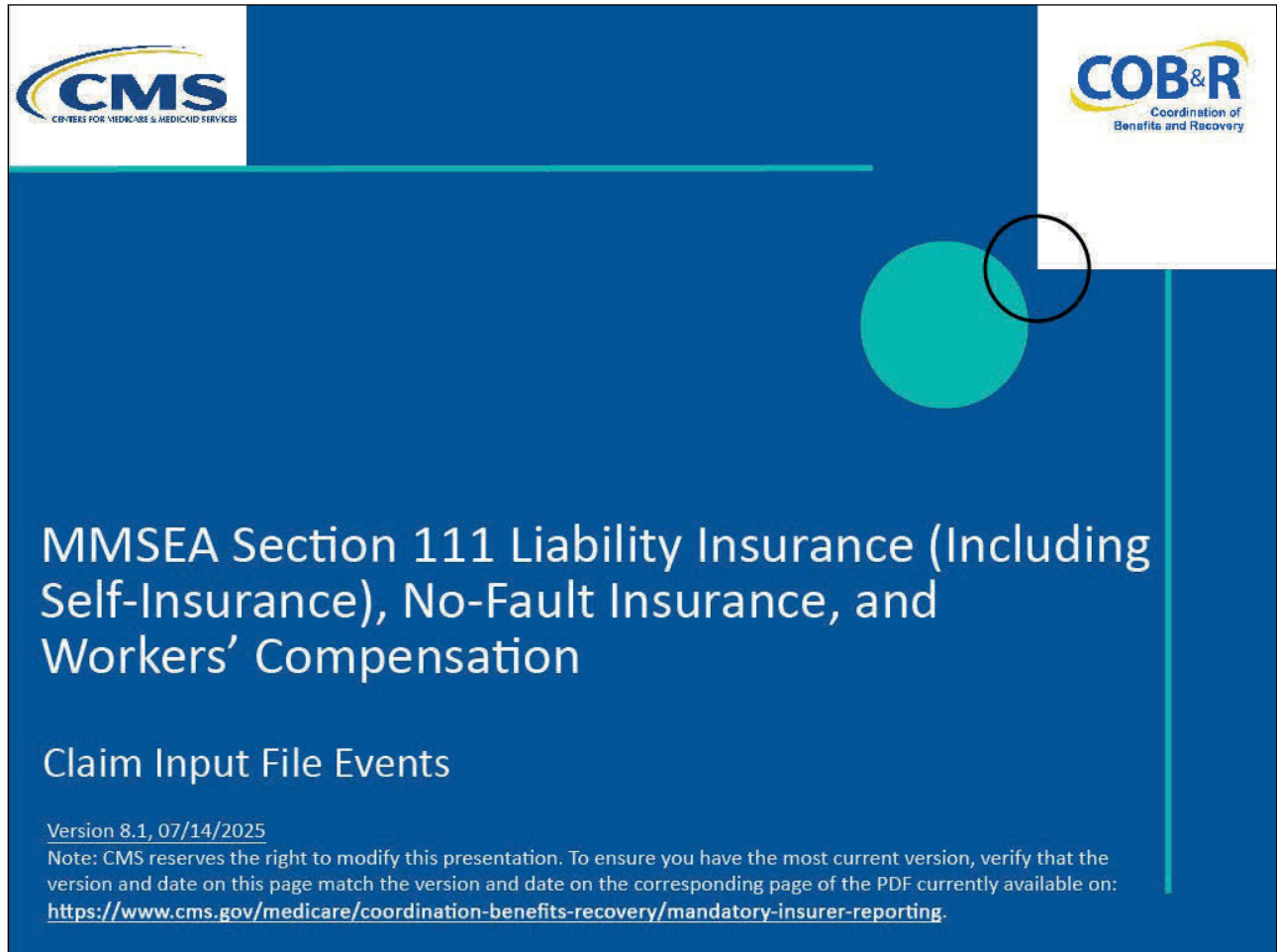


Claim Input File Events

Slide 1 of 32 - Claim Input File Events



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

Claim Input File Events

Version 8.1, 07/14/2025

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: <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

Welcome to the Claim Input File Events 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 32 - Disclaimer

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 MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found under the *Reference Materials* menu at the following link: <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

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: [NGHP CMS Website](#).

Slide 3 of 32 - Course Overview

Course Overview

- Definitions
- What to Report
- Examples

**Slide notes**

This learning module begins by defining Claim Input File terms. It provides a high-level overview of what is to be reported on the Claim Input File and gives examples of how to submit Claim Input File Detail Records for various situations.

Slide 4 of 32 - PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

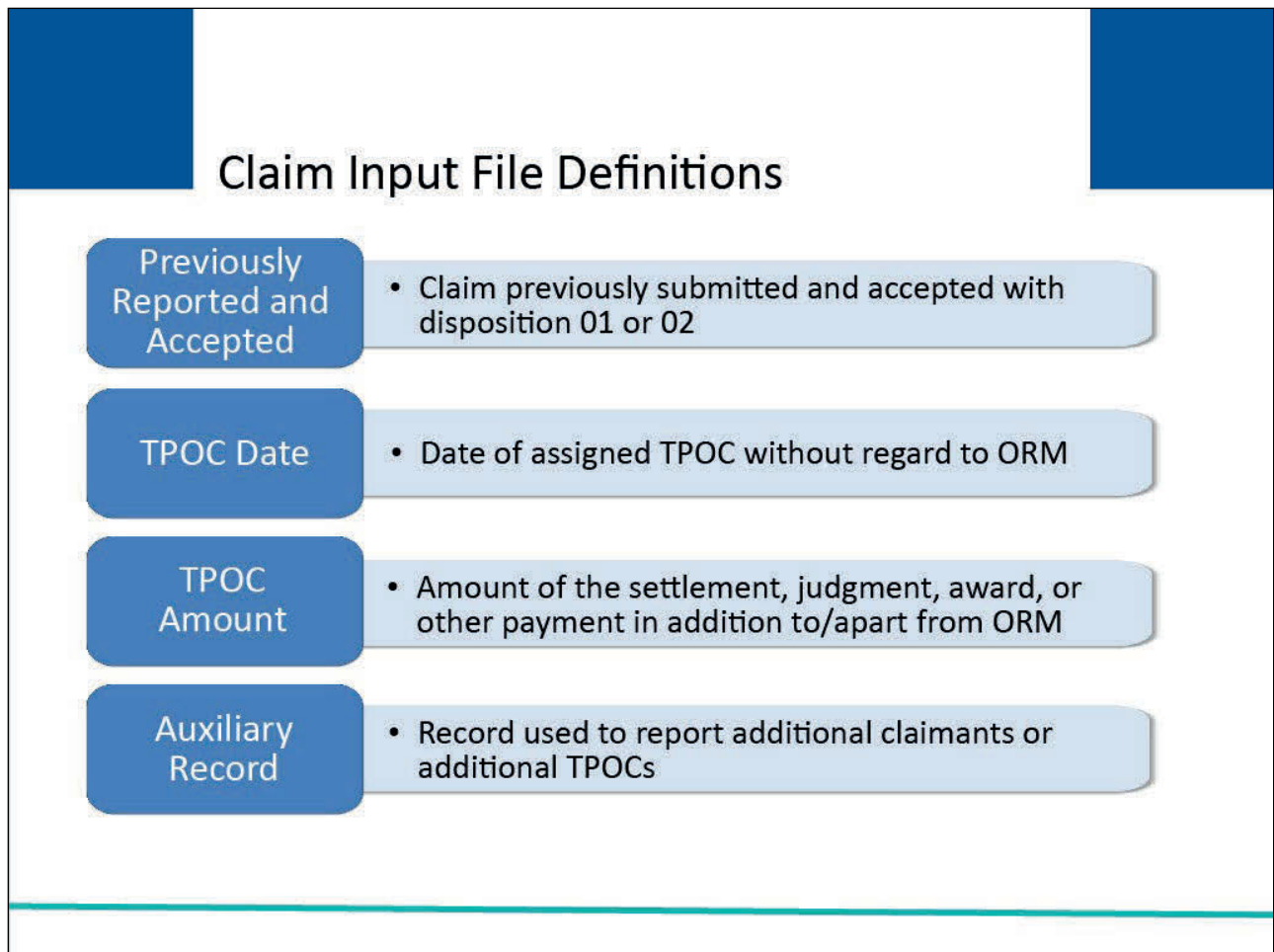
This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

**Slide notes**

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 32 - Claim Input File Definitions**Slide notes**

The phrase “previously reported and accepted” means that the RRE previously submitted a Claim Detail Record 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.

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., the dollar amount of a settlement, judgment, award, or other payment in addition to/apart from ORM.

Please see the Total Payment Obligation to Claimant CBT for a more thorough explanation on this topic.

The Auxiliary Record is a separate record that is associated with 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.

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).

Slide 6 of 32 - Claim Input File Example

Claim Input File Examples

- Assist RRE in knowing how/when to submit records
- Only address certain data fields
 - RRE must submit all required data fields

