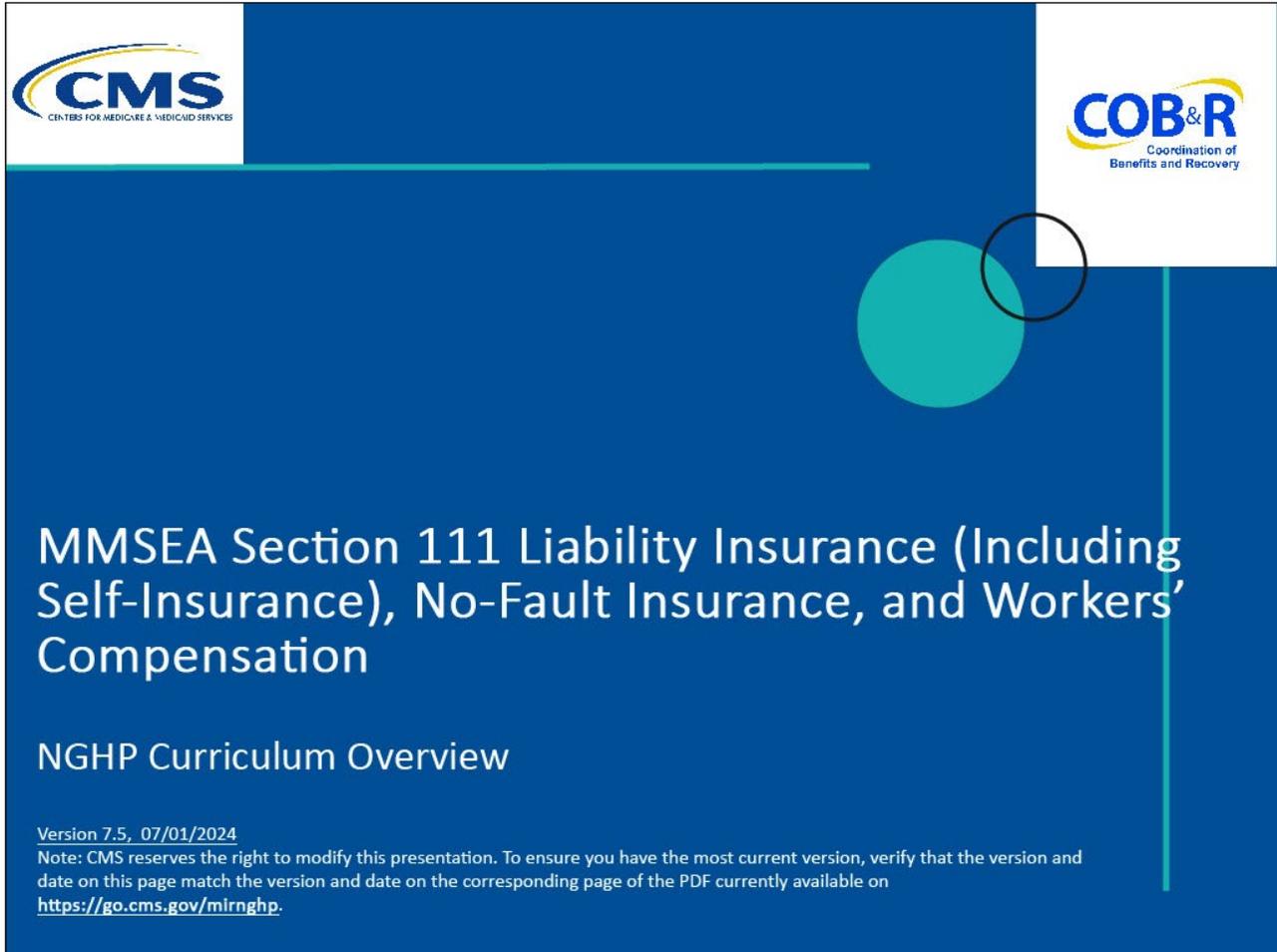


NGHP Curriculum Overview

Slide 1 - of 30 - NGHP Curriculum Overview Introduction



The slide features a dark blue background with a teal circle and a white circle with a black outline on the right side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is "MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation". Below the title is "NGHP Curriculum Overview". At the bottom left, it says "Version 7.5, 07/01/2024" followed by a note: "Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on <https://go.cms.gov/mirnghp>."

Slide notes

Welcome to the Introduction to the Non-Group Health Plan (NGHP) Curriculum Overview 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 30 - Disclaimer**Disclaimer**

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found at the following link:
<https://go.cms.gov/mirnghp>.

Slide notes

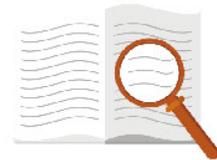
While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

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Slide 3 of 30 - Course Overview

Course Overview

- NGHP Mandatory Insurer Reporting Overview
- Responsible Reporting Entity
- Process Overview
- Registration
- Claim Input File
- Claim Response File
- TIN Reference File
- Testing
- Query
- Data Transmission
- Using Section 111 COBSW

**Slide notes**

CMS has developed a learning plan of CBT courses for RREs. The purpose of these CBTs is to supplement the NGHP User Guide.

This course reviews the NGHP CBT modules that are available:

NGHP Mandatory Insurer Reporting Overview,
Responsible Reporting Entity,
Process Overview,
Registration,
Claim Input File,
Claim Response File,
Tax Identification Number (TIN) Reference File,
Testing,
Query,

Data Transmission,
Using the Section 111 COB Secure Website (COBSW), and
Medicare Secondary Payer (MSP).

Unless otherwise noted in this CBT, modules apply to 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 DDE.

CBTs will be updated to reflect new information as it is released by CMS. Once you are registered for CBTs, you will receive notifications about the learning plan including courses that have been added or updated.

