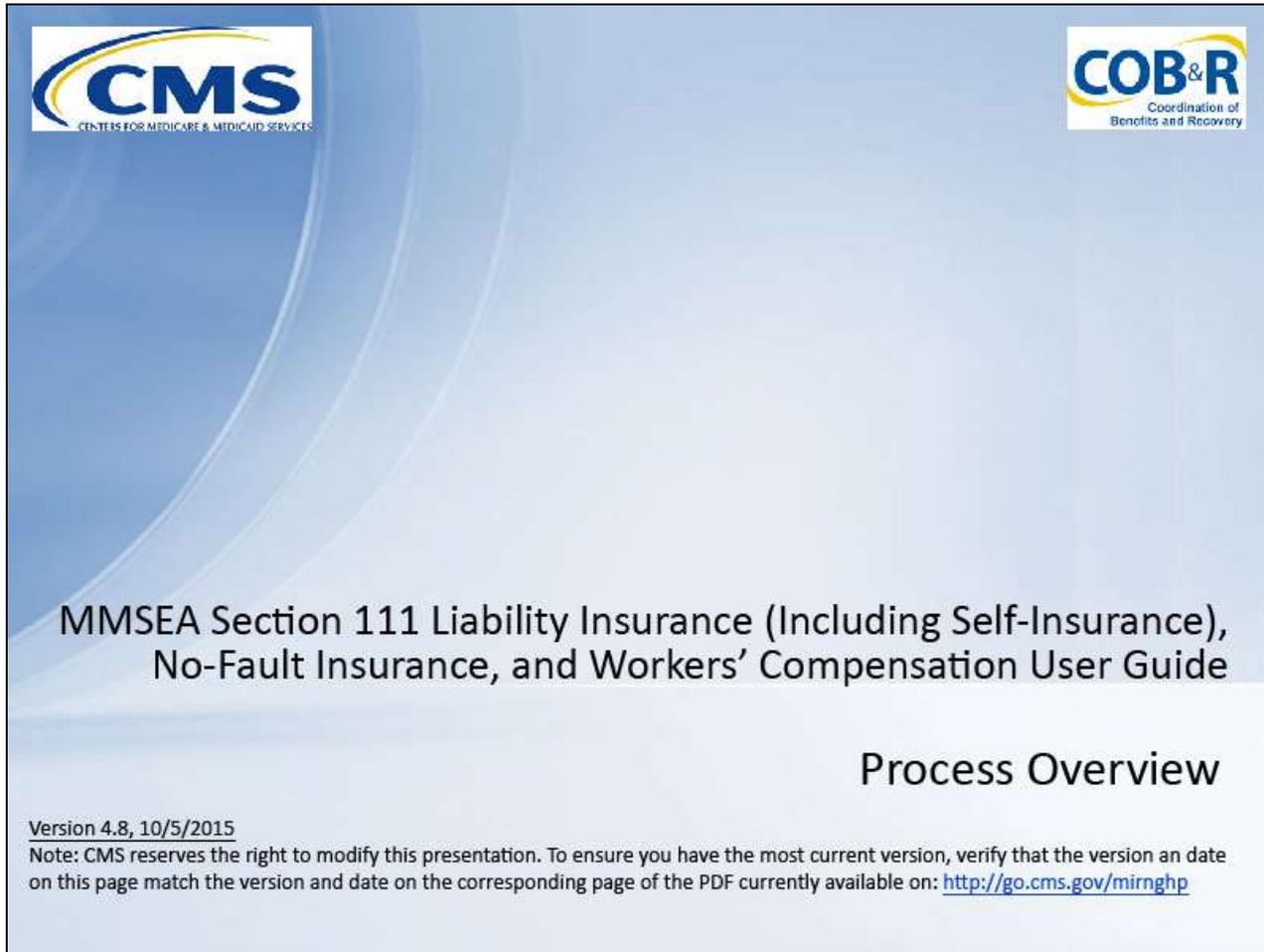


Slide 1 - of 31



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 the lower half of the slide. Below the title is the subtitle 'Process Overview'. At the bottom left, there is a version number and a note about the presentation's currency, including a URL to the PDF version.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**COB&R**  
Coordination of  
Benefits and Recovery

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

**Process Overview**

Version 4.8, 10/5/2015  
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 Process Overview course.

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).

Slide 2 - of 31

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

Slide 3 - of 31

## Course Overview

- Purpose
- Data Exchange
  - File types
- Section 111 COBSW
- Data Use Agreement
- Customer Service and Reporting Assistance

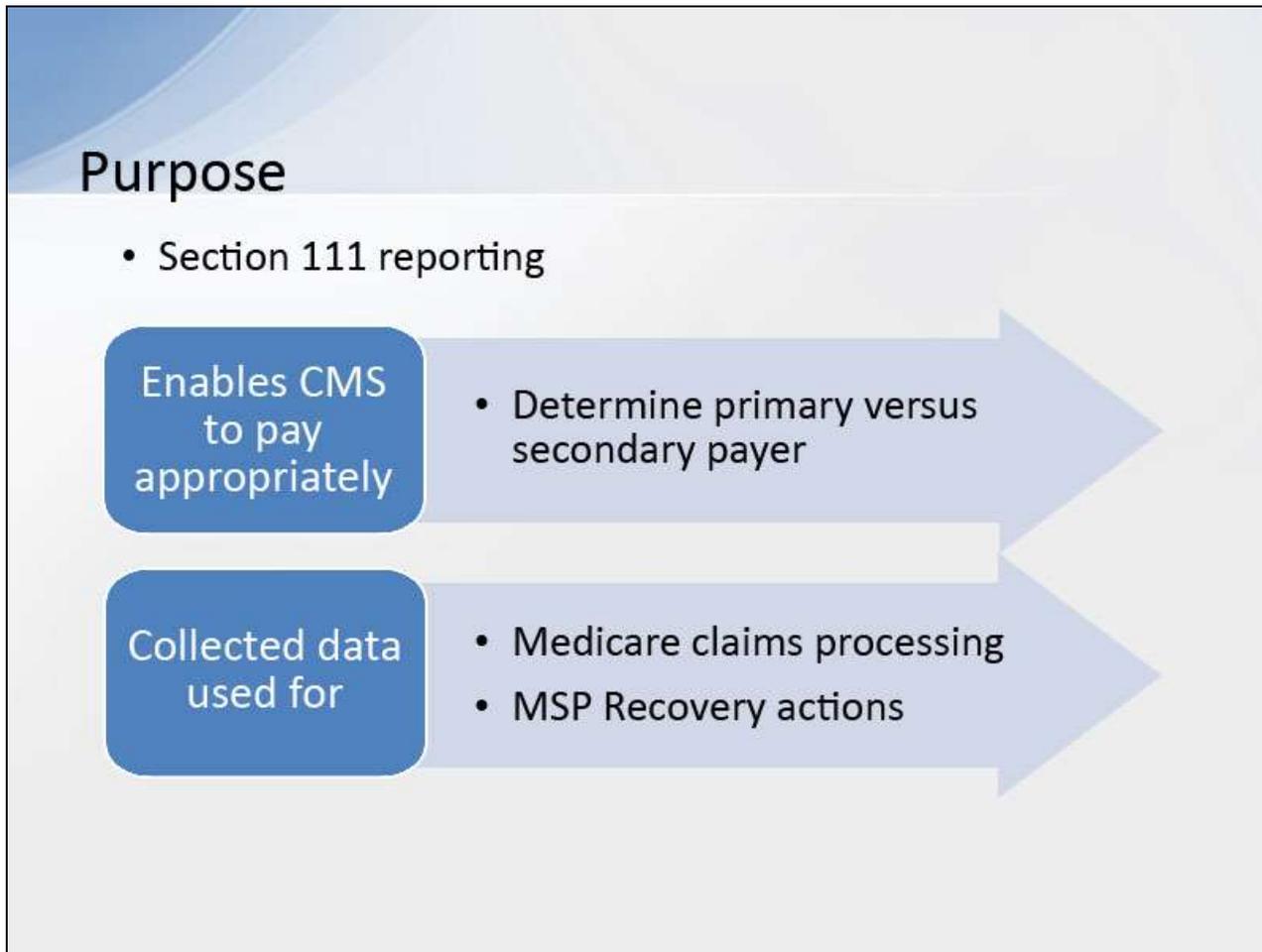
**Slide notes**

The topics in this course include: purpose of the data exchange, data exchange details, file types, the Section 111 COB Secure Web site (COBSW), and the Data Use Agreement.

This course also includes options for customer service and reporting assistance, such as the Centers for Medicare & Medicaid Services (CMS) Section 111 Web site, the Electronic Data Interchange (EDI) Representative, and training and education resources.

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 31

**Slide notes**

The purpose of the Section 111 Medicare Secondary Payer (MSP) reporting process is to enable CMS to pay appropriately for Medicare covered items and services furnished to Medicare beneficiaries, by determining primary versus secondary payer responsibility.

The data collected is used by CMS for both Medicare claims processing and for MSP recovery actions, where applicable.

