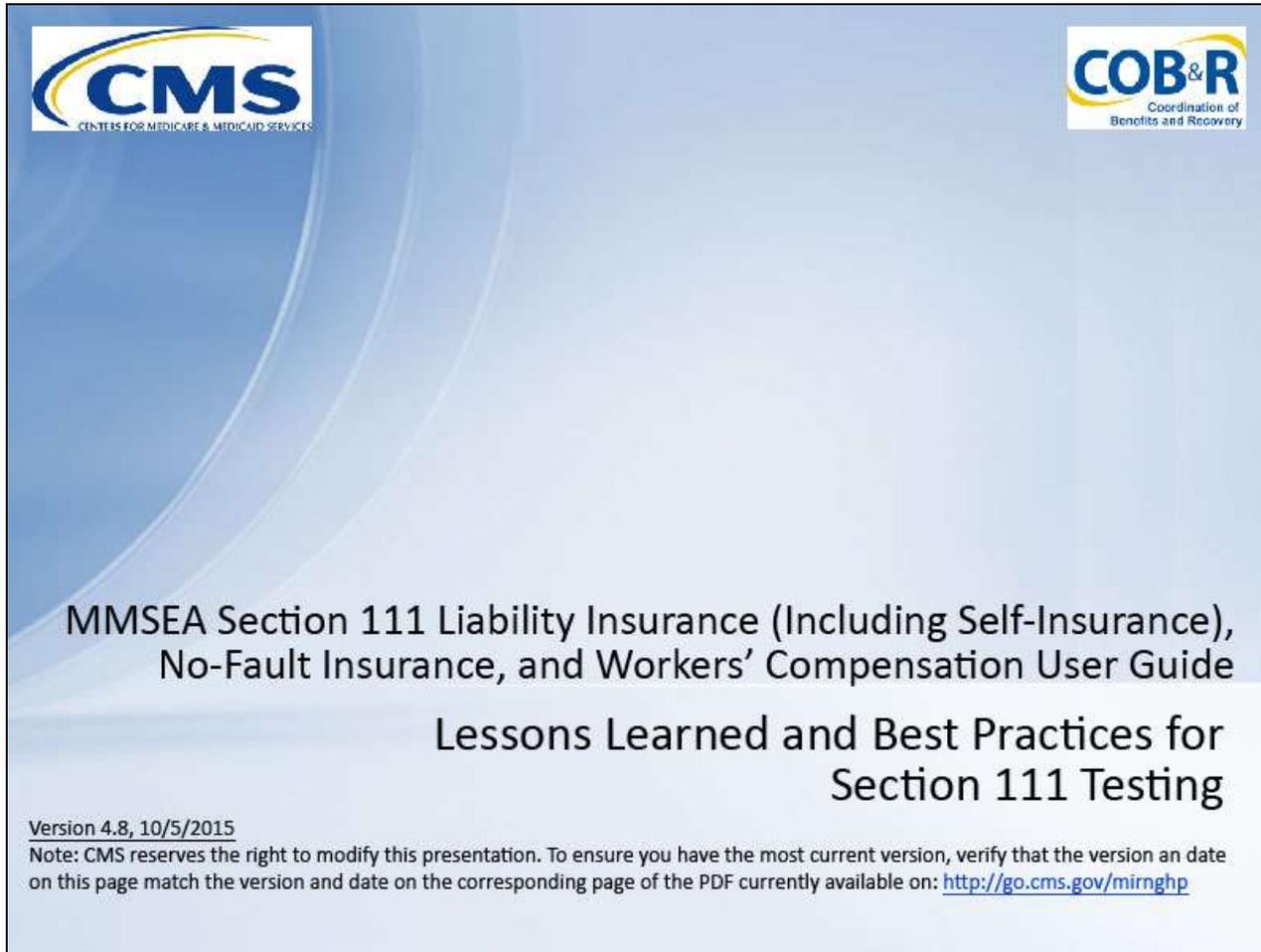


Slide 1 - of 29



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 and reads: "MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide" followed by "Lessons Learned and Best Practices for Section 111 Testing". At the bottom left, it states "Version 4.8, 10/5/2015" and includes a note: "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/mirmghp>".

Slide notes

Welcome to the Lessons Learned and Best Practices for Section 111 Testing CBT.

Note: This module only applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission.

Slide 2 - of 29

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.

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

Slide 3 - of 29

Course Overview

- Communicating with your EDI Representative
- Severe errors caused by
 - Record Length
 - File Record Count
 - File Submission Date
- Common mistakes related to
 - SFTP Mailboxes
 - TIN and Office Code/Site IDs
 - ICD Diagnosis Codes
- How to obtain beneficiary test data



Slide notes

This course was created to share lessons learned from the results of Section 111 Non-Group Health Plan (NGHP) RRE testing performed to date. It reviews the following information to help improve the results of your testing: communicating with your Electronic Data Interchange (EDI) Representative; Severe Errors caused by invalid record lengths, File Record Counts, and File Submission Dates; as well as other common mistakes related to Secure File Transfer Protocol (SFTP) Mailboxes, Tax Identification Number (TIN) and Office Code/Site IDs, and International Classification of Diseases (ICD) Diagnosis Codes.

Information is also provided on how to obtain beneficiary test data.

The testing process is an important tool that will enable you to test and resolve any potential issues on a small scale before moving to a large-scale production environment.

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

Slide 4 - of 29

EDI Representative

- Initiate communication as soon as possible
 - Notify when you are ready to submit test files
 - Notify if you have any file submission issues
- Continued communication is critical to success

Slide notes

RREs should contact their EDI Representative as soon as possible to initiate communication.

