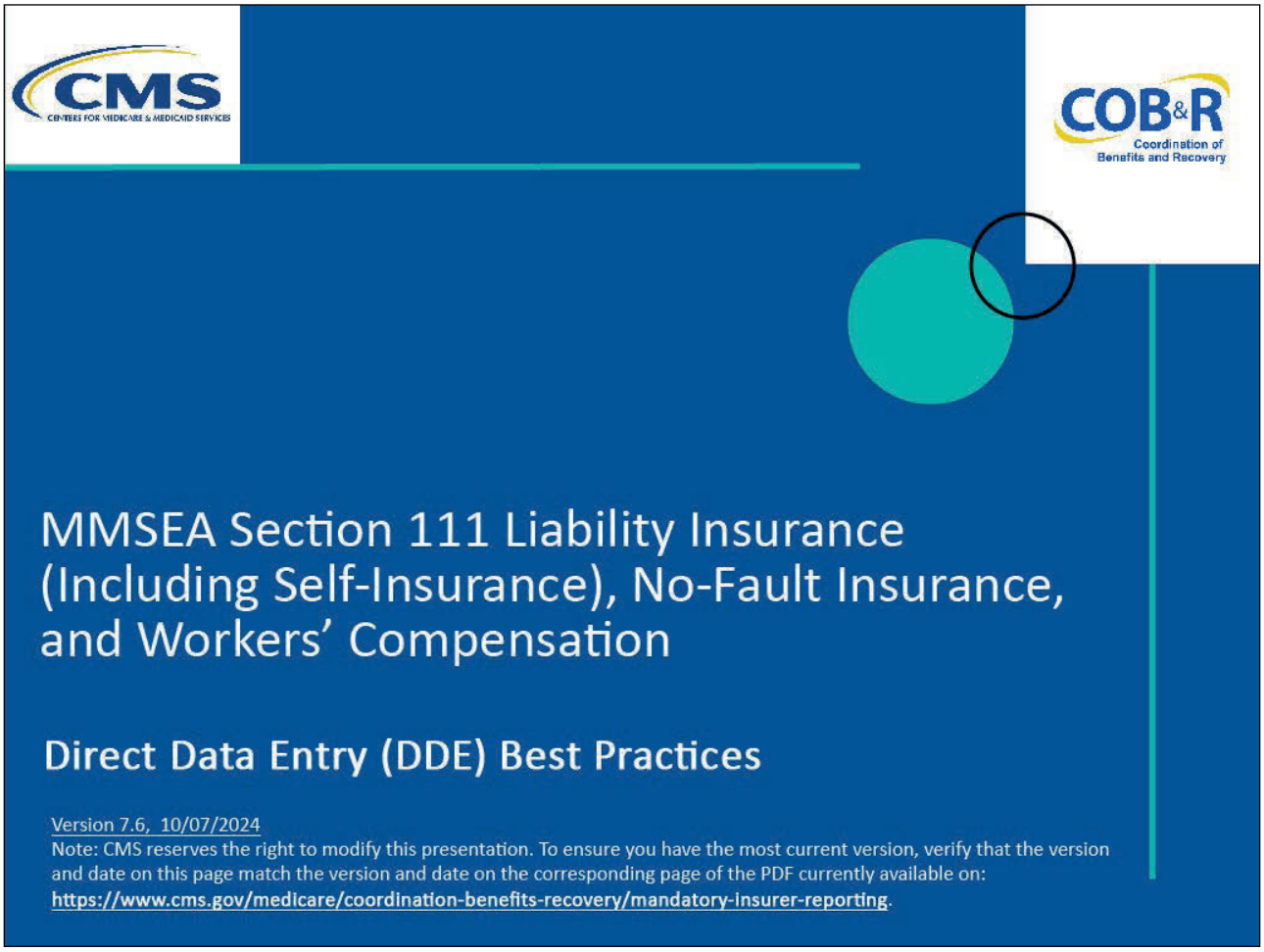
Direct Data Entry (DDE) Best Practices

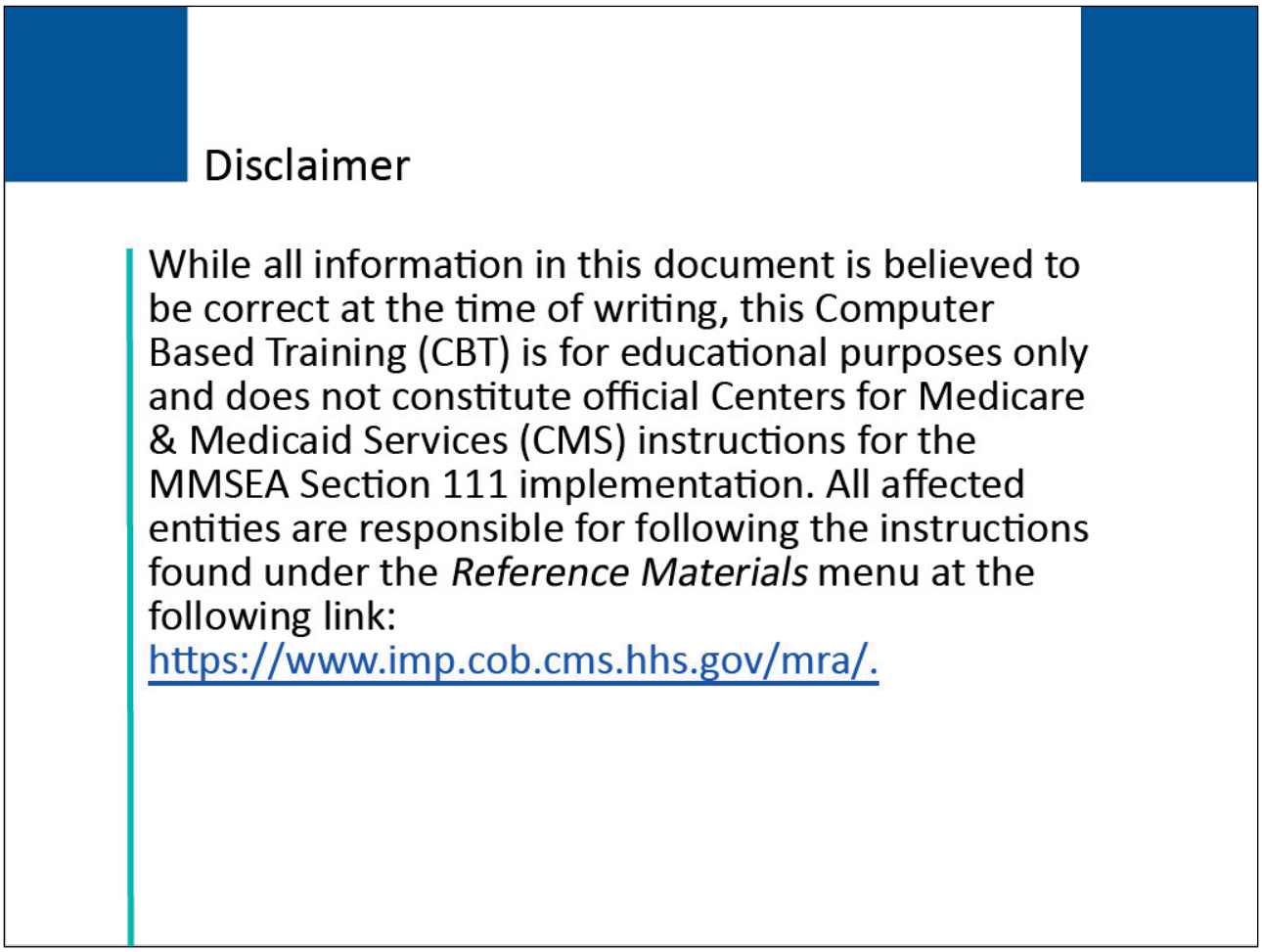
Slide 1 of 27 - Direct Data Entry (DDE) Best Practices



Slide notes

Welcome to the Direct Data Entry (DDE) Best Practices course.

Slide 2 of 27 - Disclaimer

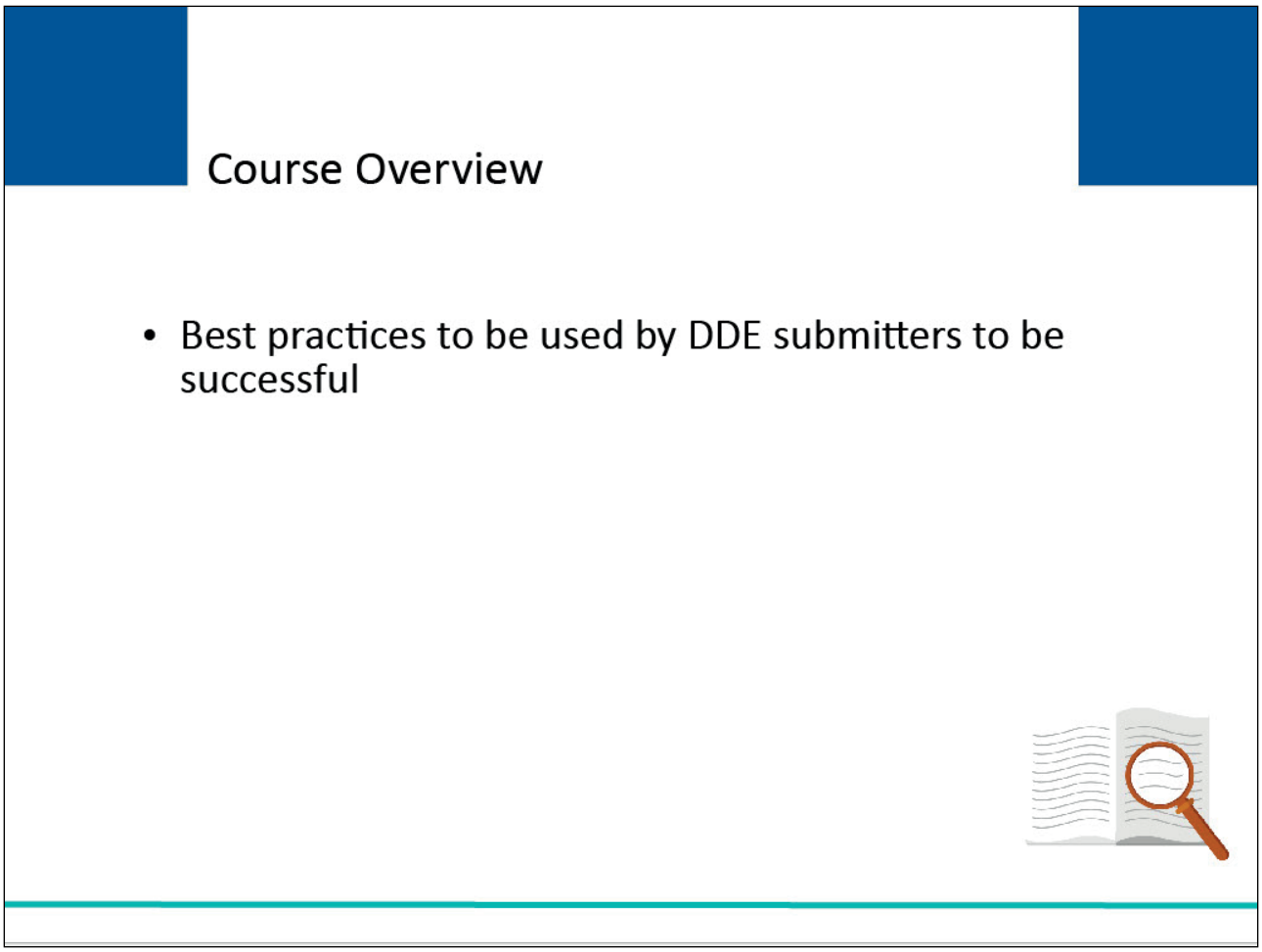


Slide notes

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: Section 111 COBSW.

Slide 3 of 27 - Course Overview



Slide notes

This module was created to share best practices to be used by DDE submitters so that they are successful in submitting Section 111 claim reports.

