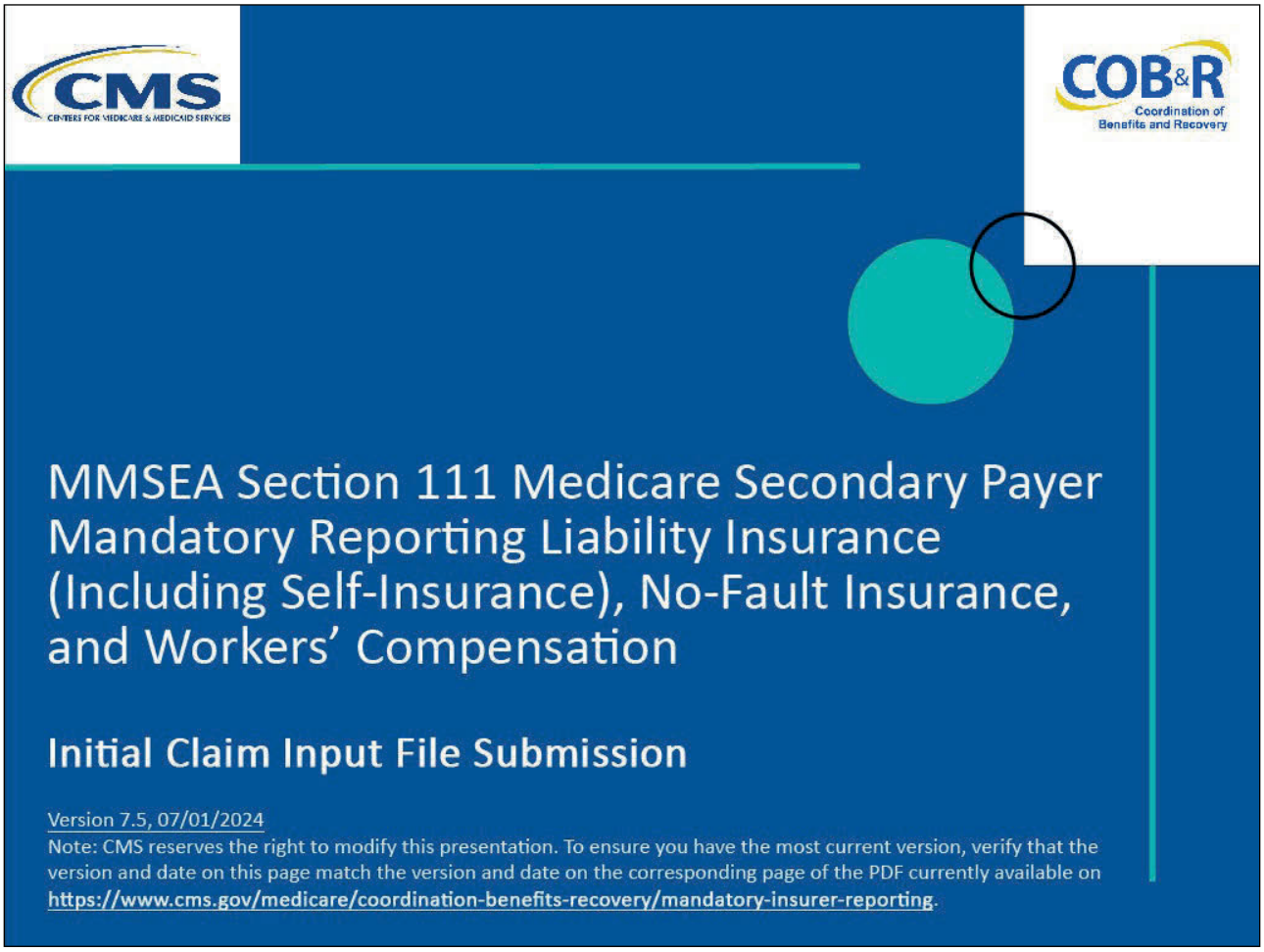
Initial Claim Input File Submission Introduction

Slide 1 of 25 - Initial Claim Input File Submission Introduction

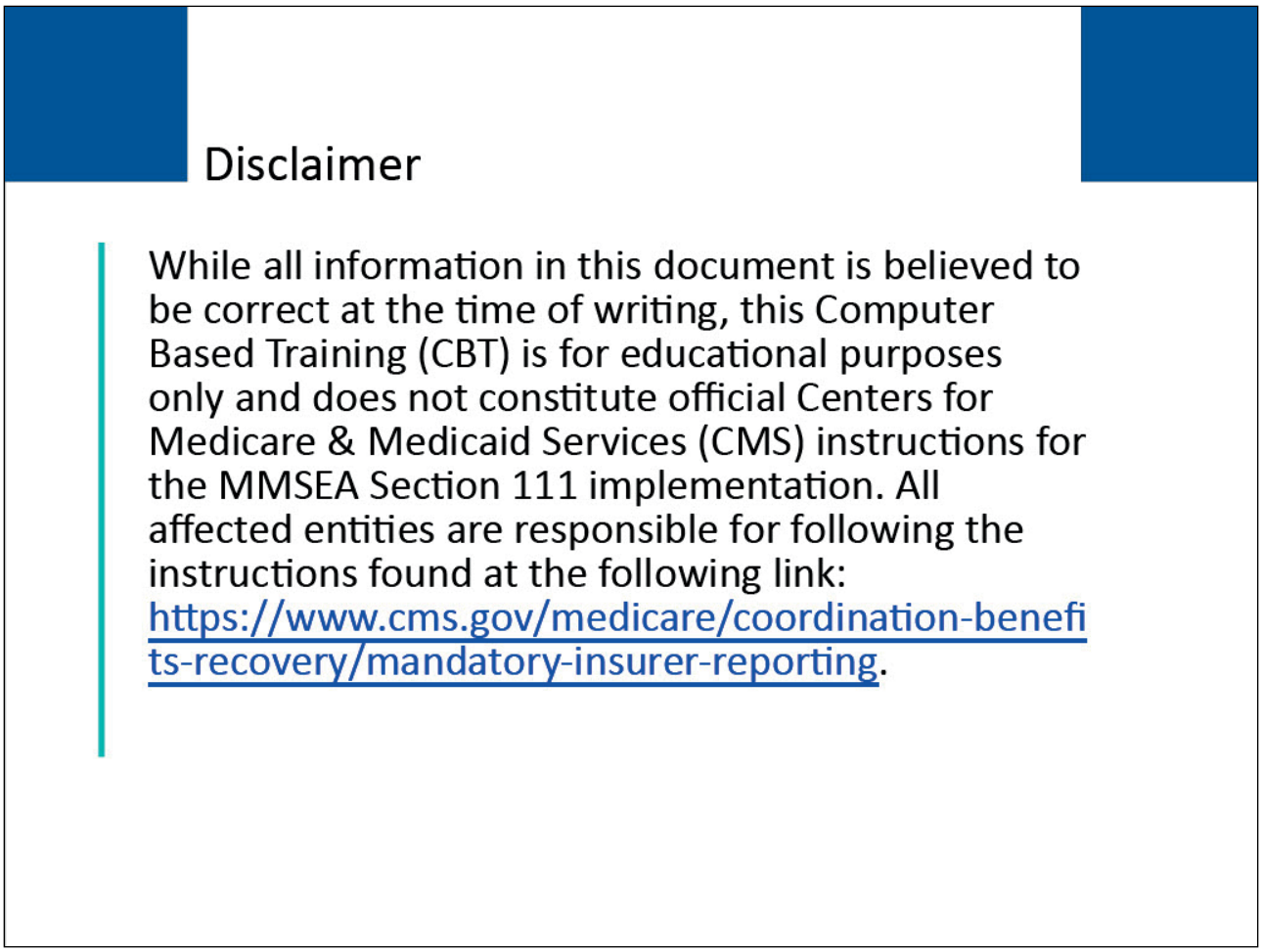


Slide notes

Welcome to the Initial Claim Input File Submission course.

Note: This module applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission as well as those RREs that will be submitting this information via Direct Data Entry (DDE).

Slide 2 of 25 - Disclaimer

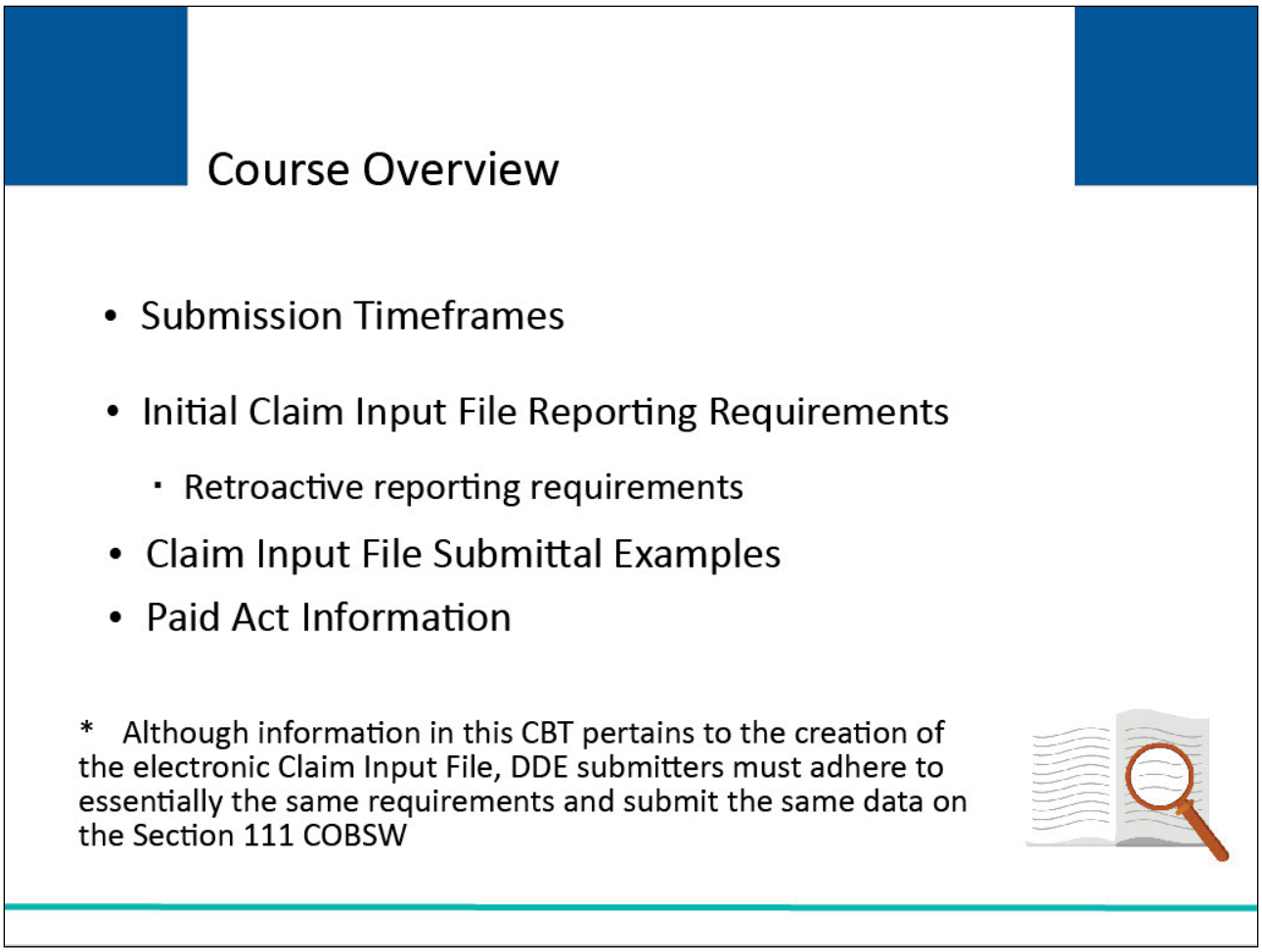


Slide notes

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: CMS NGHP Website.

