

Slide 1 - of 36



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

Quarterly Claim Input File Submission

Version 4.8, 10/5/2015
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Slide notes

Welcome to the Quarterly Claim Input File Submission 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 36

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

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Slide 3 - of 36

Course Overview

- Definitions
- Quarterly Claim Input File
 - Add Transactions
 - Delete Transactions
 - Update Transactions
- Nothing to report
- Although information in this CBT pertains to the creation of the electronic Claim Input File, DDE submitters must adhere to essentially the same Section 111 reporting requirements and are also required to submit the same data on the Section 111 COBSW



Slide notes

This module provides clarity on some of the terminology used in this CBT, and explains what is to be reported on the quarterly Claim Input File.

It describes the add, delete, and update transactions and when you would use each, and explains what to do when you don't have any Claim Detail Records or changes to report.

Although the information in this CBT pertains to the creation of the electronic Claim Input File, DDE submitters must adhere to essentially the same Section 111 reporting requirements and are also required to submit the same data on the Section 111 Coordination of Benefits Secure Web site (COBSW).

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 36

Definitions	
Previously Reported and Accepted	• Claim previously submitted and accepted with disposition 01 or 02
TPOC	• Total Payment Obligation to Claimant
TPOC Date	• Date of the associated TPOC without regard to ORM
TPOC Amount	• Dollar amount of the total payment obligation to the claimant
Auxiliary Record	• Record used to report additional claimants or additional TPOCs

Slide notes

The phrase “previously reported and accepted” means that the RRE previously submitted a claim that was accepted by the Benefits Coordination & Recovery Center (BCRC) with a disposition code of 01 or 02 on the corresponding Claim Response File Detail Record.

TPOC is the Total Payment Obligation to Claimant.

TPOC Date is the date of the associated TPOC without regard to ongoing responsibility for medicals (ORM).

TPOC Amount is the dollar amount of the total payment obligation to the claimant, i.e., dollar amount of a settlement, judgment, award, or other payment in addition to/apart from ORM.

The Auxiliary Record is a separate record that is associated to a detail record. The RRE is required to use this record to report information regarding additional claimants and/or information related to additional TPOC Dates/Amounts.

Please refer to the Total Payment Obligation to Claimant CBT for clarification on TPOC Date, TPOC Amount and use of the Auxiliary Record.

Slide 5 - of 36

Claim Input File - Auxiliary Records

- Once submitted, all subsequent updates require auxiliary record unless update transaction removes it (i.e., the information on auxiliary record is no longer applicable)
- If auxiliary record is omitted, the BCRC assumes auxiliary record no longer applies

Slide notes

Once an RRE submits an auxiliary record with a Claim Input File Detail Record, all subsequent update transactions for that Claim Detail Record must include the auxiliary record, unless the update transaction removes that information from the report (i.e., the information on the auxiliary record is no longer applicable to the claim, and the RRE is removing all of it).

If a previously reported auxiliary record is not included on a subsequent Claim Input File, the BCRC will assume that the previous information reported on the auxiliary record no longer applies to the Claim Detail Record.

Slide 6 - of 36

Quarterly Claim Input File - What to Report

- Claim information for all liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims where ORM exists on or through 1/1/2010
- No-fault insurance or workers' compensation claims where the settlement, judgment, award or other payment date, separate/apart from ORM is 10/1/2010
- Liability insurance (including self-insurance) claims where the settlement, judgment, award or other payment date, separate/apart from ORM is 10/1/2011 or subsequent
- Only include claims where medicals claimed/released
- See Mandatory Reporting Thresholds CBT for more information

Slide notes

RREs are required to create and send a Claim Input File on a quarterly basis for each RRE ID established.

These file submissions must include information for all liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims involving a Medicare beneficiary as the injured party where ongoing responsibility for medical payments exists as of January 1, 2010 and subsequent, regardless of the date of an initial acceptance of payment responsibility.

In addition, they must include no-fault insurance or workers' compensation claims where the settlement, judgment, award or other payment date, separate/apart from ORM, is October 1, 2010, or subsequent, and which meet the reporting thresholds for Section 111.

Liability insurance (including self-insurance) claims must be reported where the settlement, judgment, award or other payment date, separate/apart from ORM, is October 1, 2011, or subsequent.

RREs should only include claims for which medicals have been claimed and/or released, or the settlement, judgment, award, or other payment has the effect of releasing medicals.

Please see the Mandatory Reporting Thresholds CBT for more information. RREs are responsible for ensuring that they adhere to these requirements.

Slide 7 - of 36

Quarterly Claim Input File

- Add Records
 - New claims where injured party is a Medicare beneficiary
 - Settlement, judgment, award, or other payment
 - RRE has accepted ORM
- Update records
 - Modify claim information previously submitted
- Delete records
 - Remove erroneous claims
 - Remove claims requiring modification of a key field
- Resubmission of claims returned with errors

Slide notes

Quarterly Claim Input File submissions will include records for new claims as add records where the injured party is/was a Medicare beneficiary, reflecting settlement, judgment, award, or other payment, and assumption of ORM since the last file submission.

Your file may also contain update and/or delete records. Update records are used to modify claim information on detail records previously submitted and accepted by the BCRC.

Delete records are used to remove Claim Detail Records that were previously submitted in error or to remove Claim Detail Record(s) when modification of a key field(s) is required.

Your file must also include the resubmission of all records found to be in error on the previous file, with corrections made.

When the RRE resubmits these corrected Claim Detail Records, they will use the same Action Type previously reported for the Claim Detail Record (0 for Adds, 1 for Deletes, or 2 for Updates).

Note: A record is considered accepted by the BCRC if the corresponding response record is returned with a disposition code of 01 or 02.

Slide 8 - of 36

TIN Reference File

- May be submitted with quarterly Claim Input File, but not required to be submitted
- When modifying previously submitted TIN/Office Codes or adding new TIN/Office Codes
 - Must be submitted with records for each new TIN/Office Code combination prior to or with quarterly Claim Input File submission
- Only submitted during quarterly submission timeframe



Slide notes

You may submit the Tax Identification Number (TIN) Reference File when you submit the quarterly Claim Input File, but are not required to.

However, if you are modifying previously submitted TIN/Office Code information or if you are adding new TIN/Office Code combinations, you must submit a TIN Reference File with records for each new TIN/Office Code combination prior to or with your quarterly Claim Input File submission.

TINs will be verified, so it is imperative that accurate information be provided in the file. You can only submit an updated TIN Reference File during your quarterly submission timeframe.

Slide 9 - of 36

Matching Criteria - Identifying Medicare Beneficiaries

- The BCRC tries to match following data elements
 - HICN or SSN
 - First initial of first name
 - First six characters of last name
 - Date of Birth
 - Gender
- When a match is found
 - The BCRC provides updated values
 - RRE **must** use HICN from injured party or as returned from the BCRC
- Always send most accurate information in your system for name, date of birth, and gender

Slide notes

When you submit a Claim Input File Detail Record, the BCRC must determine if the injured party you submitted can be identified as a Medicare beneficiary. They will attempt to match the following submitted data elements to Medicare's data:

Health Insurance Claim Number (HICN) or Social Security Number (SSN);

First initial of the first name;

First six characters of the last name;

Date of birth (DOB); and

Gender.

In order for a record to be accepted by the BCRC, an exact match must be found on the HICN or SSN (i.e. the last 5 digits or full 9 digits of the SSN, whichever is submitted) and then an exact match must be found on at least three out of the four other fields (four out of four when a partial SSN is used).

When a match is found, the BCRC will provide updated (applied) values for these fields, on the response file.

RREs must always use the Medicare HICN assigned to the injured party whenever made available by the injured party or as returned by the BCRC, as this is the official individual identifier used by Medicare for Medicare beneficiaries.

Additionally, when you send add, update, or delete transactions, you should always send the most recent, most accurate information you have in your system for name, date of birth, and gender on all transactions, as it will aid in the matching process.

Slide 10 - of 36

Key Data Fields

- Uniquely identifies a claim
- Update/delete transactions must match key data fields on previously accepted records



Slide notes

Once a Claim Detail Record is processed and accepted, the BCRC uses key data fields to uniquely identify the claim for future processing.

In order for an update/delete transaction to be successful, the key data fields on an update/delete record must match the key data fields on the previously accepted detail record.