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 27 - 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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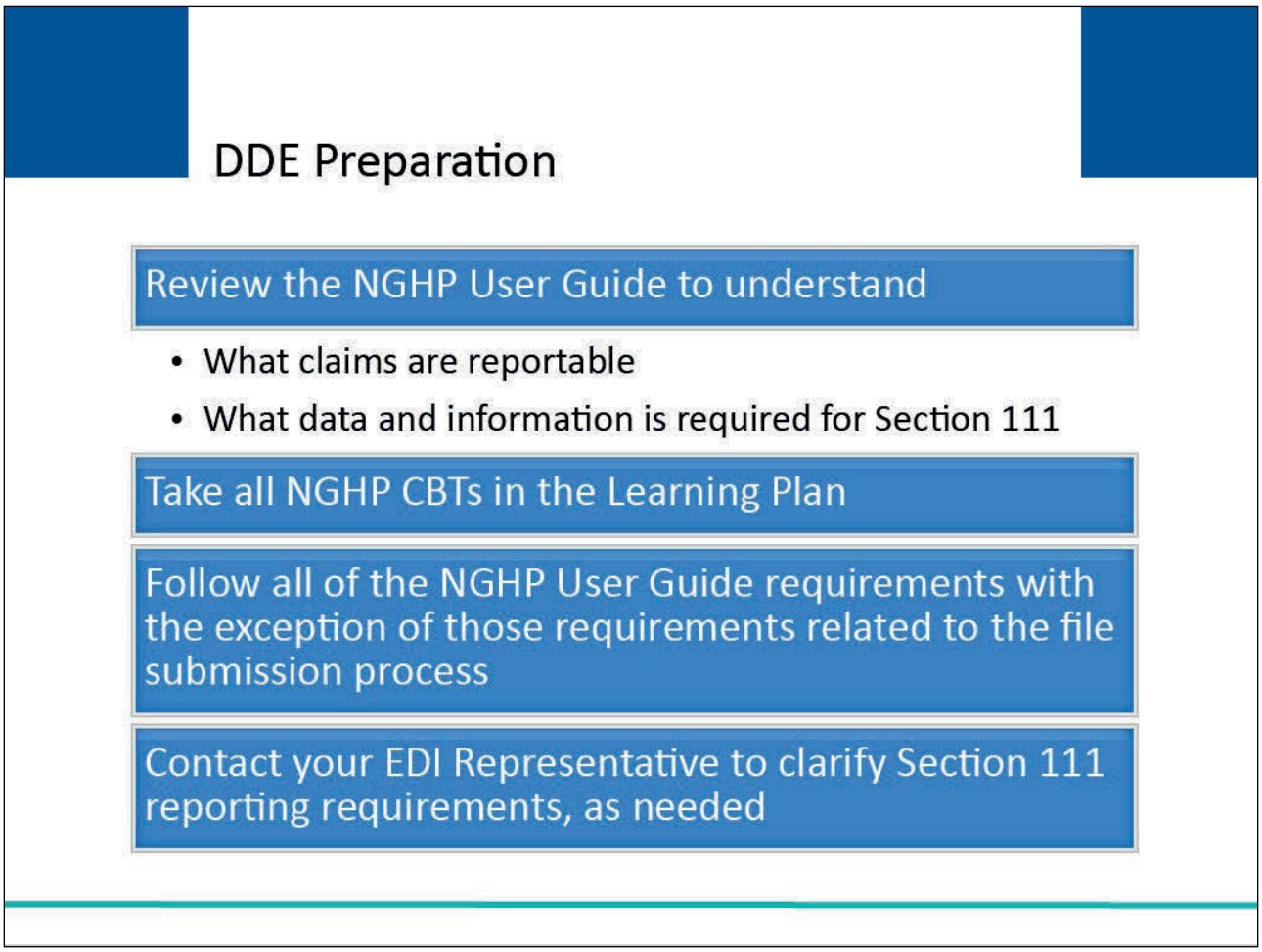
This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

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 27 - DDE Preparation



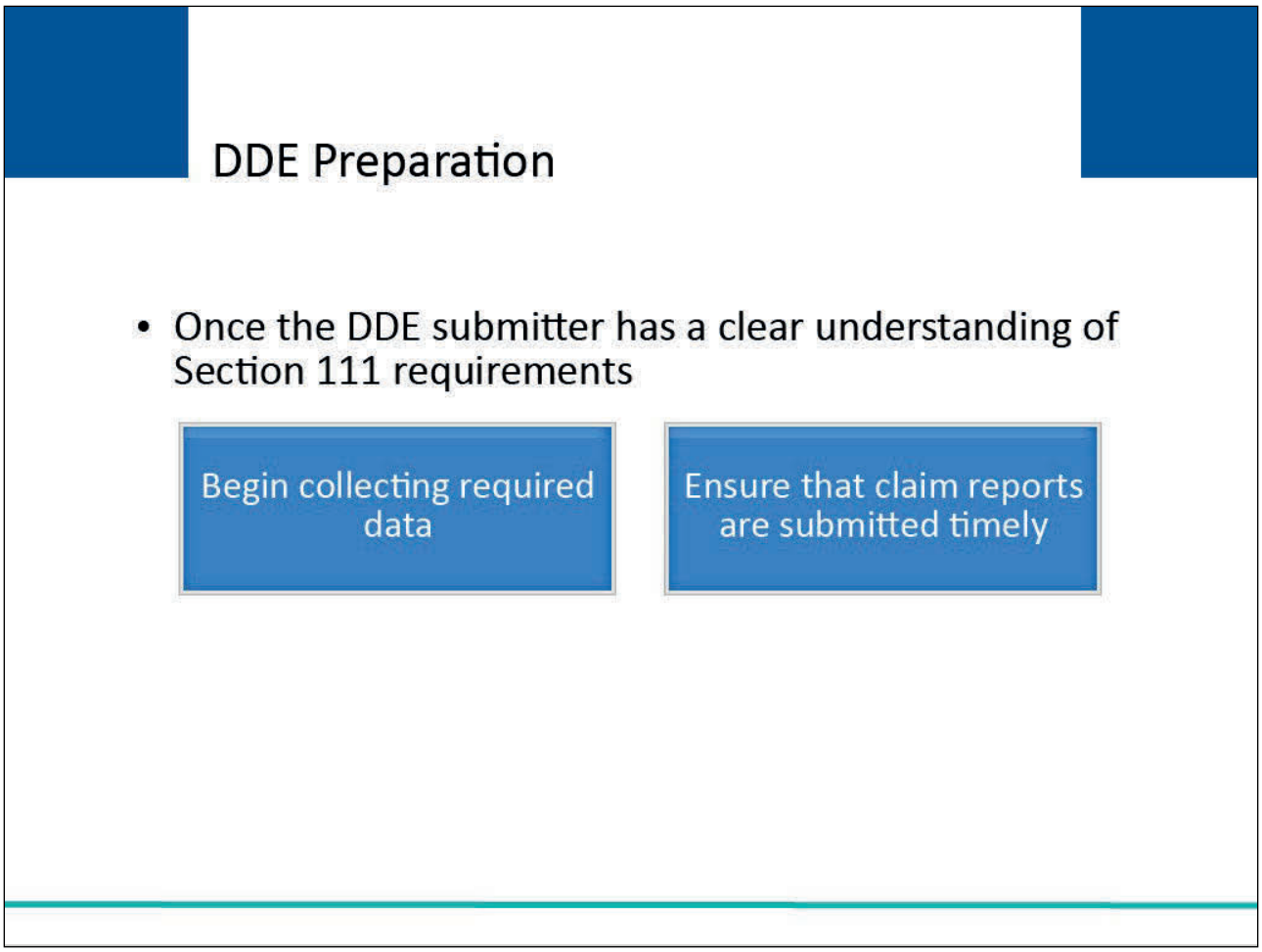
Slide notes

Before beginning the DDE claim submission process, DDE submitters should thoroughly review the NGHP User Guide so they have a clear understanding of what claims are reportable and what data and information is required for Section 111. DDE submitters are also encouraged to take all of the NGHP CBTs listed in the Learning Plan.

DDE RREs are responsible for following all of the NGHP User Guide requirements with the exception of those requirements specifically related to the file submission process.

When a user is unclear about any Section 111 reporting requirement, they should call or email their Electronic Data Interchange (EDI) Representative for assistance.

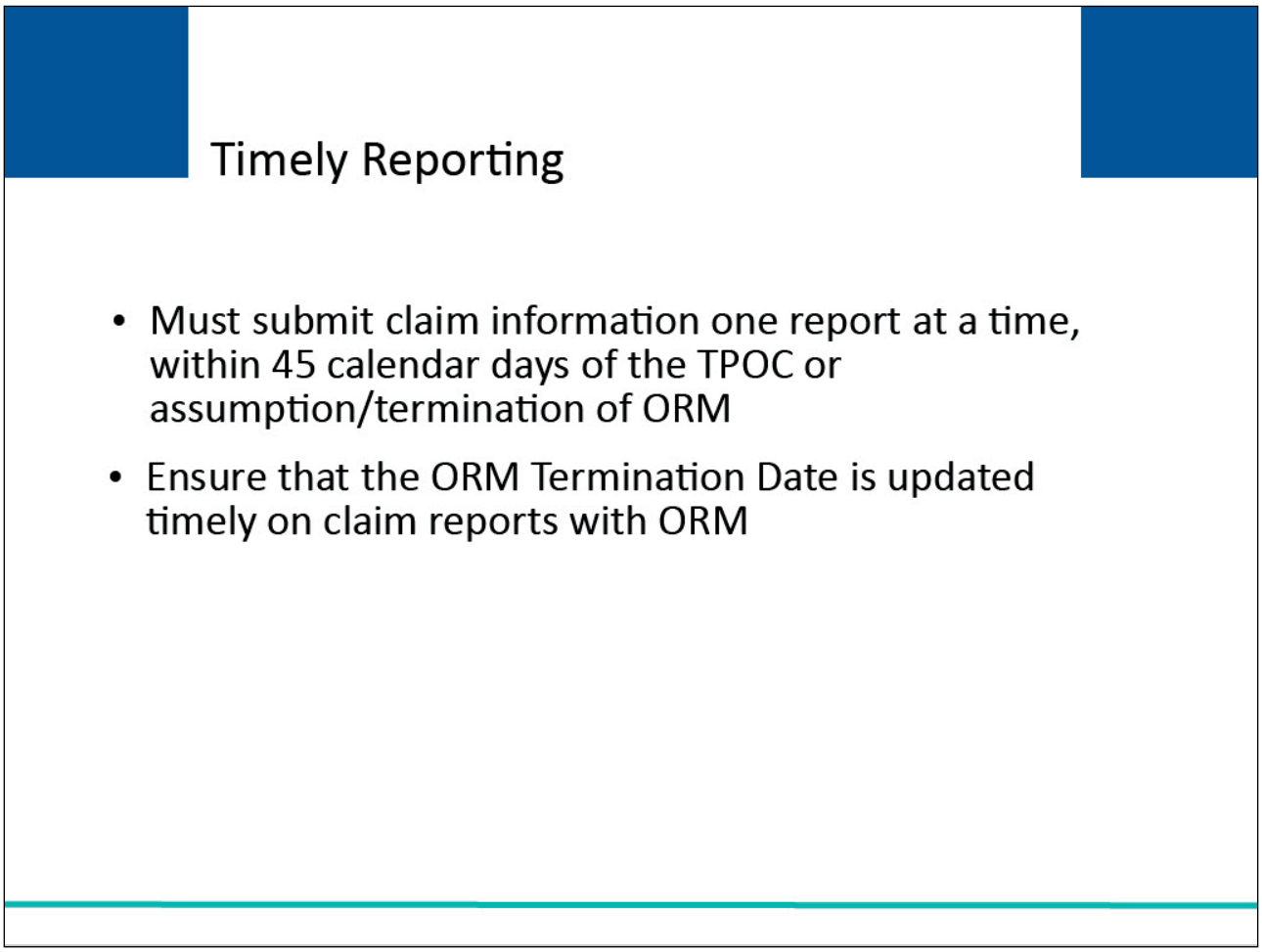
Slide 6 of 27 - DDE Preparation



Slide notes

Once the DDE submitter has a clear understanding of the Section 111 requirements, they should begin collecting the required data for claims submission and ensure that claim reports are submitted timely.

Slide 7 of 27 - Timely Reporting

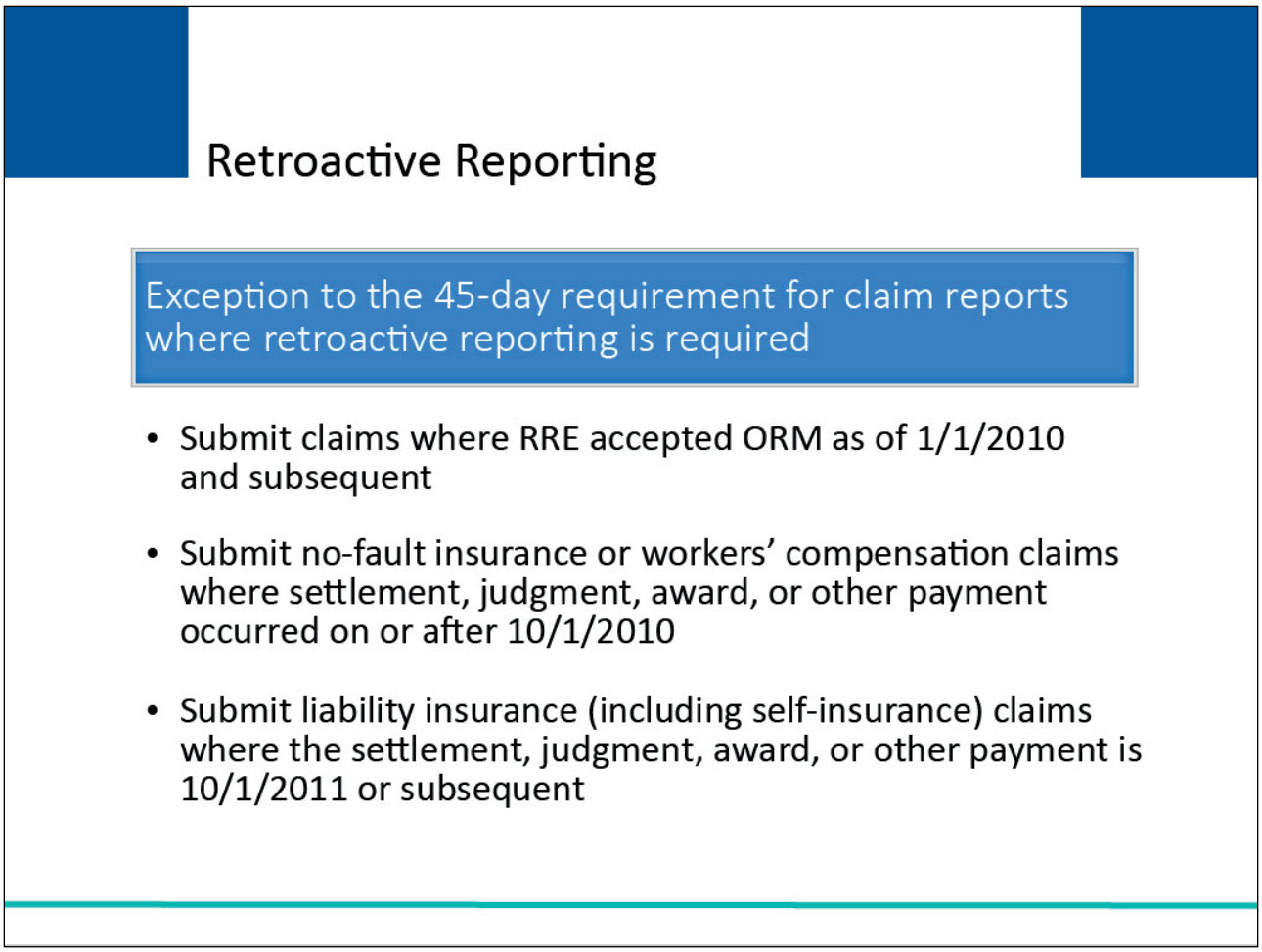


Slide notes

RREs using the DDE method must submit claim information using the Section 111 Coordination of Benefits Secure Website (COBSW) one report at a time, within 45 calendar days of the Total Payment Obligation to Claimant (TPOC) or assumption or termination of Ongoing Responsibility for Medicals (ORM).