Slide 3 of 25 - Course Overview



Slide notes

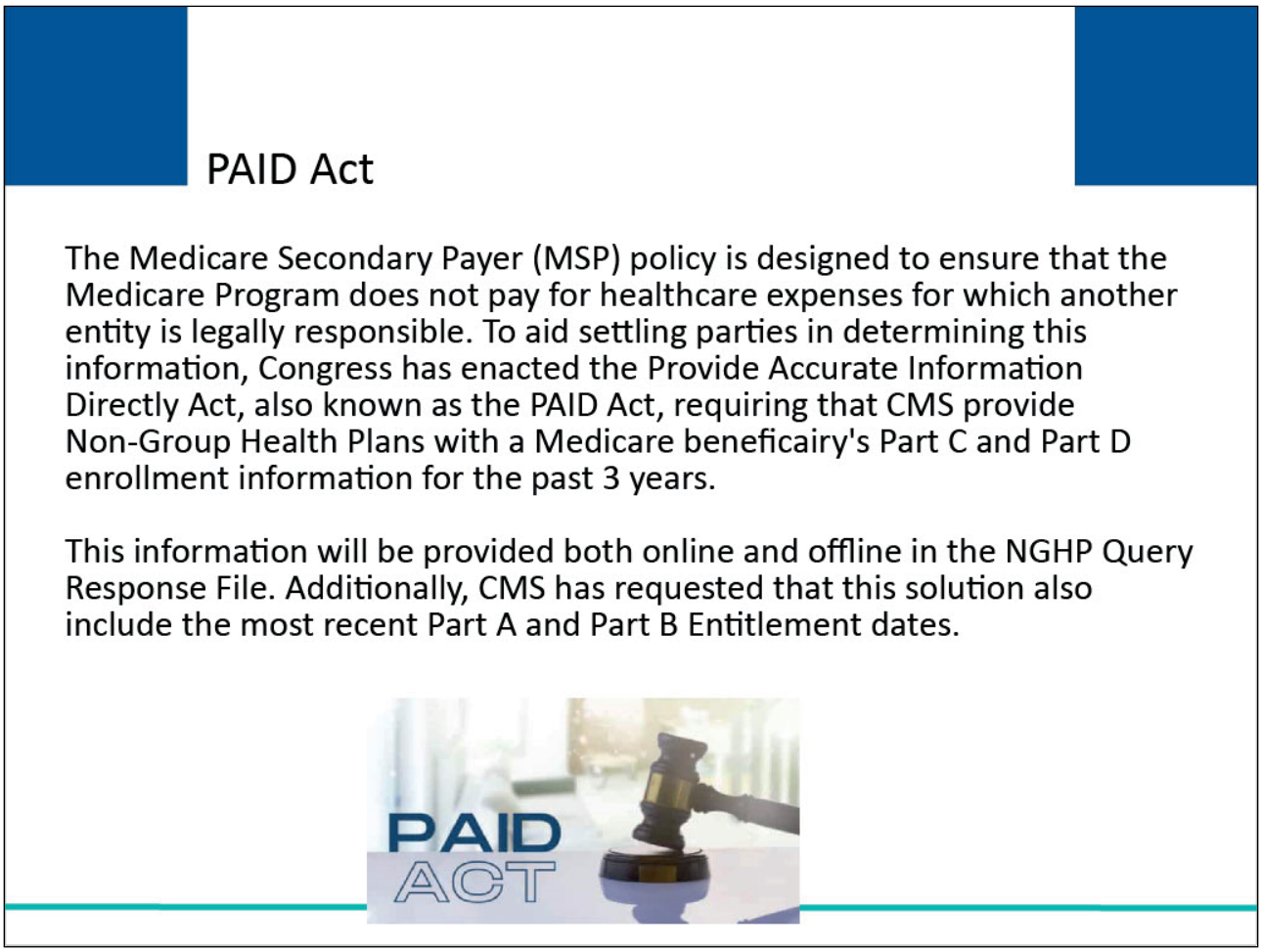
This module reviews submission timeframes, discusses reporting requirements for the Initial Claim Input File including retroactive reporting requirements, and concludes with Claim Input File submittal examples and Paid Act Information.

Although the information in this CBT pertains to the creation of the electronic Claim Input File, DDE submitters must adhere to essentially the same Section 111 reporting requirements and are also required to submit the same data on the Section 111 Coordination of Benefits Website (COBSW).

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 25 - PAID Act



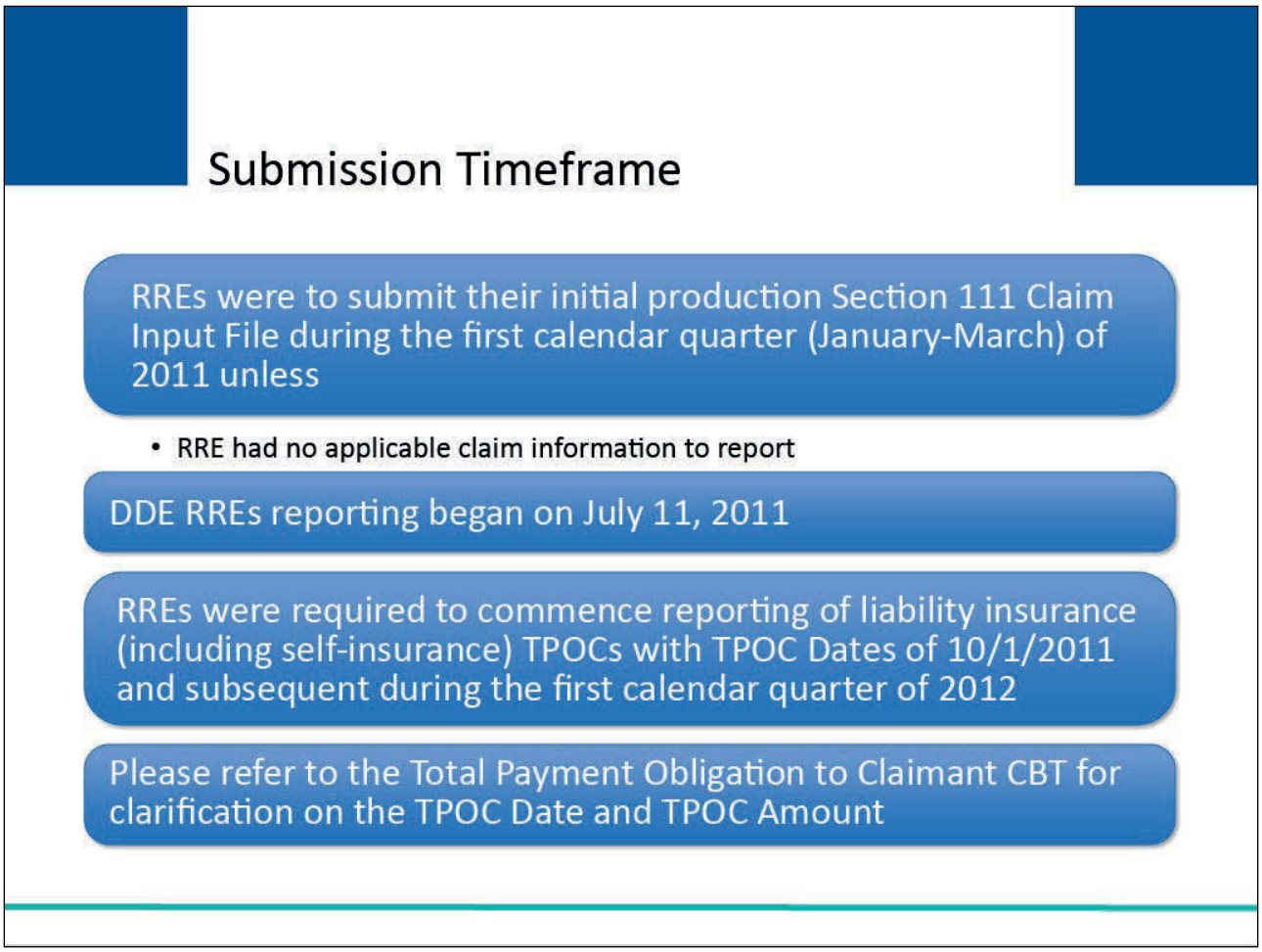
Slide notes

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.

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 25 - Submission Timeframe



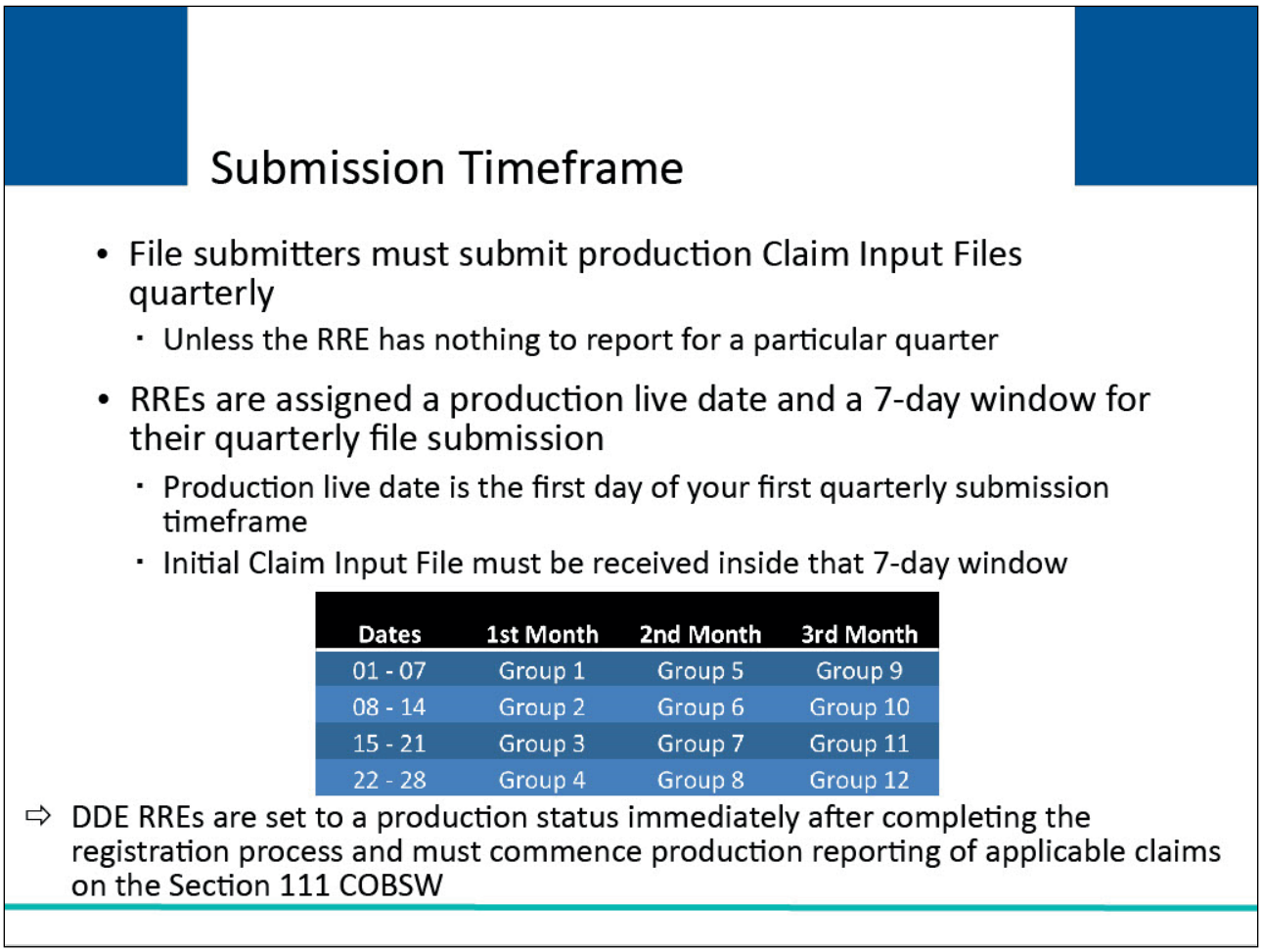
Slide notes

RREs, excluding those with only liability insurance (including self-insurance) Total Payment Obligation to Claimant (TPOCs) to report, were to submit their initial production Section 111 Claim Input File during the first calendar quarter (January - March) of 2011 during their assigned submission timeframe, unless the RRE had no applicable claim information to report.

For RREs that selected the DDE option, reporting began on July 11, 2011. RREs were required to commence reporting of liability insurance (including self-insurance) TPOCs with TPOC Dates of 10/1/2011 and subsequent according to assigned file submission timeframes during the first calendar quarter (January - March) of 2012.

Please refer to the Total Payment Obligation to Claimant CBT for clarification on the TPOC Date and TPOC Amount.

Slide 6 of 25 - Submission Timeframe



Slide notes

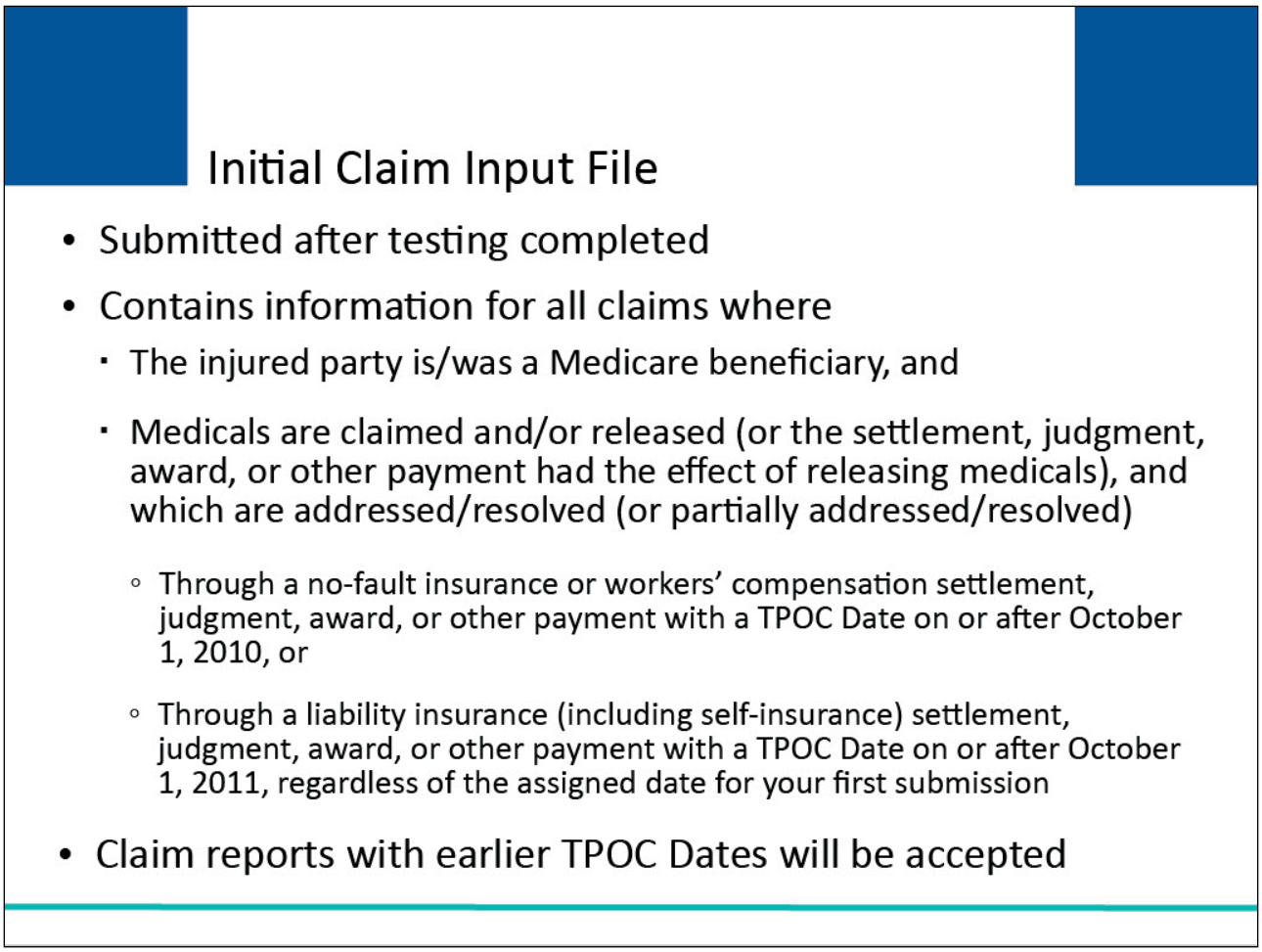
RREs that are file submitters must submit production Claim Input Files on a quarterly basis unless the RRE has nothing to report for a particular quarter.