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 30 - PAID Act

PAID Act

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

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

**Slide notes**

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

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

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

Slide 5 of 30 - NGHP Mandatory Insurer Reporting Overview

NGHP Mandatory Insurer Reporting Overview

Quick Reference Guide for NGHP Insurers

- MMSEA Section 111 reporting, and how it may affect you
- Help determine if you are an MMSEA Section 111 “Responsible Reporting Entity” (RRE)
- How to set up and begin reporting
- Reporting options
- Data “input and response” process
- Resources for additional instruction

Mandatory Insurer Reporting (NGHP) page

- <https://go.cms.gov/mirnghp>

Slide notes

This learning module provides information that was included in the Quick Reference Guide for NGHP Insurers (The What, Why and How of MMSEA Section 111 Reporting). It:

Explains MMSEA Section 111 reporting, and how it may affect you,

Helps you determine if you are an MMSEA Section 111 “Responsible Reporting Entity” (RRE),

Provides an overview on how to set up and begin reporting,

Describes the various options you have for reporting,

Outlines the data “input and response” process, and

Identifies resources for additional instruction.

A copy of the Quick Reference Guide is available at the following link: <https://go.cms.gov/mirnghp>.

Slide 6 of 30 - Responsible Reporting Entity CBT

Responsible Reporting Entity CBT

Who/What entity is an MMSEA Section 111 RRE

Registration of an entity within a corporate structure

- Examples

Clarifies who the RRE is in various situations



Slide notes

This course relays information regarding who/what entity is an MMSEA Section 111 RRE for NGHP. It reviews the rules that exist for the registration of an entity within a corporate structure and provides examples to help illustrate these rules. This course also clarifies who the RRE is in various situations.

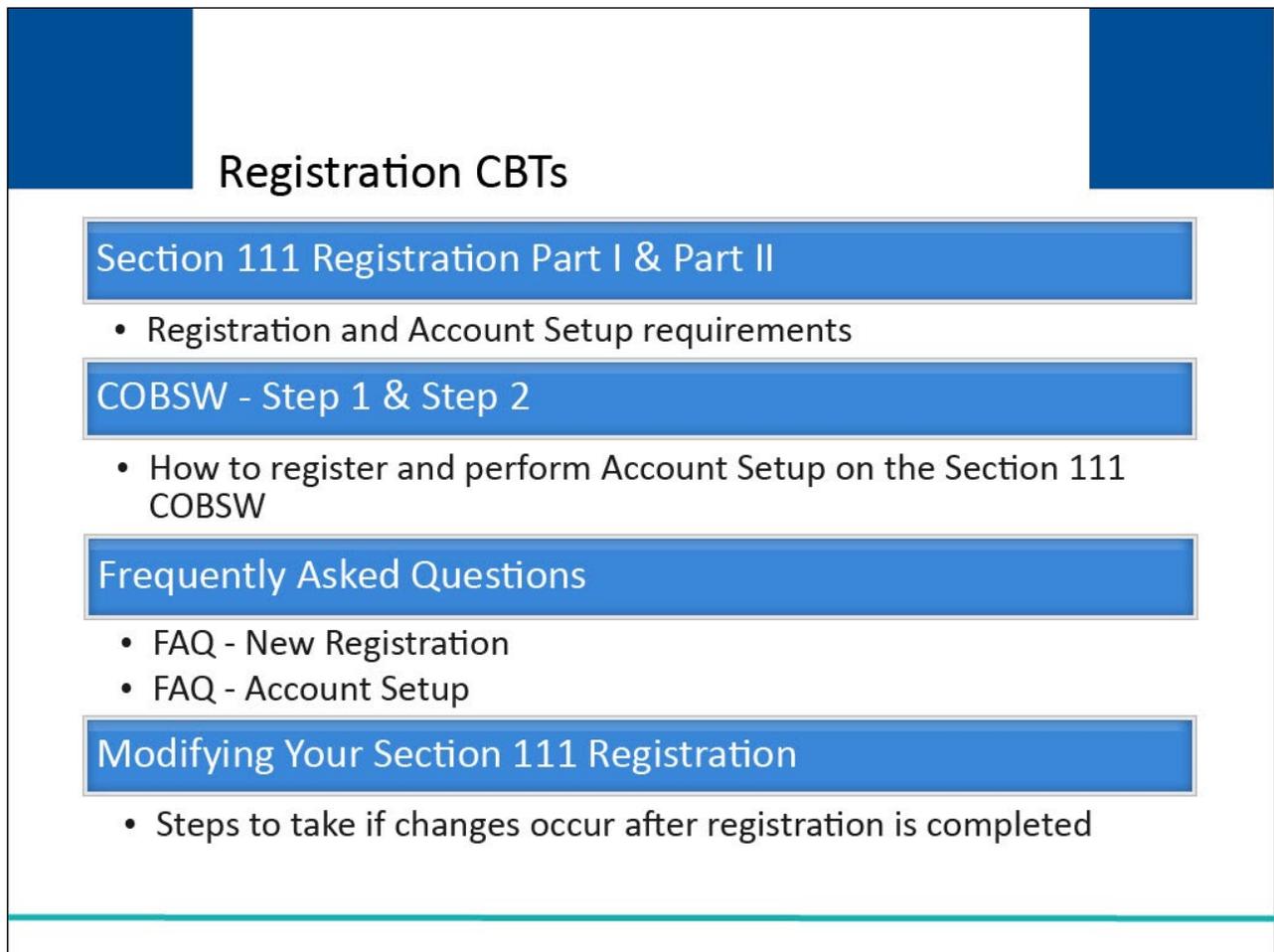
Slide 7 of 30 - Process Overview CBT

Process Overview CBT

- High-level overview of Section 111
- Data exchange purpose and details
- File types
- Section 111 COBSW
- Data Use Agreement

**Slide notes**

The Process Overview CBT provides a high-level overview of the Section 111 process. It reviews the Section 111 data exchange (purpose and details), file types, the Section 111 COBSW, and the Data Use Agreement.

Slide 8 of 30 - Registration CBTsThe slide features a white background with a blue header bar at the top containing the title "Registration CBTs". Below the header, there are four blue rectangular boxes, each containing a section title and a bulleted list of topics. The first box is titled "Section 111 Registration Part I & Part II" and lists "Registration and Account Setup requirements". The second box is titled "COBSW - Step 1 & Step 2" and lists "How to register and perform Account Setup on the Section 111 COBSW". The third box is titled "Frequently Asked Questions" and lists "FAQ - New Registration" and "FAQ - Account Setup". The fourth box is titled "Modifying Your Section 111 Registration" and lists "Steps to take if changes occur after registration is completed".