Once a claim report with ORM has been submitted, the RRE must ensure that the ORM Termination Date is updated timely.

Slide 8 of 27 - Retroactive Reporting



Slide notes

There is an exception to the 45-day requirement for claim reports where retroactive reporting is required.

RREs must submit information for all liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims involving a Medicare beneficiary as the injured party where ORM payments exist as of January 1, 2010, and subsequent, regardless of the date of an initial acceptance of payment responsibility.

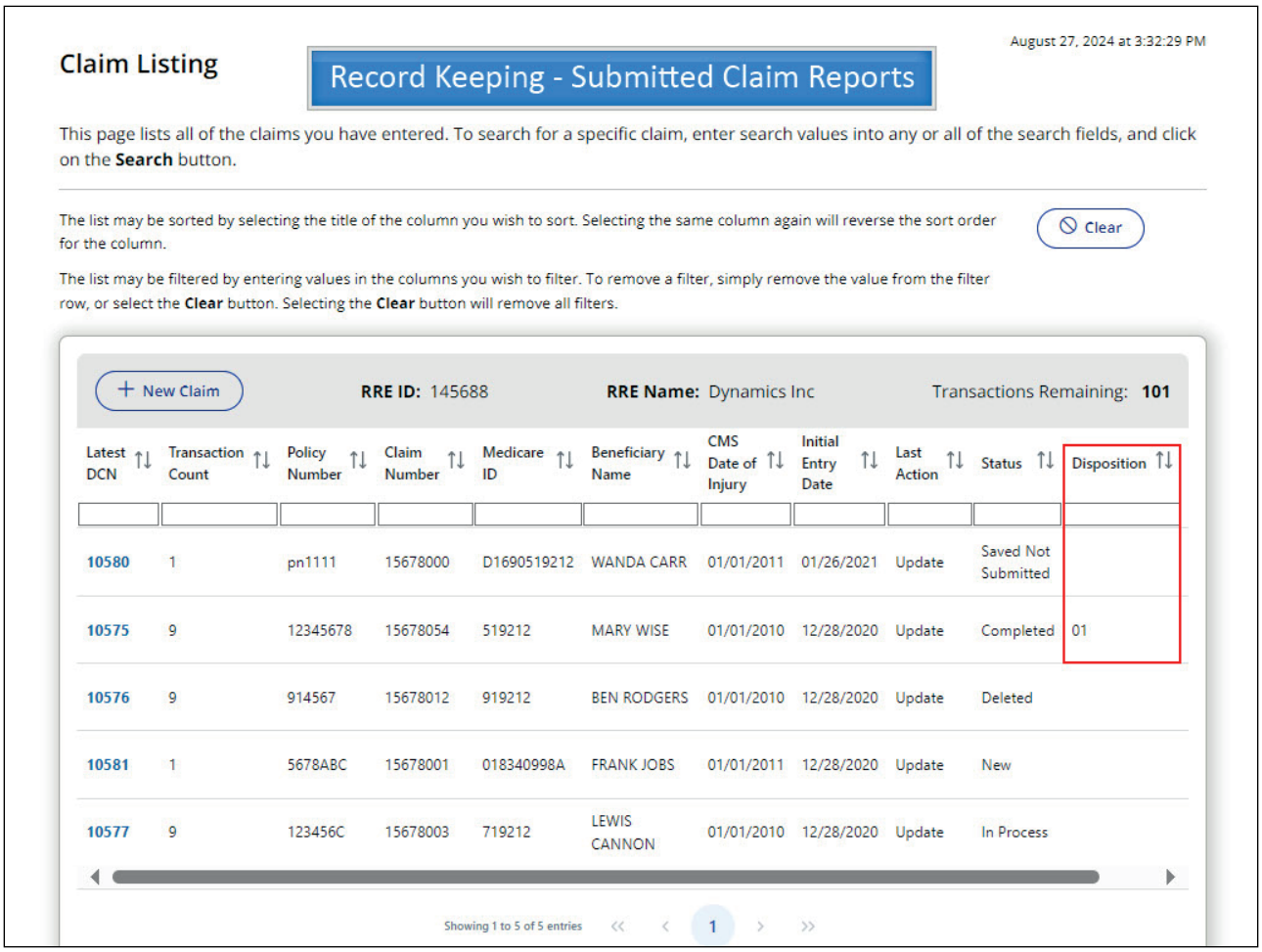
In addition, they must include no-fault insurance or workers' compensation claims where the settlement, judgment, award, or other payment date, separate/apart from ORM, is October 1, 2010, or subsequent, and which meet the reporting thresholds for Section 111.

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

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 9 of 27 - Record Keeping - Submitted Claim Reports

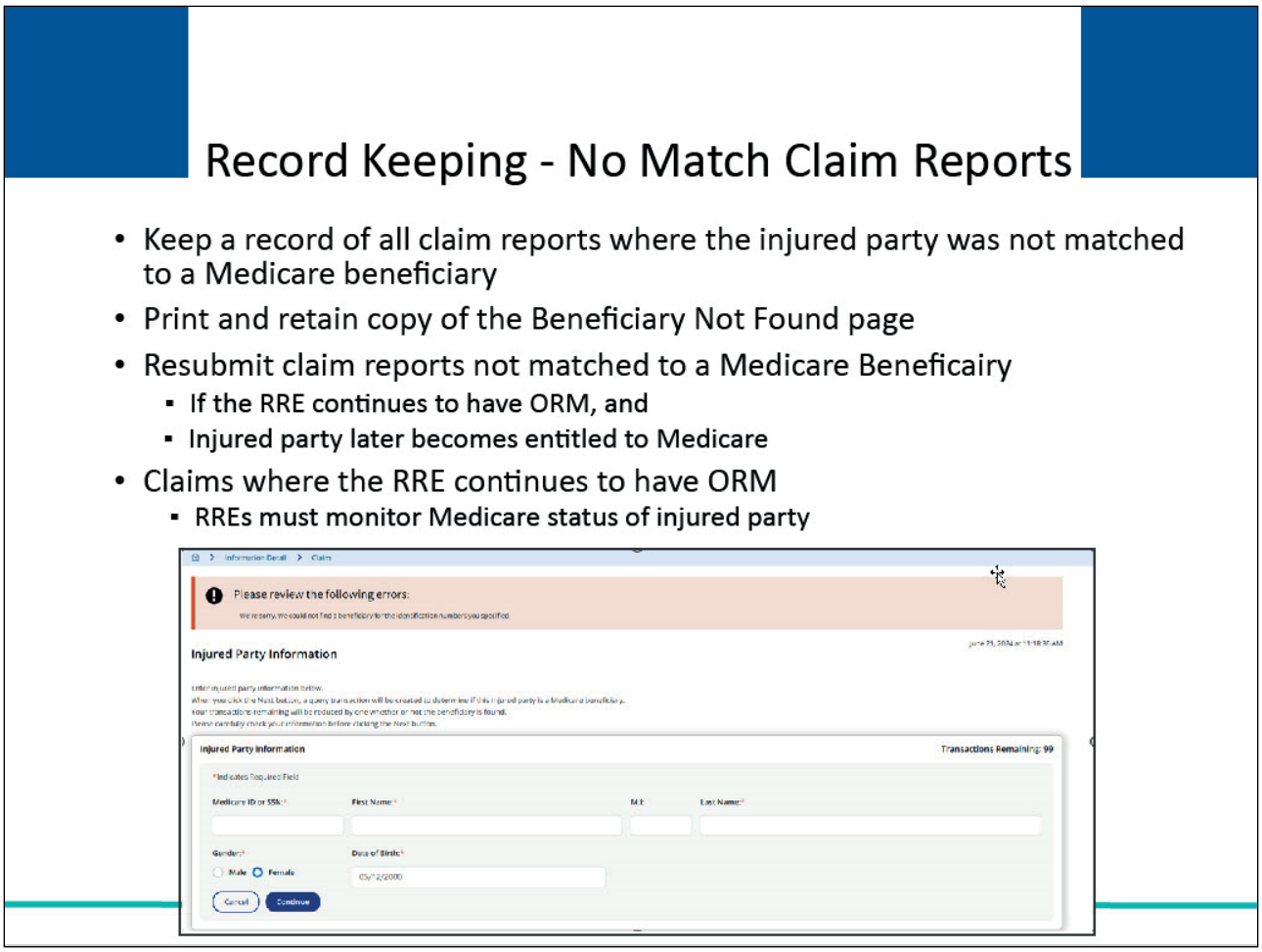


Slide notes

When a claim report has been submitted, it is recommended that the RRE keep a record of all data that was submitted. The DDE application has a Print link on the Claim Entry pages that can be used for this purpose. The button is located in the top right-hand corner of each page during the claim submittal process.

It is also recommended that the RRE maintain a record of the final Disposition received for the claim report which will be displayed on the Claim Listing page when the Status is Completed.

Slide 10 of 27 - Record Keeping - No Match Claim Reports



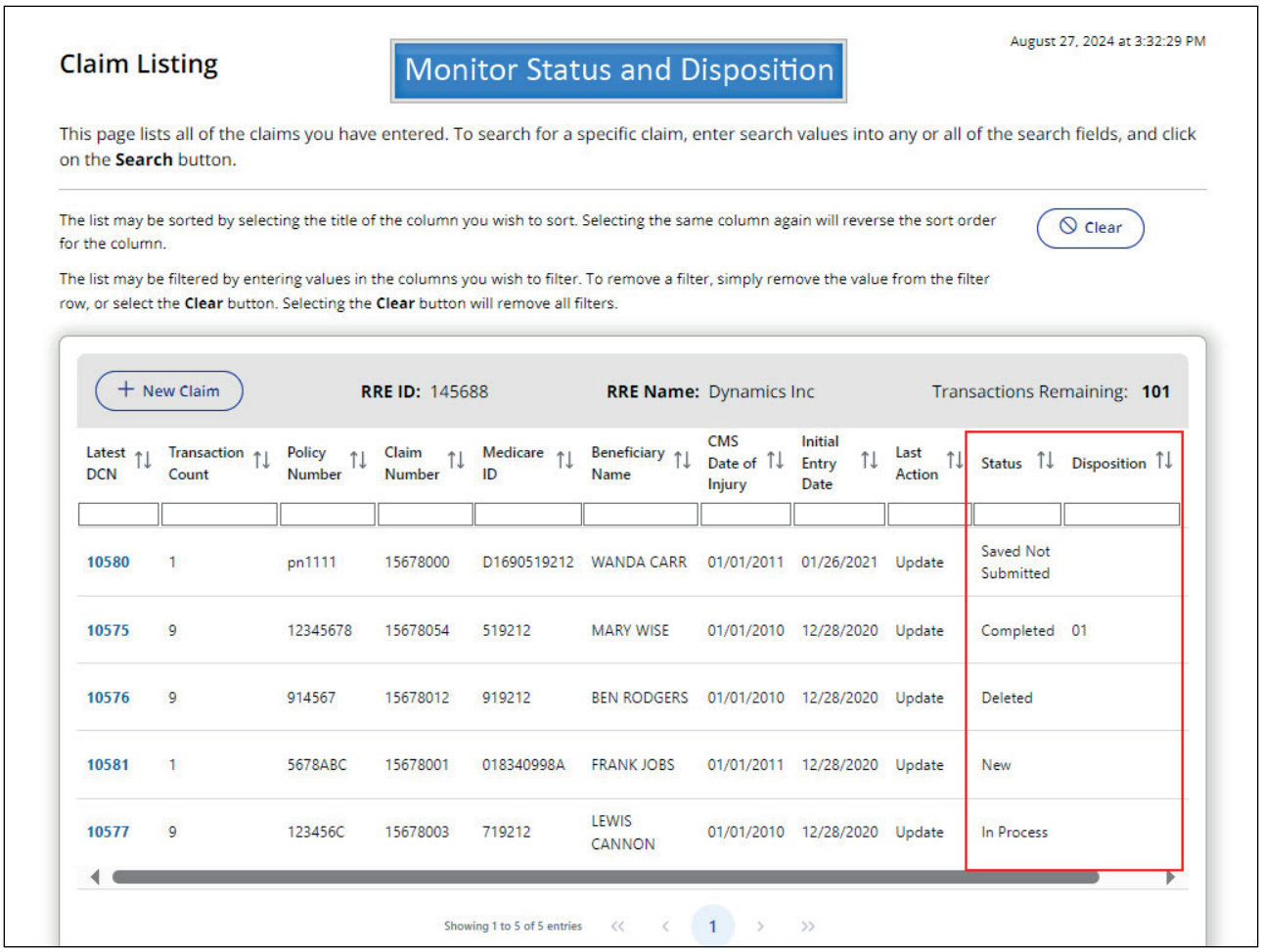
Slide notes

It is recommended that RREs keep a record of all claim reports where the injured party was not matched to a Medicare beneficiary by printing and keeping a copy of the Beneficiary Not Found page.