When you register for Section 111 reporting and select a file submission method, you will be assigned a production live date and a 7-day window for your quarterly file submission.

Your required production live date is the first day of your first quarterly submission timeframe and your initial Claim Input File must be received inside that 7-day window.

Those RREs registering for DDE will be set to a production reporting status immediately after completing the registration process and must commence production reporting of applicable claims on the Section 111 COBSW, including the retroactive reporting described later in this CBT.

Slide 7 of 25 - Initial Claim Input File



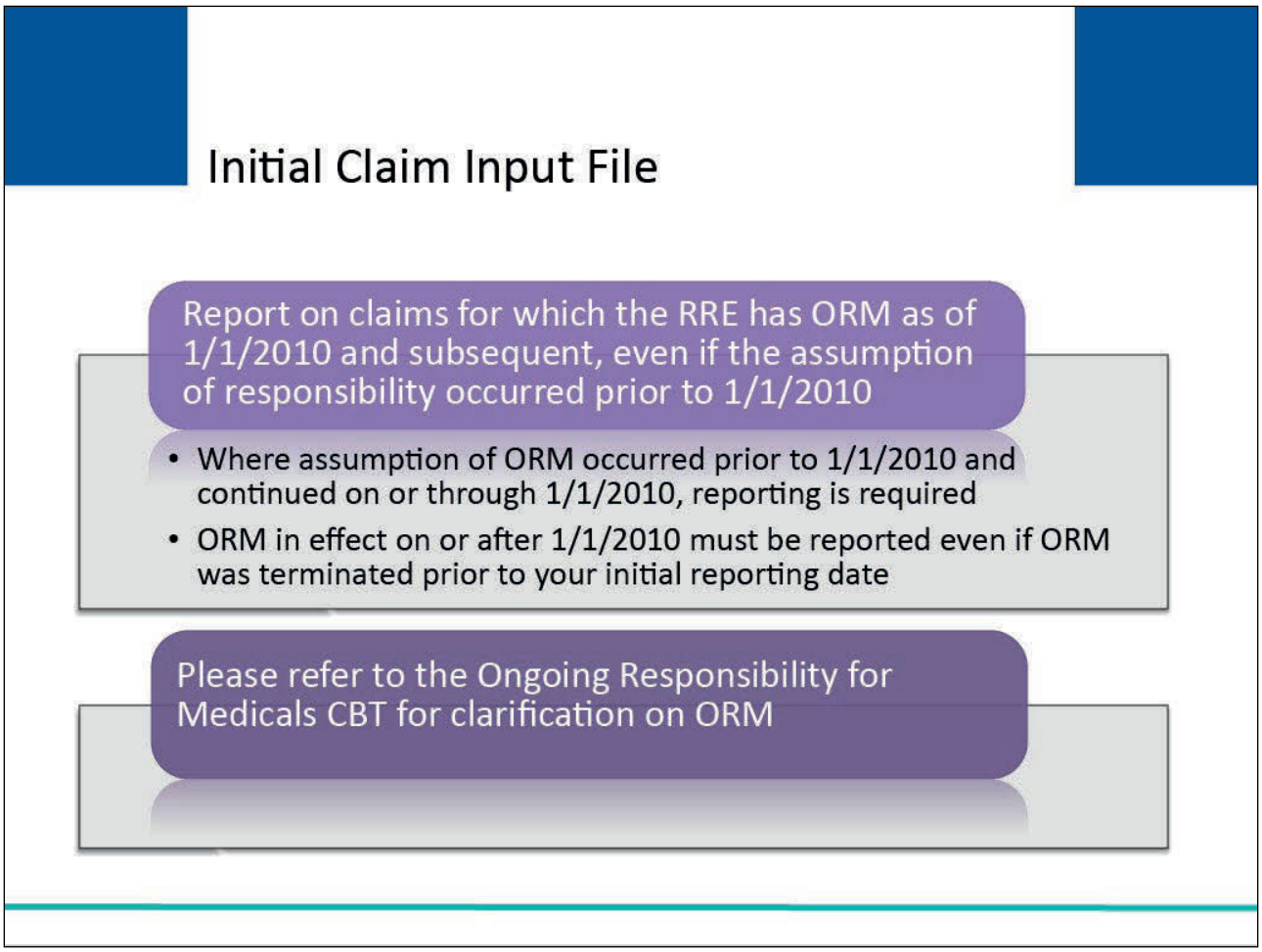
Slide notes

Your Initial Claim Input File is the first Claim Input File you will submit for Section 111 on or about your production live date after you have successfully completed testing.

To begin reporting for Section 111, you must create and send a file that contains information for all claims where the injured party is/was a Medicare beneficiary and medicals are claimed and/or released (or the settlement, judgment, award, or other payment had the effect of releasing medicals) and which are addressed/resolved (or partially addressed/resolved) through a no-fault insurance or workers' compensation settlement, judgment, award, or other payment with a TPOC Date on or after October 1, 2010, or through a liability insurance (including self-insurance) settlement, judgment, award, or other payment with a TPOC Date on or after October 1, 2011, regardless of the assigned date for your first submission.

Claim reports with earlier TPOC Dates will be accepted but not required.

Slide 8 of 25 - Initial Claim Input File

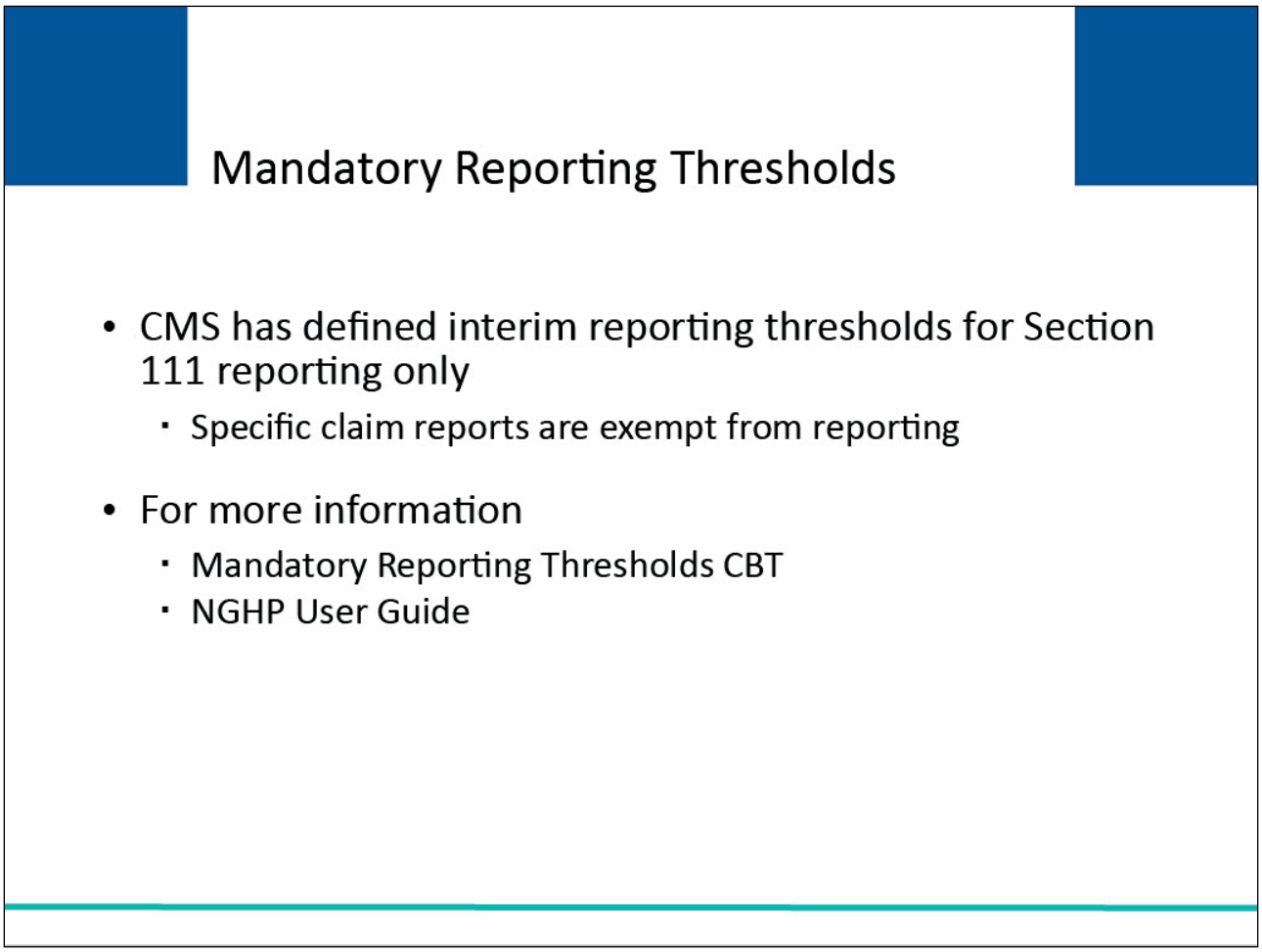


Slide notes

You must also report on claims for which the RRE has ongoing responsibility for medicals (ORM) as of January 1, 2010, and subsequent, even if the assumption of responsibility occurred prior to January 1, 2010.

Where the assumption of ORM occurred prior to January 1, 2010, and continued on, or through January 1, 2010, reporting is required. ORM that was in effect on or after January 1, 2010, must be reported even if ORM was terminated prior to your initial reporting date. Please refer to the Ongoing Responsibility for Medicals CBT for clarification on ORM.

Slide 9 of 25 - Mandatory Reporting Thresholds

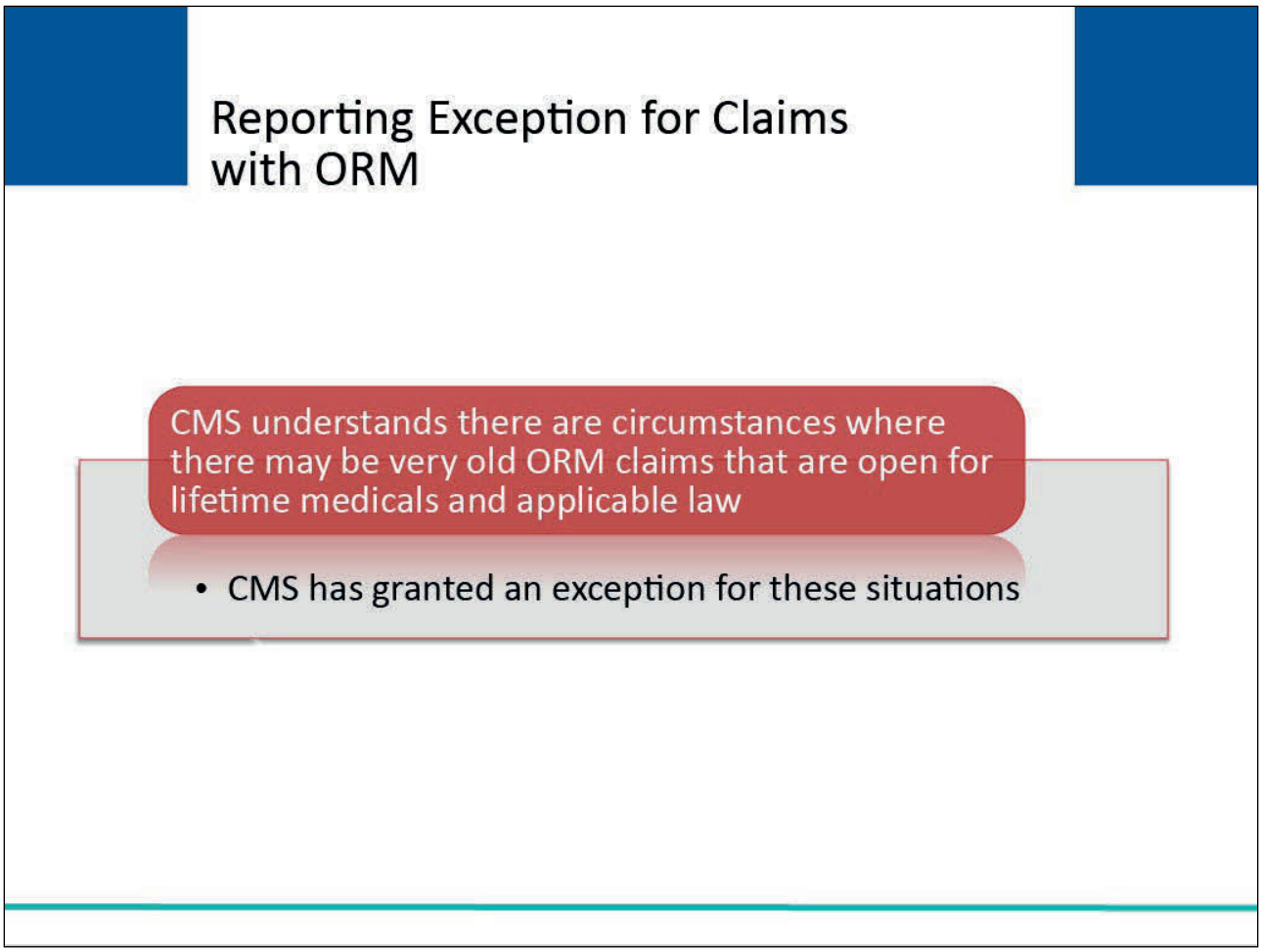


Slide notes

CMS has defined mandatory reporting thresholds for Section 111 reporting only in regard to specific claim reports that are exempt from reporting.