Slide 11 - of 36

Key Data Fields

- Injured party HICN or SSN
- CMS Date of Incident
- Plan Insurance Type
- ORM Indicator



Slide notes

The key data fields the BCRC uses to uniquely identify the claim are:

Injured Party HICN or SSN (Field 4 or 5);

CMS Date of Incident (Field 12);

Plan Insurance Type (Liability, No-Fault, Workers' Compensation in Field 51); and

ORM Indicator (Field 78).

Slide 12 - of 36

Add Transactions

Claim Input File Detail Record

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change

- Adds new claim information/resubmits claims not previously submitted

Slide notes

Three different types of detail records will be submitted on the Claim Input File and they are distinguished using the Action Type Field.

An add record or transaction is defined with a 0 (zero) in the Action Type (Field 3) of a Claim Input File Detail Record.

An add transaction is used to add new claim information that was either not previously submitted or was submitted but not accepted.

Slide 13 - of 36

Add Transactions

- Used in the following situations
 - Submit
 - New Claim Detail Records that settled since last quarterly report
 - New claims where RRE has accepted ORM for beneficiary
 - Resubmit
 - Add records that previously received an SP disposition code
 - Open ORM claims, which previously received a 03 disposition code, when injured party becomes covered by Medicare

Slide notes

Add records will be used for the following situations:

To submit new Claim Detail Records that settled since your last quarterly report;

To submit new Claim Detail Records where the RRE has accepted ORM for a Medicare beneficiary;

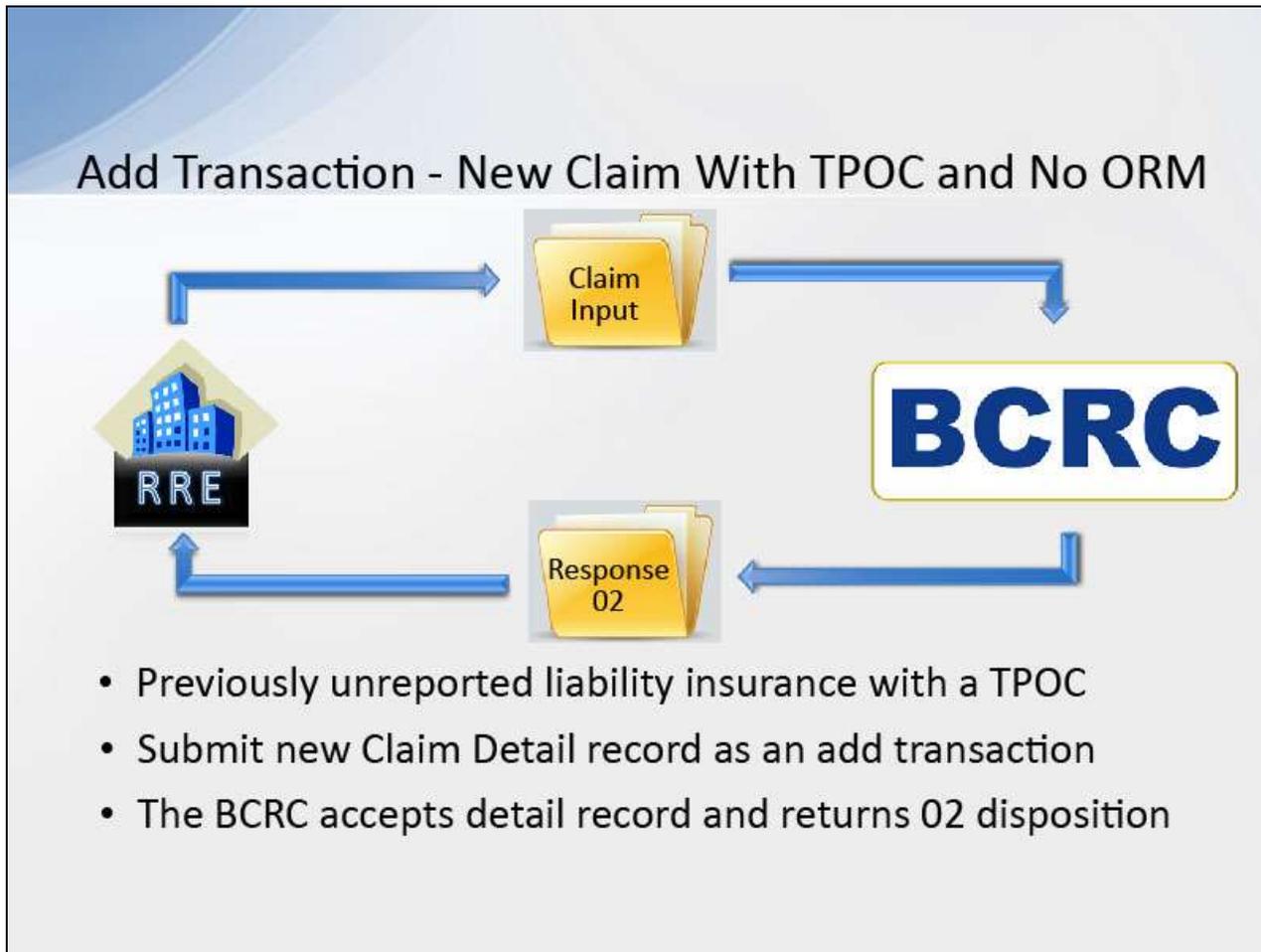
To resubmit add records that previously had errors (i.e., received an SP disposition code) on the response file; and/or,

To resubmit open ORM claims, which previously received a 03 disposition code, when the injured party becomes covered by Medicare.

Following are examples to enhance your understanding of how to submit Claim Input File Detail add records.

Please note, there is a CBT titled Claim Input File Events, which includes additional add, update, and delete examples to aid you in your understanding of how/when to submit Claim Input File Detail Records.