Registration CBTs

- Section 111 Registration Part I & Part II
 - Registration and Account Setup requirements
- COBSW - Step 1 & Step 2
 - How to register and perform Account Setup on the Section 111 COBSW
- Frequently Asked Questions
 - FAQ - New Registration
 - FAQ - Account Setup
- Modifying Your Section 111 Registration
 - Steps to take if changes occur after registration is completed

Slide notes

Registration of the RRE is required and must be completed before testing between the RRE (or its agent) and the Benefits Coordination & Recovery Center (BCRC) can begin or before reporting via DDE may commence.

The Registration CBTs (i.e., Section 111 Registration - Part I & Part II) review the New Registration and Account Setup requirements that the RREs must follow for Section 111.

The COBSW-Step 1 - New Registration and COBSW-Step 2 - Account Setup CBTs provide detailed explanations of how the RRE will register and perform their Account Setup on the Section 111 COBSW.

We have compiled some Frequently Asked Questions (FAQs) on the registration and account setup process. These can be found in the FAQ - New Registration and in the FAQ - Account Setup modules.

The Modifying Your Section 111 Registration CBT provides information regarding steps RREs must take if changes occur after their initial Section 111 registration is completed including abandoned RRE IDs, ceasing use of an RRE ID, transition of reporting, changing reporting agents, and changing RRE information.

Slide 9 of 30 - Claim Input File CBTs

Claim Input File CBTs

- Claim Input File**
 - Used to report applicable NGHP information where the injured party is a Medicare beneficiary
- Claim Input File CBTs**
 - Pertain to both DDE and electronic file submitters, except for CBTs that pertain specifically to the physical creation and transmission of electronic files
- DDE Submitters**
 - Must submit the same data elements and adhere to essentially the same Section 111 reporting requirements as file submitters
 - Enter claim information manually on the Section 111 COBSW
- File Submitters**
 - Transmit claim information in the form of an automated electronic file

Slide notes

The Claim Input File is the data set transmitted from the RRE to the BCRC that is used to report applicable NGHP information where the injured party is a Medicare beneficiary. There are several CBTs regarding the Claim Input File.

The Claim Input File CBTs pertain to both DDE and electronic file submitters, with the exception of those that pertain specifically to the physical creation and transmission of electronic files.

DDE submitters must submit the same data elements and adhere to essentially the same Section 111 reporting requirements as file submitters.

DDE submitters enter claim information manually on the Section 111 COBSW while file submitters transmit this same information in the form of an automated electronic file.

Slide 10 of 30 - Claim Input File CBTs

Claim Input File CBTs

Claim Input File Overview CBT

- Introduction to the Claim Input File, including an overview on reporting requirements, submission timeframes and claim responses

File Format Standards CBT

- For electronic file submitters only
- File Format Standards for submitting data files

Claim Input File Data Elements CBT

- For electronic file submitters only
- Claim Input File data format
- Header, detail, auxiliary and trailer records
- Editing of submitted data

**Slide notes**

The Claim Input File Overview module provides an introduction to the Claim Input File, including an overview on reporting requirements, submission timeframes, and claim responses.

The File Format Standards CBT and the Claim Input File Data Elements CBT pertain to the physical creation of electronic files.

These CBTs apply to RREs that will be submitting Section 111 claim information via an electronic file submission. The File Format Standards CBT describes the file format standards that must be followed for submitting data files.

The topics in this course include File Format, header, detail and trailer records, and Data Formatting Standards. The Claim Input File Data Elements CBT explains the Claim Input File data format.

It describes the header, detail, auxiliary and trailer records, and provides an overview on editing that will be performed on the submitted data.

Slide 11 of 30 - Claim Input File CBTs

Claim Input File CBTs

ICD Diagnosis Code Requirements Part I CBT

- Importance of ICD codes for Section 111
- Clarifies ICD diagnosis code requirements
- Explains how to derive ICD code

ICD Diagnosis Code Requirements Part II CBT

- Transition from ICD-9 to ICD-10
- Where to obtain valid ICD diagnosis codes

ICD Diagnosis Code Requirements FAQs CBT

- ICD diagnosis code reporting for Section 111

**Slide notes**

Claim Input Files must include International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification (ICD-9-CM/ICD-10-CM) diagnosis codes considered valid for Section 111 reporting.

The ICD Diagnosis Code Requirements Part I CBT defines ICD-9/ICD-10, explains the importance of ICD diagnosis codes for Section 111 reporting, describes what these codes are used for, clarifies the ICD diagnosis code reporting requirements, and explains how to derive an ICD diagnosis code.

The Part II learning module explains the transition from ICD-9 to ICD-10 and explains where an RRE can obtain valid ICD diagnosis codes.

The ICD Requirements FAQs module addresses FAQs regarding ICD diagnosis code reporting for Section 111.

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 <https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists> (Appendix A, Appendix F, and Appendix I).

Slide 12 of 30 - Claim Input File CBTs

Claim Input File CBTs

Ongoing Responsibility for Medicals (ORM) CBT

- Defines the term “ongoing”
- Provides information on ORM fields
- Reporting requirements for claims with ORM

Total Payment Obligation to Claimant (TPOC) CBT

- Explains the term TPOC
- Clarifies TPOC fields
- Describes how to submit TPOC
- Clarifies how to correct or remove an erroneous TPOC

Slide notes

The Ongoing Responsibility for Medicals (ORM) CBT begins by defining the term “ongoing” and providing information on some of the fields used in reporting ORM: ORM Indicator, ORM Termination Date and ICD diagnosis codes.

It also clarifies what is meant by assumption of ORM and discusses the reporting requirements for claims where ORM has been assumed.