Slide 5 - of 31

## Data Exchange

- RREs electronically submit the following information where the injured party is a Medicare beneficiary
  - Liability insurance (including self insurance) claims
  - No-fault insurance claims
  - Workers' compensation claims
- Data Submission process between RRE and the BCRC
- RREs must use CMS definitions since CMS terms may be different than terms used by insurance industry

### Slide notes

Entities responsible for complying with Section 111 are referred to as "Responsible Reporting Entities" or "RREs".

Section 111 requires RREs to submit information in a form and manner (including frequency) specified by the Secretary of Health and Human Services (HHS).

RREs will submit information electronically on liability insurance (including self-insurance), no-fault insurance, and workers' compensation resolved/partially resolved claims where the injured party is a Medicare beneficiary.

The data submission process is between the RREs and the CMS Benefits Coordination & Recovery Center (BCRC).

When submitting data, use CMS definitions, such as the CMS definition of no-fault insurance, as CMS terms may be different than terms used in the insurance industry.

Slide 6 - of 31

**Data Exchange**

- Section 111 claim

**Overall claim**

Where injured party is a Medicare beneficiary and

“Medicals” are claimed and/or released, or the settlement, judgment, award, or other payment has the effect of releasing medicals

**Slide notes**

For purposes of RRE submissions, the term “claim” is used to refer to the overall claim for liability insurance (including self-insurance), no-fault insurance, or workers’ compensation, rather than a single claim for a particular medical item or service.

Claim information is to be submitted where the injured party is a Medicare beneficiary and “medicals” are claimed and/or released, or the settlement, judgment, award, or other payment has the effect of releasing medicals.

See the NGHP User Guide for more detailed information regarding what claims are to be reported.

Slide 7 - of 31

## Data Transmission Methods

- RREs are required to register with the BCRC and choose an appropriate data transmission method
  - Electronic File Exchange
    - Connect:Direct
    - Secure File Transfer Protocol (SFTP) or
    - Hypertext Transfer Protocol Over Secure Socket Layer (HTTPS)
- Direct Data Entry
  - See the DDE Using the Section 111 COBSW CBT and the NGHP User Guide for more information

### Slide notes

Section 111 RREs are required to register with the BCRC on the Section 111 COBSW and choose an appropriate data submission method.

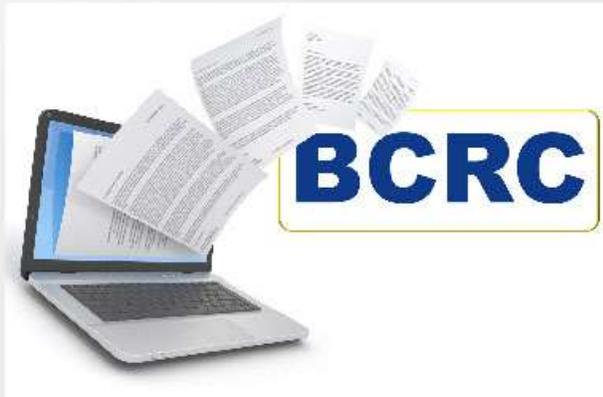
RREs may submit claim information via an electronic file exchange (i.e., Connect:Direct, Secure File Transfer Protocol (SFTP), or Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)) or, if the RRE has a low volume of claim information to submit, they may choose to submit claim information via a manual direct data entry (DDE) process on the Section 111 COBSW.

Please see the Direct Data Entry (DDE) Using the Section 111 COBSW CBT and the NGHP User Guide for more information on Direct Data Entry.

Slide 8 - of 31

## File Submissions

- RREs that select an electronic file transmission method
  - Required to test file exchange process
  - Assigned a quarterly submission timeframe to submit production Claim Input Files



### Slide notes

RREs that select an electronic file transmission method to submit claims are required to fully test the file exchange process and will be assigned a quarterly file submission timeframe during which they are to submit production Claim Input Files.

Slide 9 - of 31

## Claim Submissions

- RREs will submit claim information for all
  - No-fault insurance and workers' compensation claims involving a Medicare beneficiary as the injured party where
    - TPOC Date for the settlement, judgment, award or other payment date is 10/1/2010, or subsequent, and which meet the reporting thresholds
  - Liability insurance (including self-insurance) claims involving a Medicare beneficiary as the injured party where
    - TPOC Date for the settlement, judgment, award or other payment date is 10/1/2011, or subsequent, and which meet the reporting thresholds

### Slide notes

Once in a production mode, RREs will submit claim information for all no-fault insurance and workers' compensation claims involving a Medicare beneficiary as the injured party where the total payment obligation to claimant (TPOC) Date for the settlement, judgment, award or other payment date is October 1, 2010, or subsequent, and which meet the reporting thresholds described in the NGHP User Guide Chapter III (Section 6.4.1).

Information is also to be submitted for all liability insurance (including self-insurance) claims involving a Medicare beneficiary as the injured party where the TPOC Date for the settlement, judgment, award or other payment date is October 1, 2011, or subsequent, and which meet the reporting thresholds.

Slide 10 - of 31

## Claim Submissions

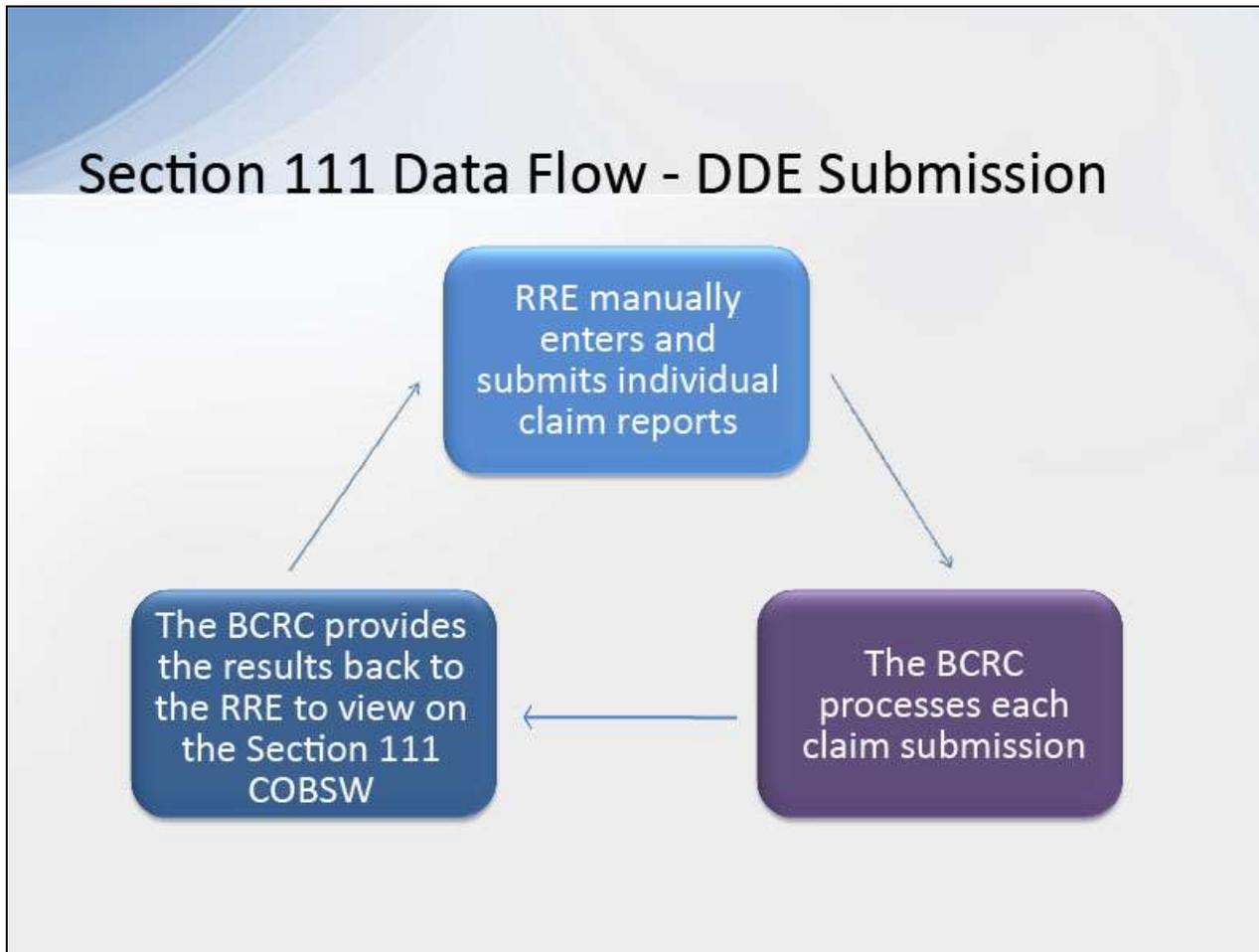
- RREs will submit information related to no-fault insurance, workers' compensation, and liability insurance (including self-insurance) claims for which
  - ORM exists as of 1/1/2010 and subsequent, regardless of the date of initial acceptance of payment responsibility
- Ongoing DDE and quarterly file submissions are to contain only new or changed claim information using add, delete and update transactions

### Slide notes

In addition, RREs must submit information related to no-fault insurance, workers' compensation, and liability insurance (including self-insurance) claims for which ongoing responsibility for medicals (ORM) payments exists as of January 1, 2010 and subsequent, regardless of the date of an initial acceptance of payment responsibility (please see the Special Qualified Reporting Exception for ORM in the NGHP User Guide Chapter III for more information).