Let your EDI Representative know when you are ready to submit test files or if there are any file submission issues. Please note that continued communication with your EDI Representative is critical to success.

Slide 5 - of 29

Severe Error - Record Length

All records submitted are fixed length 2220 byte

- TIN Reference File Header, Detail, and Trailer records
- Claim Input File Header, Detail, and Auxiliary records

If records are other than 2220 bytes, they will reject

Space fill any record that is other than 2220 bytes
and place the carriage return line feed (CRLF) in
byte 2221

Slide notes

In order to mitigate your risk of receiving Severe Errors during your Section 111 testing process, there are a number of crucial details that must be adhered to.

To begin, all records that are submitted for Section 111 are fixed length 2220 byte records. This includes the TIN Reference File Header, Detail and Trailer records as well as the Claim Input File Header, Detail, Trailer and Auxiliary records.

Each of these records must be submitted with 2220 bytes, otherwise they will reject. Space fill any record that is other than 2220 bytes and place the carriage return line feed (CRLF) in byte 2221.

Slide 6 - of 29

Severe Error - File Record Count

- File Record Count (Field 5) on the Claim Input File Trailer Record must be submitted accurately
 - Right justify and pad with leading zeroes as applicable
 - Include the total number of detail and auxiliary records
 - Detail and auxiliary records counted separately
- Example
 - Two Claim Input File Detail Records
 - One record includes an auxiliary record
 - One record does not include an auxiliary record
 - File Record Count would be three (2 detail + 1 auxiliary)
 - Submit this field as “0000003”
 - Do not include header or trailer records in the count

Slide notes

This error can be avoided by ensuring that the File Record Count (Field 5) on the Claim Input File Trailer Record is submitted accurately. As with all numeric fields, it must be right justified and include leading zeroes as applicable.

This field must include the total number of detail and auxiliary records included in the file. Detail and auxiliary records are counted separately. For example, let's assume you submitted two Claim Input File Detail Records.

One includes an auxiliary record and the other does not. In this case, the File Record Count would be three (i.e., two detail records + one auxiliary record) and should be submitted as “0000003”.

Do not include header or trailer records in the count.

Slide 7 - of 29

Severe Error - 200 Test Record Limit

 ACCEPTED	 REJECTED
Test files with a combined total of 200 or less Detail/Auxiliary records	Test files with more than 200 Detail/Auxiliary records

- RREs will receive an e-mail message for any file that rejects due to a Severe Error

Slide notes

Your test file will be rejected if the number of records submitted exceeds 200. Test files must be limited to no more than a combined total of 200 Detail and Auxiliary records (excluding the header and trailer).

Test files with more than 200 Detail and Auxiliary records will be rejected and not processed.

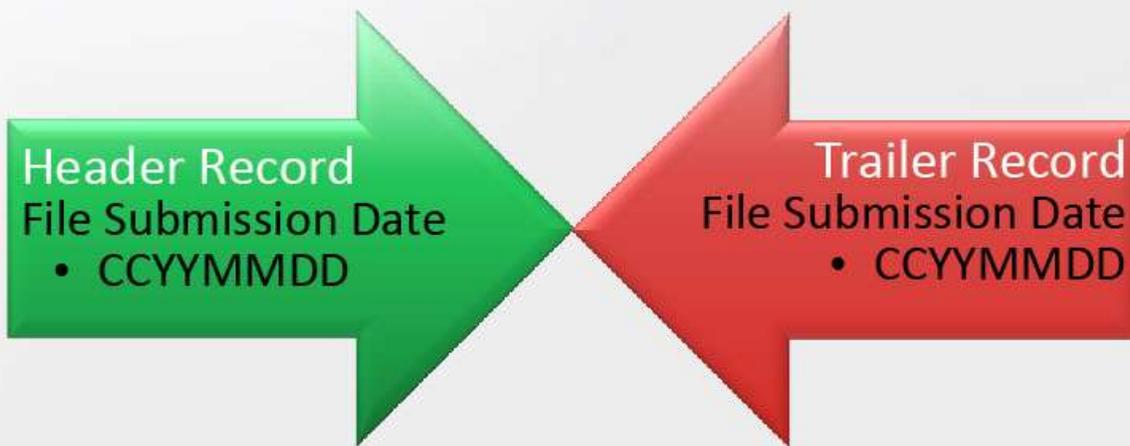
RRE Account Managers will receive an auto-generated error message via e-mail and their EDI Representative will reach out to them directly.

RREs will receive an e-mail message for any file that rejects due to a Severe Error. Work with your EDI Representative to resolve these errors.

Slide 8 - of 29

Severe Error - File Submission Date

- File Submission Date submitted on corresponding Header and Trailer records must match



Slide notes

Another common error received during testing involved the File Submission Date field found on the Header and Trailer records.

To avoid receiving this error, make sure that the File Submission Date submitted on corresponding Header and Trailer Records are the same.

Slide 9 - of 29

Multiple SFTP Mailboxes

- RRE with multiple RRE IDs/mailboxes
 - Must submit files in associated SFTP mailbox for the RRE ID
- Example: RRE has 3 RRE IDs and 3 SFTP mailboxes:
 - File for RRE ID 000000001 must be submitted in RRE ID 000000001's mailbox
 - If submitted in RRE ID 000000002's or RRE ID 000000003's mailbox, it will be rejected

Slide notes

When an RRE has multiple RRE IDs and multiple SFTP mailboxes, they must ensure that files for an RRE ID are submitted in the associated SFTP mailbox for that RRE ID.