Slide 14 - of 36

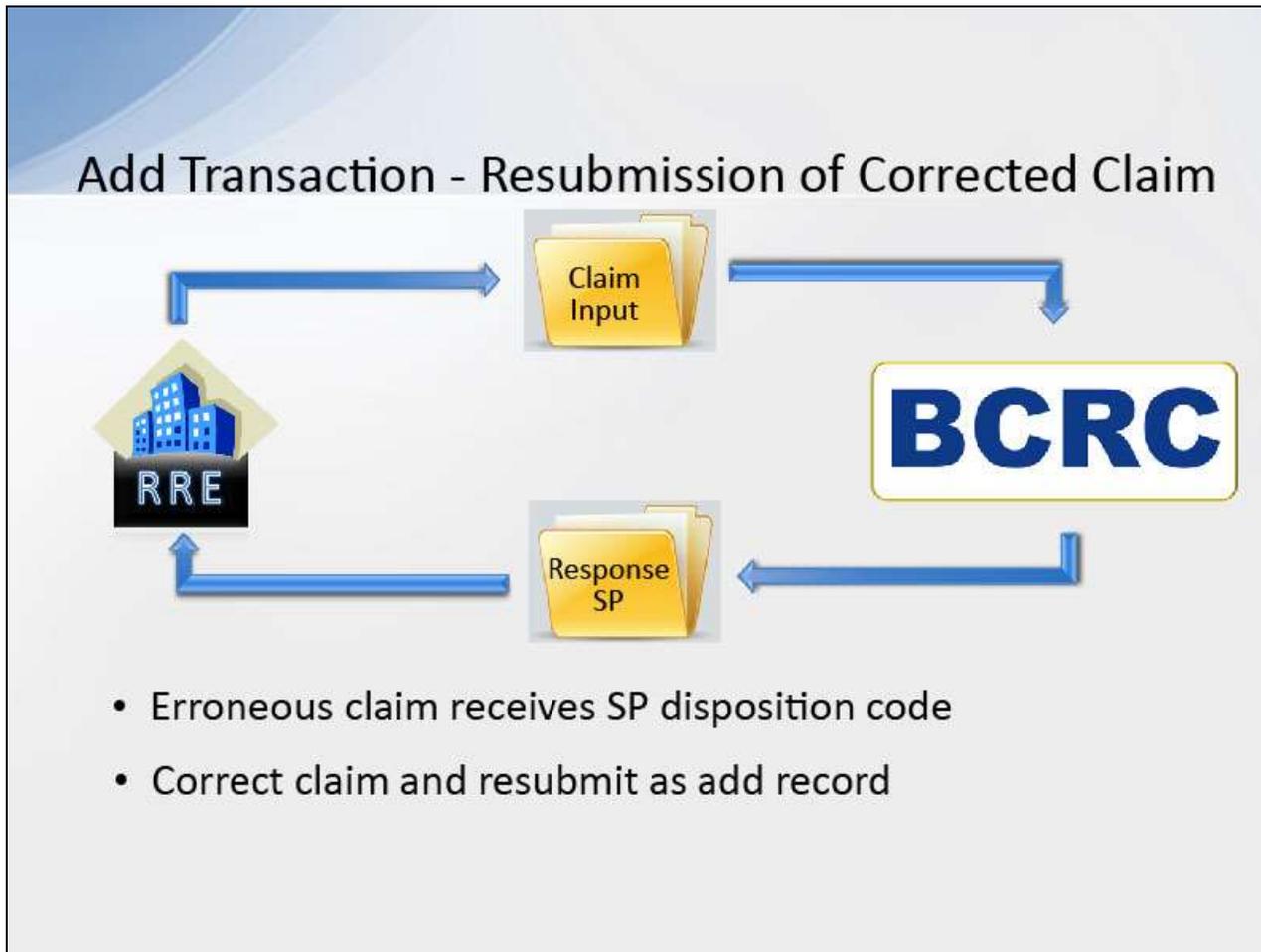
**Slide notes**

An RRE has begun submitting production Section 111 Claim Input Files and received and processed last quarter's responses from the BCRC.

A new liability insurance claim not previously submitted has a settlement, judgment, award, or other payment TPOC. The RRE submits information for the new claim as an add record on the next quarterly file submission.

The RRE has indicated no ORM. The BCRC accepts and adds the record to the Medicare files and returns a 02 disposition code.

Slide 15 - of 36

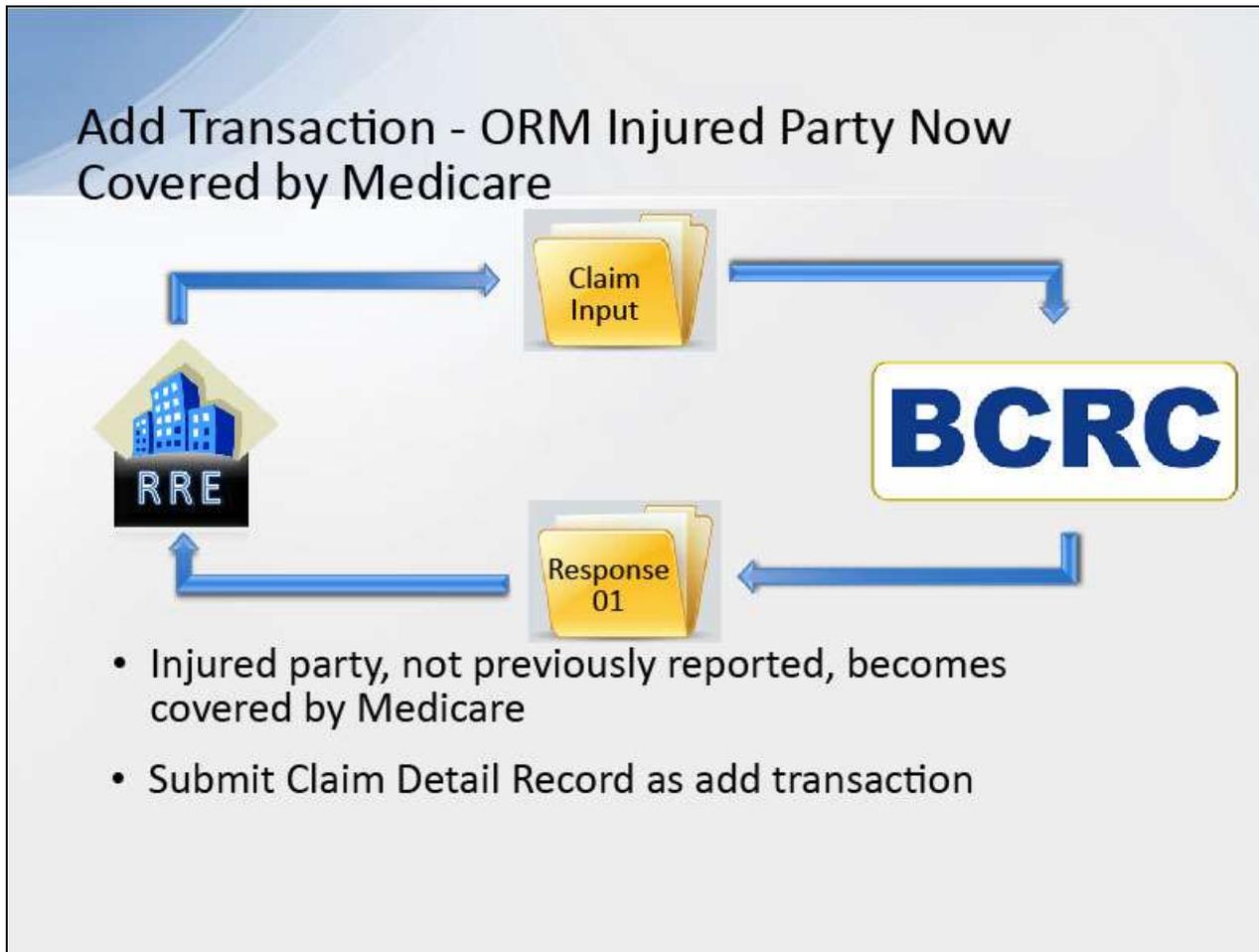
**Slide notes**

An RRE has begun submitting production Section 111 Claim Input Files and received and processed last quarter's responses from the BCRC.

A Claim Detail Record submitted on last quarter's file as an add record was in error and received an SP disposition code with errors listed on the response record.

The RRE corrects the claim and resubmits it as an add record on the next quarterly file submission.

Slide 16 - of 36

**Slide notes**

An RRE has begun submitting production Section 111 Claim Input Files and received and processed last quarter's responses from the BCRC.

The RRE determines that an injured party on a Claim Detail Record where the RRE has ORM under Section 111 becomes covered by Medicare.

The RRE determines this through its monitoring process (which may include, for example, notification from the injured party or information through the Section 111 query process).

The RRE submits the claim as an add record on the next quarterly file submission. The BCRC accepts and adds the record to the Medicare files and returns a 01 disposition code.

Slide 17 - of 36

Delete Transactions

Claim Input File Detail Record						
Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change

- Removes claim information previously sent
- Data editing performed
- Include all data on the record

Slide notes

A delete record or transaction is defined with a 1 in the Action Type (Field 3) of a Claim Input File Detail Record. A Delete transaction is sent to remove claim information previously sent for Section 111 to the BCRC.

Data editing is performed on Delete transactions to ensure that the information provided is accurate, complete, and consistent. Ensure that all data is included on the record to ensure the record passes data edits.

Refer to the NGHP User Guide and Claim Input File Data Elements course for additional information on data editing.

Slide 18 - of 36

Deleting Erroneous Record Submissions

- Delete records only used in the following situations
 - Remove claims that were accepted (received a 01 or 02 disposition code) but original claim sent in error
 - Correct key data fields on previously accepted claims
 - Resubmit delete records that previously received an SP disposition code
- No need to delete claims receiving 03 disposition codes

Slide notes

Delete records will only be used in the following situations.

