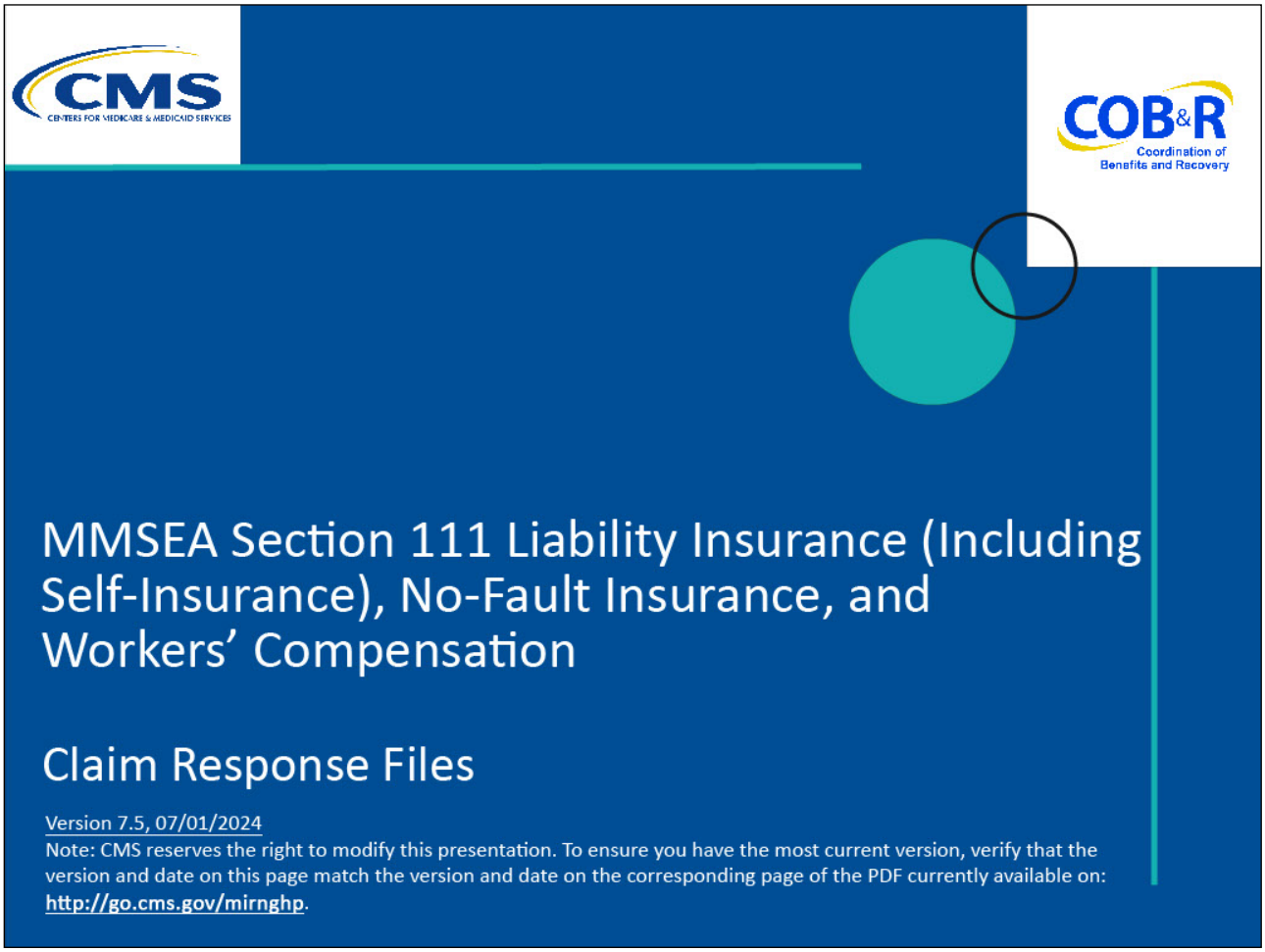
Claim Response Files

Slide 1 of 43 - Claim Response Files



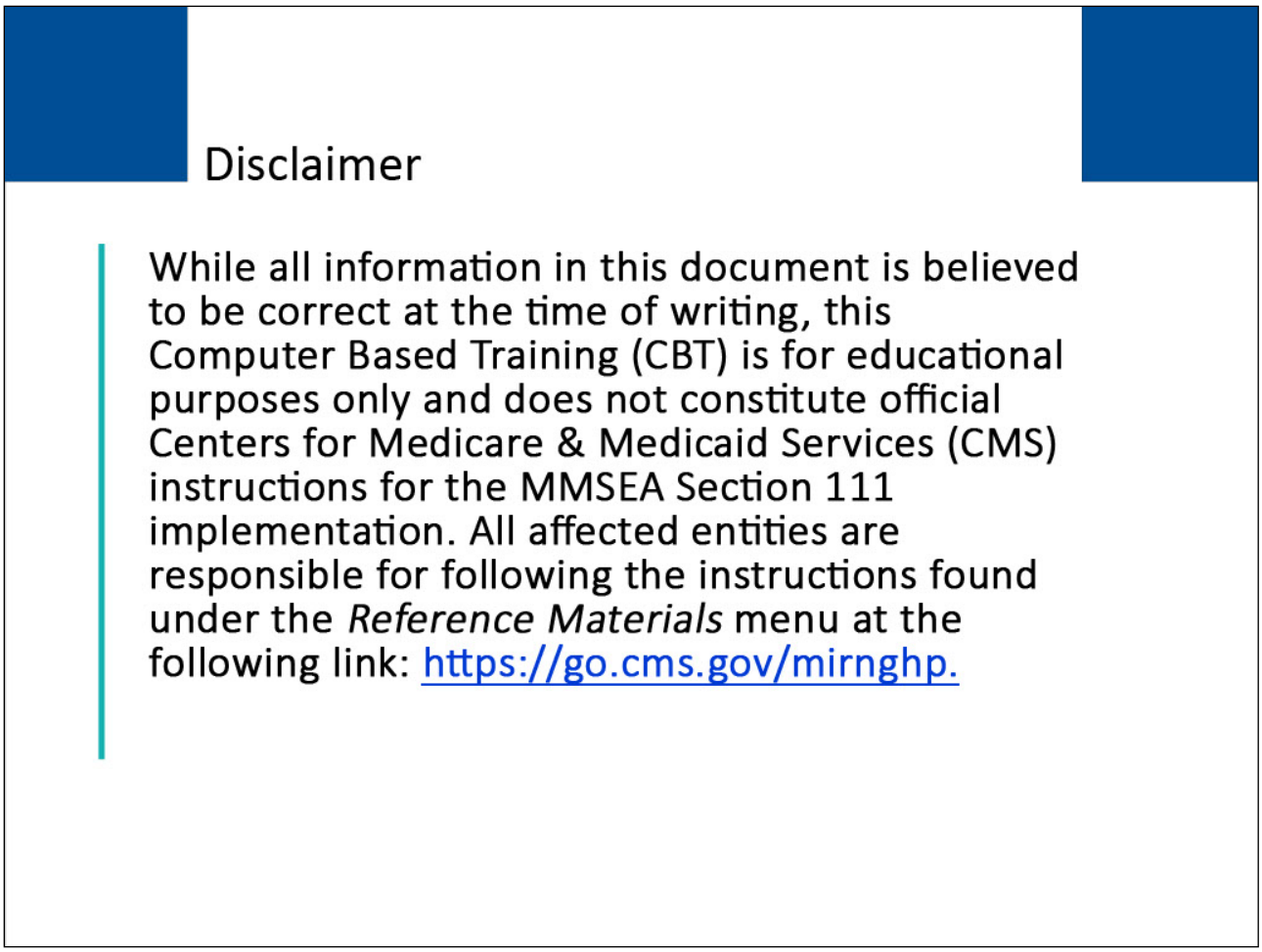
Slide notes

Welcome to the Claim Response Files 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).

For DDE submitters, response information is returned by the Benefits Coordination & Recovery Center (BCRC) on a claim-by-claim basis and displayed on the Section 111 COB Secure Website (COBSW) instead of on records in an electronic file.

Slide 2 of 43 - Disclaimer

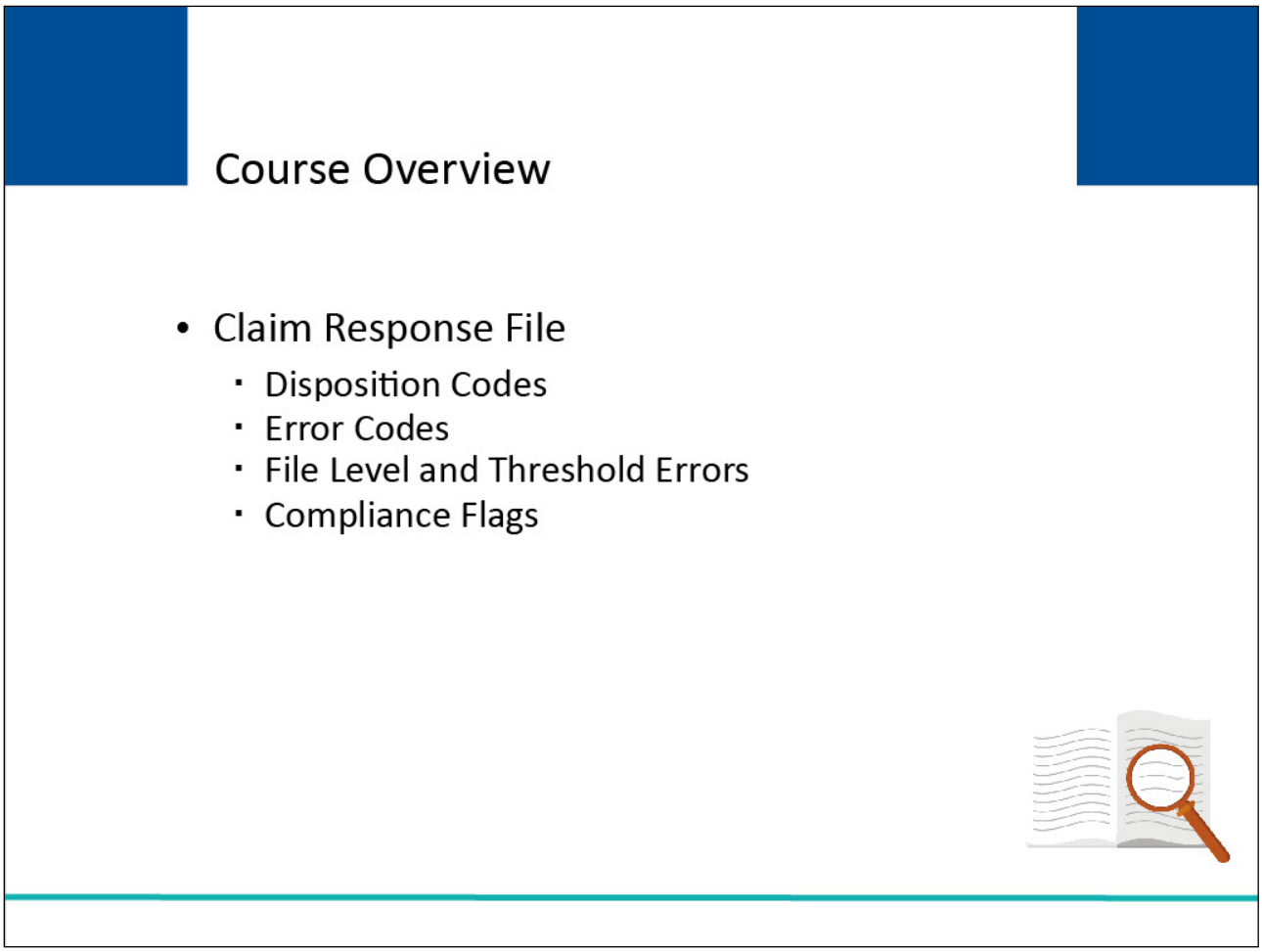


Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following link: http://go.cms.gov/mirnghp.

Slide 3 of 43 - Course Overview



Slide notes

This module explains the Claim Response File, Disposition Codes, Error Codes, File Level and Threshold Errors, and Compliance Flags.

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 43 - 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

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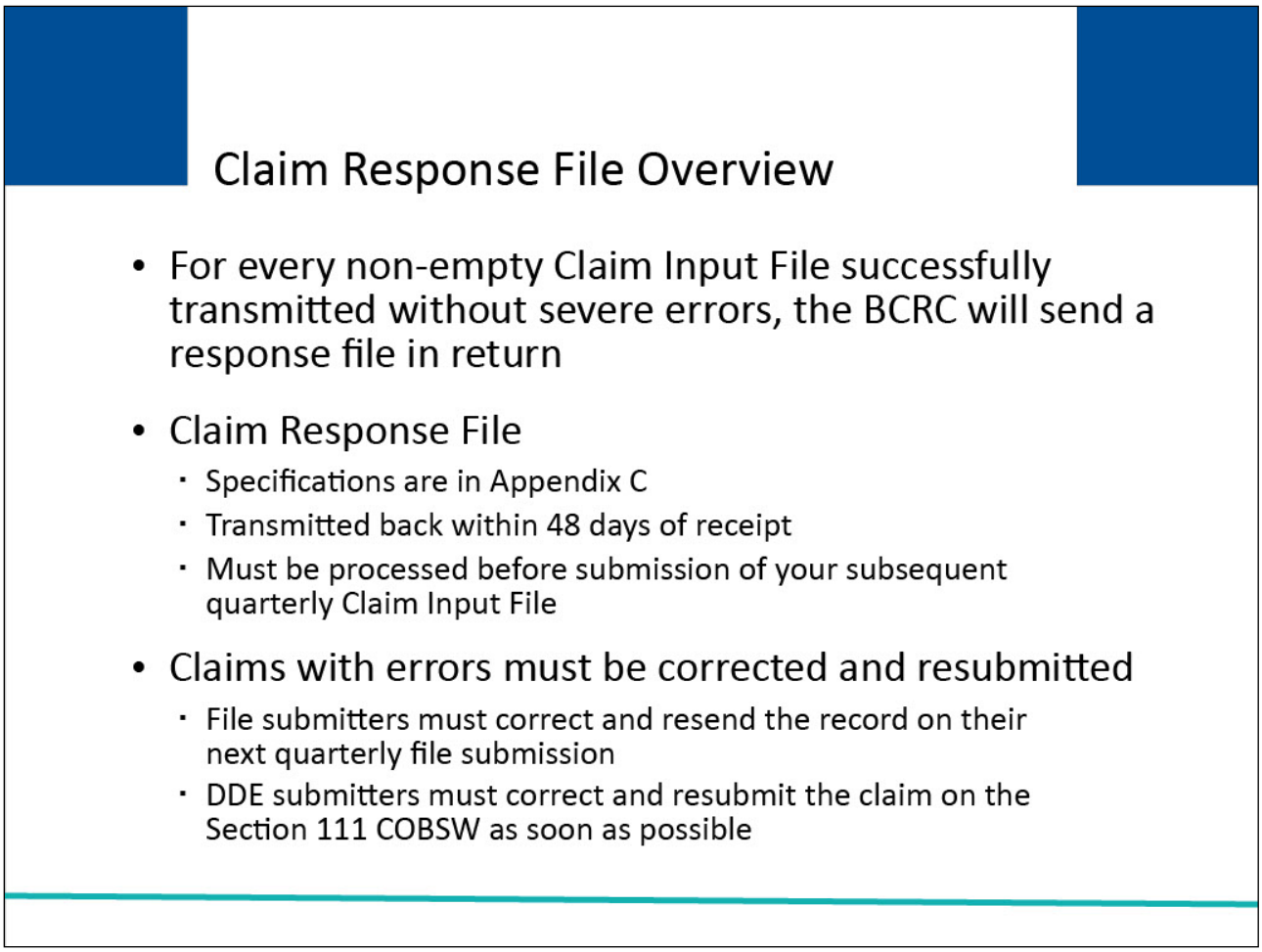
This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

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 43 - Claim Response File Overview



Slide notes

The Claim Response File is the dataset transmitted from the BCRC to the RRE after the information supplied in the RRE's Claim Input File has been processed or by no later than 45 days after the Claim Input File Receipt date. This file is transmitted in a flat file format.

For every non-empty Claim Input File successfully transmitted without severe errors, the BCRC will send a response file in return. The Claim Response File specifications are in the NGHP User Guide Appendices Chapter (Appendix C).

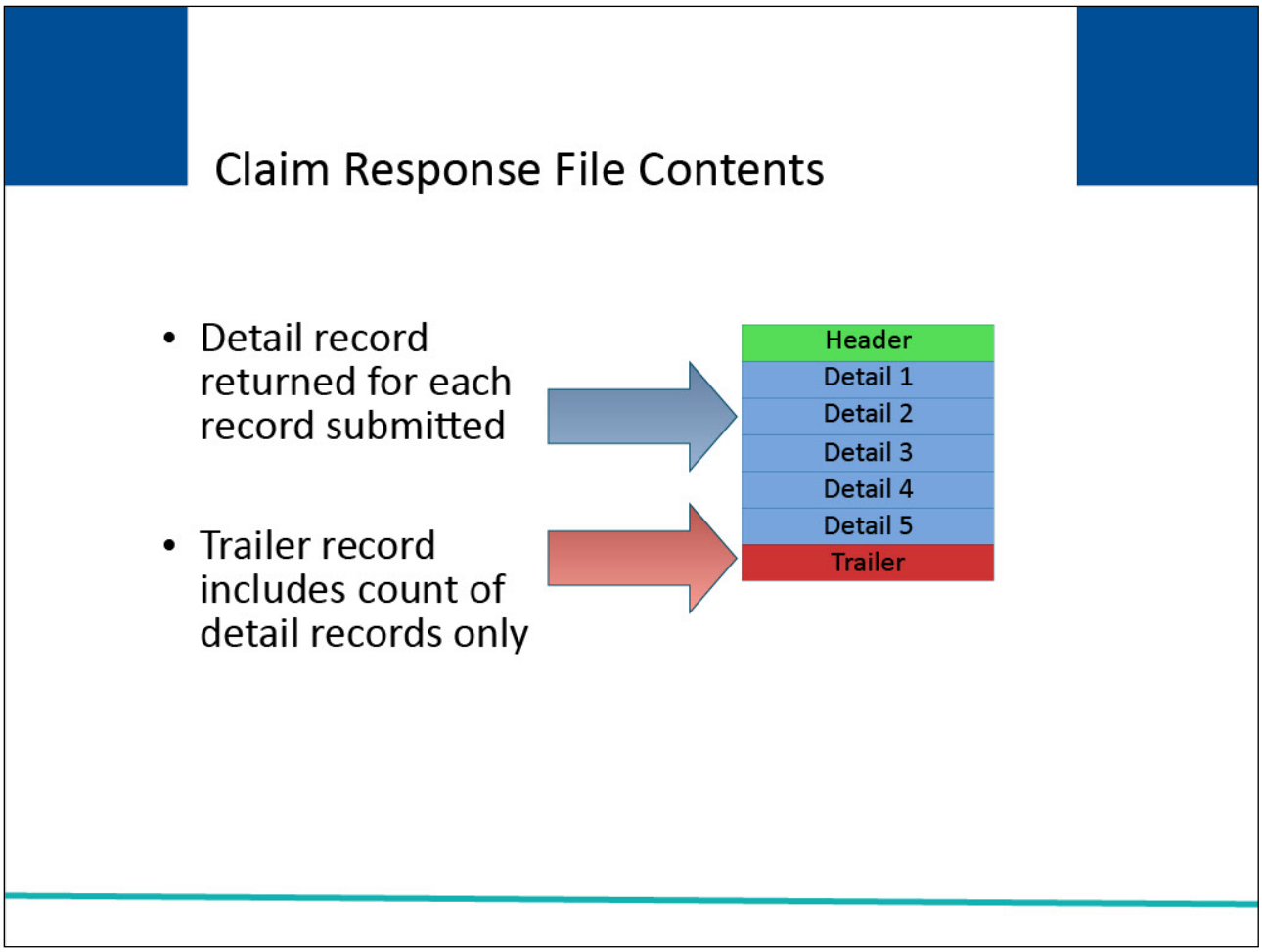
The response file will be transmitted back to you within 48 days of receipt, in the same manner you used to send your input file (i.e., Hypertext Transfer Protocol over Secure Socket Layer (HTTPS), Secure File Transfer Protocol (SFTP), or Connect:Direct via CMS EFT).

Your response file for a given quarterly report must be processed before submission of your subsequent quarterly Claim Input File.

When a claim is not accepted due to errors, it must be corrected and resubmitted. File submitters must correct and resend the record on their next quarterly file submission.

DDE submitters must correct and resubmit the claim on the Section 111 COBSW as soon as possible.