For example, if an RRE has three RRE IDs and three associated SFTP mailboxes, a file for RRE ID 000000001 must be submitted in RRE ID 000000001's mailbox.

If it is submitted in RRE ID 000000002's or RRE ID 000000003's mailbox, it will be rejected.

Slide 10 - of 29

Record Layout Review

The diagram shows a table with the following structure:

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be 'NGCD' Required

Callouts:

- Field Width:** Points to the 'Size' column.
- Type of Data:** Points to the 'Data Type' column.
- Requirements:** A list of requirements: Data to be submitted, Formatting, and Required field. This callout points to the 'Description' column.

Slide notes

Some of the mistakes noted during NGHP RRE testing involved incorrect formatting of records which caused records to reject.

RREs are encouraged to review each Section 111 record layout to ensure fields are formatted correctly and adhere to the data formatting standards expected on Section 111 input files.

Section 111 record layouts include a Size, Data Type and a Description column. The Size indicates the fixed width of the field. The Data Type specifies the type of data that can be submitted in the field.

The Description column provides several key pieces of information: an explanation of the data that should be submitted in the field, the format you must use when submitting that data, and whether or not data in the field is required.

A sample of the record layout is shown.

Slide 11 - of 29

Data Formatting Standards Review

- Adhere to specific data formatting standards or records will reject
- Ensure your system is set to
 - Format fields as specified
 - Input appropriate default values as noted
- Section 111 fields are fixed length fields
 - Ensure submitted default value is the same length as the length defined for the field

Slide notes

Section 111 files must adhere to specific data formatting standards, i.e., fields must be formatted as specified in the record layout otherwise the record will reject.

Ensure that your system is set to format fields as specified in the record layouts and input the appropriate default values as noted.

Section 111 fields are fixed length fields. When inputting a default value into one of these fields, ensure that the submitted default value is the same length as the length defined for the field.

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Default Values

- Default Value
 - Must be used when no data to submit
 - Value used if no other valid value is available
- Fields no subject to default value rule
 - Injured Party's Representative (fields 64-76) and Claimant 1-4 fields, and Claimant Representative 1-4 fields
 - If RRE is not submitting any data in these fields, they may
 - Default each field in these sections to its appropriate default value per the field type, or
 - Fill the entire section of the corresponding record with spaces

Slide notes

Appropriate default values must be used when the RRE does not have data to submit in a field. (Note: A default value is the value that should be put in a field if no other valid value is available).

The following fields are not held to the default value rule: the Injured Party's Representative (fields 64-76), the Claimant 1-4 fields and Claimant Representative 1-4 fields.

Therefore, if the RRE is not submitting any data in these fields (for example there is no Injured Party Representative to report), they have the option of defaulting each field in these sections to its appropriate default value per the field type (zeroes or spaces) or filling the entire section of the corresponding record with spaces if not supplying this information.

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Default Values

Field Types		
Numeric	Alphabetic, Alphanumeric, Alphanumeric Plus Prens	Numeric Date
<ul style="list-style-type: none">• Right justified• Default to zeroes• Example: Plan Contact Phone (10) = "0000000000"	<ul style="list-style-type: none">• Left justified, space filled• Default to all spaces• Example: Injured Party Middle Initial (1) = " "• Example 2: Plan Contact Last Name (40) = " " (fill with 40 spaces)	<ul style="list-style-type: none">• Cannot contain hyphens/slases• Default to zeroes• Example: TPOC Date (8) = "00000000"

Slide notes

The following data types are used on Section 111 files: numeric, alphabetic, alphanumeric, alphanumeric plus prens, and numeric date. When submitting a value in a numeric field, the value must be right justified with no decimal point.

If you are not submitting data in a numeric field, you must submit all zeroes in the field unless otherwise specified in the record layouts.

For example, if you have no information to report in the Plan Contact Phone field (which has 10 numeric bytes), you must fill this field with 10 zeroes.

When submitting a value in an alphabetic, alphanumeric or alphanumeric plus prens field, the value must be left justified and space filled.

If you are not submitting data in an alphabetic alphanumeric or alphanumeric plus prens field, you must submit all spaces in the field unless otherwise specified in the record layouts.

For example, if the Injured Party Middle Initial, a 1 byte alphabetic field is unknown, you must fill this field with one space.

If you have no information to report in the Plan Contact Last Name field, an alphanumeric 40 byte field, you must fill this field with forty spaces.

When submitting a value in a numeric date field, the data entered in the field cannot contain any hyphens or slashes.

If you are not submitting data in a numeric date field, you must submit all zeroes in the field unless otherwise specified in the record layouts.

For example, if you are not submitting a Total Payment Obligation to Claimant (TPOC), then the TPOC Date is not required and the TPOC Date must be filled with all zeroes, its numeric date default.

Slide 14 - of 29

Correctly Format Fields

- Dollar amount fields have an implied decimal
- Dollar amount fields should not include
 - Dollar sign (\$)
 - Commas (,) or
 - Decimals (.)
- Last two positions of dollar amount fields reflect cents

Dollar Amount Examples (11-byte number fields)	
\$10,500.00 input as 00001050000	\$20,500.55 input as 00002050055

Slide notes

Ensure that fields are correctly formatted. Remember, dollar amount fields have an implied decimal and should not include the dollar sign (\$), commas (,) or decimal point (.).

The last two positions of dollar amount fields reflect cents.

For example, in an 11 byte number field, a dollar amount of \$10,500.00 would be input 00001050000 and an amount of \$20,500.55 would be input as 00002050055.

