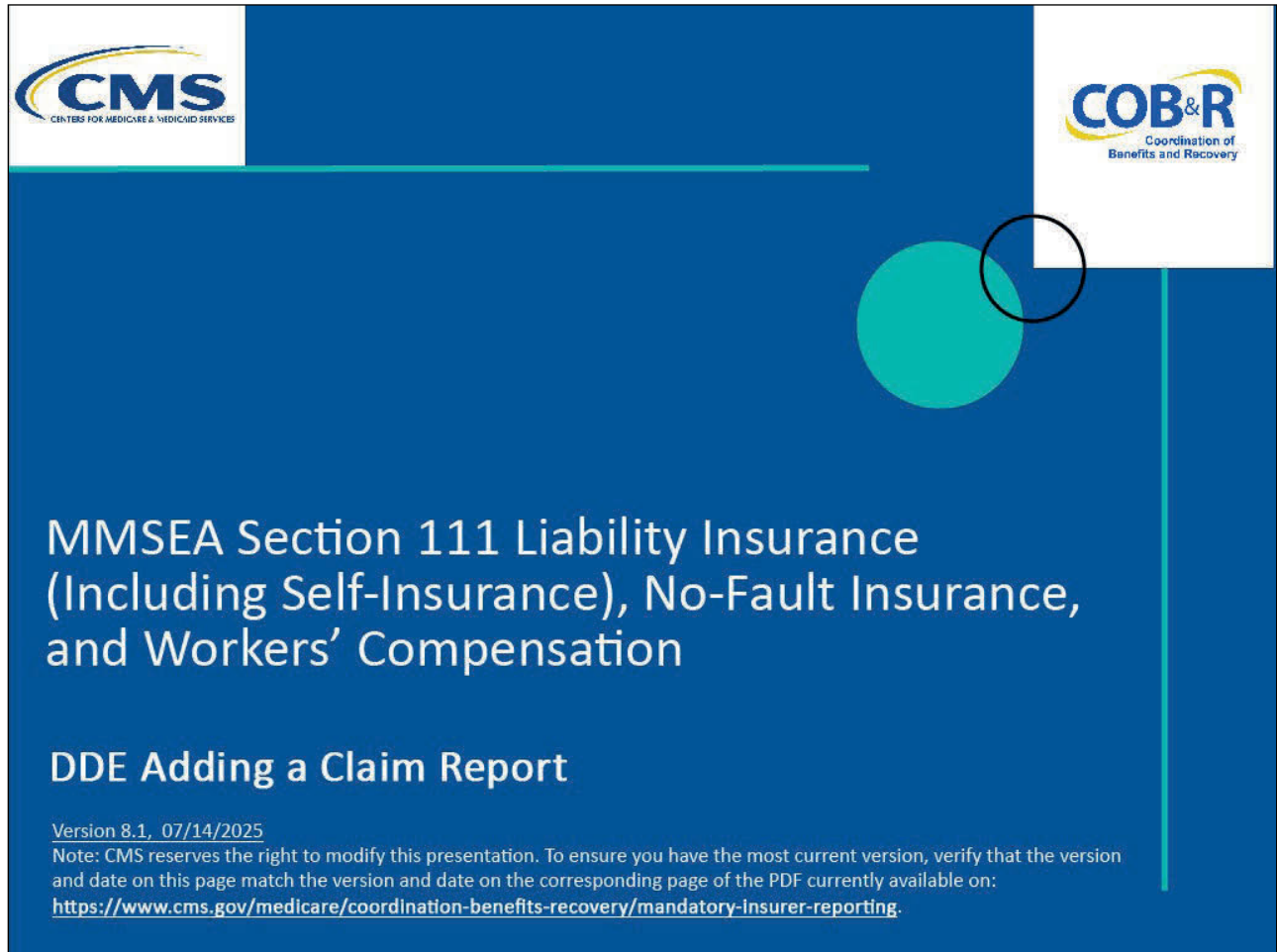


Direct Data Entry (DDE) Adding a Claim Report Introduction

Slide 1 of 39 - Direct Data Entry (DDE) Adding a Claim Report Introduction



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

DDE Adding a Claim Report

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 Direct Data Entry (DDE) Adding a Claim Report course.

Slide 2 of 39 - 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 the 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 site: [Section 111 COBSW](#).

Slide 3 of 39 - Course Overview

Course Overview

- Enter a DDE New Claim
 - Injured Party Information
 - Injury Information
 - ORM and TPOC Information
 - Insurance Information
 - Representative Information
 - Claimant and Claimant Representative Listing

**Slide notes**

This module explains how to enter a DDE New Claim report by completing the information on the New Claim screens:

- Injured Party Information,
- Injury Information,
- Ongoing Responsibilities for Medicals (ORM) and Total Payment Obligation to Claimant (TPOC) Information,
- Insurance Information,
- Representative Information, and
- Claimant and Claimant Representative Listing.

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 39 - 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 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.

**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 three 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 39 - Navigation

The slide is titled "Navigation" and features four buttons arranged vertically on the left, each with a corresponding description in a blue box on the right:

Button	Function
Save	Save information entered on the current page
Save & Exit	Save partial information for a claim report
Cancel	Cancel will discard any data that was entered after the last use of [Save & Exit]
Continue	Advance to next page if error-free

Slide notes

Each DDE New Claim screen will allow users to navigate to different pages in the New Claim entry process using buttons located on the bottom of the screen.

Unless otherwise noted, all pages presented during the New Claim entry process will include the following buttons: [Save], [Save & Exit], [Cancel], and [Continue].

[Save] allows a user to save the claim information that has been entered on the current page before progressing to the next page.

The first time [Save] is used, the system will assign a Document Control Number (DCN) to the claim report. Note: The DCN is the Claim ID.

[Save & Exit] allows a user to provide and save partial information for a claim report if they do not have all of the information readily available to complete and submit the claim.

Once the claim report has been saved, the user must complete and submit it within 30 calendar days, otherwise it will be deleted.

[Cancel] will discard any data that was entered after the last use of [Save & Exit].

[Continue] will advance the user to the next page in the New Claim entry process if there are no errors on the current screen.

If errors are found, the system will display applicable error messages and the cursor shall be placed on the first field that generates an error. Errors must be corrected before the system will advance the user to the next page.

Slide 6 of 39 - Section 111 Mandatory Reporting Website Usage Warning

Section 111 Mandatory Reporting Website Usage Warning

Unauthorized Access To This Computer System Is Prohibited By Law

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

- The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Privacy Act Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

Attestation of Information

The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process.

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Accept

Slide notes

In order to enter a new DDE claim report, users must first successfully login to the [Section 111 Coordination of Benefits Secure Website \(COBSW\)](#) (COBSW).

Upon accessing the URL, the Section 111 Mandatory Reporting Website Usage Warning page will appear, detailing the Data Use Agreement (DUA). Review the DUA and then proceed to click the "Accept" link.

Slide 7 of 39 - Welcome to the Section 111 COB Secure Website/Account Sign In Page

An official website of the United States government Here's how you know

COB&R
Coordination of
Benefits and Recovery

Section 111 Mandatory Reporting

New Registration Account Setup

About CMS Links How To Reference Materials Contact Us Show Help Page

Welcome to the Section 111 COB Secure Website

Section 111 News & Updates

This is a test message for Section 111.
This is a new line for testing.
And another really long line to see how far this stretches.

Account Sign In


Login ID [Forgot your Login ID?](#)

Password [Forgot your Password?](#)

Sign In

Coordination of Benefits

The registration process requires

**Slide notes**

The Welcome to the Section 111 COB Secure Website/Account Sign In page will appear. Enter your Login ID in the “Login ID” field, and your password in the “Password” field, and click “Sign In”.