Ongoing DDE and quarterly file submissions are to contain only new or changed claim information using add, delete and update transactions.

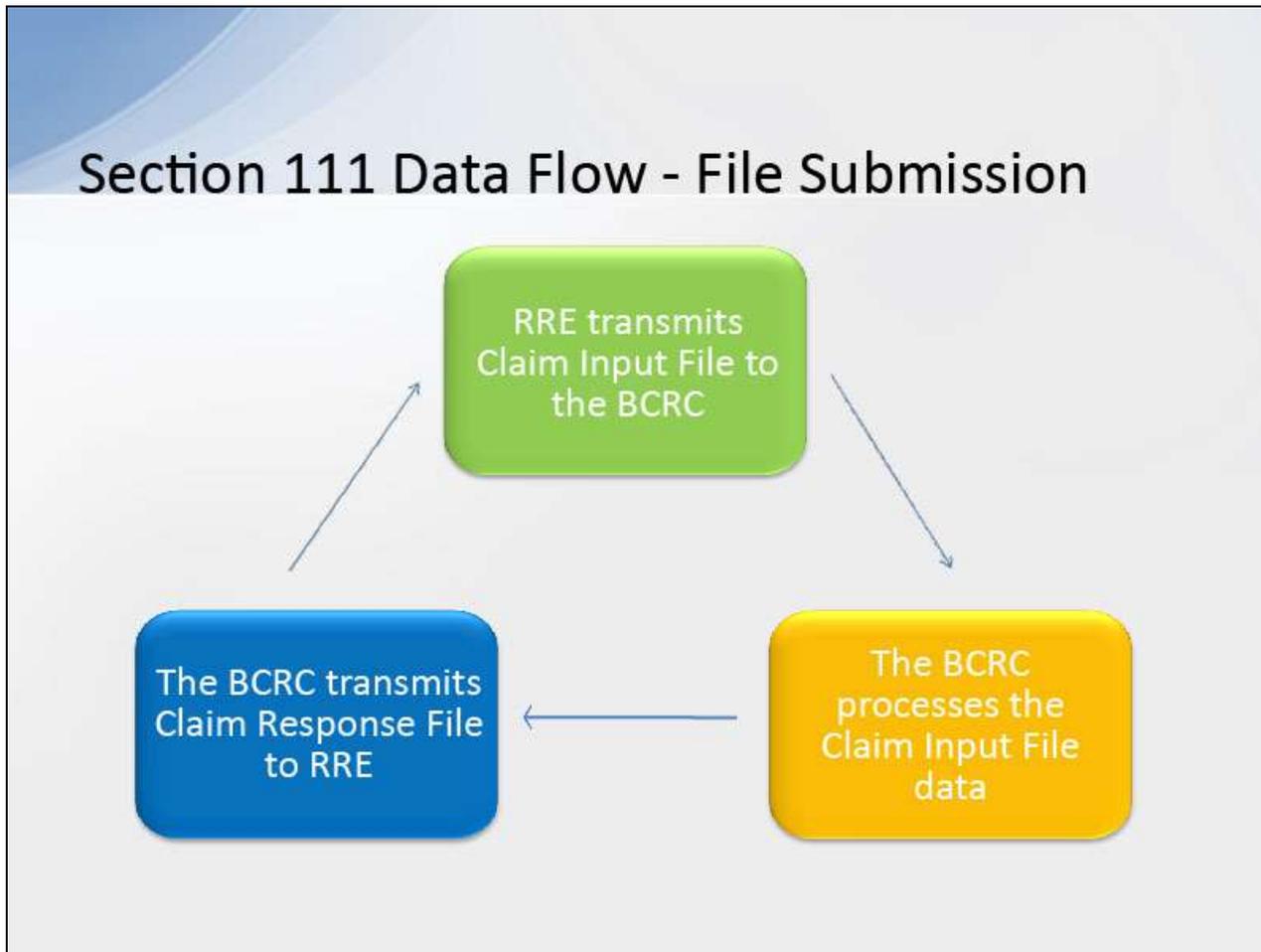
Slide 11 - of 31

**Slide notes**

An RRE using the DDE submission method will manually enter and submit individual claim reports one at a time using an interactive Web application on the Section 111 COBSW instead of submitting an electronic file.

The BCRC processes each claim submission and provides the results back for the RRE to view on the Section 111 COBSW.

Slide 12 - of 31

**Slide notes**

RREs using a file transmission method will electronically transmit a Claim Input File to the BCRC.

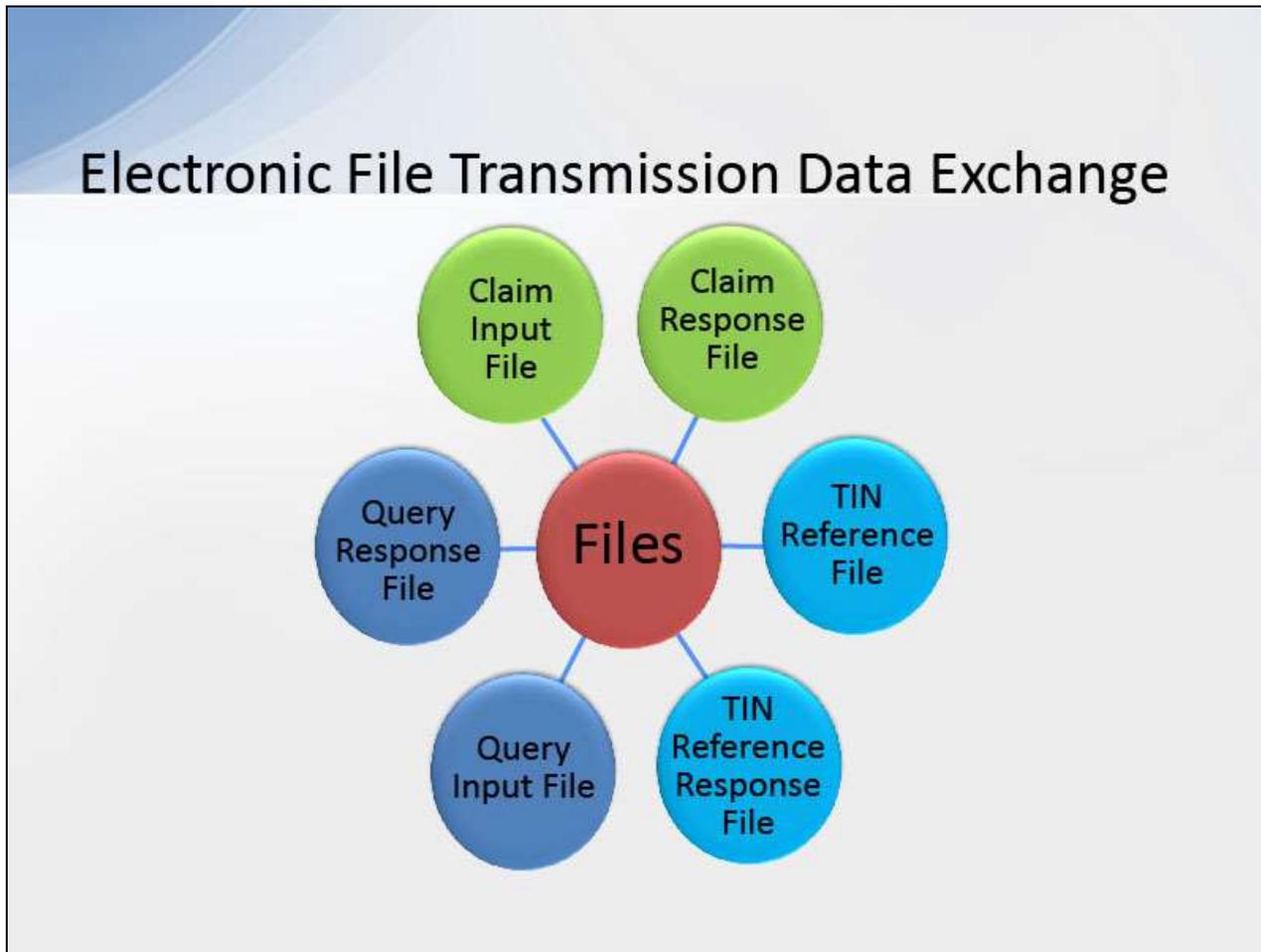
The BCRC will process the data in this input file by first editing the incoming data and then determine whether the submitted information identifies the injured party as a Medicare beneficiary.

When this processing is completed, the BCRC will electronically transmit the Claim Response File back to the RRE.

Note: RREs must determine whether someone is a Medicare beneficiary before submitting a Claim Input File, and may use the Query File process or the Beneficiary Lookup process to do so.