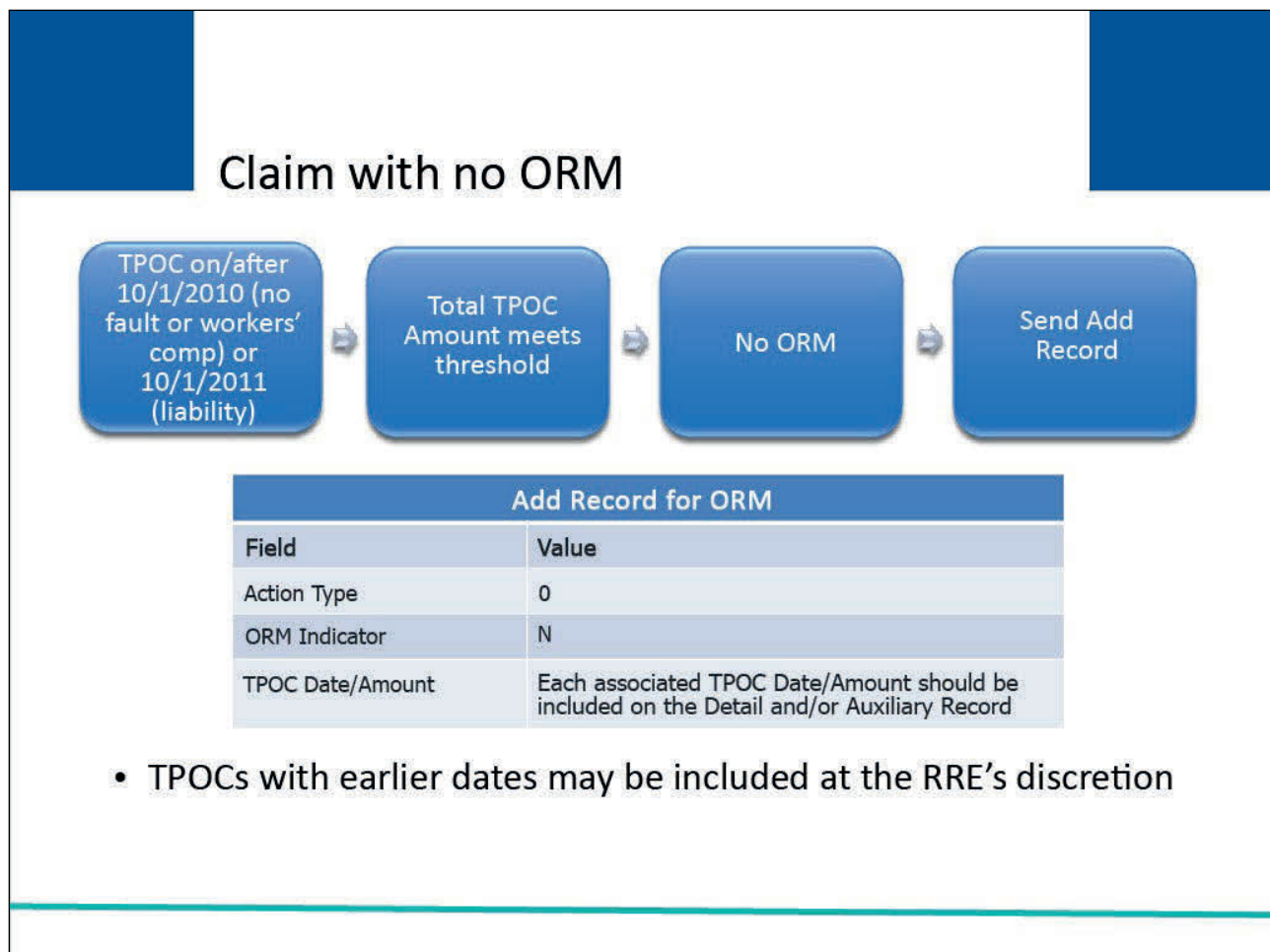
Slide notes

The following slides provide examples to assist the RRE in their understanding of how and when they will submit Claim Input File Detail Records.

Please note, the examples shown in this CBT only address certain data fields that are included on the Claim Input File Detail Record.

When you submit your actual records, you must submit all fields on the record as specified in the Claim Input File record layout.

Slide 7 of 32 - Claim with no ORM

**Slide notes**

In this example, the RRE has a claim with a settlement, judgment, award, or other payment TPOC Date that occurred on or after 10/1/2010 (no-fault or workers' compensation) or 10/1/2011 (liability insurance including self-insurance).

The total TPOC Amount reaches/meets the threshold requirements for the latest, most recent TPOC Date associated with the claim (See the Mandatory Reporting Thresholds CBT for more information on this topic).

The RRE has not assumed ORM. The RRE must report the TPOC information by submitting an Add Record on the Claim Input File.

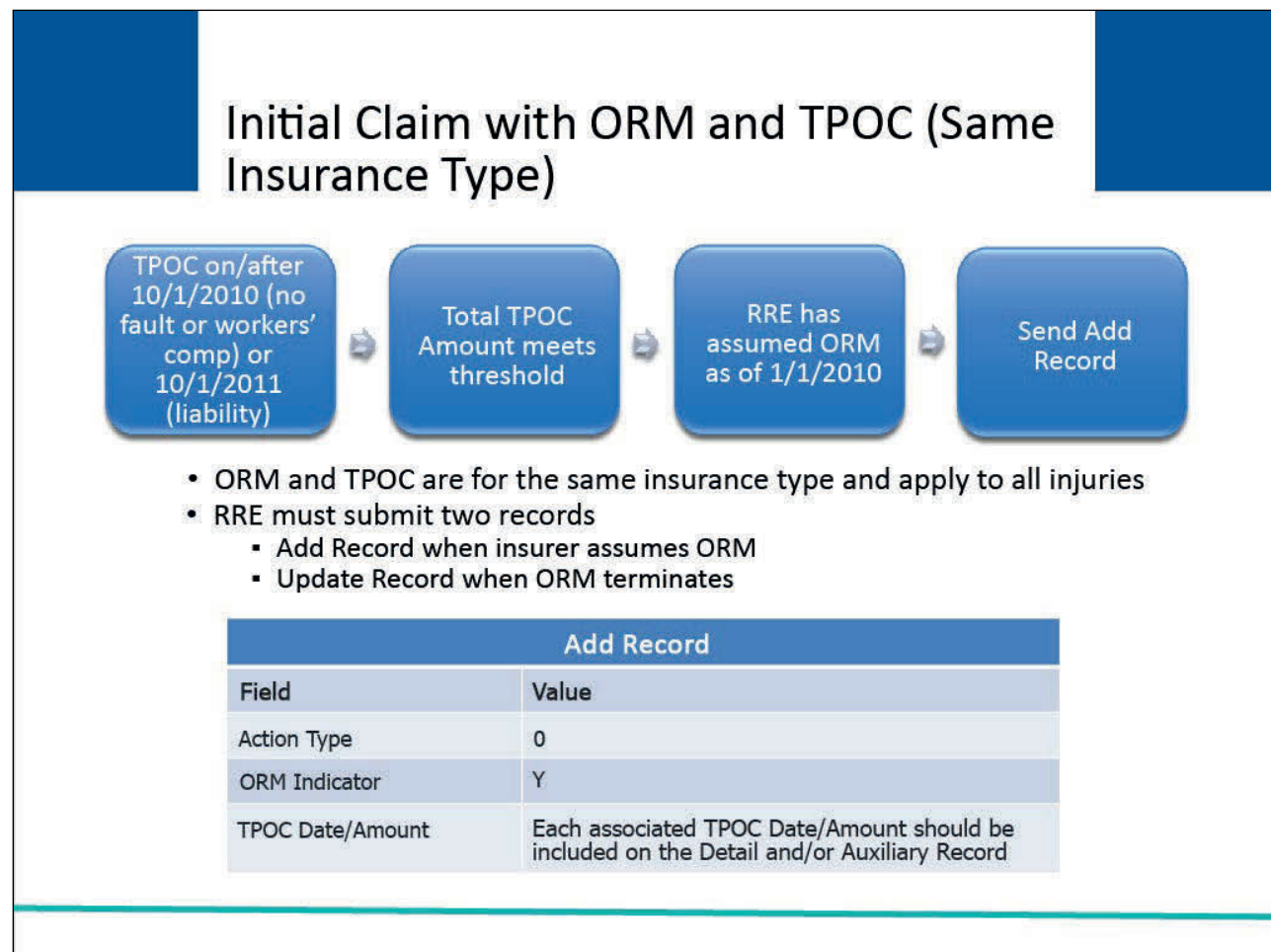
The Add Record will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator = N, and
- TPOC Date/Amounts: All associated TPOC Dates and Amounts that were used to meet the threshold reporting amount must be submitted.

Since multiple TPOC Dates/Amounts were used to meet the reporting threshold, the RRE will report the first TPOC Date/Amount on the Claim Input File Detail Record and all additional TPOC Dates/Amounts on the Auxiliary Record directly following the corresponding detail record.

Note: TPOCs with earlier dates may be included at the RRE's discretion.

Slide 8 of 32 - Initial Claim with ORM and TPOC (Same Insurance Type)

**Slide notes**

In this example, the RRE has a claim with a settlement, judgment, award, or other payment TPOC Date that occurred on or after 10/1/2010 (no-fault or workers' compensation) or 10/1/2011 (liability insurance including self-insurance).

The total TPOC Amount meets the threshold requirements for the latest, most recent TPOC Date associated with the claim. Total TPOC Amount may be less than the threshold at the RRE's discretion since ORM is being reported in this case.

The RRE has or had ORM on or after 1/1/2010 and meets the workers' compensation reporting threshold for ORM (if applicable). That is, the ORM does not meet one or more of the specified criteria for it to be excluded from reporting.

The ORM and TPOC are both for the same insurance type and apply to all injuries reported. For Section 111 reporting where the insurer has assumed ORM for the injured party, the RRE is required to submit two records.

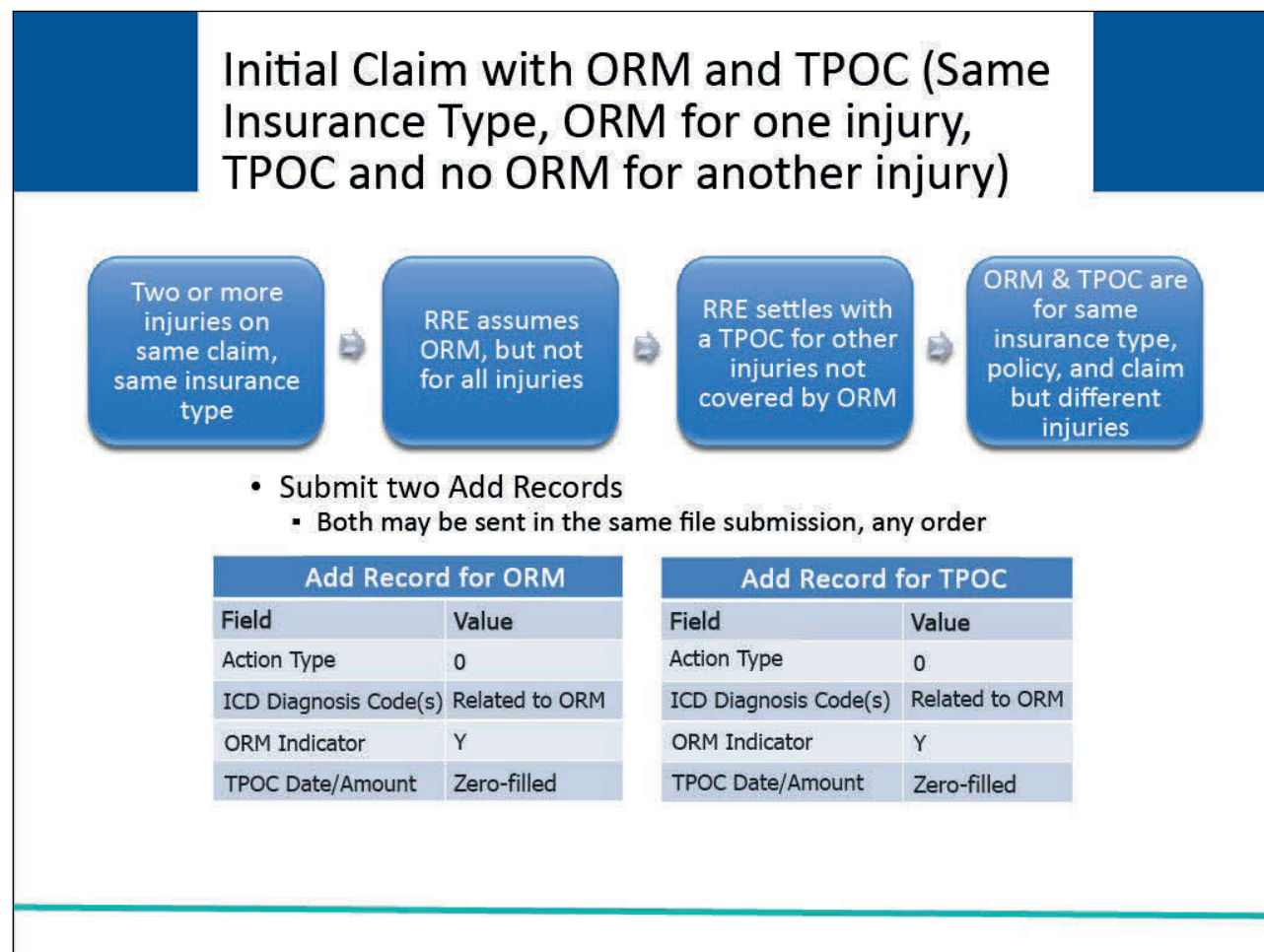
The first, shown in this example is the Add Record when the insurer assumes the ORM. The second is an Update Record when the ORM terminates.