Slide 8 of 39 - RRE Listing Page

RRE Listing

July 29, 2024 at 1:46:48 PM

This page lists all the Responsible Reporting Identification Numbers (RRE IDs) with which you are associated. You can select an individual RRE from the list to see Actions available for the selected RRE ID.

The list may be sorted by selecting the title of the column you wish to sort. Selecting the same column again will reverse the sort order for the column. [Clear](#)

The list may be filtered by entering values in the columns you wish to filter. To remove a filter, simply remove the value from the filter row, or select the **Clear** button. Selecting the **Clear** button will remove all filters.

RRE Listing


[Export](#)

RRE ID	Name	RRE Status	Submission Period	Reporting Option	Profile Report Status	User Role	EDI Representative	EDI Contact Info
RRE ID Filtr	RRE Name F	RRE Status Fil	Submission Period	Reporting Optio	Profile Report S	User Role F	EDI Representative Fil	
145691	NGHP Basic	Production	06	Expanded	Delinquent	AM	Fran Williams	(800) 879-4592 FWilliams@bcrngdit.com
145687	GHP Expanded	Production	02	Basic	Recertified	AM	Lisa Smith	(800) 879-4587 Lsmith@bcrngdit.com
145688	NGHP DDE	Test	0	DDE	N/A	AM	Izzy Kay	(800) 879-4588 Ikay@bcrngdit.com
145689	GHP Basic	Setup		Basic	N/A	AD	Rose George	(800) 879-4589 Rgeorge@bcrngdit.com
145690	VDSA	Production	01	Expanded	Not Due	AM	Tim Baldwin	(800) 879-4590 Tbaldwin@bcrngdit.com

Slide notes

The RRE Listing page will appear listing all Responsible Reporting Identification Numbers (RRE IDs) associated to your account. Select the RRE ID link from the list to access the Actions available.

Slide 9 of 39 - RRE Information Detail Page

**Section 111 Mandatory Reporting**

Mike Brown (ts111st)

Print

About

CMS Links

How To

Reference Materials

Contact Us

Show Help Page

Information Detail

May 26, 2025 at 8:58:56 PM

RRE Information Detail

Profile reports must be recertified annually. If the Recertification Due Date has been reached and you have not recertified, verify the RRE information displayed is accurate and click the **Recertify** button at the bottom of this page to recertify.

If the Profile Report contains any inaccuracies or outdated information, click the Edit button to make changes and then click the Recertify button to recertify your account if your recertification is due. Any updates not allowed on the Section 111 COBSW can be made by contacting your EDI Representative.

Profile Report Information

Reporter ID:	145688	Recertification Due Date:	10/08/2022
Profile Report Date:	03/01/2024	Last Recertification Submission Date:	01/21/2024
Profile Changed Date:	03/01/2024		

EDI Representative

Name:TODD BANNAR

Email:DL-HIT-MSPSC-
SPRING_BATCH_SUPPORT@
RANDOM.COM

Phone:(410) 842-1404

RRE Company Information

Actions

Slide notes

The RRE Information Detail page will appear. The Actions links are listed on this on page, but you will need to use the scroll bar to the far right to scroll down the page.

Slide 10 of 39 - RRE Information Detail - Actions Links

RRE Company Information

Reporter Type:	NGHP	Address:	02611 Testing Dr Towson, MD 12312 - 12312	Phone:	(111) 111-1112
Name:	Dynamics Inc	Lines of Business:	Hospital, Medical, Prescription Drug	Fax:	(410) 555-1632
TIN:	36978542	Unsolicited No Alerts:		DDE:	Yes
NAIC:	1111111				

Authorized Representative Information

Name:	Bruce Dean	Address:	110 Broad Way Suite 94 Gulf Shores, AL 12312	Phone:	(972) 728-0000
Job Title:	Authorized Representative	Email:			testemailBruce@ gdit.com

Account Manager/Technical Contact

Actions

- > [File Processing Results](#)
- > [Test File Results](#)
- > [Upload File](#)
- > [Manage Authorized Rep](#) ⓘ
- > [Manage Submission Agent](#) ⓘ
- > [Designee Maintenance](#)
- > [View Account Activity](#)
- > [New Claim](#)
- > [Claim Listing](#)
- > [Register for DDE](#)
- > [Beneficiary Lookup](#)
- > [TIN Record Maintenance](#)
- > [Remove RRE](#)

Slide notes

From the Actions links, you will select the New Claim link.

Slide 11 of 39 - Adding A New DDE Claim - Injured Party Information

The screenshot shows the 'Injured Party Information' form within the COB&R (Coordination of Benefits and Recovery) system. The page header includes the COB&R logo, the title 'Section 111 Mandatory Reporting', and a user profile for 'Mike Brown (ts111st)'. Navigation links for 'About', 'CMS Links', 'How To', 'Reference Materials', and 'Contact Us' are present, along with a 'Print' button and a 'Show Help Page' button. The breadcrumb trail indicates the path: Home > Information Detail > Claim. A timestamp 'August 6, 2024 at 11:34:10 AM' is displayed in the top right corner.

The main heading is 'Injured Party Information'. Below it, instructions state: 'Enter injured party information below. When you click the **Continue** button, a query transaction will be created to determine if this injured party is a Medicare beneficiary. Your transactions remaining will be reduced by one whether or not the beneficiary is found. Please carefully check your information before clicking the **Continue** button.'

The form itself is titled 'Injured Party Information' and shows 'Transactions Remaining: 101'. It includes a legend: '*Indicates Required Field'. The fields are as follows:

- Medicare ID or SSN:** A text field containing '1AB2C34ED56'.
- First Name:** A text field containing 'Jane'.
- M.I.:** A dropdown menu showing 'M'.
- Last Name:** A text field containing 'Doe'.
- Gender:** Radio buttons for 'Male' (selected) and 'Female'.
- Date of Birth:** A text field containing '01/23/1943'.

At the bottom of the form are 'Cancel' and 'Continue' buttons.

Slide notes

The Injured Party Information page is the first page in the New Claim entry process and data is required in all fields. Required fields are denoted by asterisks on each of the New Claim entry pages.

It is very important that the user enters the most recent, accurate information they have for the injured party because the information entered on this page will be used to determine if the injured party is/is not a Medicare beneficiary.

The best source of this information is the beneficiary's Medicare Insurance Card.

Users are required to enter either the Medicare ID or the Social Security Number (SSN) for the injured party, but not both fields. The Medicare ID is preferred.

The Medicare ID is CMS' Medicare identifier for Medicare beneficiaries and is the preferred data element for matching injured party information to a Medicare beneficiary. The Medicare ID cannot be more than 12 characters.

You may enter either the last 5 digits or the full 9 digits of the SSN. (Note: When entering digits, there is no need to add any leading spaces).