Slide 6 of 43 - Claim Response File Contents

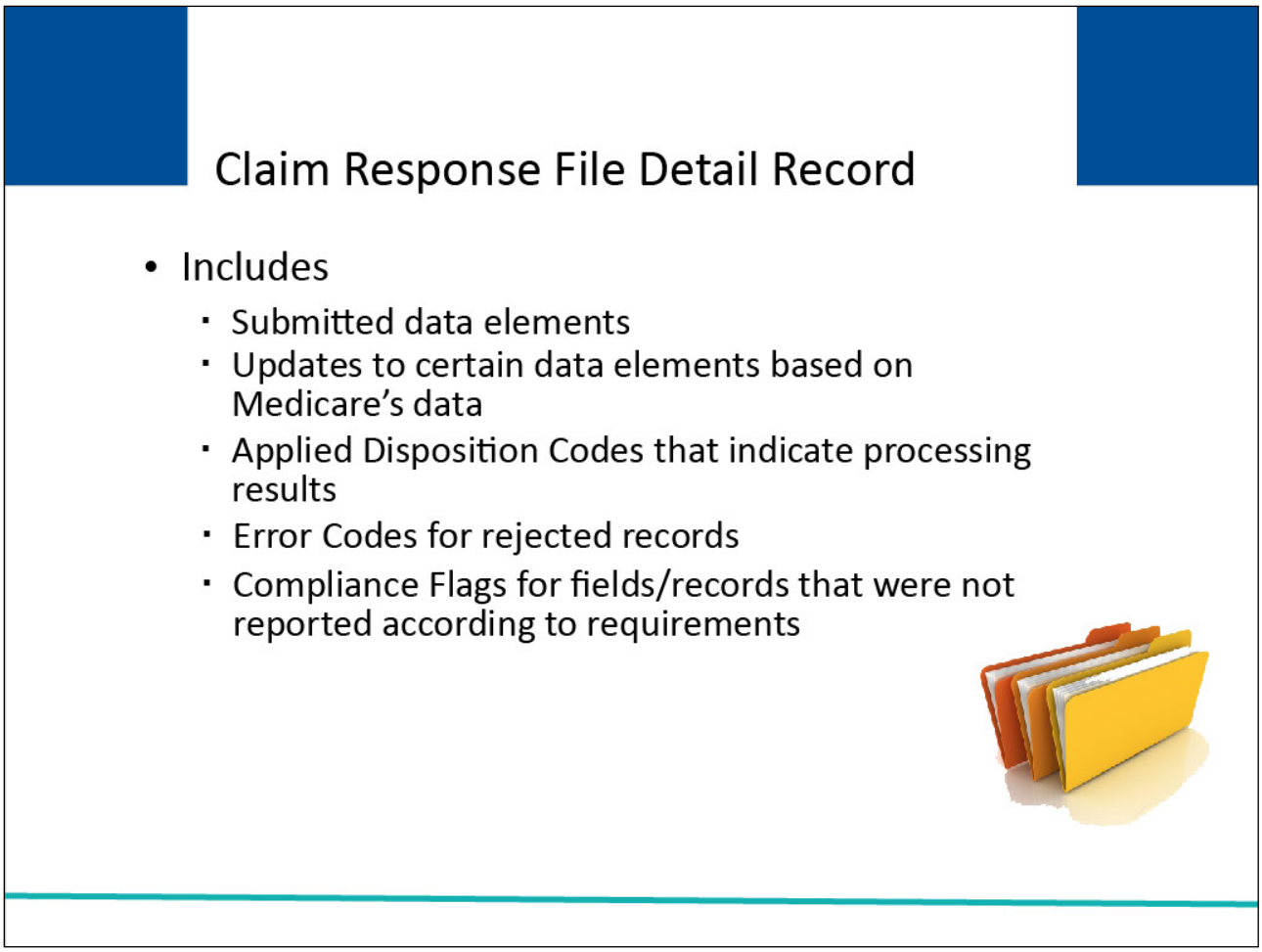


Slide notes

The Claim Response File contains a header record, followed by detail records for each submitted record on the Claim Input File, followed by a trailer record that contains a count of the total number of detail records included in the submission.

This count does not include the header and trailer records.

Slide 7 of 43 - Claim Response File Detail Record



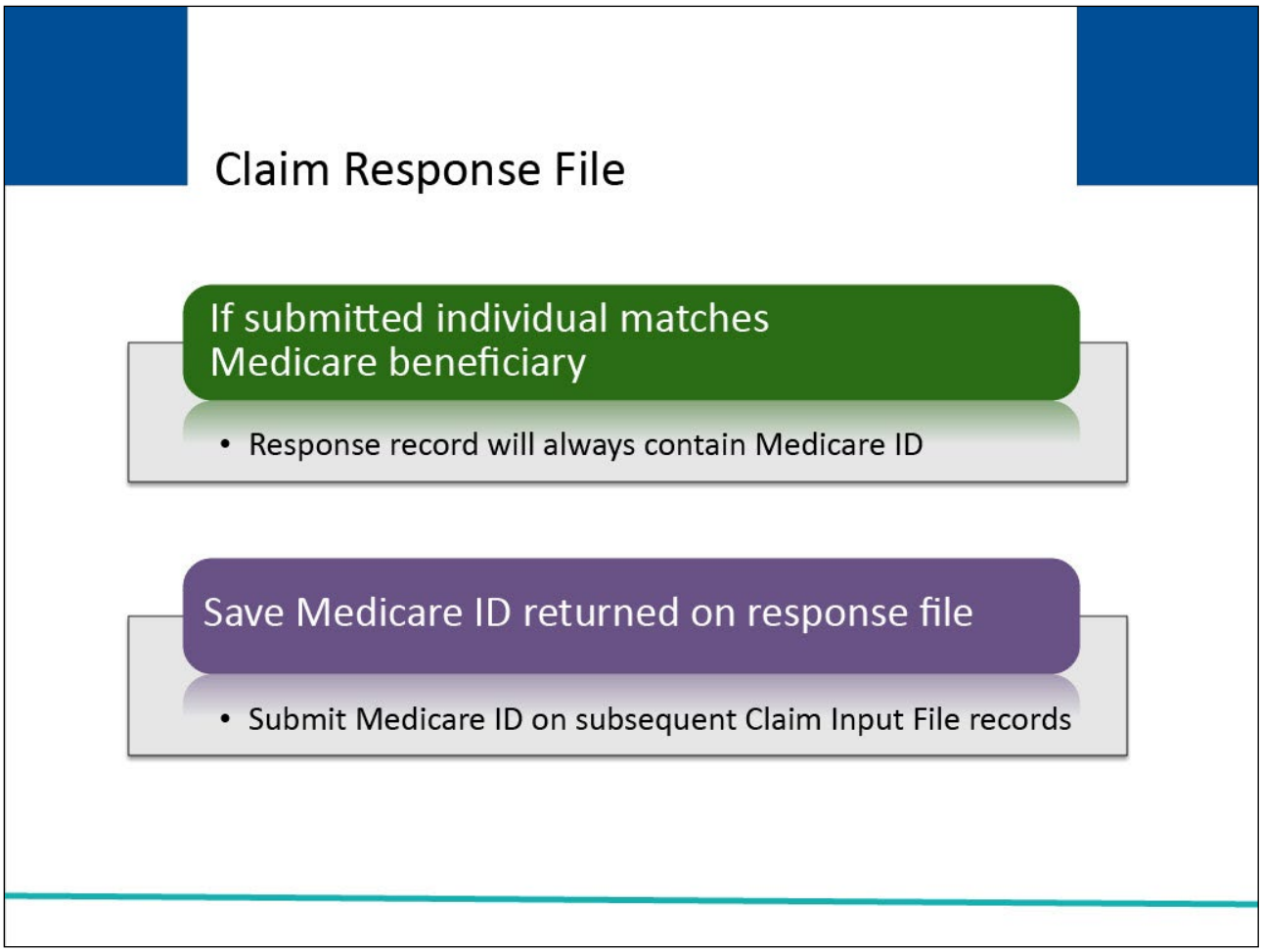
Slide notes

The Claim Response File Detail Record includes the same data elements that were submitted on the corresponding input file record by the RRE, updates to certain data elements applied by the BCRC based on Medicare's data, and an Applied Disposition Code (Field 27) that indicates the results of processing.

If the response record was rejected with errors, the response record will also include Applied Error Codes (Fields 28-37) indicating the reason why the record was rejected.

Accepted records may contain Compliance Flags (Fields 38 - 47) that specify which fields were not reported according to Section 111 requirements or identify that the record was not submitted timely.

Slide 8 of 43 - Claim Response File



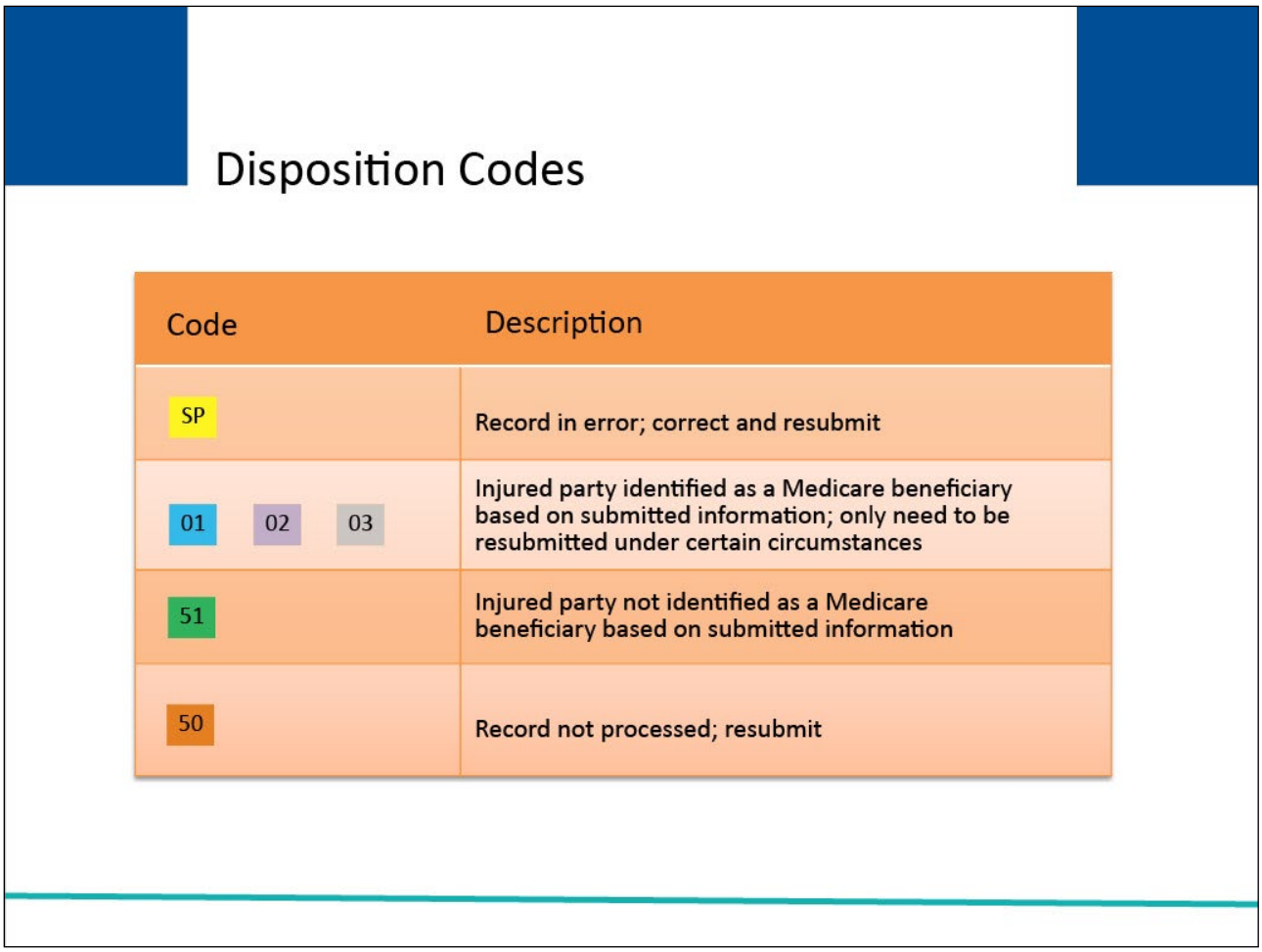
Slide notes

During processing of the Claim Input File, if the BCRC can match the submitted injured party information to a Medicare beneficiary, the response record will always contain the Medicare ID for that individual.

You must save the Medicare ID returned for Medicare beneficiaries and submit it on any subsequent Claim Input File records for that injured party/beneficiary.

This is CMS' official identifier for the beneficiary and is the preferred data element for matching records to Medicare beneficiaries.

Slide 9 of 43 - Disposition Codes



Slide notes

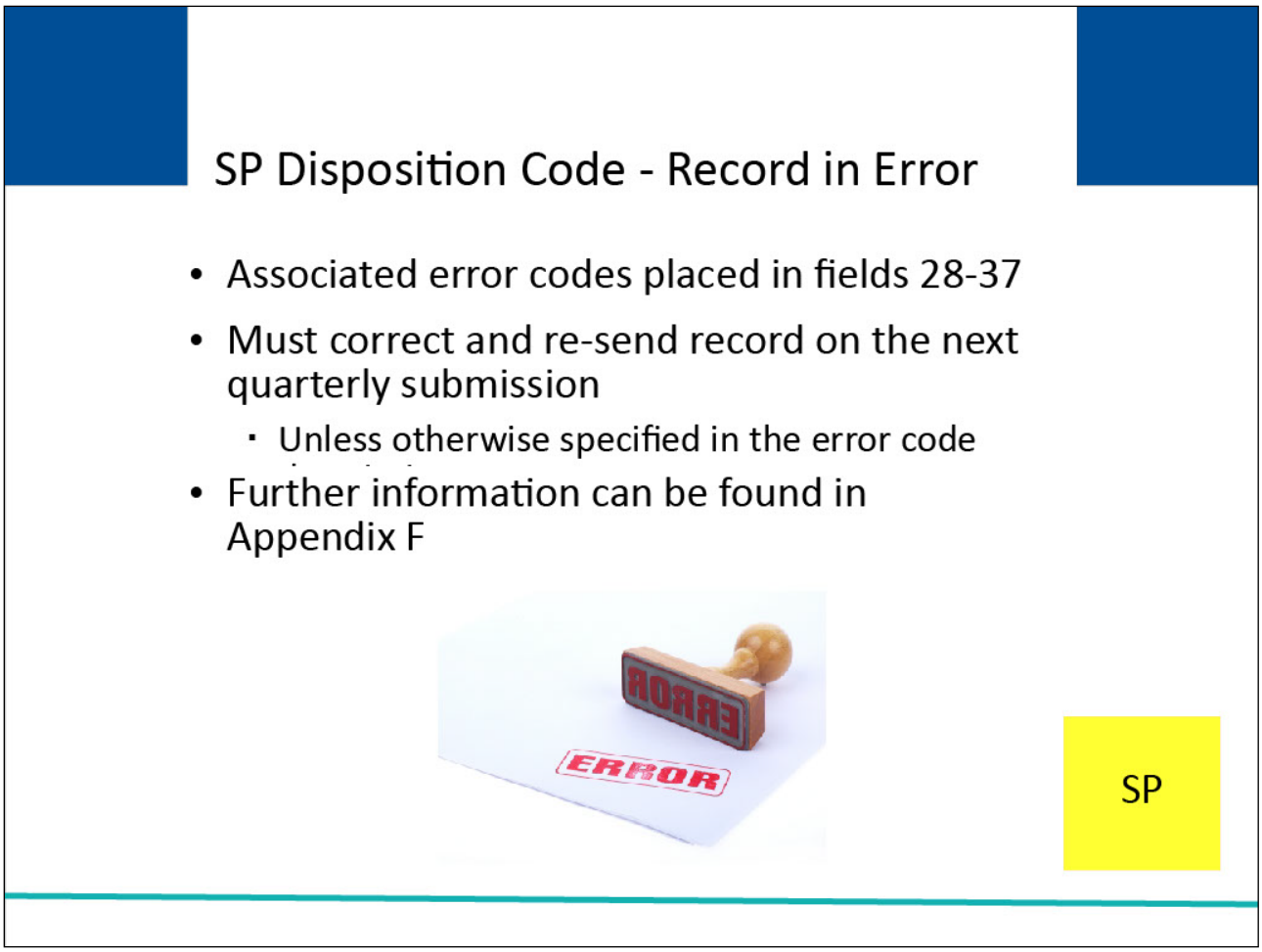
Every Claim Input File Detail Record will receive a disposition code on the corresponding Claim Response File Detail Record. Records rejected due to errors receive an SP disposition code and must be corrected and resubmitted.

Error-free records returned with a 01, 02, or 03 disposition code because the injured party was identified as a Medicare beneficiary based upon the information submitted only need to be resubmitted under certain circumstances.

Records with an injured party who was not identified as a Medicare beneficiary based upon the information submitted receive a 51 disposition code.

In rare cases, records that have not finished processing by the time the response file is generated will be returned with a disposition code of 50 and these must be resubmitted on the next quarterly file submission.

Slide 10 of 43 - SP Disposition Code - Record in Error



Slide notes

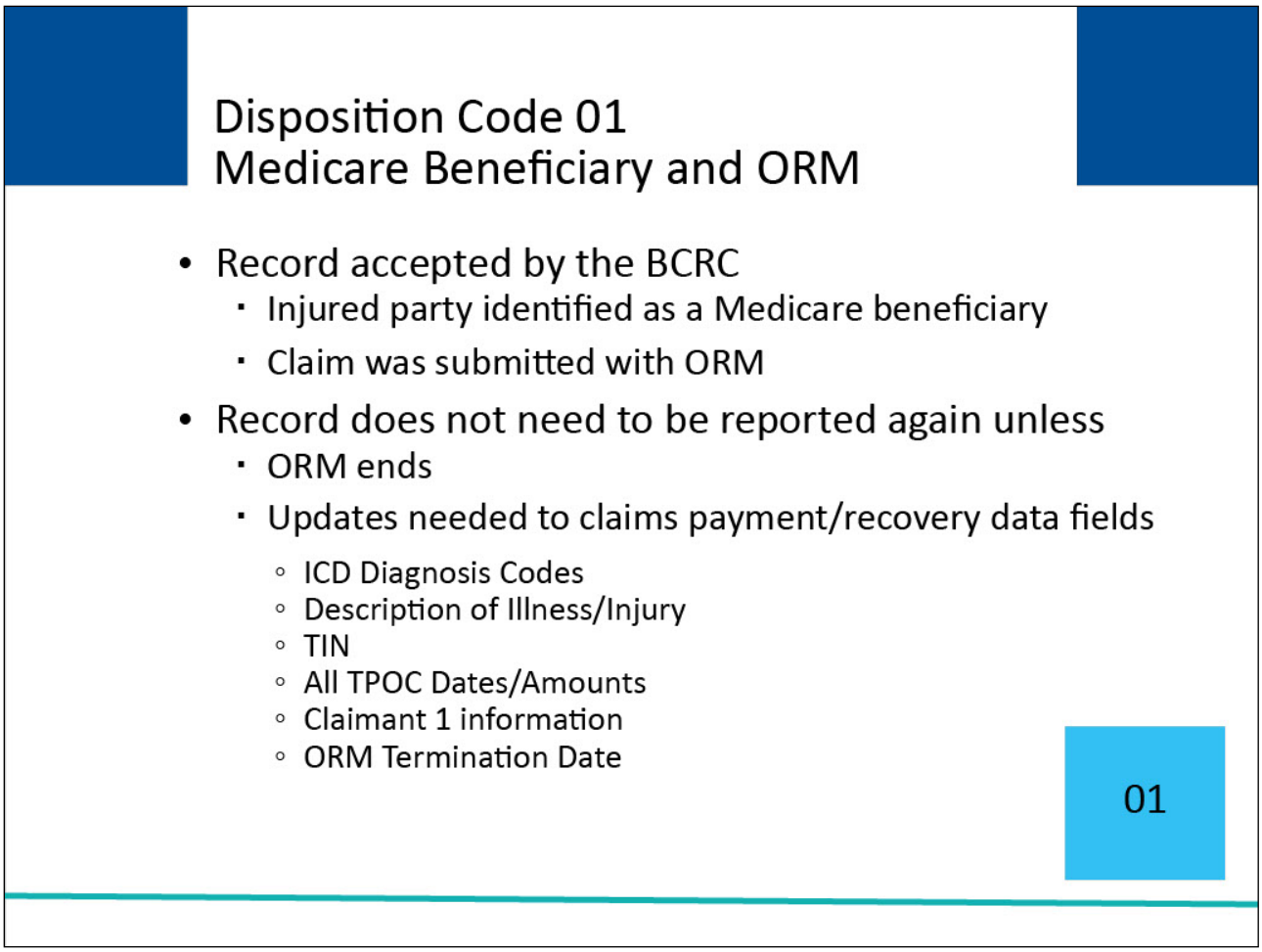
Records returned with an SP disposition code failed the BCRC edits. The associated error codes will be placed in Fields 28-37 (Applied Error Code fields) on the Claim Response File.

Detail Records that received errors must be corrected and re-sent on your next quarterly submission unless otherwise specified in the error code description.

Note: Several Section 111 input record errors that would cause a record to reject will no longer cause the input records to be rejected. RREs, however, will continue to receive the errors on their response files, and they should correct and resubmit these files on their next quarterly file submission also.

Edits performed and associated error codes are documented in the NGHP User Guide Appendices Chapter (Appendix F).

Slide 11 of 43 - Disposition Code 01 - Medicare Beneficiary and ORM



Slide notes

Records returned with a 01 disposition code were accepted by the BCRC. The injured party was identified as a Medicare beneficiary and the claim was submitted with the ORM Indicator set to Y, indicating the RRE has, or had, ongoing responsibility for medicals (ORM).