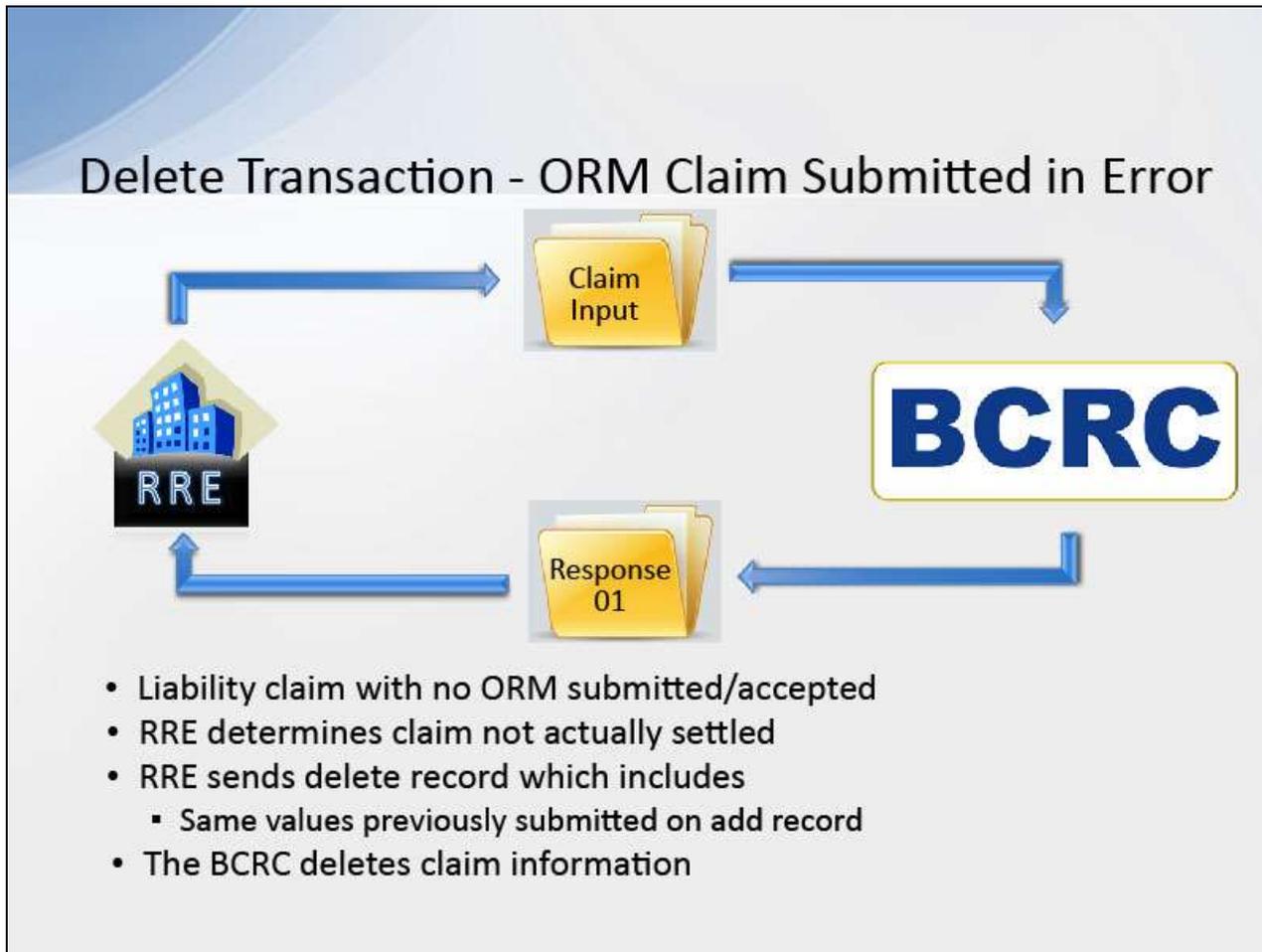
The first is to remove a detail record that was previously sent and accepted by the BCRC (i.e., the claim received a 01 or 02 disposition code in the Claim Response File), but the original detail record was sent in error (e.g., the Claim Detail Record was not actually settled).

The second situation that requires a delete transaction is when the RRE needs to correct data in one or more of the key fields that are used to identify claims on a previously accepted detail record.

You will also use a delete transaction to resubmit a delete record that previously received an SP disposition code on the response file. Delete records are not necessary for records that received a 03 disposition code.

Following are examples to enhance your understanding of how to submit Claim Input File Detail delete records.

Slide 19 - of 36

**Slide notes**

A Claim Detail Record was submitted for a settled liability claim with no ORM on an RRE's previous quarterly file submission, and was accepted with a 02 disposition code (i.e., claim accepted, no ORM).

Subsequently, the RRE discovers an internal system error and realizes that this Claim Detail Record is not, in fact, settled, and no payment was made by the RRE.

On its next Claim Input File, the RRE sends a delete record that includes the same values previously submitted on the accepted add record and places a 01 in the Action Type.

The BCRC accepts the record, deletes the claim information from internal Medicare files, and returns a 01 disposition code for the delete record.

Slide 20 - of 36

Key Data Fields

- Medicare stores claims information using key data fields
- If an RRE needs to correct a key field submitted previously, the RRE must send
 - Delete record with the key information that matches the previously accepted add record
 - Add record with the changed information
- This is often referred to as the “delete/add” process



Slide notes

Medicare stores information on claims using key data fields.

If the RRE needs to correct a key field submitted previously, the RRE must send a delete record with the key information that matches the previously accepted add record followed by a new add record with the changed information.

This is often referred to as the “delete/add” process.

Slide 21 - of 36

Key Data Fields

- Only perform a delete/add to correct the following previously submitted fields
 - CMS Date of Incident (Field 12)
 - Plan Insurance Type (Liability, No-Fault, Workers' Compensation in Field 51)
 - ORM Indicator (Field 78)
- Do not perform a delete/add to correct or change any other fields
 - Submit an update transaction to correct non-key fields

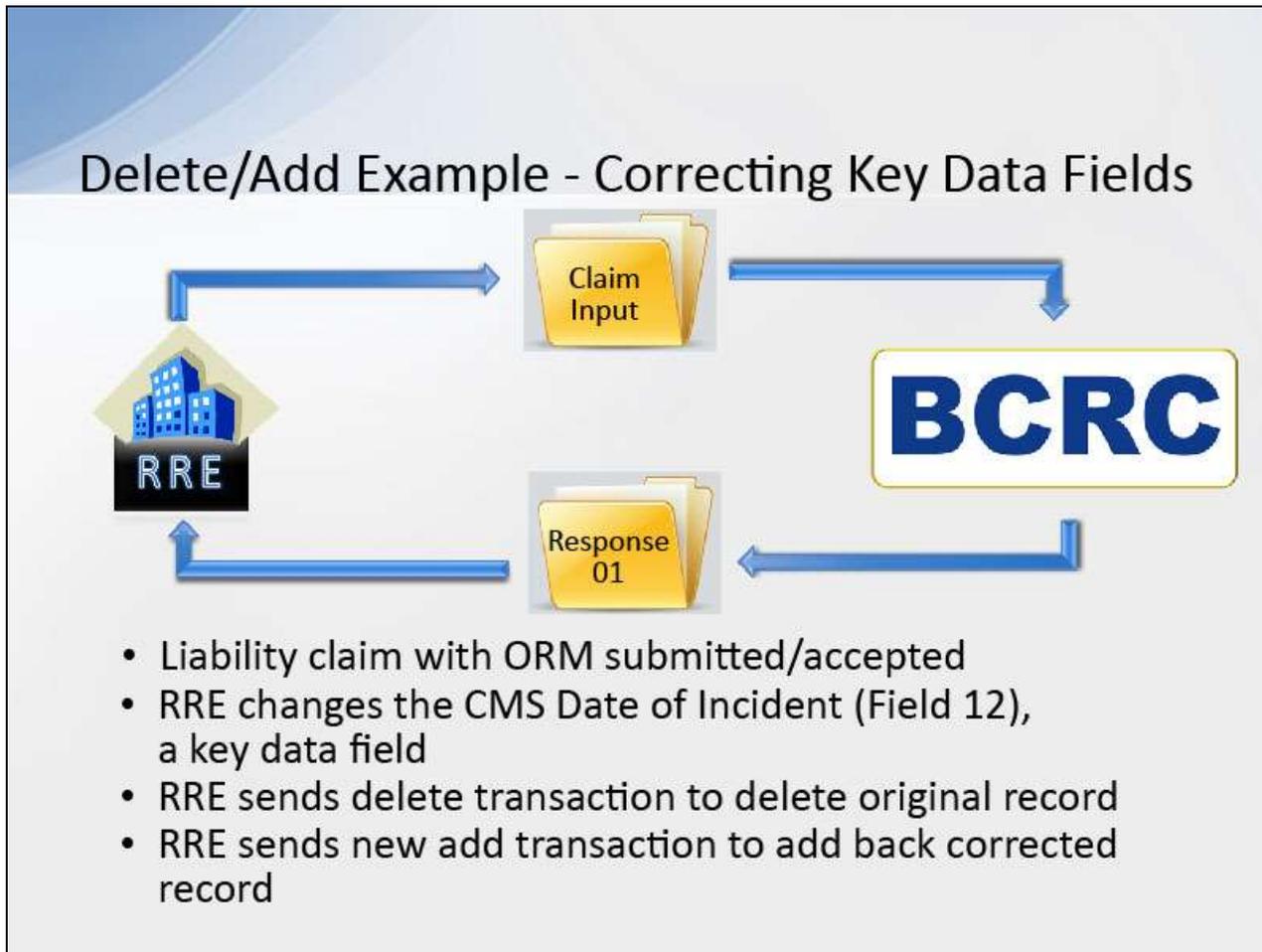


Slide notes

Only perform a delete/add to correct the following previously submitted fields: CMS Date of Incident (Field 12); Plan Insurance Type (Liability, No-Fault, Workers' Compensation in Field 51); and, ORM Indicator (Field 78).