Remember, claim reports that were not matched to a Medicare beneficiary during the New Claim creation process must be resubmitted if the RRE continues to have ORM and the injured party later becomes entitled to Medicare.

For claims that the RRE continues to have ORM, RREs must continue to monitor the Medicare status of the injured party which can be accomplished by resubmitting the claim report for the injured party on a quarterly basis.

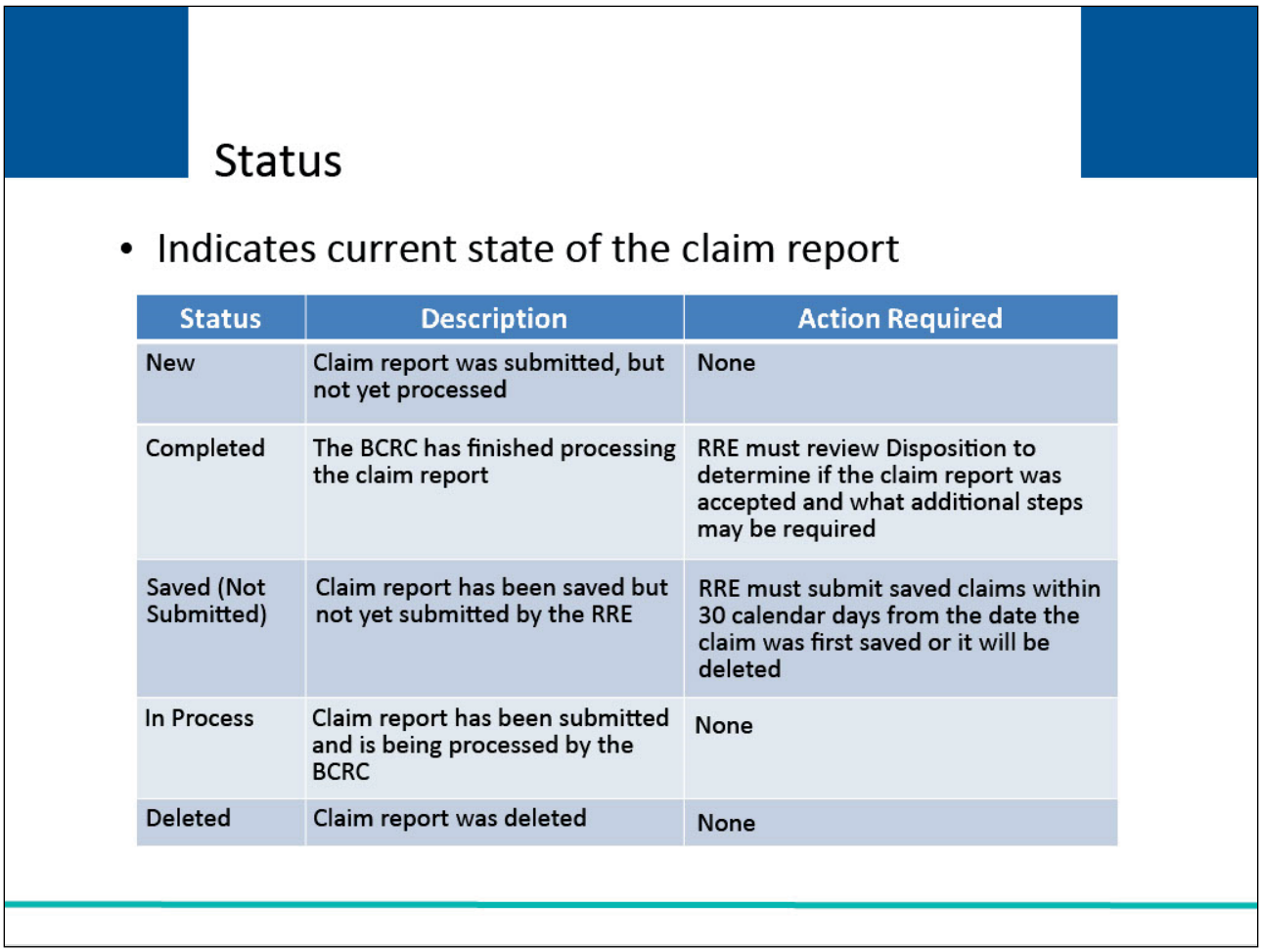
Slide 11 of 27 - Monitor Status and Disposition



Slide notes

When a claim has been submitted, the DDE submitter must monitor the Status and Disposition of the claim report on the DDE Claim Listing page to see if the claim was accepted or not and react accordingly.

Slide 12 of 27 - Status



Slide notes

The Status indicates the current state of the claim report which may be New, Completed, Saved (Not Submitted), In Process, or Deleted.

New indicates that the claim report was submitted, but not yet processed by the Benefits Coordination & Recovery Center (BCRC). No action is required for this status.

Completed indicates that the BCRC has finished processing the claim report. This status does not indicate that the claim report has been accepted.

The RRE must review the Disposition to determine if the claim report was accepted and what additional steps may be required.

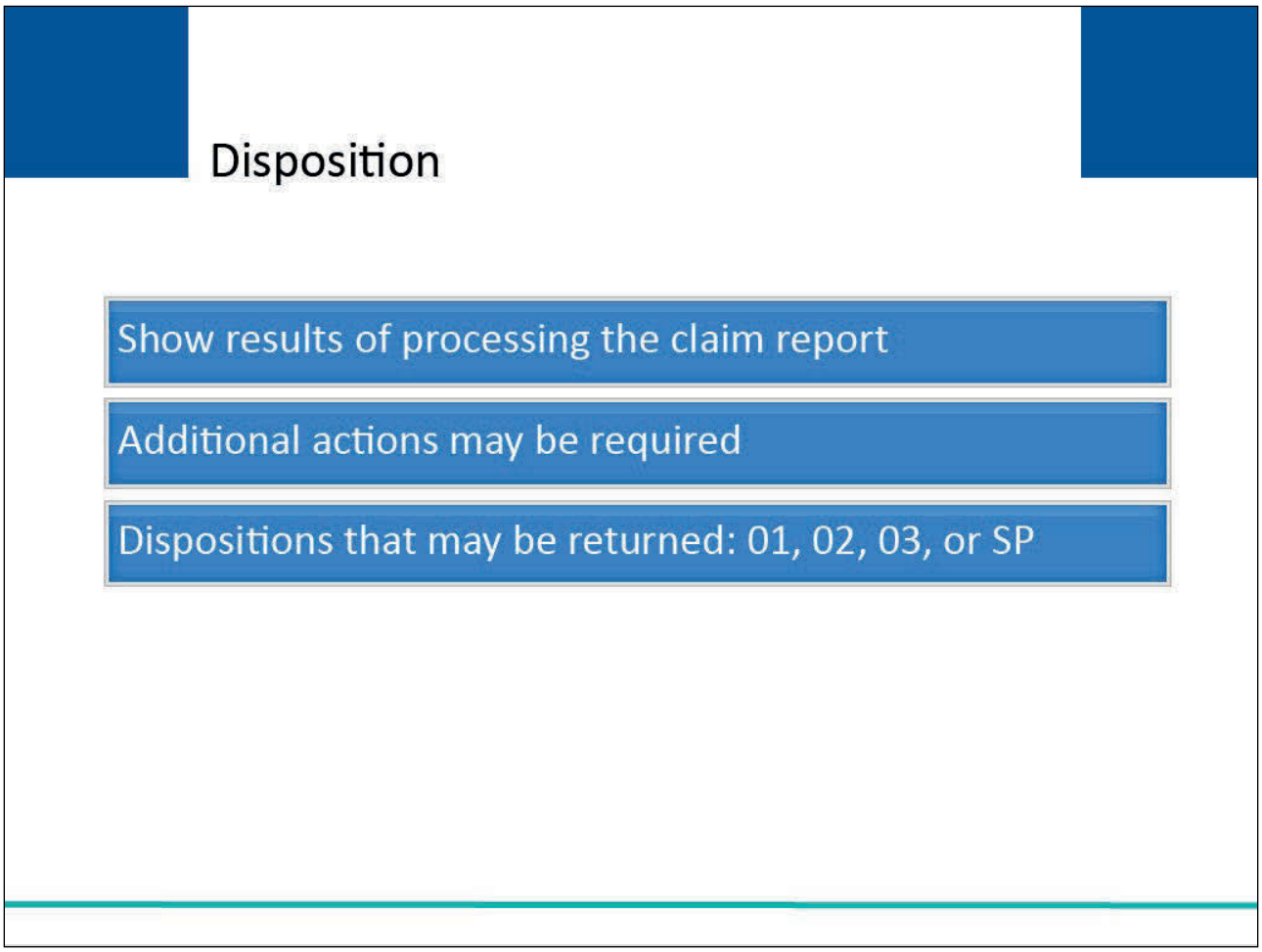
Saved (Not Submitted) indicates that the claim report has been saved on the Section 111 COBSW, but not yet submitted by the RRE.

RREs must submit saved claims within 30 calendar days from the date the claim was first saved. If a saved claim is not submitted within 30 days, it will be automatically deleted by the system.

In Process indicates that the claim has been submitted and is being processed by the BCRC. No action is required for this status.

Deleted indicates the claim report was deleted. No action is required for this status.

Slide 13 of 27 - Disposition

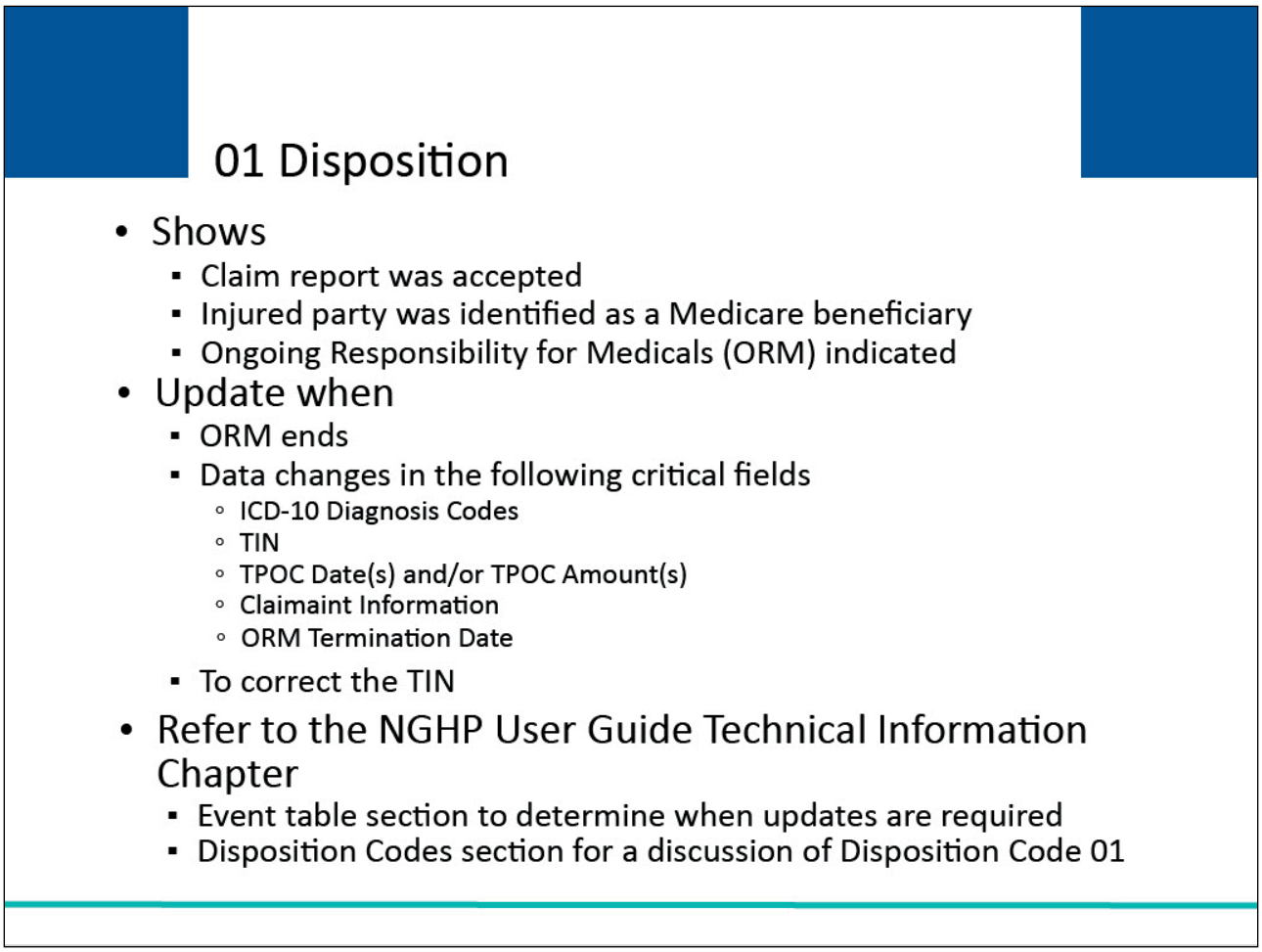


Slide notes

DDE submitters must monitor the value returned in the Disposition field which will show them the results of processing the claim report.