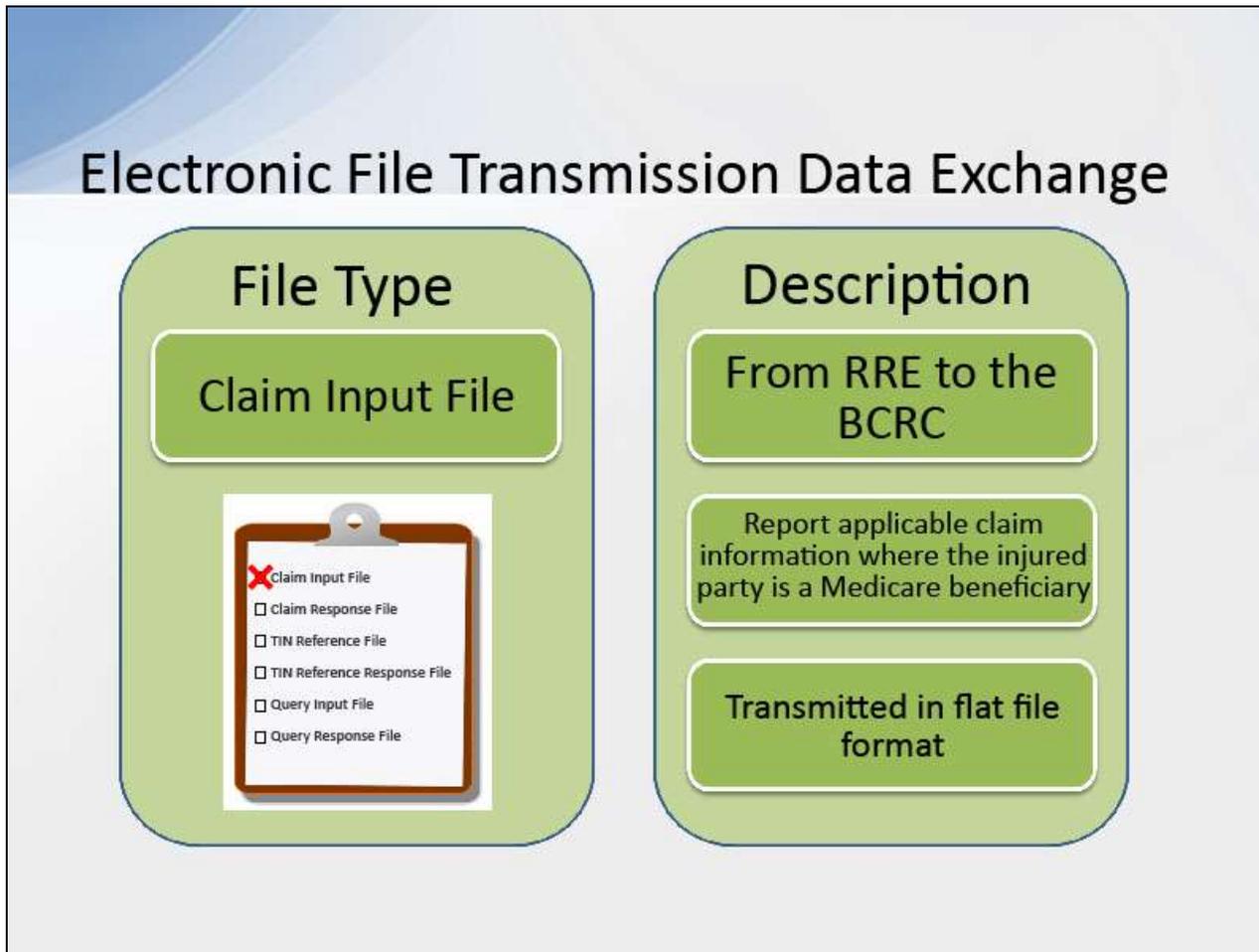
The Beneficiary Lookup process is available on the Section 111 COBSW to non-DDE RREs only.

Slide 13 - of 31

**Slide notes**

The Section 111 data exchange reporting process between RREs, using an electronic file transmission method, and the BCRC is completed using six different file formats: the Claim Input File, the Claim Response File, the TIN Reference File, the TIN Reference Response File, the Query Input File, and the Query Response File.

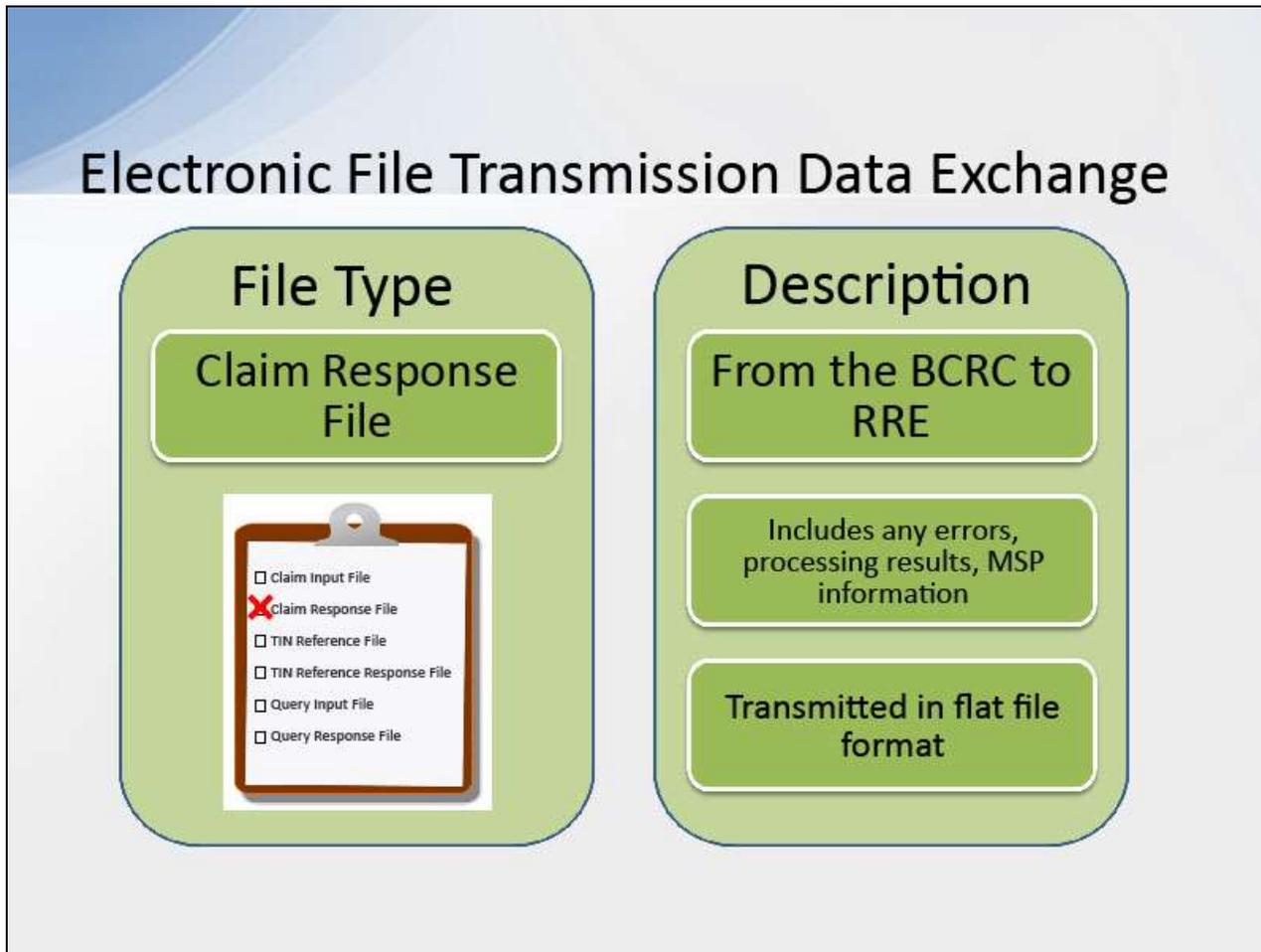
Slide 14 - of 31

**Slide notes**

The Claim Input File is the data set transmitted from the RRE to the BCRC that is used to report applicable liability insurance (including self-insurance), no-fault insurance, and workers' compensation claim information where the injured party is a Medicare beneficiary.

This file is transmitted in a flat file format (there is no applicable HIPAA-compliant standard).