Slide 15 - of 29

Correctly Format Fields

- Numeric fields should be padded with leading zeroes

Numeric Field Example
(9-byte numeric field)

RRE ID 12345678 input as 012345678

Slide notes

Numeric fields should be padded with leading zeroes. To enter an RRE ID of 12345678, in its 9-digit numeric field, add a leading zero in the first place holder to make this a 9-digit numeric field and input the data as 012345678.

Slide 16 - of 29

Error Code Description Review

- Error code listed in Appendix F include
 - Error Code
 - Field(s) associated to that Error Code
 - Description
- RREs must review Error Code descriptions to ensure records will not reject

Slide notes

In order to avoid incorrect formatting of records, RREs must also review the Error Codes in the NGHP User Guide Appendices Chapter.

The Error Codes listed in Appendix F include the Error Code, the Field(s) associated to the Error Code and a description of events that trigger the receipt of the Error Code on the response file.

RREs must review these descriptions to ensure that records will not reject for the errors listed in Appendix F.

Slide 17 - of 29

Error Code Description Review

Error Code	Field	Description
CB01	Detail or Auxiliary Record Identifier	<ul style="list-style-type: none">• Required• Must be equal to 'NGCD' (Claim Input File Detail Record) or 'NGCE' (Claim Input File Auxiliary Record). 'NGCE' must always follow an 'NGCD' record• If 'NGCE' record submitted, DCN/HICN/SSN/Injured Party First Name/Injured Party Last Name must match values on the 'NGCD' record

Slide notes

As an example, Error Code CB01 from Appendix F is shown on this slide. This Error Code is related to Field 1 (Record Identifier) on the Claim Input File Detail Record or Auxiliary Record.

As you can see from the description for this Error Code, several conditions will cause a record to reject for errors related to the Record Identifier field.

For example, when an Auxiliary Record is submitted, it must follow the Claim Input File Detail Record otherwise the record will reject with a CB01 (i.e., a record identifier of NGCE (Claim Input File Auxiliary Record) must always follow the NGCD (Claim Input File Detail Record).

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TIN Reference File Detail Records

- Must submit valid TIN Reference Detail Records
- For each TIN submitted, include
 - Actual IRS-assigned TIN numbers
 - Applicable Office Code/Site IDs
 - Corresponding actual address information

Slide notes

To improve testing results, RREs must submit valid TIN Reference File Detail Records (i.e., for each TIN submitted, include actual Internal Revenue Service (IRS)-assigned TIN numbers, applicable Office Code/Site IDs, and the corresponding actual address information).

Slide 19 - of 29

Office Code/Site ID Issues

Office Code/Site ID is used to uniquely identify variations in RRE locations and addresses with one TIN

If not used, it must be filled with nine spaces on the Claim Input File Detail Record/TIN Reference File Detail Record

If used, all 9 positions must contain a number

- Example: Office Code 123 must be right justified and filled with leading zeroes and submitted as 000000123

Each TIN and Office Code/Site ID of each Claim Input File Detail Record must match accepted TIN and Office Code/Site ID on TIN Reference File

Slide notes

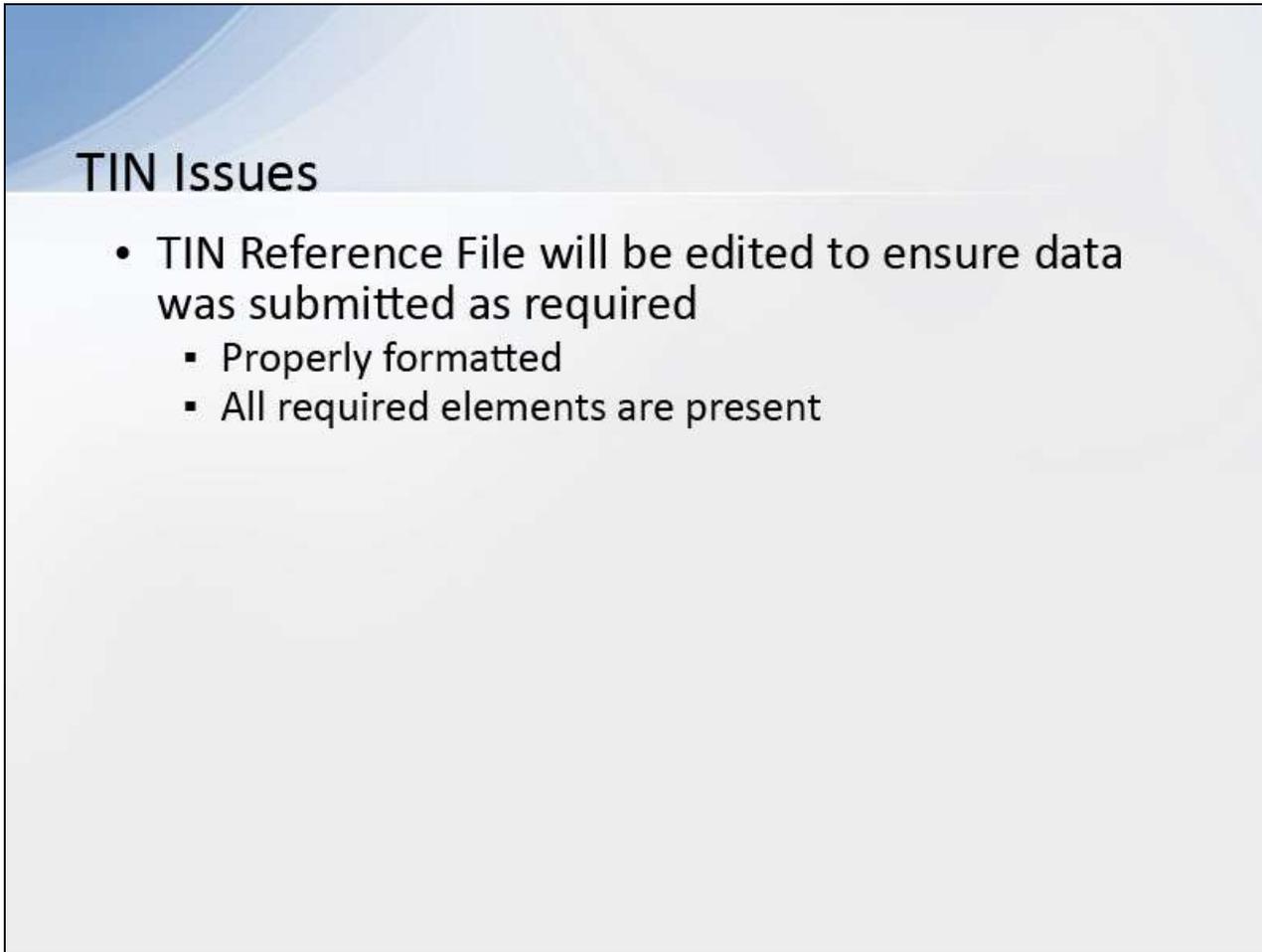
The Office Code/Site ID on the TIN Reference File is an optional field which the RRE may define and use to uniquely identify variations in RRE locations and addresses with one TIN.