The Add Record will include the following data elements:

- Action Type = 0 (Add);
- ORM Indicator = Y; and
- All associated TPOC Dates and Amounts associated to the claim should be included.

The first TPOC Amount will be reported on the detail record and any additional TPOC Amounts will be placed in the first available TPOC Amount field on the auxiliary record.

Slide 9 of 32 - Initial Claim with ORM and TPOC (Same Insurance Type, ORM for one injury, TPOC and no ORM for another injury)



Slide notes

Let's say, two (or more) injuries are claimed/alleged on the same claim under the same insurance type. The RRE assumes ORM for one (or more) alleged injury, but not all injuries claimed/alleged.

RRE settles with a TPOC settlement, judgment, award, or other payment for other alleged injuries claimed and/or released, not covered by ORM.

ORM and TPOC meet the reporting thresholds. Both ORM and TPOC are for the same insurance type, policy, and claim number but different injuries.

Submit two Add Records. Both records may be sent in the same file submission in any order. The Add Record for ORM will be submitted as follows:

- Action Type = 0 (Add),
- ICD Diagnosis Code(s) describing all alleged injuries/illnesses for which ORM was assumed,
- ORM Indicator = Y, and
- TPOC Dates/Amounts = zero filled.

The Add Record for TPOC will be submitted as follows:

- Action Type = 0 (Add),
- ICD Diagnosis Code(s) describing all alleged injuries claimed and/or released related to the TPOC,
- ORM Indicator = N, and
- TPOC Dates/Amounts.

Slide 10 of 32 - Key Data Fields

Key Data Fields

- Uniquely identifies a claim
 - Injured Party Medicare ID or SSN
 - CMS Date of Incident
 - Plan Insurance Type
 - ORM Indicator
- Update/Delete transactions must match key data fields on previously accepted records

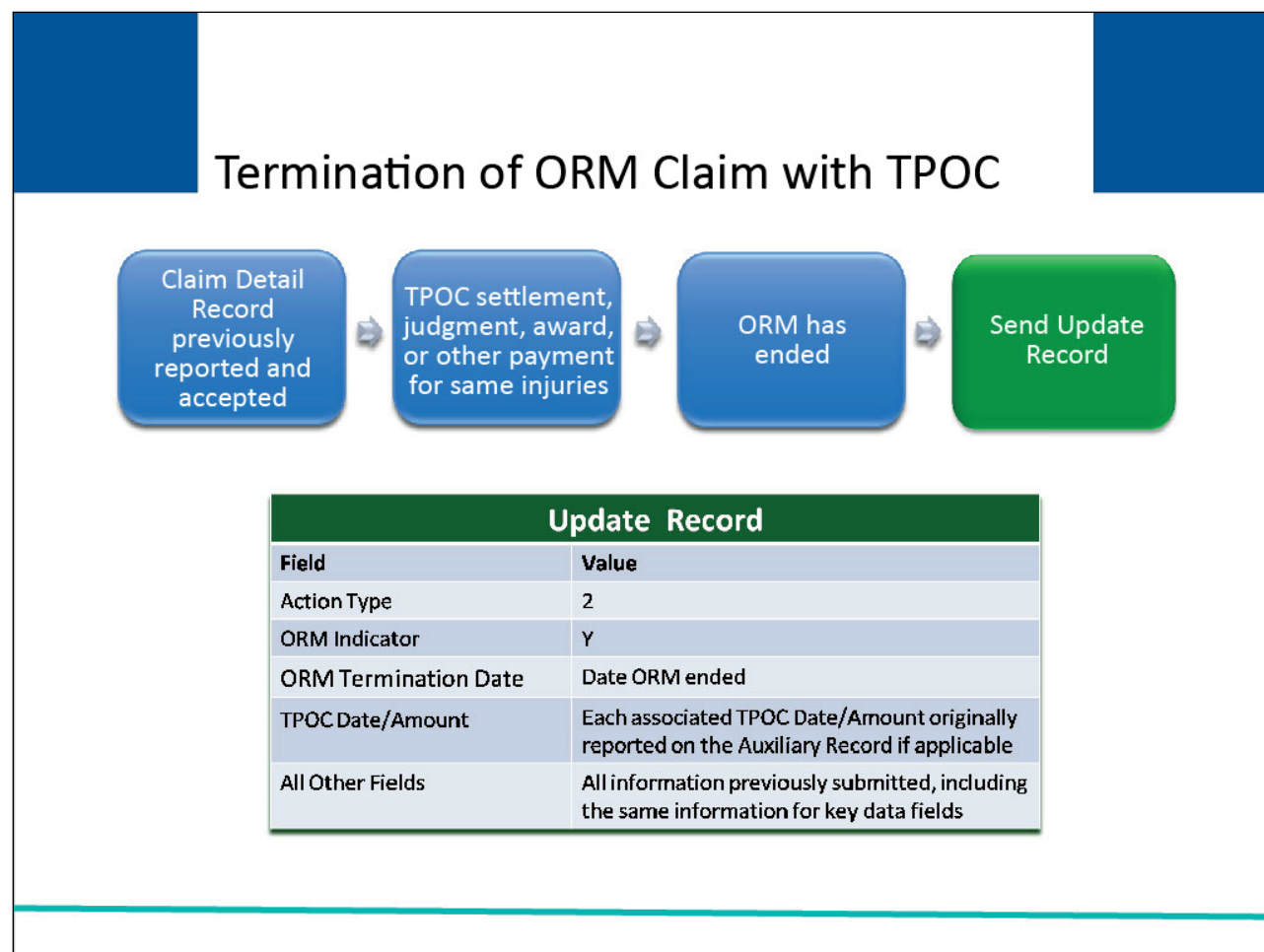
**Slide notes**

The BCRC stores information on previously accepted claims using the following key data fields:

- Injured Party Medicare ID or Social Security Number (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).

In order for an Update/Delete transaction to be successful on a previously accepted record, the BCRC must be able to match the key data fields on the Update/Delete record to the key data fields on the corresponding, accepted record.

Slide 11 of 32 - Termination of ORM Claim with TPOC

**Slide notes**

In this example, we show how the RRE will submit the Claim Input File Detail Record when the ORM for a claim that was previously reported and accepted by the BCRC, has ended.

This claim has a TPOC settlement, judgment, award, or other payment amounts for the same injuries and the ORM has ended. To submit the ORM Termination Date on a previously accepted claim, the RRE must send an Update Record.

TPOCs with earlier dates may be included at the RRE's discretion for no-fault or workers' compensation claims. TPOCs with dates prior to 10/1/2011 may be included at the RRE's discretion for liability insurance (including self-insurance).

The Update Record will include the following data elements:

- Action Type = 2 (Update),
- ORM Indicator = Y,
- ORM Termination Date = Date ORM ended,

- TPOC Date/Amount = Submit all associated TPOC Dates and Amounts that were originally reported on the Detail or Auxiliary Record in the same field they were originally reported in if they are still applicable, and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the update to be successful.

Note: RREs can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date.

Additionally, as of July 2023, RREs will be notified when another source has updated their submitted records, RREs may now opt-in via the Section 111 Coordination of Benefits Secure Website (COBSW) application to receive a monthly NGHP Unsolicited Response File. This will provide key information about updates to ORM records originally submitted in the last 12 months and allow RREs to either update their own internal data or contact the BCRC for a correction.

The modifier type codes CEM (Employer/Other Plan Sponsor Name), DSA (Name of the Voluntary Data Sharing Agreement (VDSA) entity), and PRV (From a Provider) will not be used in the NGHP Unsolicited Response File and have been removed from the list.

Note: July 12, 2023 - Notice Regarding the Receipt of Empty (Header & Trailer Record Only) Non-Group Health Plan (NGHP) Unsolicited Response Files

Questions have been received from NGHP Responsible Reporting Entities (RREs) regarding receipt of empty (header and trailer record only) Unsolicited Response Files. Please be aware that a file will be transmitted regardless of record count. This means that an RRE that has opted in to receive the Unsolicited Response File will always receive a file that includes any updates made in the last 30 days. If there are no records updated by an outside source that are linked to that RRE ID in that timeframe, the Unsolicited Response File will be empty. Please note that the Non-Group Health Plan User Guide will also be updated to clarify the receipt of empty files.

Slide 12 of 32 - Initial Claim with ORM and TPOC (Different Insurance Types)

Initial Claim with ORM and TPOC (Different Insurance Types)



Add Record for ORM	
Field	Value
Action Type	0
ORM Indicator	Y
TPOC Dates/Amount	Zero-filled
Plan Insurance Type	D (No-fault)

Add Record for TPOC	
Field	Value
Action Type	0
ORM Indicator	N
TPOC Dates/Amount	As applicable
Plan Insurance Type	L (Liability)

- Both records can have the same Injured Party information, Date of Incident, Policy Number, Claim Number, etc., as applicable

Slide notes

In this example, the RRE has a claim with a settlement, judgment, award, or other payment TPOC Date that occurred on or after 10/1/2010 (no-fault or workers' compensation) or 10/1/2011 (liability insurance including self-insurance).

The total TPOC Amount meets the threshold requirements for the latest, most recent TPOC Date associated with the claim. TPOCs with earlier dates may be included at the RRE's discretion.

The RRE has or had ORM on or after 1/1/2010 and meets the workers' compensation reporting threshold for ORM (if applicable). That is, the ORM does not meet one or more of the specified criteria for it to be excluded from reporting.

The ORM and TPOC are both for different insurance types (i.e., in an automobile accident where for the same injured party ORM is covered under the no-fault coverage of the policy and TPOC is covered under the liability coverage on the same policy).

For Section 111 reporting where the insurer has assumed ORM for the injured party, the RRE is required to submit two records.

The Add Record for ORM will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator = Y,
- No TPOC Dates or Amounts, and
- Applicable Plan Insurance Type (i.e., 'D' for No-Fault).