Depending on the Disposition returned, additional actions may be required by the DDE submitter. The Dispositions that may be returned on a DDE claim report are: 01, 02, 03, or SP.

Slide 14 of 27 - 01 Disposition



Slide notes

The 01 Disposition shows that the claim report was accepted by the BCRC, the injured party was identified as a Medicare beneficiary and ORM was indicated.

Claim reports that receive this Disposition must be updated when ORM ends, data in any of the following critical fields are modified:

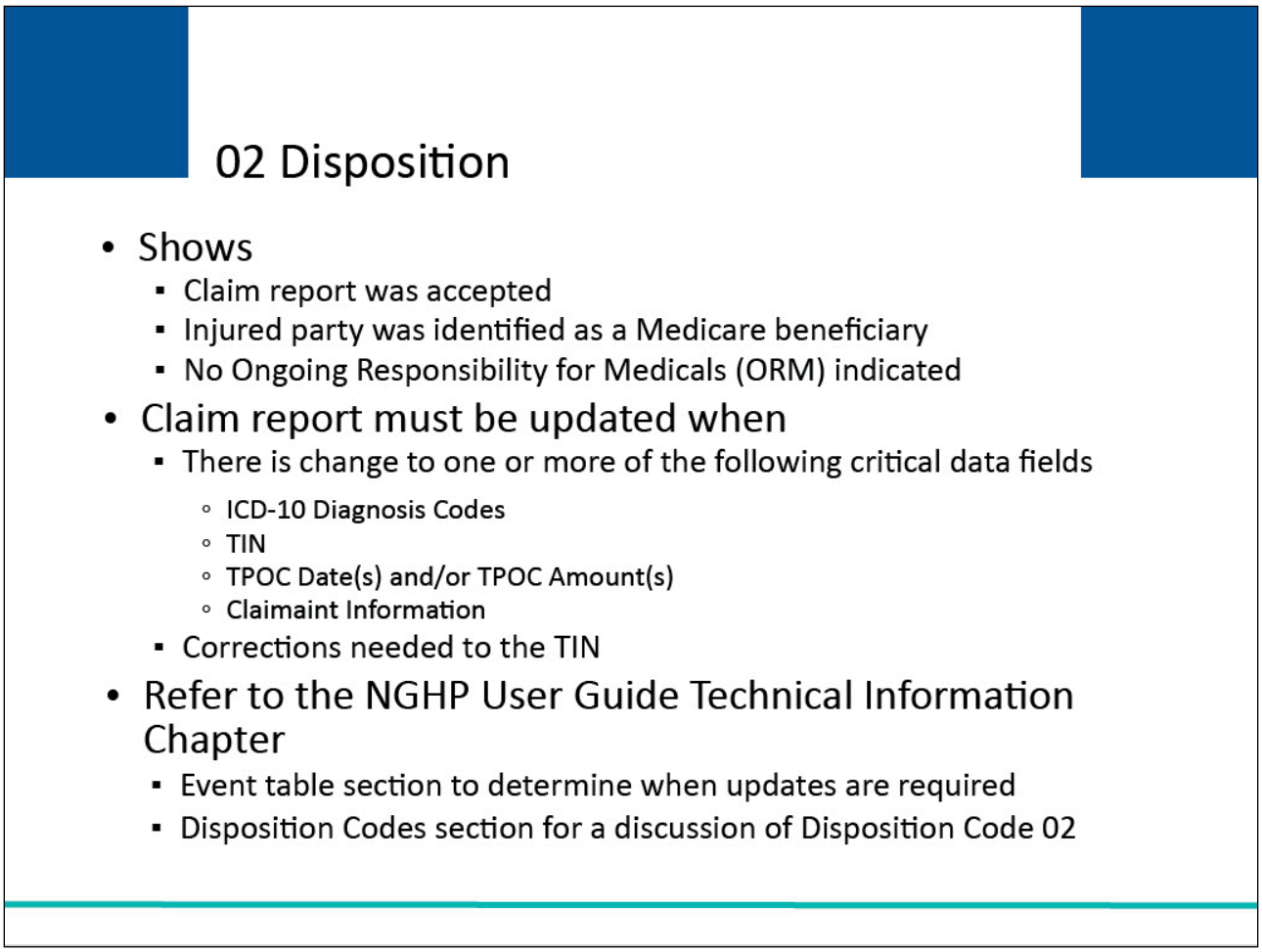
- International Classification of Diseases,
- 10th revision (ICD-10) Diagnosis Codes,
- Tax Identification Number (TIN),
- TPOC Date(s) and/or TPOC Amount(s),
- Claimant Information,
- ORM Termination Date, or
- if the claim report has to be resubmitted to correct the TIN.

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

DDE submitters should refer to the Event Table in the NGHP User Guide Technical Information Chapter for more information on when updates to previously accepted claim reports are required.

DDE submitters should also refer to the Disposition Codes section of the NGHP User Guide Technical Information Chapter for more information on Disposition Code 01.

Slide 15 of 27 - 02 Disposition



Slide notes

Claim reports that receive this Disposition must be updated when data in any of the following critical fields are modified:

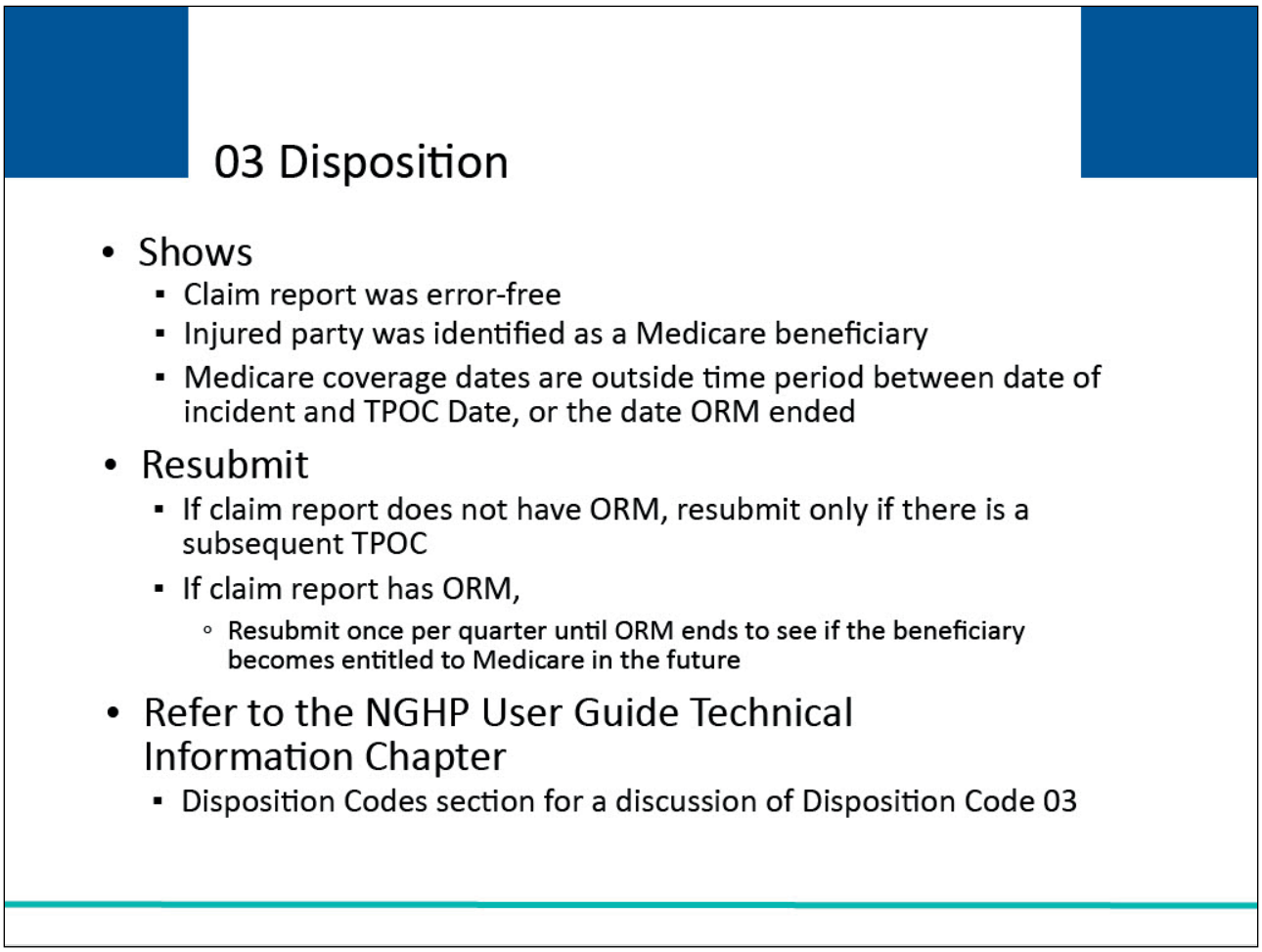
- ICD-10 Diagnosis Codes,
- TIN,
- TPOC Date(s) and/or TPOC Amount(s),
- Claimant Information, or
- if the claim report has to be resubmitted to correct the TIN.

The 02 Disposition shows that the claim report was accepted by the BCRC, the injured party was identified as a Medicare beneficiary between the CMS Date of Incident and TPOC Date, and no ORM was indicated.

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 describing the alleged injury/illness. These codes are special default for liability reporting.

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.

Slide 16 of 27 - 03 Disposition



Slide notes

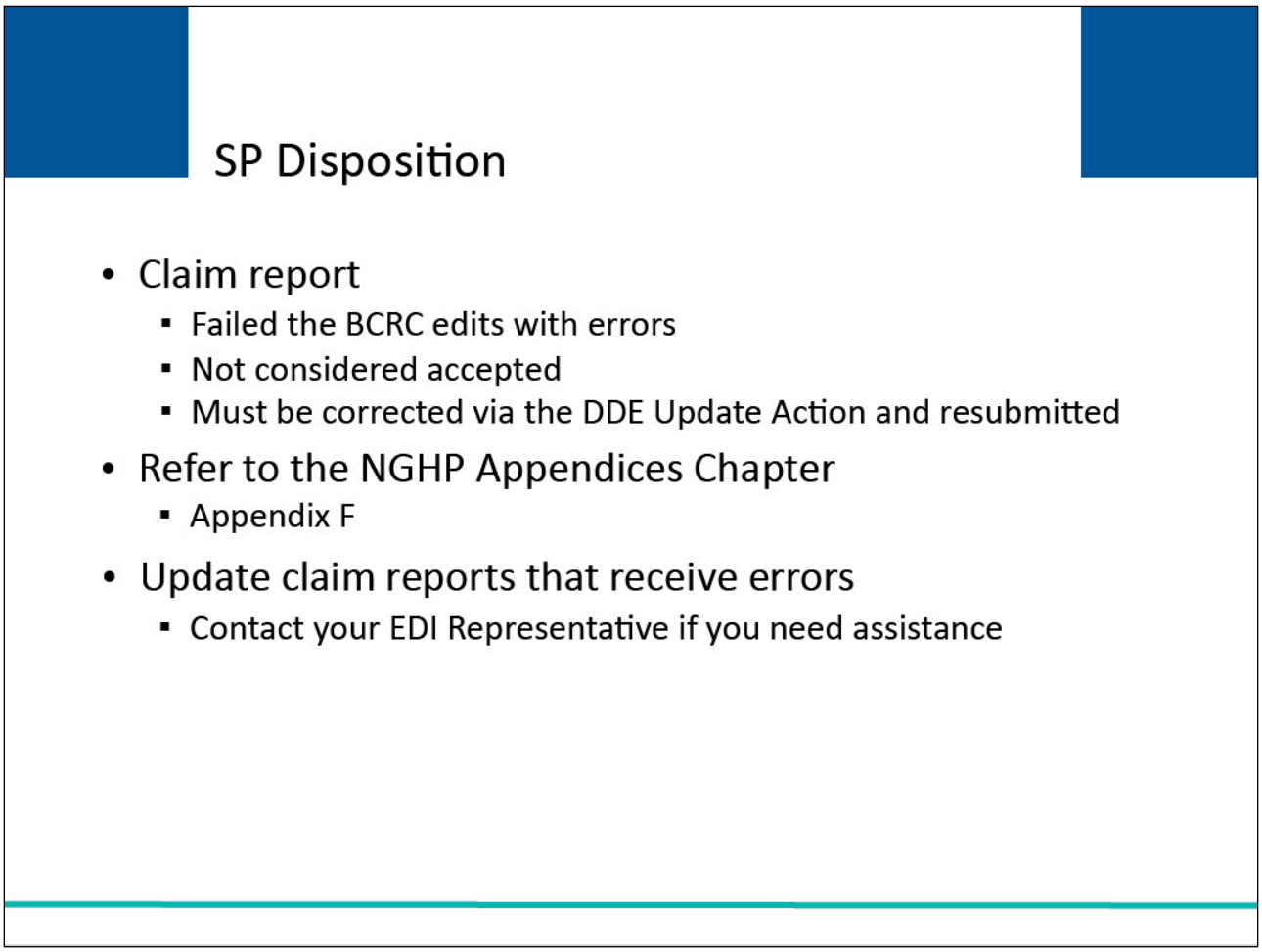
The 03 Disposition shows that the claim report was found to be error free, and the injured party submitted was matched to a Medicare beneficiary, but the beneficiary's Medicare coverage dates are outside the time period between the date of incident and TPOC Date or the date ORM ended, as applicable.