The Total Payment Obligation to Claimant (TPOC) CBT explains the term TPOC; provides clarification on each TPOC field (TPOC Date, TPOC Amount, and Funding Delayed Beyond TPOC Start Date); describes how to submit a TPOC; and clarifies how to correct or remove an erroneous TPOC.

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

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

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

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

Slide 13 of 30 - Claim Input File CBTs

Claim Input File CBTs

- CMS has defined mandatory reporting thresholds for Section 111 reporting
- RREs must adhere to these requirements when determining what claim information should be submitted

Mandatory Reporting Thresholds CBT

- TPOC dollar threshold for workers' compensation claims with no ORM
- TPOC dollar threshold for certain liability (including self-insurance) claims with no ORM
- Reporting exclusion for workers' compensation claims with ORM

Slide notes

CMS has defined mandatory reporting thresholds for Section 111 reporting. RREs must adhere to these requirements when determining what claim information should be submitted.

The Mandatory Reporting Thresholds module explains the TPOC dollar threshold reporting requirements which have been established for Section 111 reporting, the TPOC dollar threshold reporting requirements for workers' compensation claims with no ORM and the delay in reporting certain liability insurance (including self-insurance) claims with no ORM.

It also explains the reporting exclusion for workers' compensation claims with ORM.

Slide 14 of 30 - Claim Input File CBTs

Claim Input File CBTs

- ### Initial Claim Input File Submission CBT

 - Submitting the initial Claim Input File, including retroactive reporting
 - File submission timeframes
 - Examples
- ### Quarterly Claim Input File Submission CBT

 - Quarterly Claim Input File requirements
 - Add, delete, and update transactions
- ### Claim Input File Events CBT

 - Examples of how to submit records for various situations

Slide notes

The Initial Claim Input File Submission module discusses the reporting requirements for the Initial Claim Input File, including retroactive reporting requirements.

It reviews the file submission timeframes and provides Claim Input File submittal examples. The Quarterly Claim Input File Submission CBT explains what is to be reported on the quarterly Claim Input File.

It describes the add, delete, and update transactions and when you would use each. It also explains what to do when you don't have any Claim Detail Records or changes to report.

The Claim Input File Events module provides a high-level overview on what is to be reported on the Claim Input File and gives examples of how to submit Claim Input File Detail Records for various situations.

Slide 15 of 30 - Claim Input File CBTs

Claim Input File CBTs

Claim Reporting Do's and Don'ts CBT

- Helpful reminders to consider when submitting claim information

Reportable Claims CBT

- Section 111 Claim Reporting Requirements
- When claims are reportable
- Circumstances not reportable under Section 111




Slide notes

The Claim Reporting Do's and Don'ts module provides some helpful reminders for RREs to consider when submitting Claim Input Files or providing claim information via DDE.

It reviews when delete transactions should be used. It also provides reminders on the following topics:

RRE addresses,

ICD Diagnosis Codes,

Reporting ORM,

Identifying an Injured Party,

Disposition Code 51,

Injured Party Gender,

Policy Number,

Plan Insurance Type, and

Self-Insured Type.

The Reportable Claims module reviews the Section 111 claim reporting requirements. It explains when claims are reportable and provides information regarding circumstances that are not reportable under Section 111.

Slide 16 of 30 - Claim Response File CBT

Claim Response File CBT

- Claim Reponse File Overview
- Disposition Codes
- Error Codes
- File Level and Threshold Errors
- Compliance Flags
- Note: DDE submitter response information
 - Returned by the BCRC on a claim by claim basis
 - Displayed on the Section 111 COBSW instead of on records in an electronic file

**Slide notes**

For Section 111, RREs will receive a Claim Response File for each Claim Input File submitted.

This module includes an overview of the Claim Response File, Disposition Codes, Error Codes, File Level and Threshold Errors, and Compliance Flags.

Note: This module applies to 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 DDE.

For DDE submitters, response information is returned by the BCRC on a claim by claim basis and displayed on the Section 111 COBSW instead of on records in an electronic file.

Slide 17 of 30 - TIN Reference File CBTs

TIN Reference File CBTs

TIN Reference File CBT

- Contents and submission
- Use of Office Code/Site ID field
- Errors
- Editing

TIN Reference Response File CBT

- Preparation for receipt of TIN Reference Response File
- TIN Validation
- Claim Input File processing
- Tranmission of the TIN Reference Response File
- Go Paperless Options

Note: Although NGHP DDE reporters do not submit TIN Reference Files, these reporters are responsible for submitting the same TIN information online.

Slide notes

The TIN Reference File is submitted prior to or with the Claim Input File so that RRE name and address information associated with each TIN does not have to be repeated on every Claim Input Record.

The TIN Reference File module explains the TIN Reference File contents and submission. It explains the use of the Office Code/Site ID field and provides examples of when this field might be used.