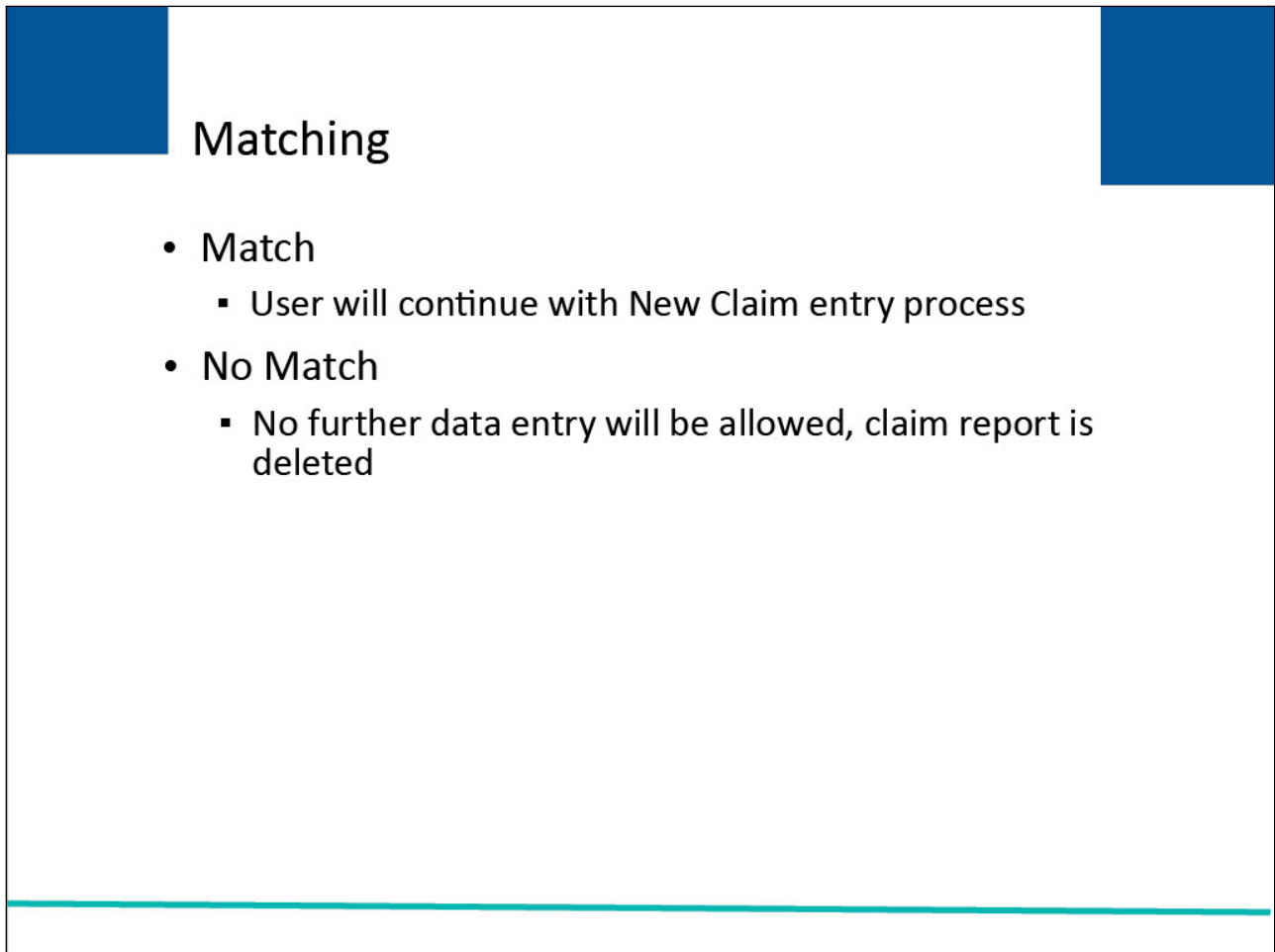
Dashes and special characters cannot be entered in either field. The Injured Party First and Last Name should be entered exactly as it appears on the individual's Medicare Insurance or Social Security card.

Middle Initial is not required but may be entered if available. Gender must be entered (Male or Female). Injured Party Date of Birth is also required.

When all required information has been entered on this page, and the user clicks Continue, the system will determine if the submitted Injured Party information can be matched to a Medicare beneficiary.

This action will cause one transaction to be used and the Transactions Remaining field will decrease by one.

Direct Data Entry (DDE) records, submitted prior to the effective date of the injured party's entitlement to Medicare will be rejected and returned with a Disposition Code '03' instead of an SP31 error.

Slide 12 of 39 - MatchingThe slide features a white background with a blue header bar at the top. The title 'Matching' is centered in a large, black, sans-serif font. Below the title, there is a bulleted list with two main items: 'Match' and 'No Match'. Each item has a sub-bullet. The 'Match' sub-bullet states 'User will continue with New Claim entry process'. The 'No Match' sub-bullet states 'No further data entry will be allowed, claim report is deleted'. A thin blue horizontal line is positioned near the bottom of the slide content area.

Matching

- Match
 - User will continue with New Claim entry process
- No Match
 - No further data entry will be allowed, claim report is deleted

Slide notes

When the entered information is matched to a Medicare beneficiary, the user will continue with the New Claim entry process.

When the entered information could not be matched to a Medicare beneficiary, no further data entry will be allowed, and the claim report will be deleted by the system.

Slide 13 of 39 - Beneficiary Not Found

Information Detail > Claim

! Please review the following errors:

- We're sorry. We could not find a beneficiary for the identification numbers you specified.

Injured Party Information

Enter injured party information below.
When you click the Next button, a query transaction will be created to determine if this injured party is a Medicare beneficiary.
Your transactions remaining will be reduced by one whether or not the beneficiary is found.
Please carefully check your information before clicking the Next button.

Injured Party Information

*Indicates Required Field

Medicare ID or SSN:*	First Name:*	M.I.:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender:* Date of Birth:* || ☐ Male ☒ Female | |
| | |

Slide notes

The Beneficiary Not Found page will display to notify the user that a match could not be found. The user should verify that the information was entered accurately.

When the information was not entered accurately, the user will have to re-enter the claim report which will use another transaction. When the information was entered correctly, no further action is required.

Slide 14 of 39 - Claim Listing

[About](#) [CMS Links](#) [How To](#) [Reference Materials](#) [Contact Us](#) [Show Help Page](#)

[Information Detail](#) > [Claim Listing](#)

August 6, 2024 at 1:01:35 PM

Claim Listing

This page lists all of the claims you have entered. To search for a specific claim, enter search values into any or all of the search fields, and click on the **Search** button.

The list may be sorted by selecting the title of the column you wish to sort. Selecting the same column again will reverse the sort order for the column.

The list may be filtered by entering values in the columns you wish to filter. To remove a filter, simply remove the value from the filter row, or select the **Clear** button. Selecting the **Clear** button will remove all filters.

[+ New Claim](#)

RRE ID: 145688

RRE Name: Dynamics Inc

Transactions Remaining: **101**

Latest DCN	Trn Cnt	Policy Number	Claim Number	Medicare ID	Beneficiary Name	CMS Date of Injury	Initial Entry Date	Last Action	Status	Disposition	Actions
<input type="text" value="Latest DCN"/>	<input type="text" value="Trn Cnt"/>	<input type="text" value="Policy Number"/>	<input type="text" value="Claim Number"/>	<input type="text" value="Medicare ID"/>	<input type="text" value="Beneficiary Name"/>	<input type="text" value="CMS Date of Injury"/>	<input type="text" value="Initial Entry Date"/>	<input type="text" value="Last Action"/>	<input type="text" value="Status Filter"/>	<input type="text" value="Disposition Filter"/>	
10580	1	pn1111	15678000	D1690519212	WANDA CARR	01/01/2011	01/26/2021	Update	Saved Not Submitted		History Delete
10575	9	12345678	15678054	519212	MARY WISE	01/01/2010	12/28/2020	Update	Completed		History Delete
10576	9	914567	15678012	919212	BEN RODGERS	01/01/2010	12/28/2020	Update	Deleted		History
10581	1	5678ABC	15678001	018340998A	FRANK JOBS	01/01/2011	12/28/2020	Update	New		History Delete
10577	9	123456C	15678003	719212	LEWIS CANNON	01/01/2010	12/28/2020	Update	In Process		History Delete

5 rows total.

Slide notes

Attempted, but unsuccessful, claim reports are counted as a transaction and will reduce the Transactions Remaining count by one but they will not be included in the Transaction Count field on the Claim Listing page.

That field will only include Saved (Not Submitted) and Submitted transactions.