In other words, the claim information does not overlap the injured party's Medicare entitlement period. If the claim report does not have ORM, it will only have to be resubmitted if there is a subsequent TPOC.

If the claim report has ORM, it must be resubmitted once per quarter until ORM ends, to see if the beneficiary becomes entitled to Medicare at some point in the future, at which point the resubmitted claim report would receive a 01 Disposition.

DDE submitters should refer to the Disposition Codes section of the NGHP User Guide Technical Information Chapter for more information on Disposition Code 03.

Slide 17 of 27 - SP Disposition



Slide notes

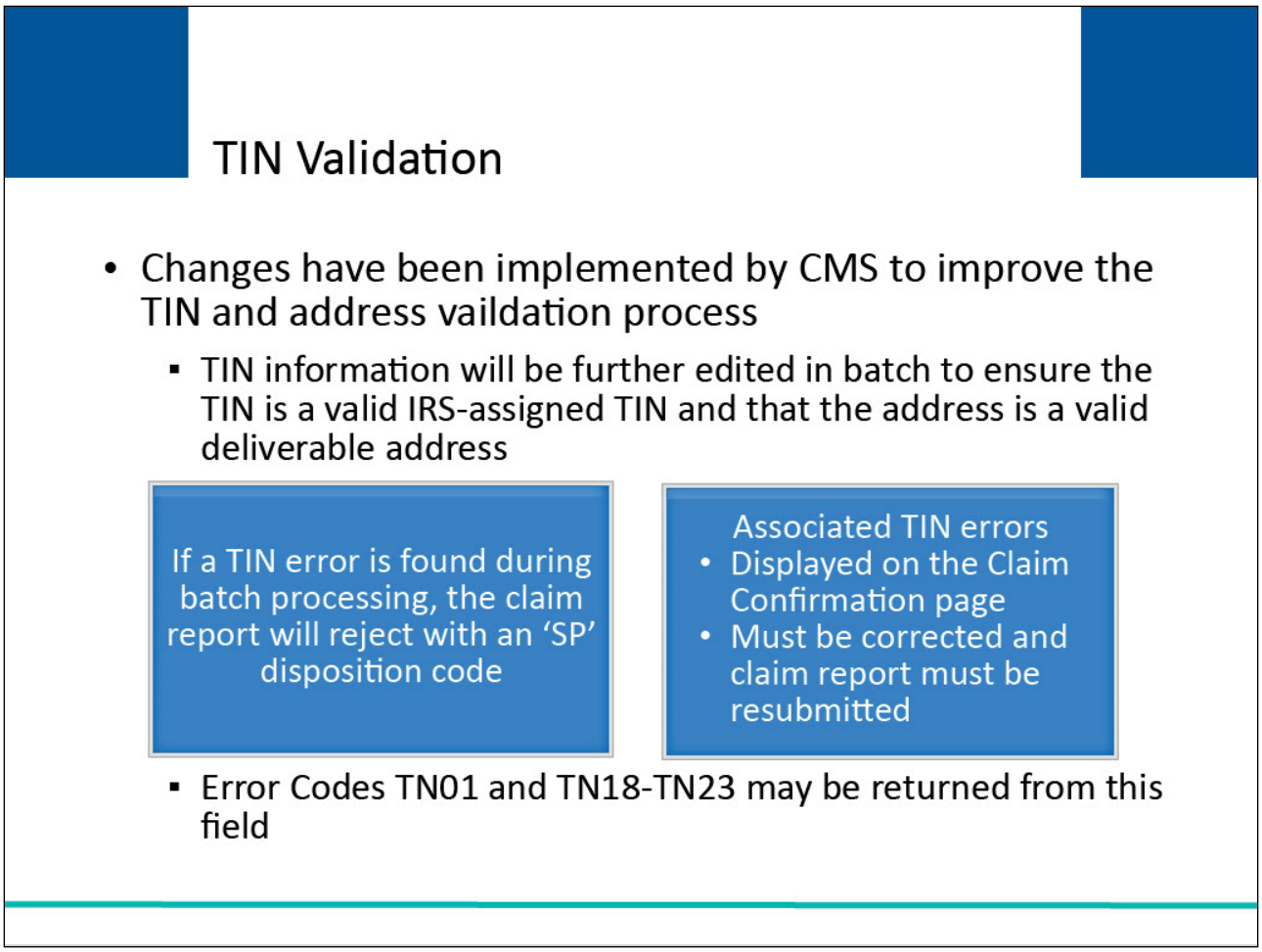
Claim reports that receive an SP Disposition failed the BCRC edits with errors.

These claim reports are not considered accepted and must be corrected via the DDE Update Action and resubmitted.

RREs should refer to the NGHP User Guide Appendices Chapter (Appendix F) for more information on Disposition and Error Codes. RREs must update claim reports that receive errors.

Please contact your EDI Representative if you need assistance resolving an SP Error.

Slide 18 of 27 - TIN Validation



Slide notes

Changes have been implemented by CMS to improve the TIN validation process, including the address validation performed.

Although NGHP DDE reporters do not submit TIN Reference Files, the same TIN information is submitted online. The Section 111 COBSW does perform basic editing of the TIN and associated address and will continue to do so.

Once the claim is submitted via DDE, the TIN information will be further edited in the batch process to ensure the TIN is a valid, IRS-assigned TIN (except for a foreign RRE pseudo-TIN) and that the address is a valid, deliverable mailing address.

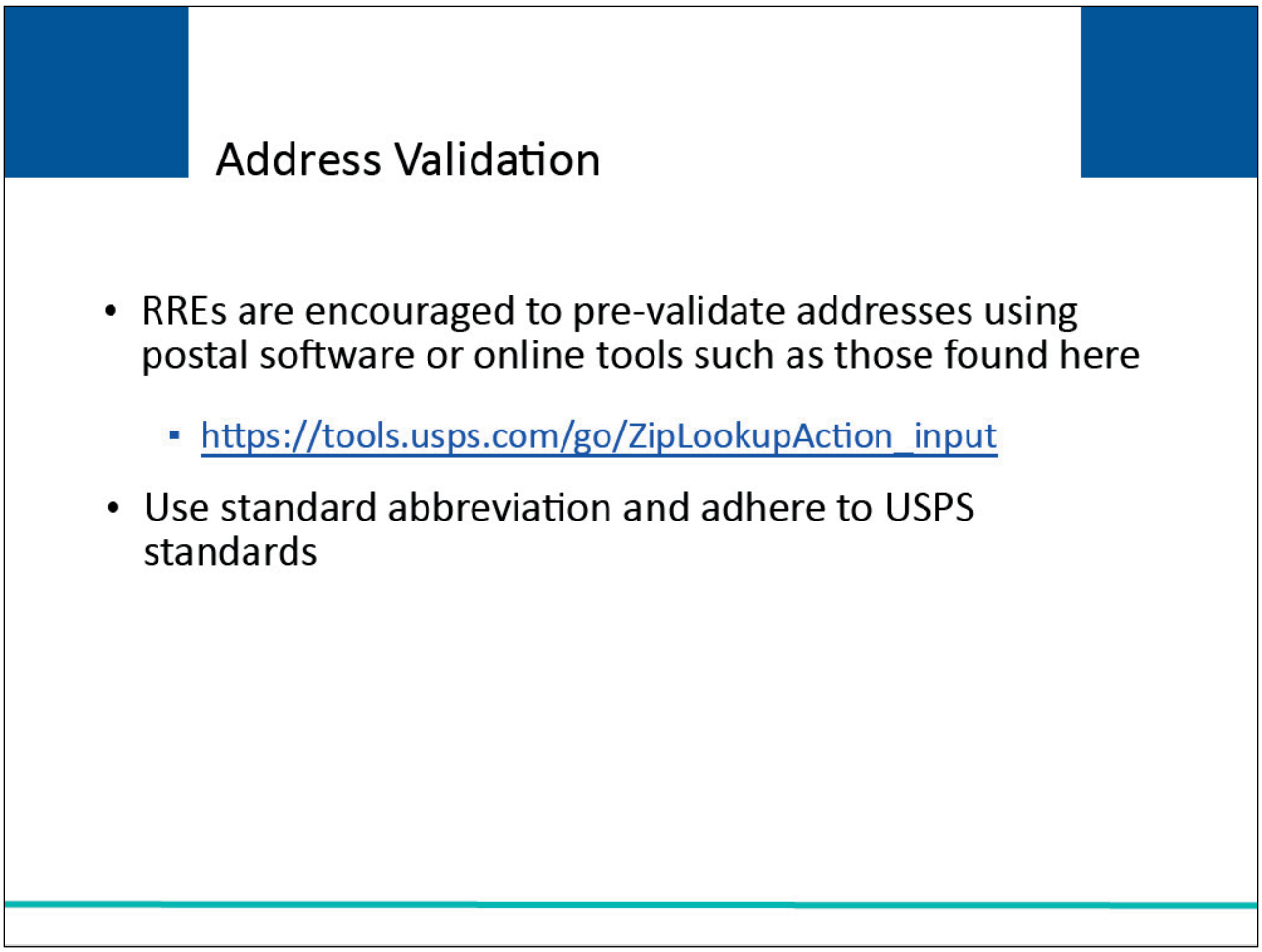
If a TIN error is found during batch processing, the claim report will reject with an 'SP' disposition code. The associated TIN errors will be displayed on the Claim Confirmation page.

These errors must be corrected by editing the invalid fields. Once corrected, the claim report must be resubmitted for processing. Error Codes TN01 and TN18-TN23 may be returned from this field validation process.

Note: When there is an active Medicare Secondary Payer Recovery Portal (MSPRP) account for the insurer/recovery agent TIN, Section 111 submitters may set Go Paperless options.

Additionally, recovery agents may now view the Open Debt Report on the MSPRP, if the agent has an active MSPRP account with a TIN matching one submitted on the RRE's TIN Reference File.

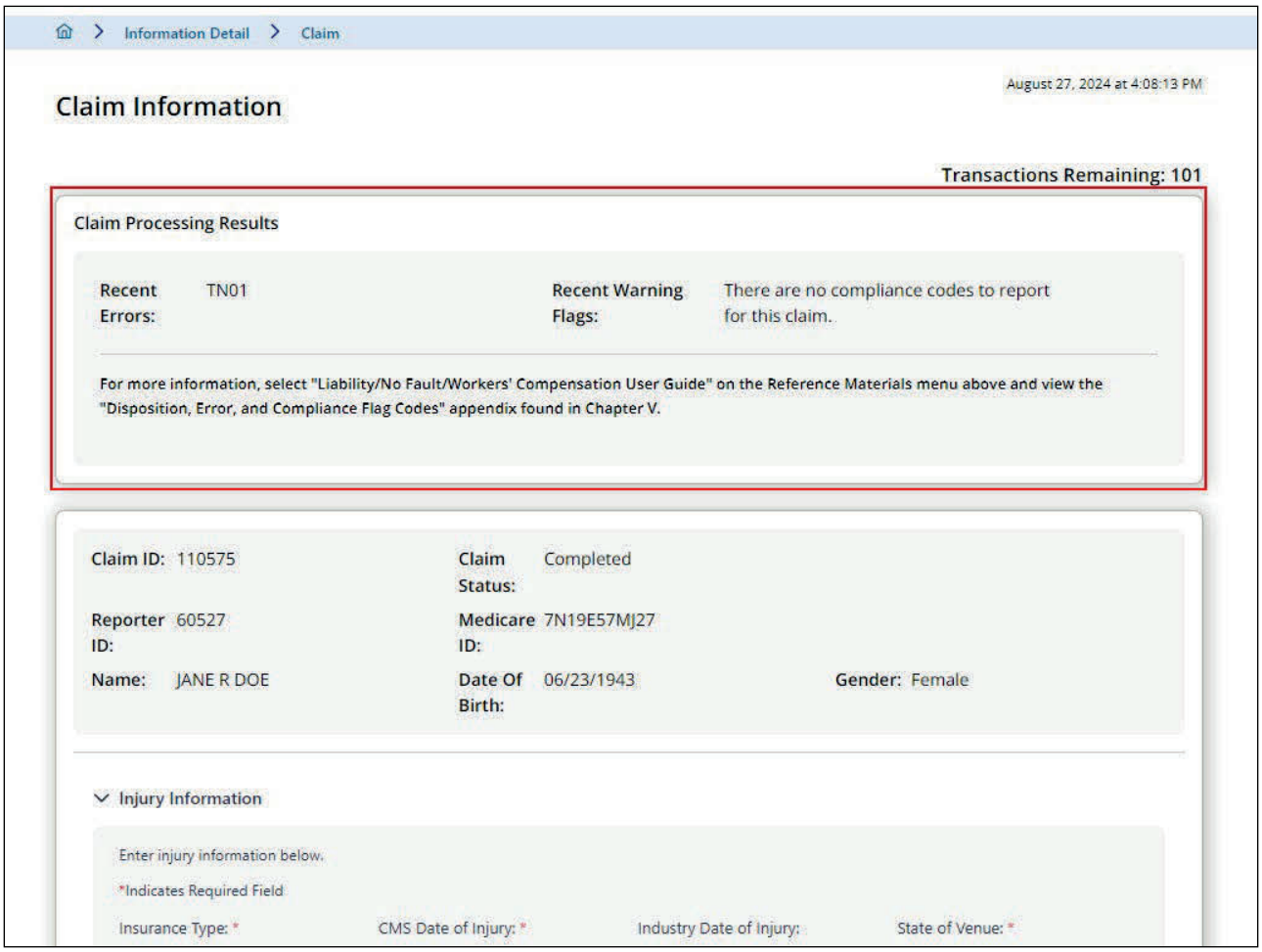
Slide 19 of 27 - Address Validation



Slide notes

In an effort to avoid getting TIN address errors, it is recommended that you pre-validate RRE addresses using postal software or online tools available on the United States Postal Service (USPS) website pages such as USPS Lookup Action Link before entering TIN address information online. Use standard abbreviations and adhere to USPS standards.

