

# Section 111 Non-Group Health Plan (NGHP) Unsolicited Response File Webinar



June 6, 2023

# Presentation Overview



Background



The Unsolicited Response File



Other S111 Updates

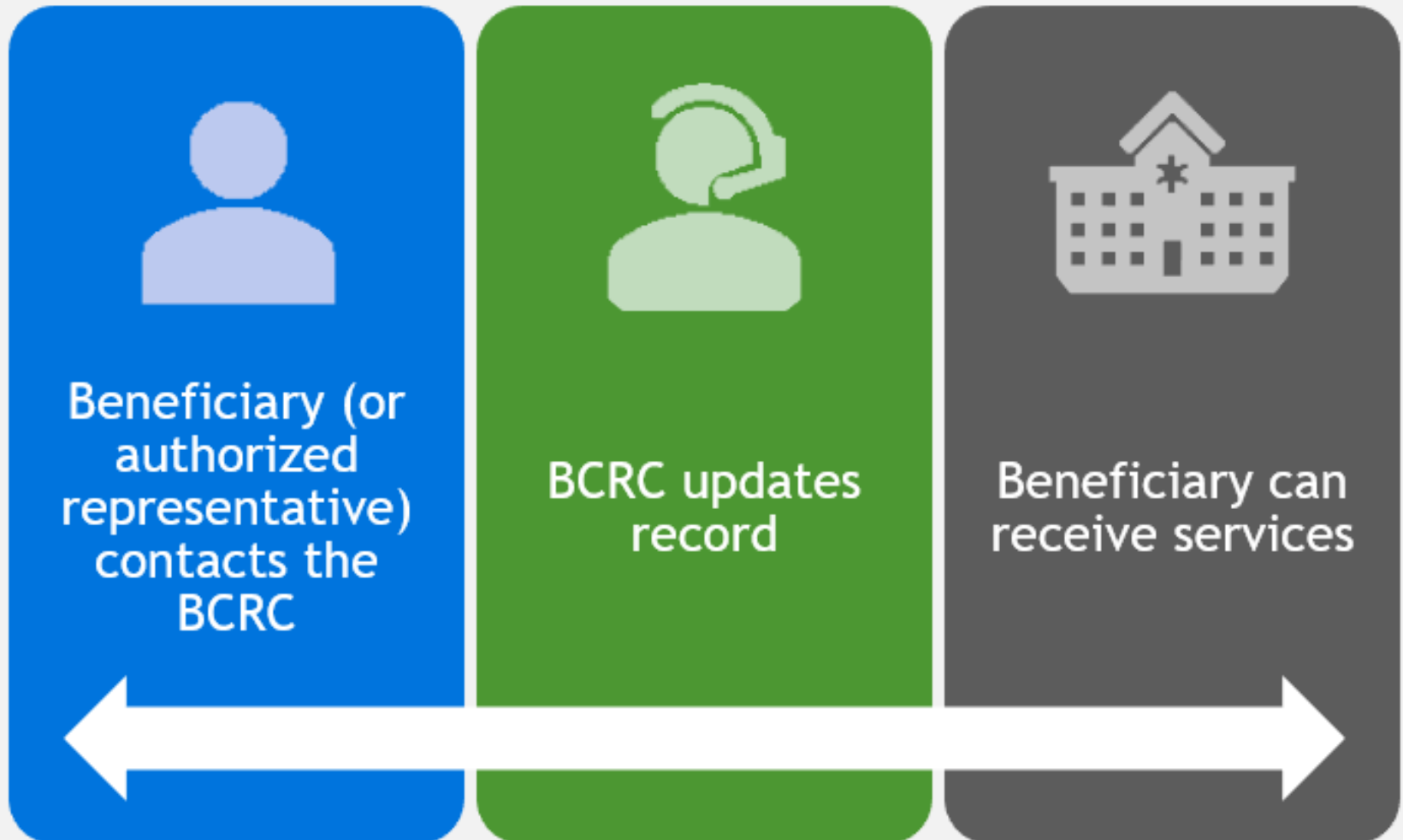


Additional Resources

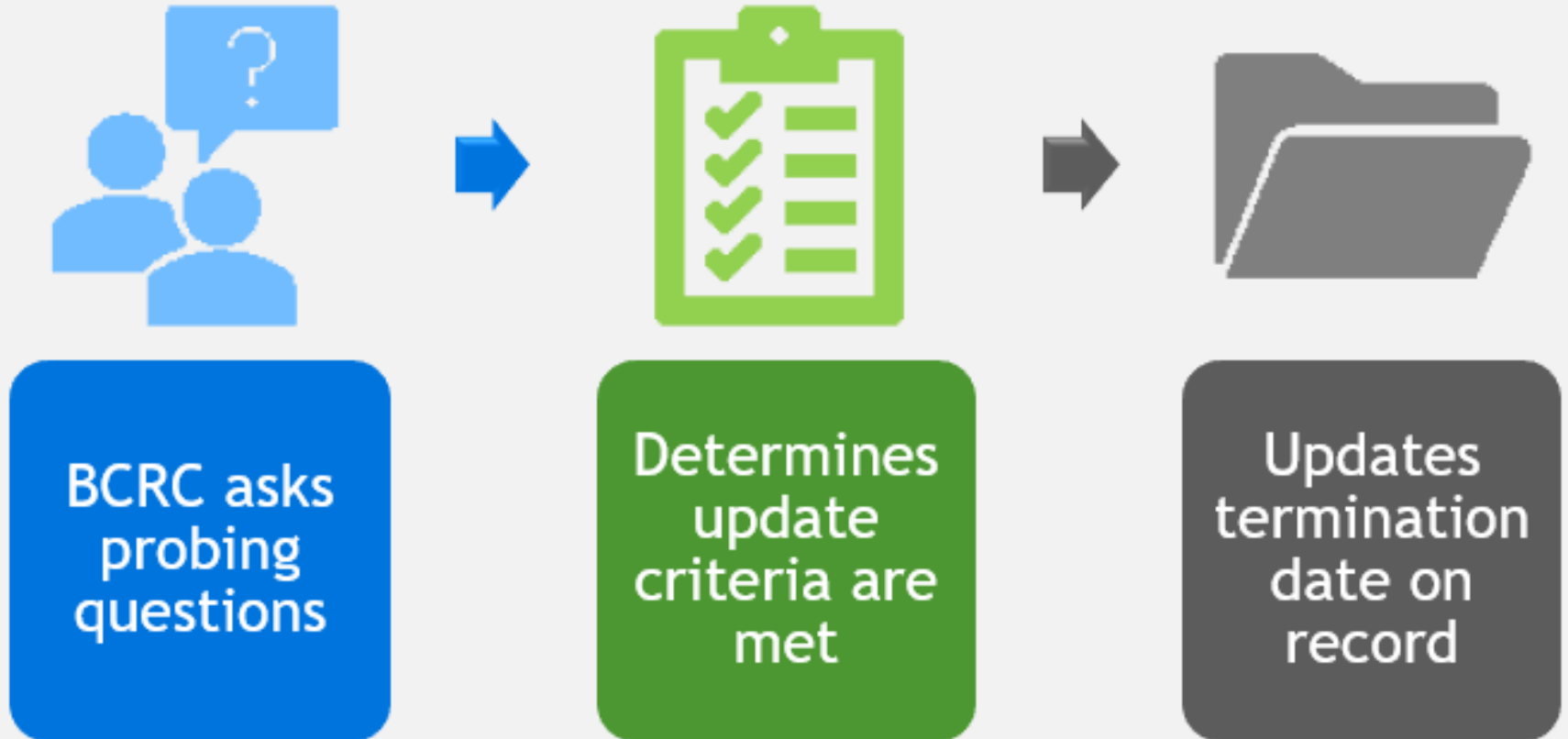


Questions & Answers

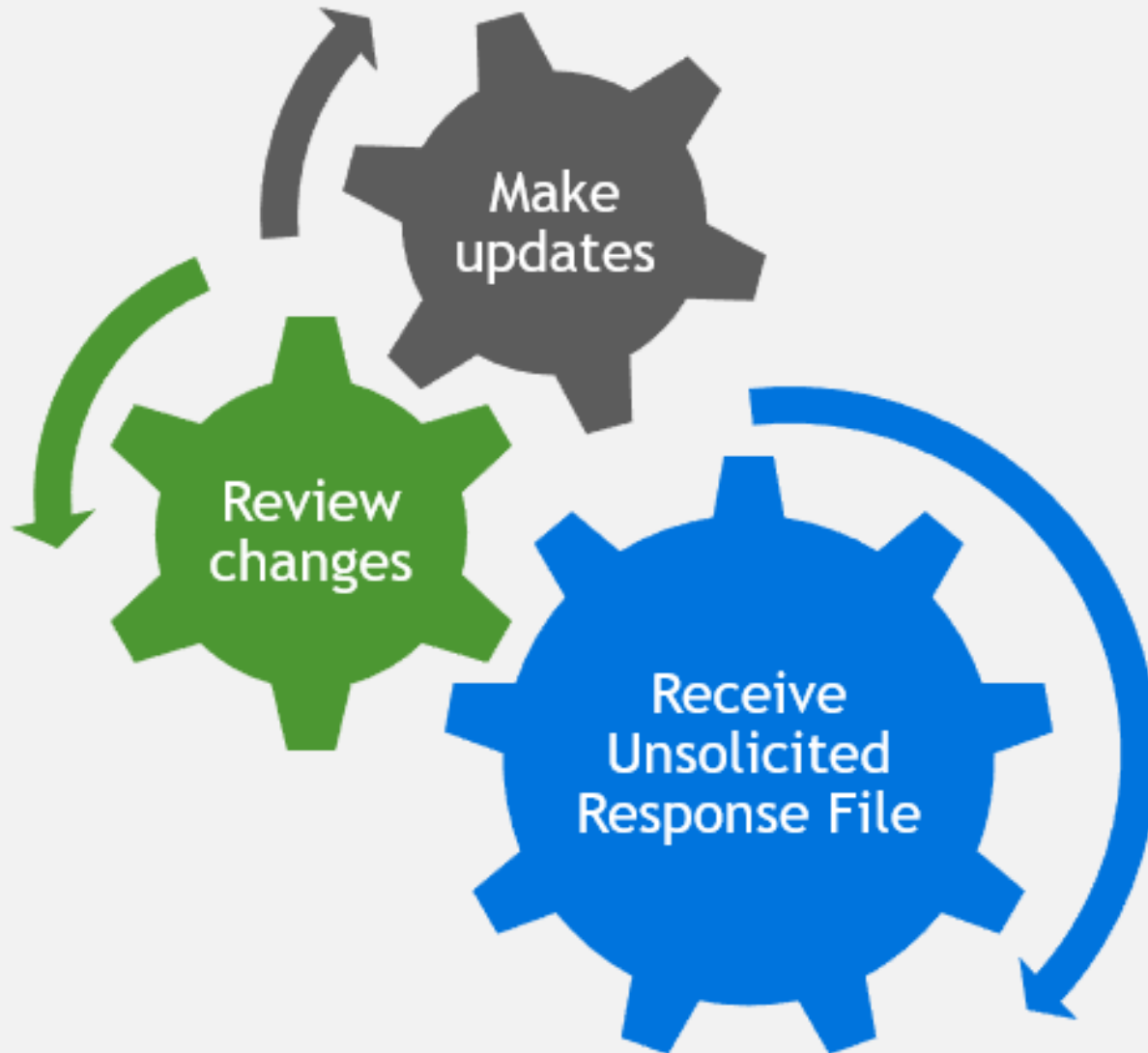
# Who Can Update a Record and Why?



# What Can Be Updated?



# Why an Unsolicited Response File?



# How to Opt In: New Accounts

## RRE Information

EIN/TIN:  
Reporter Type: Liability/ No Fault/ Workers' Compensation  
Company Name:  
Address 1:  
Address 2:  
City, State Zip:  
Telephone:  
Fax:

\* Required

## Lines of Business

Insurer Lines of Business: \*  No Fault  Workers' Compensation  Liability

## File Submission Profile Information:

Estimated Number of Paid Claims: \*

Will an Agent report data on your behalf? \*  Yes  No

Agent Company EIN/TIN:

## Claim Submission Method

### File Transmission

Transmit your claim information in flat files using one of the following methods:

- CMS Electronic File Transfer (EFT) option
- S111 Portal Secure File Transfer Protocol (SFTP)
- S111 Portal Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)

This submission method typically requires some programming to format the claim files, and is suitable for RREs that have large claim volumes every year (i.e. greater than 300).

Would you like to receive Unsolicited Alerts? Check here  to receive Unsolicited Alerts.

### Direct Data Entry

Enter information about each claim directly into the website. This option is available only to RREs that anticipate 500 or fewer claims per year. This method is useful to smaller RREs that may not have the technical resources to format claim files.