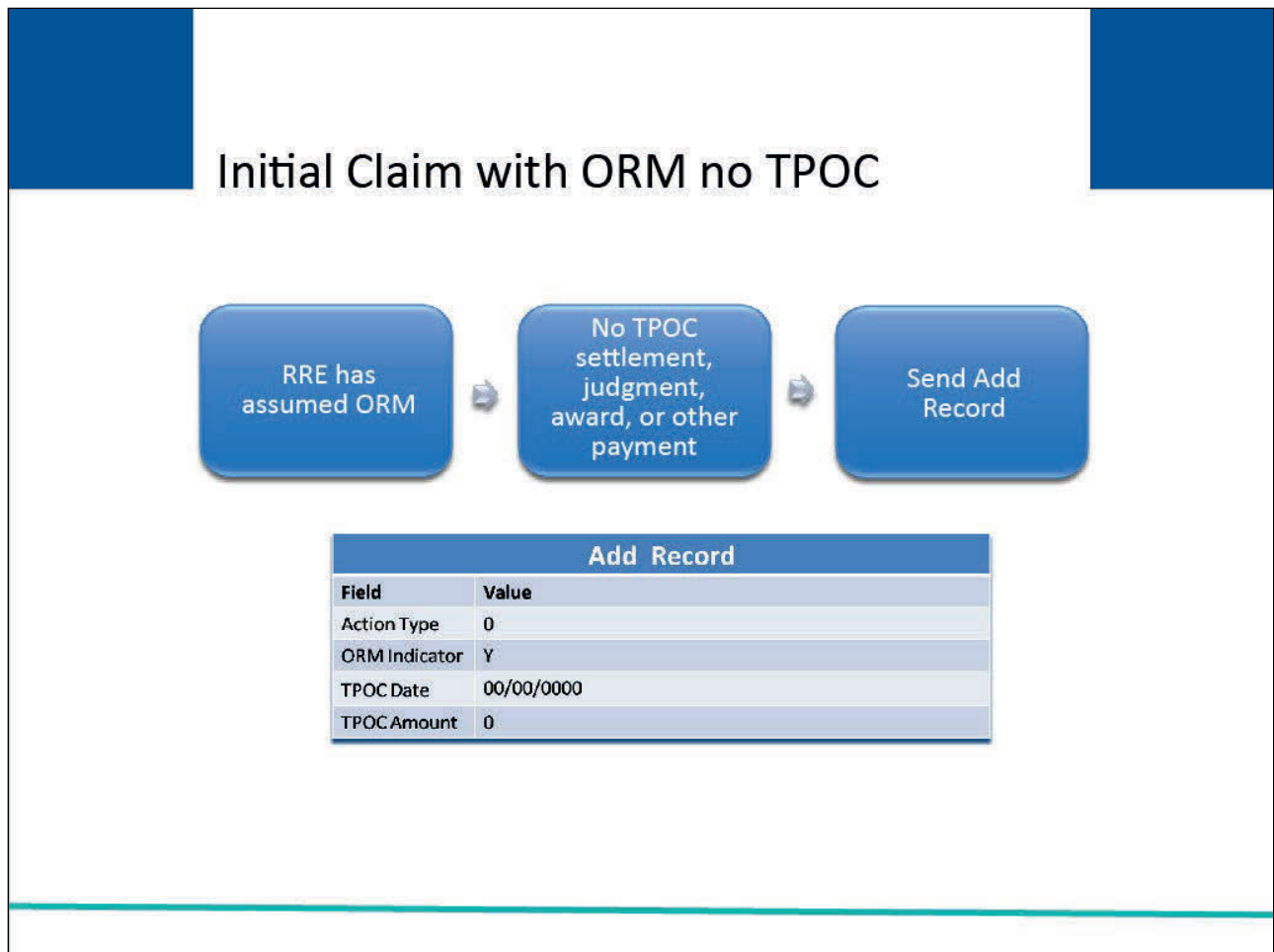
The Add Record for TPOC will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator - N,
- TPOC Dates or Amounts (All TPOC Dates and Amounts associated with the claim should be included), and
- Applicable Plan Insurance Type (i.e., 'L' for Liability).

Both records can have the same Injured Party information, Date of Incident, Policy Number, Claim Number, etc., as applicable.

The policy number should be submitted with a consistent format. When sending updates, enter the policy number exactly as it was entered on the original submission, whether zeros or a full policy number.

Slide 13 of 32 - Initial Claim with ORM no TPOC

**Slide notes**

In this example, the RRE has assumed ORM as of 1/1/2010 and the ORM is still open and meets the workers' compensation reporting threshold for ORM (if applicable).

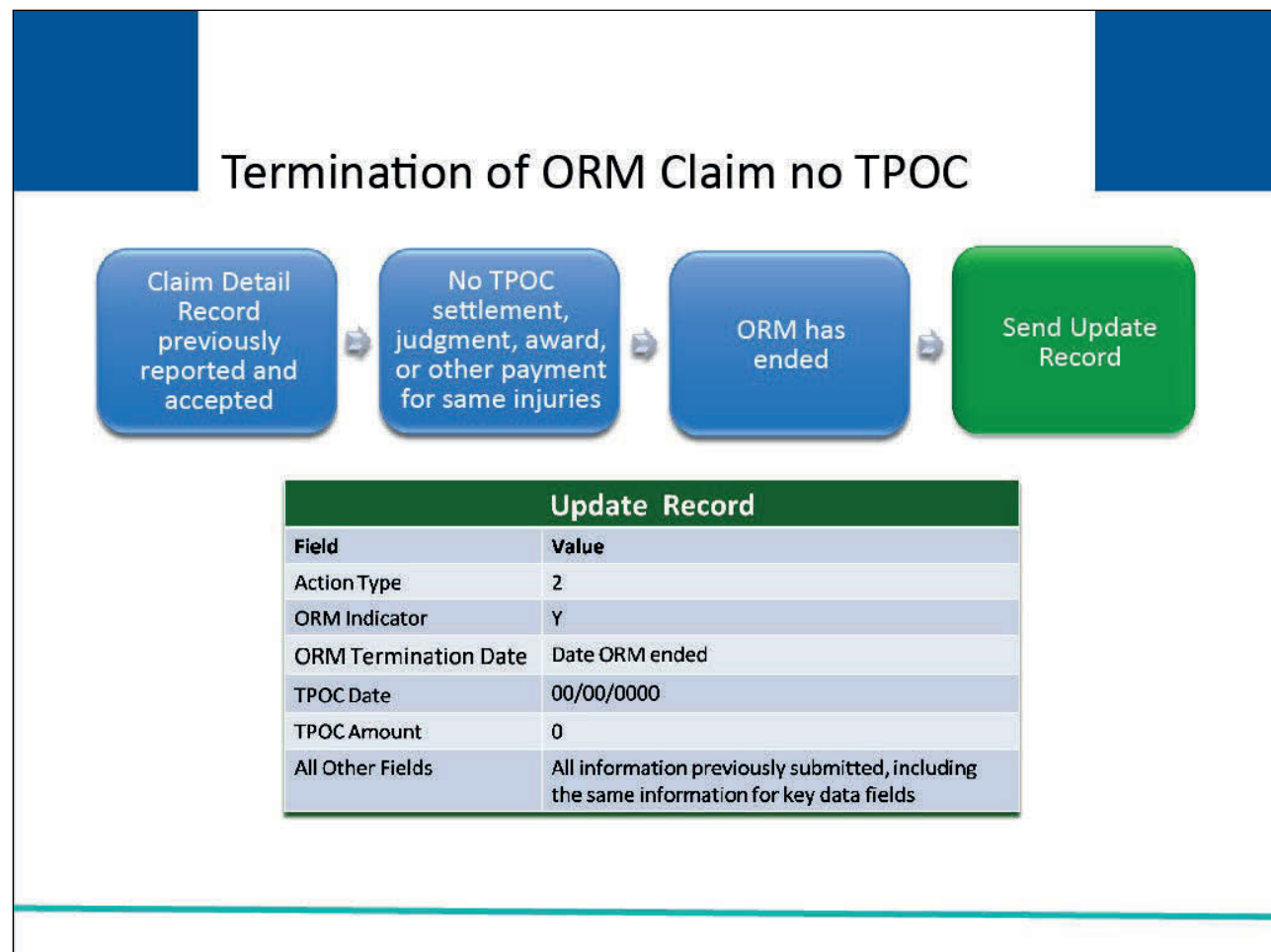
The claim has no TPOC settlement, judgment, award, or other payment amount.

Claims with ORM that exist as of 1/1/2010 and subsequent, regardless of the date of an initial acceptance of payment responsibility must be reported as long as they meet the exceptions, and/or reporting threshold requirements.

The RRE is required to submit an Add Record which will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator = Y, and
- TPOC Date and Amount should be zero.

Slide 14 of 32 - Termination of ORM Claim no TPOC

**Slide notes**

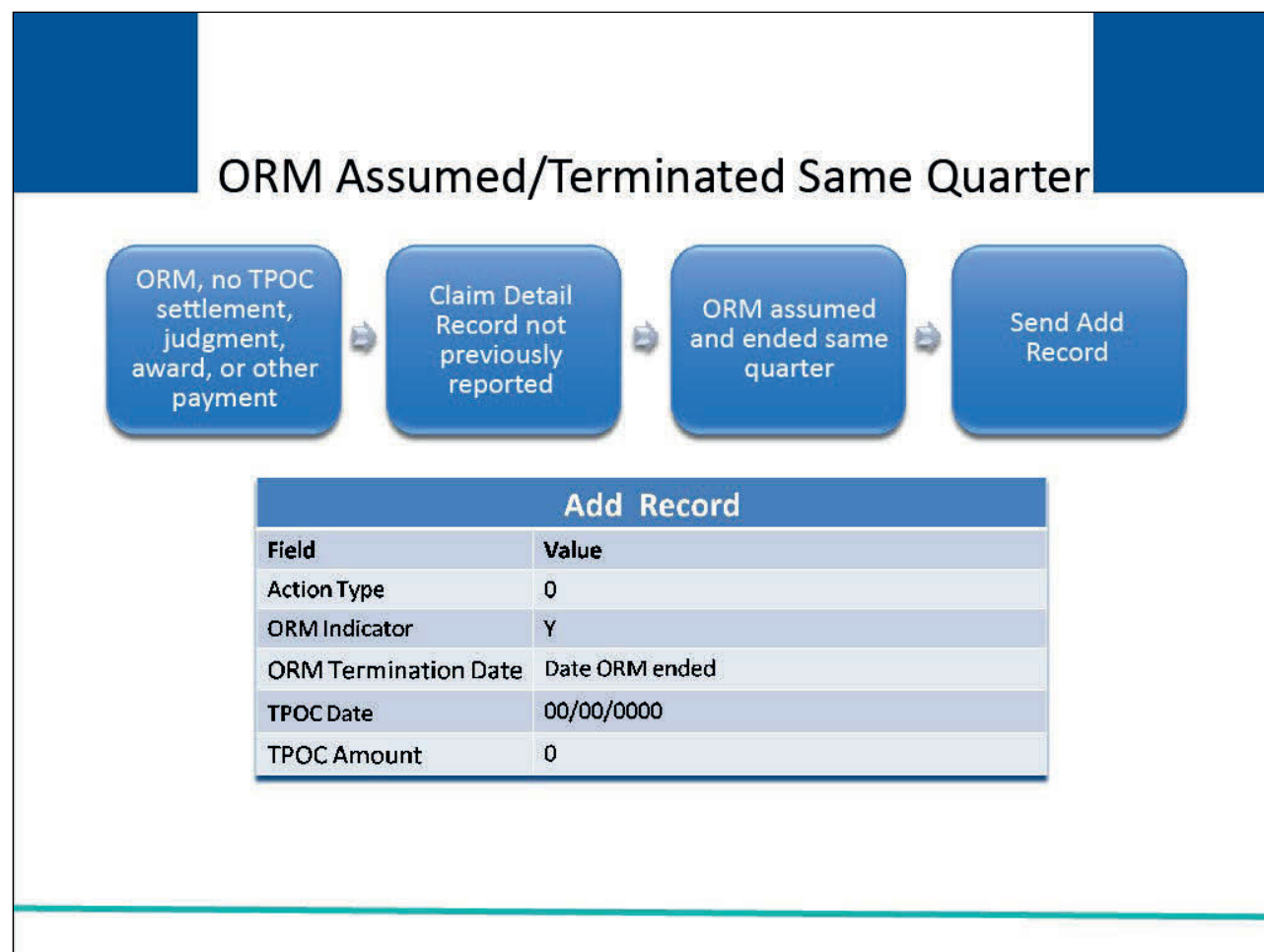
In this example, we show how the RRE will submit the Claim Input File Detail Record when the ORM for a claim that was previously reported and accepted by the BCRC, has ended.