Slide 20 of 27 - Compliance Flags



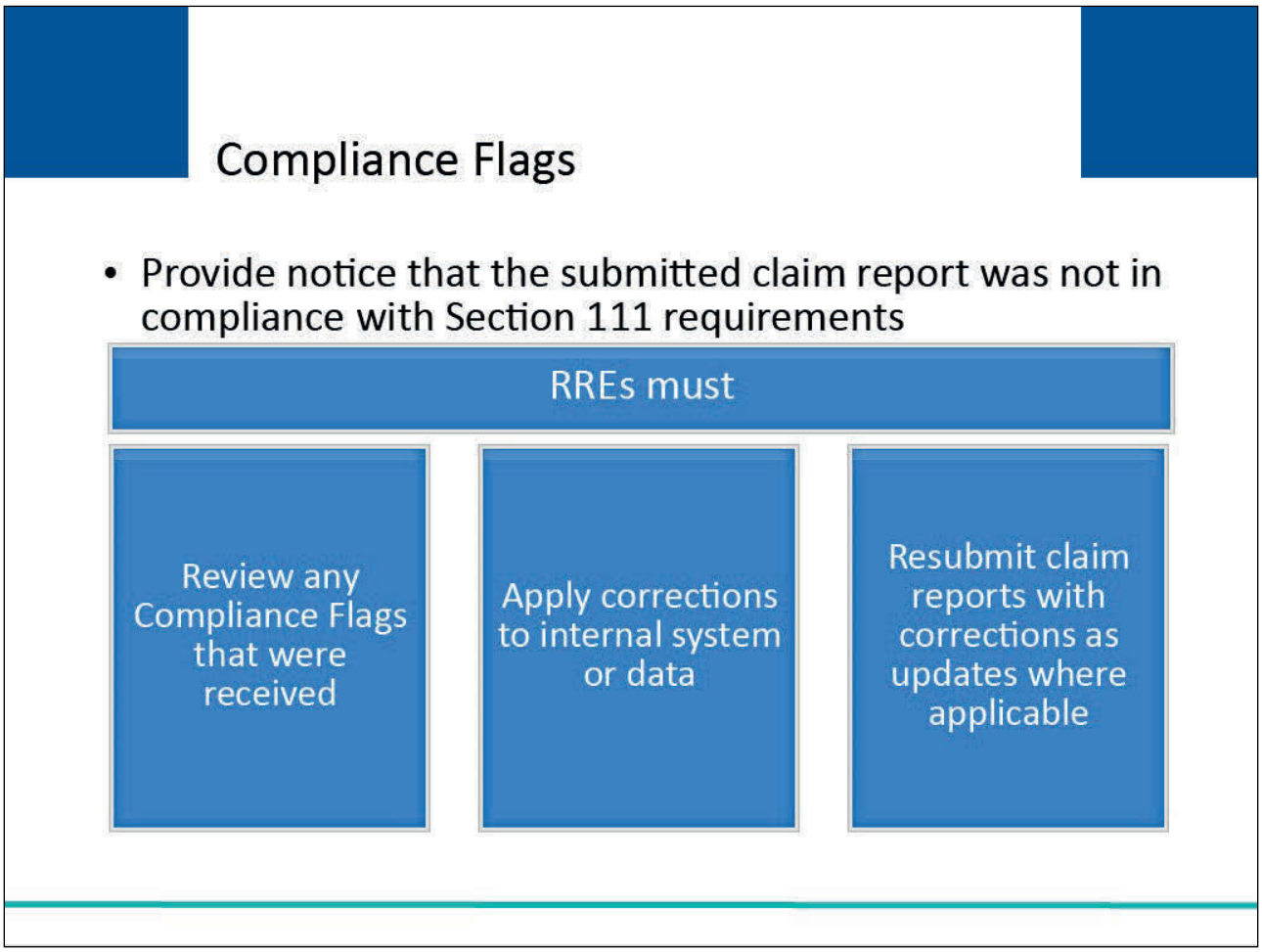
Slide notes

DDE submitters must also check for, and respond to, compliance flags which will be displayed on the Claim Information page under Claim Processing Results.

The top and bottom portions of this screen are displayed. DDE submitters can potentially receive compliance flag codes 01, 02, and 03.

RREs should refer to NGHP User Guide Technical Information Chapter and the NGHP User Guide Appendices Chapter V (Appendix F) for more information on compliance flag codes.

Slide 21 of 27 - Compliance Flags



Slide notes

Compliance Flags provide the RRE notice that the submitted claim report was not in compliance with Section 111 reporting requirements.

DDE submitters must review any Compliance Flags that were received for a submitted claim report, apply corrections to their internal system or data used for Section 111 reporting, and update claim reports with corrections where applicable.

Slide 22 of 27 - Compliance Flags

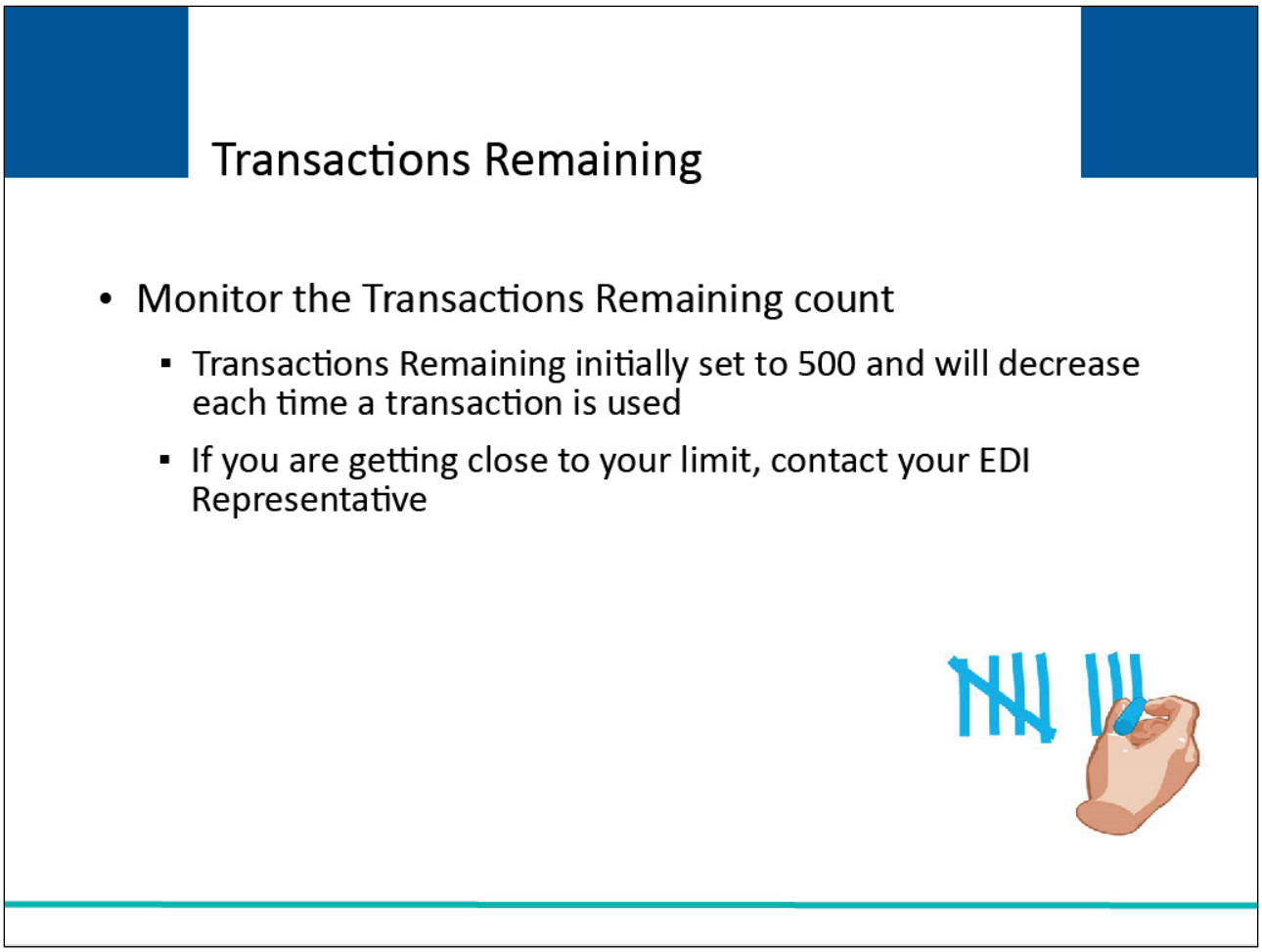
Slide notes

A Compliance Flag of 01 indicates that the submitted claim report had one or more TPOC Dates that were not sent in timely.

A Compliance Flag of 03 indicates that the submitted claim report had an ORM Termination Date that was not sent timely.

When an RRE receives a 01 or 03 Compliance Flag, they need to review the reasons why the claim report was not timely and take steps to ensure that future claim submissions are timely.

Slide 23 of 27 - Transactions Remaining



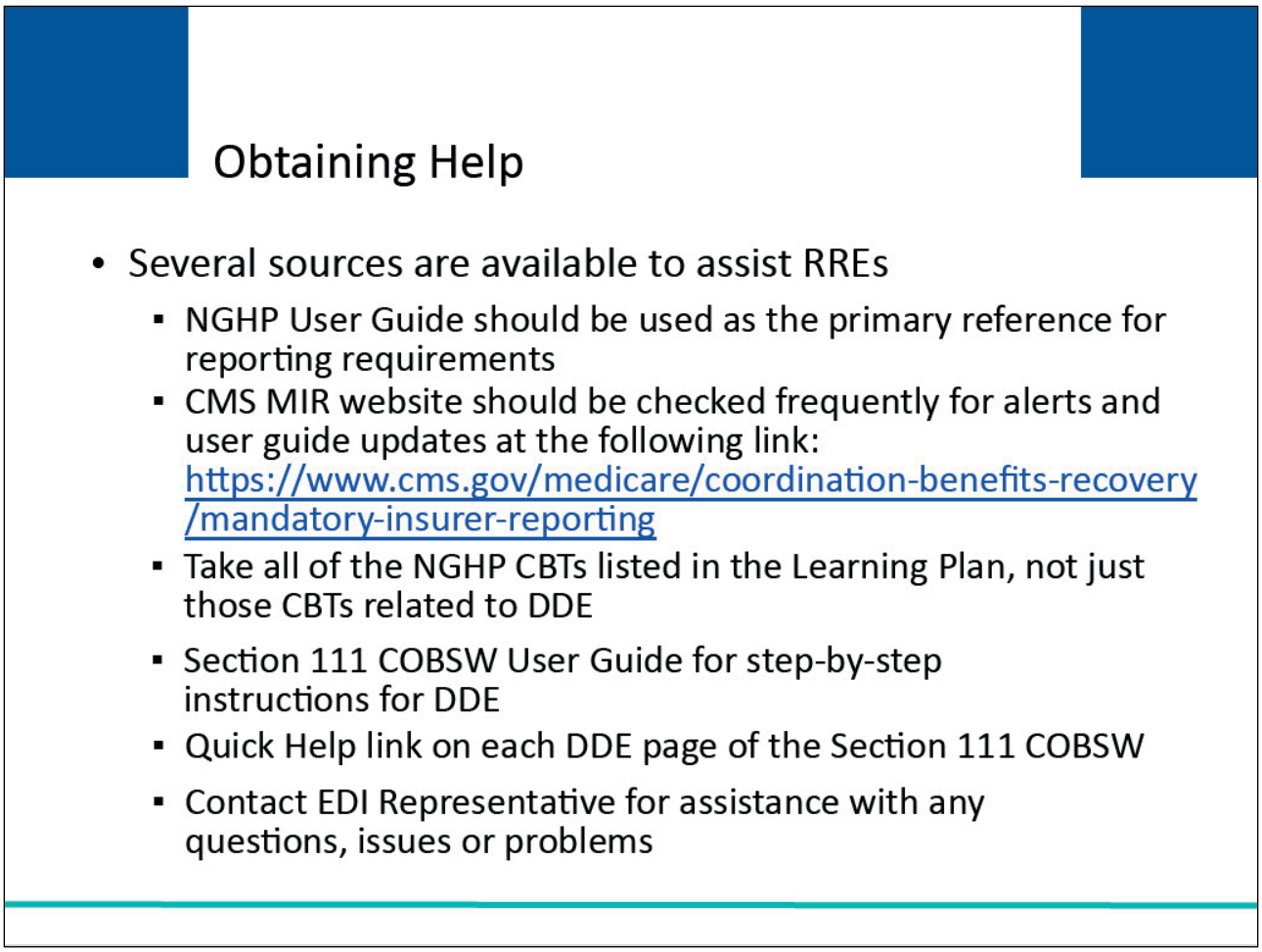
Slide notes

RREs must also monitor their Transactions Remaining count. Remember, at the start of your reporting period, your Transactions Remaining Count will be set to 500 and will decrease by one each time a transaction is used.