CMS recommends that users maintain a hard-copy record of all entries where the Injured Party could not be identified as a Medicare beneficiary in order to maintain an accurate accounting of all transactions used.

Slide 15 of 39 - Adding A New DDE Claim - Injury Information

An official website of the United States government. Here's how you know.

COB&R
Coordination of Benefits and Recovery

Section 111 Mandatory Reporting

Mike Brown (ts111st) Print

About CMS Links How To Reference Materials Contact Us Show Help Page

Information Detail > Claim

August 6, 2024 at 11:38:40 AM

Claim Entry

Transactions Remaining: 101

Claim ID: 123456 Claim Status: Saved Not Submitted

Reporter ID: 60527 Medicare ID: 1AB2C34ED56

Name: JANE DOE Date Of Birth: 06/23/1943 Gender: Female

Injury Information

Enter injury information below.

*Indicates Required Field

Insurance Type: * CMS Date of Injury: * Industry Date of Injury: State of Venue: *

No-Fault 05/20/2023 mm/dd/yyyy MARYLAND

Diagnosis Code Indicator: *

Slide notes

The Claim Entry page is the second page in the New Claim entry process. This page will only display if the Injured Party is matched to a Medicare beneficiary.

Insurance Type is the type of insurance coverage or line of business provided by the plan policy or self-insurance. This field is required. Users will select this value from a drop-down list.

Note: When selecting "No-Fault" as the type of insurance, you must use the CMS definition of No-Fault insurance found at 42 CFR 411.50.

The CMS Date of Injury is the Date of Injury defined by CMS. As described in the NGHP User Guide, for an automobile wreck or other accident, this is the date of the accident.

For claims involving exposure, this is the date of first exposure. For claims involving ingestion, this is the date of first ingestion.

For claims involving implants, this is the date of the implant (or the date of the first implant if there are multiple implants).

For claims involving cumulative injury, this is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. An expanded and specific definition has been to clarify the qualification of a cumulative injury for Section 111 NGHP reporting (Section 3.2) (7.6 guide...July 2024).

The Industry Date of Injury is used by the insurance/workers' compensation industry. For an automobile wreck or other accident, the date of the incident is the date of the accident.

For claims involving exposure, ingestion, or implantation, the date of the incident is the date of last exposure, ingestion, or implantation.

When users submit a no-fault insurance claim for Claim Input File Detail Record files, where the policy limit is less than \$1000.00; the input files will be accepted but a new CP13 error will be returned on the response files to notify users to confirm the dollar amount submitted. Direct Data Entry (DDE) submitters will see a message on the Insurance Information page but will be able to proceed with data entry without correcting it.

Note: In some states, depending on various factors associated with the incident being reported, no-fault policy limits may vary. The reported Policy Limit should reflect the amount that the RRE has accepted responsibility for at the time the record was submitted or updated. Just as importantly, if the Section 111 record needs to be corrected to reflect a new Policy Limit, the RRE should update the record as soon as possible.

The existing logic that looks at the value entered in the No Fault Insurance Limit field on the S111 Insurance Information page will be updated to display the updated message when the entered value is less than or equal to \$500.00.

State of Venue will be selected from a drop-down list. The user must select the state that corresponds to the US State (including Guam, Puerto Rico, Washington DC, and the US Virgin Islands) whose state law controls the resolution of the claim.

Users should select 'United States' if the claim is a Federal Tort Claims Act liability insurance matter, a Federal workers' compensation claim, Longshore Harbor Worker Act claim, Jones Act Liability claim or Maritime Maintenance and Cure claim, or select 'Foreign Country' if the state of the venue is outside the United States.

Slide 16 of 39 - Adding A New DDE Claim - Diagnosis Code Information

The screenshot shows a web form for adding a new DDE claim. The top section contains fields for Insurance Type (No-Fault), CMS Date of Injury (05/20/2023), Industry Date of Injury (mm/dd/yyyy), and State of Venue (MARYLAND). Below these is the Diagnosis Code Information section, which is highlighted with a red box. This section includes a radio button for ICD-9 and a selected radio button for ICD-10. Below the radio buttons is a field for Alleged Cause of Injury Diagnosis Code (W2211XA) with an Add button and a Remove Code button. Below this is a table for Diagnosis Codes (Up to 19) with columns for Code, Description, and Remove. The table contains one entry: M9900, Segmental and somatic dysfunction of head region, with an X in the Remove column. Below the table is a Continue button. At the bottom of the form are buttons for Cancel, Save, and Save & Exit.

Insurance Type: * No-Fault CMS Date of Injury: * 05/20/2023 Industry Date of Injury: mm/dd/yyyy State of Venue: * MARYLAND

Diagnosis Code Indicator: * ☐ ICD-9 ☒ ICD-10

Alleged Cause of Injury Diagnosis Code: W2211XA

Diagnosis Codes (Up to 19):

Code	Description	Remove
M9900	Segmental and somatic dysfunction of head region	X

ORM and TPOC Information
 Insurance Information
 Representative Information
 Claimant and Claimant Representative Listing
 Claim Summary

Slide notes

The next section of this page is related to ICD Diagnosis Codes. Users are required to provide at least one ICD Diagnosis Code in the Diagnosis Code fields on all new and updated claim reports.

CMS encourages RREs to supply as many related codes as possible. RREs may enter up to 19 ICD Diagnosis Codes.

Select the [Diagnosis Code Indicator] radio button to identify the type of diagnosis codes submitted on the claim.

The Diagnosis Code Indicator selected must correspond to all of the diagnosis codes submitted on the claim.

Note: The Diagnosis Code Indicator must be selected before you are permitted to perform a diagnosis code lookup or add a diagnosis code using the [Add Diagnosis] button.

The Alleged Cause of Injury Diagnosis is the ICD-9 External Cause of Injury Code (E Code) or ICD-10 Cause-of-Injury code that begins with a "V", "W", "X", or "Y", that describes the alleged cause of injury/illness.

To specify the diagnosis, enter a known code and click “Apply Code” or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match the embedded text.

For more information on ICD Diagnosis Codes, please see the [ICD Diagnosis Code Requirements](#) CBTs and the [NGHP User Guide](#).

ICD-10 diagnosis code I25.2 has been added to the list of no-fault excluded codes.

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated. Diagnosis Code described the alleged injury/illness. These codes are special defaults for liability reporting.

When considering the requirements for the Ongoing Responsibility for Medicals (ORM), remember, per the current policy, that the dollar limit for No-Fault Insurance Limits (Field 61) represents a combined total of Med-Pay and Personal Injury Protection (PIP) (Section 6.7.1).

Note: Excel spreadsheets of the ICD-9/ICD-10 excluded and valid codes for FY 2023 are now available for download on CMS.gov at [ICD-9/ICD-10 Excluded and Valid Codes for FY 2023 Spreadsheet](#) (Appendix A, Appendix F, and Appendix I).

In very rare instances, liability claims can now be reported as a non-injury claim or “NONINJ” (more information is available in (NGHP User Guide Chapter IV Section 6.2.5.2).

Slide 17 of 39 - Diagnosis Code Lookup

The screenshot displays the COB&R (Coordination of Benefits and Reporting) web application interface. The main header shows 'Section 111 Mandatory Reporting' and the user 'Mike Brown (ts111st)'. A 'Print' button is visible. The left sidebar contains navigation links like 'About', 'Home', 'Information', 'Claim Entry', 'Injury', 'Enter', 'Indic', 'Insura', 'No-', 'Diagn', 'Indica', 'K', and 'Allege'. The central area is a 'Cause of Injury Diagnosis Code Lookup' dialog box. It features a 'Show Help Page' button in the top right. The dialog box has three input fields: 'Apply Code:' with an 'Apply Code' button, 'Diagnosis Code:' with a 'Search' button, and 'Diagnosis Keywords:' with a 'Search' button. At the bottom of the dialog are 'Cancel' and 'Continue' buttons. The background shows a 'Claim Entry' form with fields for 'Claim ID:', 'Reporter', 'Name:', and 'Injury'.

