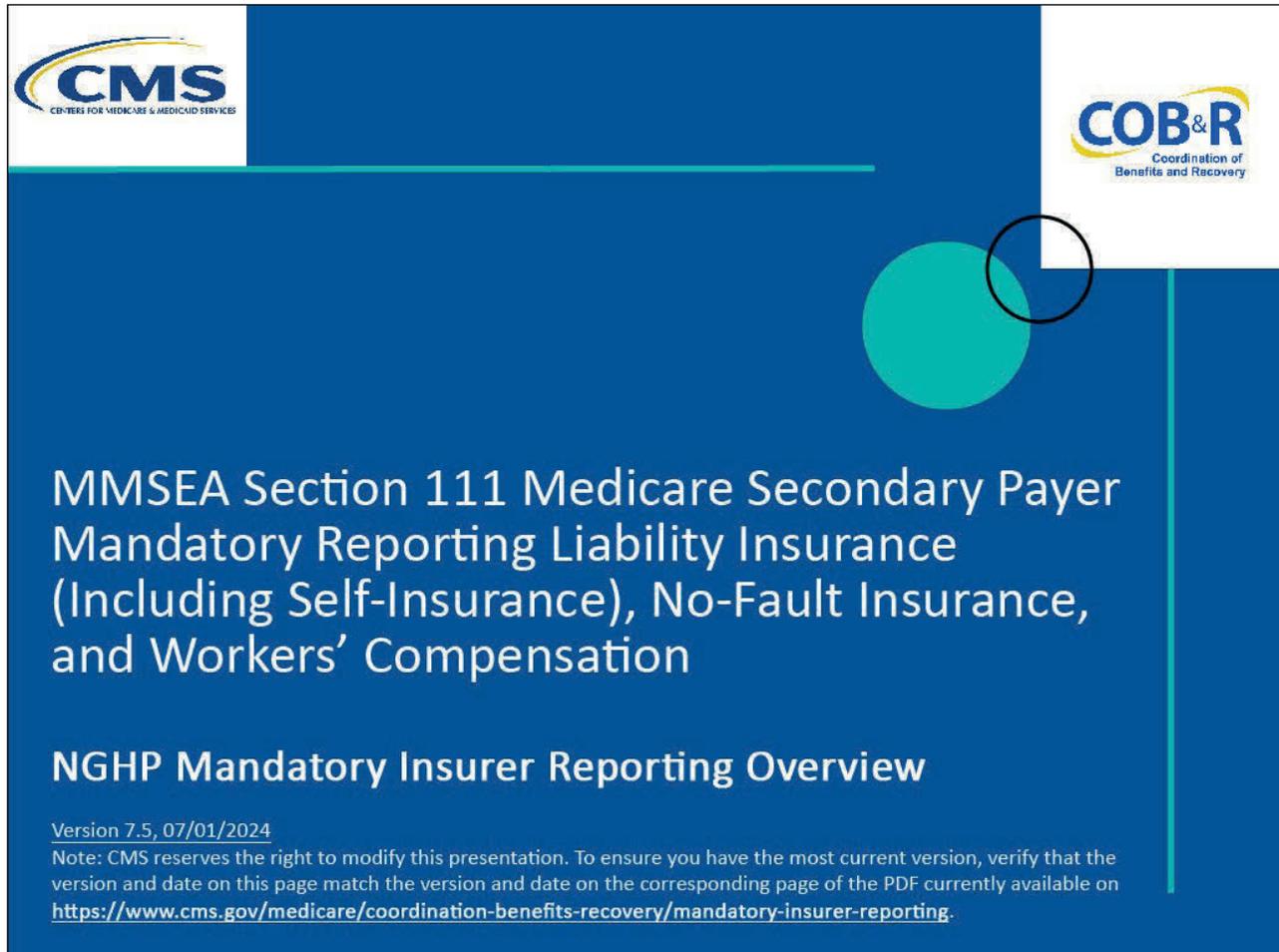


NGHP Mandatory Insurer Reporting Overview Introduction

Slide 1 of 26 - NGHP Mandatory Insurer Reporting Overview Introduction



The slide features a dark blue background with a teal circle and a black circle on the right side. The CMS logo is in the top left, and the COB&R logo is in the top right. The main text is centered in white.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation

NGHP Mandatory Insurer Reporting Overview

Version 7.5, 07/01/2024
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

Welcome to the NGHP Mandatory Insurer Reporting Overview course.