For more information on this topic, please see the Mandatory Reporting Thresholds CBT and the NGHP User Guide.

Slide 10 of 25 - Reporting Exception for Claims with ORM

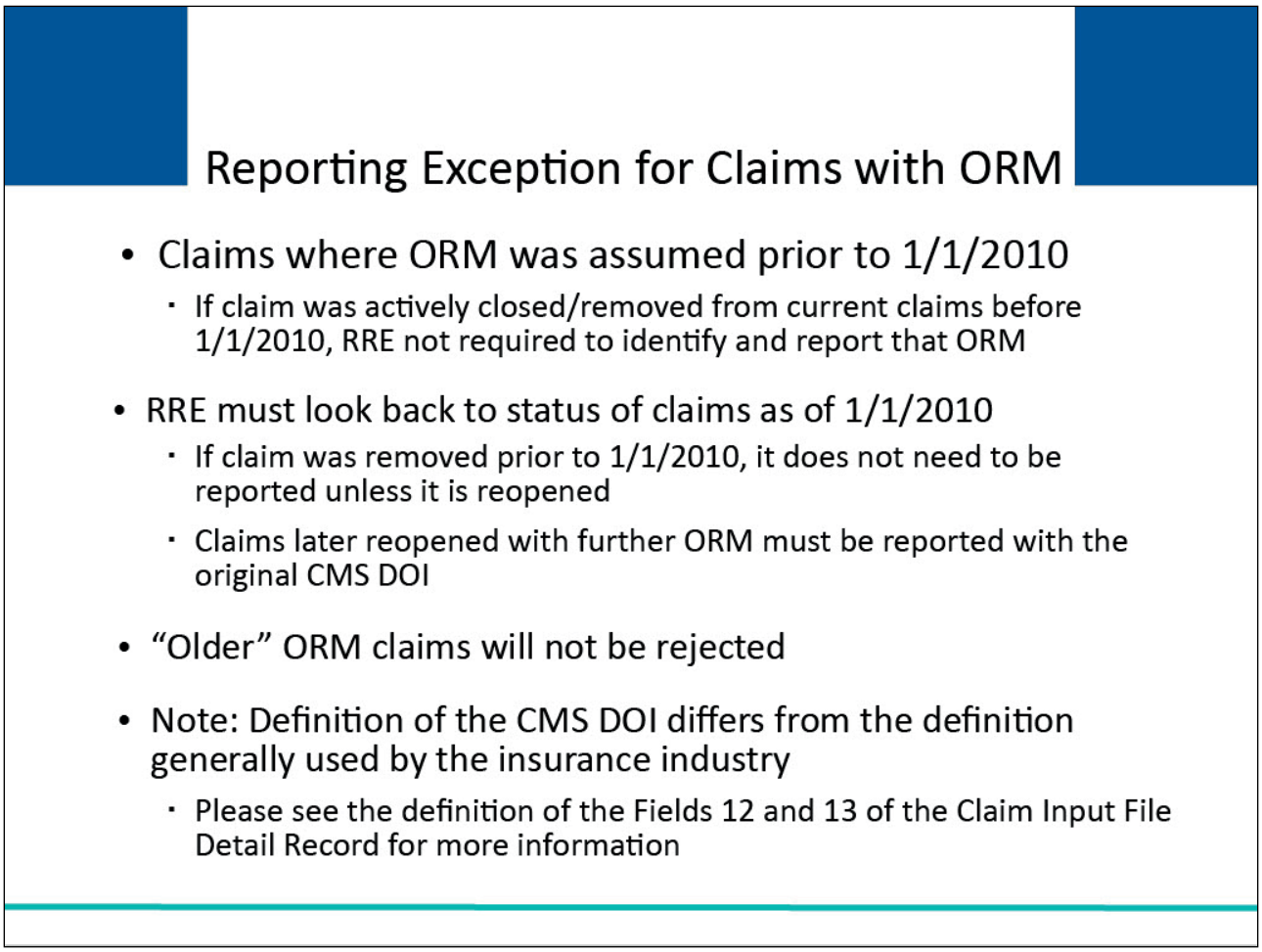


Slide notes

CMS understands there are circumstances where there may be very old ORM claims that are open for lifetime medicals and applicable law.

Since it would be a large administrative burden on the RRE to go back that far in their claims history databases, CMS has granted an exception for these situations.

Slide 11 of 25 - Reporting Exception for Claims with ORM



Slide notes

For claims where ORM was assumed prior to 1/1/2010, if the claim was actively closed or removed from current claim detail records prior to January 1, 2010, the RRE is not required to identify and report that ORM.

This means that when looking back through claims history to create your initial Claim Input File report to include claims with ORM assumed prior to 1/1/2010, the RRE needs only look back to the status of claims as of 1/1/2010.

If the claim was removed from the RRE's current/active claim file prior to 1/1/2010, it does not need to be reported unless it is reopened.

However, if this claim is later subject to reopening with further ORM, it must be reported with full information, including the original CMS Date of Incident (DOI) as defined by CMS.

RREs may report ORM on claims they consider closed prior to January 1, 2010, at their discretion. "Older" ORM claims will not be rejected.

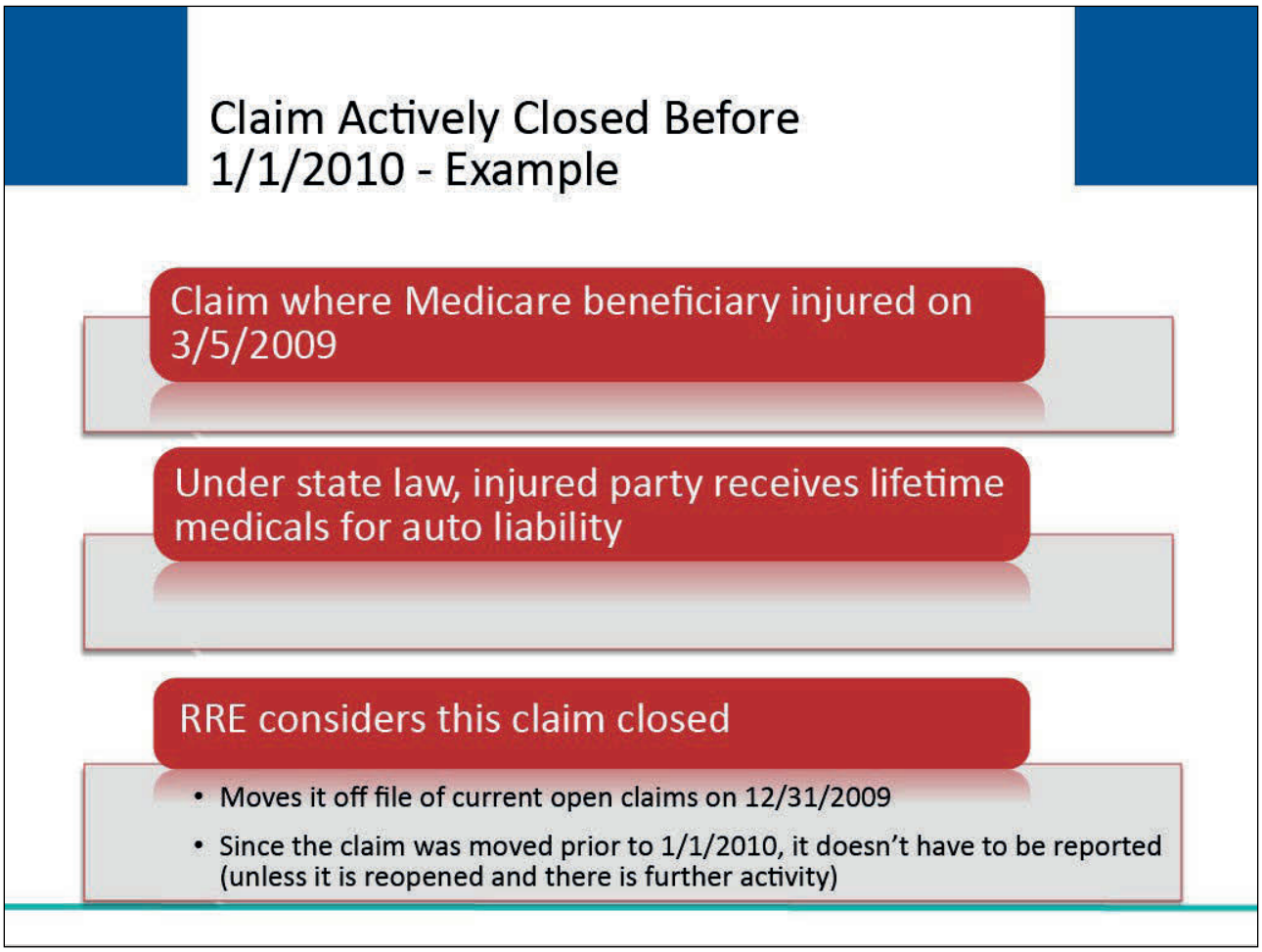
Note: The definition of the CMS Date of Incident (DOI) differs from the definition of that generally used by the insurance industry under specific circumstances. Please see the definition of the Fields 12 and

13 of the Claim Input File Detail Record in the NGHP User Guide Appendices Chapter (Appendix A) for an explanation.

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

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 25 - Claim Actively Closed Before 1/1/2010 - Example



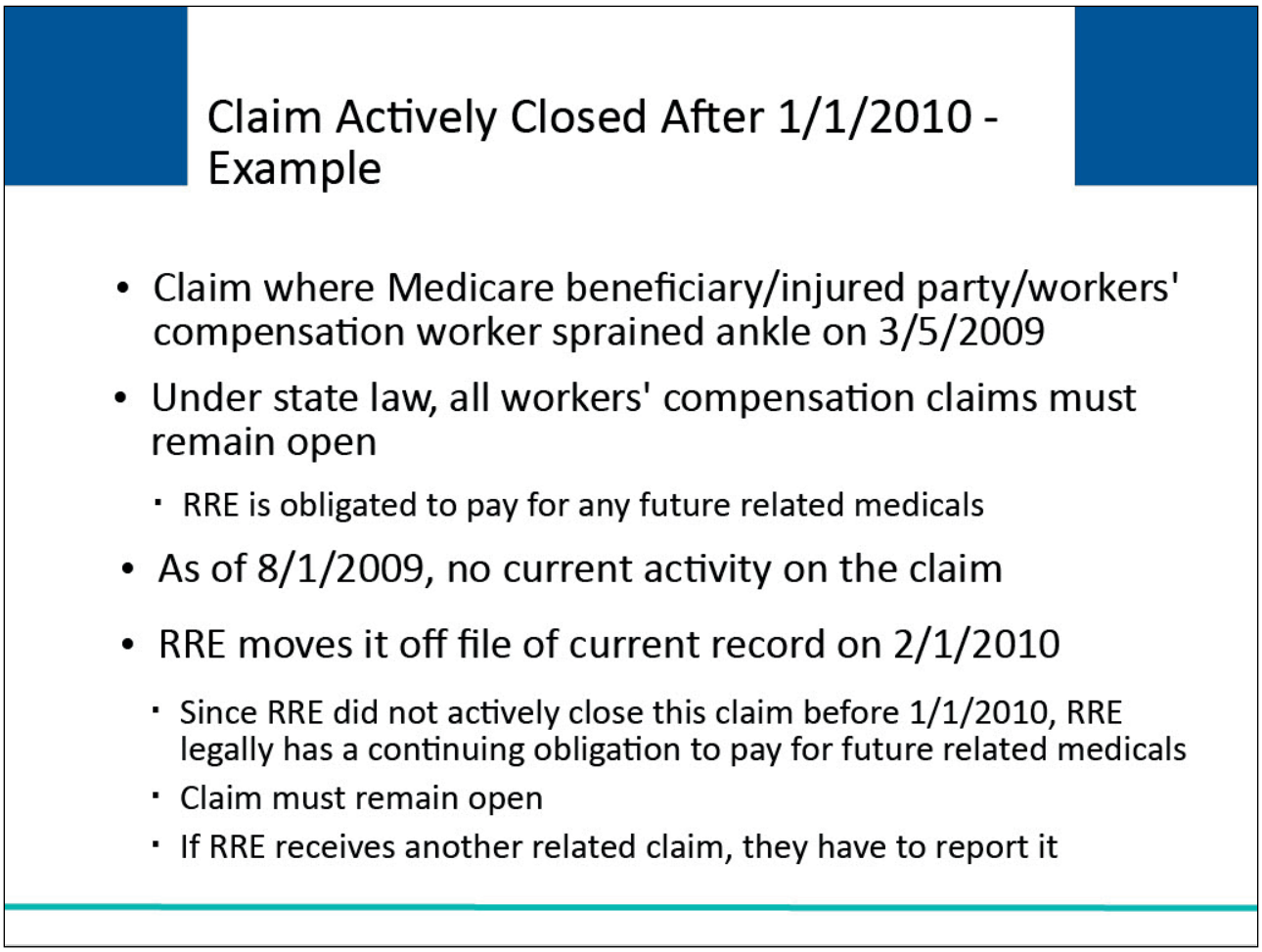
Slide notes

An example of this is a Medicare beneficiary who was injured in an auto accident on 3/5/2009. Under state law, the injured party should receive lifetime medicals for auto liability.