If the RRE chooses not to use this field, it must be filled with nine spaces on the Claim Input File Detail Record and corresponding TIN Reference File Detail Record.

However, if used, all 9 positions of this field must contain a number. For example, if you assign an Office Code of 123, you must right justify and fill this field with leading zeroes and submit it as 000000123.

Each TIN and Office Code/Site ID submitted in Fields 52 and 53 of each Claim Input File Detail Record must match an accepted TIN and Office Code/Site ID record on your TIN Reference File.

Slide 20 - of 29

The slide features a light blue header with the title "TIN Issues" in a dark font. Below the header, there is a bulleted list of two items. The first item is a main bullet point, and the second is a sub-bulleted list with two items. The background of the slide is a light gray gradient.

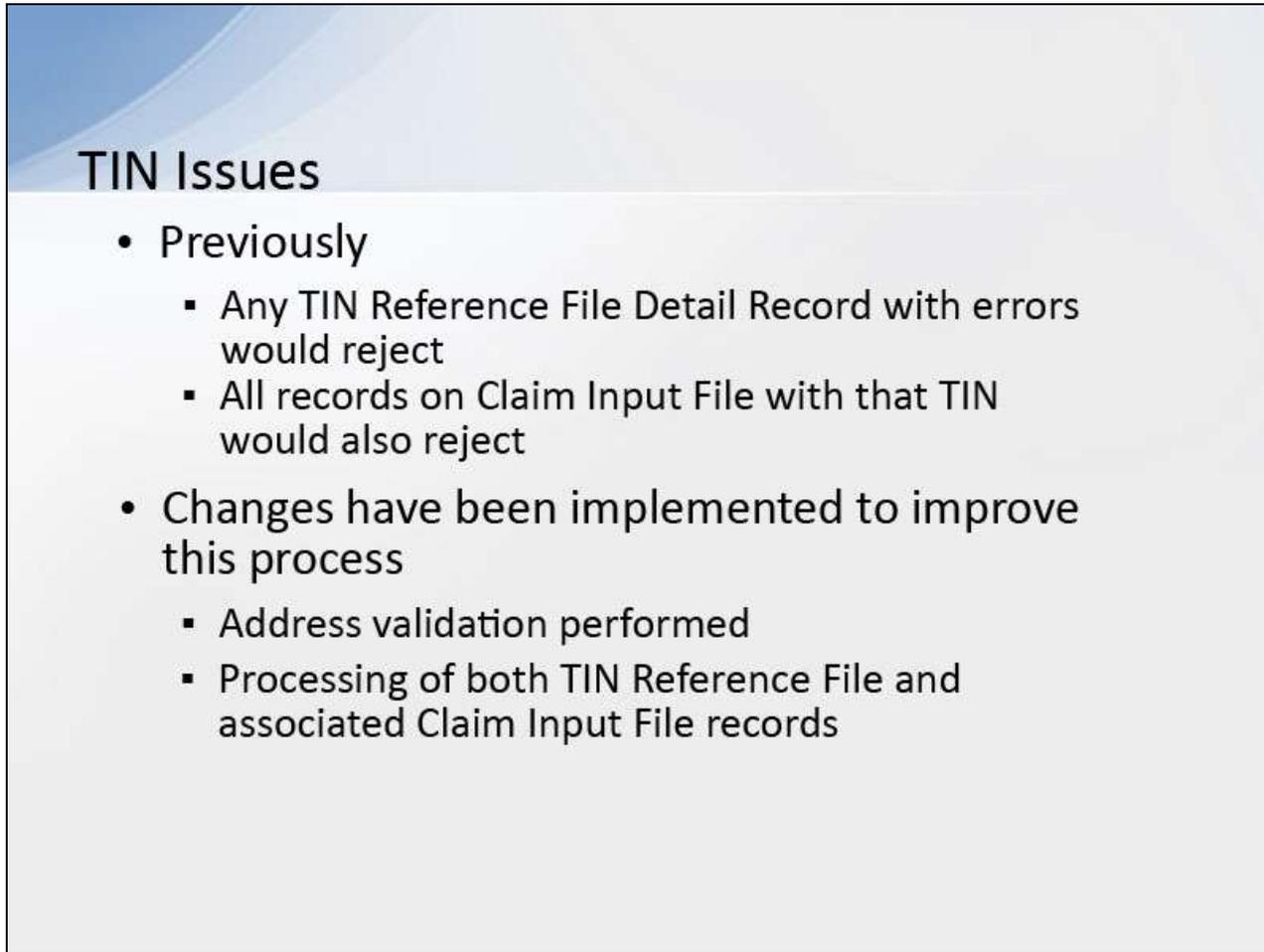
TIN Issues

- TIN Reference File will be edited to ensure data was submitted as required
 - Properly formatted
 - All required elements are present

Slide notes

When the Benefits Coordination & Recovery Center (BCRC) receives your TIN Reference File, editing will be done to ensure data was submitted as required (i.e., properly formatted and all required elements are present).