# How to Opt In: Existing Accounts

## RRE ID Profile Information

EIN/TIN: 889990000

Reporter Type: Liability/ No Fault/ Workers' Compensation

**Required\***

### RRE Name, Address & Phone

Company Name\*

Address 1\*

Address 2

City, State Zip\*  ,   -

Telephone\* (  )  -

Fax (  )  -

### Profile Information

Lines of Business\*  No Fault  Workers' Compensation  Liability

Estimated Number of Paid Claims\*

Will an Agent report data on your behalf?\*  Yes  No

Agent Company EIN/TIN: 121212121

Would you like to receive Unsolicited Alerts? Check here  to receive Unsolicited Alerts.

# Receiving the Unsolicited Response File

**When?**

- Second Sunday of each month

**How?**

- Delivered in the same manner as the RREs other response files



# File Layout Information

Field	Name	Description
1.	Transaction Type	'USOL'
2.	Medicare ID	Medicare ID (Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI]). <b>Note:</b> The Medicare ID is also known as the Medicare Number to CMS Medicare beneficiaries.
3.	Beneficiary Surname	First 6 characters of the beneficiary's last name.
4.	Beneficiary First Initial	First letter of the beneficiary's first name.
5.	Beneficiary Date of Birth	Date of birth of the beneficiary. CCYYMMDD format.
6	Beneficiary Sex Code	Beneficiary gender code.

# File Layout Information Continued

Field	Name	Description
7.	Interested Party DCN	Most recent Document Control Number successfully submitted by the interested party RRE on its MSP Input File.
8.	Filler	Not used. Filled with spaces.
9.	Last Transaction Type	Last action performed on the MSP occurrence by the BCRC based on information from the entity identified in the Modifier Type Code and Modifier Name (Fields 14 and 15). (‘0’ = Update, ‘1’ = Delete)
10.	Filler	Not Used. Filled with spaces.
11.	MSP Effective Date	Effective Date of the MSP occurrence posted on the Medicare CWF.
12.	MSP Termination Date	End date of the MSP occurrence posted on the Medicare CWF.

# File Layout Information Continued 2

Field	Name	Description
13.	Filler	Not used. Filled with spaces.
14.	Modifier Type Code	Code identifying the type of entity that last changed the MSP occurrence (CBN=Beneficiary, CIN=Insurer).
15.	Modifier Name	Modifier Name/Description of the last entity that changed the MSP occurrence.
16.	Change Reason Code	Code identifying the reason for the last change to the MSP occurrence, if known (CT=Change Termination Date, DO=Mark Occurrence for Deletion).
17.	Last Update Applied Date	Date the BCRC last changed the MSP occurrence. CCYYMMDD format.
18.	Filler	Not used. Filled with spaces.

## Other S111 Updates

- Reporting of the NOINJ code will no longer be required when:
  - there is no associated medical care, and
  - the Beneficiary/Injured Party has not alleged a situation involving medical care or a physical or mental injury.
- RREs may still voluntarily report the record with the NOINJ diagnosis code.
- When submitting the NOINJ value in Field 18, the rest of the diagnosis fields must be left blank, and Field 15 (Alleged Cause of Injury, Incident, or Illness) must be submitted with the value NOINJ or all spaces.

## Other S111 Updates Continued

- The trigger for reporting ORM is the assumption of ORM by the RRE, which is when the RRE has made a determination to assume responsibility for ORM and when the beneficiary receives medical treatment related to the injury or illness.
- Medical payments do not actually have to be paid, nor does a claim need to be submitted, for ORM reporting to be required. The effective date for ORM assumption is the DOI, regardless of when the first medical treatment was received by the beneficiary or when ORM assumption is reported.

## Other S111 Updates Continued 2

Where an RRE is relying on a physician's statement to terminate ORM, the ORM termination date to be submitted should be determined as follows:

- Where the statement specifies a date as to when no further treatment was required, that date should be the reported ORM termination date.
- Where the statement does not specify a date when no further treatment was required, the date of the statement should be the reported ORM termination date.
- Where the statement has not specified a date when no further treatment was required, nor is the statement dated, the last date of related treatment should be used as the ORM termination date.

The EDI Department is available for assistance at (646) 458-6740.

## Additional Resources

For additional information, please also see the following resources:

- Section 111 NGHP User Guide
- Section 111 COBSW User Guide

# Questions & Answers





## **Slide 0: Section 111 Non-Group Health Plan (NGHP) Unsolicited Response File Webinar**

### **Slide 1: Presentation Overview**

During this presentation, we will discuss the background of why the creation of an unsolicited response file is helpful, what changes the Benefits Coordination & Recovery Center (BCRC) accepts and from whom, and what information the unsolicited response file will contain. We also have some additional Section 111 updates to share. Lastly, we will open the call up for questions and answers.