The RRE is obligated to pay for any future related medicals indefinitely for any future issues. The RRE considers this claim closed and moves it off their file of current open claims on 12/31/2009.

Since the claim was moved prior to 1/1/2010, it does not have to be reported (unless it is reopened and there is further activity).

Slide 13 of 25 - Claim Actively Closed After 1/1/2010 - Example



Slide notes

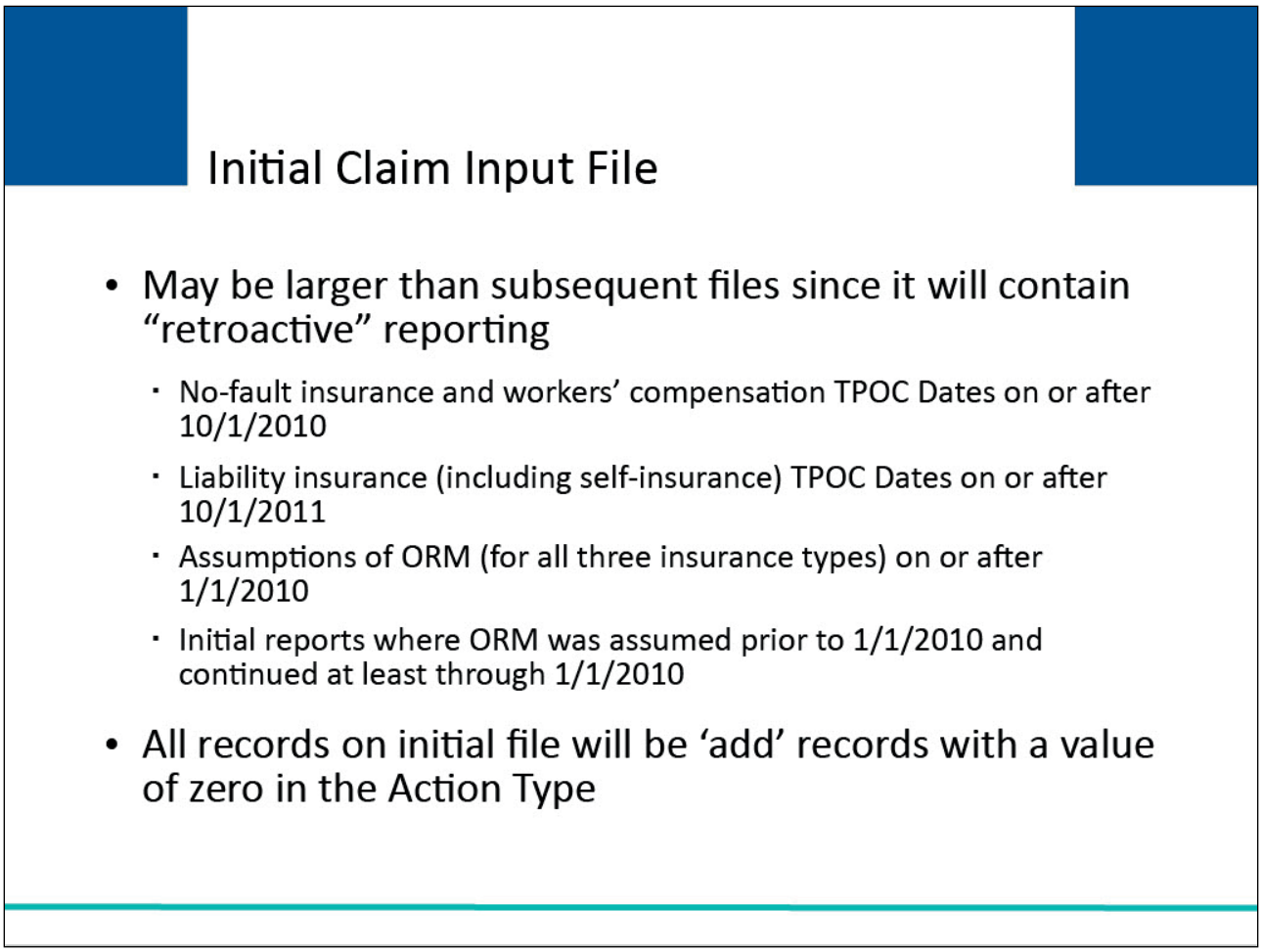
An example of this is where the Medicare beneficiary/injured party/workers' compensation worker sprained his ankle on 3/5/2009. Under state law, all workers' compensation claims must remain open.

The RRE is obligated to pay for any future related medicals indefinitely for any future issues. As of 8/1/2009, there is no current activity on the claim, but the RRE does not move it from their file of current records until 2/1/2010.

Since the RRE did not actively close this claim before 1/1/2010, legally they have a continuing obligation to pay for future related medicals.

Therefore, this claim must remain open. If the RRE receives another related claim, they have to report it.

Slide 14 of 25 - Initial Claim Input File



Slide notes

In summary, your initial Claim Input File must contain "retroactive" reporting for:

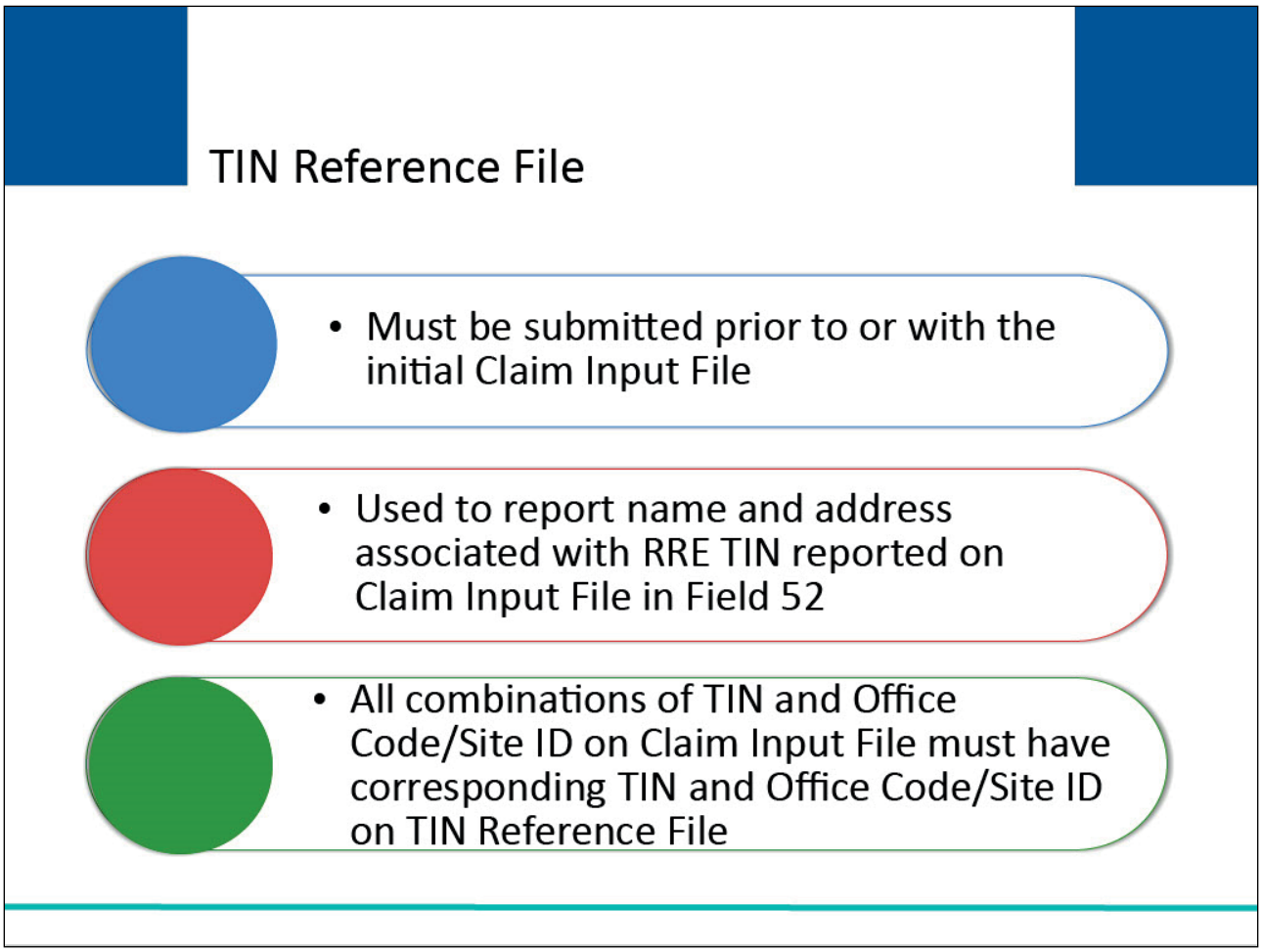
- all no-fault insurance and workers' compensation TPOC Amounts meeting the reporting thresholds with TPOC Dates on or after October 1, 2010;
- all liability insurance (including self-insurance) TPOC Amounts meeting the reporting thresholds with TPOC Dates on or after October 1, 2011, assumptions of ORM for no-fault insurance, workers' compensation and liability insurance (including self-insurance) on or after January 1, 2010;
- and initial reports of ORM assumed prior to January 1, 2010, that continued at least through January 1, 2010.

All records on your initial file will be "add" records and have a value of zero ('0') in the Action Type (Field 3).

Note: The policy number (field 54) is now a key field. RREs must submit a delete Claim Input File record that matches the previously accepted add record, followed by a new add record with the changed information (i.e., delete/add process).

Additionally, the limit dollar amount that triggers a threshold error has been adjusted from $99,999,999 to the cumulative value of all reported TPOCs (detailed and auxiliary records) exceed this limit. Additionally, the No-Fault Insurance Limit field number has been corrected under “Exceptions.”

Slide 15 of 25 - TIN Reference File



Slide notes

A Federal Tax Identification Number (TIN) Reference File must be submitted prior to or with the initial Claim Input File.

The TIN Reference File is used to report the full name and address associated with each plan or RRE TIN reported on the Claim Input File Detail Records in Field 52.

All combinations of TIN and Office Code/Site ID submitted in Fields 52 and 53 of the Claim Input File Detail Records must have a corresponding TIN and Office Code/Site ID combination on the TIN Reference File.

Additional information on the TIN Reference File can be found in the TIN Reference File CBT and in the NGHP User Guide.

The following are examples related to your initial Section 111 submission but is not intended as an all-inclusive list of reporting requirements.

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 (i.e., choose to

receive letters electronically or by mail) for the insurer and recovery agent address using the following new TIN Reference File fields:

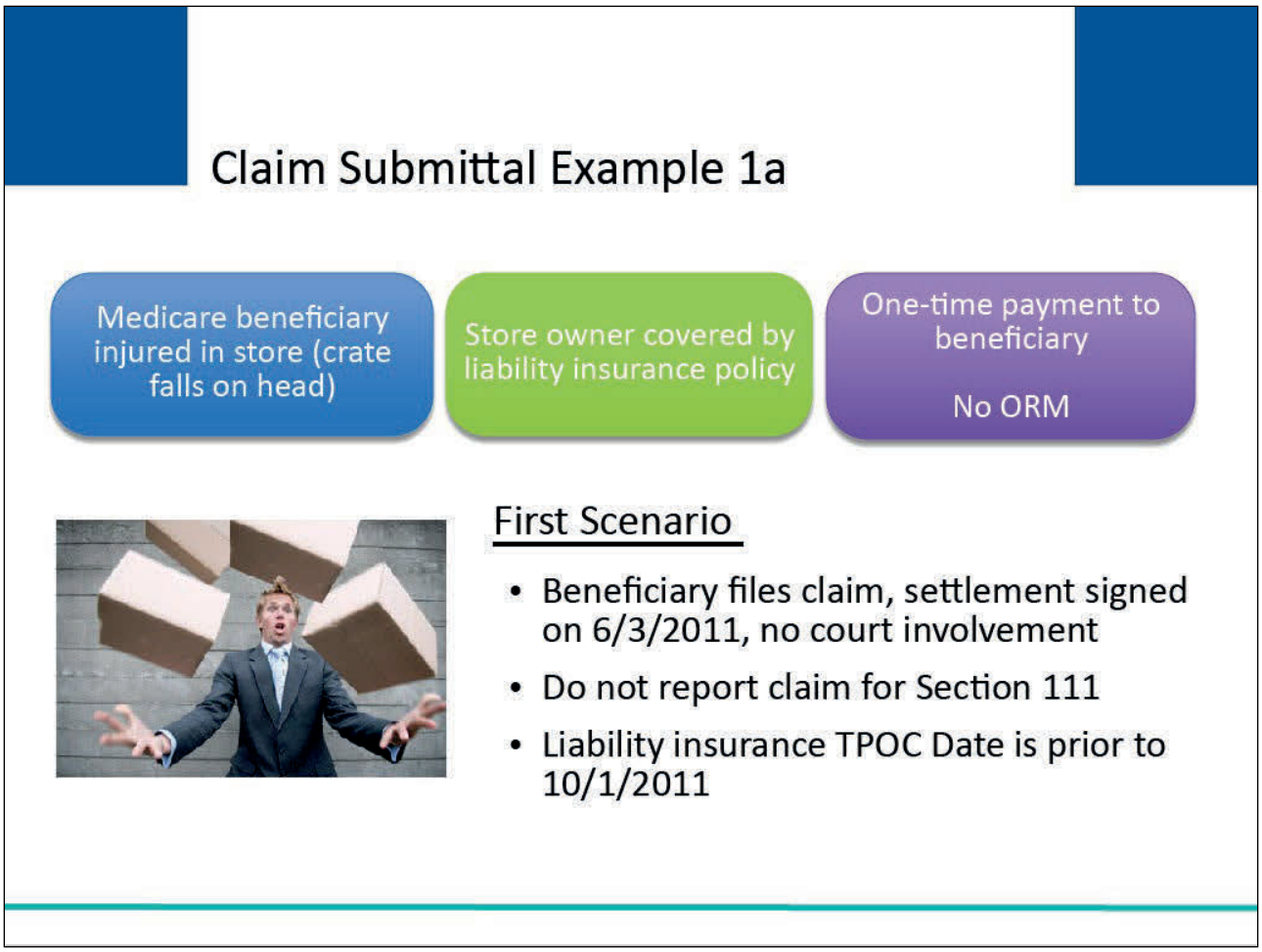
- TIN/Office Code Paperless Indicator (Field 23),
- Recovery Agent Paperless Indicator (Field 24), and
- Recovery Agent TIN (Field 25).