The Claim Detail Record does not need to be reported again until the ORM ends or if the RRE makes updates to the following data fields used by Medicare in its claims payment/recovery process:

International Classification of Diseases (ICD) Diagnosis Codes;

Description of Illness/Injury;

Tax ID Number (TIN);

all TPOC Dates/Amounts;

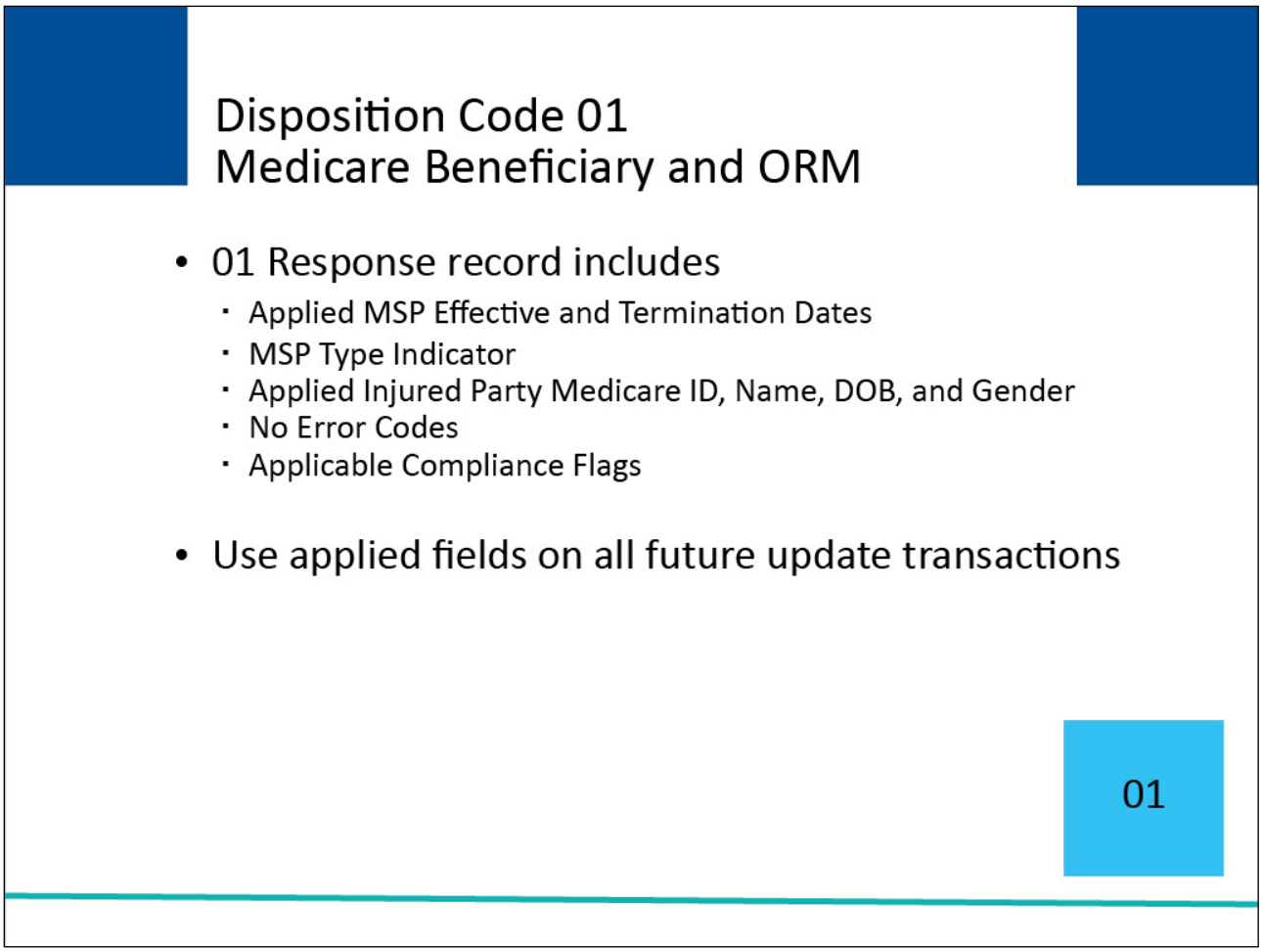
Claimant 1 Information; and

ORM Termination Date.

Please refer to the Claim Input File Events course for more information on when to send subsequent updates and delete records.

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 12 of 43 - Disposition Code 01 - Medicare Beneficiary and ORM



Slide notes

Response records with a 01 disposition code will include the following data elements:

Applied Medicare Secondary Payer (MSP) Effective and Termination Dates;

MSP Type Indicator;

Applied Injured Party Medicare ID, Name, Date of Birth (DOB), Gender;

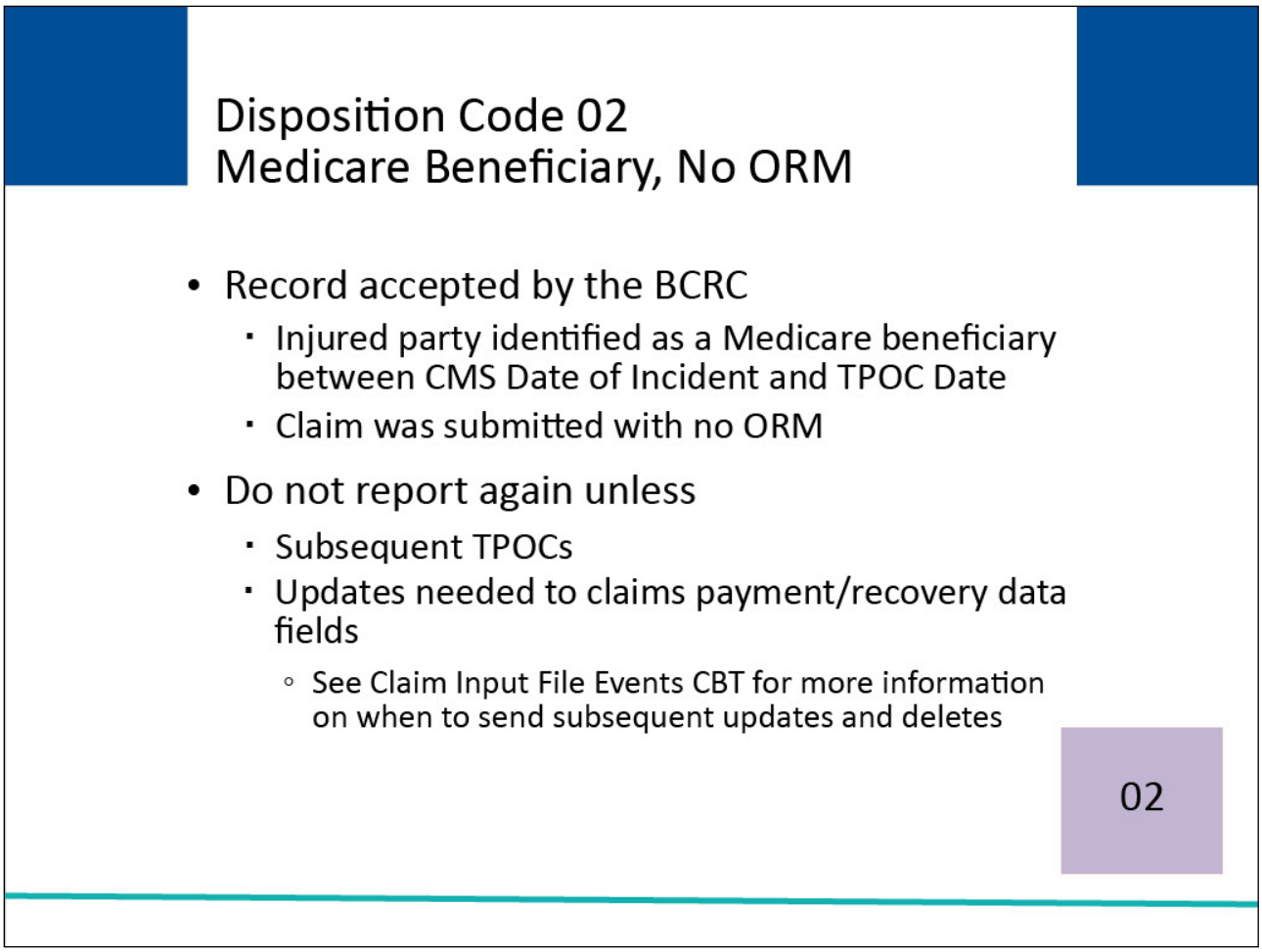
no Error Codes; and

applicable Compliance Flags.

You should use these applied fields on all future update transactions to assist in the matching process.

Also, clarification has been added to the No-Fault Insurance Limit field (61), and to the CP11 error code, to indicate that you cannot add zeros as valid values if the Plan Insurance Type is “D” (No-Fault Insurance) for MSP submissions.

Slide 13 of 43 - Disposition Code 02 - Medicare Beneficiary, No ORM



Slide notes

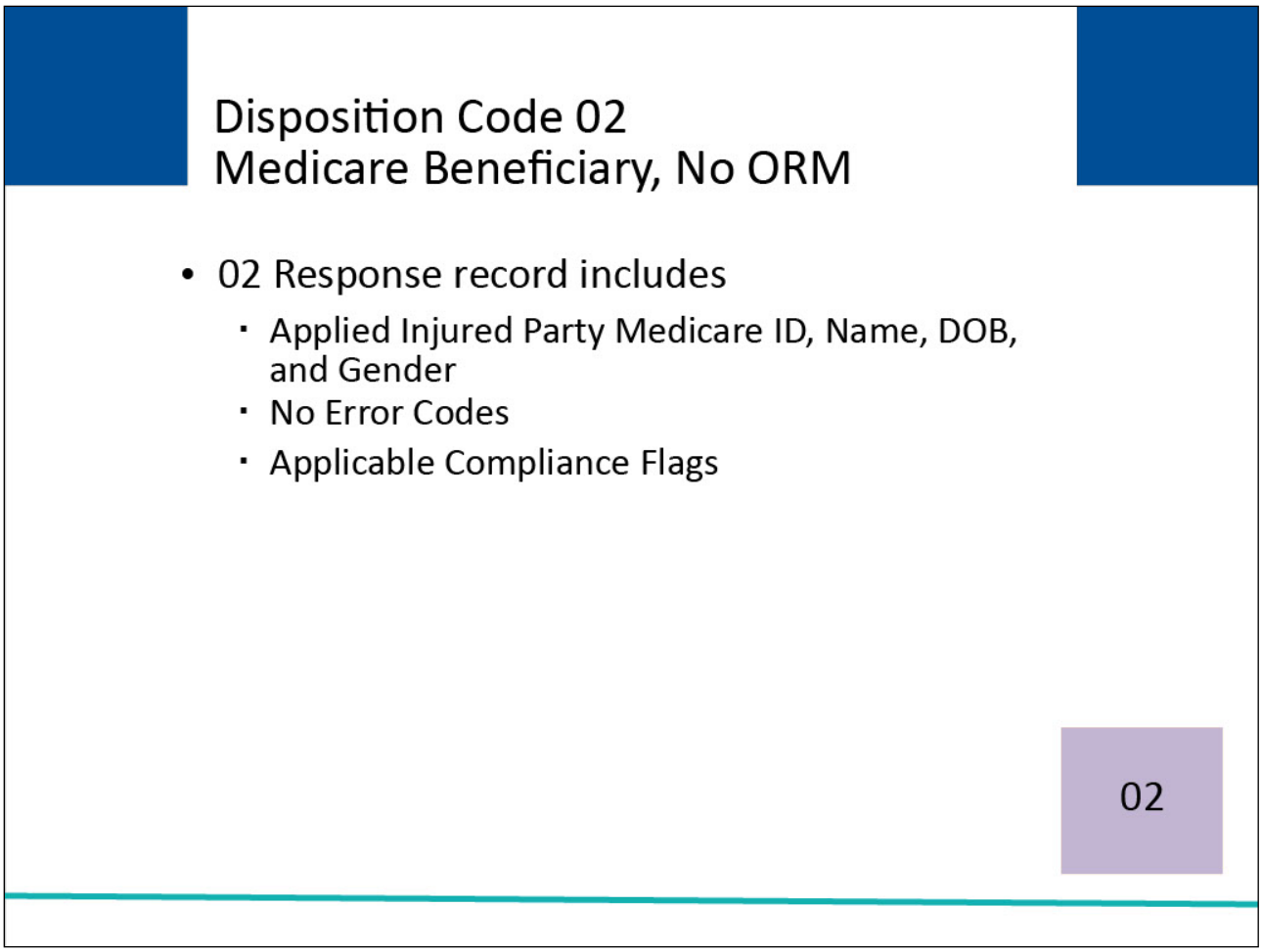
Records returned with a 02 disposition code were accepted by the BCRC. The injured party was identified as a Medicare beneficiary during the time between the CMS Date of Incident and the most recent TPOC Date reported.

The RRE indicated no ORM by submitting the Claim Detail Record with an N in the ORM Indicator field.

The Claim Detail Record does not need to be reported again unless additional TPOCs are paid, or updates are needed to the data fields used by Medicare in its claims payment/recovery process.

Please refer to the Claim Input File Events course for more information on when to send subsequent updates and delete records.

Slide 14 of 43 - Disposition Code 02 - Medicare Beneficiary, No ORM



Slide notes

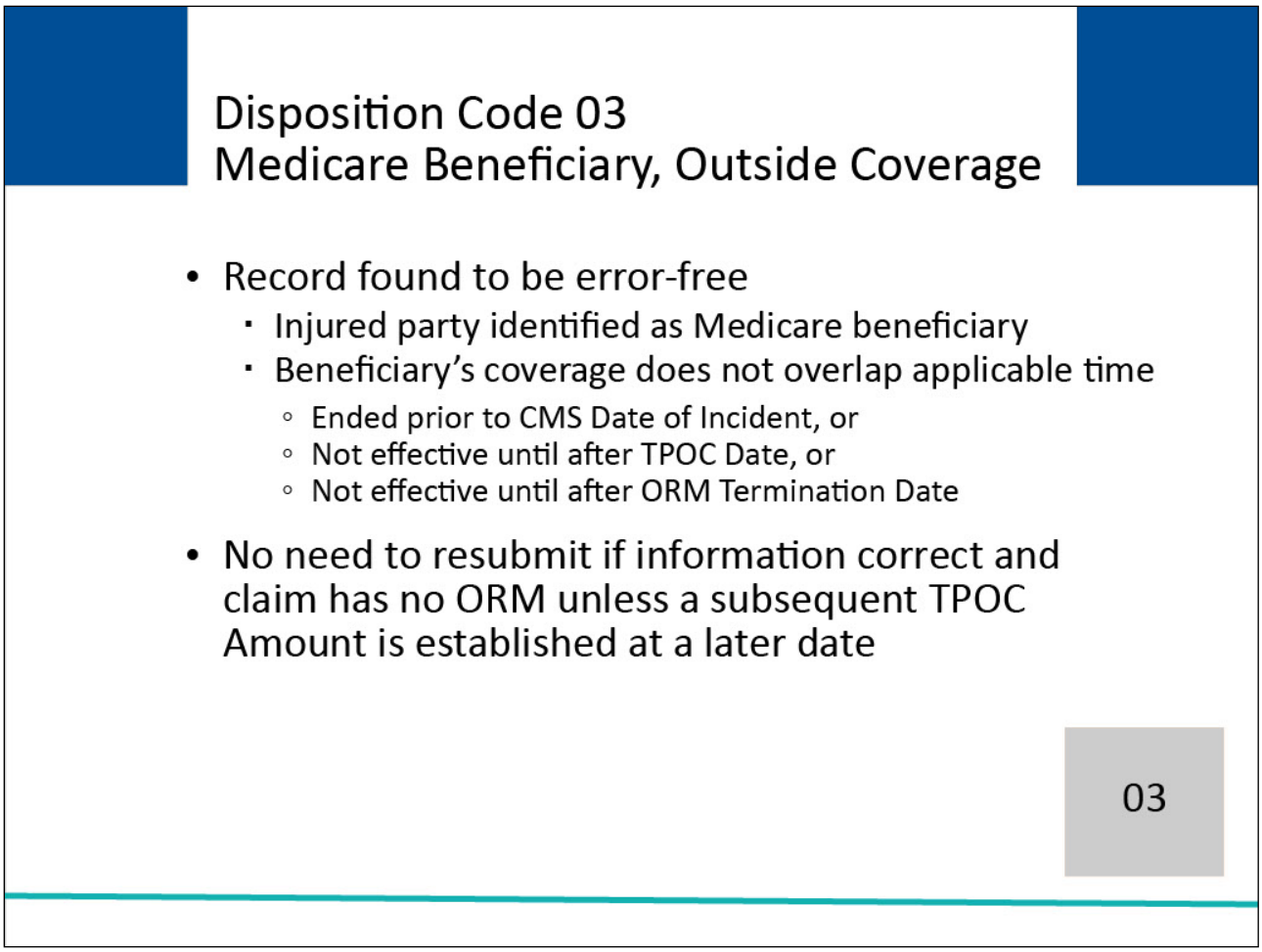
The response record will be returned with:

Applied Injured Party Medicare ID, Name, DOB, and Gender;

no Error Codes, and

applicable Compliance Flags.

Slide 15 of 43 - Disposition Code 03 - Medicare Beneficiary, Outside Coverage



Slide notes

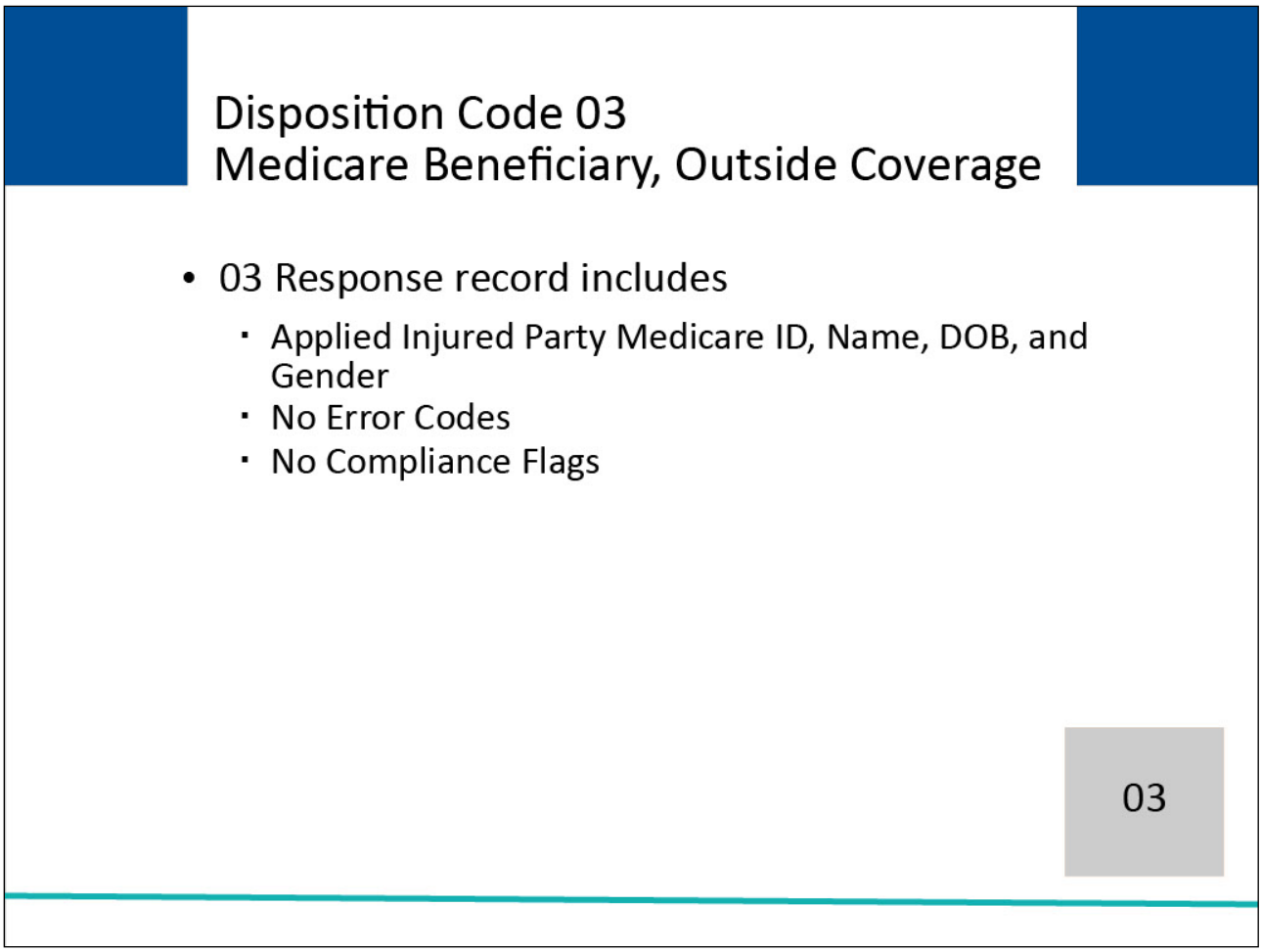
Records returned with a 03 disposition code were found to be error-free and the injured party submitted was matched to a Medicare beneficiary, but the beneficiary's Medicare coverage dates are outside the time period between the CMS Date of Incident and TPOC Date or the date ORM ended, as applicable.

For example, the individual may have been covered by Medicare, but that coverage ended prior to the CMS Date of Incident, or the individual's Medicare coverage was not effective until after the TPOC Date, or the individual's Medicare coverage was not effective until after the ORM Termination Date. In other words, the beneficiary's Medicare coverage does not currently overlap the applicable period of time reflected on the submitted claim.

As long as the injured party information you submitted was completely correct, and the claim does NOT represent ORM, you do not have to submit a Claim Detail Record again after receiving a 31 disposition code unless a subsequent TPOC Amount is established at a later date.

Note: Claim Input File Detail Records, and 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 SP31 error.

