is the ORM terminated?* Yes No

ORM Termination Date / / (MM/DD/YYYY)

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"/>

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.

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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

Is the ORM terminated?*

Yes No

ORM Termination Date

/ /

(MM/DD/YYYY)

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"/>

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.

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Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type* (MM/DD/YYYY)

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

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

State of Venue* (MM/DD/YYYY)

Diagnosis Code Indicator ICD-9 ICD-10

Alleged Cause of Injury Diagnosis Code ICD-9 Cause-of-injury codes begin with "E".
ICD-10 Cause-of-injury codes begin with "V", "W", "X", or "Y".
To specify the diagnosis, enter a known code and click "Apply Code" or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match embedded text.

Code Lookup Tool Search

Keyword Lookup Tool Search

	Code	Description	Delete
Diagnosis Codes (up to 19)*	71984	Joint dis NEC-hand	✕
	9140	Abrasion hand	✕

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 Search

Keyword Lookup Tool Search

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.

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Injury Information
Step 2 of 6

Enter injury information below.

Required*

Insurance Type* (MM/DD/YYYY)

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

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

State of Venue*

Diagnosis Code Indicator ICD-9 ICD-10

Alleged Cause of Injury ICD-9 Cause-of-injury codes begin with "E".
ICD-10 Cause-of-injury codes begin with "V", "W", "X", or "Y".

Code Lookup Tool Search

Keyword Lookup Tool Search

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

	Code	Description	Delete
Diagnosis Codes (up to 19)*	71984	Joint dis NEC-hand	✕
	9140	Abrasion hand	✕

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 Search

Keyword Lookup Tool Search

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.

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DDE
Delete Action

Slide notes

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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.

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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 Part HICN 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 Health Insurance Claim Number (HICN) 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.

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How to Submit a Delete

Claim Listing
 Print this page

[QUICK HELP](#)
[Help About This Page](#)

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	<input type="text"/>	
Policy Number	<input type="text"/>	(30 characters max.)
Claim Number	<input type="text"/>	(30 characters max.)
HICN	<input type="text"/>	(12 characters max.)
Last Name, First Initial	<input type="text"/> . <input type="text"/>	
Initial Entry Dates Between	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>	A maximum two-month search range applies. Use MM/DD/YYYY date format.
And	<input type="text" value="1"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>	
Status	<input type="text" value="Not Defined"/>	

Transactions Remaining

427

Showing 4 claims.

Latest DCN	Txx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	000000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	000000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10089	000000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	000000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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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Claim Listing
 [Print this page](#)

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining

427

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.)

HICN (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.

Showing 4 claims.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View History

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 with 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.

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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

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.

Injured Party		Injury	
HICN		CMS Date of Injury	###/###/###
First Name	FIRST	Industry Date of Injury	
Middle Initial		State of Venue	AAVVVVV
Last Name	LAST	Alleged Cause of Injury	E0179
Gender		Diagnosis	
DOB	###/###/###	Diagnosis 1	01001
		Diagnosis 2	01002
ORM TPOC		Insurance	
ORM Indicator	No	Insurance Type	NoFault
Is the ORM terminated?		Is the Injured Party Self Insured?	No
ORM Termination Date		Self Insured Type	Not Defined
Representative		Policyholder First Name	FIRST
		Policyholder Last Name	LAST