This claim has no TPOC settlement, judgment, award, or other payment amount and the ORM has ended.

To submit the ORM Termination Date on a previously accepted claim, the RRE must send an Update Record which will include the following data elements:

- Action Type = 2 (Update),
- ORM Indicator = Y,
- ORM Termination Date = Date ORM ended,
- TPOC Date and Amount should be zero, and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the update to be successful.

Slide 15 of 32 - ORM Assumed/Terminated Same Quarter

**Slide notes**

In this example, the RRE has assumed ORM on or after 1/1/2010 and meets the workers' compensation reporting threshold for ORM (if applicable). The claim has no TPOC settlement, judgment, award, or other payment amount.

The Claim Detail Record was not previously reported.

The ORM was assumed and terminated in the same calendar quarter. An example of this situation would be a workers' compensation claim that is opened for an employee/injured party who is a Medicare beneficiary.

The claim is opened in January and the injury is relatively minor such that the employee is healed and goes back to work in March.

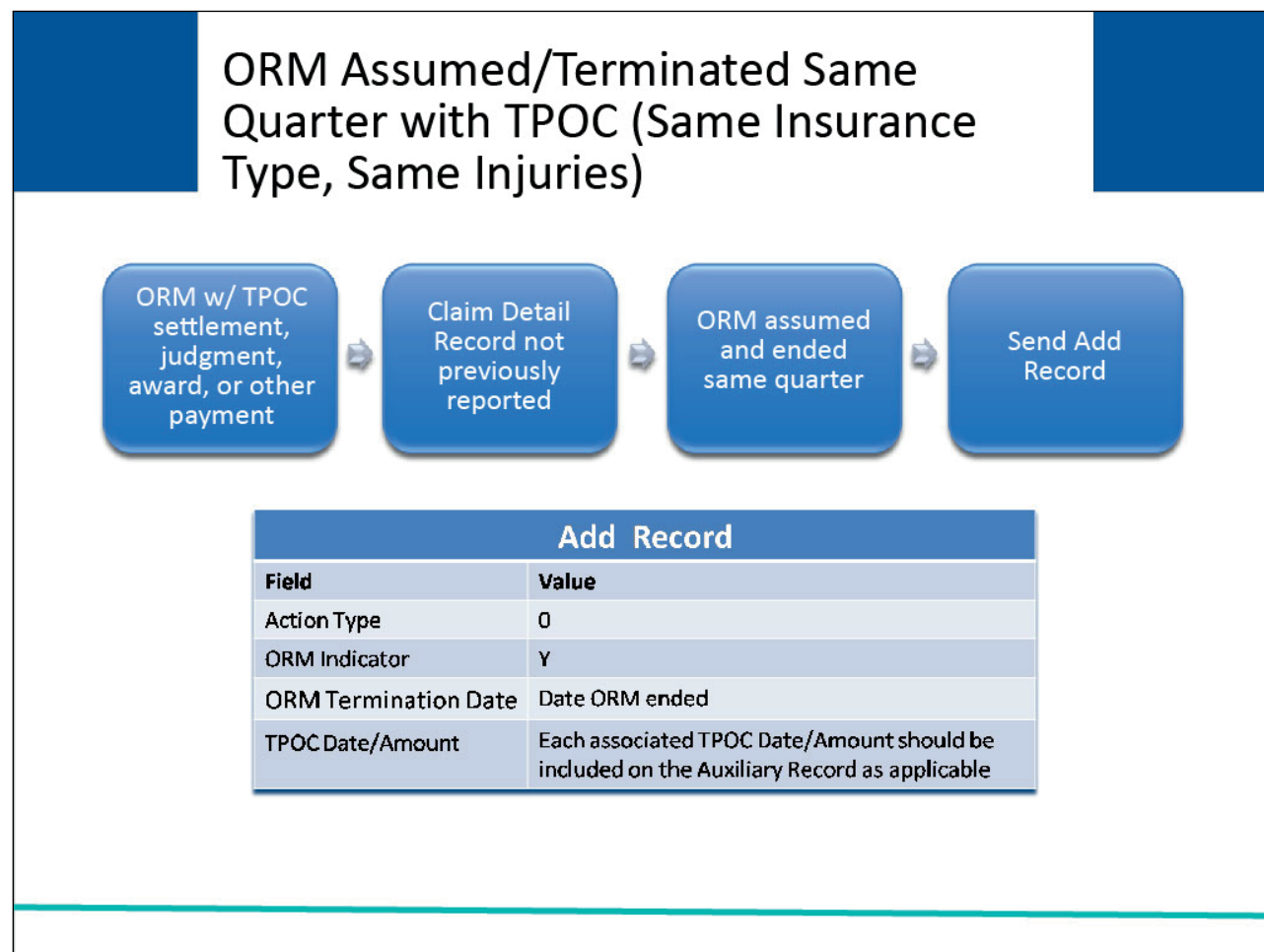
In this situation, the RRE would be required to send one Add Record that would encompass both the assumption and termination of the ORM.

The Add Record will include the following data elements:

- Action Type = 0 (Add),

- ORM Indicator = Y,
- ORM Termination Date = Date ORM ended, and
- TPOC Date and Amount should be zero.

Note: The guidance on determining the ORM termination date based on a physician statement has been clarified (NGHP User Guide Chapter III, Section 6.3.2). Additionally, guidance on what triggers the need to report ORM has been clarified (NGHP User Guide Chapter III, Section 6.5.1.1).

Slide 16 of 32 - ORM Assumed/Terminated Same Quarter with TPOC (Same Insurance Type, Same Injuries)**Slide notes**

In this example, the RRE has assumed ORM as of 1/1/2010. The claim has a TPOC settlement, judgment, award, or other payment amount. Both ORM and TPOC are for the same insurance type and injuries.

The Claim Detail Record was not previously reported. The ORM was assumed and terminated in the same calendar quarter. If the RRE has a claim that includes ORM and one or more TPOC Amount(s), the RRE is required to report the ORM.

However, if the associated TPOC Amounts are under the applicable threshold for a claim with ORM, the RRE may, but is not required to, report the TPOCs.

If they choose to report these TPOCs, the BCRC will not apply the TPOC threshold edit criteria to claims reported with ORM. TPOCs with earlier dates may be included at the RRE's discretion.


If the RRE has a claim that includes ORM and one or more TPOC Amount(s), and the aggregate (or individual) TPOC Amount is greater or equal to the threshold amount for the threshold date range, then the RRE must report the ORM and the TPOC(s).

For this example, the RRE must submit an Add Record which will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator = Y,
- ORM Termination Date = Date ORM ended, and
- TPOC Dates and Amounts associated to the claim included on the Detail and/or Auxiliary Record.

Slide 17 of 32 - Claim with a Change (Correction) to a Key Field

Claim with a Change (Correction) to a Key Field



```
graph LR; A[Claim Detail Record previously reported] --> B[RRE changes *Key Field]
```

* CMS Date of Incident (DOI), Plan Insurance Type, and ORM Indicator

Note

- RRE only needs to correct Medicare ID/SSN in cases where an *incorrect* person was submitted and accepted on the input record
- Medicare ID may be changed by SSA but the BCRC is able to crosswalk the old Medicare ID to the new Medicare ID
- Where the *correct* person was previously submitted and the Medicare ID changes for that person at a later date, the RRE does not need to correct the record. In fact, updates may continue to be sent under the original Medicare ID/SSN submitted

Slide notes

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

Medicare IDs may be changed by the Social Security Administration at times, but the BCRC is able to crosswalk the old Medicare ID to the new Medicare ID.

Therefore, in those instances where the correct person was previously submitted and the Medicare ID changes for that person at a later date, the RRE does not need to correct the record.

In this example, the RRE has previously submitted a Claim Detail Record that was accepted by the BCRC. Later, the RRE changed one or more of the following Key Data Fields after the claim record was submitted and accepted:

- CMS Date of Incident (Field 12),
- Plan Insurance Type (Liability, No-Fault, Workers' Compensation (Field 51)), and/or
- ORM Indicator (Field 78).

In fact, updates may continue to be sent under the original Medicare ID/SSN submitted.