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 Computer Based Training (CBT) for ease of reference.

Slide 2 of 26 - 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://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

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

All affected entities are responsible for following the instructions found at the following link: [CMS NGHP Website](#).

Slide 3 of 26 - Course Overview

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

- Explain MMSEA Section 111 reporting, and how it may affect you,
- Help you determine if you are an MMSEA Section 111 “Responsible Reporting Entity” (RRE),
- Provide an overview on how to set up and begin reporting,
- Describe the various options you have for reporting,
- Outline the data “input and response” process, and
- Identify resources for additional instruction.

A written copy of the Quick Reference Guide can be found in the Downloads area of the Mandatory Insurer Reporting (NGHP) page. The following link may be used to access the page: [CMS NGHP Website](https://go.cms.gov/mirnghp).

Slide 4 of 26 - 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 26 - What is MMSEA Section 111 Reporting?

What is MMSEA Section 111 Reporting?

A law that added *mandatory* reporting requirements for NGHP insurers providing coverage to Medicare beneficiaries

- NGHP insurers must notify Medicare about “settlements, judgments, awards, or other payment from liability insurers (including self-insurers), no-fault insurers, and workers’ compensation” received by, or on behalf of, Medicare beneficiaries
- First became effective on May 1, 2009

Slide notes

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 is usually referred to as MMSEA Section 111 reporting (or simply Section 111).

This law added mandatory reporting requirements for liability insurers (including self-insurers), no-fault insurers, and workers’ compensation insurers providing coverage to Medicare beneficiaries.

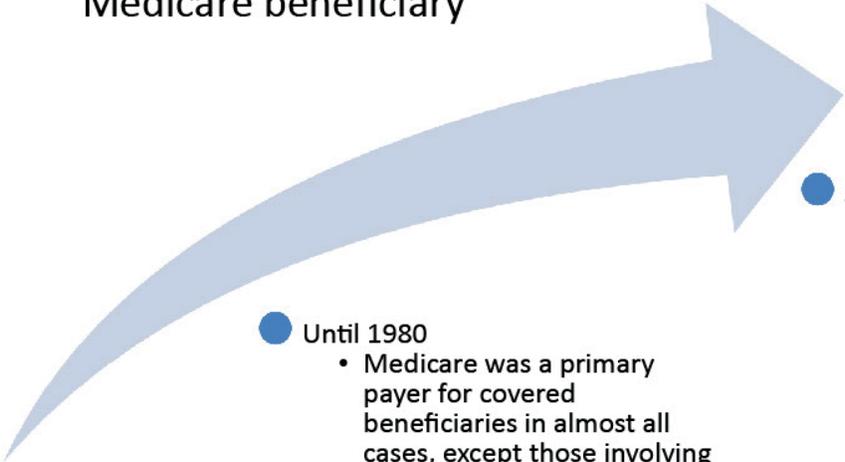
These NGHP insurers are obligated to notify Medicare about “settlements, judgments, awards, or other payment from liability insurers (including self-insurers), no-fault insurers, and workers’ compensation” received by, or on behalf of, Medicare beneficiaries. The reporting requirements for NGHP insurers under MMSEA Section 111 first became effective on May 1, 2009.

The MMSEA Section 111 reporting requirements are an addition to the already existing Medicare Secondary Payer (MSP) law and corresponding regulations.

Slide 6 of 26 - What is MSP?

What is MSP?