Slide notes

Once [Add] has been clicked for the Alleged Cause of Injury Diagnosis, the Diagnosis Lookup page will appear. You can enter a diagnosis code search or a diagnosis keyword search.

If the search returned an accurate diagnosis code, enter the desired diagnosis code in the Add Diagnosis field and then click the Add Diagnosis button.

You also have the option to search for additional codes by entering new information in the "Diagnosis Code" or "Diagnosis Keywords" fields and then clicking Search.

Note: Users will perform the same steps to add Diagnosis Codes to the claim report. The only difference is the search will be performed using the diagnosis section of the screen.

Slide 18 of 39 - Adding A New DDE Claim - Injured Party Information

Insurance Type: * No-Fault
CMS Date of Injury: * 05/20/2023
Industry Date of Injury: mm/dd/yyyy
State of Venue: * MARYLAND

Diagnosis Code Indicator: *
☐ ICD-9 ☒ ICD-10

Alleged Cause of Injury: Diagnosis Code: W2211XA [Remove Code](#)
[Add](#)

Diagnosis Codes (Up to 19):
[Add](#)

Code	Description	Remove
M9900	Segmental and somatic dysfunction of head region	X

[Continue](#)

ORM and TPOC Information
Insurance Information
Representative Information
Claimant and Claimant Representative Listing
Claim Summary

[Cancel](#) [Save](#) [Save & Exit](#)

Slide notes

When the user has completed entering information on the Injury Information page, they should click Continue to proceed to the next page in the New Claim entry process.

Slide 19 of 39 - Adding A New DDE Claim - ORM and TPOC Information

Claim Entry August 6, 2024 at 11:38:40 AM

Transactions Remaining: 101

Claim ID: 123456	Claim Status: Saved Not Submitted	
Reporter ID: 60527	Medicare ID: 1AB2C34ED56	
Name: JANE DOE	Date Of Birth: 06/23/1943	Gender: Female

Injury Information ▼

ORM and TPOC Information ▲

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

* Indicates required field

ORM Indicator:*	Is the ORM terminated?:*	ORM Termination Date:*
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="06/01/2024"/>

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:	TPOC Amount(\$):	Funding Delayed Beyond TPOC Start Date:
1.	<input type="text" value="05/21/2023"/>	<input type="text" value="150.00"/>	<input type="text" value="05/21/2023"/>
2.	<input type="text" value="05/21/2023"/>	<input type="text" value="55.00"/>	<input type="text" value="05/21/2023"/>

Slide notes

The ORM and TPOC Information page is the third page in the New Claim entry process. For Section 111, Ongoing Responsibility for Medicals (ORM) refers to the RRE's ongoing responsibility to pay for the injured party's/Medicare beneficiary's medicals associated with the claim.

Users must select Yes or No to indicate whether or not the RRE has or had ORM on the submitted claim report. If the claim report has ORM (i.e., ORM Indicator = Yes), the user will be required to specify whether or not the ORM is terminated.

If the ORM has ended for the claim, the user must enter the ORM Termination Date. Future dates will be accepted in the ORM Termination Date field.

Please note, future dated ORM Termination Dates cannot be more than 6 months greater than the submission date.

A blank ORM Termination Date field will indicate that there is no established ORM end date as of yet. Once the termination date is entered, it reflects the existence of ORM prior to the termination date.

For more information on ORM, please see the [NGHP User Guide](#) as well as the [Ongoing Responsibilities for Medicals CBT](#).

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). Also, to allow submitters to enter Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) information for workers' compensation claims, new fields have been added to the ORM and TPOC Information page (Sections 15.3 and 15.7).

Slide 20 of 39 - Adding A New DDE Claim - ORM And TPOC Information

ORM and TPOC Information

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

* Indicates required field

ORM Indicator:* ☒ Yes ☐ No

Is the ORM terminated?:* ☒ Yes ☐ No

ORM Termination Date:*

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:	TPOC Amount(\$):	Funding Delayed Beyond TPOC Start Date:
1.	<input type="text" value="05/21/2023"/>	<input type="text" value="150.00"/>	<input type="text" value="05/21/2023"/>
2.	<input type="text" value="05/21/2023"/>	<input type="text" value="55.00"/>	<input type="text" value="05/21/2023"/>
3.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>
4.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>
5.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>

[Continue](#)

Insurance Information

Representative Information

Slide notes

The next section of the ORM and Total Payment Obligation to Claimant (TPOC) Information page is related to the TPOC.

The TPOC Amount generally reflects a “one-time” or “lump sum” payment of a settlement, judgment, award, or other payment intended to resolve/partially resolve a claim in addition to/apart from ORM.

Individual reimbursements paid for specific medical claims submitted to an RRE, paid due the RRE’s ORM for the claim, do not constitute separate TPOC Amounts.

The TPOC Date is the date the payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required.

If court approval is required, it is the later of the date the obligation is signed or the date of court approval.

If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. A more thorough discussion of the TPOC can be found in the [Claim Input File Data Elements CBT](#).

The Funding Delayed Beyond TPOC Start Date fields must be entered if funding for the corresponding TPOC Amount is delayed. Users can provide the actual or estimated date of funding.

Note: There are strict requirements on how TPOC Dates and Amounts can be entered.

Please see the [NGHP User Guide](#) for the specific exceptions and mandatory reporting thresholds related to Section 111 reporting for Liability insurance (including self-insurance), no-fault insurance, or workers' compensation.

RREs are responsible for ensuring that they adhere to these requirements.

The threshold for physical trauma-based liability insurance settlements will remain at \$750. CMS will maintain the \$750 threshold for no-fault insurance and workers' compensation settlements, where the no-fault insurer or workers' compensation entity does not otherwise have ongoing responsibility for medicals (ORM).

Slide 21 of 39 - Adding A New DDE Claim - ORM and TPOC Information

ORM and TPOC Information

Enter ORM (Ongoing Responsibility for Medicals) and TPOC (Total Payment Obligation of Claimant) information below.

* Indicates required field

ORM Indicator:* ☒ Yes ☐ No Is the ORM terminated?:* ☒ Yes ☐ No ORM Termination Date:*

There are strict requirements on the types of information that can be entered in the TPOC fields. Please click [here](#) for help.

	TPOC Date:	TPOC Amount(\$):	Funding Delayed Beyond TPOC Start Date:
1.	<input type="text" value="05/21/2023"/>	<input type="text" value="150.00"/>	<input type="text" value="05/21/2023"/>
2.	<input type="text" value="05/21/2023"/>	<input type="text" value="55.00"/>	<input type="text" value="05/21/2023"/>
3.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>
4.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>
5.	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="0000000.00"/>	<input type="text" value="mm/dd/yyyy"/>

[Continue](#)

Insurance Information

Representative Information

Slide notes

When the user enters TPOC information, each TPOC must be reported as a separate settlement, judgment, award, or other payment. The TPOC dollar amount should be entered into the TPOC Amount field.

The decimal portion is optional and only used when necessary. (For example, a TPOC Amount of \$10,000.00 should be entered as 10000 and a TPOC Amount of \$6,500.40 would be entered as 6500.4 or 6500.40).

The earliest TPOC Date and Amount must be entered in the first TPOC Date and Amount fields.

The second and subsequent TPOC Dates and Amounts (if applicable) must be entered in the next available TPOC Date and Amount fields.