Slide 16 of 43 - Disposition Code 03 - Medicare Beneficiary, Outside Coverage



Slide notes

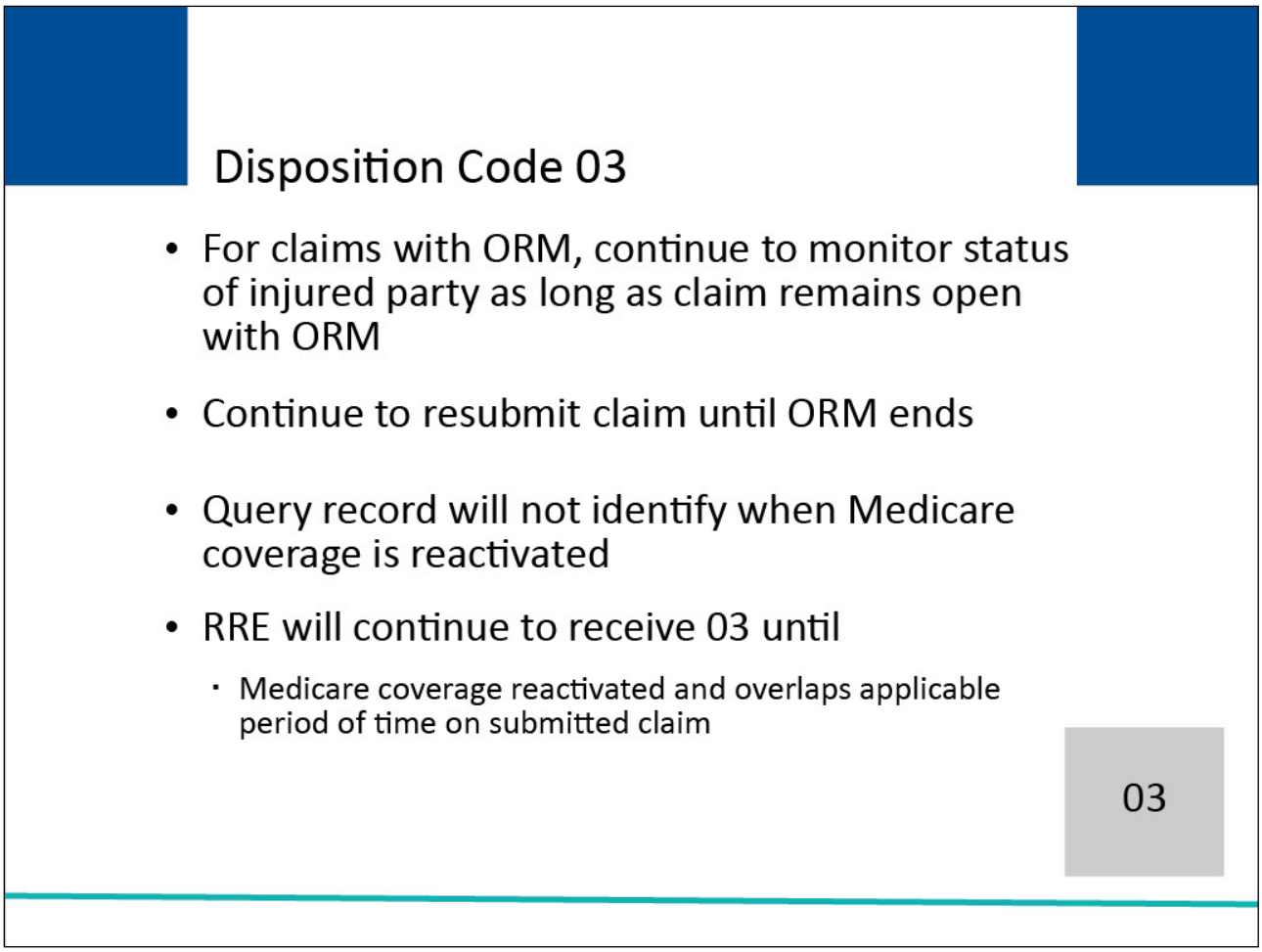
The response record will be returned with:

Applied Injured Party Medicare ID, Name, DOB, and Gender,

no Error Codes, and

no Compliance Flags.

Slide 17 of 43 - Disposition Code 03



Slide notes

When a claim with ORM receives a disposition code of 03, the RRE must continue to monitor the status of the injured party as long as the claim remains open with ORM, in order to determine if/when the injured party becomes covered by Medicare again in the future.

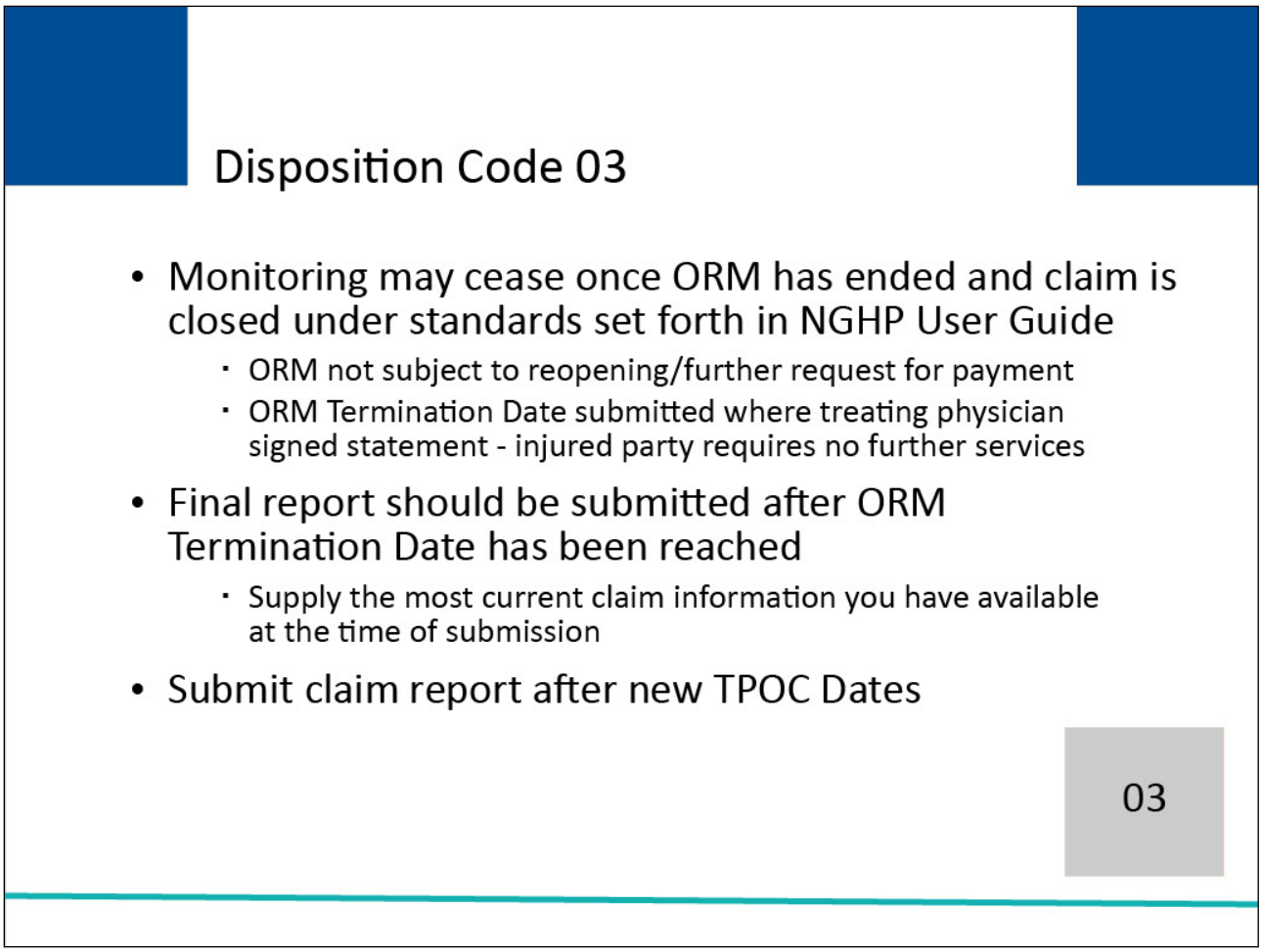
Your monitoring process might include, for example, communication with the injured party and/or resubmission of the Claim Detail Record on subsequent quarterly Claim Input Files.

Since the injured party has already been identified as being covered by Medicare at one time, a query record will not provide any further information as to when Medicare coverage is activated again.

Additional query records will result in a 01 disposition code on the query response record.

The RRE will continue to receive a disposition code of 03 on the corresponding Claim Response File Detail Record until Medicare coverage is reactivated for the injured party and overlaps the period of time reported on the claim between the CMS Date of Incident and ORM Termination Date (which could be open-ended - all zeroes).

Slide 18 of 43 - Disposition Code 03



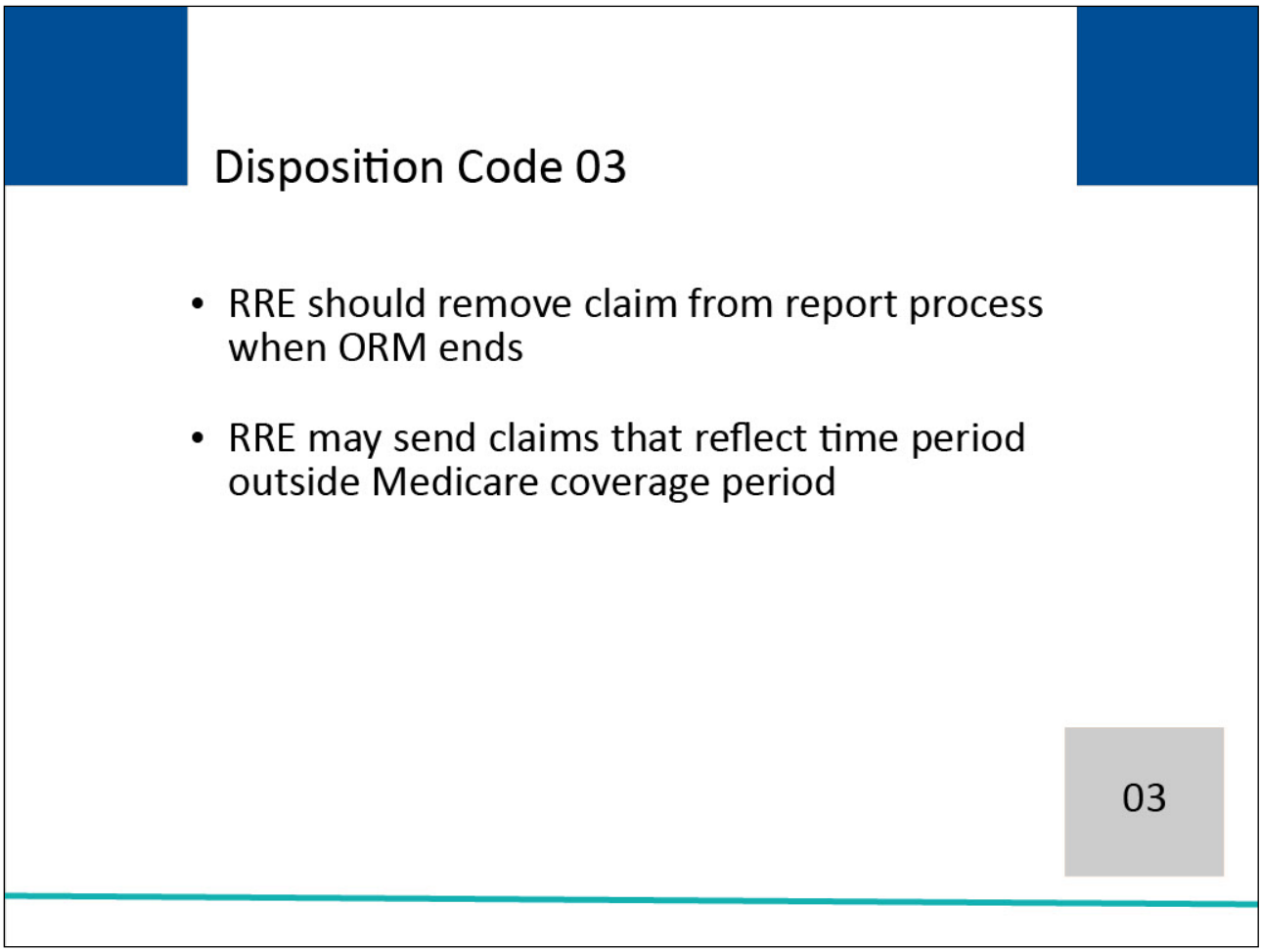
Slide notes

Monitoring of individuals or resubmission of the affected claims that received a 03 disposition code may cease once the RRE's ORM has ended and the claim is closed under the standards set forth in the NGHP User Guide (i.e., ORM is not subject to reopening or otherwise subject to a further request for payment or if the RRE submits a termination date for ORM where they have a signed statement from the injured individual's treating physician that he/she will require no further medical items or services associated with the claim/claimed injuries, regardless of the fact that the claim may be subject to reopening or a claim for further payment).

One final claim report should be submitted after an ORM Termination Date has been reached. When resubmitting claim reports that previously were returned with a 03 disposition code, supply the most current claim information you have available at the time of resubmission.

In addition, if a subsequent TPOC is established due to a new, additional settlement, judgment, or award on the claim, which meets the TPOC reporting thresholds, then the RRE must submit a claim report reflecting that new information.

Slide 19 of 43 - Disposition Code 03

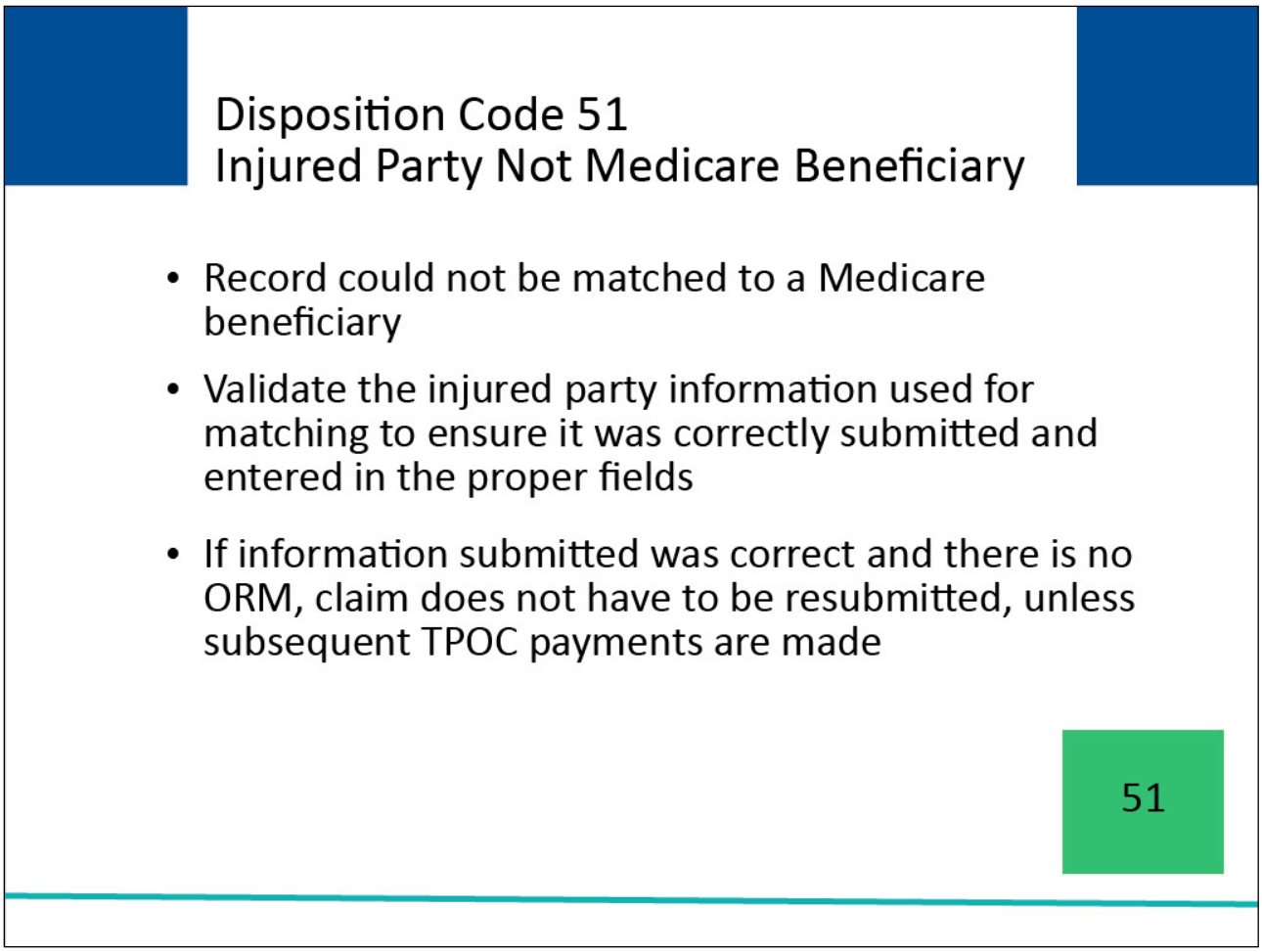


Slide notes

RREs should remove a claim from the reporting process if the ORM has ended on claims that received a 03 disposition code. However, there is no harm in sending a claim that reflects a time period outside the Medicare coverage period.

The BCRC returns a 03 disposition code on the claim response record and does not pass the information on to other Medicare systems (claims payment and recovery), since it does not apply to Medicare coverage.

Slide 20 of 43 - Disposition Code 51 - Injured Party Not Medicare Beneficiary



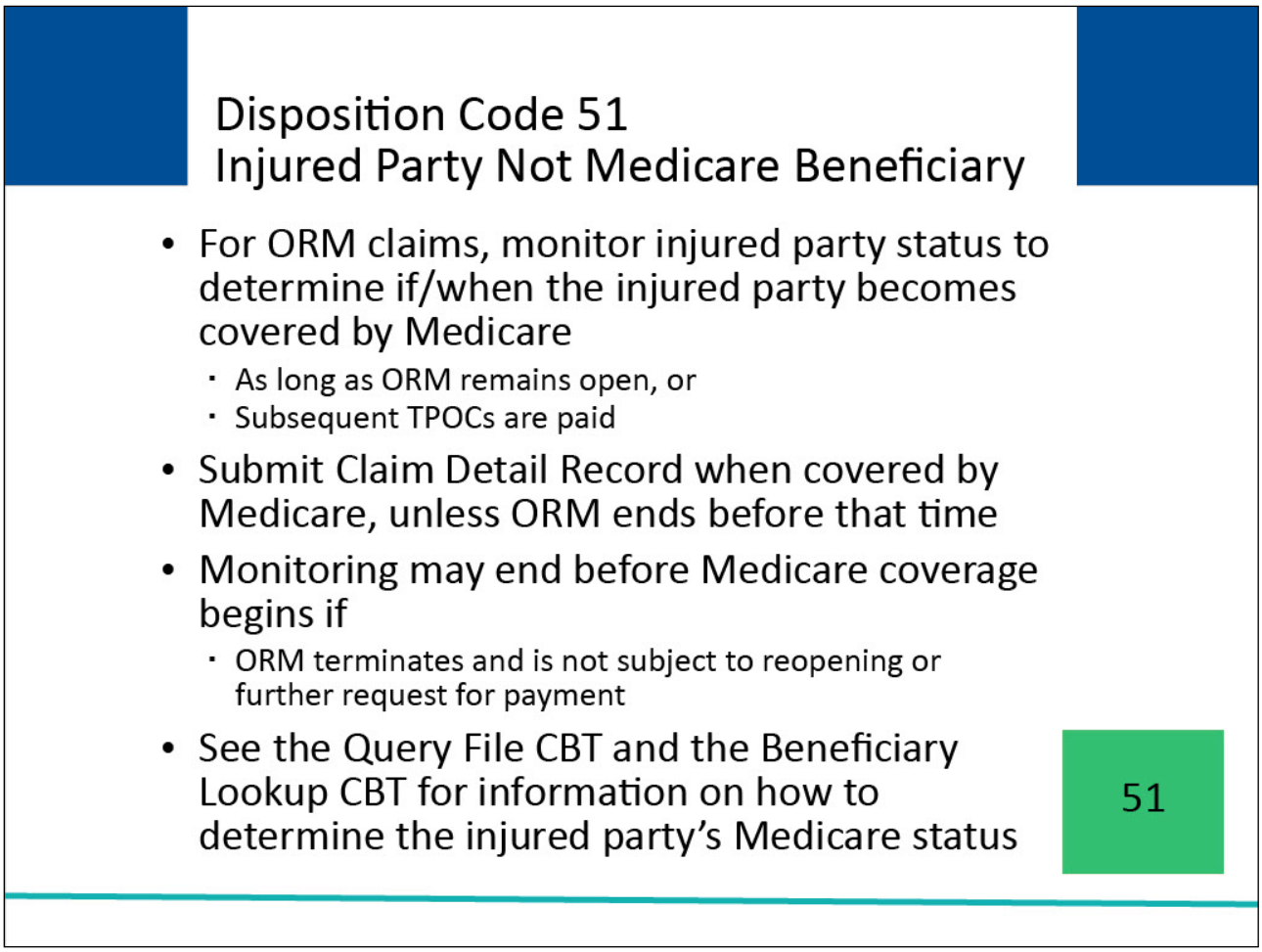
Slide notes

Records returned with a 51 disposition code were not matched to a Medicare beneficiary based on the submitted information. RREs must validate the injured party information used for matching (i.e., Medicare ID/Social Security Number (SSN), name, date of birth, and gender) to make sure it was correctly submitted and entered in the proper fields. Injured party information must be accurate and submitted in the correct fields.

As long as the injured party information you submitted was completely correct and the RRE does not have ORM, you do not have to submit this claim again for Section 111 reporting, unless subsequent TPOC payments are made.

For a more thorough explanation of these topics, please see the Ongoing Responsibility for Medicals CBT and the Total Payment Obligation to Claimant CBT.