Slide 21 - of 29

The slide features a light blue header with the title 'TIN Issues' in a dark font. Below the header, the content is organized into a bulleted list. The first main bullet is 'Previously', which contains two sub-bullets: 'Any TIN Reference File Detail Record with errors would reject' and 'All records on Claim Input File with that TIN would also reject'. The second main bullet is 'Changes have been implemented to improve this process', which contains two sub-bullets: 'Address validation performed' and 'Processing of both TIN Reference File and associated Claim Input File records'.

TIN Issues

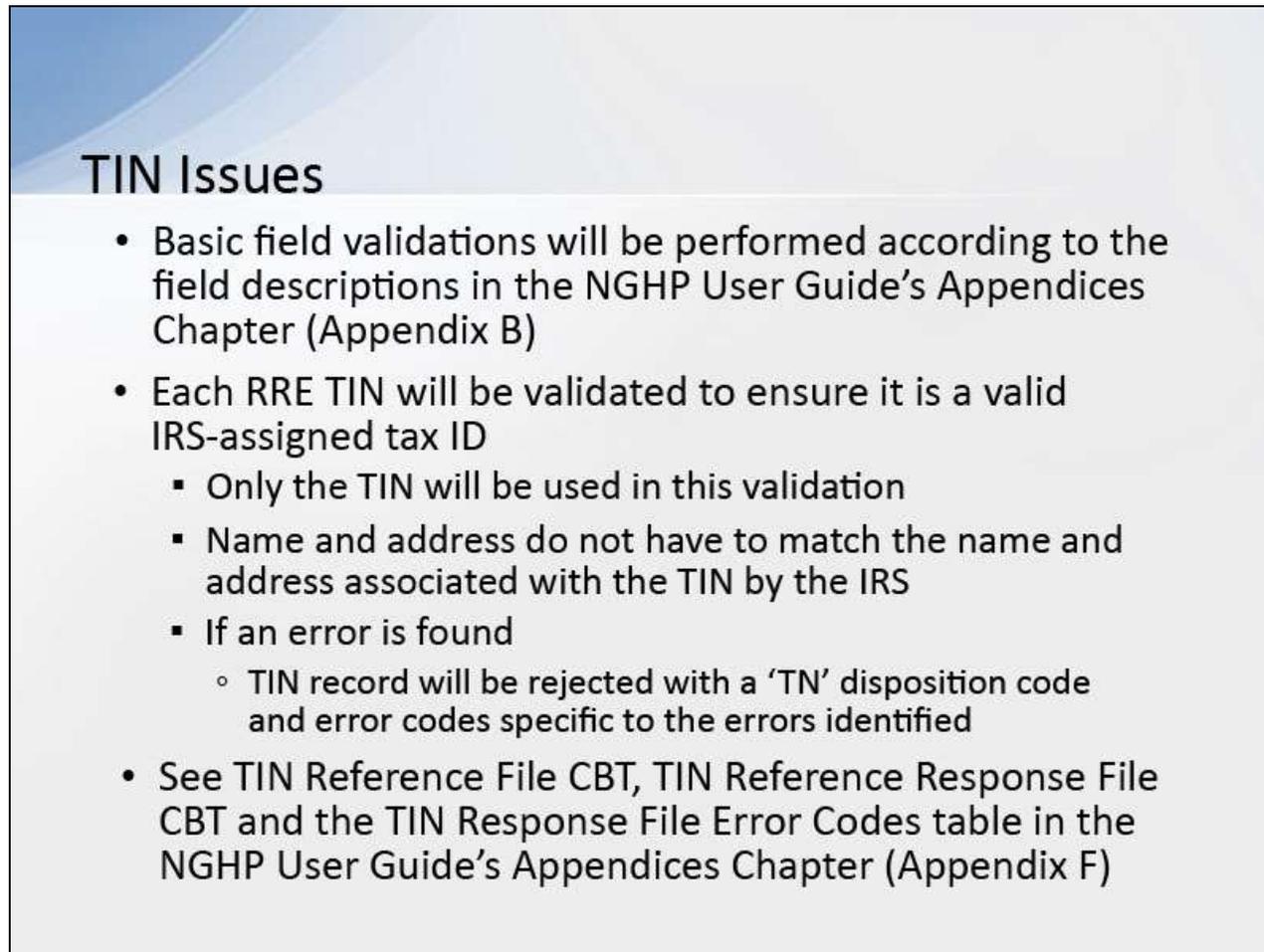
- Previously
 - Any TIN Reference File Detail Record with errors would reject
 - All records on Claim Input File with that TIN would also reject
- Changes have been implemented to improve this process
 - Address validation performed
 - Processing of both TIN Reference File and associated Claim Input File records

Slide notes

Previously, any TIN Reference File Detail Record that had errors would reject and cause all records on the Claim Input File, submitted with that TIN, to be rejected.