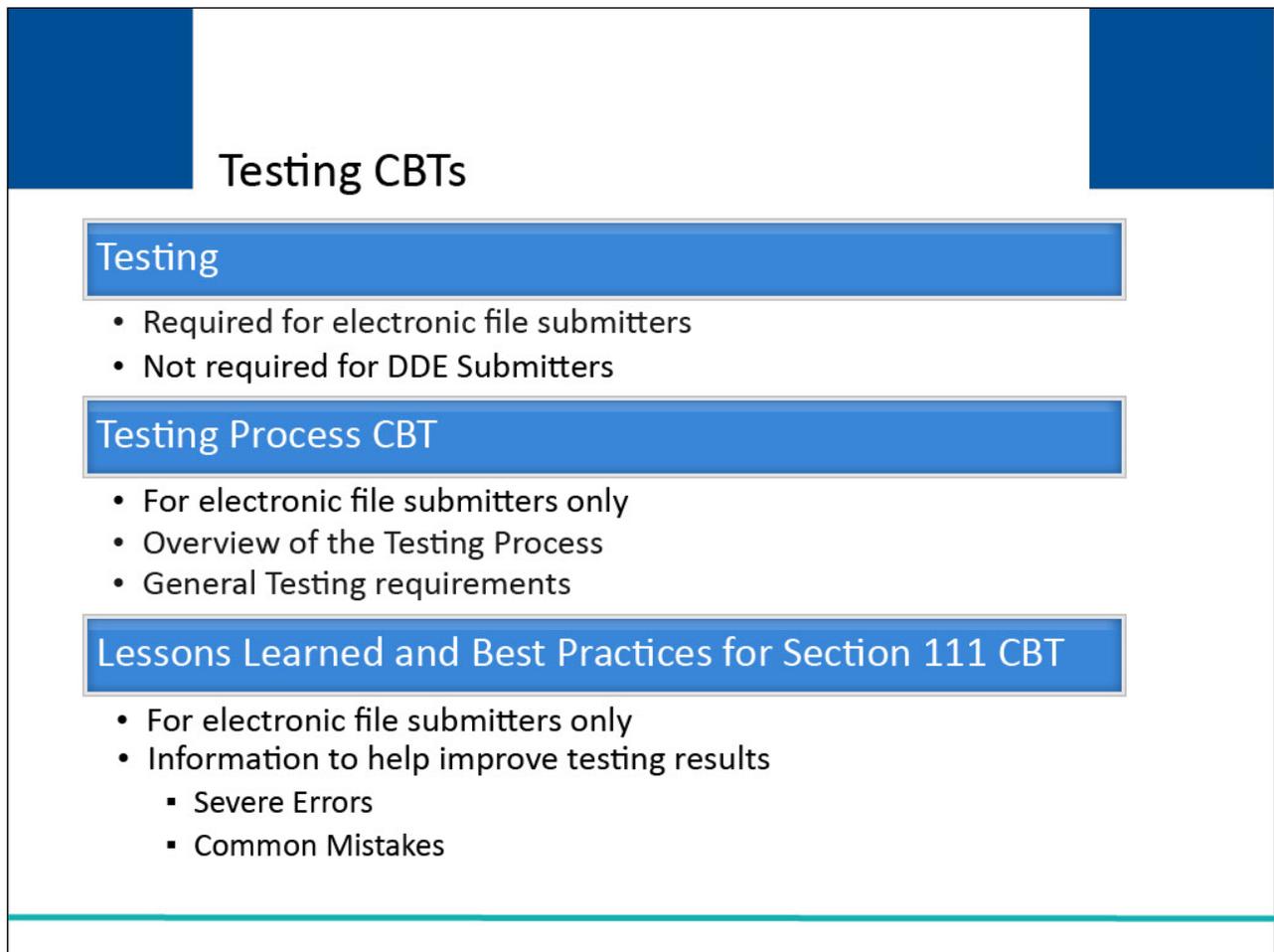
It also reviews TIN Reference File errors; editing; basic validation; and address validation. The TIN Reference Response File module explains the TIN Reference Response File; steps to take to prepare for receipt of TIN Reference Response Files; TIN Validation; processing of the Claim Input File once the TIN Reference Response File has been created; and transmission of the TIN Reference Response File.

Although NGHP DDE reporters do not submit TIN Reference Files, these reporters are responsible for submitting the same TIN information online.

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 (Appendix B):

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

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

Slide 18 of 30 - Testing CBTsThe slide features a white background with two dark blue decorative rectangles at the top corners. The title "Testing CBTs" is centered at the top. Below it are three blue rectangular boxes, each containing a section header and a bulleted list of items.

Testing CBTs

Testing

- Required for electronic file submitters
- Not required for DDE Submitters

Testing Process CBT

- For electronic file submitters only
- Overview of the Testing Process
- General Testing requirements

Lessons Learned and Best Practices for Section 111 CBT

- For electronic file submitters only
- Information to help improve testing results
 - Severe Errors
 - Common Mistakes

Slide notes

RREs that will be submitting Section 111 claim information via an electronic file submission will be required to test their files before submitting. No testing is required if the DDE option is selected.

The Testing Process CBT provides an overview of the testing process, general testing requirements, and the Section 111 COBSW.

The Lessons Learned and Best Practices for Section 111 Testing CBT was created to share lessons learned from the results of Section 111 NGHP RRE testing performed to date.

It reviews the following information to help improve the results of your testing:

communicating with your Electronic Data Interchange (EDI) Representative;

Severe Errors caused by invalid record lengths,

File Record Counts and File Submission Dates; as well as other common mistakes related to Secure File Transfer Protocol (SFTP) Mailboxes,

TIN and Office Code/Site IDs, and

ICD Diagnosis Codes.

Information is also provided on how to obtain beneficiary test data.

Slide 19 of 30 - Query CBTs

Query CBTs

RREs must implement a procedure to determine whether an injured party is a Medicare beneficiary

DDE Submitters

Query functionality built into the first step of the DDE claim submission process on the Section 111 COBSW

File Submitters

May use Query File or Beneficiary Lookup on the Section 111 COBSW

Slide notes

RREs are required to submit claim information for Medicare beneficiaries. RREs must implement a procedure to determine whether an injured party is a Medicare beneficiary.

Query functionality is built into the first step of the DDE claim submission process on the Section 111 COBSW. DDE RREs can review the supplemental DDE CBTs for more information.

RREs that will be submitting Section 111 claim information via an electronic file submission may use the Section 111 Query Files or the online Beneficiary Lookup action on the Section 111 COBSW as tools to identify those individuals who are Medicare beneficiaries.

Slide 20 of 30 - Query CBTs

Query CBTs

Query File CBT

- For electronic file submitters only
- How to use query file to request information regarding whether a particular injured party is a Medicare beneficiary
- Query Input File and Response File (contents and processing)

Beneficiary Lookup CBT

- For electronic file submitters only
- Online real-time query capability on the Section 111 COBSW
- How to use

Slide notes

The Query File CBT reviews the purpose of the Query File. This file is a dataset transmitted from a Section 111 RRE to request information regarding whether a particular injured party is a Medicare beneficiary (is or was covered by Medicare) prior to submitting claim information. The CBT includes the following topics: Query Input File (submission, contents, and processing), Query Response File (contents and processing), Query File Transmission, Translator Software, and Query File testing.