### **Slide 2: Who Can Update a Record and Why?**

To begin today, we want to give some background concerning why the Centers for Medicare & Medicaid (CMS) felt that the creation of an unsolicited response file for Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) would be helpful. An unsolicited response file is used to let RREs know when records they submitted have been updated by an entity other than the RRE over the last month.

We hope that by talking through the who, what, and why of unsolicited record updates, we will answer many of your questions and resolve some of your concerns. First, let's cover the why.

Why does CMS, via the BCRC, allow someone other than the RRE to make a change to their record? The answer to this is simple and it is about access to care. CMS, and therefore the BCRC, have a responsibility to the beneficiary to ensure that their access to care isn't impacted by coordination of benefits (COB) information.

Now that we know why a case might be updated, let's talk about the who. The BCRC accepts updates to the record only from a beneficiary or their authorized representative when access to care is impacted.

It is important to note that changes are also sometimes made by the RRE via the call center. RREs are highly encouraged to use the Section 111 (S111) reporting process to submit updates. However, it is understood that in some instances an RRE may need to contact the BCRC via the call center to make an off-cycle update. If an RRE does make an update via the call center, their next S111 report should reflect these updates.

### **Slide 3: What Can Be Updated?**

Next, let's talk about what a beneficiary or their authorized representative can update and how the BCRC makes the determination if an update should be made.

The BCRC follows the same logic it would when taking updates from an RRE. And it uses several probing questions before updating an S111 NGHP Ongoing Responsibility for Medicals (ORM) record when a beneficiary is calling. These include asking the beneficiary if they are still being treated for the injuries from the accident, if a case is still ongoing, and if a policy limit has been exhausted, or if the beneficiary has a physician release form.

The BCRC uses this information to determine if a record should be updated. The only information that the BCRC will update is the addition of a termination date for the record. No other information will be updated. If there is other information the beneficiary thinks needs to be updated, the BCRC will refer them back to the RRE.

It is also important to note that the updates we are discussing have to do with access to care and won't impact the Medicare Secondary Payer (MSP) recovery process on the information an RRE submits via the S111 reporting process. If an RRE receives an update via the unsolicited response file that terms a record, they should be verifying that information and submitting that update on the next S111 report to have it applied to the recovery process.

#### **Slide 4: Why An Unsolicited Response File?**

So now we know who can update a record, why it can be updated, and what can be updated. In order to provide an RRE with information about these updates, CMS is introducing the NGHP unsolicited response file, effective July 2023.

NGHP RREs who opt in will receive Unsolicited Alert notifications for NGHP ORM occurrences when an update has been made to one of their previously accepted records.

This is optional, but the intention of the Unsolicited Response File is to improve both the accuracy of data reporting and its compliance with the Section 111 reporting requirements.

RREs are ultimately responsible for the accuracy of their data. Because of this, RREs are strongly encouraged to opt in, and to use the information provided to make needed updates to their internal systems if their data is incorrect or to submit an updated record if their data is correct.

#### **Slide 5: How to Opt In: New Accounts**

RREs will be able to request Unsolicited Alerts for ORM occurrences in the Section 111 Coordination of Benefits Secure Website (COBSW).

RREs that are newly registering on the COBSW will be able to opt in by checking the box for the question "Would you like to receive Unsolicited Alerts?" during the Account Setup process.

#### **Slide 6: How to Opt In: Existing Accounts**

Account Managers of existing S111 COBSW accounts can opt in by checking the box for the "Would you like to receive Unsolicited Alerts?" question on the RRE ID Profile Information page.

If an RRE wants to opt out, they may do so by having the Account Manager uncheck the box for the "Would you like to receive Unsolicited Alerts?" question on the RRE ID Profile Information page.

Full details regarding opt-in will be available in the July update to the COBSW User Guide than can be accessed from the COBSW application.

#### **Slide 7: Receiving the Unsolicited Response File**

The Unsolicited Response File will be sent on the second Sunday of each month. NGHP RREs that have elected to receive Unsolicited Alerts for NGHP ORM occurrences will receive the NGHP Unsolicited Response File transmitted in the same manner that other response files are sent to the RRE.