Note: There are also five new fields (Fields 48-52) returned for these entries on the TIN Reference Response File.

Note: Recovery agents are required to have written authorizations to pursue any post-demand actions.

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 16 of 25 - Claim Submittal Example 1a



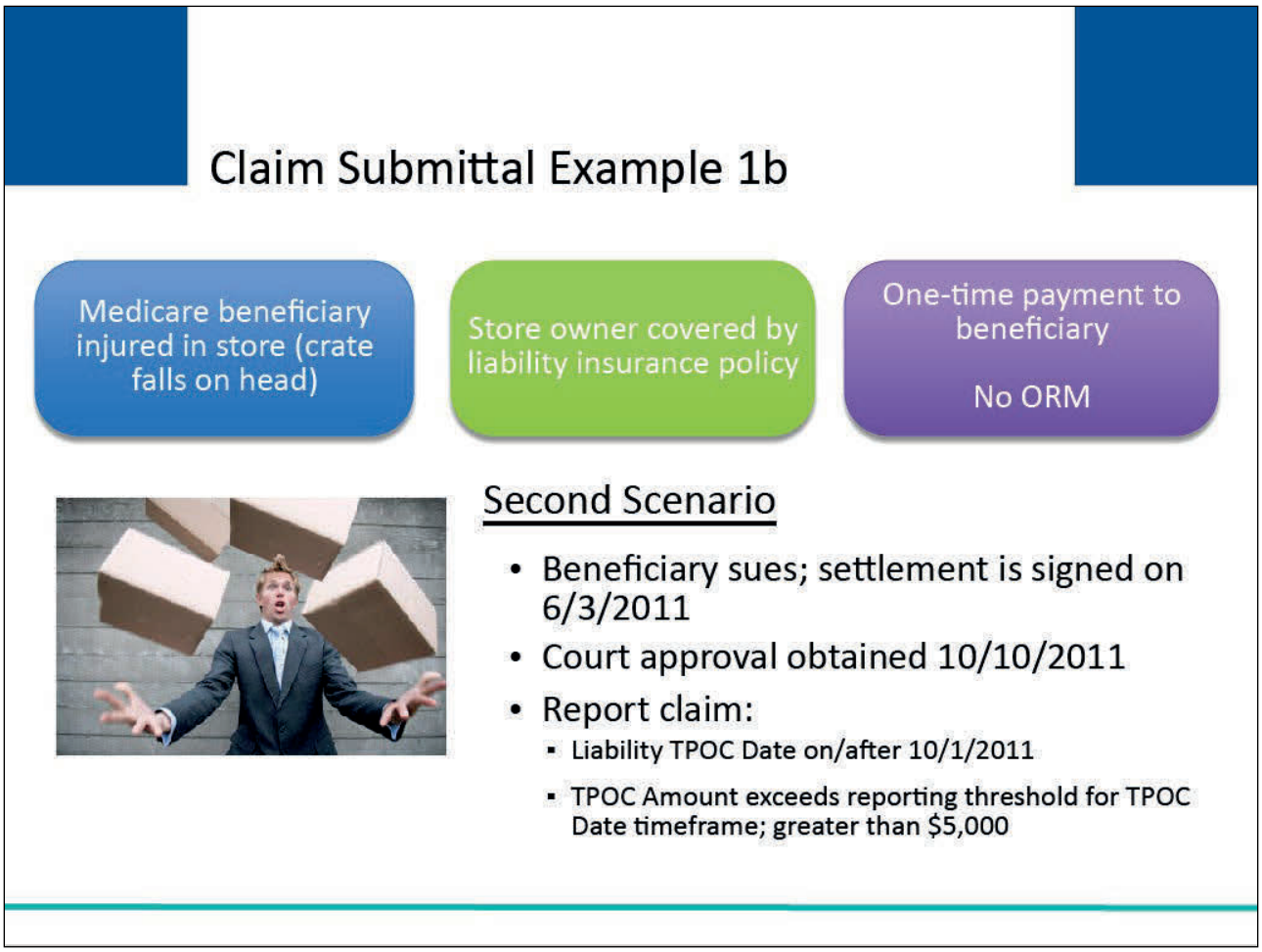
Slide notes

In our first example, a Medicare beneficiary is injured by a crate falling off a shelf in a retail store. The owner of the store is covered by a general liability insurance policy.

A one-time payment is made to the Medicare beneficiary and the insurer has no ORM for this beneficiary. The beneficiary files a claim with the insurer of the liability policy.

A settlement is signed by both parties on 6/3/2011; there is no court involvement. You do not have to report this claim for Section 111 because the liability insurance TPOC Date is prior to 10/1/2011.

Slide 17 of 25 - Claim Submittal Example 1b



Slide notes

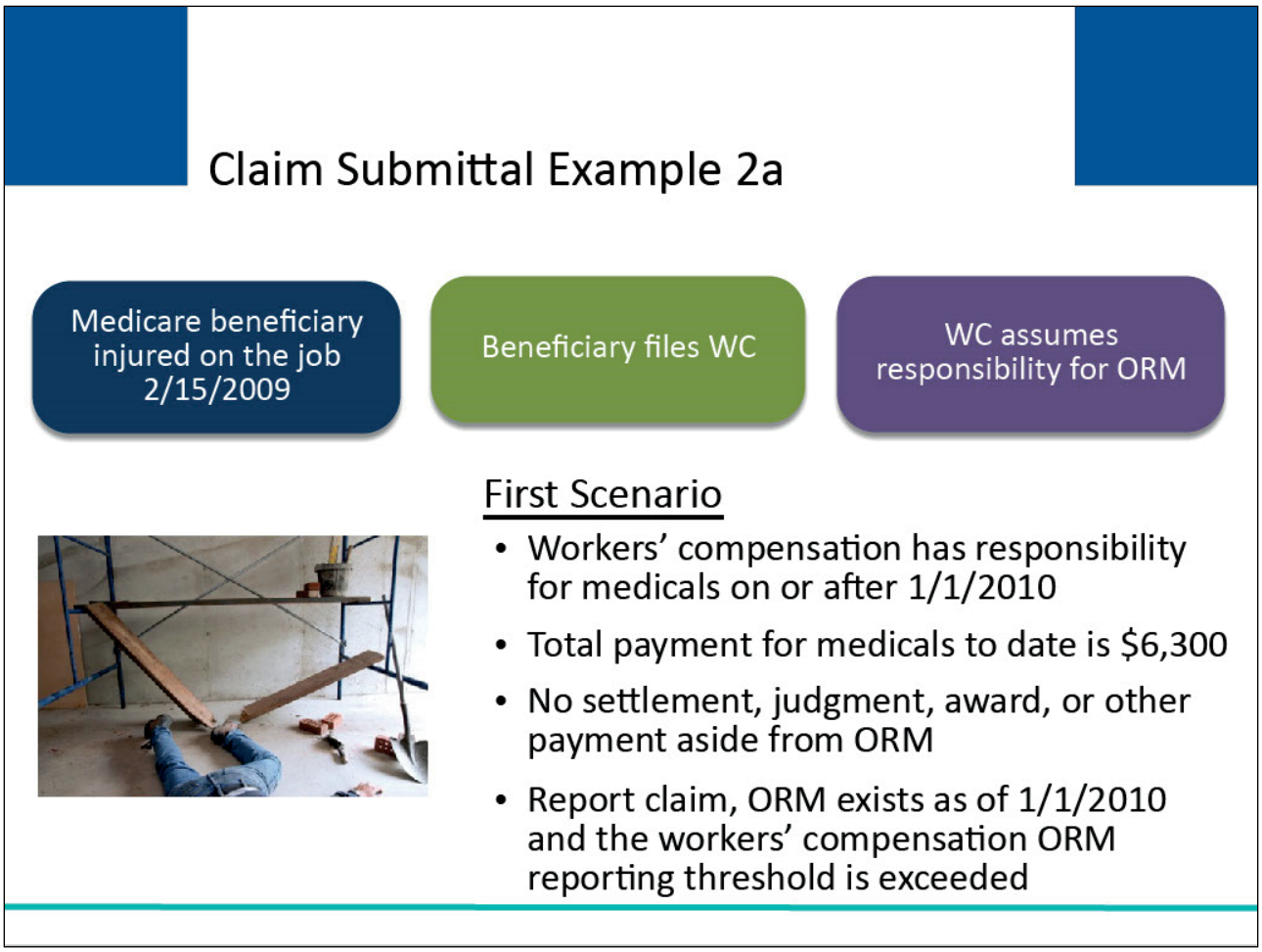
Following the same basic facts presented in example 1a, assume that this Medicare beneficiary sues and a settlement for $10,000 is signed by both parties on 6/3/2011.

The settlement requires court approval, which is not obtained until 10/10/2011. You must report this claim because the liability TPOC Date is on or after 10/1/2011, and the TPOC Amount exceeds the reporting threshold for the TPOC Date timeframe (i.e., the most recent TPOC Date is prior to 1/1/2013, and the total TPOC Amount is greater than $5,000).

Remember, TPOC Date/information is reportable without regard to responsibility/lack of responsibility for ongoing medicals.

Please see Fields 80 and 81 on the Claim Input File Detail Record for further information on the TPOC Date and Amount.

Slide 18 of 25 - Claim Submittal Example 2a



Slide notes

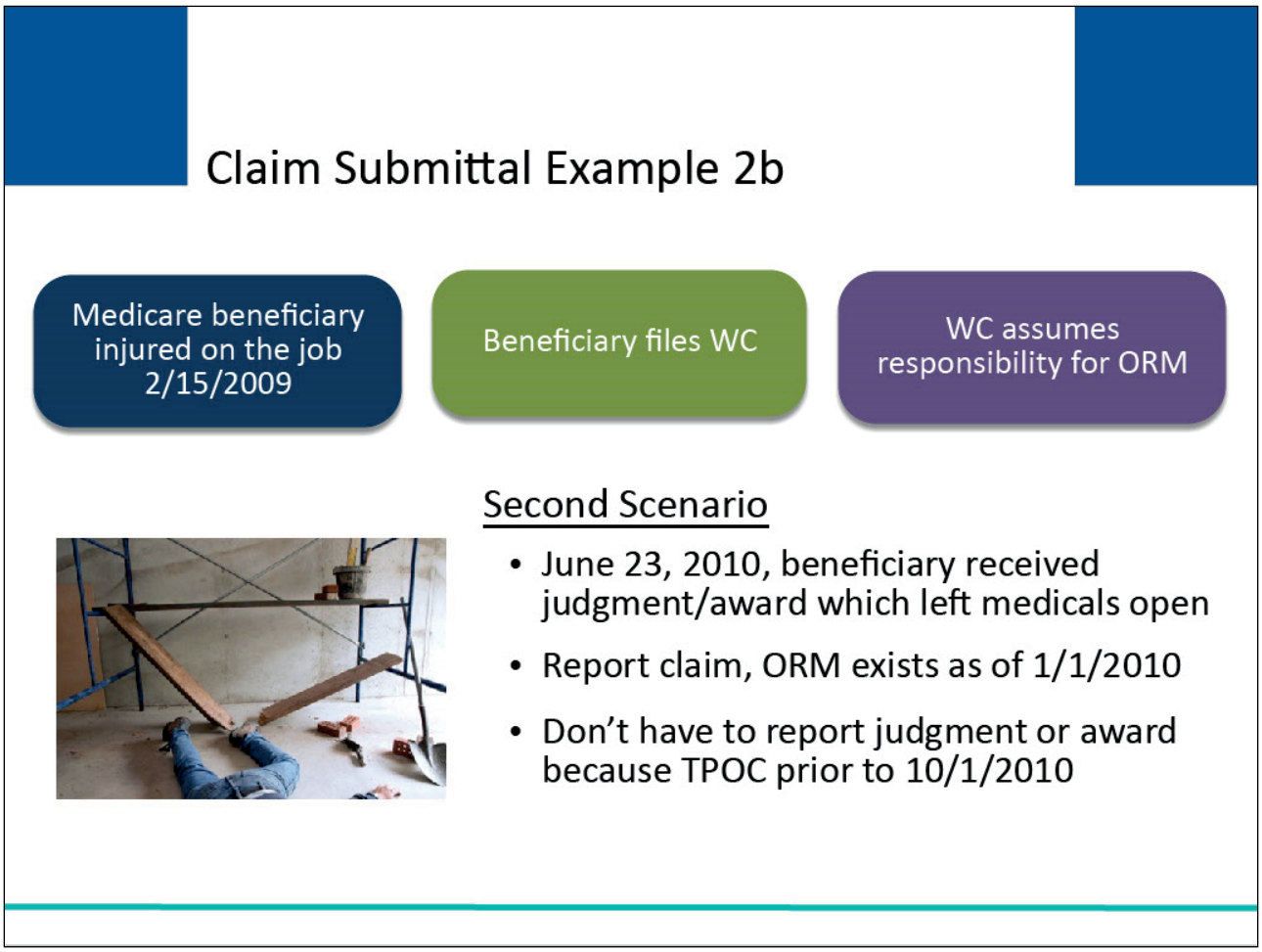
A Medicare beneficiary is injured on the job 2/15/2009, and files a workers' compensation (WC) claim. Workers' compensation assumes responsibility (including a requirement to pay pending an investigation) for the associated medicals. The claim is still open, and workers' compensation continues to have the responsibility for medicals on or after 1/1/2010. Total payment for medicals to date is $6,300.