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

Slide 18 of 32 - Claim with a Change (Correction) to a Key Field

Claim with a Change (Correction) to a Key Field

- Medicare stores information on claims using key data fields
- To change data in a key data field
 - Delete original record and submit a new Add Record with corrected data
- 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) (Field 51)
 - ORM Indicator (Field 78)
- Do not perform a delete/add to correct/change other fields
 - Submit an update transaction

Slide notes

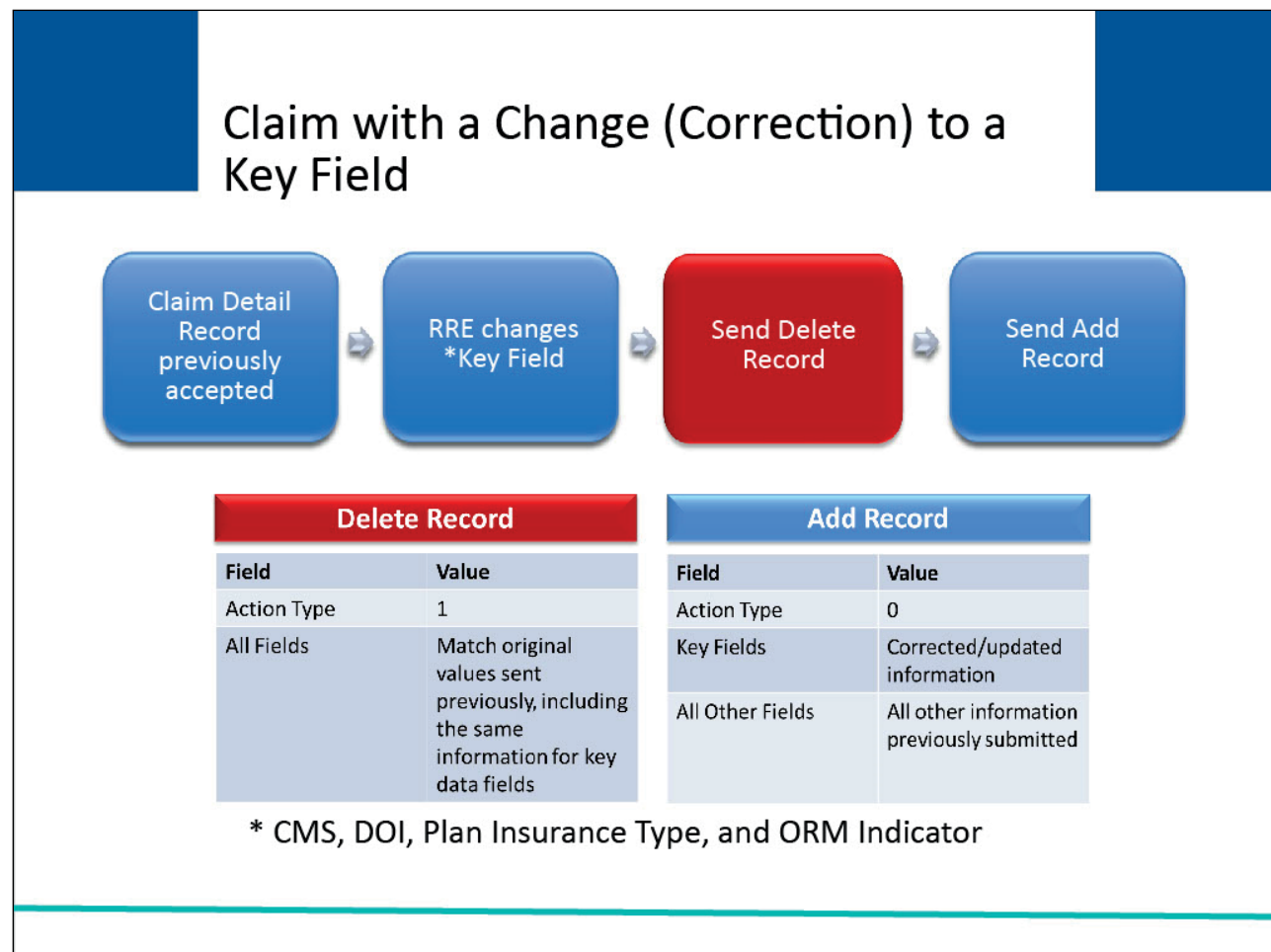
Because Medicare stores information on claims using key data fields, if the RRE needs to change data in any of these key data fields, they must delete the original record and submit a new Add Record with the corrected data.

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 19 of 32 - Claim with a Change (Correction) to a Key Field

**Slide notes**

In order to correctly submit the delete/add, the Delete Record will include the following data elements:

- Action Type = 1 (Delete), and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the delete to be successful.

The Add Record will include the following data elements:

- Action Type = 0 (Add),
- Key Fields = should include corrected/updated information, and
- All Other Fields = submit as previously submitted, may include corrections as applicable.

Note: You must include the Auxiliary Record if you previously submitted this for the original claim as long as all of the information still exists (i.e., it has not been deleted).

Slide 20 of 32 - Critical Data Fields

Critical Data Fields

Critical Data	Field	Record
ICD Diagnosis Codes	Starting in 18 on detail record	Detail
TIN	52	Detail
TPOC Date 1	80	Detail
TPOC Date 2-5	93, 96, 99, 102	Auxiliary
TPOC Amount 1	81	Detail
TPOC Amount 2-5	94, 97, 100, 103	Auxiliary
Claimant 1 Information	84-95	Detail
ORM Termination Date	79	Detail

**Slide notes**

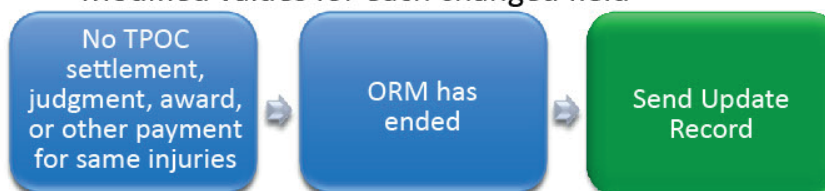
Certain data fields on the Claim Input File are critical for use by Medicare in its claims payment and recovery processes. These fields are:

- ICD Diagnosis Codes 1-19 (beginning in Field 18 on the Detail Record),
- TIN (Field 52 on the Detail Record),
- TPOC Date 1 (Field 80 on the Detail Record),
- TPOC Date 2-5 (Fields 93, 96, 99, 102 of the Auxiliary Record),
- TPOC Amount 1 (Field 81 on the Detail Record),
- TPOC Amount 2-5 (Fields 94, 97, 100, 103 of the Auxiliary Record),
- Claimant 1 Information (Fields 84-95 on the Detail Record), and
- ORM Termination Date (Field 79 on the Detail Record).

Slide 21 of 32 - Claim with a Change to a Critical Data Field

Claim with a Change to a Critical Data Field

- If information changes in any of the critical fields, send an update record
 - Key fields previously sent
 - Modified values for each changed field



Update Record	
Field	Value
Action Type	2
Key Data Fields (Injured Party SSN or Medicare ID, CMS Date of Incident, Plan Insurance Type and ORM Indicator)	Same values previously reported
Critical Data Fields	Corrected/changed values

Slide notes

If the RRE changes information in one or more of the critical data fields in their internal systems, they must send an Update Record that includes the key data fields previously reported so that the BCRC can match their Update Record to the previously accepted, corresponding record, and submit the modified values for each field that was changed.

The Update Record will include the following data elements:

- Action Type = 2 (Update);
- Key Data Fields = Submit the same values previously reported so that the BCRC can match your Update Record to the previously accepted, corresponding record; and
- Corrected Data Fields = Submit the modified values for each field that was changed.

Note: You are not required to send updated information for other non-critical data fields. However, if you choose, they will be accepted.

You must also include the Auxiliary Record if you previously submitted this for the original Claim Detail Record as long as all of the information still exists (i.e., has not been deleted).

Slide 22 of 32 - Claim Submitted in Error

Claim Submitted in Error



Delete Record	
Field	Value
Action Type	1
All Other Fields	All other information previously submitted, including the same information for key data fields

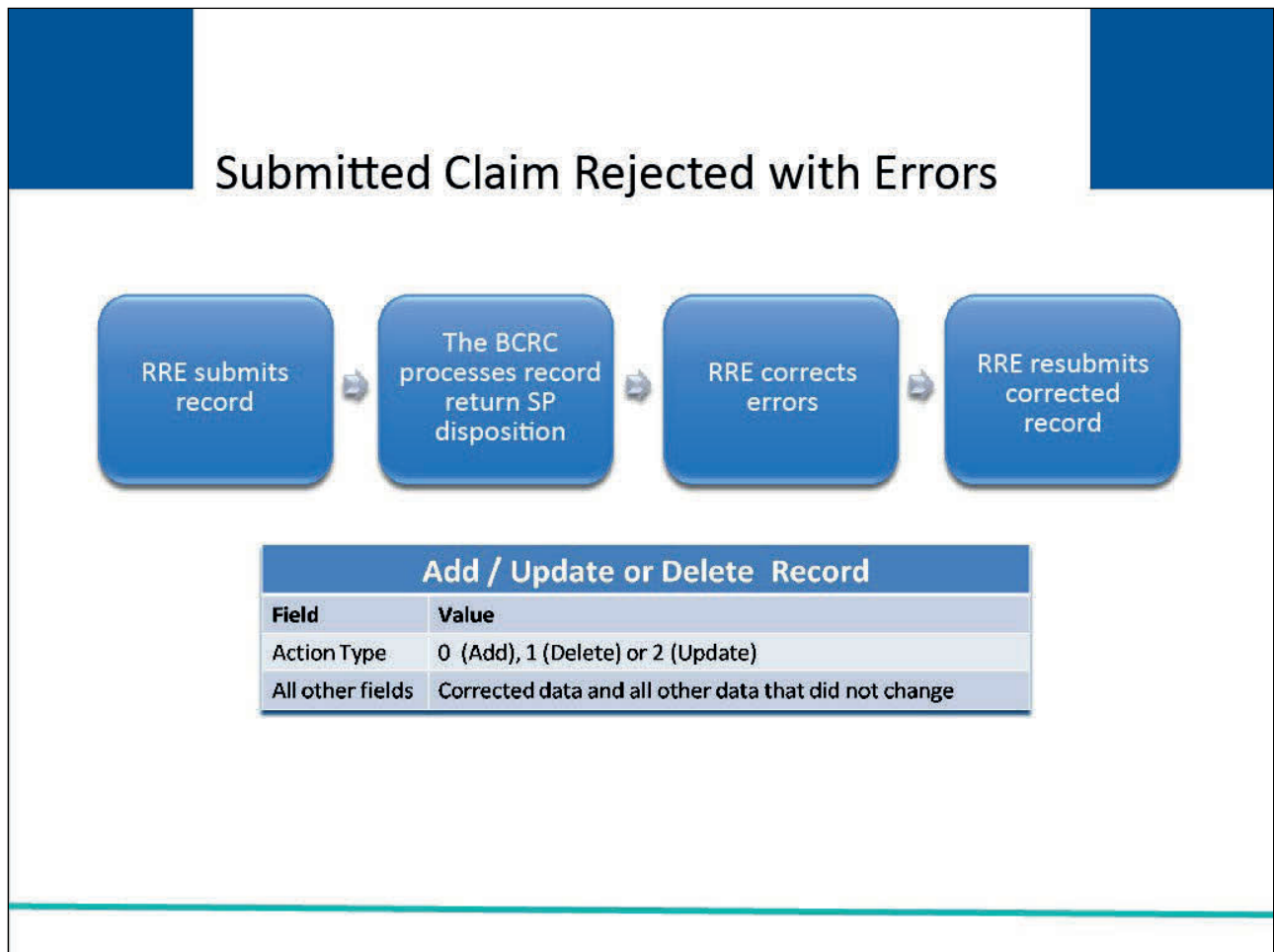
Slide notes

In this example, the RRE has previously submitted a Claim Detail Record that was accepted by the BCRC.

Later, the RRE determines that the claim was submitted in error, that is, it should not have been sent due to an RRE system problem or other issue. The RRE must send a Delete Record which will include the following data elements:

- Action Type = 1 (Delete); and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the delete to be successful.