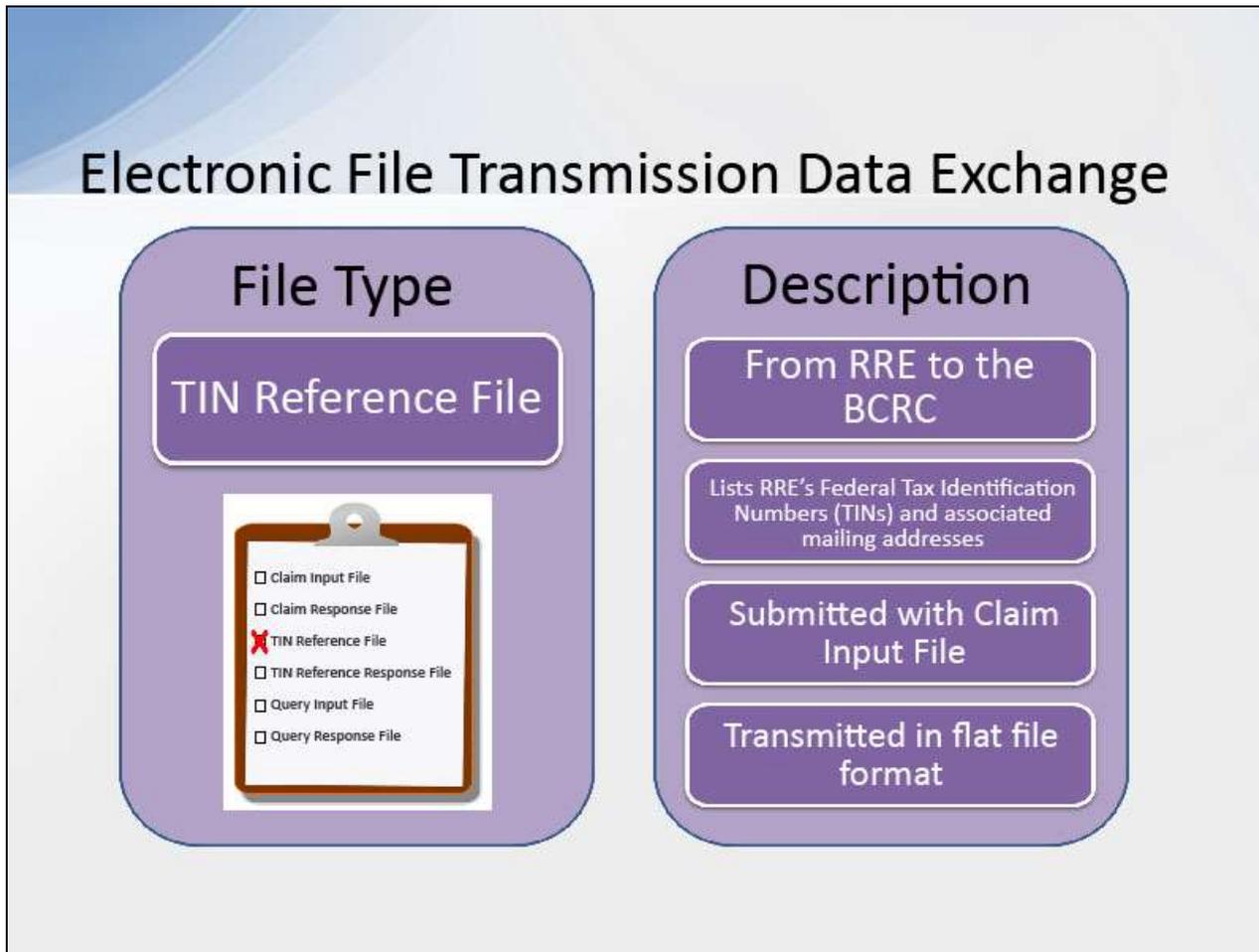
Slide 15 - of 31

**Slide notes**

The Claim Response File is the data set transmitted from the BCRC to the RRE after the information supplied in the RRE's Claim Input File has been processed.

The response file will include information on any errors found, disposition codes that indicate the results of processing, and MSP information as prescribed by the response file format. This file is transmitted in a flat file format.

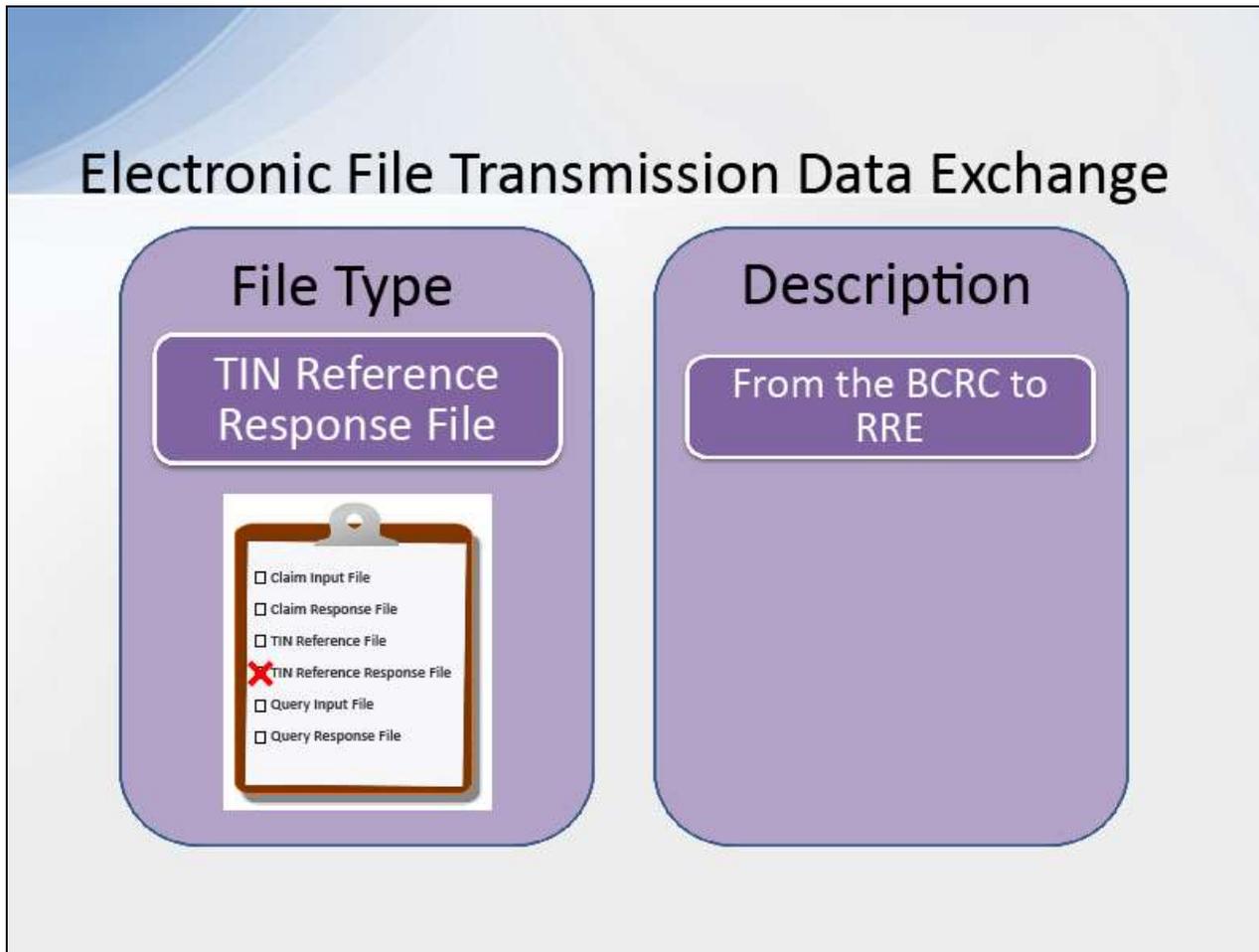
Slide 16 - of 31

**Slide notes**

The TIN Reference File is the data set transmitted from the RRE to the BCRC that contains the RRE's IRS-assigned, federal tax identification numbers (TINs) and the associated business mailing addresses for the purposes of coordination of benefits and recovery, if applicable.

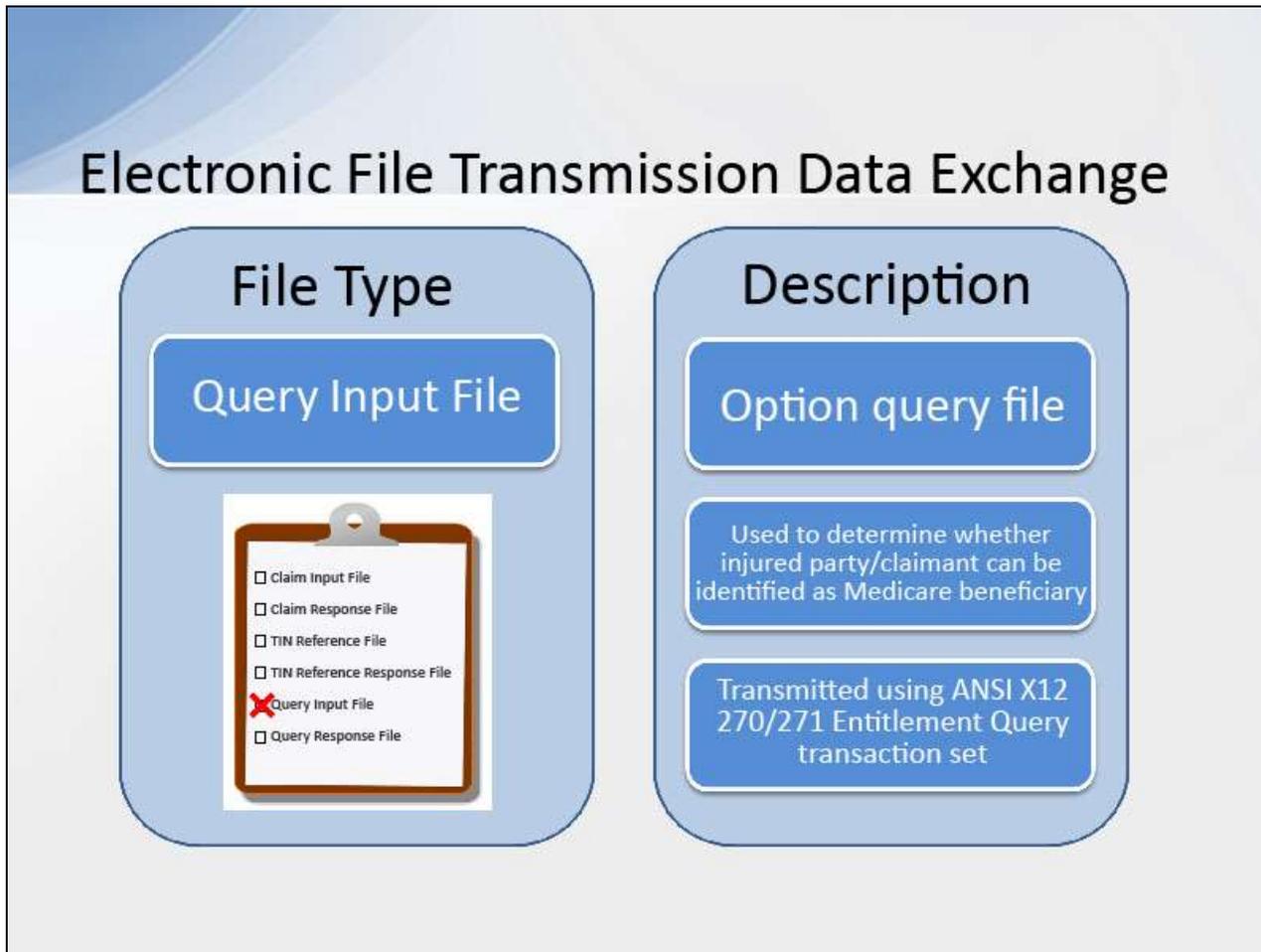
The TIN Reference File is submitted with the Claim Input File so that RRE name and address information associated with each TIN does not have to be repeated on every Claim Input Record. This file is transmitted in a flat file format.