Before submitting multiple TPOC Amounts, remember that a TPOC is a single payment obligation reported in total regardless of whether it is funded through a single payment, an annuity, or a structured settlement.

When the RRE has entered all pertinent and required information on this page, they should click Continue.

Note: On a new claim report, you may have only one TPOC to enter which must be entered in the first TPOC Date and Amount fields.

Any subsequent TPOCs established on the claim after the initial submission will be added to the claim report using an update transaction.

Please see the [DDE Resume, Update, & Delete Claim Reports CBT](#) for more information on this process.

Slide 22 of 39 - Adding A New DDE Claim - Insurance Information

The screenshot shows a web form titled "Claim Entry" with a timestamp "May 30, 2025 at 11:30:59 AM" in the top right corner. Below the title, it says "Transactions Remaining: 101". The form is divided into several sections. The first section contains claim details: Claim ID: 123456, Claim Status: Saved Not Submitted, Reporter ID: 60527, Medicare ID: 1AB2C34ED56, Name: JANE DOE, Date Of Birth: 06/23/1943, and Gender: Female. Below this are expandable sections for "Injury Information", "ORM and TPOC Information", and "Insurance Information". The "Insurance Information" section is highlighted with a red box and contains the text "Enter insurance information below." and a note "* Indicates Required Field". It includes a question "Does the reportable event involve self-insurance?" with radio buttons for "Yes" and "No", and a "Self-Insured Type" dropdown menu currently set to "Not Defined". Below this are three input fields: "RRE TIN:" (413245687), "Policy Number:" (7766554), and "Claim Number:" (411255332). At the bottom, there is a section for "RRE Mailing Address Information" with a "Name:" field and a "Foreign Address 1:" field.

Slide notes

The Insurance Information page is the next section in the New Claim entry process. The field labeled “Does the reportable event involve self-insurance?” corresponds to Field 64 in the record layout.

This field is required and will only be used if the Insurance Type found on page 2 is workers’ compensation or liability. Users will select either Yes or No.

If the reportable event involves self-insurance, the user must identify whether the self-insured is an organization or individual by selecting the Self-Insured Type from a drop-down list.

If the Self-Insured Type is Individual, the Policy Holder First and Last Name are required.

If the Self-Insured Type is Other than Individual, the user must provide the DBA (“Doing Business As”) Name or the Legal Name of the self-insured organization or business.

Slide 23 of 39 - Adding A New DDE Claim - Insurance Information

Claim Entry May 30, 2025 at 11:30:59 AM

Transactions Remaining: 101

Claim ID: 123456	Claim Status: Saved Not Submitted	
Reporter ID: 60527	Medicare ID: 1AB2C34ED56	
Name: JANE DOE	Date Of Birth: 06/23/1943	Gender: Female

> Injury Information

> ORM and TPOC Information

▼ Insurance Information

Enter insurance information below.

* Indicates Required Field

Does the reportable event involve self-insurance? ☐ Yes ☐ No Self-Insured Type: Not Defined

RRE TIN:*	Policy Number:*	Claim Number:*
413245687	7766554	411255332

RRE Mailing Address Information

Name:*

Foreign Address 1:

Slide notes

The RRE TIN is the Federal Tax Identification Number of the insurer, applicable plan, workers' compensation law/plan, or self-insured entity (RRE) associated with the claim report.

This TIN may be the same TIN used by the RRE for registration or a TIN of one of its subsidiaries.

The TIN must contain a valid 9-digit IRS-assigned TIN. In the case of a foreign RRE without a valid IRS-assigned TIN, the user must enter the pseudo-TIN created during Section 111 registration.

The Policy Number is the unique identifier for the policy under which the underlying claim was filed. This number is defined by the RRE.

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.

The user will be required to enter three or more alpha-numeric and/or punctuation characters. Note: Policy Number is not required when the insurance type is Self-Insurance.

The Claim Number is the unique claim identifier by which the primary plan identifies the claim. The user is required to enter one or more alpha-numeric characters.

Slide 24 of 39 - Adding A New DDE Claim - Insurance Information

Insurance Information

Enter insurance information below.

* Indicates Required Field

Does the reportable event involve self-insurance? ☐ Yes ☐ No Self-Insured Type: Not Defined

RRE TIN: 413245687 Policy Number: 7766554 Claim Number: 411255332

RRE Mailing Address Information

Name: CLAYTON DDE REPORTER

Address 1: 1234 MAIN STREET

Address 2: TEST 0930224

City: DALLAS State: TEXAS

Zip: 12313-6456

Foreign Address 1:

Foreign Address 2:

Foreign Address 3:

Foreign Address 4:

Slide notes

The RRE Mailing Name and Address fields are pre-populated with the RRE information entered during registration but are open for editing.

RRE Mailing Name is the name to be used to address correspondence relating to the RRE related to the associated claim.

RRE Mailing Address 1 is the first line of the primary mailing address for the RRE. RRE Mailing Address 1 and RRE Mailing City, State, and Zip code are required if FOREIGN COUNTRY is not selected as the RRE state.

If the RRE has registered as a foreign entity and no US address is available users will select "Foreign Country" in the State field and leave all the other address fields on this page blank.

Note: Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.

Slide 25 of 39 - Adding A New DDE Claim - Insurance Information

RRE Mailing Address Information

Name:
CLAYTON DDE REPORTER

Address 1:
1234 MAIN STREET

Address 2:
TEST 0930224

City: DALLAS **State:** TEXAS

Zip: 12313-6456

Foreign Address 1:

Foreign Address 2:

Foreign Address 3:

Foreign Address 4:

Plan Contact Information

Department Name: **First Name:** **Last Name:** **Phone:**

Recovery Agent Mailing Information

If the Insurer is submitting Recovery Agent Information:

Name:

Slide notes

The Foreign Address Fields 1 - 4 should only be used if the RRE has no US address. If the user has selected Foreign Country as the State, these fields are required and used to capture the first through the fourth line of the foreign RRE's mailing address.

The Plan Contact fields are not required and will be used for informal communications only. These fields will not be used for recovery demand notifications.

When used, enter the plan contact department name, contact first and last name, and phone number to which claim-related communication and correspondence should be directed.

Slide 26 of 39 - Adding A New DDE Claim - Insurance Information

Plan Contact Information

Department Name: First Name: Last Name: Phone:

Recovery Agent Mailing Information

If the Insurer is submitting Recovery Agent Information

Name:

Address 1:

Address 2:

City: State:

Zip:

No-Fault Insurance Limit: No-Fault Limit Exhaust Date:

[Continue](#)

Slide notes

The Recovery Agent Mailing Information section is used when the insurer is submitting information for the Recovery Agent. In this case, you may enter the Recovery Agent's name, mailing address, city, state, and zip.

The No-Fault Insurance Limit is the dollar amount of limit on No-Fault insurance. If there is a limit, users should enter the dollar amount into this field. The decimal portion is optional.

The Exhaust Date for Dollar Limit for No-Fault Insurance is the date on which the limit was reached, or benefits exhausted for the No-Fault Insurance Limit.

Once all information has been entered, click Continue to proceed.

Slide 27 of 39 - Adding A New DDE Claim - Representative Information

Representative Information

Representative information is required only if the injured party has a representative.
If you choose to enter Representative information below, those fields marked with a red asterisk (*) are required.
If there is no Representative, set Type to "None".

* Indicates Required Field

Type:*

TIN:

First Name:*

Address 1:*

Address 2:

City:* State:*

Zip:*

AND/OR Firm Name:

Phone:*

Continue

Slide notes

The Representative Information page is the fifth part in the New Claim entry process. The information on this page is required only if the injured party has a representative.

If the injured party does not have a representative, select None from the Type drop-down list and then click Continue to proceed to page 6.