Slide 23 of 32 - Submitted Claim Rejected with Errors

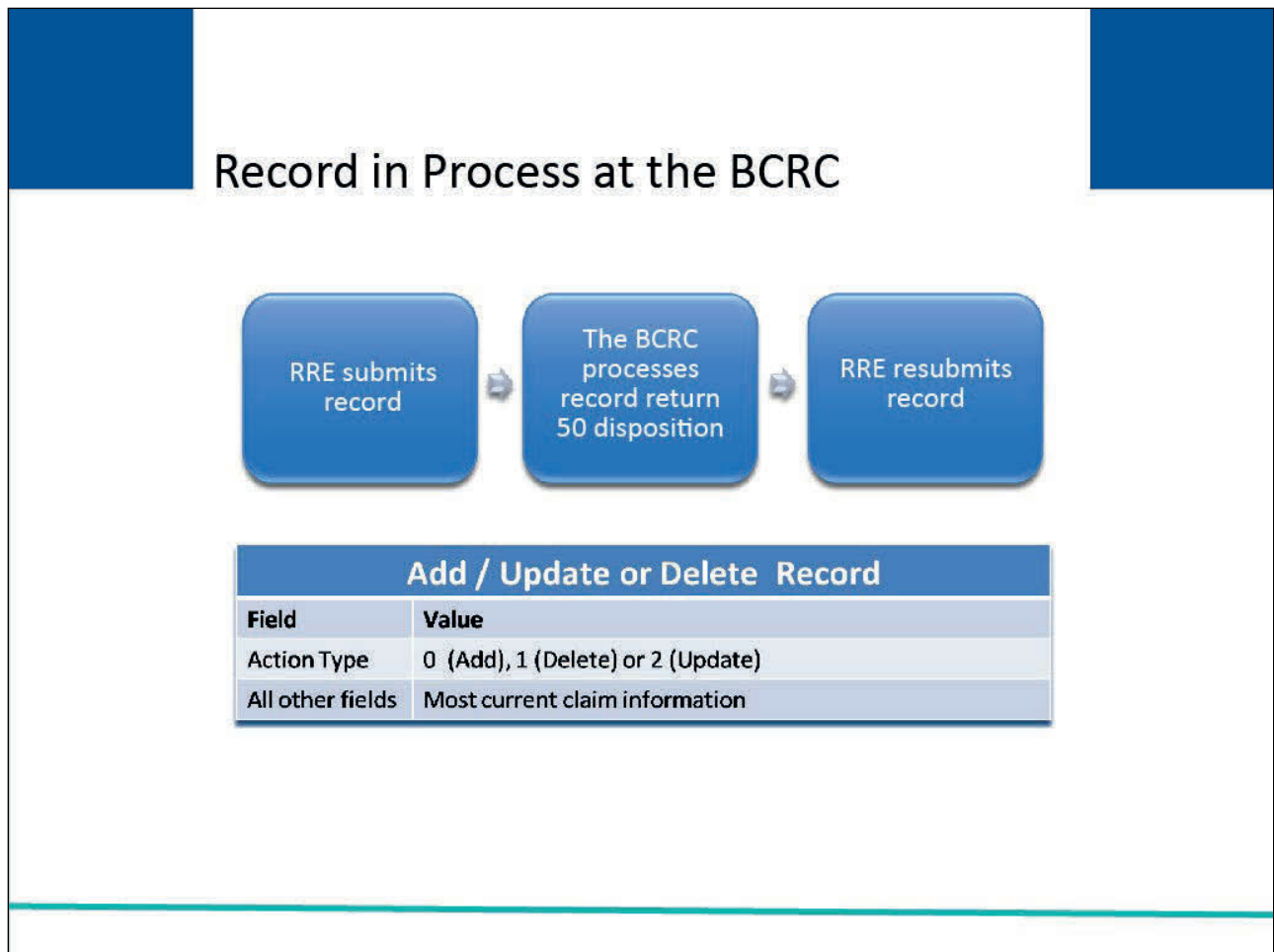
**Slide notes**

In this example, the RRE has submitted an Add, Update, or Delete record on the Claim Input File. The Claim Detail Record was not accepted by the BCRC due to errors.

It is returned on the Claim Response File with an SP disposition code.

The RRE must correct the errors and resubmit the Claim Detail Record with the previously submitted Action Type and all other data that did not change.

Slide 24 of 32 - Record in Process at the BCRC

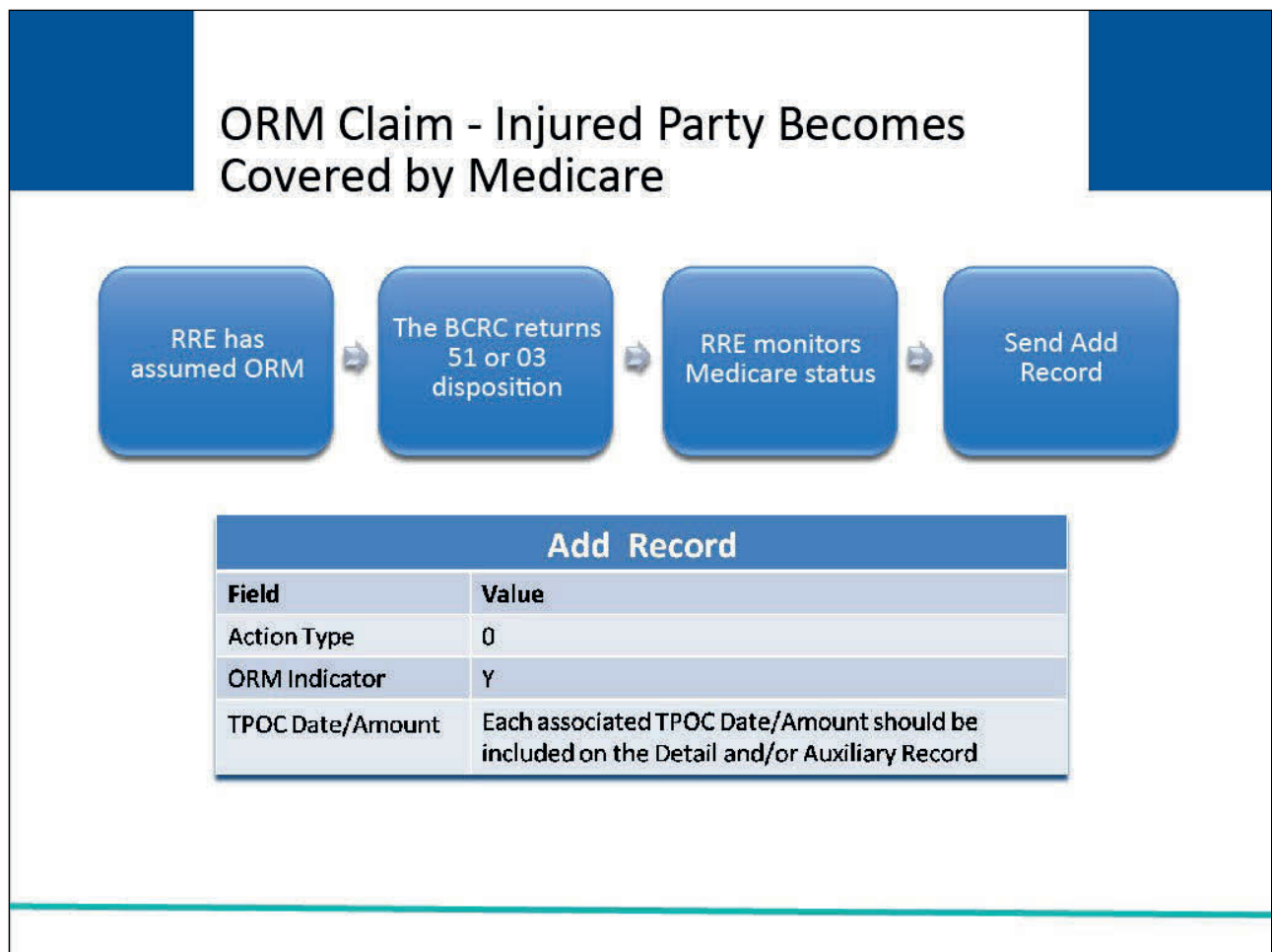
**Slide notes**

In this example, the RRE has submitted an Add, Update, or Delete record on the Claim Input File.

The BCRC did not finish processing the record in time to produce a response record within the required 45-day turnaround and returned the record with a disposition code 50.

Records that did not finish processing must be resubmitted with the previously submitted Action Type. All other fields should contain the most current claim information.

Slide 25 of 32 - ORM Claim - Injured Party Becomes Covered by Medicare

**Slide notes**

In this example, the RRE has assumed ORM for a claim as of 1/1/2010. The ORM is still open, so the RRE sends an Add Record.

When the BCRC processes this claim, they determine that the submitted injured party cannot be matched to a Medicare beneficiary based on the information submitted or the individual was matched to a Medicare beneficiary but did not have Medicare coverage during the reported time period.

The BCRC returns the claim with a disposition code of 51 or 03.

When the RRE receives either of these disposition codes for claims with ORM, they must continue to monitor the injured party's Medicare coverage as long as the ORM remains open and submit the record again as an Add Record when the injured party becomes covered by Medicare.

The Add Record will include the following data elements:

- Action Type = 0 (Add),
- ORM Indicator = Y, and
- All TPOC Dates and Amounts associated to the claim should be included on the Detail and/or Auxiliary Record as applicable.

Slide 26 of 32 - Reporting Additional TPOCs for Same Claim (Same Insurance Types)

Reporting Additional TPOCs for Same Claim (Same Insurance Types)



Update Record	
Field	Value
Action Type	2
TPOC Date 1/TPOC Amount 1	Submit original values
New TPOC Date/Amount	Submit each new associated TPOC Date/Amount on the Auxiliary Record
All Other Fields	All other information previously submitted, including the same information previously submitted for key data fields

Slide notes

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

The TPOC information was submitted in the TPOC Date 1 and TPOC Amount 1 (Fields 80 and 81).

Subsequently, an additional settlement, judgment, award, or other payment TPOC Amount was reached with respect to the same Claim Detail Record, and same insurance type.

In the next quarterly Claim Input File submission, the RRE must send an Update Record for the claim which will include an Auxiliary Record.

The Auxiliary Record will directly follow the detail record for the associated claim and will be used to report the additional TPOC information.

The Update Record will include the following data elements:

- Action Type = 2 (Update),
- TPOC Date 1/TPOC Amount 1 = original values previously submitted,

- New TPOC Date/TPOC Amount = New/additional TPOC Date and Amount must be submitted in the next available set of TPOC fields on the Auxiliary Record.