- Term used to describe situations where another insurer has primary payment responsibility for care provided to a Medicare beneficiary



- **Until 1980**
 - Medicare was a primary payer for covered beneficiaries in almost all cases, except those involving workers' compensation (and black lung disease)
- **Starting in 1980**
 - If the injured party is a Medicare beneficiary, Medicare is always a secondary payer to liability insurance (including self-insurance), no-fault insurance, and workers' compensation

Slide notes

MSP is the term used to describe situations where another insurer has primary payment responsibility for care provided to a Medicare beneficiary.

Until 1980, Medicare was a primary payer for covered beneficiaries in almost all cases, except those involving workers' compensation (and black lung disease).

Starting in 1980, the addition of the MSP provisions of the Social Security Act required that when the injured party is a Medicare beneficiary, Medicare is always a secondary payer to liability insurance (including self-insurance), no-fault insurance, and workers' compensation.

Slide 7 of 26 - Why is there an MSP law?

Why is there an MSP law?

Enacted so that some of the costs of caring for Medicare beneficiaries could be borne by other types of insurance

- Spreading payment for healthcare costs across multiple insurers helps extend the life of the Medicare Trust Fund
- Helps to ensure that Medicare beneficiaries have adequate access to care

For more information about MSP refer to:

- Chapter 2 “Introduction and Important Terms” of the NGHP User Guide
- [MSP Computer Based Training](#)

Slide notes

The MSP provisions of the Social Security Act were enacted so that some of the costs of caring for Medicare beneficiaries could be borne by other types of insurance.

Spreading payment for healthcare coverage costs across multiple insurers is helping to extend the life of the Medicare Trust Fund and is helping to ensure that Medicare beneficiaries have adequate access to care.

For more information and guidance about MSP issues, please refer to Chapter 2 “Introduction and Important Terms” of the NGHP User Guide.

The NGHP User Guide Chapter can be found in the Downloads area of the NGHP User Guide page.

The following link may be used to access the page: [NGHP User Guide](#).

You may also access MSP Computer Based Training available in the Downloads area of the Medicare Secondary Payer page at the following link: [MSP CBT Link](#).

Slide 8 of 26 - I may be an NGHP insurer. Do I need to report under MMSEA Section 111?

I may be an NGHP insurer. Do I need to report under MMSEA Section 111?

- Most likely if you
 - Are “an applicable plan”
 - Provide liability, no-fault or workers’ compensation insurance coverage
 - Provide payment for medical expenses for a Medicare beneficiary
- Please see Chapter III “Policy Guidance” of the NGHP User Guide for a comprehensive discussion of the types of insurers that must report
- If you determine that you are a Responsible Reporting Entity, you will be referred to as an RRE
 - Please see the [Responsible Reporting Entity CBT](#) for more information