Slide 28 of 39 - Adding A New DDE Claim - Representative Information

▼ Representative Information

Representative information is required only if the injured party has a representative.
If you choose to enter Representative information below, those fields marked with a red asterisk (*) are required.
If there is no Representative, set Type to "None".

* Indicates Required Field

Type*: Other

TIN: 545554555

First Name: First AND/OR Last Name: Last Firm Name:

Address 1*: 45 Testing Way Phone*: (232) 252-2522

Address 2: Suite number, apt. number, Attn. To, etc

City*: Baltimore State*: MARYLAND

Zip*: 21222-5225

Continue

Slide notes

If the injured party does have a representative, the user must enter information for all required fields. Once all information has been entered, click Continue.

Slide 29 of 39 - Adding A New DDE Claim - Claimant and Claimant Representative Listing

Claim Entry

Transactions Remaining: 101

Claim ID: 123456 Claim Status: Saved Not Submitted

Reporter ID: 60527 Medicare ID: 1AB2C34ED56

Name: JANE DOE Date Of Birth: 06/23/1943 Gender: Female

Injury Information

ORM and TPOC Information

Insurance Information

Representative Information

- Do not use when injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary
- Only used if the injured party/Medicare beneficiary is *deceased* and the claimant is not the injured party

Claimant and Claimant Representative Listing

Enter up to four claimants with optional claimant representative.

Enter claimants other than the injured party/Medicare beneficiary such as the beneficiary's estate, or other claimant in the case of wrongful death or survivor action.

This page is not used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary.

Claimant	Claimant Representative	Actions
first Last	Attorneys Name	<button>Edit</button> <button>Remove</button>

Add Claimant Continue

Slide notes

The Claimant and Claimant Representative Listing is the last data entry page in the New Claim entry process, which will be used to add claimants and a claimant representative for a wrongful death or survivor action claim. This page will not be required/used when the injured party/Medicare beneficiary is alive, and an individual is pursuing a claim on behalf of the beneficiary.

This page must be completed if the injured party/Medicare beneficiary is deceased, and the claimant is not the injured party.

To add a claimant, click Add Claimant. To bypass this page and continue the claim submission process, click Continue.

Slide 30 of 39 - Add Claimant

Claim ID: [Field]
Reporter ID: [Field]
Name: [Field]

TIN: [Field] 9 Characters Max

First Name: [Field] MI: [Field] Last Name: [Field] OR Organization Name: [Field]

Address 1: [Field] Street number and street name Phone: [Field]

Address 2: [Field] Suite number, apt. number, Attn. To, etc

City: [Field] State: [Field] Select State

Zip: [Field]

Claimant Representative

Representative information is required only if the injured party has a representative.
If you choose to enter Representative information below, a red (* Indicates a Required Field.) .
If there is no Representative, set Type to "None".

Type: [Field] Not Defined

Done With Claimant Cancel

Slide notes

Once the Add Claimant button has been clicked on the previous page, the entry portion of the Claimant and Claimant Representative Information page will appear.

The top half of this page is where the user will enter information for the Claimant (i.e., the beneficiary's estate, or other claimant in the case of wrongful death or survivor action).

Relationship is the relationship of the claimant to the injured party/Medicare beneficiary.

This field indicates whether the claimant name refers to an individual or an entity/organization (e.g., "The Trust of John Doe" or "The Estate of John Doe"). Users will select this value from the drop-down list.

The TIN is the Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of the Claimant. It cannot match the TIN for any other claimant entered for the claim report.

The First and Last Name fields should be populated with the first and last name of the Claimant.

The Organization Name is the name of the Claimant's Entity/Organization.

Claimant Address and Phone number should be entered in the same manner as was described earlier for Address and Phone information.

Slide 31 of 39 - Add Claimant

The screenshot shows the 'Edit Claimant' form. On the left is a sidebar with a navigation menu including 'Claim ID:', 'Reporter', 'Name:', 'Injury', 'ORM', 'Insurance', 'Representative', 'Claimant', 'Enter claimant information', 'Enter claimant action', 'This page', 'Claimant', 'first', and 'Claimant'. The main content area is titled 'Edit Claimant' and has a 'Show Help Page' button in the top right. Below the title is a section for 'Claimant Representative' with a scrollable area containing instructions: 'Representative information is required only if the injured party has a representative. If you choose to enter Representative information below, a red (*) Indicates a Required Field.) . If there is no Representative, set Type to "None".' The form fields include: 'Type:' (dropdown menu with 'Attorney' selected), 'TIN:' (text box with '658425545'), 'First Name:', 'Last Name:', 'AND/OR', 'Firm Name:' (text box with 'Attorneys Name'), 'Address 1:*' (text box with '98 Testing Lane'), 'Phone:*' (text box with '(251) 414-2552'), 'Address 2:' (text box with 'Suite number, apt. number, Attn. To:, etc'), 'City:*' (text box with 'Baltimore'), 'State:*' (dropdown menu with 'MARYLAND' selected), and 'Zip:*' (text box with '14542-2121'). At the bottom are 'Done With Claimant' and 'Cancel' buttons.

Slide notes

The bottom half of the Claimant and Claimant Representative Information page is where the user will enter information for the claimant's representative.

Claimant representative information is required only if the claimant entered at the top of the page has a representative, such as an attorney or conservator.

Type indicates the type of representative the claimant has. Users will select this value from the drop-down list.

If the claimant does not have a representative, select "None" as the claimant representative type, and leave all other fields related to the claimant representative blank.

Representative First and Last Name fields or the Representative Firm Name should be populated if the claimant has a representative.

Representative Address and Phone information should be entered in the same manner as was described earlier for address and phone information.

When all required fields have been entered, the user should click Done with Claimant to add the claimant and claimant representative information to the claim report or Cancel to cancel the addition of this information.

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 32 of 39 - Adding A New DDE Claim - Claimant and Claimant Representative Listing

Injury Information ▼

ORM and TPOC Information ▼

Insurance Information ▼

Representative Information ▼

Claimant and Claimant Representative Listing ▲

Enter up to four claimants with optional claimant representative.

Enter claimants other than the injured party/Medicare beneficiary such as the beneficiary's estate, or other claimant in the case of wrongful death or survivor action.

This page is not used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary.

Claimant	Claimant Representative	Actions
first Last	Attorneys Name	<div>Edit Remove</div>
		<div>Edit Remove</div>

Add Claimant

Continue

Claim Summary ▼

Cancel

Save

Save & Exit

Slide notes

After adding a claimant to a claim, the Claimant and Claimant Representative page reappears, with the claimant's name and the claimant representative's name displayed.

Click Edit to make changes to claimant information that has already been added.

Click Remove to delete a claimant from the claim. If necessary, click Add Claimant to add more claimants to a claim. Up to four claimants can be entered on a claim.

After all claimant information has been entered and verified, click Save & Exit to go to the Claim Listing page, or click Save to save all information entered then click Continue.

Slide 33 of 39 - Adding A New DDE Claim - Claim Summary

Claim Summary

Please review your claim information. If you need to change any information, select the through the remaining sections back to the "Claim Summary" to submit. You may want to print this page for your records.

TOP OF CLAIM SUMMARY PAGE

Injured Party

Claim ID: 123456	Claim Status: Saved Not Submitted
Reporter ID: 60527	Medicare ID: 1AB2C34ED56
Name: JANE DOE	Date of Birth: 06/23/1943
	Gender: Female

Injury Information

Insurance Type: No-Fault	CMS Date of Injury: 05/20/2023	Alleged Cause of Injury Diagnosis:
Industry Date of Injury:	State of Venue: MARYLAND	

- Provides a summary of all entered data
- Carefully review this page for accuracy
- Submitting inaccurate information may put the RRE at risk of non-compliance with Section 111 reporting requirements

Slide notes

When Continue is clicked from the Claimant and Claimant Representative Listing page, the Claim Summary page will appear. This page provides a summarized view of all data that was entered.