Slide 17 - of 31

**Slide notes**

The TIN Reference Response File is the data set transmitted from the BCRC to the RRE after the information supplied in the RRE's TIN Reference File has been processed.

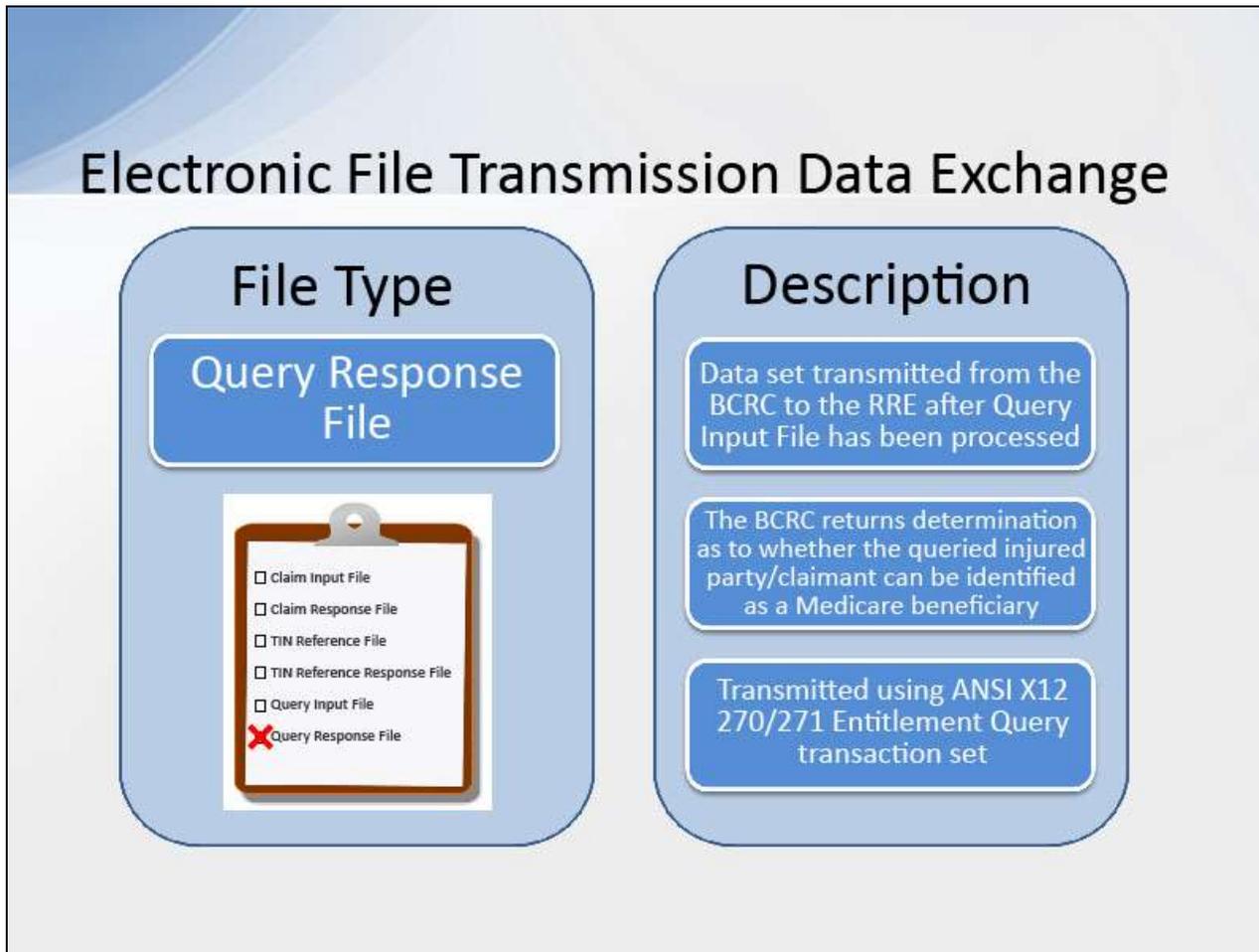
Slide 18 - of 31

**Slide notes**

The Query Input File is an optional query file that can be used by an RRE to determine whether an injured party/claimant can be identified as a Medicare beneficiary.

This file is transmitted using the ANSI X12 270/271 Entitlement Query transaction set.

Slide 19 - of 31

**Slide notes**

After the BCRC has processed the Query Input File, it will return the Query Response File.

The Query Response File will include a determination as to whether the queried injured party/claimant is a Medicare beneficiary, based upon the information submitted.

This file is transmitted using the ANSI X12 270/271 Entitlement Query transaction set.

Slide 20 - of 31

## Section 111 COBSW

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

- Register
- Obtain Login IDs and assign users
- Exchange files with the BCRC; alternatively, submit claim information via the DDE option
- Submit up to 500 query requests per RRE ID per calendar month using the Beneficiary Lookup (non-DDE RREs only)
- View and update account profile information
- View current file processing status
- View statistics related to previous file submission and processing
- View statistics related to compliance

### Slide notes

The BCRC has an application on the Section 111 COBSW for Section 111 processing (<https://www.cob.cms.hhs.gov/Section111/>) where RREs can:

Register for Section 111;

Obtain Login IDs and assign users for Section 111 COBSW accounts;

Exchange files via HTTPS (Hypertext Transfer Protocol over Secure Socket Layer, used to indicate a secure HTTP) or SFTP (Secure File Transfer Protocol) directly with the BCRC; alternatively, submit claim information via the DDE option;

Submit up to 500 query requests per RRE ID per calendar month using the Beneficiary Lookup (non-DDE RREs only);

View and update account profile information such as contacts and company information;

View the status of current file processing, such as when a file was marked as received and whether a response file has been created;

View statistics related to previous file submission and processing; and

View statistics related to compliance, such as whether files and records have been submitted on a timely basis.

Note: RREs will also be able to submit files via Connect:Direct (formerly known as NDM) via the CMSNet. If this method is selected, the Section 111 COBSW will still be used to monitor file processing statistics.

Slide 21 - of 31

## Data Use Agreement

- Signed by Authorized Representative for each RRE
  - Included in the profile report
- Users must agree to similar language each time they log on to the Section 111 COBSW
  - Secure all exchanged data
  - Ensure data is used appropriately
- The RRE's profile report will be e-mailed to the Authorized Representative annually
  - RRE must confirm via e-mail that information is correct



### Slide notes

As part of the Section 111 registration process, the Authorized Representative for each Section 111 RRE will be asked to sign a copy of the Data Use Agreement.

It will be included on the profile report sent to the Authorized Representative after Section 111 COBSW registration and account setup.

The Authorized Representative must sign and return the last page of the profile report to the BCRC.

In addition, all users must agree to similar language each time they log on to the Section 111 COBSW. Data exchanged for Section 111 is to be used solely for the purposes of coordinating health care benefits for Medicare beneficiaries between Medicare and Section 111 RREs.

Measures must be taken by all involved parties to secure all data exchanged and ensure it is used properly.

Note: The RRE's profile report will be e-mailed to the Authorized Representative annually, based upon the receipt date of the last signed profile report. The RRE will be asked to confirm via e-mail that their current information is correct.

Failure to confirm this information may result in deactivation of the RRE ID.

Slide 22 - of 31

Customer Service and Reporting Assistance

- CMS Section 111 Web Site
- EDI Representatives
- Training and Education Materials

**Slide notes**

RREs will be able to utilize the CMS Section 111 Web site, their assigned EDI Representatives, and various training and education materials for assistance with Section 111 reporting.