For example, if the NGHP Response Files are delivered via Secure File Transfer Protocol (SFTP), then the NGHP Unsolicited Response Files will also be transmitted via SFTP.

### Slide 8: File Layout Information

The file will cover applied records submitted by the RRE in the last 12 months and will include the following information:

- Transaction Type: This field indicates it is unsolicited.
- Medicare ID: This will usually be the Medicare Beneficiary Indicator (MBI) unless there is an issue with the MBI. In that case, we will return the Health Insurance Claim Number (HICN).
- Beneficiary Surname: This will be the first 6 characters of the beneficiary's last name.
- Beneficiary First Initial.
- Beneficiary Date of Birth: This will be in a CCYYMMDD format.
- Beneficiary Sex Code: This indicates the beneficiary's gender.

### Slide 9: File Layout Information Continued

- Interested Party DCN: This is the most recent document control number successfully submitted by the RRE on the MSP Input File.
- Last Transaction Type: This will be 0 for Update or 1 for Delete.
- MSP Effective Date: This is the effective date of the MSP occurrence.
- MSP Termination Date: This is the end date of the MSP occurrence. If there is no end date, the field will be all 0s.

### Slide 10: File Information Layout Continued 2

- Modifier Type Code: This will identify the type of entity that last changed the MSP occurrence. This will be either CBN, for an update made by the call center from a Beneficiary, or CIN for an update made by the call center from an Insurer (RRE) outside of the S111 Reporting process.
- Modifier Name: This is the description of the last entity that changed the MSP occurrence.
- Change Reason Code: The reason for the last changes to the MSP occurrence. This will be either be CT for a termination date change or DO for a deletion.
- Last Update Applied Date: This is the date that the BCRC last changed the MSP occurrence and will be in the CCYYMMDD format.

Filler fields may be used in future updates.

Full details of the file layout can be found in Chapters IV and V of the NGHP User Guide available on CMS.gov.

### Slide 11: Other S111 Updates

We also wanted to just take a moment to make you aware of some other changes that you will see in Version 7.2 of the NGHP User Guide, which was posted to the NGHP User Guide page of CMS.gov.

Going forward, we will no longer mandate reporting of the “no injury” (NOINJ) code if there is no associated medical care, and the Medicare beneficiary/injured party has not alleged a situation

involving medical care or a physical or mental injury. While this information will be updated in the next iteration of the NGHP User Guide, we did want to make you aware of it now.

So, in cases where the reporting of a Liability record only meets the criteria for reporting a NOINJ diagnosis code in Field 18, the reporting of the record is no longer required. However, RREs may still voluntarily report the record with the NOINJ diagnosis code following the previously existing rules.

When submitting the NOINJ value in Field 18, the rest of the diagnosis fields must be left blank, and Field 15 (Alleged Cause of Injury, Incident, or Illness) must be submitted with the value NOINJ or all spaces.

**Reminder:** Although these types of reports are not required, if reported, they are still valid records and do not meet the criteria for submitting a delete transaction.

### **Slide 12: Other S111 Updates Continued**

Clarification was added on what triggers the need to report ORM.

The trigger for reporting ORM is the assumption of ORM by the RRE, which is when the RRE has made a determination to assume responsibility for ORM and when the beneficiary receives medical treatment related to the injury or illness. Medical payments do not actually have to be paid, nor does a claim need to be submitted, for ORM reporting to be required. The effective date for ORM assumption is the DOI, regardless of when the first medical treatment was received by the beneficiary or when ORM assumption is reported.

### **Slide 13: Other S111 Updates Continued 2**

The guidance on determining the ORM termination date based on a physician statement has also been clarified.

Where an RRE is relying upon a physician's statement to terminate ORM, the ORM termination date to be submitted should be determined as follows:

1. Where the physician's statement specifies a date as to when no further treatment was required, that date should be the reported ORM termination date.
2. Where the physician's statement does not specify a date when no further treatment was required, the date of the statement should be the reported ORM termination date.
3. Where the physician's statement has not specified a date when no further treatment was required, nor is the statement dated, the last date of related treatment should be used as the ORM termination date.

### **Slide 14: Additional Resources**

Before we end the presentation and start the Q&A section of the call, we want to remind you of other resources available to you.

The EDI Department is available to assist you with reporting questions and issues at 646-458-6740.

You can also find assistance in the NGHP User Guide on CMS.gov and the COBSW User Guide available in the Reference Materials section of the application.

### **Slide 15: Question & Answers**