Slide 21 of 43 - Disposition Code 51 - Injured Party Not Medicare Beneficiary



Slide notes

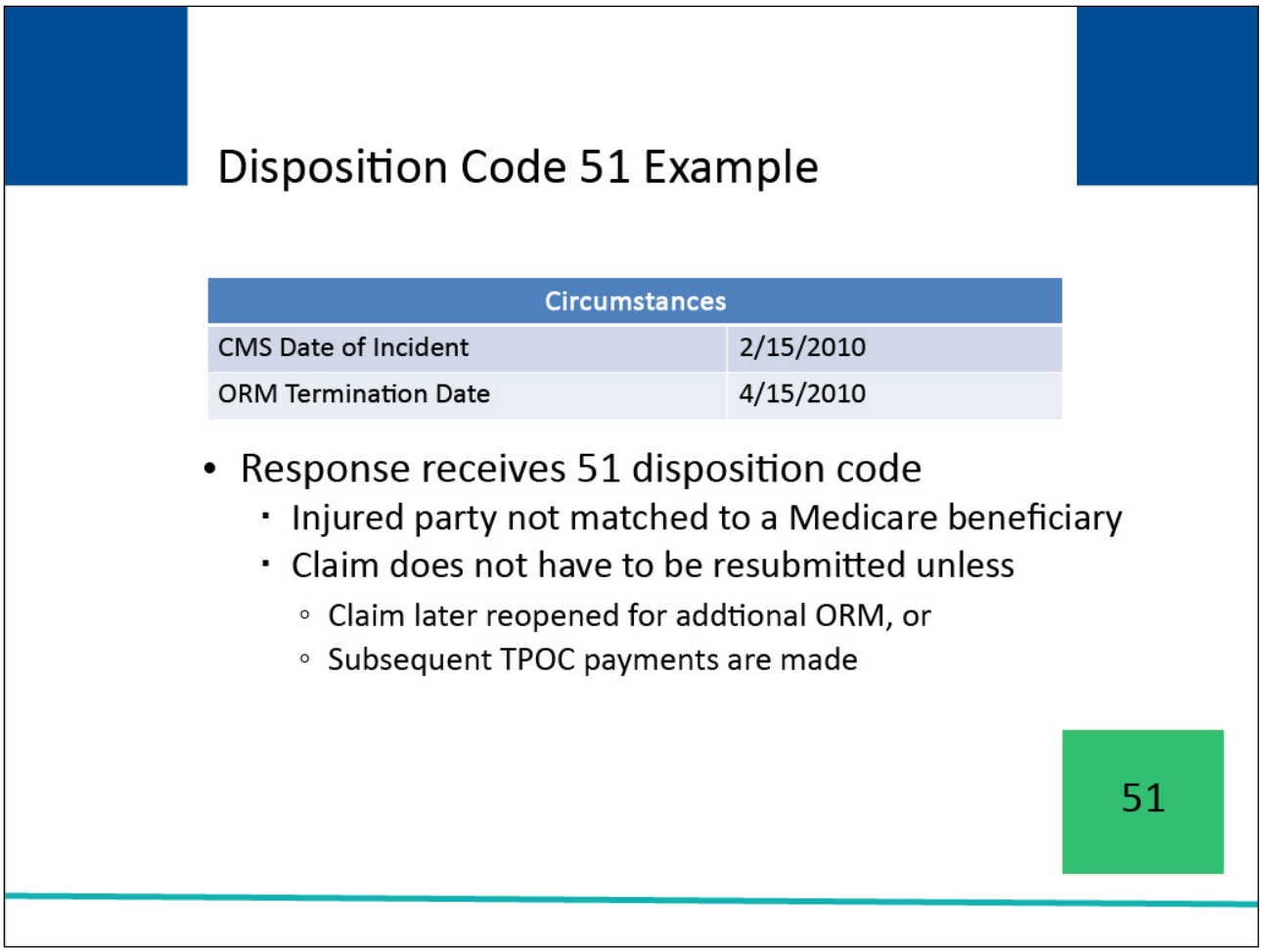
RREs must continue to monitor the status of the injured party on an ORM claim that receives a 51 disposition code in order to determine if/when the injured party becomes covered by Medicare again in the future, as long as the ORM remains open or if a subsequent TPOC is paid on the claim. The RRE must submit a Claim Detail Record when the individual becomes covered by Medicare, unless the ORM has terminated before the individual becomes covered by Medicare.

Monitoring of such individuals may cease before they become a Medicare beneficiary if the ORM terminates and is not subject to reopening or otherwise subject to further request for payment.

One final query or claim report should be submitted after an ORM Termination Date has been reached, to ensure they get the most up-to-date information on the individual before they stop checking.

Please refer to the Query File CBT and the Beneficiary Lookup CBT for a description of how an RRE can determine the injured party's Medicare status prior to submitting claim information.

Slide 22 of 43 - Disposition Code 51 - Example



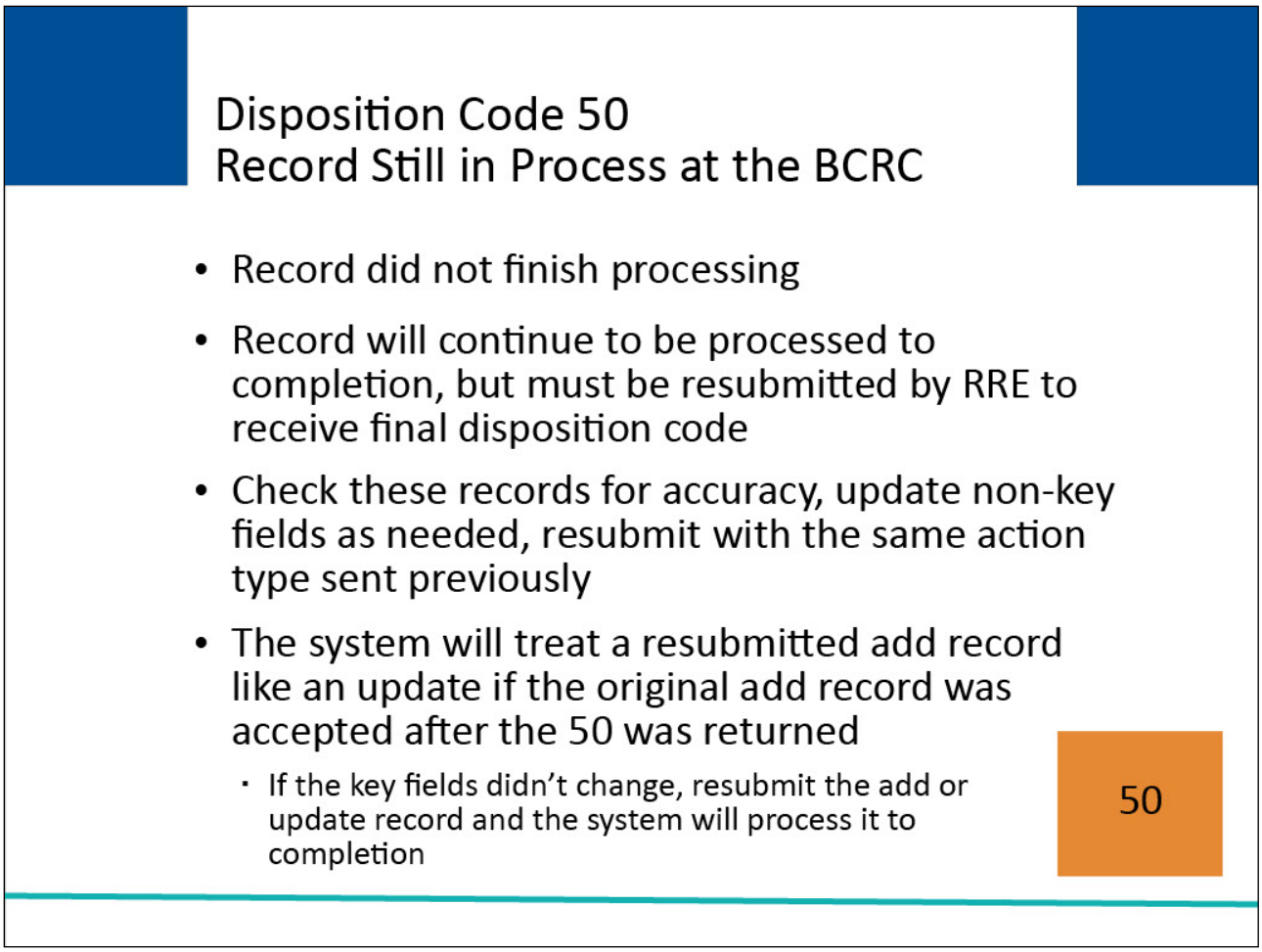
Slide notes

Suppose the ORM for a claim has ended. The CMS Date of Incident is 2/15/2010, and the ORM Termination Date is 4/15/2010.

The RRE submits the claim with this information and the response record comes back with a 51 disposition code, which means that the BCRC was unable to match the individual to a Medicare beneficiary.

You do not have to submit this claim again, since the injured party was not matched to a Medicare beneficiary, unless the claim is later reopened for additional ORM consideration, or if subsequent TPOC payments are made.

Slide 23 of 43 - Disposition Code 50 - Record Still in Process at the BCRC



Slide notes

A record returned with a disposition code 50 indicates that the BCRC did not finish processing the record in time to create a response record within the required 48-day timeframe.

Only the records on the file that did not complete processing will be returned with a 50. Records that completed processing by the time the response file was created will be returned with one of the other disposition codes described previously.

The record returned with a 50 will continue to be processed to completion by the BCRC. However, in order for the RRE to receive a response record with the final disposition code, the record must be resubmitted in the next quarterly file submission.

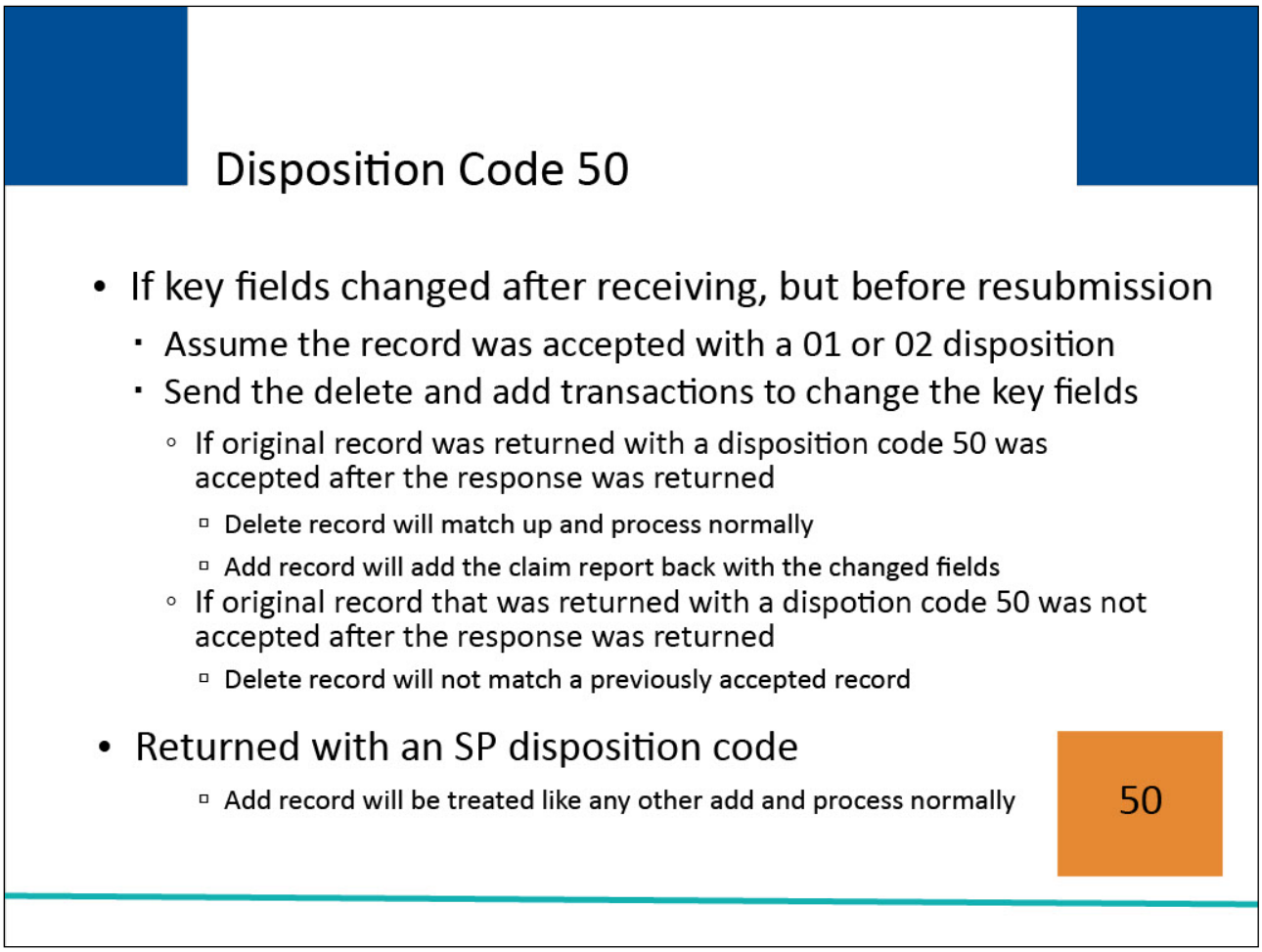
As a rule, you should check these records for accuracy, update non-key fields as needed, and resubmit with the same action type sent previously.

When a record is reprocessed by the BCRC, the corresponding response record will contain a revised disposition code reflecting the actual results of processing.

Note that the system will treat a resubmitted add record like an update record if the original add record was accepted after the 50 was returned.

If the key fields didn’t change, you resubmit the add or update record again and the system will process it to completion and return a definitive disposition code.

Slide 24 of 43 - Disposition Code 50



Slide notes

In the case of key fields changing after getting a disposition code 50 but before resubmission, assume the record was accepted with a 01 or 02 disposition code. In the next quarter, send the delete and add transactions to change the key fields.

If the original record that was returned with disposition code 50 was actually processed and accepted by the system after the response was returned, then the delete will match up with the original and process normally.

The add transaction will add the claim report back with the changed key fields. If the original record returned with disposition code 50 was NOT accepted by the system after the 50 was returned, then the delete will NOT match a previously accepted record.

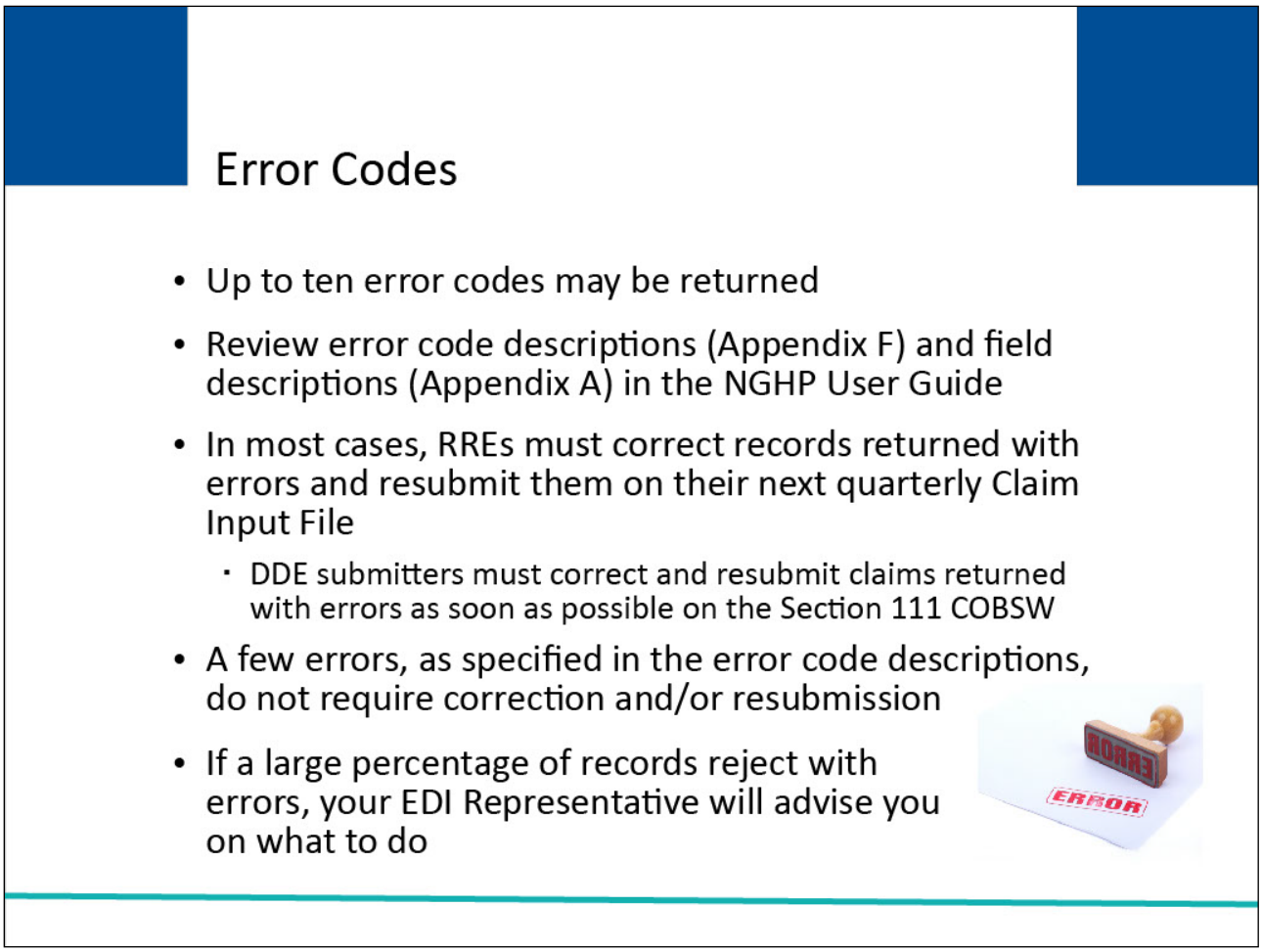
The delete will be returned with an SP disposition code and an SP47, SP48, or SP49 error. All of these error codes indicate that a delete can't be matched to a previously accepted record.

You can then ignore them and assume there is nothing to delete since the original record was never accepted. The add record with the new key fields will be treated like any other add record and process normally.

Remember, if the key fields did not change, just resubmit the record with the original transaction type, the original key fields and the most current information you have for non-key fields in the next quarter's file.

Only go through the delete/add process if a key field changed between submissions. Note: If you receive a disposition code other than those documented in this presentation, report this immediately to your EDI Representative.

Slide 25 of 43 - Error Codes



Slide notes

Up to ten error codes may be returned on a Claim Response File Detail Record. Error codes are documented in the NGHP User Guide Appendices Chapter (Appendix F).

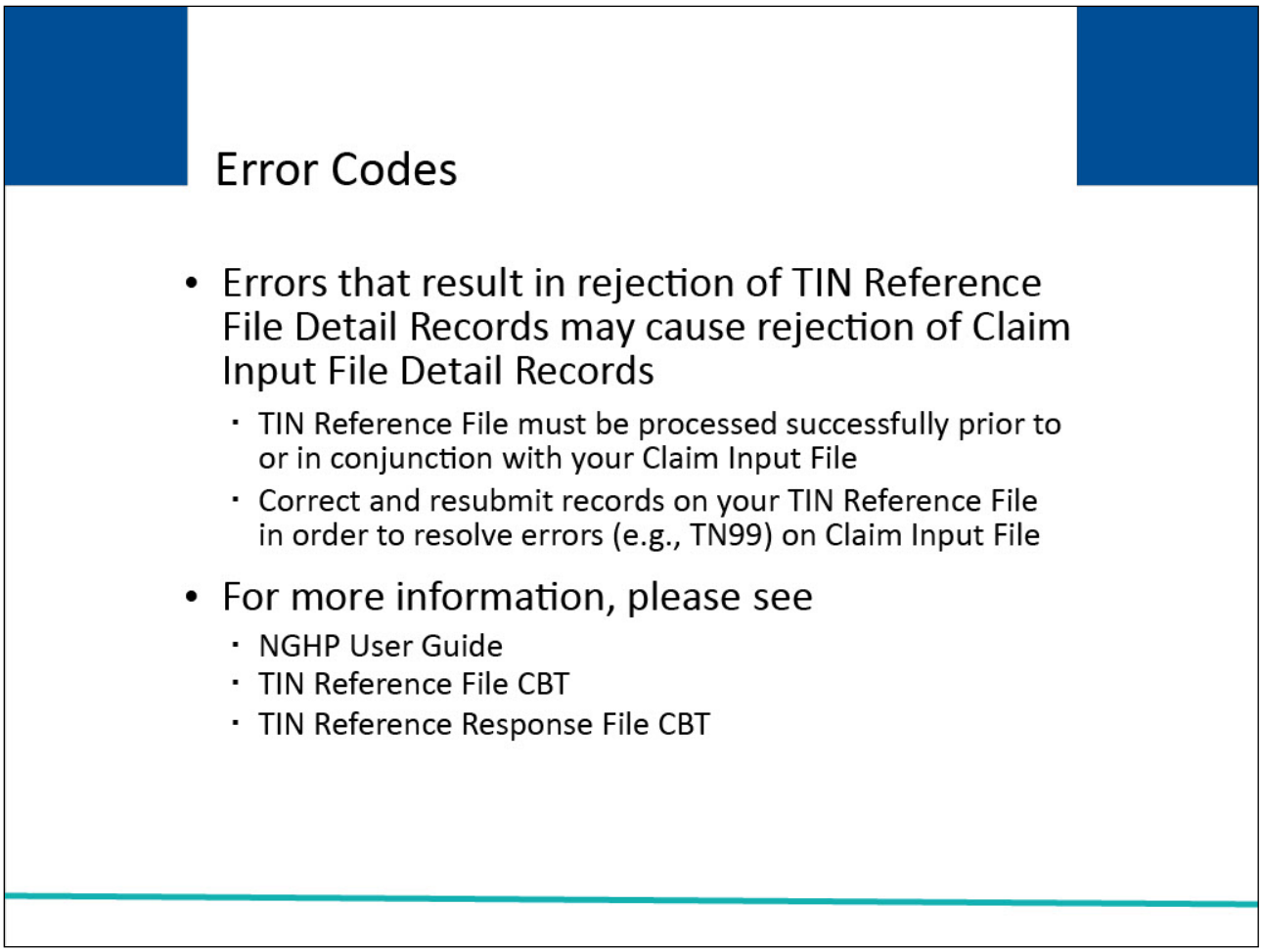
Review both the error code descriptions in Appendix F and the field descriptions in the file layouts documented in Appendix A of the NGHP User Guide Appendices Chapter.

In most cases, RREs must correct information on records returned with errors and resubmit them on their next quarterly Claim Input File. DDE submitters must correct and resubmit claims returned with errors as soon as possible on the Section 111 COBSW.

A few errors, as specified in the error code descriptions, do not require correction and/or resubmission.

If a large percentage of records are rejected with errors, your EDI Representative will advise you as to whether immediate correction and resubmission of these records outside of your assigned file submission timeframe is required.

Slide 26 of 43 - Error Codes



Slide notes

Errors that result in rejection of TIN Reference File Detail Records may subsequently cause rejection of Claim Input File Detail Records. Your TIN Reference File must be processed successfully prior to or in conjunction with your Claim Input File.

You may need to correct and resubmit records on your TIN Reference File in order to resolve errors (e.g., TN99) on your Claim Input File.

For more information, please see the NGHP User Guide as well as the TIN Reference File and TIN Reference Response File CBTs.

It’s important to note that, when RREs receive input records errors on their response files, and they should correct and resubmit on their next quarterly file submission.