The Beneficiary Lookup is an online, real-time query offered on the Section 111 COBSW. This module explains the Beneficiary Lookup Action and who can use it.

It reviews the query request limit associated with the Beneficiary Lookup function. It also shows how to use the Beneficiary Lookup Action and explains the matching criteria and response results.

Slide 21 of 30 - Data Transmission CBTs

Data Transmission CBTs

Data Transmission Method Selection CBT

- High-level overview of each transmission method
- Items to consider when making your selection

Electronic File Submission CBTs

- Connect:Direct via CMS EFT CBT
 - Procedures for transmitting files using Connect:Direct via CMS EFT
- SFTP CBT
 - Procedures for transmitting files using SFTP
- HTTPS Using Section 111 COBSW CBT
 - Procedures for transmitting files using HTTPS

**Slide notes**

For Section 111, RREs are provided with four different data transmission methods.

The Data Transmission Methods CBT provides a high-level overview on each available method for Section 111 and items to consider when making your selection.

It also reviews the profile report and explains how to change your data transmission method after registration.

For RREs that will submit via an electronic claim file submission, there are 3 options:

Connect Direct via CMS EFT,

SFTP, and

Hypertext Transfer Protocol over Secure Socket Layer (HTTPS).

RREs who have chosen the Connect:Direct via CMS EFT methodology should view the Connect:Direct via CMS EFT CBT which reviews the procedures for transmitting files using Connect:Direct via the CMSNet.

RREs who have chosen to submit files using SFTP should view the SFTP module which reviews the procedures for transmitting files using SFTP for Section 111.

Finally, those RREs who will be transmitting files using HTTPS, should review the HTTPS module which reviews the procedures for transmitting files using HTTPS on the Section 111 COBSW.

Slide 22 of 30 - Data Transmission CBTs

Data Transmission CBTs

Supplemental Direct Data Entry (DDE) CBTs

- DDE Using the Section 111 COBSW CBT
 - NGHP DDE reporting requirements
 - How NGHP RREs can get started
- Switching To or From DDE CBT
 - Switching to DDE from a file submission method
 - Switching to a file submission method from DDE

**Slide notes**

Several modules have been created specifically to address how an RRE will submit DDE claim reports on the Section 111 COBSW. The first module, DDE Using the Section 111 COBSW, provides an overview on NGHP DDE.

The DDE reporting option permits certain NGHP RREs to add, update, or delete claim information using an interactive application that will be accessed directly from the Section 111 COBSW.

The CBT explains the NGHP DDE reporting requirements and provides information on how an NGHP RRE can get started with this reporting method.

Next, the Switching To or From DDE CBT explains the process an NGHP RRE must follow when switching to DDE from a file submission method. It also addresses how an NGHP RRE can switch to a file submission method from DDE.

Please note that this course is intended for NGHP RREs that have already completed the registration and account setup processes.

Slide 23 of 30 - Data Transmission CBTs

Data Transmission CBTs

Supplemental Direct Data Entry (DDE) CBTs

- DDE Screens Overview CBT
 - New Claims Screens Overview
 - Claim Listing Screen fields and actions
- DDE Adding a Claim Report CBT
 - How to enter a DDE New Claim report by completing information on the New Claim screens
 - Injured Party Information
 - Injury Information
 - ORM & TPOC Information
 - Insurance Information
 - Representative Information
 - Claimant and Claimant Representative Information

**Slide notes**

The DDE Screens Overview module provides an overview on how to login to the Section 111 COBSW, clarifies what affects the Transactions Remaining Count and provides an overview on the screens used to enter a DDE claim report.

The second part of this course focuses on the DDE Claim Listing screen. It explains the fields displayed and includes a discussion on the actions that can be performed from this screen.

The DDE Adding a Claim Report CBT explains how to enter a DDE New Claim report by completing information on the New Claim screens:

Injured Party Information,

Injury Information,

ORM and TPOC Information,

Insurance Information,

Representative Information, and

Claimant and Claimant Representative Information.

Slide 24 of 30 - Data Transmission CBTs

Data Transmission CBTs

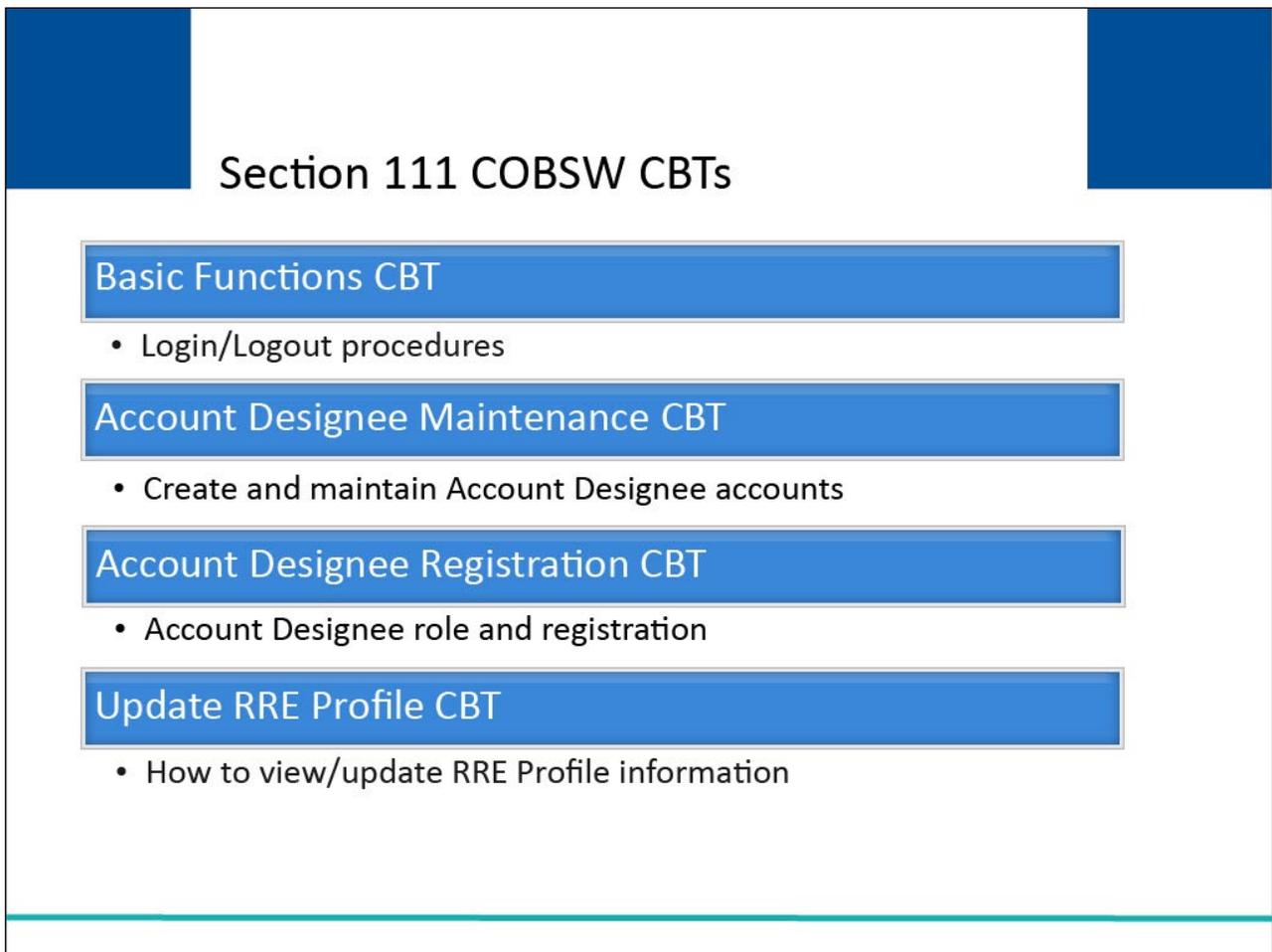
Supplemental Direct Data Entry (DDE) CBTs