If you are getting close to your limit, contact your EDI Representative for assistance.

Note: DDE RREs accessing certain pages in the COBSW Section 111 will not see the “Transaction Remaining” field as the lookup is not limited for those RREs.

Slide 24 of 27 - Obtaining Help



Slide notes

Several sources of help are available to assist RREs. The NGHP User Guide should always be used as your primary reference for reporting requirements.

Users should also frequently check the CMS Mandatory Insurer Reporting (MIR) website for alerts and user guide updates at the following link: CMS NGHP Website.

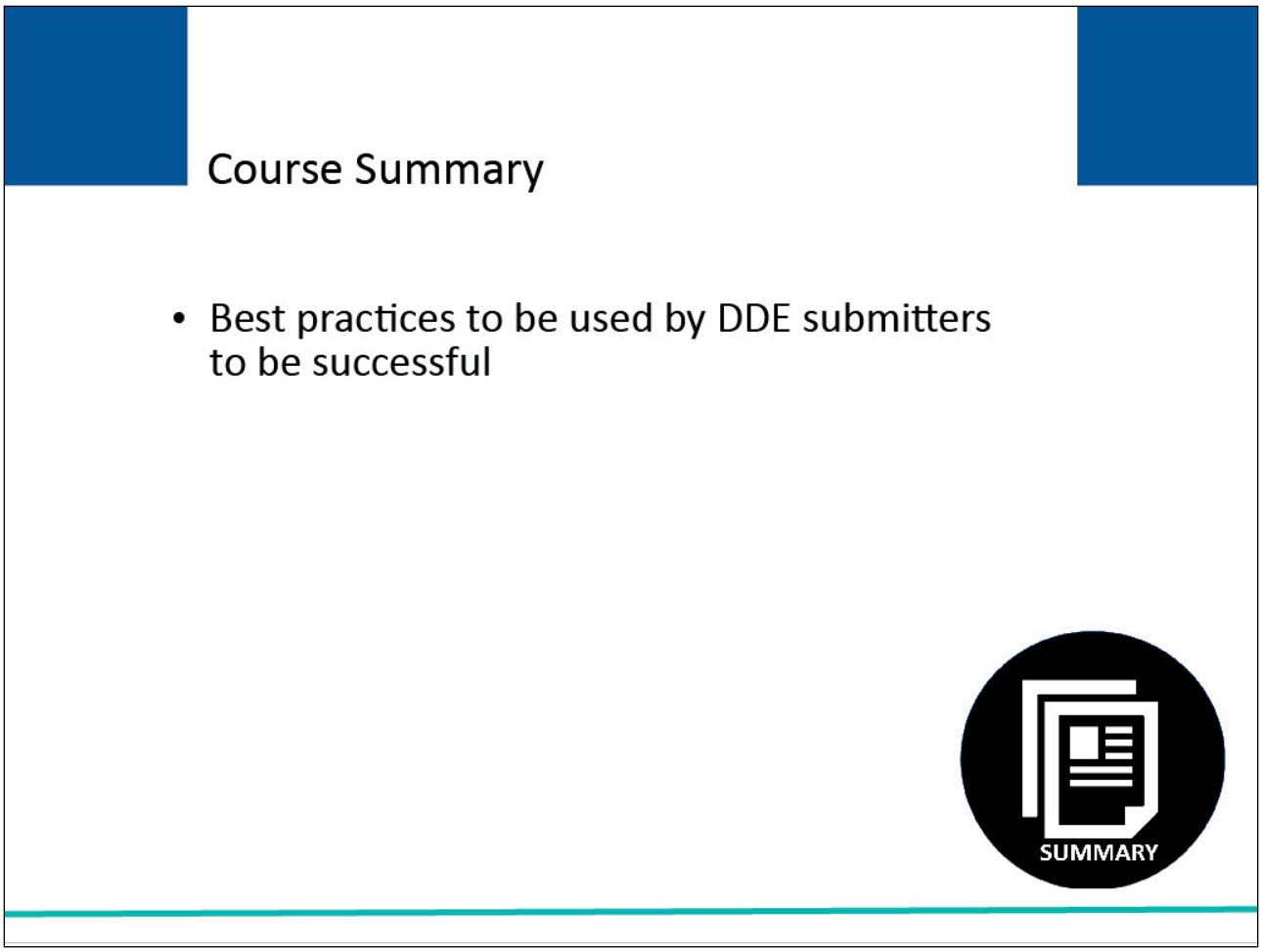
RREs are encouraged to take all of the NGHP CBTs listed in the Learning Plan, not just those CBTs related to DDE.

The Section 111 COBSW User Guide, available after login under the Reference Materials menu option of the Section 111 COBSW, contains step-by-step instructions for DDE.

In addition, each DDE page of the Section 111 COBSW has a Quick Help link that provides information related to that specific page.

And remember, if you cannot find the answer to your question using these materials, you may contact your EDI Representative for assistance with any questions, issues, or problems you may encounter.

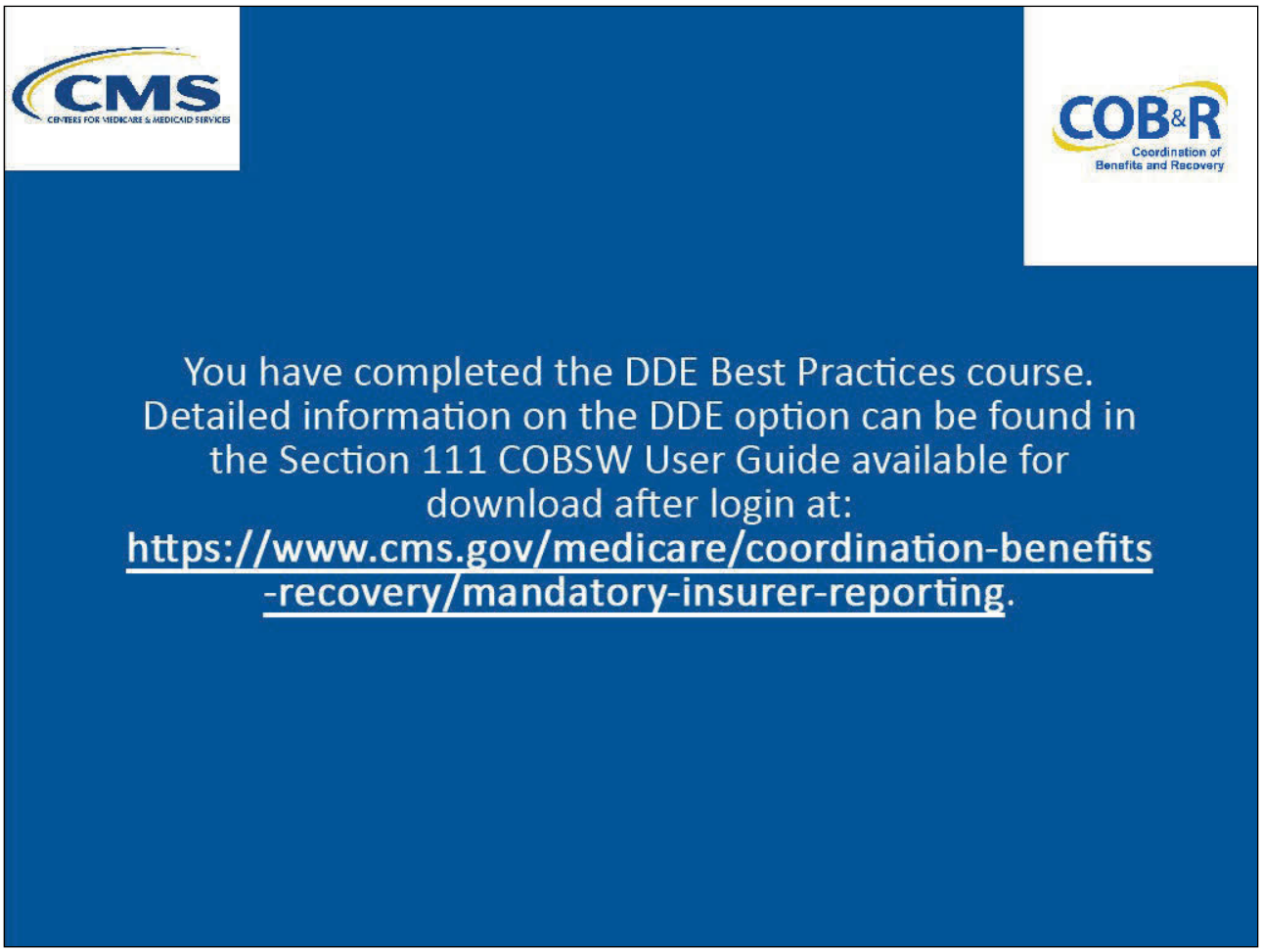
Slide 25 of 27 - Course Summary



Slide notes

This module was created to share best practices to be used by DDE submitters so that they are successful in submitting Section 111 claim reports.

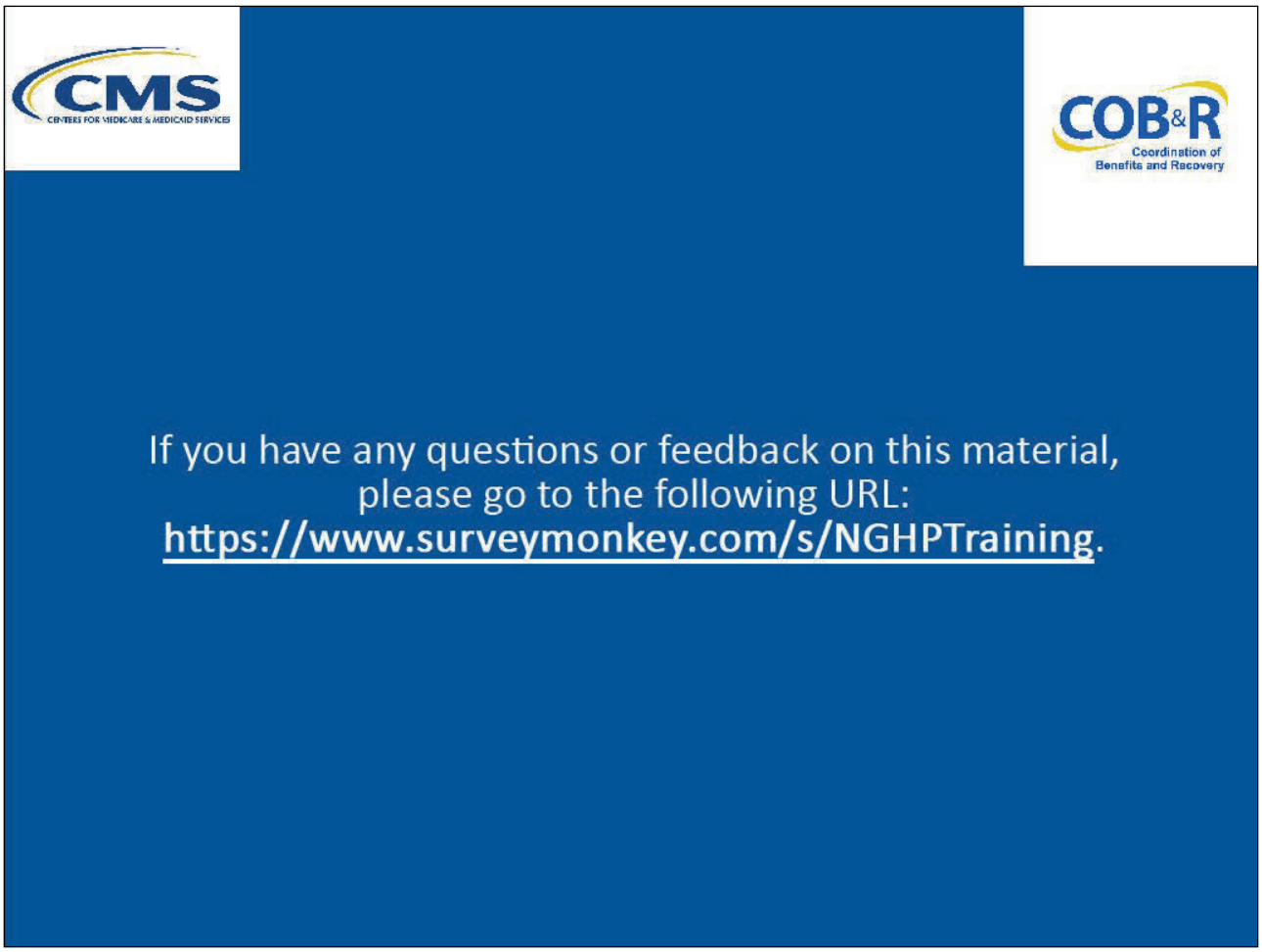
Slide 26 of 27 - Conclusion



Slide notes

You have completed the DDE Best Practices 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 27 of 27 - NGHP Training Survey



Slide notes

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