Do not perform a delete/add to correct or change any other fields. Simply submit an update transaction to correct non-key fields.

Slide 22 - of 36

**Slide notes**

A Claim Detail Record was submitted for a liability insurance claim with ORM on an RRE's previous quarterly file submission.

It was accepted with a 01 disposition code (i.e., claim accepted and ORM). Subsequently, the RRE changes the CMS Date of Incident (DOI) (Field 12) in its internal system.

Because the CMS Date of Incident (Field 12) is a key data field, the RRE must delete the previously added record and add a new record back with the correct CMS Date of Incident.

On its next Claim Input File, the RRE sends a delete record for the claim.

The RRE should submit the most current information they have for the injured party's name, date of birth, and gender, all other claim information they previously submitted in the key fields on the original record, and place a 1 in the Action Type Field.

In the same Claim Input File, the RRE sends an add record for the claim with the changed information, including the new CMS Date of Incident, a 0 in the Action Type Field, and all other required data elements.

The BCRC processes both records and returns a record for each on the response file with the applicable disposition code.

The original record will be deleted from the BCRC system and the new add record will be added back with the corrected CMS Date of Incident.

Slide 23 - of 36

Correcting Key Data Fields - HICN/SSN

- RREs only need to correct the HICN/SSN in cases where an incorrect person was submitted and accepted
- HICNs may be changed by the SSA
 - The BCRC can crosswalk old numbers to new numbers
- If correct person was previously submitted and accepted and the HICN changes, do not send a delete
 - Updates may continue to be sent under the original HICN
- The BCRC will always return the most current HICN on response records
 - New HICN may be used on all subsequent transmissions without the RRE performing the “delete/add” procedure

Slide notes

RREs only need to correct the HICN/SSN in cases where an incorrect person was submitted and accepted on the input record.

HICNs may be changed by the Social Security Administration (SSA) at times but the BCRC is able to crosswalk the old numbers to the new numbers.

Therefore, in those instances where the correct person was previously submitted and accepted and the HICN changes for that person at a later date, the RRE should not send a delete to correct the record.

In fact, updates may continue to be sent under the original HICN submitted.

The BCRC will always return the most current HICN on response records and RREs are encouraged to update their systems with that information and use it on subsequent record transmissions.

The new HICN may be used on all subsequent transactions without the RRE performing the “delete/add” procedure.

Slide 24 - of 36

Correcting Key Data Fields - HICN/SSN

- SSN and HICN are interchangeable as a key field
 - The BCRC always crosswalks the SSN to the HICN
- If a record was previously submitted and accepted with only an SSN and the RRE obtains the HICN on the response file
 - RRE should not send a delete and an add to update the beneficiary's information with the HICN
 - This does not constitute a key field change
 - The record has been stored under both the SSN and HICN
 - Subsequent transactions for the record must be submitted with the HICN

Slide notes

Also note that the SSN and HICN are interchangeable as a key field for a record and the BCRC always crosswalks the SSN to the HICN for records submitted without a HICN.

If a record was previously submitted and accepted with only an SSN and the RRE obtains the HICN on the response file, the RRE should not send a delete and an add to update the beneficiary's information with the HICN.

This does not constitute a key field change. The record has already been stored under both the SSN and HICN by the BCRC. Subsequent transactions for the record must be submitted with the HICN.

Slide 25 - of 36

Update Transactions

Claim Input File Detail Record						
Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change

- Used to correct/change information on a previously submitted and accepted record (i.e., record with a 01 or 02 disposition)
- Used to submit a new, additional TPOC Amount and Date
- Data editing is performed
 - Include all data on the record to ensure record passes edits

Slide notes

An update record or transaction is defined with a 2 in the Action Type (Field 3).

An update transaction with an Action Type of 2 is sent when you need to change information on a record previously submitted and accepted by the BCRC, for which you received a 01 or 02 disposition code in your Claim Response File.

An update transaction is also sent when you need to submit a new, additional TPOC Amount and Date. Data editing is performed on update transactions to ensure that the information provided is accurate, complete, and consistent.

Ensure that all data is included on the record to ensure the record passes data edits. Refer to the NGHP User Guide and the Claim Input File Data Elements course for additional information on data editing.

Slide 26 - of 36

Update Transactions

- Medicare stores information on claims submitted previously by certain key information
- Update record must include and match the following previously submitted fields on the add record
 - Injured Party HICN or SSN (Fields 4 or 5)
 - CMS Date of Incident (Field 12)
 - Plan Insurance Type (Liability, No-Fault, Workers' Compensation in Field 51)
 - ORM Indicator (Field 78)

Slide notes

Because Medicare stores information on claims submitted previously by certain key information, the following fields on an update record must match the add record sent previously in order for the update to be successful:

Injured Party HICN or SSN (Fields 4 or 5)

CMS Date of Incident (Field 12)

Plan Insurance Type (Liability, No-Fault, Workers' Compensation in Field 51)

ORM Indicator (Field 78)

Slide 27 - of 36

Update Transactions

- Submitted for the following situations
 - Send ORM Termination Date
 - Indicate that the responsibility for ongoing medicals has ended
 - Report separate settlement, judgment, award or other payment TPOC Amount/Date
 - Change information critical for use by Medicare in its claims payment and recovery process

Slide notes

Update records are submitted under three circumstances.

The first is when an RRE needs to send the ORM Termination Date to indicate that the responsibility for ongoing medicals has ended (this may be a simple termination or it might be associated with the reporting of a settlement, judgment, award, or other payment TPOC Amount and Date).

The second is when a report of ongoing responsibility for medicals has already been submitted and accepted and there is a separate settlement, judgment, award, or other payment TPOC Amount and Date but the RRE continues to retain ongoing responsibility for medicals. The third circumstance is to change information critical for use by Medicare in its claims payment and recovery processes.

See the Event Table for additional information.

Slide 28 - of 36

Critical Claims Payment/Recovery Fields

- Data fields critical to Medicare claims payment and recovery
- Update transaction required if critical fields are modified
 - ICD Diagnosis Codes
 - TIN
 - TPOC Date 1
 - TPOC Date 2-5
 - TPOC Amount 1
 - TPOC Amount 2-5
 - Claimant 1 Information
 - ORM Termination Date
- Updated information for other fields will be accepted if submitted
 - You may send an update to change other information, but it is not required

Slide notes

Certain data fields on the Claim Input File are critical for use by Medicare in its claims payment and recovery process.

If the RRE changes information in one or more of the following critical data fields, they must send the modified information in an update transaction on their next quarterly claim submission:

ICD Diagnosis Codes 1-19 (beginning in Field 18 of the Detail Record) – This is the ICD-9/ICD-10 (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness.