- DDE Resume Update & Delete Claim Reports CBT
 - When and how to
 - Resume claim submission
 - Submit updates
 - Submit deletes
- DDE Best Practices CBT
 - Shares best practices for successful submissions

**Slide notes**

The DDE Resume, Update, & Delete Claim Reports CBT explains when and how to resume the DDE claim submission process and clarifies when and how to submit updates and deletes to DDE claim reports.

The next CBT, DDE Best Practices, shares best practices to be used by DDE submitters so that they are successful in submitting Section 111 claim reports.

Slide 25 of 30 - Section 111 COBSW CBTsThe slide features a white background with a blue header bar at the top. The title 'Section 111 COBSW CBTs' is centered in the header. Below the header, there are four blue rectangular boxes, each containing a CBT title and a bulleted list of topics. The first box is 'Basic Functions CBT' with the bullet 'Login/Logout procedures'. The second is 'Account Designee Maintenance CBT' with the bullet 'Create and maintain Account Designee accounts'. The third is 'Account Designee Registration CBT' with the bullet 'Account Designee role and registration'. The fourth is 'Update RRE Profile CBT' with the bullet 'How to view/update RRE Profile information'. A thin teal horizontal line is at the bottom of the slide content area.

Section 111 COBSW CBTs

- Basic Functions CBT
 - Login/Logout procedures
- Account Designee Maintenance CBT
 - Create and maintain Account Designee accounts
- Account Designee Registration CBT
 - Account Designee role and registration
- Update RRE Profile CBT
 - How to view/update RRE Profile information