There is no settlement, judgment, award, or other payment aside from the assumption of responsibility for medicals.

Since ongoing responsibility for medicals exists as of 1/1/2010, and the workers' compensation ORM reporting threshold is exceeded because medicals are greater than $750, the RRE must report.

Note: 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 19 of 25 - Claim Submittal Example 2b



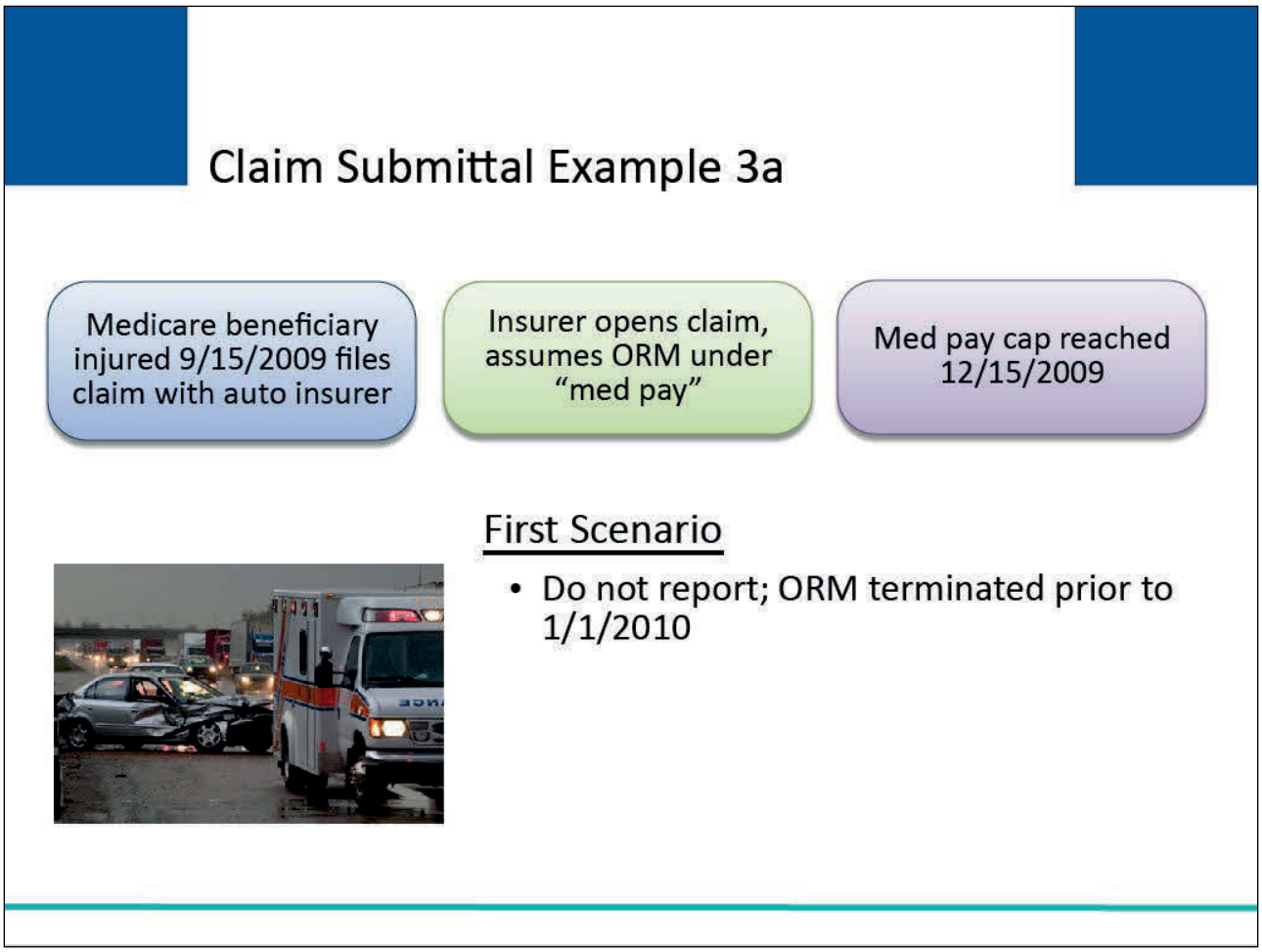
Slide notes

The following are the same basic facts presented in example 2a, but let's assume that on June 23, 2010, this Medicare beneficiary received a judgment, or award, of $50,000 by the workers' compensation court, which left the medicals open. In this case, the RRE must report the ORM because the medicals existed as of 1/1/2010.

However, they do not have to report the judgment or award because the applicable workers' compensation TPOC Date is prior to 10/1/2010.

If the TPOC information is reported in conjunction with a reportable ORM, the TPOC will not be rejected.

Slide 20 of 25 - Claim Submittal Example 3a



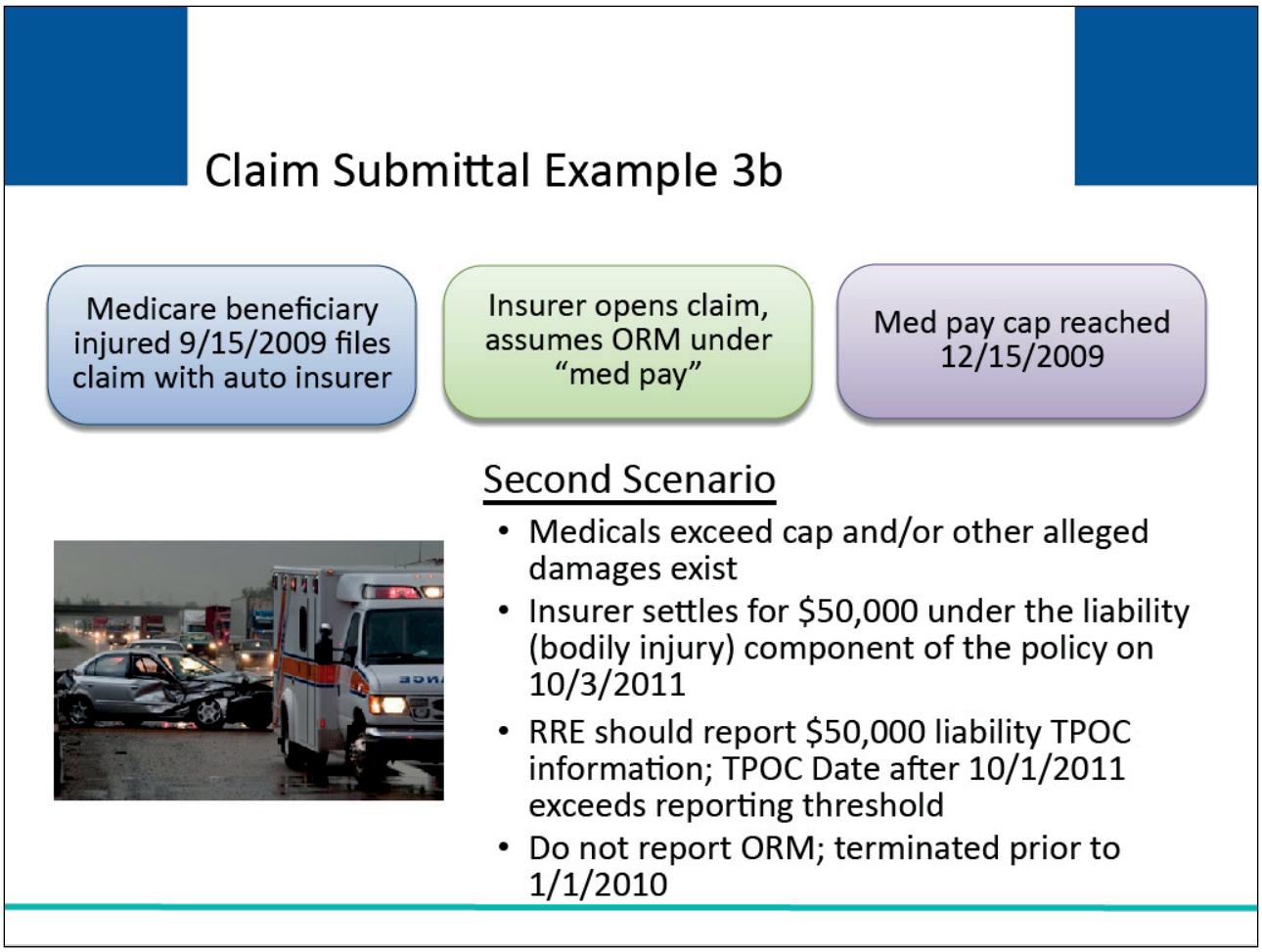
Slide notes

A Medicare beneficiary is injured in an automobile accident on 9/15/2009. The beneficiary files a claim with the other driver's insurer (or with his own if it's a no-fault state).

The insurer opens a claim and assumes responsibility for ongoing medicals associated with the claim under the "med pay" portion of the policy (which has a cap of $5,000) and is considered no-fault insurance.

The med pay cap is reached as of 12/15/2009. For this incident, the RRE is not required to report ORM under Section 111 because the ORM terminated prior to 1/1/2010.

Slide 21 of 25 - Claim Submittal Example 3b



Slide notes

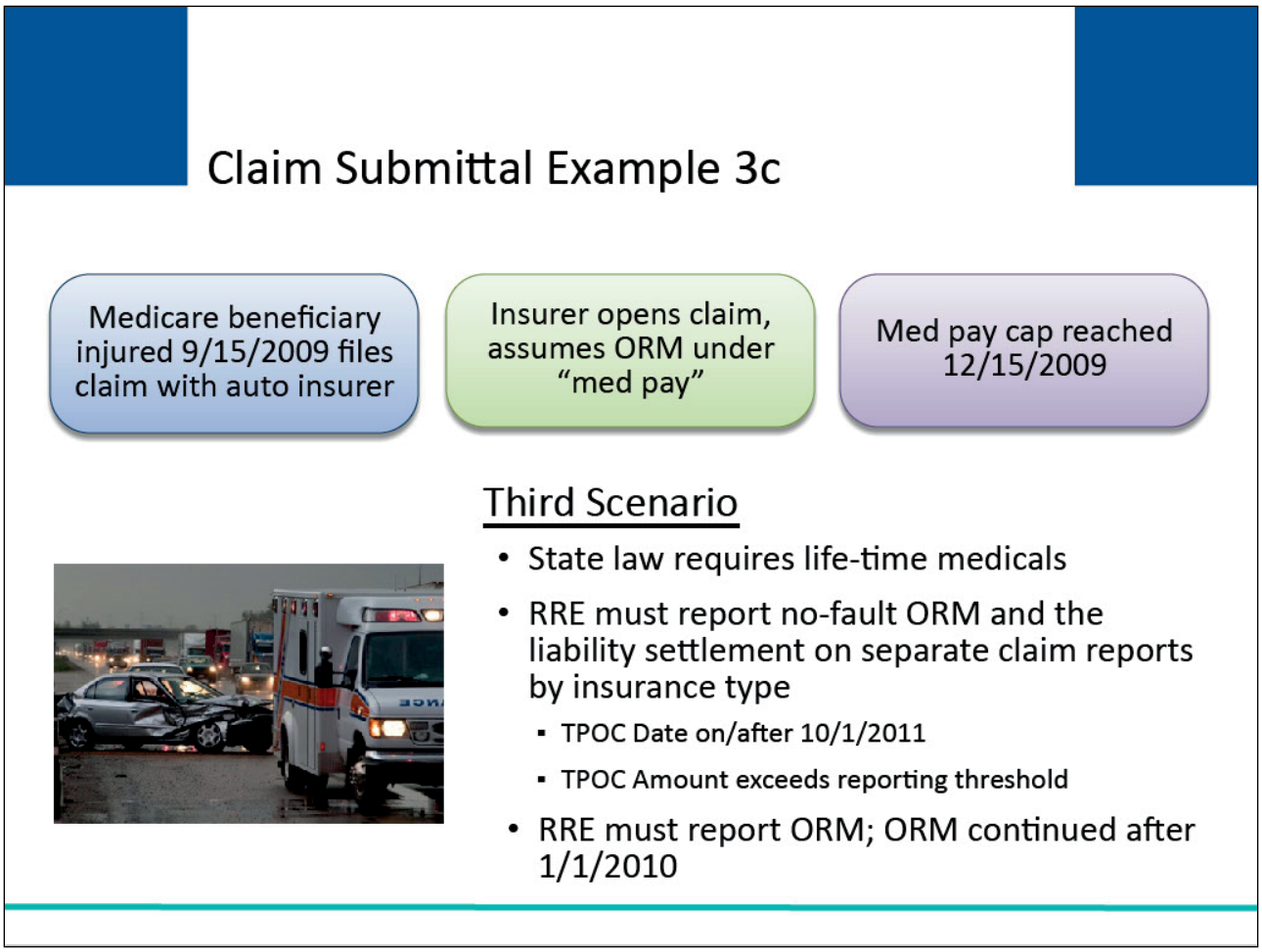
Following the same basic facts presented in example 3a, let's assume that the Medicare beneficiary's medicals exceed the cap and/or he/she has other alleged damages.