Changes have been implemented by CMS to enhance this process, including the address validation performed and the processing of both TIN Reference File and associated Claim Input File records.

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TIN Issues

- Basic field validations will be performed according to the field descriptions in the NGHP User Guide's Appendices Chapter (Appendix B)
- Each RRE TIN will be validated to ensure it is a valid IRS-assigned tax ID
 - Only the TIN will be used in this validation
 - Name and address do not have to match the name and address associated with the TIN by the IRS
 - If an error is found
 - TIN record will be rejected with a 'TN' disposition code and error codes specific to the errors identified
- See TIN Reference File CBT, TIN Reference Response File CBT and the TIN Response File Error Codes table in the NGHP User Guide's Appendices Chapter (Appendix F)

Slide notes

Basic field validations will be performed according to the field descriptions in the TIN Reference File layouts in the NGHP User Guide Appendices Chapter (Appendix B).

Each RRE TIN will be validated to ensure it is a valid IRS-assigned tax ID. Only the TIN will be used in this validation. The name and address do not have to match the name and address associated with the TIN by the IRS.

If an error is found on an input TIN Reference File Detail Record during the basic field validation step, the TIN record will be rejected and returned on the new TIN Reference Response File with a 'TN' disposition code and error codes specific to the errors identified.

For more information, please see the TIN Reference File CBT, TIN Reference Response File CBT and the TIN Response File Error Codes table in the NGHP User Guide Appendices Chapter (Appendix F).

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Address Formatting Issues

- Problem occurs when an RRE includes extraneous information in the same Address Line field where the street number and street name are submitted
- Address regulations dictate which information is allowed
- Problem occurs when an RRE includes extraneous information in the same Address Line field where the street number and street name are submitted
- Address Example: 123 Wall Street, Recovery Dept., Suite 1A
 - Address Line 1 should contain: Recovery Dept., Suite 1A
 - Address Line 2 should contain: 123 Wall Street

Slide notes

Another formatting problem detected during NGHP testing involved the formatting of the Address Line 1 and Address Line 2 fields.

The problem occurs when an RRE includes extraneous information (such as department, division, floor, apartment number, suite number, and attention to) in the same Address Line field where the street number and street name are submitted.

Address regulations dictate which information is allowed on which line in a mailing address.

RREs must ensure that they do not include any extraneous information in the same Address Line field where they are submitting the street number and street name.

Address Example: 123 Wall Street, Recovery Dept., Suite 1A.

Address Line 1 should contain Recovery Dept., Suite 1A. Address Line 2 should contain 123 Wall Street.

Note: When formatting Address Line 1 and Address Line 2 fields on any record, street number and street name should be placed on one address line field

while other information such as apartment number, suite number, attention to, etc. should be placed on the other.

Slide 24 - of 29

TPOC and ORM Formatting Issues

- When submitting a non-zero TPOC Amount, a non-zero TPOC Date must also be submitted and vice versa
 - Failure to do this will result in the CJ03 or CJ04 error
 - TPOC edits apply to all insurance types including No-Fault claims
- Claims with Ongoing Responsibility for Medicals (ORM)
 - ORM Termination Dates cannot be more than 6 months in the future
 - Do not report contingent Termination Dates

Slide notes

When a non-zero Total Payment Obligation to Claimant (TPOC) Amount is submitted, a non-zero TPOC Date must also be submitted and vice versa.

Failure to do this will result in the receipt of an invalid TPOC Amount or invalid TPOC Date error (i.e., CJ03 or CJ04). TPOC edits apply to all insurance types including No-Fault claims.

Another issue to be aware of relates to claims with Ongoing Responsibility for Medicals (ORM).

Although the BCRC will accept future ORM Termination Dates, this date cannot be more than 6 months in the future.

Please note: Advanced termination dates cannot be input if they are contingent in any way. The ORM Termination Date must be a real termination date.

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ICD Issues

- ICD Requirements Part I
 - Defines ICD-9 and ICD-10
 - Importance of ICD Diagnosis Codes
 - Describes what these codes are used for
 - ICD Diagnosis Code reporting requirements for Section 111
 - How to derive an ICD Diagnosis Code
- ICD Requirements Part II
 - Transition from ICD-9 to ICD-10 Diagnosis Codes
 - Obtaining valid ICD Diagnosis codes

Slide notes

Another area of confusion and cause of error is in regard to the ICD Diagnosis Code fields. The Alleged Cause of Injury and ICD Diagnosis Code data reporting requirements are explained in detail in two CBTs called:

ICD Diagnosis Code Requirements Part I and Part II. Part I defines ICD-9 and ICD-10, explains the importance of ICD Diagnosis Codes for Section 111 reporting, describes what these codes are used for, clarifies the ICD Diagnosis Code reporting requirements and explains how to derive an ICD Diagnosis Code.

ICD Diagnosis Code Requirements Part II explains the transition from ICD-9 to ICD-10 and explains where a RRE can obtain valid ICD Diagnosis Codes.

For additional assistance, there is also an ICD Diagnosis Code Requirements Frequently Asked Questions CBT.