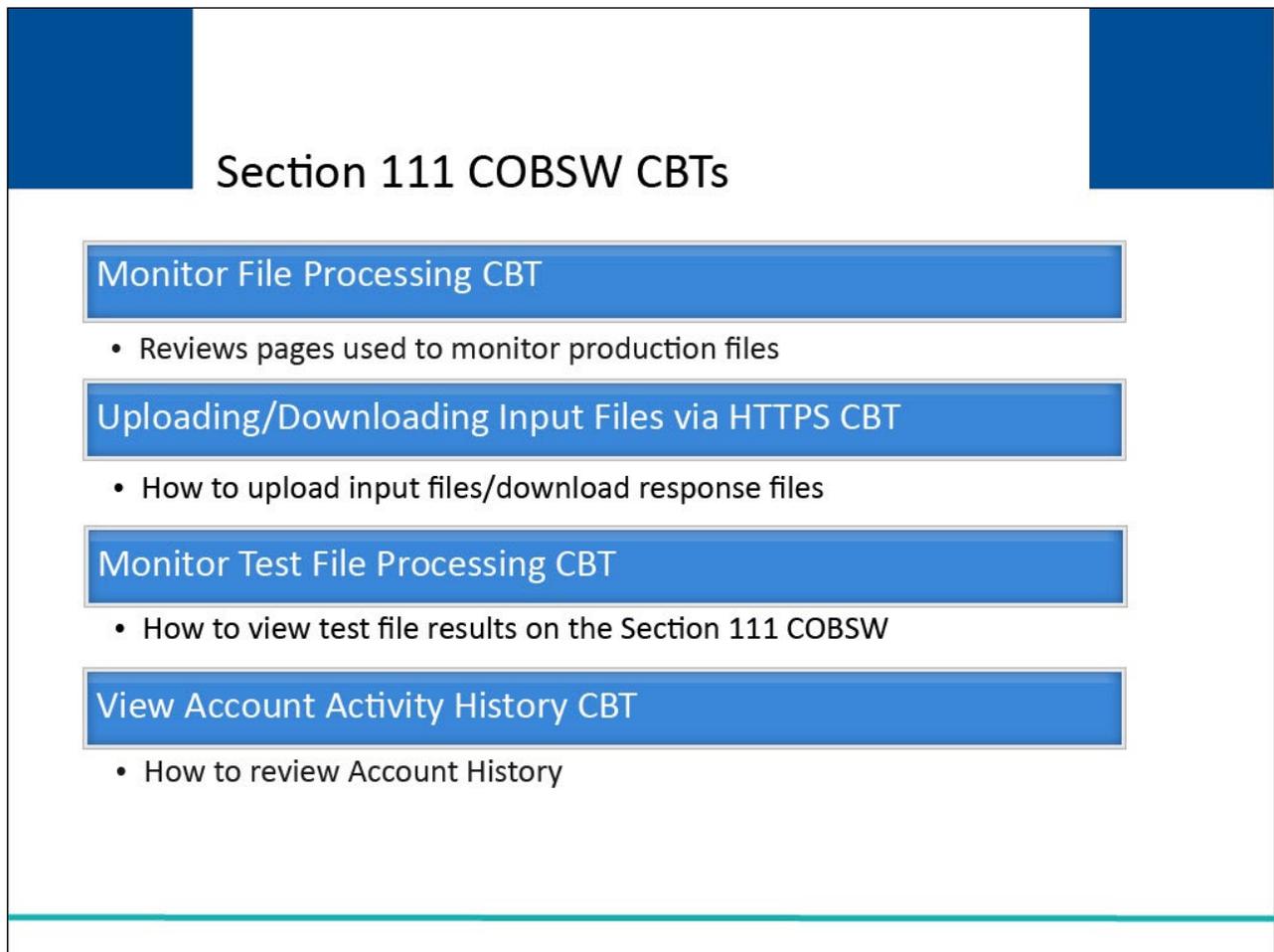
Slide notes

We offer several modules to assist you in learning how to use the Section 111 COBSW.

First, the Section 111 COBSW Basic Functions CBT provides an overview of the Login/Logout procedures and reviews some of the basic functions available to RREs from the Home page.

Next, the Section 111 COBSW Account Designee Maintenance module describes the procedures for creating and maintaining the Account Designee accounts.

The Section 111 COBSW Account Designee Registration CBT reviews the Account Designee user role and registration process. Another Section 111 COBSW CBT, the Update RRE Profile module, illustrates how to view and update RRE profile information.

Slide 26 of 30 - Section 111 COBSW CBTsThe slide features a white background with a blue header bar at the top containing the title "Section 111 COBSW CBTs". Below the header, there are four blue rectangular boxes, each containing a CBT title and a bulleted list of topics. The first box is "Monitor File Processing CBT" with the bullet "Reviews pages used to monitor production files". The second is "Uploading/Downloading Input Files via HTTPS CBT" with the bullet "How to upload input files/download response files". The third is "Monitor Test File Processing CBT" with the bullet "How to view test file results on the Section 111 COBSW". The fourth is "View Account Activity History CBT" with the bullet "How to review Account History". A thin teal horizontal line is at the bottom of the slide content area.

Section 111 COBSW CBTs

- Monitor File Processing CBT
 - Reviews pages used to monitor production files
- Uploading/Downloading Input Files via HTTPS CBT
 - How to upload input files/download response files
- Monitor Test File Processing CBT
 - How to view test file results on the Section 111 COBSW
- View Account Activity History CBT
 - How to review Account History

Slide notes

The Section 111 COBSW Monitor File Processing module reviews the file processing pages that RREs will use while monitoring production file processing.

The Uploading/Downloading Input Files via HTTPS module demonstrates how to perform these procedures on the Section 111 COBSW.

The Section 111 COBSW Monitor Test File Processing CBT shows how to view test file results on the Section 111 COBSW.

The Section 111 COBSW View Account Activity History module shows how to navigate to, and review the content of, the account activity page.

Slide 27 of 30 - Customer Service and Reporting Assistance

Customer Service and Reporting Assistance

- Section 111 CMS Website
 - <https://go.cms.gov/mirnghp>
- EDI Representative
 - Assigned after registering
 - File transmissions and reporting issues contact
- Teleconference Events

**Slide notes**

In addition to the CBTs, RREs will be able to utilize the CMS Website, their assigned EDI Representatives, and various training and education materials for assistance with Section 111 reporting.

The CMS Website devoted to the Section 111 information, <http://go.cms.gov/mirnghp>, should be checked frequently for updated information.

After you register for Section 111 reporting, you will be assigned an EDI Representative. Your EDI Representative will be your main contact for Section 111 file transmission and reporting issues.

Additionally, CMS and the BCRC are conducting a series of Teleconference Events to provide information regarding Section 111 reporting requirements. The schedule for the teleconference events is posted on the Section 111 website.

The schedule is updated as new calls are scheduled.

Slide 28 of 30 - Course Summary

Course Summary

- NGHP Mandatory Insurer Reporting Overview
- Responsible Reporting Entity
- Process Overview
- Registration
- Claim Input File
- Claim Response File
- TIN Reference File
- Testing
- Query
- Data Transmission
- Using Section 111 COBSW

**Slide notes**

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CMS has developed a learning plan of CBT courses for RREs. The purpose of these CBTs is to supplement the NGHP User Guide.

This course reviews the NGHP CBT modules that are available:

NGHP Mandatory Insurer Reporting Overview,

Responsible Reporting Entity,

Process Overview,

Registration,

Claim Input File,

Claim Response File,

Tax Identification Number (TIN) Reference File,

Testing,

Query,
Data Transmission,
Using the Section 111 COB Secure Website (COBSW), and
Medicare Secondary Payer (MSP).

Unless otherwise noted in this CBT, modules apply to 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 DDE.

CBTs will be updated to reflect new information as it is released by CMS. Once you are registered for CBTs, you will receive notifications about the learning plan including courses that have been added or updated.

Slide 29 of 30 - Conclusion

You have completed the NGHP Curriculum Overview Course. Information in this presentation can be referenced by the Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide's table of contents and any subsequent alerts. These documents are available for download at the following link:
<https://go.cms.gov/mirnghp>.

Slide notes

You have completed the NGHP Curriculum Overview Course.

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These documents are available for download at the following link: <http://go.cms.gov/mirnghp>.

Slide 30 of 30 - NGHP Training Survey



The slide features a dark blue background. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text in the center reads: "If you have any questions or feedback on this material, please go to the following URL: <https://www.surveymonkey.com/s/NGHPTraining>."

Slide notes

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