Note: ICD-10 Diagnosis Codes will be accepted on claim reports starting October 1, 2015;

TIN (Field 52 of the detail record);

TPOC Date 1 (Field 80, of the detail record);

TPOC Date 2-5 (Fields 93, 96, 99, and 102 of the auxiliary record);

TPOC Amount 1 (Field 81 of the detail record);

TPOC Amount 2-5 (Fields 94, 97, 100 and, 103 of the auxiliary record);

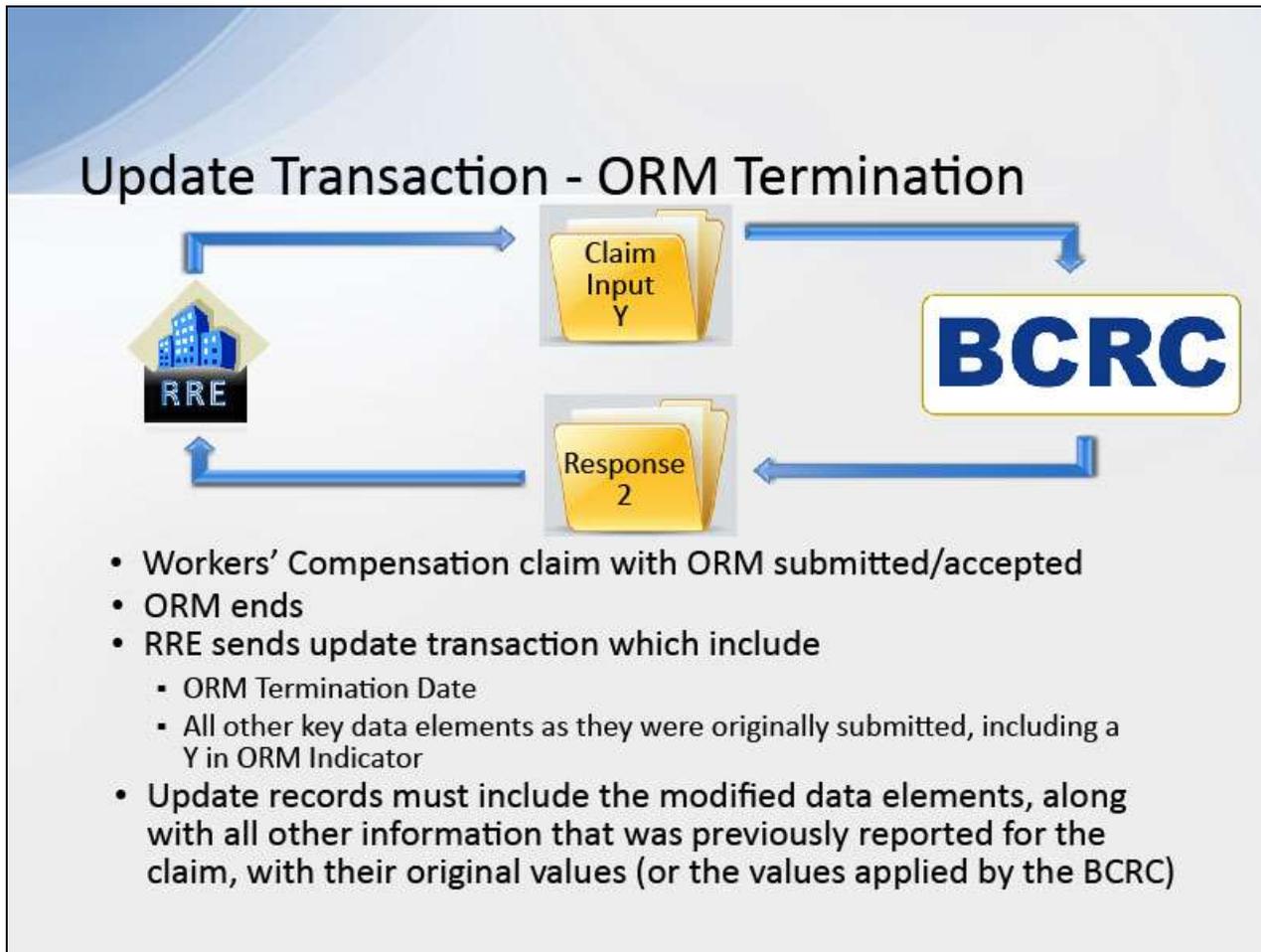
Claimant 1 Information (Fields 84-95 of the detail record); and

ORM Termination Date (Field 79 of the detail record).

Note: Updated information for other fields will be accepted if submitted but changes to other fields do not trigger the update requirement. You may send an update to change other information but it is not required.

Following are examples to enhance your understanding of how to submit Claim Input File Detail update transactions.

Slide 29 - of 36

**Slide notes**

A Claim Detail Record was previously submitted by an RRE and accepted by the BCRC for a Workers' Compensation claim where the RRE assumed ORM (the ORM Indicator Field 78 was submitted with a Y).

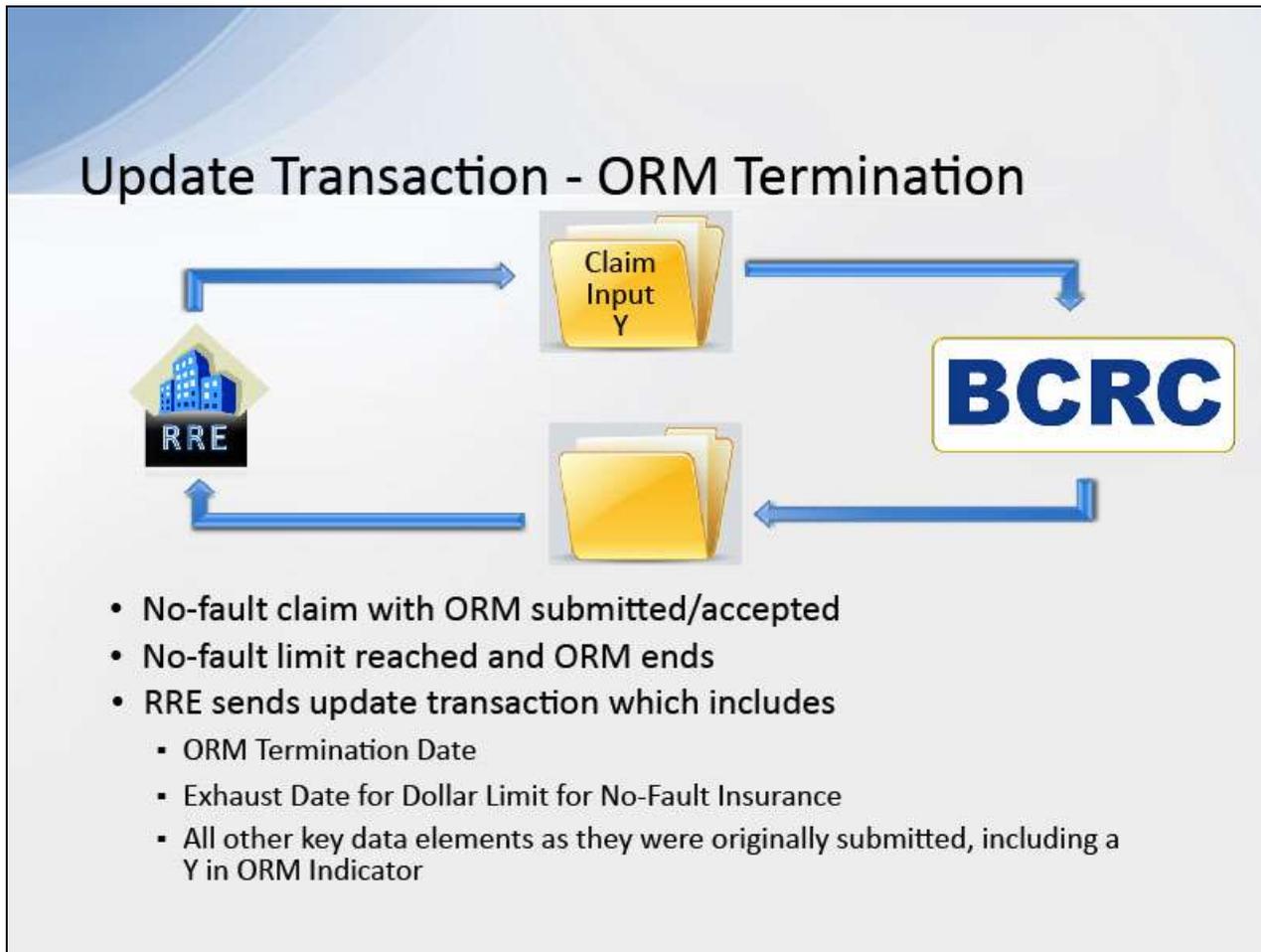
The RRE's ongoing responsibility has since ended, the injured party/Medicare beneficiary's injury is healed, and they have returned to work.