Slide 27 of 43 - SP31 Error Codes

SP31 Error Codes

- The BCRC usually receives entitlement information for individuals in advance of their Medicare entitlement date
- If an individual is to become entitled to Medicare on 7/1/2010 and a query record is processed on 6/10/2010, the query response will most likely be 01
  - If a Claim Input File Detail Record is processed prior to 7/1/2010, it will be rejected with an SP disposition code and the SP31 error
    - No correction is necessary
    - resubmit the record on next quarterly Claim Input File
- SP31 errors are not included in the 20% error threshold

Slide notes

The BCRC usually receives entitlement information for individuals in advance of their Medicare entitlement date.

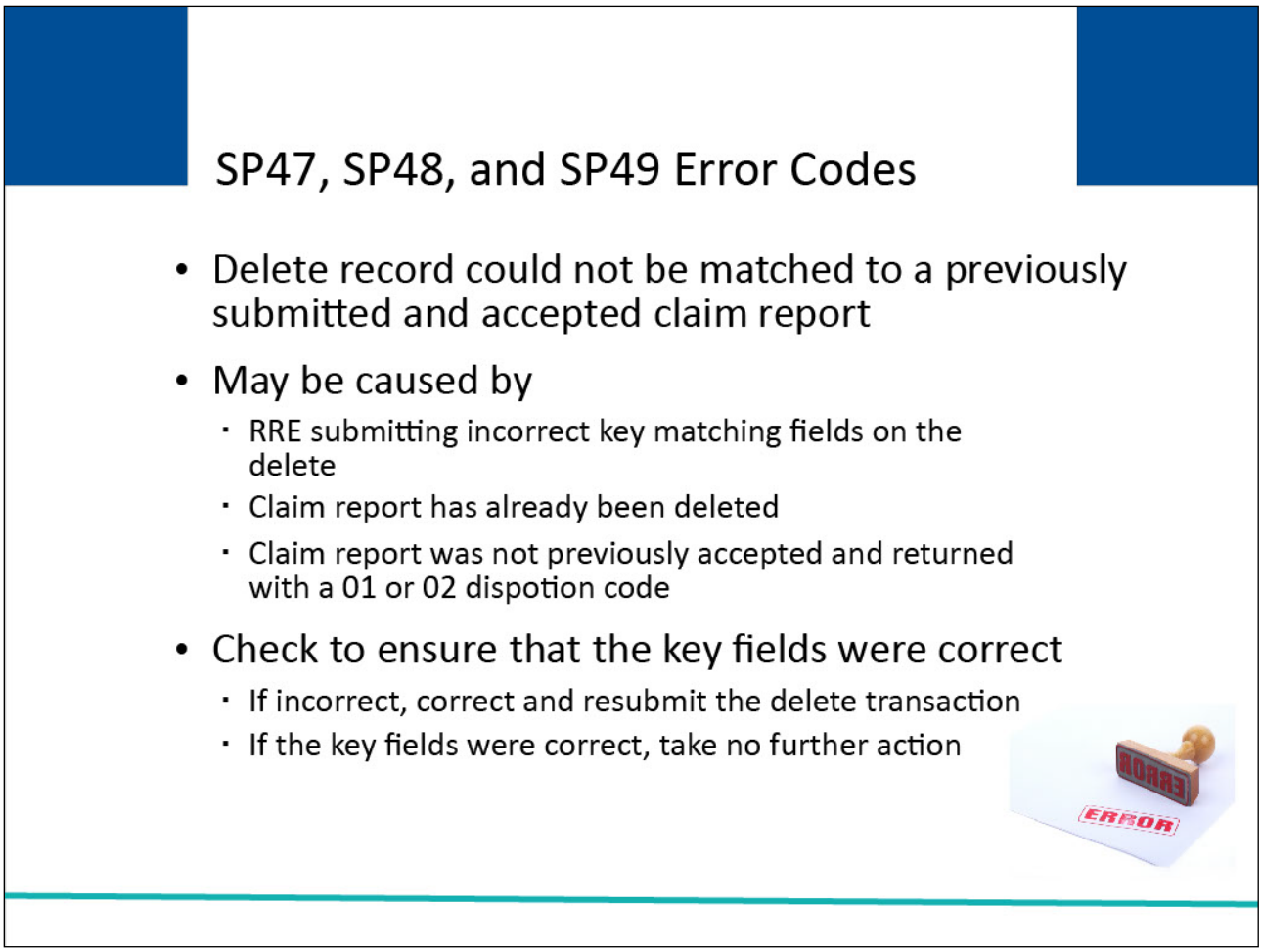
If an individual is to become entitled to Medicare on 7/1/2010 and a query record is processed on 6/10/2010 the query response record disposition code will most likely be 01 since the record will be matched to a Medicare beneficiary, albeit a future one.

If you then send a Claim Input File Detail Record for this person and it is processed prior to 7/1/2010, it will be rejected with an SP disposition code and the SP31 error. No correction on the part of an RRE is necessary for an SP31 error.

RREs only need to resubmit the record on their next quarterly Claim Input File, and it will be processed and returned with the appropriate disposition. SP31 errors are not included in the 20% error threshold. Several Section 111 input record errors that would cause a record to reject will no longer cause the input records to be rejected. RREs, however, will continue to receive the errors on their response files, and they should correct and resubmit on their next quarterly file submission.

Note: The SP31 error code has been restored. RREs will receive this error code when submitting records with effective dates greater than 90 days prior to Medicare entitlement.

Slide 28 of 43 - SP47, SP48, and SP49 Error Codes



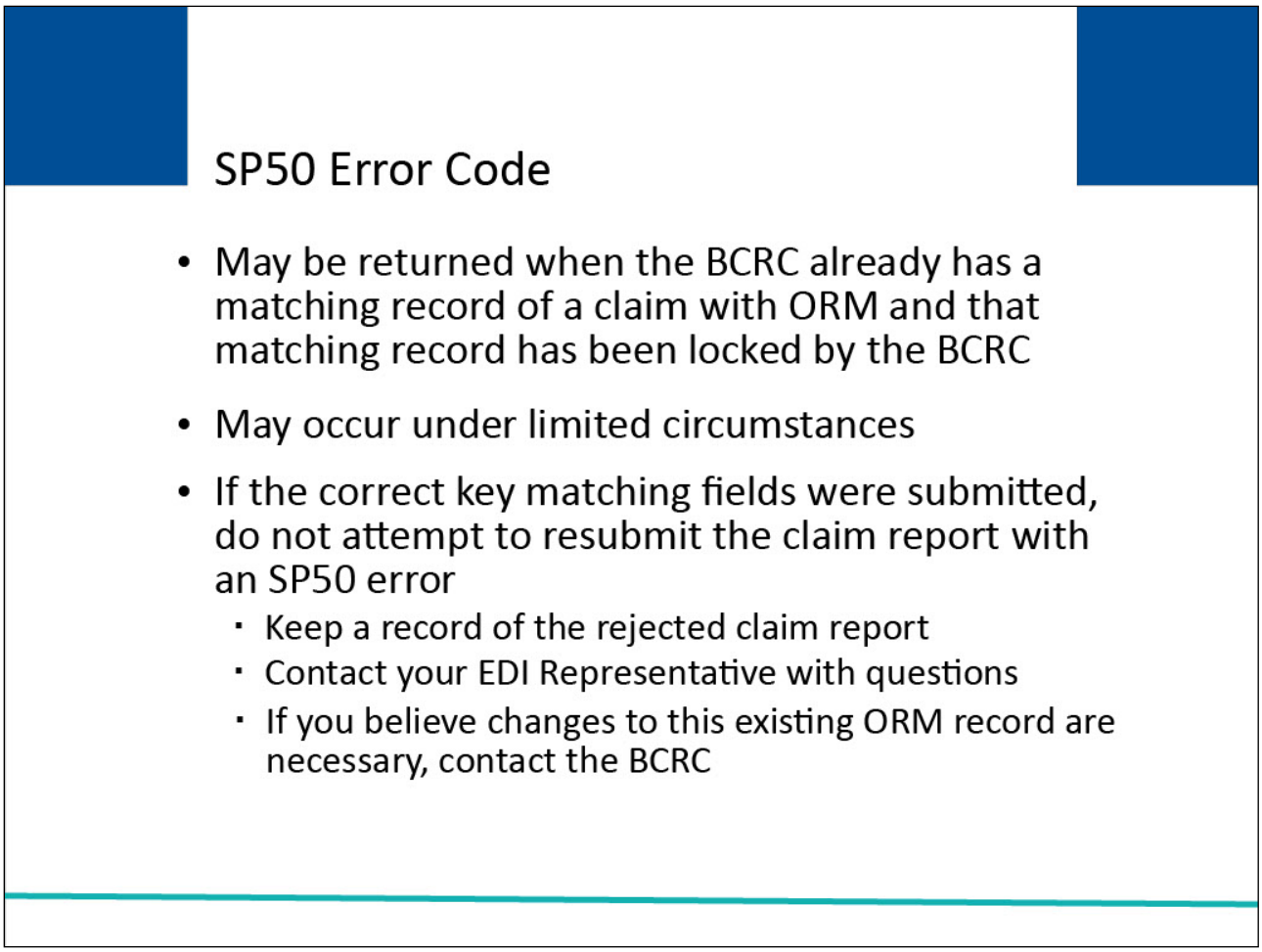
Slide notes

These error codes indicate that a delete transaction could not be matched to a previously submitted and accepted claim report. The distinction between the three errors is only meaningful internally to the BCRC and not important to an RRE.

Your handling of these three errors is the same. These may be caused by the RRE submitting incorrect key matching fields on the delete transaction; the claim report has already been deleted by the RRE or by the BCRC based on information from another entity; or the original claim report was not previously accepted and returned with a 01 or 02 disposition code.

Your error handling for SP47, SP48, and SP49 should include a check to make sure that the key fields submitted were correct. If the key fields were incorrect, correct and resubmit the delete transaction. If the key fields were correct, take no further action.

Slide 29 of 43 - SP50 Error Code



Slide notes

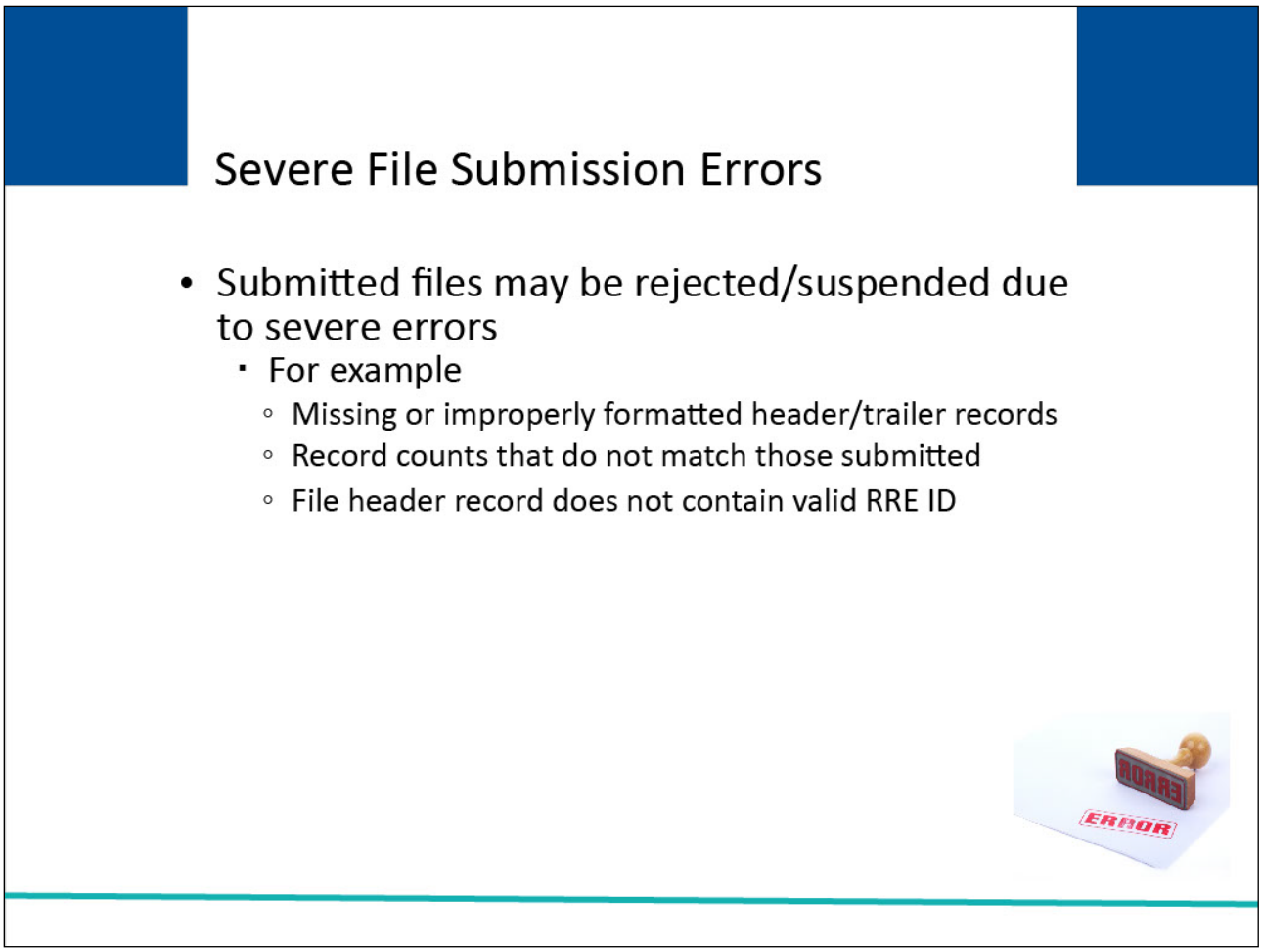
Error code SP50 (not to be confused with disposition code 50) may be returned on a Claim Response File Detail Record when the BCRC already has a matching record of a claim with ORM, and that matching record has been locked by the BCRC to prevent subsequent changes by any entity other than the BCRC.

This may occur under limited circumstances particularly when problems arise related to the payment of a beneficiary's Medicare claims in relation to the ORM record.

If the correct key matching fields were submitted, do NOT attempt to resubmit a claim report returned with an SP50 error. Keep a record of the rejected claim report for future reference as documentation of your attempt to report.

Contact your EDI Representative with questions. If you believe changes to this existing ORM record are necessary, contact the BCRC.

Slide 30 of 43 - Severe File Submission Errors



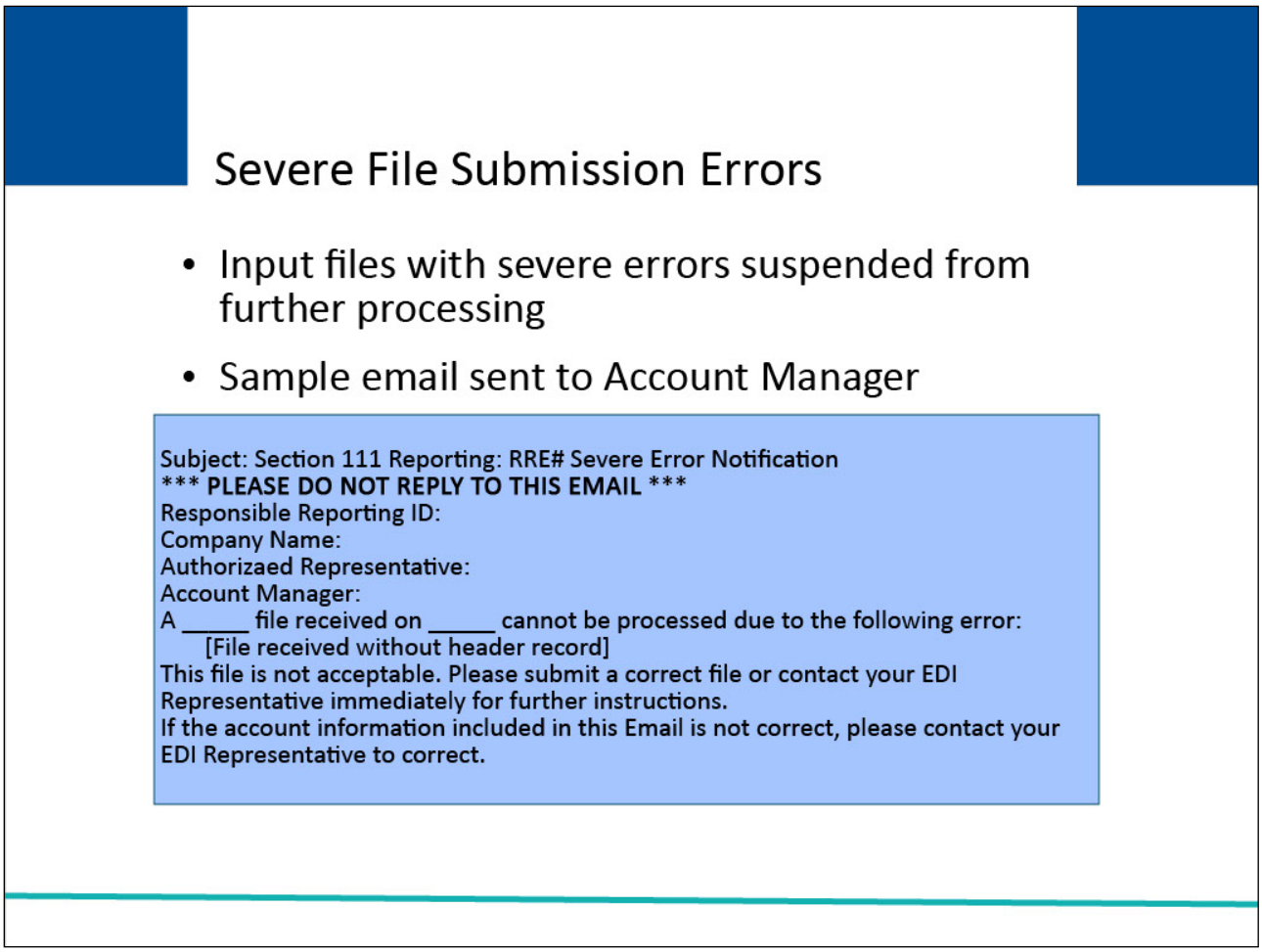
Slide notes

Submitted files may be rejected or suspended from processing due to severe errors (e.g., missing or improperly formatted header or trailer records, record counts that do not match those actually submitted, file header record does not contain a valid RRE ID).

Claim Input File Detail Records, and 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.

A list of all severe errors is in the NGHP User Guide.

Slide 31 of 43 - Severe File Submission Errors

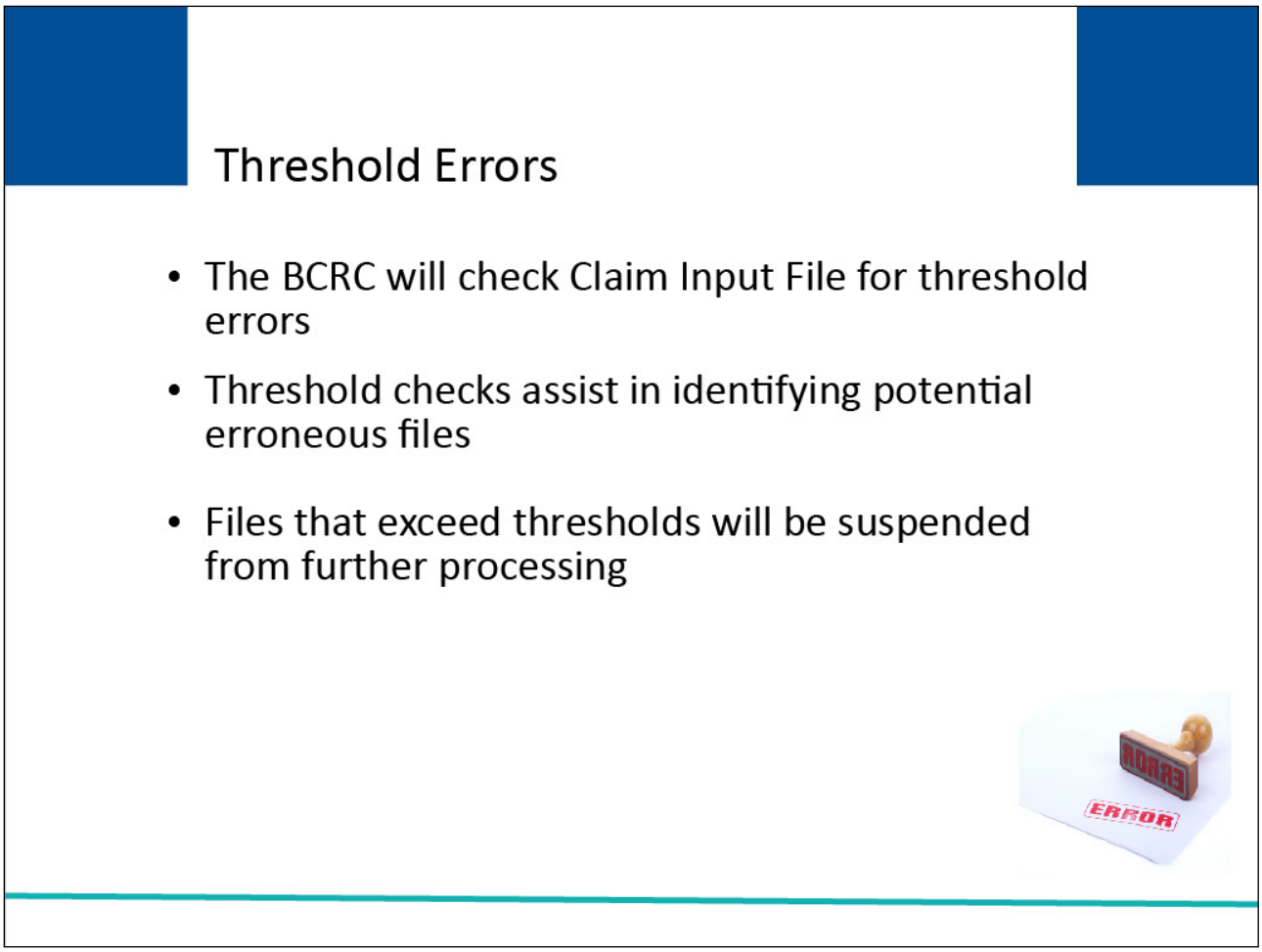


Slide notes

A file that receives a severe error, such as a missing header or trailer record, will be suspended from processing and deleted by your EDI Representative.