Slide 23 - of 31

## Customer Service and Reporting Assistance

CMS Section 111 Web Site  
[www.go.cms.gov/mirnghp](http://www.go.cms.gov/mirnghp)

- NGHP User Guide provides information and instructions for the reporting requirements mandated by Section 111
- CMS is implementing Section 111 requirements in phases
  - Data exchange requirements will continue to be refined when necessary
- CMS will issue revised versions of the NGHP User Guide which will be posted to the Web site

### Slide notes

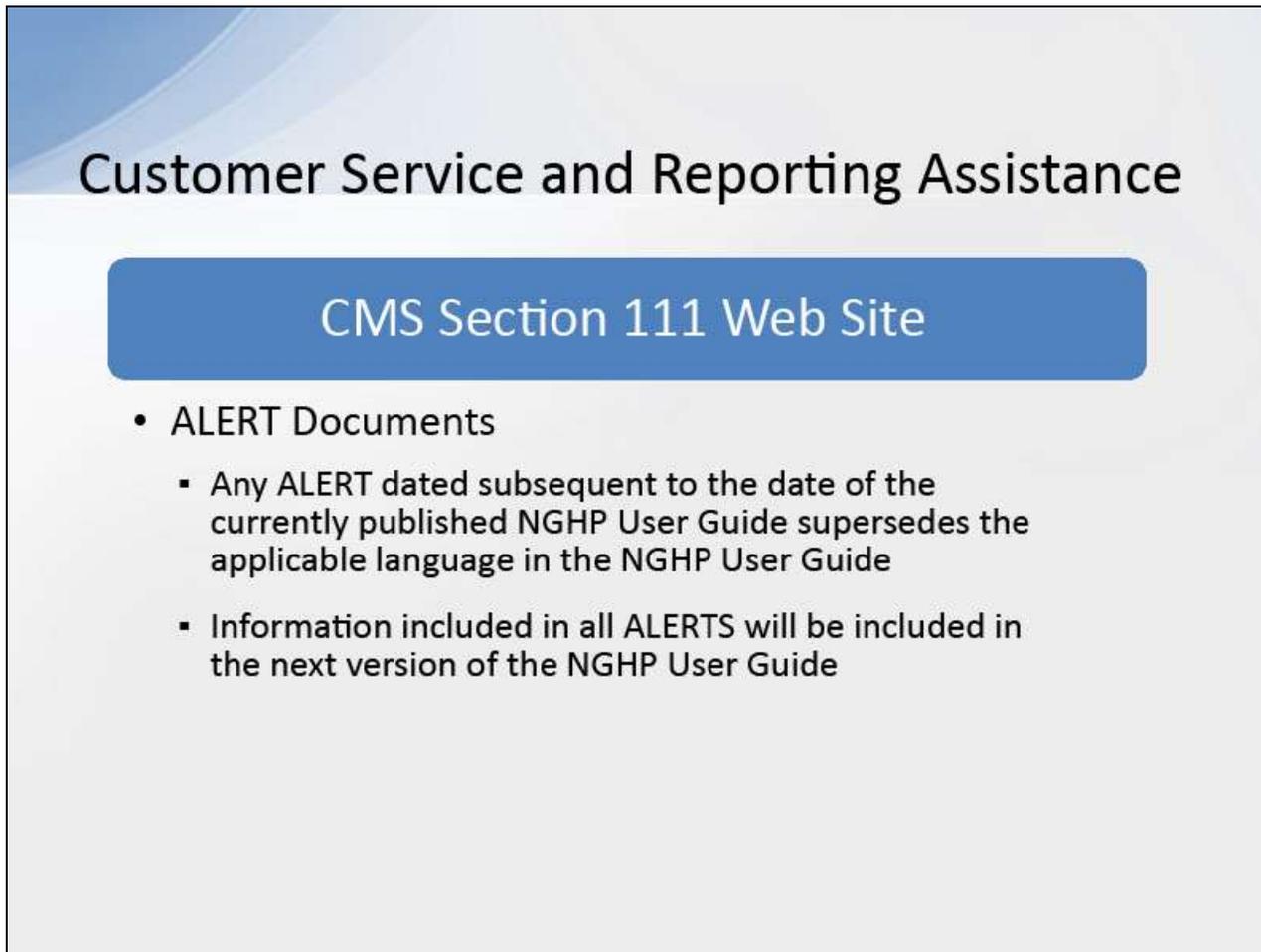
The CMS Section 111 Web site, [www.go.cms.gov/mirnghp](http://www.go.cms.gov/mirnghp), should be checked frequently for updated information.

The NGHP User Guide provides information and instructions for the Medicare Secondary Payer (MSP) liability insurance (including self-insurance), no-fault insurance and workers' compensation reporting requirements mandated by Section 111.

Please note that the CMS is implementing the Section 111 requirements in phases. As time passes and we gain experience with Section 111 reporting, the data exchange requirements will continue to be refined and new processes added when necessary.

CMS will issue revised versions of the NGHP User Guide from time to time which will be posted to the CMS Section 111 Web site.

Slide 24 - of 31



## Customer Service and Reporting Assistance

### CMS Section 111 Web Site

- ALERT Documents
  - Any ALERT dated subsequent to the date of the currently published NGHP User Guide supersedes the applicable language in the NGHP User Guide
  - Information included in all ALERTS will be included in the next version of the NGHP User Guide

**Slide notes**

The CMS Section 111 Web site will also include ALERT documents.

At times, certain information may be released in the form of an ALERT document. Any ALERT dated subsequent to the date of the currently published NGHP User Guide supersedes the applicable language in the NGHP User Guide.

All updated Section 111 policy and technical reporting requirements published in the form of an ALERT will be incorporated into the next version of the NGHP User Guide.

Until such time, RREs must refer to the current NGHP User Guide and any subsequently dated ALERTs for complete information on Section 111 reporting requirements.

Slide 25 - of 31

## Customer Service and Reporting Assistance

### CMS Section 111 Web Site

To receive e-mail notifications regarding updates to the <http://go.cms.gov/mirnghp>

- Click “Subscription Sign-up Mandatory Insurer Reporting (NGHP) Web Page Update Notifications”
- Add your e-mail to distribution list
- To submit a policy-related comment or inquiry to CMS regarding Section 111 Mandatory Reporting, send an e-mail to
  - Section 111 Resource Mailbox at [PL110-173SEC111-comments@cms.hhs.gov](mailto:PL110-173SEC111-comments@cms.hhs.gov)
- All technical questions should be directed to your EDI Representative

#### Slide notes

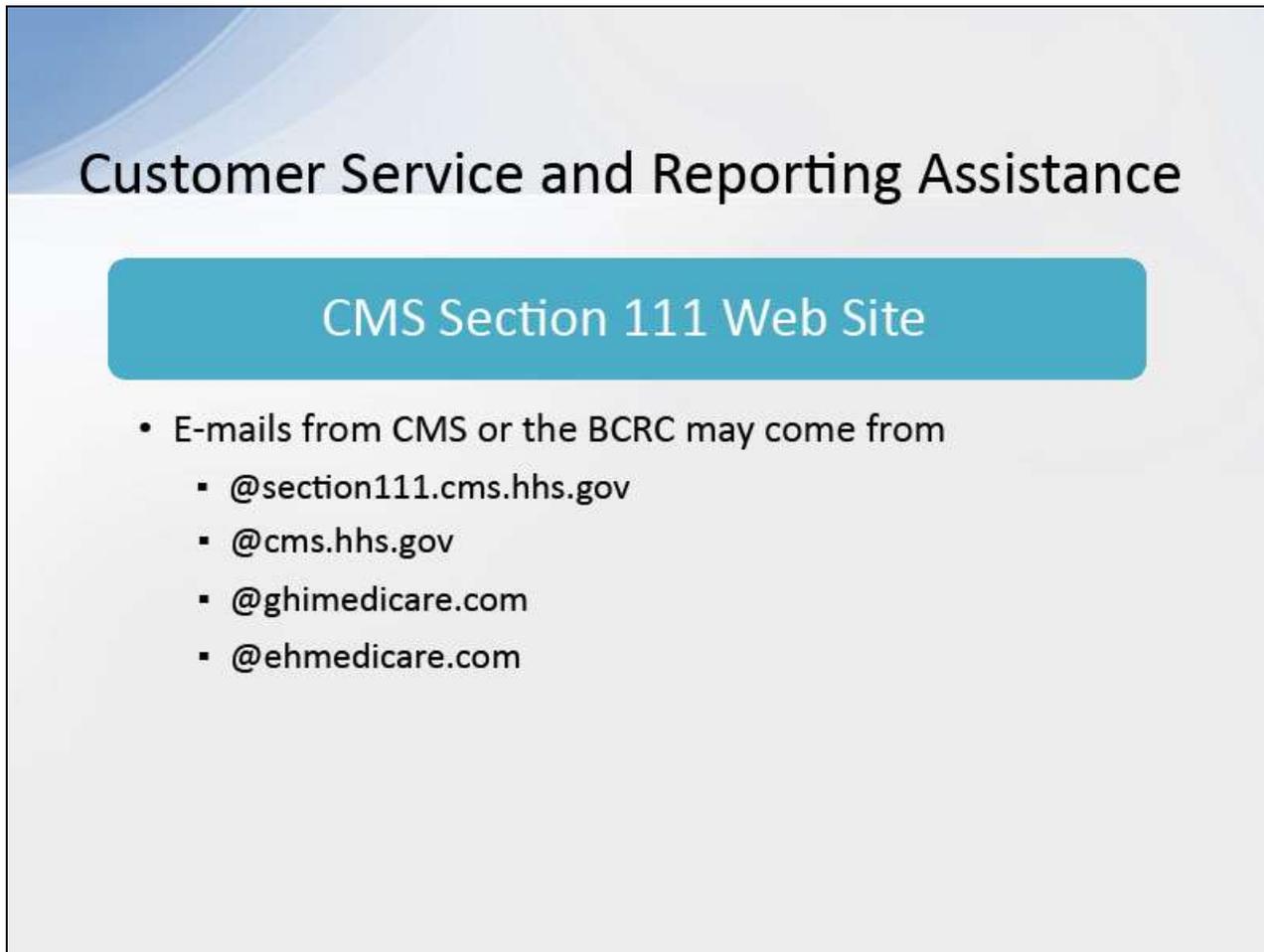
In order to be notified via e-mail of updates to the <http://go.cms.gov/mirnghp> page, click on the “Subscription Sign-up Mandatory Insurer Reporting (NGHP) Web Page Update Notifications” link found on the Web site and add your e-mail address to the distribution list.