The insurer settles with the beneficiary for $50,000 under the liability (bodily injury) component of the policy on 10/3/2011.

For this incident, the RRE should report the $50,000 liability TPOC information because the liability TPOC Date was on or after 10/1/2011 and exceeds the reporting threshold.

The RRE should not report the ORM under Section 111 because the no-fault insurance ORM terminated prior to 1/1/2010. Note: The ORM was terminated when the medicals exceeded the Med pay cap on 12/15/2009.

Slide 22 of 25 - Claim Submittal Example 3c



Slide notes

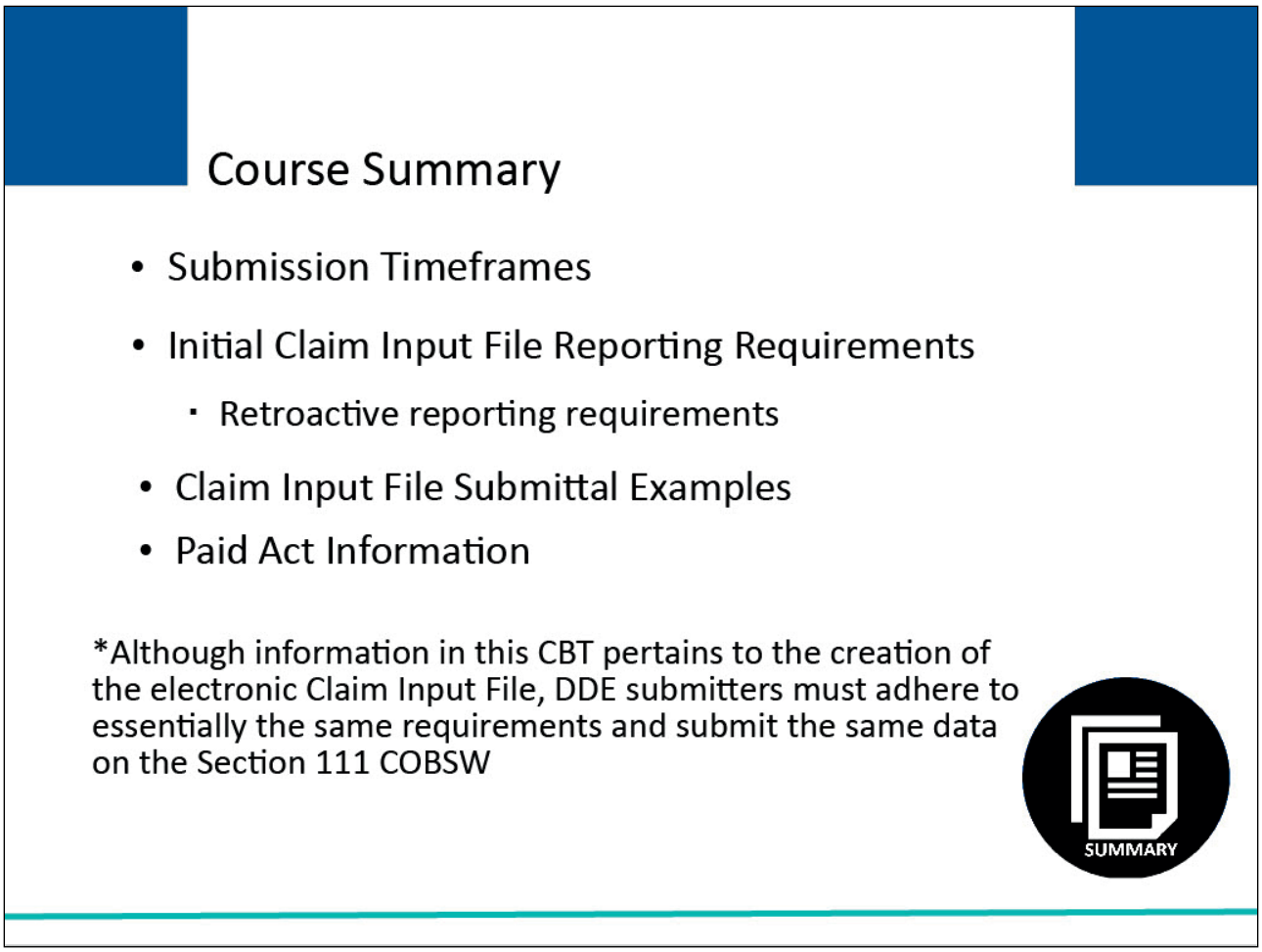
For this example, let's assume the same basic facts presented in examples 3a and 3b except that in this case state law requires life-time medicals.

For this incident under Section 111, you must report both the no-fault ORM and the liability settlement on separate claim reports by insurance type.

The RRE must report the $50,000 TPOC information because the TPOC Date was on or after 10/1/2011, and the TPOC Amount exceeds the reporting threshold for the TPOC Date.

Since the no-fault ORM continued after 1/1/2010, the RRE must report the ORM.

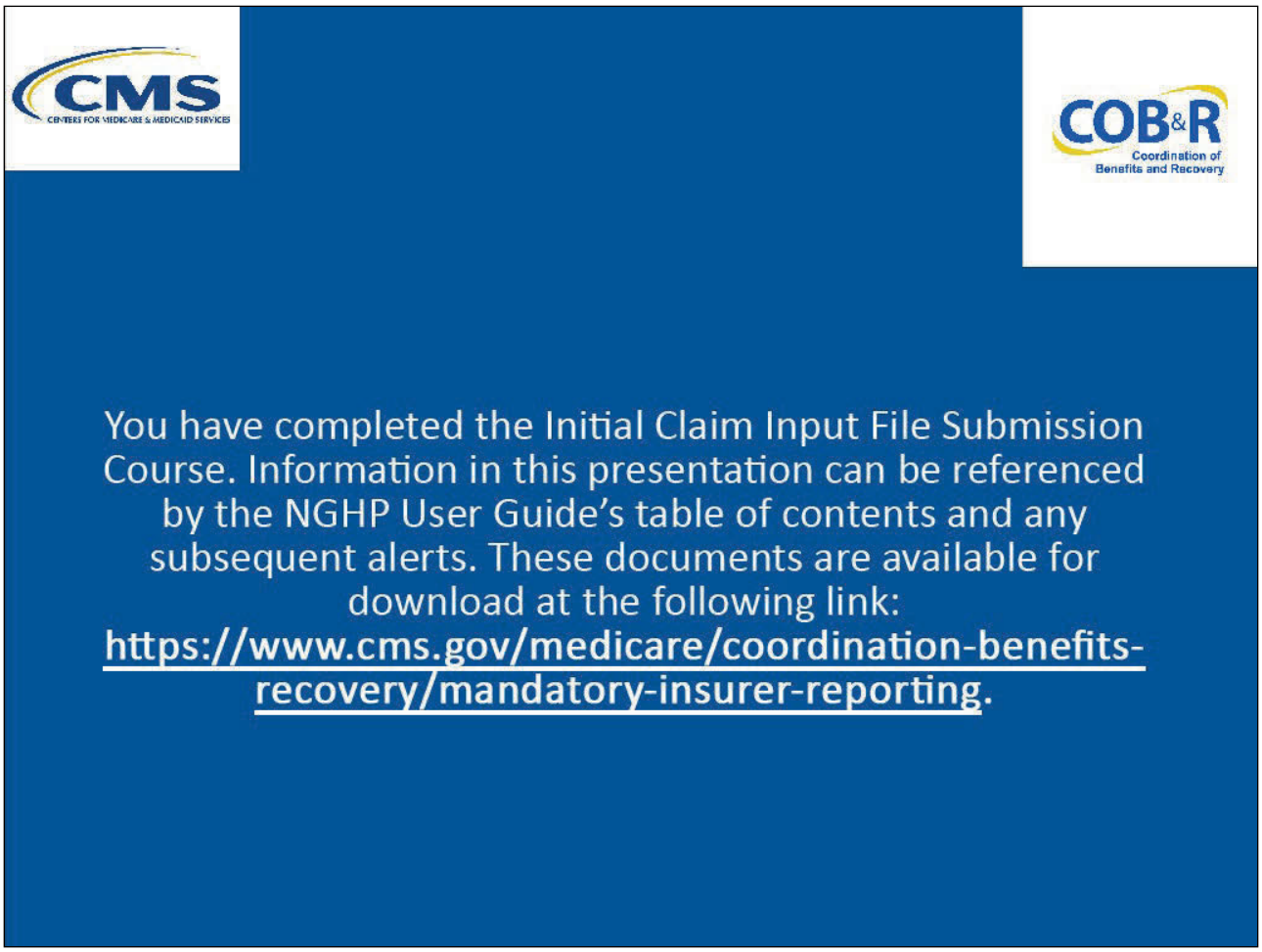
Slide 23 of 25 - Course Summary



Slide notes

This module reviewed submission timeframes, discussed reporting requirements for the Initial Claim Input File including retroactive reporting requirements, and concluded with Claim Input File submittal examples and Paid Act Information.

Slide 24 of 25 - Conclusion

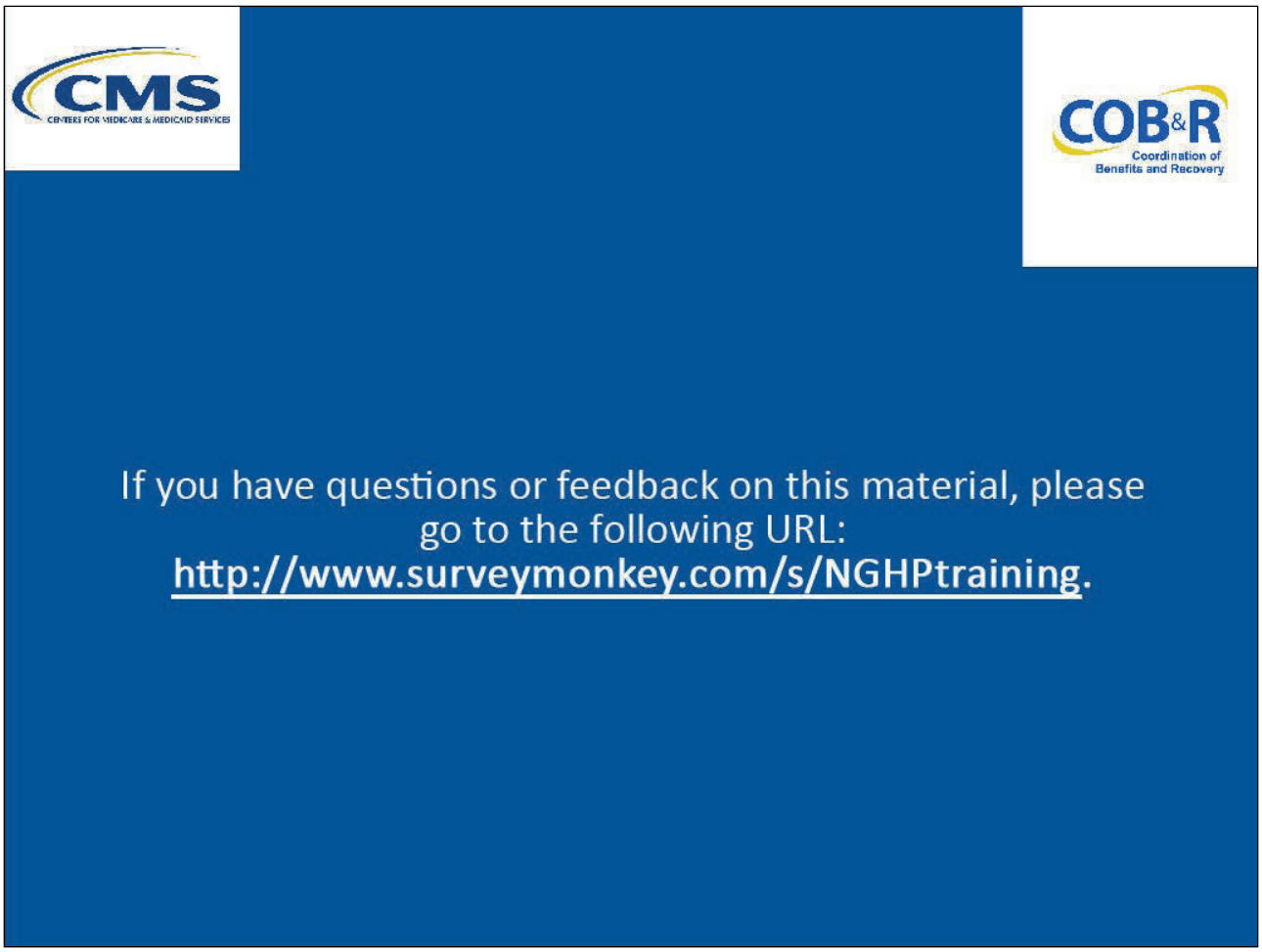


Slide notes

You have completed the Initial Claim Input File Submission Course. Information in this presentation can be referenced by the NGHP User Guide's table of contents and any subsequent alerts.

These documents are available for download at the following link: CMS NGHP Website.

Slide 25 of 25 - NGHP Training Survey



Slide notes

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