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

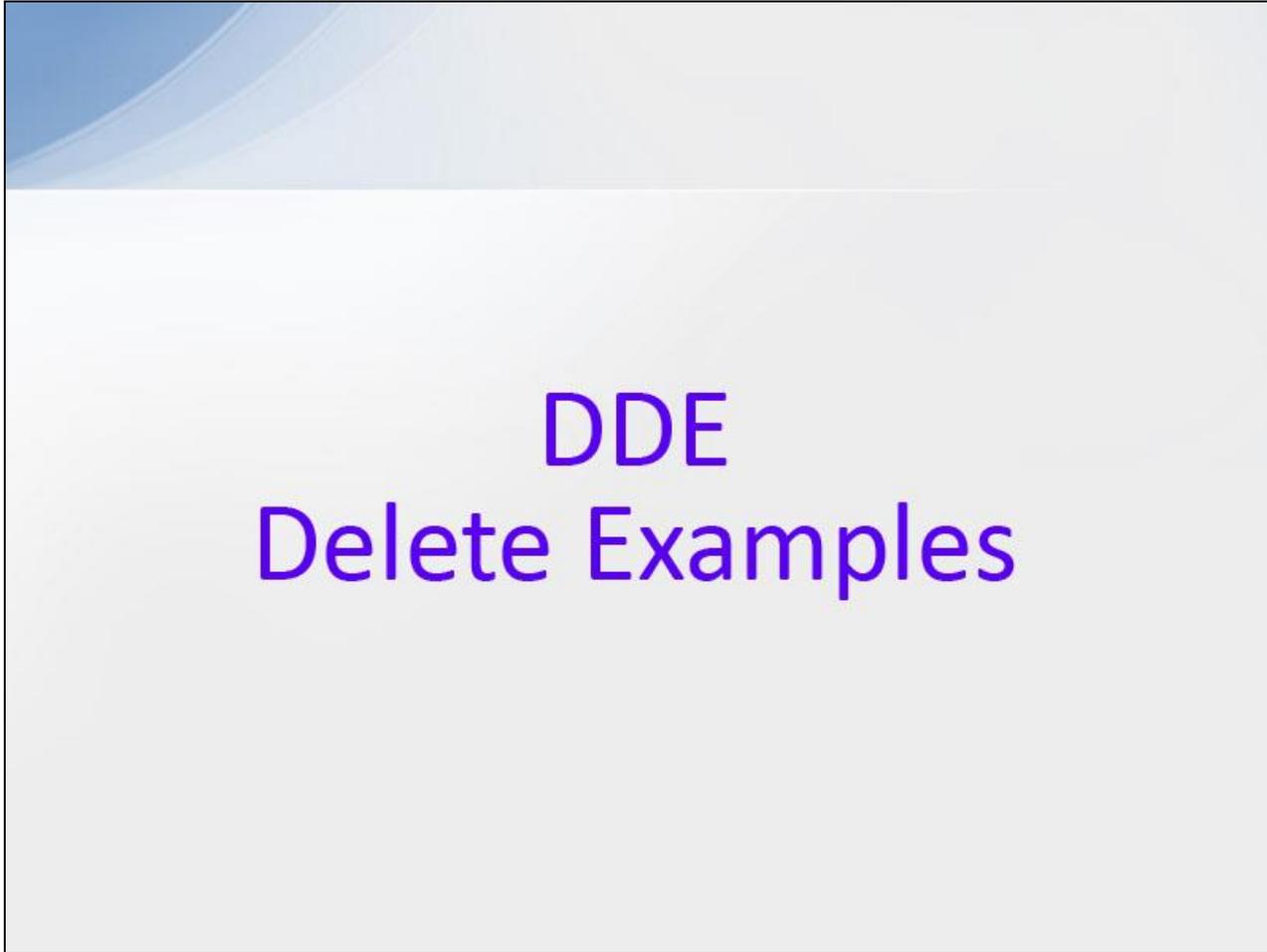
Slide notes

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.

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Slide notes

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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.

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Claim Listing
 Print this page

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining

427

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.)

HICN (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.

Showing 4 claims.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10089	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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.

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Claim Listing
 [Print this page](#)

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining

427

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 character max.)

Claim Number (30 character max.)

HICN (12 character max.)

Last Name, First Initial

Initial Entry Dates Between / /

And / /

Status

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

Showing 4 claims.

Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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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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.

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Claim Listing
 [Print this page](#)

[QUICK HELP](#)
[Help About This Page](#)

Transactions Remaining
427

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.)

HICN (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.

Showing 4 claims.