An email will be sent to the Account Manager for the RRE ID regarding the severe error found. A sample of this email is shown on the screen. You must resend a corrected file as instructed by your EDI Representative.

Slide 32 of 43 - Threshold Errors



Slide notes

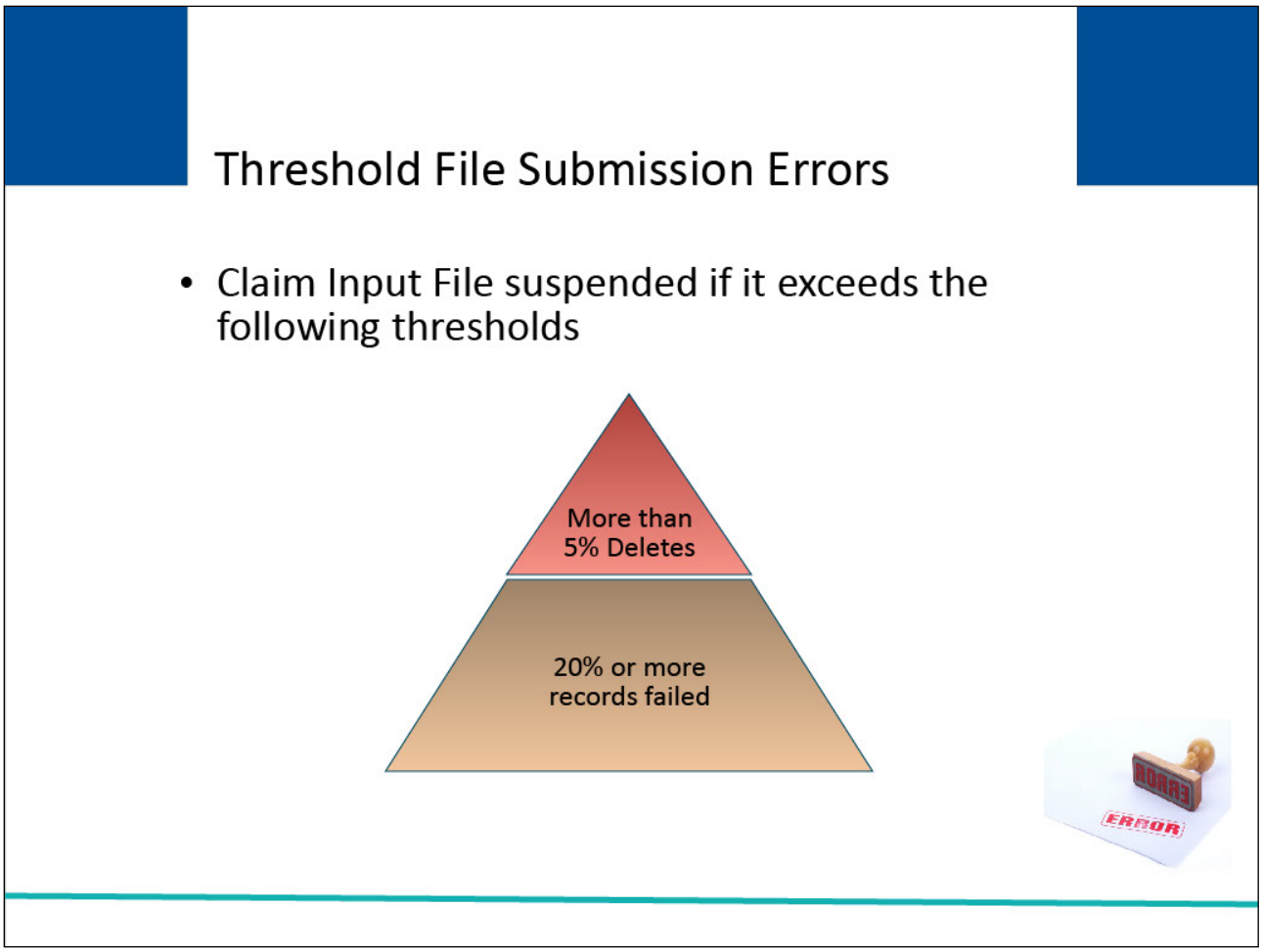
After completion of data quality edits, the BCRC will check your Claim Input File to ensure it does not exceed any threshold restrictions.

Threshold checks are performed to identify a file that may be in error and prevent erroneous information from being accepted and processed by the BCRC.

A file that exceeds the threshold checks will be suspended from further processing until the suspension is overridden by your EDI Representative.

Note: As of January 1, 2021, 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 responsibly for medicals.

Slide 33 of 43 - Threshold File Submission Errors



Slide notes

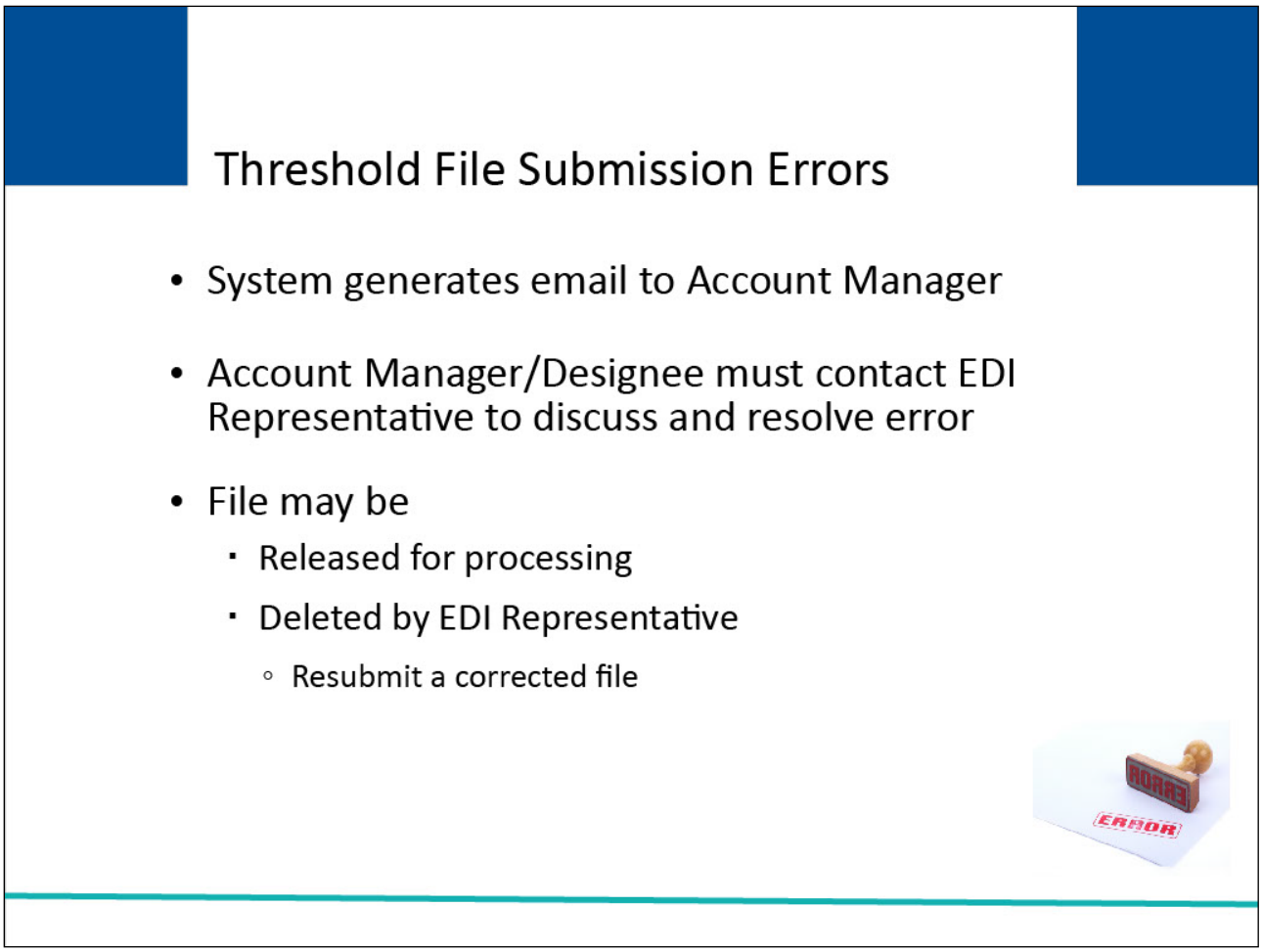
Your Claim Input File will be suspended from processing if it exceeds the following thresholds:

more than 5% of the total submitted records are delete transactions, or

20% or more of the total submitted records failed with a disposition code of SP due to errors.

Please refer to the NGHP User Guide Technical Information Chapter (Section 7.3.2) for more information on these edits.

Slide 34 of 43 - Threshold File Submission Errors

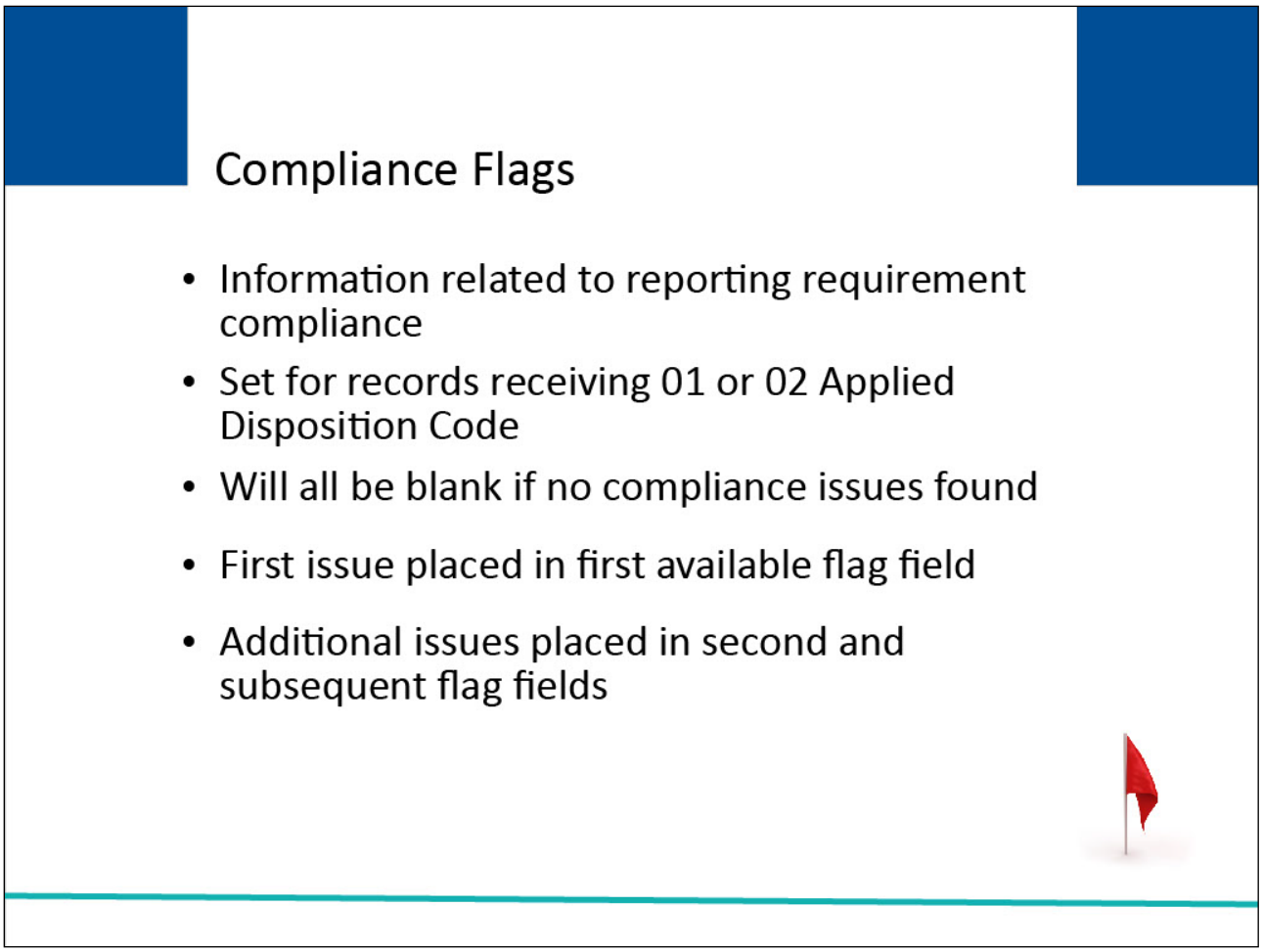


Slide notes

An email will be sent to your Account Manager to inform him/her of this suspension. You must contact your assigned EDI Representative to discuss and resolve file threshold errors.

Your file may be released for processing, or if sent in error, deleted by your EDI Representative, in which case you may need to re-send a corrected file as instructed by your EDI Representative.

Slide 35 of 43 - Compliance Flags



Slide notes

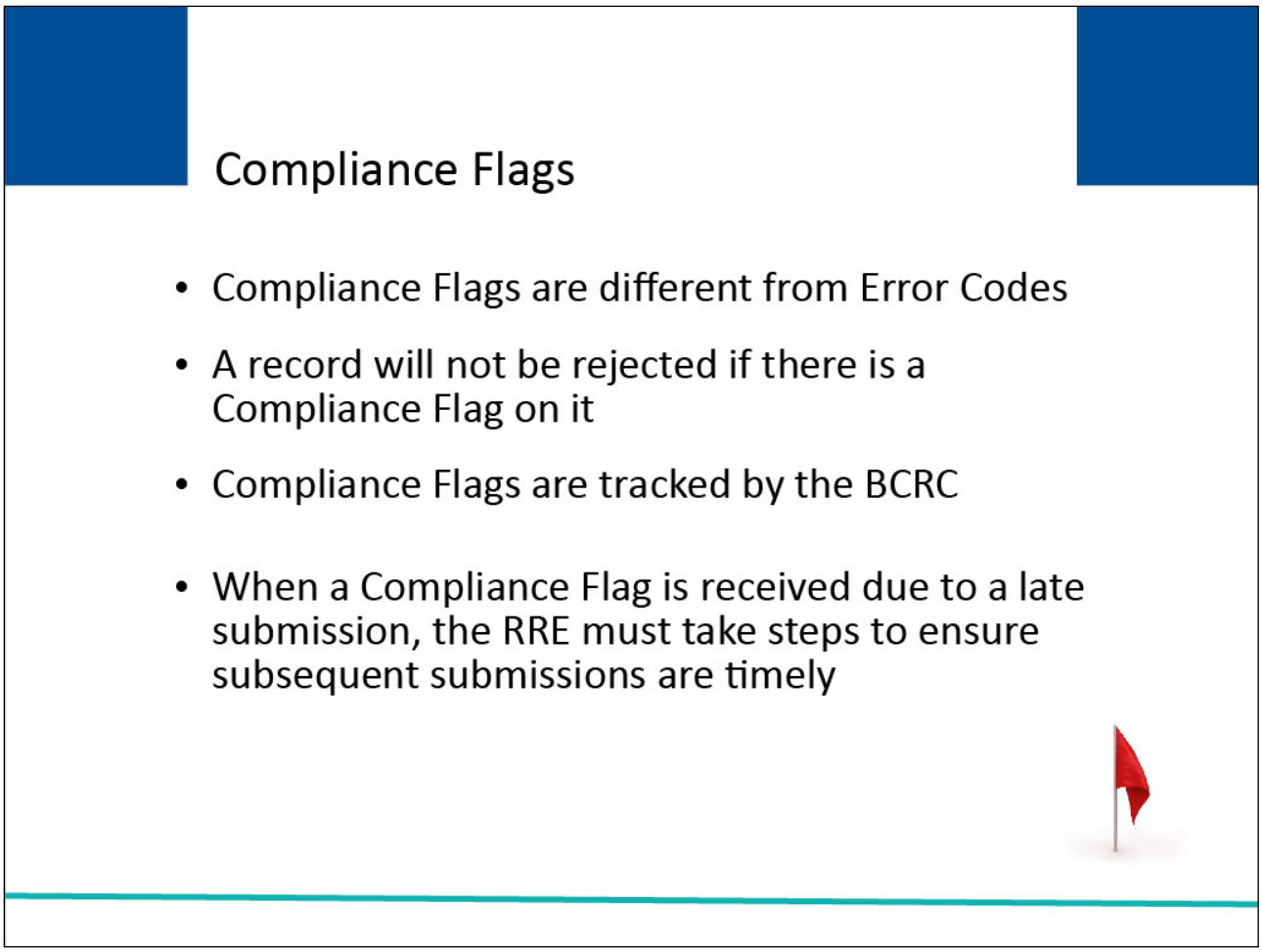
The Claim Response File contains ten Compliance Flag fields which are used to provide information on issues related to reporting requirement compliance.

Compliance Flags will only be set for records that receive a 01 or 02 Applied Disposition Code (i.e., the records were accepted by the BCRC, but had potential compliance issues). Records will not be rejected for compliance issues.

If no compliance issue is found with the record, all the Compliance Flags on the response file record will be blank. If only one issue is found, then the corresponding code will be placed in the first flag field.

If additional issues are found with the same record, then the corresponding Compliance Flag codes will be placed in the second and subsequent flag fields (i.e., in the next available flag field).

Slide 36 of 43 - Compliance Flags



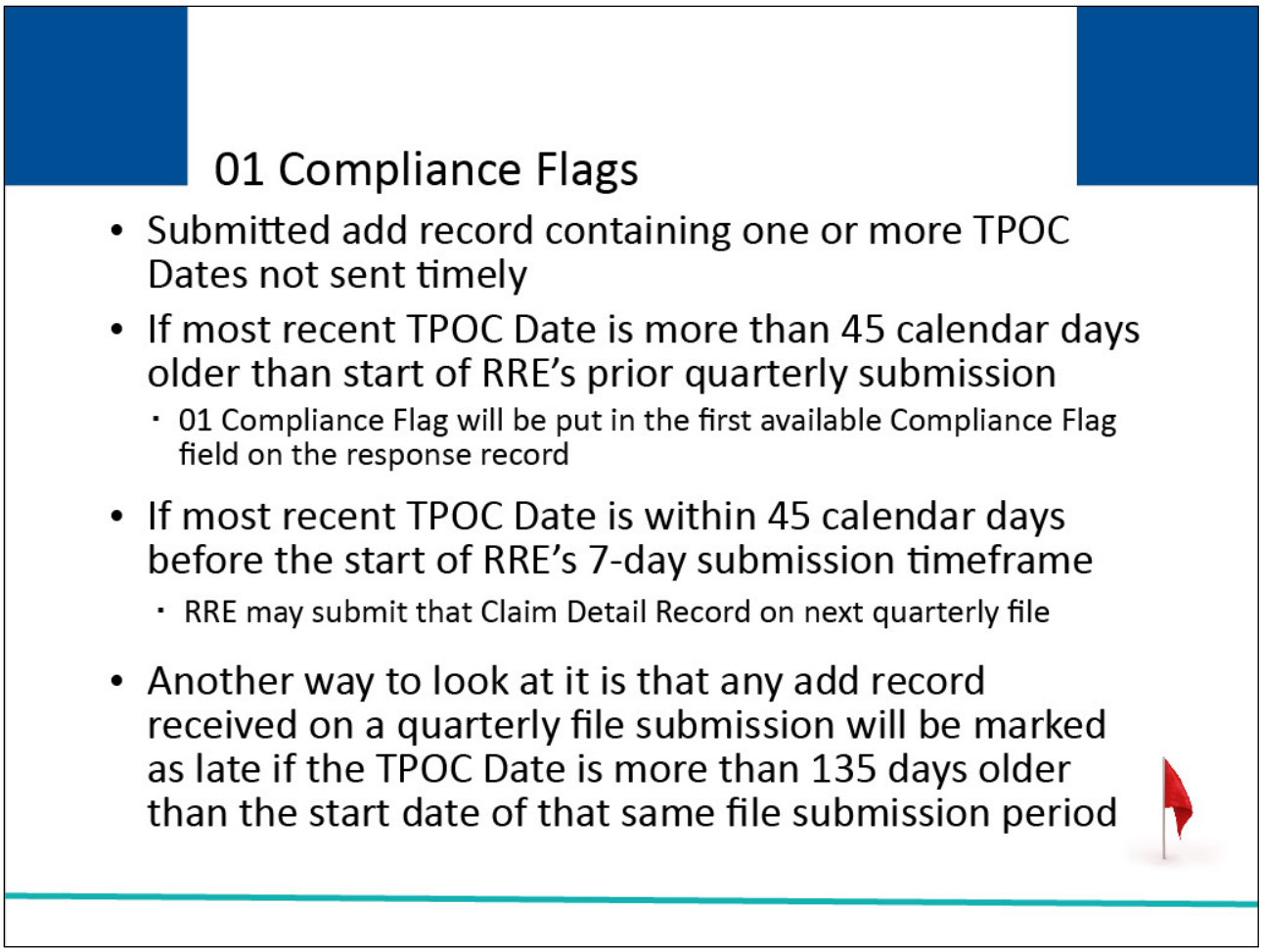
Slide notes

Compliance Flags are different from Error Codes. Unlike an Error Code, a record will not be rejected if the criteria for setting the flag is met. The record will still process. However, the BCRC will track this information and include it on compliance reports.

The flags provide the RRE notice that the submitted record was not in compliance with Section 111 reporting requirements.

When a compliance flag is received due to a late submission, the RRE must take the appropriate steps to ensure that subsequent submissions are submitted timely.

Slide 37 of 43 - 01 Compliance Flags



Slide notes

This compliance flag indicates that the submitted add record containing one or more TPOC Dates was not sent timely. Claim Detail Records not received timely will be processed but marked late with Compliance Flag 01.