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Beneficiary Test Data

- RREs should either use
 - Actual data for known Medicare beneficiaries, or

Make use of the “Test Beneficiary Data for NGHP RREs” files found on the Section 111 COBSW at <https://www.cob.cms.hhs.gov/Section111>



Slide notes

When creating test files, RREs should either use actual data for known Medicare beneficiaries or make use of the "Test Beneficiary Data for NGHP RREs" files which may be downloaded from the Section 111 Coordination of Benefits Secure Web site (COBSW) at <https://www.cob.cms.hhs.gov/Section111>.

Once on this site, click on the Reference Materials menu option to view the files available for download.

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Beneficiary Test Data

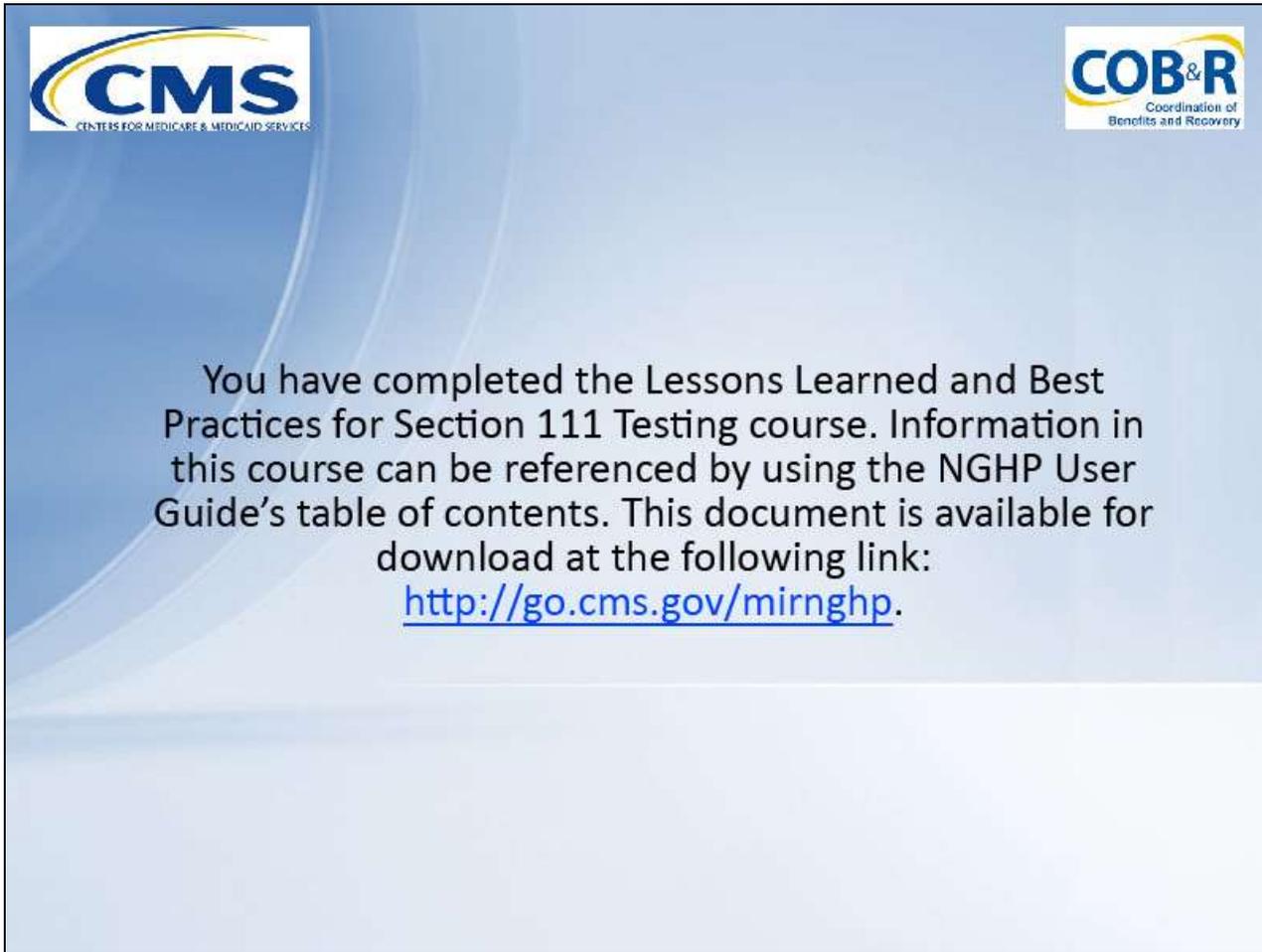
- Test beneficiary data is comprised of only
 - HICN
 - SSN
 - Name
 - Date of Birth
 - Gender
- Test beneficiary data does not include claim information
- Using test beneficiaries will assist you in receiving some 01 and 02 Disposition Codes (i.e., claims will be accepted)

Slide notes

The beneficiary test data is comprised of Health Insurance Claim Number (HICN), Social Security Number (SSN), Name, Date of Birth and Gender only. It will not include claim information.

These test beneficiaries will assist you in receiving some 01 and 02 Disposition Codes (i.e., claims will be accepted).

Slide 28 - of 29



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 text is centered and reads: "You have completed the Lessons Learned and Best Practices for Section 111 Testing course. Information in this course can be referenced by using the NGHP User Guide's table of contents. This document is available for download at the following link: <http://go.cms.gov/mirnghp>."

Slide notes

You have completed the Lessons Learned and Best Practices for Section 111 Testing course. Information in this course can be referenced by using the NGHP User Guide's table of contents.

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Slide 29 - of 29



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Slide notes

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