Slide notes

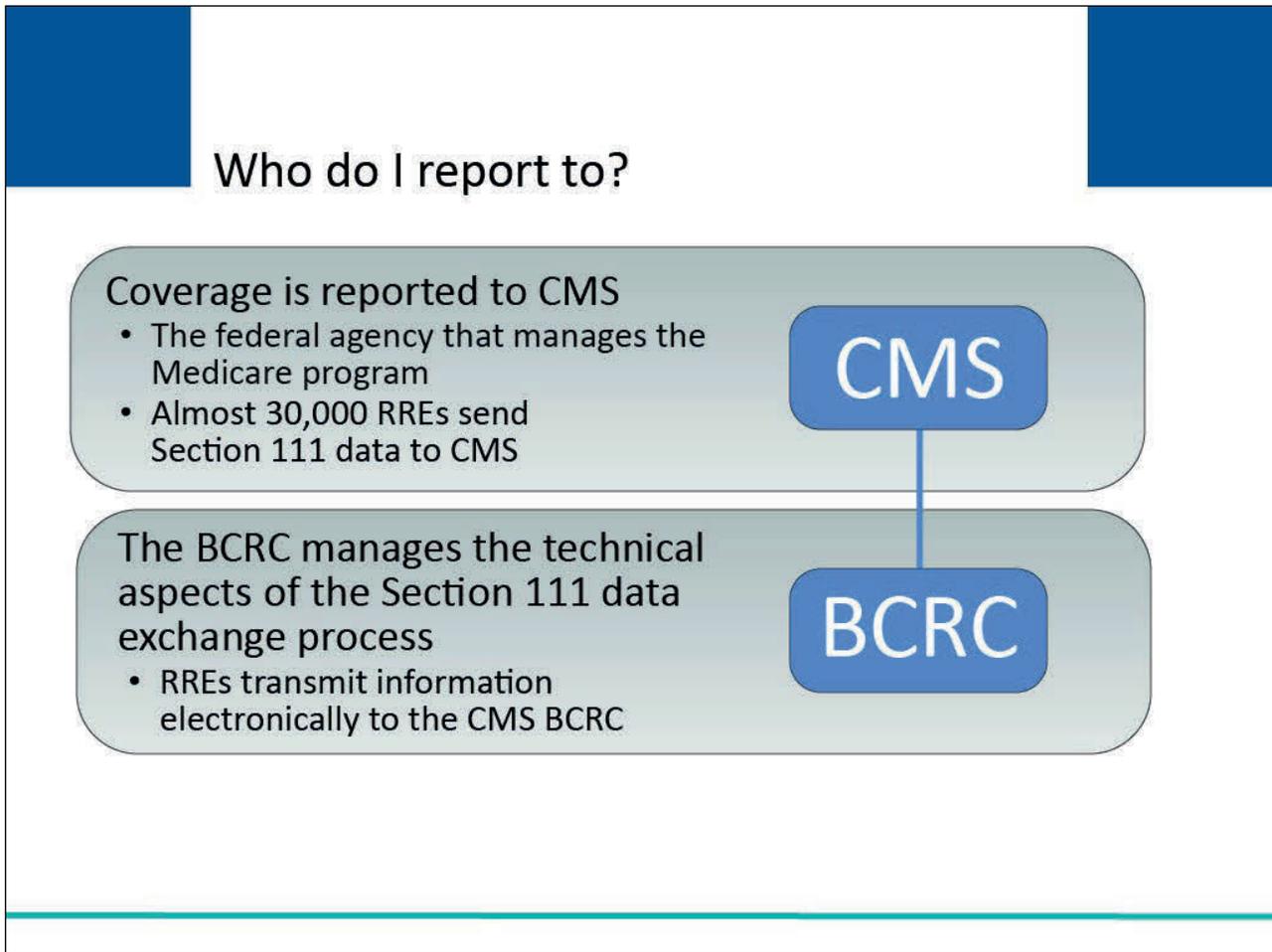
You most likely will need to report under MMSEA Section 111 if you are “an applicable plan” - meaning that you are a liability insurer (including a self-insurer), an insurer providing “no-fault” coverage, or a workers’ compensation plan.

These are the main general categories of NGHP insurance types. In all cases, you provide insurance coverage or payments for medical expenses for someone who is a Medicare beneficiary.

Please see Chapter III “Policy Guidance” of the NGHP User Guide for a comprehensive discussion of the types of insurers that must report.

If you have determined that you need to report under MMSEA Section 111, you are the entity responsible for complying and will be referred to as the “RRE”. Please see the Responsible Reporting Entity CBT at the following link: [RRE Entity CBT](#) for more information.

Slide 9 of 26 - Who do I report to?