In the next quarterly Claim Input File submission, the RRE sends an update record for the previously accepted Claim Input File Detail Record with a 2 in the Action Type (Field 3) and the ORM Termination Date (Field 79), reflecting when the RRE's ongoing responsibility ended and the Claim Detail Record was closed. All other key data elements should match the original submission for this Claim Input File Detail Record, including a Y in the ORM Indicator.

When the RRE sends an update record, they must include the modified data elements, along with all other information that was previously reported for the claim, with their original values (or the values applied by the BCRC).

Note that an update record is sent to report the ORM Termination Date, not a delete transaction. Also note that the ORM Indicator should continue to be reported with a value of 'Y' on the update record.

Slide 30 - of 36



Slide notes

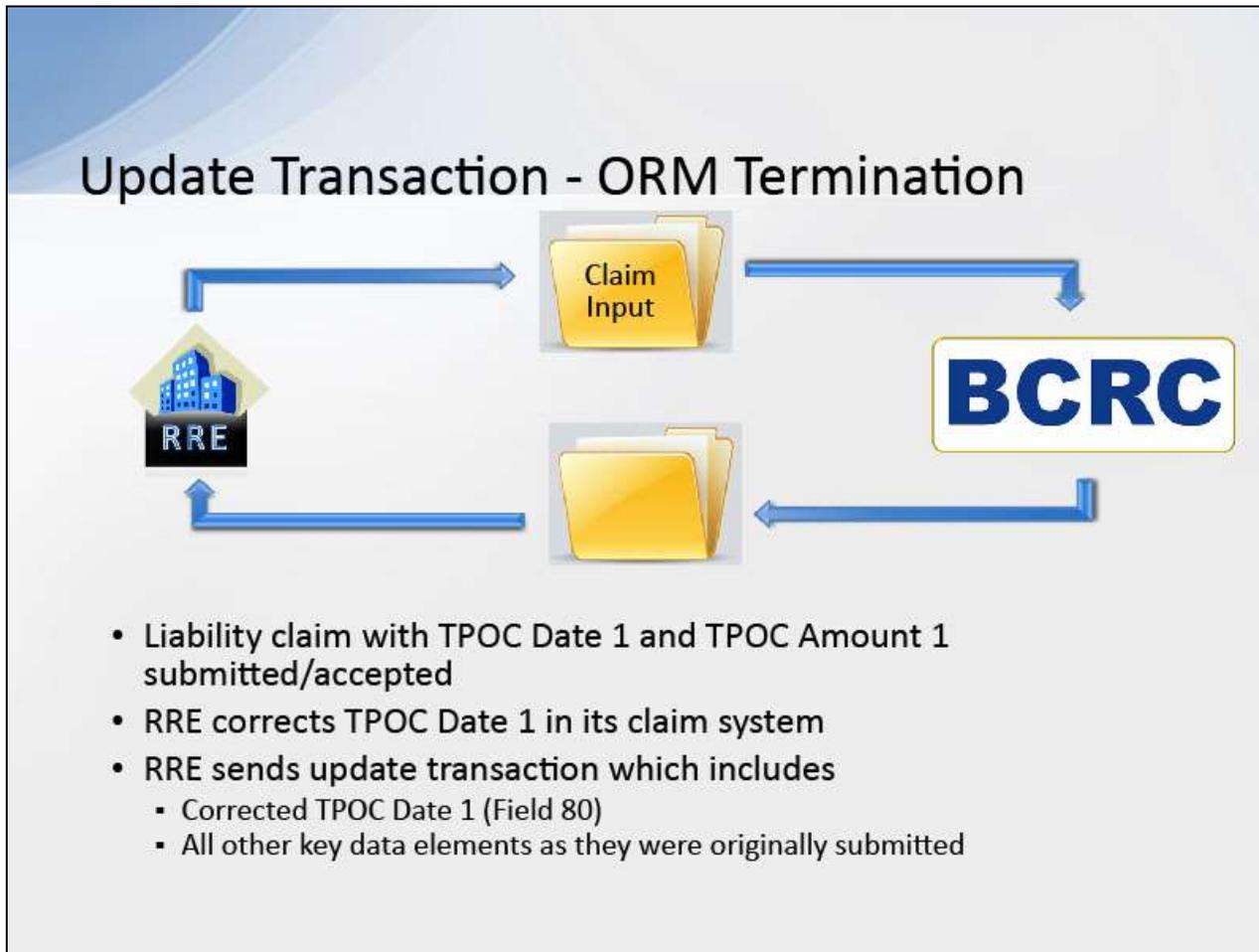
A Claim Detail Record was previously submitted by an RRE and accepted by the BCRC for a no-fault claim where the RRE assumed ORM (the ORM Indicator Field 78 was submitted with a Y).

The limit on the no-fault portion of the policy applicable to the claim was provided in the No-Fault Insurance Limit (Field 61). Subsequently, the no-fault limit was reached and the RRE's ORM ended.

In the next quarterly Claim Input File submission, the RRE sends an update record for the claim with a 2 in the Action Type (Field 3), an ORM Termination Date (Field 79), reflecting when the RRE's ORM ended, and the date the no-fault limit was reached in the Exhaust Date for Dollar Limit for No-Fault Insurance (Field 62).

All other key data elements are submitted as they were on the original report, including a Y in the ORM Indicator.

Slide 31 - of 36



Slide notes

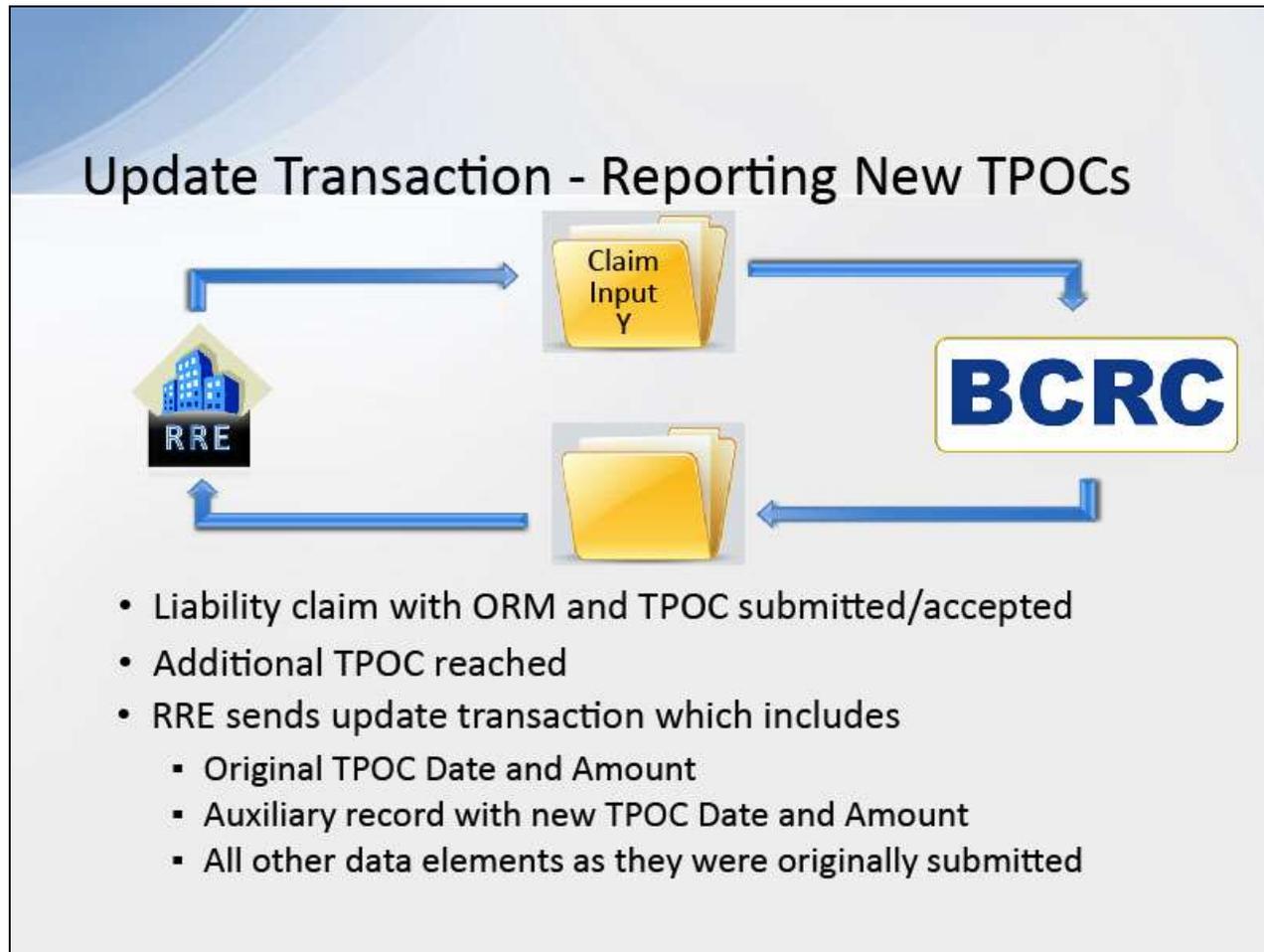
A Claim Detail Record was previously submitted by an RRE and accepted by the BCRC for a liability claim with a settlement, judgment, award, or other payment information in TPOC Date 1 (Field 80) and TPOC Amount 1 (Field 81).