Users must carefully review this page for accuracy. Remember, claim reports that are submitted with inaccurate information may put the RRE at risk of non-compliance with Section 111 reporting requirements.

Users must ensure that data has been entered completely and accurately, e.g., the TPOC Amount(s) is/are accurate, the Policy and Claim Number have been entered, if applicable etc.

Slide 34 of 39 - Adding A New DDE Claim - Claim Summary

Representative Information

Type:	Other	Representative	45 Testing Way
TIN:	545554555	Address:	Baltimore, MD 21222 - 5225
Representative Name:	First Last	Representative Phone:	(232) 252-2522
Firm Name:			

Claimant and Claimant Representative Information

Claimant 1		Claimant Representative 1	
Relationship:	Family Member, Individual Name Provided	Type:	Attorney
Name:	first Last	Name:	98 Testing Lane
TIN:	0	TIN:	658425545
Org. Name:		Firm Name:	Attorneys Name
Address:	47 Test Baltimore, MARYLAND 14124 - 2222	Address:	Baltimore, MARYLAND 14542 - 2121
Phone:	(255) 553-5523 ext. 2322	Phone:	(251) 414-2552

Submit Claim

Cancel Save Save & Exit

Slide notes

Once the user has confirmed that all entered data is accurate and complete, the user should scroll to the bottom of the Claim Summary page where they will see the options for the claim report.

The user may select Submit Claim, Cancel, Save, or Save Updates.

[Submit Claim] will submit the claim report to the Benefits Coordination & Recovery Center (BCRC) for processing.

[Cancel] will discard any data that was entered after the last use of [Save].

[Save] will save but not submit all the additions and changes made to the claim report.

[Save & Exit] will save but not submit the additions and changes made and also return you back to the Claim Listing page.

Note: Users will have 30 calendar days from the original date the claim report was saved to submit it, otherwise it will be deleted.

After 15 calendar days, an email notification will be sent to the RRE, reminding them about claims that have been saved but not submitted.

Slide 35 of 39 - Adding A New DDE Claim - Claim Submission was Successful

The screenshot displays the 'Claim Entry' interface. At the top, there is a navigation bar with links: 'About', 'CMS Links', 'How To', 'Reference Materials', and 'Contact Us', along with a 'Show Help Page' button. Below this is a breadcrumb trail: 'Information Detail' > 'Claim'. The main heading is 'Claim Entry', and the date/time is 'August 6, 2024 at 2:37:32 PM'. A status indicator shows 'Transactions Remaining: 101'. The claim details are as follows:

Field	Value
Claim ID:	123456
Reporter ID:	60527
Name:	JANE DOE
Claim Status:	Saved Not Submitted
Medicare ID:	1AB2C34ED56
Date Of Birth:	06/23/1943
Gender:	Female

A modal message box in the center states: 'Claim submission was successful.' Below this message, it says: 'The document control number (DCN) for this transaction is: 07498'. There are two buttons: 'Go To Claim Listing' and 'Go to RRE Information Detail'. The background shows a list of sections: 'Injury Information', 'ORM and TPOC Information', 'Insurance Information', 'Representative Information', 'Claimant and Claimant Representative Listing', and 'Claim Summary'. The 'Claim Summary' section is expanded, showing a note: 'Please review your claim information. If you need to change any information, select the section name above for the information you wish to change and then proceed through the remaining sections back to the "Claim Summary" to submit. You may want to print this page for your records.'

Slide notes

Once a user has submitted a claim, the Claim Submission message appears and displays the assigned DCN for the claim.

Retain the DCN for your records. It will be helpful to search for the claim at a later time. Click the Go To Claim Listing button to go to the Claim Listing page or the Go to RRE Information Detail button to go to the RRE Information Detail page.

Please note: The system will retain the same DCN when you update/edit a claim report that is in New status or Saved (Not Submitted) status.

The system will assign a new DCN when you save or submit a new claim report and when you update/edit a claim that is in Completed status.

When a new DCN is assigned by the system, the previous DCN will no longer be valid for the claim report.

Slide 36 of 39 - Claim Listing Page

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[Home](#) > [Information Detail](#) > [Claim Listing](#)

August 6, 2024 at 1:01:35 PM

Claim Listing

This page lists all of the claims you have entered. To search for a specific claim, enter search values into any or all of the search fields, and click on the **Search** button.

The list may be sorted by selecting the title of the column you wish to sort. Selecting the same column again will reverse the sort order for the column. [Clear](#)

The list may be filtered by entering values in the columns you wish to filter. To remove a filter, simply remove the value from the filter row, or select the **Clear** button. Selecting the **Clear** button will remove all filters.

[+ New Claim](#)
RRE ID: 145688 RRE Name: Dynamics Inc Transactions Remaining: 101

Latest DCN ↑↓	Trn Cnt ↑↓	Policy Number ↑↓	Claim Number ↑↓	Medicare ID ↑↓	Beneficiary Name ↑↓	CMS Date of Injury ↑↓	Initial Entry Date ↑↓	Last Action ↑↓	Status ↑↓	Disposition ↑↓	Actions
<input type="text" value="Latest DCN"/>	<input type="text" value="Trn Cnt"/>	<input type="text" value="Policy Number"/>	<input type="text" value="Claim Number"/>	<input type="text" value="Medicare ID"/>	<input type="text" value="Beneficiary Name"/>	<input type="text" value="CMS Date of Injury"/>	<input type="text" value="Initial Entry Date"/>	<input type="text" value="Last Action"/>	<input type="text" value="Status Filter"/>	<input type="text" value="Disposition Filter"/>	
10580	1	pn1111	15678000	D1690519212	WANDA CARR	01/01/2011	01/26/2021	Update	Saved Not Submitted		History Delete
10575	9	12345678	15678054	519212	MARY WISE	01/01/2010	12/28/2020	Update	Completed		History Delete
10576	9	914567	15678012	919212	BEN RODGERS	01/01/2010	12/28/2020	Update	Deleted		History
10581	1	5678ABC	15678001	018340998A	FRANK JOBS	01/01/2011	12/28/2020	Update	New		History Delete
10577	9	123456C	15678003	719212	LEWIS CANNON	01/01/2010	12/28/2020	Update	In Process		History Delete

5 rows total.

Slide notes

Claim reports that are Submitted as well as claim reports that are Saved (Not Submitted) will appear on the Claim Listing page for the RRE.

For more information on the basic functionality of the Claim Listing page, please see the [DDE Screens Overview CBT](#).

Slide 37 of 39 - Course Summary



Course Summary

- Enter a DDE New Claim
 - Injured Party Information
 - Injury Information
 - ORM and TPOC Information
 - Insurance Information
 - Representative Information
 - Claimant and Claimant Representative Listing

**Slide notes**

This module explained how to enter a DDE New Claim report by completing the information on the New Claim screens:

- Injured Party Information,
- Injury Information,
- Ongoing Responsibilities for Medicals (ORM) and Total Payment Obligation to Claimant (TPOC) Information,
- Insurance Information,
- Representative Information, and
- Claimant and Claimant Representative Listing.



Slide 38 of 39 - Conclusion

You have completed the DDE Adding a Claim Report course. Detailed information on the DDE option can be found in the Section 111 COBSW User Guide available for download after login at:
<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

You have completed the DDE Adding a Claim Report course. Detailed information on the DDE option can be found in the Section 111 COBSW User Guide available for download after login at the following link: [CMS NGHP Website](#).

Slide 39 of 39 - 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 [NGHP Training Survey](#).