Slide notes

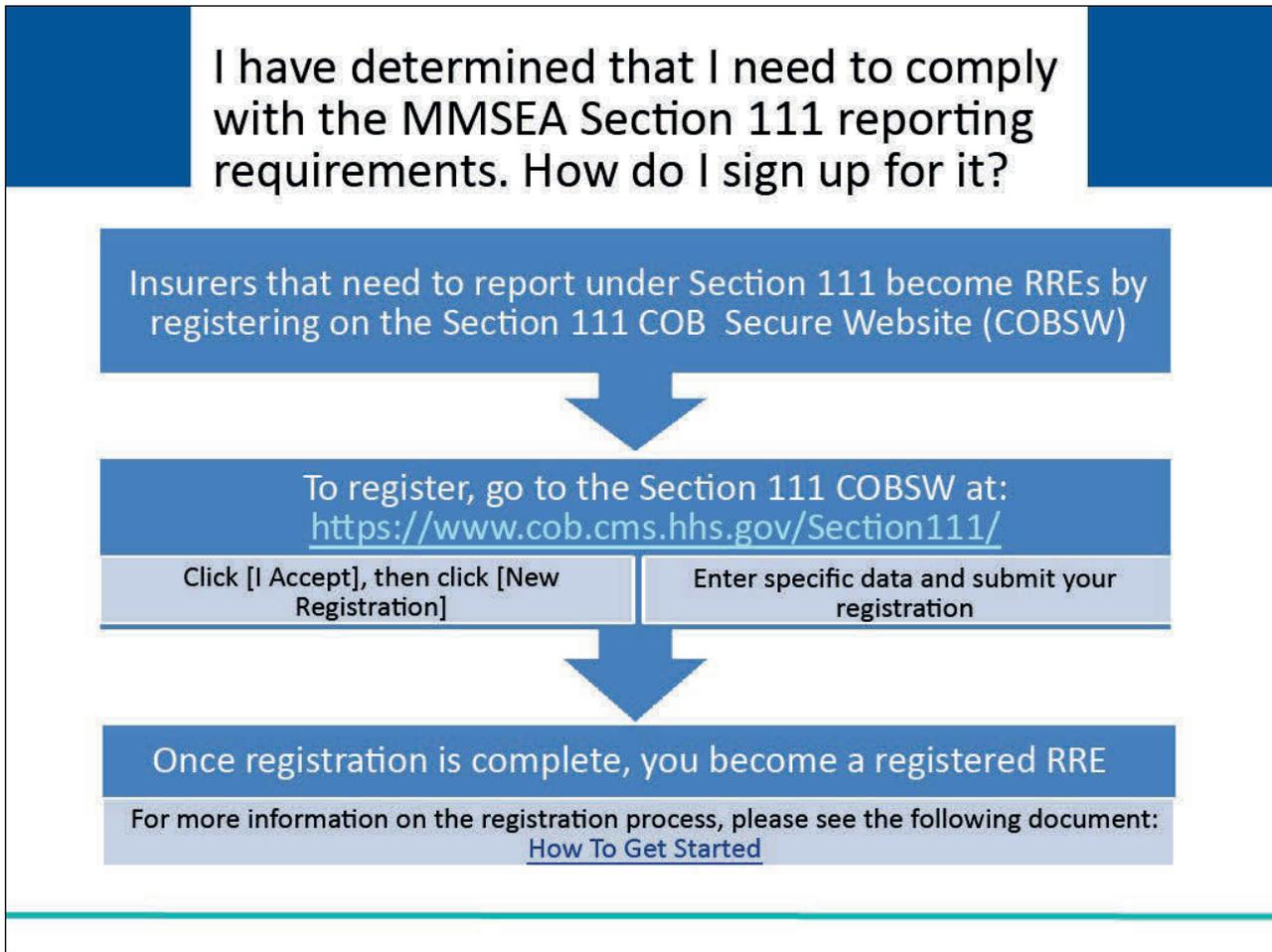
Insurers are to report coverage to CMS, the Federal agency that manages the Medicare program.

Since the start of MMSEA Section 111 reporting, almost 30,000 RREs are now sending MMSEA Section 111 data to CMS.

To manage the huge volume of MMSEA Section 111 data and other Coordination of Benefits (COB) work that Medicare handles, CMS has engaged the Benefits Coordination & Recovery Center (BCRC) to manage the technical aspects of the Section 111 data exchange process for all Section 111 RREs.