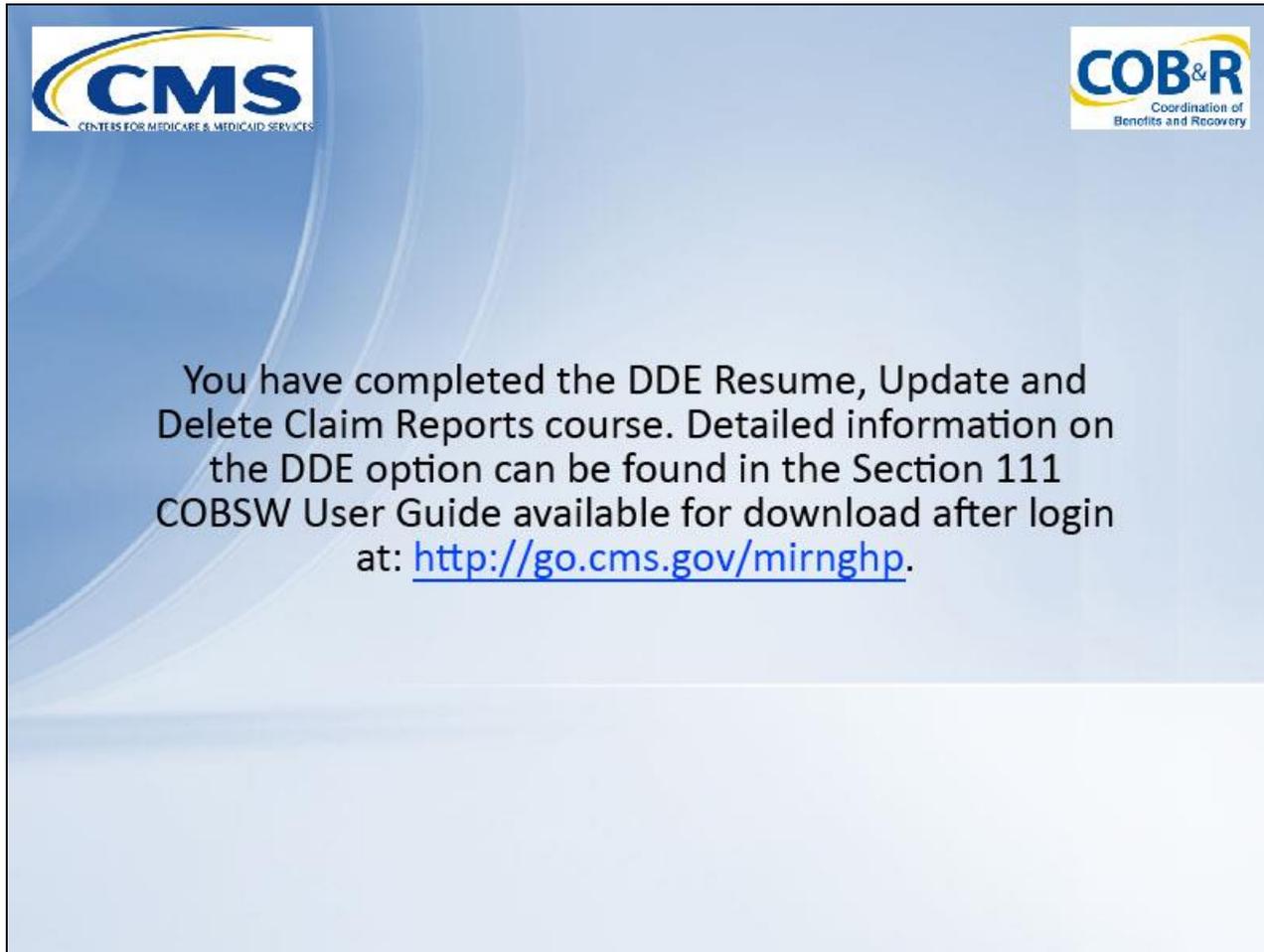
Latest DCN	Trx Cnt.	Policy Number	Claim Number	HICN	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
10132	00000007	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New	02	Update Delete History
10131	00000002	#####	#####	#####A	FIRST M. LAST	#####	#####	Update	New		Update Delete History
DCN10082	00000001	#####	#####	#####A	FIRST M. LAST	#####	#####	Add	Saved Not Submitted		Resume Delete History
10087	00000001	#####		#####A	FIRST M. LAST	#####	#####	Add	Deleted		View 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.

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The slide features a light blue background with a white horizontal band at the bottom. 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 central text reads: "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: <http://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: <http://go.cms.gov/mirnghp>.

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The slide features a light blue background with a white horizontal band at the bottom. 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 central text reads: "If you have any questions or feedback on this material, please go the following URL: <https://www.surveymonkey.com/s/NGHPTraining>."

Slide notes

If you have any questions or feedback on this material, please go the following URL:
<https://www.surveymonkey.com/s/NGHPTraining>.