Subsequently, the RRE corrects the TPOC Date 1 (Field 80) in its claim system, since an incorrect date was entered initially.

In the next quarterly Claim Input File submission, the RRE sends an update record for the previously accepted Claim Input File Detail Record with a 2 in the Action Type (Field 3) and the corrected TPOC Date 1 (Field 80).

All other key data elements should match the original submission for this Claim Input File Detail Record.

Slide 32 - of 36

**Slide notes**

Claim Detail Record was previously submitted by the RRE and accepted by the BCRC for a liability insurance claim with a settlement, judgment, award, or other payment TPOC.

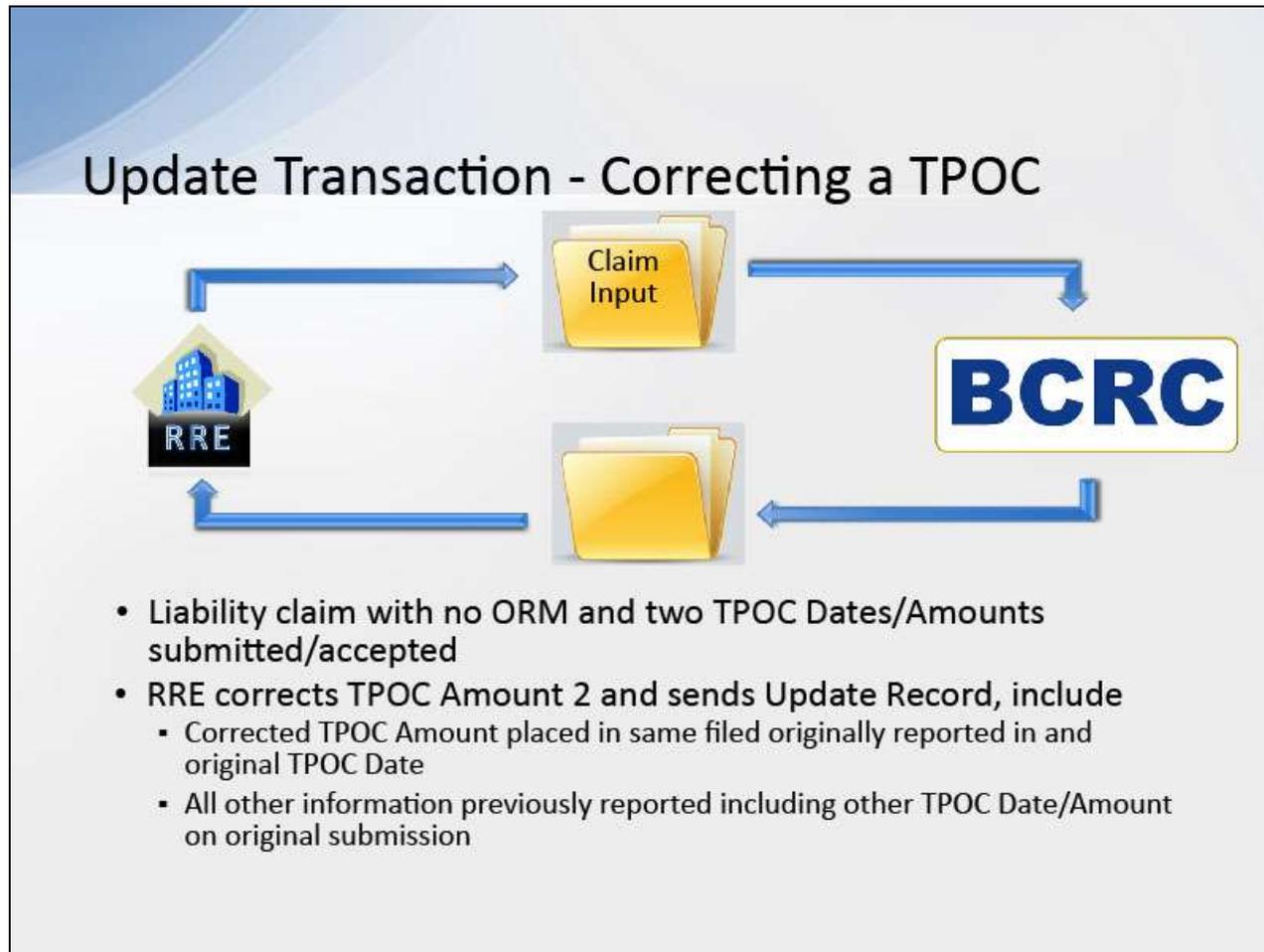
The Claim Detail Record submitted reflected ORM (ORM Indicator = Y) and included a TPOC Date 1 and TPOC Amount 1 (Fields 80 and 81).

Subsequently, an additional settlement, judgment, award, or other payment (including assumption of ORM) TPOC is reached with respect to the same Claim Detail Record.

In the next quarterly Claim Input File submission, the RRE sends an Update Record for the claim with a 2 in the Action Type (Field 3) of the Detail Record, places the previously reported TPOC Date 1 and TPOC Amount 1 in Fields 80 and 81 of the detail record, and places the new, additional TPOC Date and TPOC Amount in TPOC Date 2 and TPOC Amount 2 (Fields 93 and 94) on the auxiliary record immediately following the Detail Record.

All other data elements are submitted as they were on the original report, including a Y in the ORM Indicator on the Detail Record.

Slide 33 - of 36

**Slide notes**

A Claim Detail Record was previously submitted by the RRE and accepted by the BCRC for a liability insurance claim with no ORM. The original submitted Claim Detail Record was reported with two TPOCs.

The first was submitted in the TPOC Date 1 and TPOC Amount 1 (Fields 80 and 81). The second was reported on the auxiliary record in the TPOC Date 2 and TPOC Amount 2 (Fields 93 and 94).

Subsequently, it is determined that the amount originally entered on the auxiliary record was incorrect.

In the next quarterly Claim Input File submission, the RRE sends an update record for this claim with a 2 in the Action Type (Field 3) of the Detail Record.

The corrected TPOC Amount must be placed in the same field it was reported in previously (in this example, it would be placed in Field 94 of the auxiliary record).

Although the TPOC Date 2 was correct on the original submission, it must be reported with its original value in the same field it was reported in previously (Field 93).

All other information that was previously reported for this claim, including the other TPOC Date and TPOC Amount, should be reported with their original values (or the values applied by the BCRC).

Slide 34 - of 36

Nothing to Report

- RREs may, but are not required to submit an “empty” Claim Input File
 - Header record
 - No detail records
 - Trailer record
 - Zero record count
- When submitting an empty file, no TIN Reference File is required, but if submitted, will be accepted and processed
- No Claim Response File is produced for empty Claim Input Files

A diagram illustrating the structure of an empty Claim Input File. It consists of three stacked rectangular boxes. The top box is light blue and labeled 'Claim Input File'. The middle box is light green and labeled 'Header'. The bottom box is light red and labeled 'Trailer'.

Claim Input File

Header

Trailer

Slide notes

If you have no new information to supply on a quarterly update file, you may, but are not required to submit an “empty” Claim Input File with a header record, no detail records, and a trailer record that indicates a zero detail record count.

When submitting an empty file, no TIN Reference File is required, but if submitted, will be accepted and processed. No Claim Response File is produced for empty Claim Input Files.

Slide 35 - of 36



You have completed the Quarterly Claim Input File Submissions 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

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Slide 36 - of 36



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: "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>.