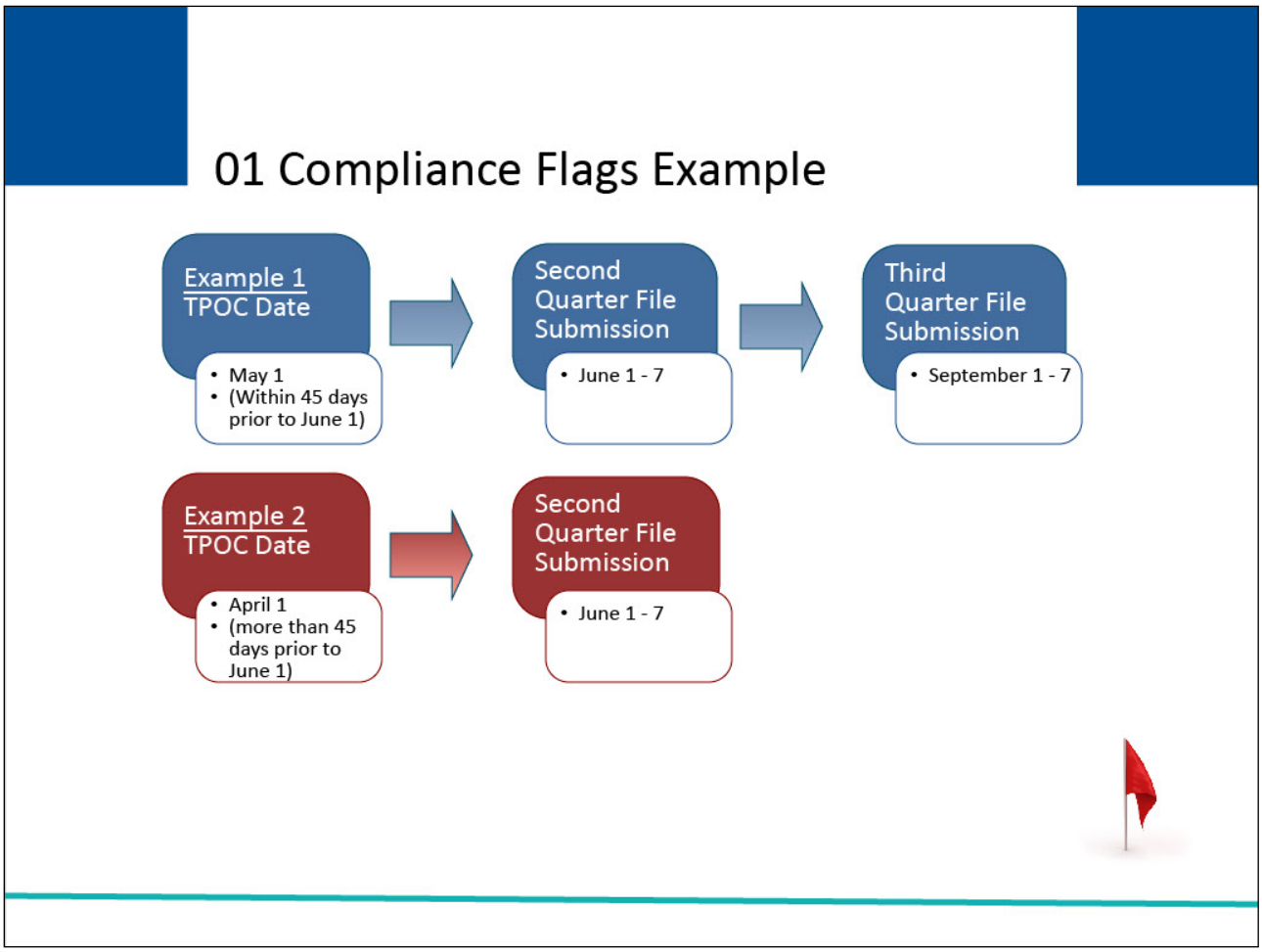
When the most recent TPOC Date on the claim is more than 45 calendar days older than the start of the RRE's prior quarterly submission timeframe, the 01 Compliance Flag will be put in the first available Compliance Flag field on the response record.

However, if the TPOC Date is within 45 days before the start of the 7-day file submission timeframe, then an RRE may submit that Claim Detail Record on the next quarterly file.

This grace period allows the RRE time to process the newly resolved (partially resolved) claim information internally prior to submission for Section 111. This Compliance Flag does not apply to Update or Delete Records.

Another way to look at it is that any add record received on a quarterly file submission will be marked as late if the TPOC Date is more than 135 days older than the start date of that same file submission period.

Slide 38 of 43 - 01 Compliance Flags Example



Slide notes

Your second quarter file submission time slot is June 1-7, and your third quarter file submission time slot is September 1-7. The start date of your second quarter file submission is then June 1 and the start date of your third quarter file submission is September 1.

A record with the most recent TPOC Date of April 1 MUST be submitted on your second quarter file submission since April 1 is more than 45 days prior to June 1.

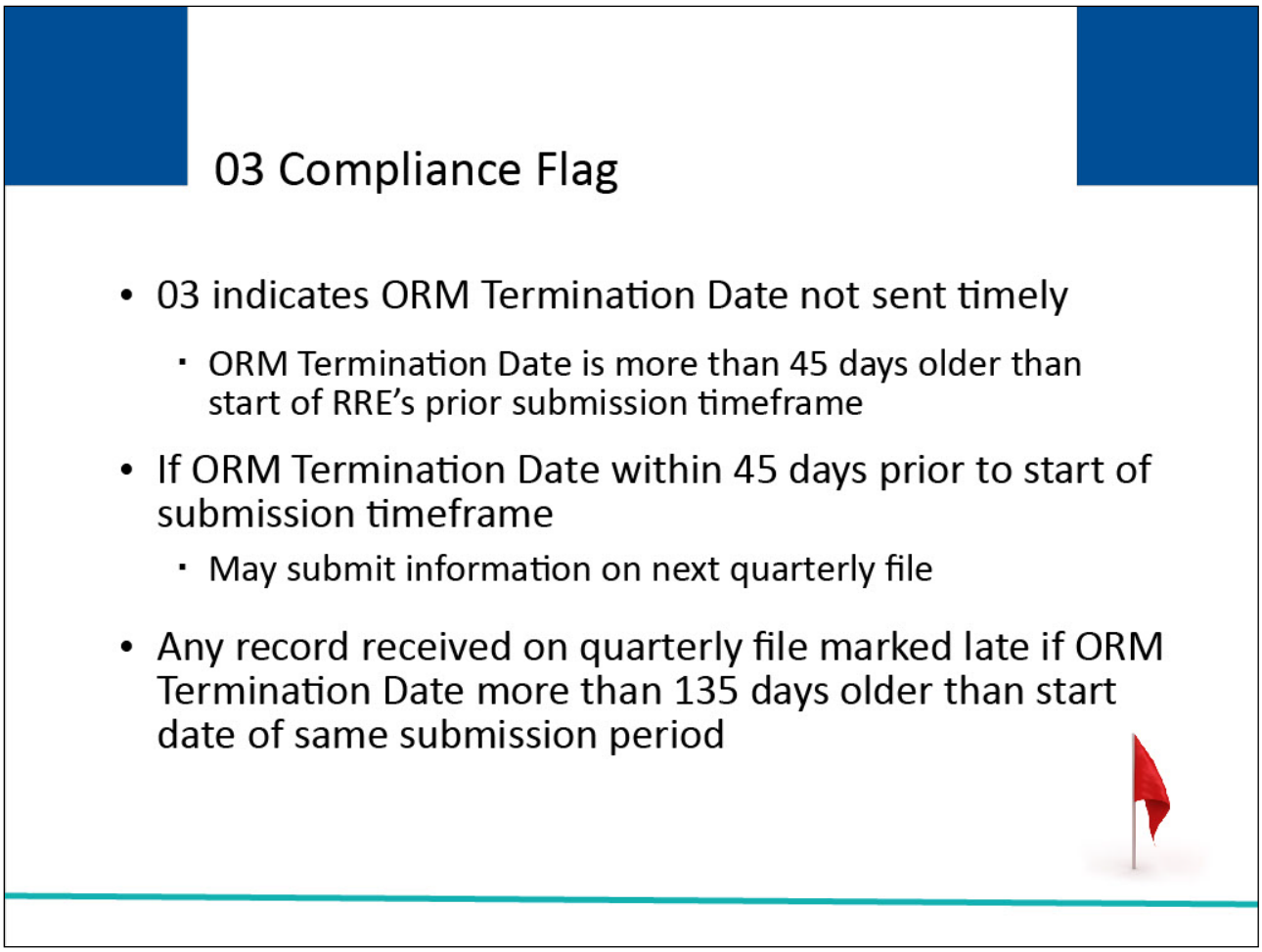
If it is received in your third-quarter file submission in September (or later), it will be considered late, and the corresponding response record will have a '01' in the first available Compliance Flag.

However, a record with the most recent TPOC Date of May 1, if received in your third quarter file submission, will not be marked as late since it is not more than 45 days older than June 1.

The record with the most recent TPOC Date of May 1 can be submitted with your second quarter file submission in June if you have the information available in your system at that time.

If not submitted in June, it MUST be submitted in your third quarter file submission in September.

Slide 39 of 43 - 03 Compliance Flag



Slide notes

This Compliance Flag indicates that the submitted record containing an ORM Termination Date was not sent timely.

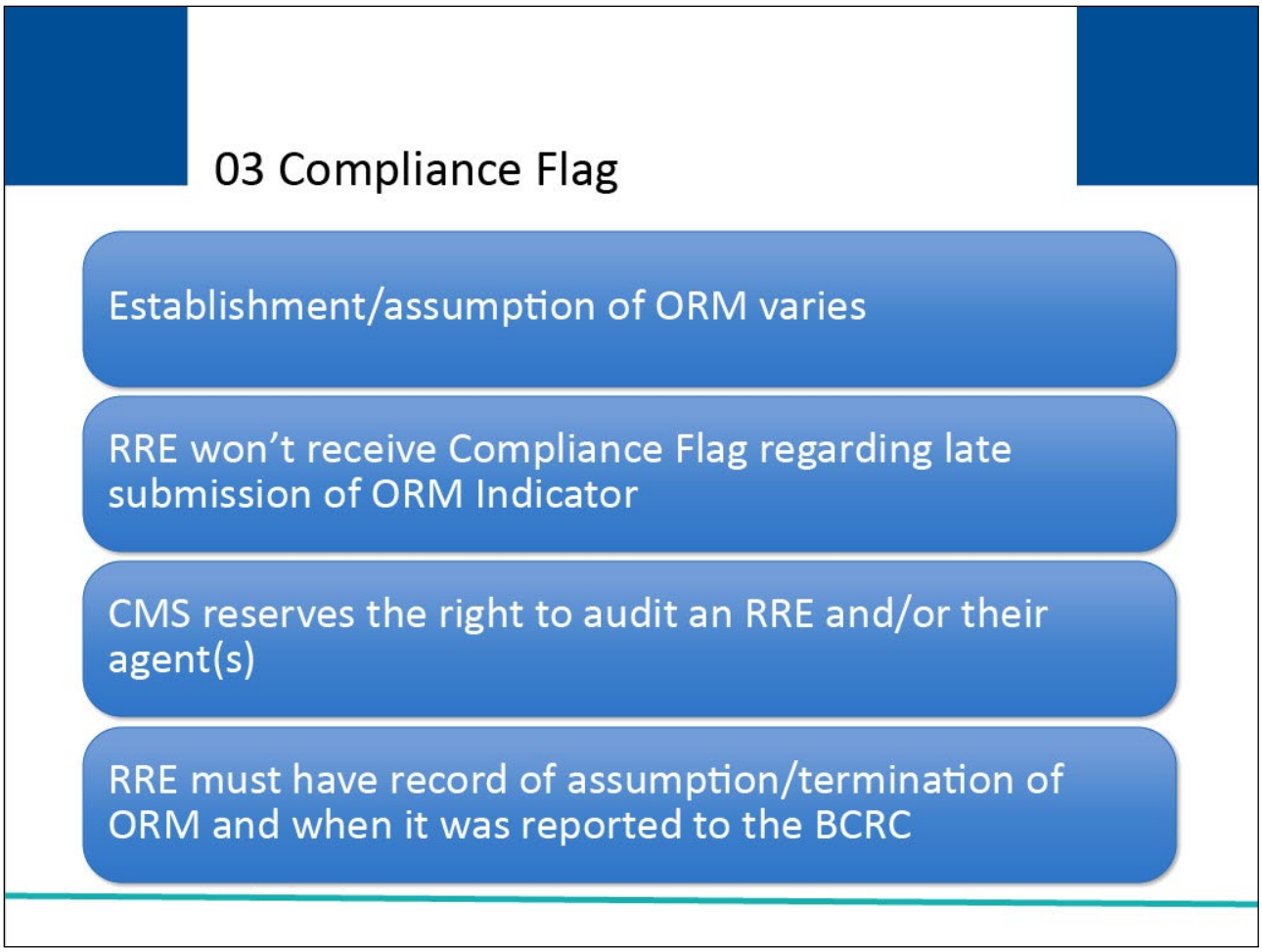
It is put in the first available Compliance Flag field when the ORM Termination Date on the Claim Detail Record is more than 45 calendar days older than the start of the RRE's prior quarterly submission timeframe.

If the ORM Termination Date is within 45 days prior to the start of your 7-day file submission timeframe, then you may submit that information on your next quarterly file.

This grace period allows you time to process the new claim information internally, prior to submission for Section 111.

Another way to look at it is that any record received on a quarterly file submission will be marked as late if the ORM Termination Date is more than 135 days older than the start date of that same file submission period.

Slide 40 of 43 - 03 Compliance Flag



Slide notes

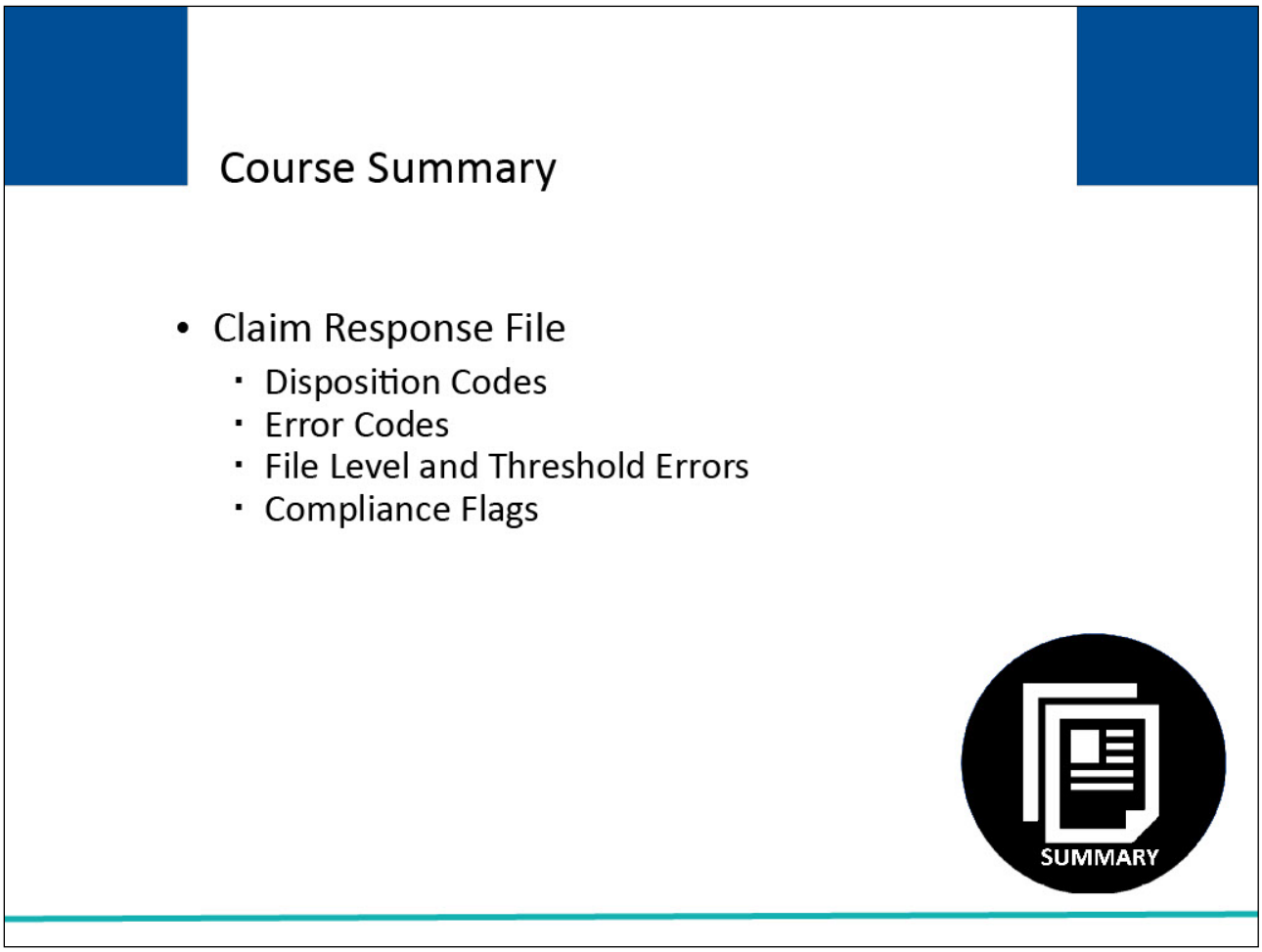
Establishment/assumption of ORM can take place at various times during a claim review.

The actual date of when the RRE assumed ORM is not collected as part of the claim report. RREs will not receive a Compliance Flag regarding possible late submission of a Y value for the ORM Indicator (Field 78 on the Claim Input File Detail Record).

However, CMS reserves the right to audit an RRE and/or their agent(s) with respect to this issue (or any other Section 111 reporting issue).

The RRE must have a record of when ORM was assumed/terminated on a reported claim and when such ORM was reported to the BCRC under Section 111 in order to establish timely reporting.

Slide 41 of 43 - Course Summary



Slide notes

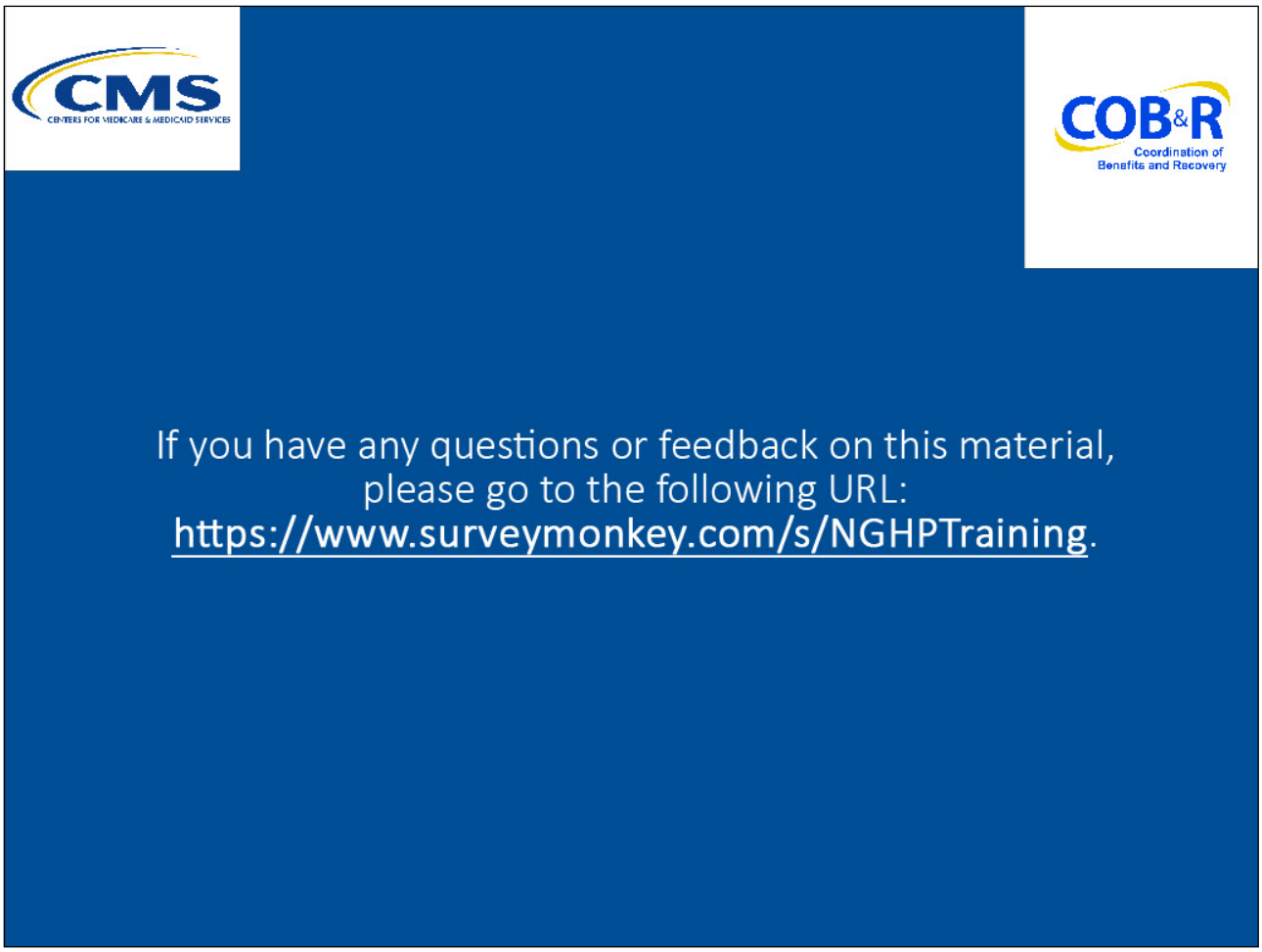
This module explained the Claim Response File, Disposition Codes, Error Codes, File Level and Threshold Errors, and Compliance Flags.

Slide 42 of 43 - Conclusion

Slide notes

You have completed the Claim Response File Overview 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://go.cms.gov/mirnghp.

Slide 43 of 43 - NGHP Training Survey



Slide notes

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