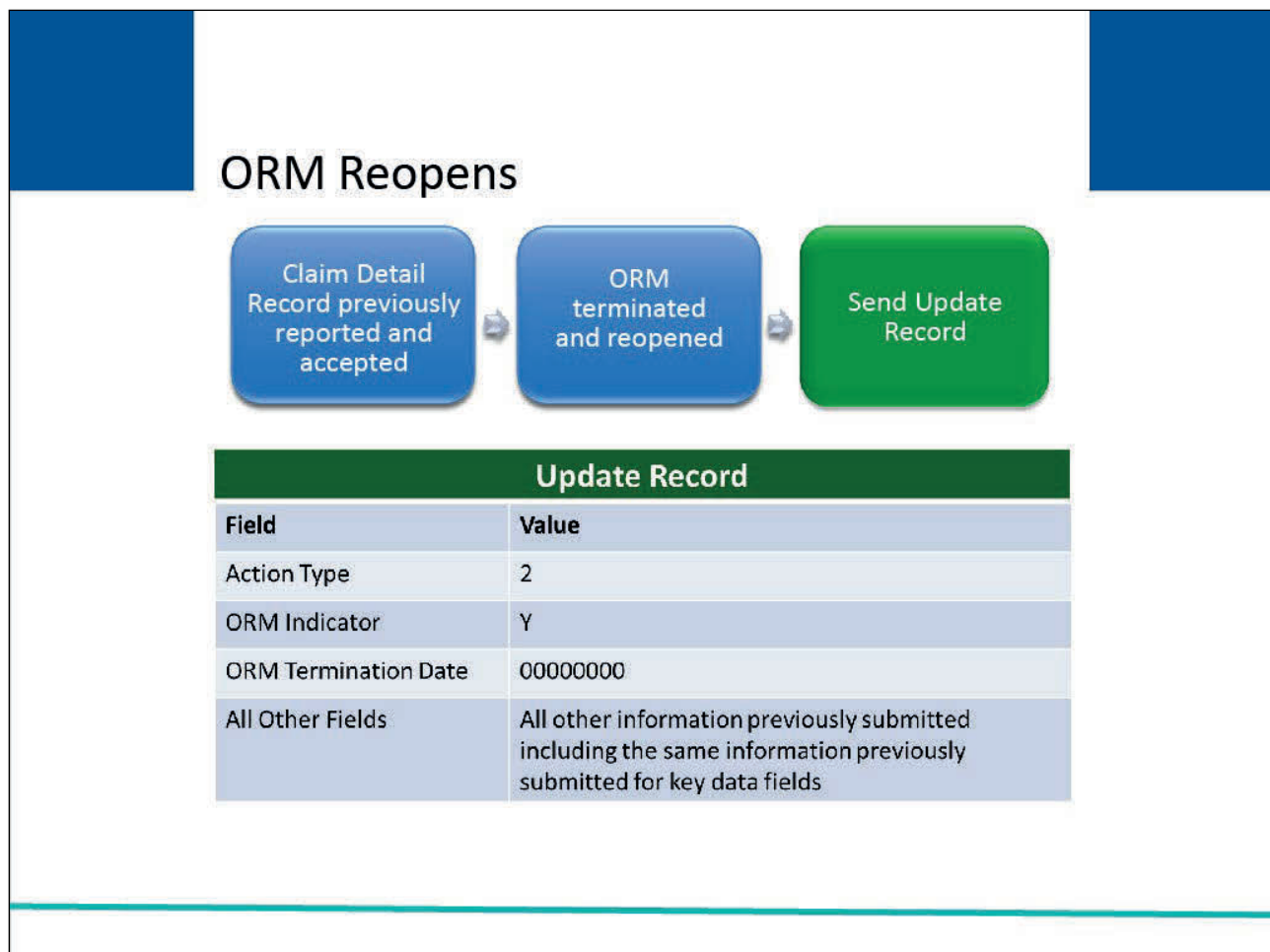
This is the actual TPOC Amount, not the cumulative total of all the associated TPOCs; and all other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the update to be successful.

Note: This instruction only applies where there are multiple TPOCs for the same record, for the same insurance type, policy, claim number, etc.

If, for example, a claim to an insurer includes both no-fault insurance (as defined by CMS) and liability insurance, TPOCs associated with the no-fault and liability insurance would be reported on separate Add Records with different Plan Insurance Types (Liability, No-Fault, Workers' Compensation in Field 51).

The limit dollar amount that triggers a threshold error has been adjusted from \$99,999,999 to cumulative value of all reported TPOCs. Additionally, the No-Fault Insurance Limit field number has been corrected under "Exceptions."

Slide 27 of 32 - ORM Reopens

**Slide notes**

In this example, a Claim Detail Record was previously submitted by the RRE and accepted by the BCRC for a claim where the RRE had assumed and terminated ORM.

Later, the RRE must reopen the ORM. The RRE is required to submit an Update Record that will include the following data elements:

- Action Type = 2 (Update);
- ORM Indicator = Y;
- ORM Termination Date = 00000000; and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the update to be successful.

Slide 28 of 32 - ORM - Change in ORM Termination Date

ORM - Change in ORM Termination Date



Update Record	
Field	Value
Action Type	2
ORM Indicator	Y
ORM Termination Date	Submit new/corrected ORM Termination Date
All Other Fields	All other information previously submitted, including the same information previously submitted for key data fields

Slide notes

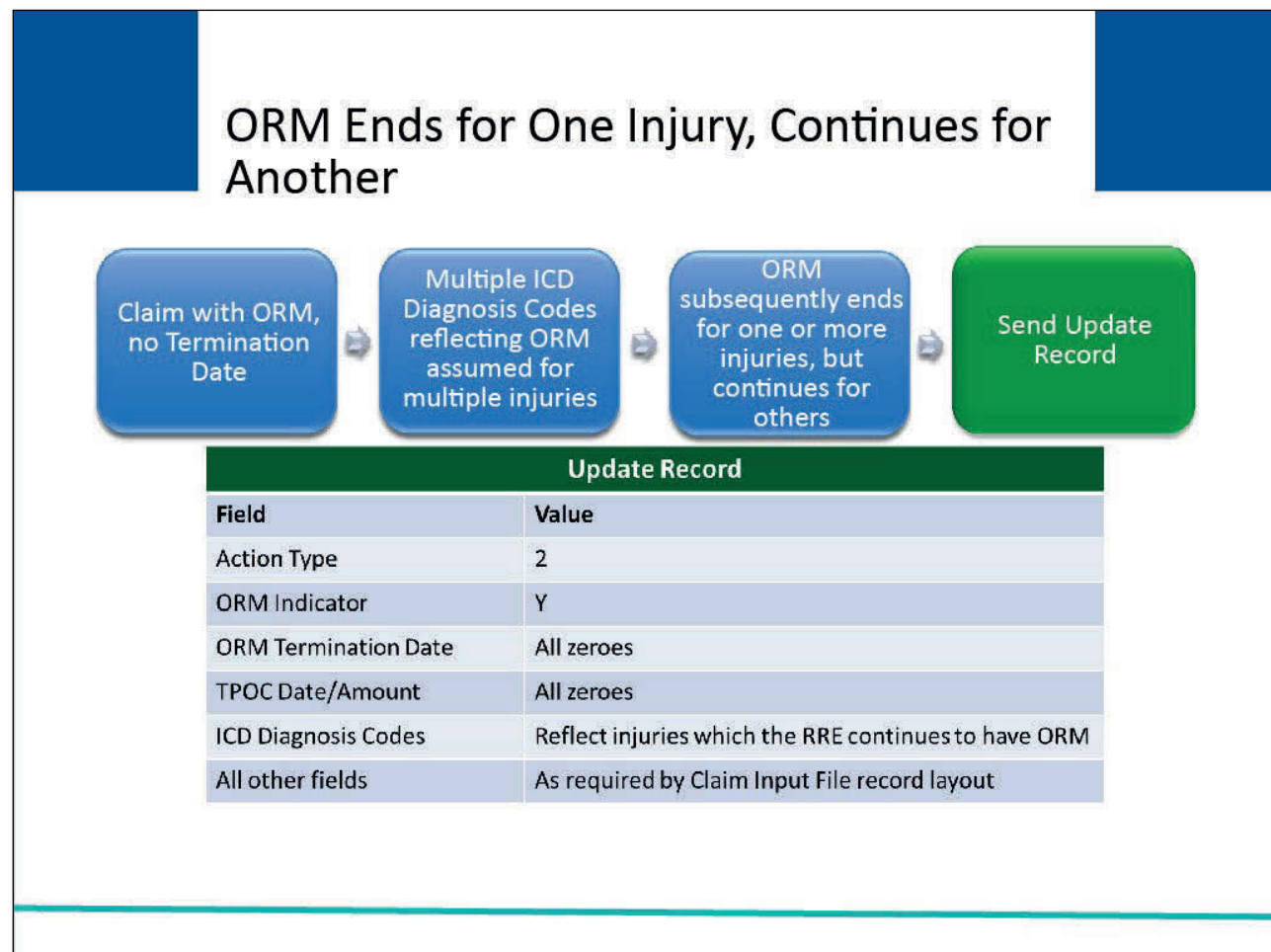
In this example, a Claim Detail Record was previously submitted by the RRE and accepted by the BCRC for a claim where the RRE had assumed and terminated ORM.

Later, the RRE must submit a new/corrected date in the ORM Termination Date. An ORM Termination Date in the future may be submitted if it is known and firmly established.

The RRE is required to submit an Update Record that will include the following data elements:

- Action Type = 2 (Update);
- ORM Indicator = Y;
- ORM Termination Date = Submit new/corrected ORM Termination Date; and
- All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the update to be successful.

Slide 29 of 32 - ORM Ends for One Injury, Continues for Another

**Slide notes**

In this example, there was a previously reported and accepted claim with ORM (ORM Indicator = Y), no ORM Termination Date, and multiple ICD Diagnosis Codes reflecting ORM assumed for multiple injuries.

The RRE's ORM subsequently ends for one or more injuries, but ORM continues on the claim for one or more other injuries.

- Action Type = 2 (Update),
- ORM Indicator = Y,
- ORM Termination Date = 00000000 (since the ORM is not technically ended),
- Zeroes in TPOC Date/Amount or actual TPOC Date/Amount,
- ICD Diagnosis Codes reflecting injuries for which the RRE continues to have ORM.

Be sure to submit a valid value, not spaces, in ICD Diagnosis Code 1 (Field 18) and ensure that all ICD Diagnosis Codes related to injuries for which ORM ended are removed.

All other fields as required by the Claim Input File record layout.

Please Note: Submit the ORM Termination Date on a subsequent Update Record only when ORM ends for all alleged injuries for which the RRE assumed ORM.



Slide 30 of 32 - Course Summary

Course Summary

- Definitions
- What to Report
- Examples

**Slide notes**

This learning module began by defining Claim Input File terms. It provided a high-level overview of what is to be reported on the Claim Input File and gave examples of how to submit Claim Input File Detail Records for various situations.

Slide 31 of 32 - Conclusion



You have completed the Claim Input File Events 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:
<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

You have completed the Claim Input File Events course. Information in this course can be referenced by using the NGHP User Guide's table of contents.

These documents are available for download at the following link: [CMS NGHP Website](#).

Slide 32 of 32 - NGHP Training Survey



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

Slide notes

If you have any questions or feedback on this material, please go to the following URL: [NGHP Training Survey](#).