To submit a policy-related comment or inquiry to CMS regarding Section 111 Mandatory Reporting, please send an e-mail to the Section 111 Resource Mailbox at [PL110-173SEC111-comments@cms.hhs.gov](mailto:PL110-173SEC111-comments@cms.hhs.gov).

You will not receive a direct response from this e-mail address but CMS will review each submission received and follow up with additional outreach and education as needed.

All technical questions should be directed to your EDI Representative.

Slide 26 - of 31



Customer Service and Reporting Assistance

CMS Section 111 Web Site

- E-mails from CMS or the BCRC may come from
  - @section111.cms.hhs.gov
  - @cms.hhs.gov
  - @ghimedicare.com
  - @ehmedicare.com

**Slide notes**

Please note that e-mails from CMS or the BCRC may come from @section111.cms.hhs.gov, @cms.hhs.gov, @ghimedicare.com and @ehmedicare.com addresses.

Please update your spam filter software to allow receipt of these e-mail addresses.

Slide 27 - of 31

## Customer Service and Reporting Assistance

### EDI Representative

- Assigned after registering
- File transmission and technical reporting issues contact
- Information provided on profile report
- Contact EDI Department at 646-458-6740

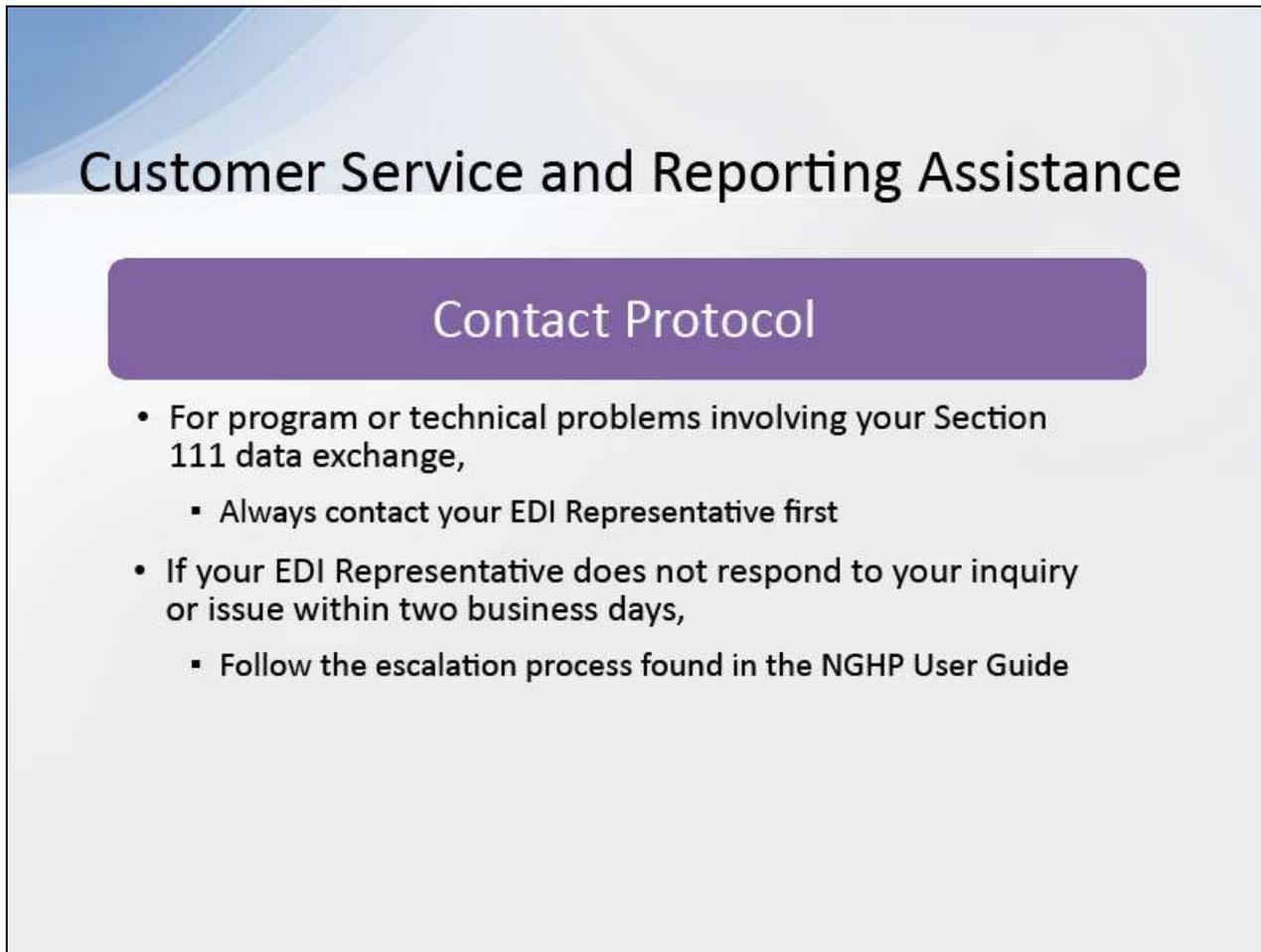
**Slide notes**

You will be assigned an EDI Representative after you register for Section 111 reporting. Your EDI Representative will be your main contact for Section 111 file transmission and technical reporting issues.

Contact information for your EDI Representative will be provided to you on your profile report after you complete registration on the Section 111 COBSW. If you have not yet registered and need assistance, please call the EDI Department at 646-458-6740.

Note: For reporting questions and technical assistance, RREs are to contact their EDI Representative.

Slide 28 - of 31



## Customer Service and Reporting Assistance

### Contact Protocol

- For program or technical problems involving your Section 111 data exchange,
  - Always contact your EDI Representative first
- If your EDI Representative does not respond to your inquiry or issue within two business days,
  - Follow the escalation process found in the NGHP User Guide

**Slide notes**

If you have a program or technical problem involving your Section 111 data exchange, the first person to contact is your own EDI Representative at the BCRC.

Your EDI Representative should always be sought out first to help you find solutions for any questions, issues, or problems you have.

If your Section 111 EDI Representative does not respond to your inquiry or issue within two business days, you may follow the escalation process outlined in the NGHP User Guide to ensure your needs are met.

Slide 29 - of 31

## Customer Service and Reporting Assistance

### Training and Education

- Section 111 CMS Web site
  - Links to all CMS publications
- Teleconferences
- Curriculum of CBT courses
  - Offered free of charge
  - Provide in-depth training on Section 111 registration, reporting requirements, the Section 111 COBSW, file transmission, file formats, file processing, and general MSP topics



#### Slide notes

Additionally, we offer various forms of training and educational materials to help you with Section 111:

The Section 111 CMS Web site will contain links to all CMS publications regarding the MSP Mandatory Reporting Requirements under Section 111 of the MMSEA of 2007.

CMS and the BCRC are conducting a series of Teleconferences to provide information regarding Section 111 reporting requirements.

The schedule for the Teleconferences is posted on the Section 111 Web site page under the What's New tab at <http://go.cms.gov/mirnghp>. The schedule is updated as new calls are scheduled.

CMS has made available a curriculum of computer-based training (CBT) courses to Section 111 RREs.

These courses are offered free of charge and provide in-depth training on Section 111 registration, reporting requirements, the Section 111 COBSW, file transmission, file formats, file processing, and general MSP topics.

CBTs will be updated to reflect new information as it is released by CMS.

## Slide 30 - of 31



You have completed the Process Overview course. Information in this presentation can be referenced by the Liability Insurance (Including Self-Insurance), No-Fault Insurance and Workers' Compensation User Guide's table of contents and any subsequent alerts. These documents are available for download at the following link:  
<http://go.cms.gov/mirnghp>.

**Slide notes**

You have completed the Process Overview course.

Information in this presentation can be referenced by the Liability Insurance (Including Self-Insurance), No-Fault Insurance and Workers' Compensation User Guide's table of contents and any subsequent alerts.

These documents are available for download at the following link: <http://go.cms.gov/mirnghp>.

Slide 31 - of 31



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 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>.