The RREs (or their data management agents) transmit information electronically to the CMS BCRC.

Slide 10 of 26 - How to Sign up for MMSEA



Slide notes

Insurers that need to report under MMSEA Section 111 become RREs by registering on the Section 111 COB Secure Website (COBSW), a website established by CMS and managed by the BCRC.

RREs are required to register on the COBSW to notify the BCRC of their intent to report data in compliance with Section 111.

To begin the registration process, go to the Section 111 COBSW at the following URL: [Section 111 COBSW](#) and click the [I Accept] link at the bottom of the page.

When the Section 111 COBSW login page displays, click [New Registration]. You will be required to enter specific data and submit your registration. Once you have registered and completed your account setup for MMSEA Section 111 reporting on the Section 111 COBSW, you become a registered RRE. For more information on the registration process, please see the “How to Get Started” document found at the following link: [Section 111 COBSW](#).

Slide 11 of 26 - What information do I report?

What information do I report? What will I be sending to the BCRC?

Section 111 requires RREs to report claim information for Medicare beneficiaries after

Ongoing Responsibility for Medicals (ORM) has been assumed

After paying the Total Payment Obligation to Claimant (TPOC) in the form of a settlement, judgment, award, or other payment

Some of the required data that must be reported includes

- Beneficiary Medicare ID or SSN
- First letter of beneficiary first name
- First 6 letters of beneficiary last name
- Beneficiary date of birth
- Gender of beneficiary
- RRE Tax Identification (TIN)
- RRE address
- ICD Diagnosis Codes
- TPOC Dates and Amounts

Slide notes

Section 111 requires RREs to report claim information for Medicare beneficiaries after the insurer has assumed ongoing responsibility for medicals (ORM) or after paying the total payment obligation to the claimant (TPOC) in the form of a settlement, judgment, award, or other payment.

RREs must report evidence of insurance coverage, or applicable settlements, judgments, awards, or other payments regardless of whether there is an admission or determination of liability.

Some of the required data that must be reported includes:

- the identity of the claimant (their Medicare ID or Social Security Number (SSN)),
- the first letter of their first name,
- the first six letters of their last name,
- their date of birth,
- gender,
- the RRE Tax Identification Number (TIN),
- RRE address information, and
- other information related to the claimant such as

- International Classification of Diseases (ICD) Diagnosis Codes and
- TPOC Dates and Amounts.

For more information on the specific data required, please see Chapter IV “Technical Information” and Chapter V “Appendices” of the NGHP User Guide.

Slide 12 of 26 - How do I know or determine if I'm insuring a Medicare beneficiary?

How do I know or determine if I'm insuring a Medicare beneficiary?

Most Medicare beneficiaries are at least age 65

- However, an individual of almost any age may be enrolled in Medicare

Medicare is a health insurance program for

- People age 65 or older
- People of any age who have certain designated disabilities
- People of any age who have End-Stage Renal Disease (ESRD - permanent kidney failure)

Slide notes

Most Medicare beneficiaries are at least age 65, however, an individual of almost any age may be enrolled in the Medicare program. Medicare is a health insurance program for:

- People age 65 or older,
- People of any age who have certain designated disabilities, and
- People of any age who have End-Stage Renal Disease (ESRD - permanent kidney failure).

Slide 13 of 26 - How do I know or determine if I'm insuring a Medicare beneficiary?

How do I know or determine if I'm insuring a Medicare beneficiary?

Medicare beneficiaries are issued a Medicare ID

- Derived from the individual's SSN
- All beneficiaries will have a Medicare ID and an SSN

If you are unable to readily determine Medicare beneficiary status, the CMS provides a query process to assist you

- Please see the [Beneficiary Lookup](#) or [Query File](#) CBTs

Slide notes

When an individual is eligible for coverage and enrolls in Medicare, he or she is issued a Medicare ID.

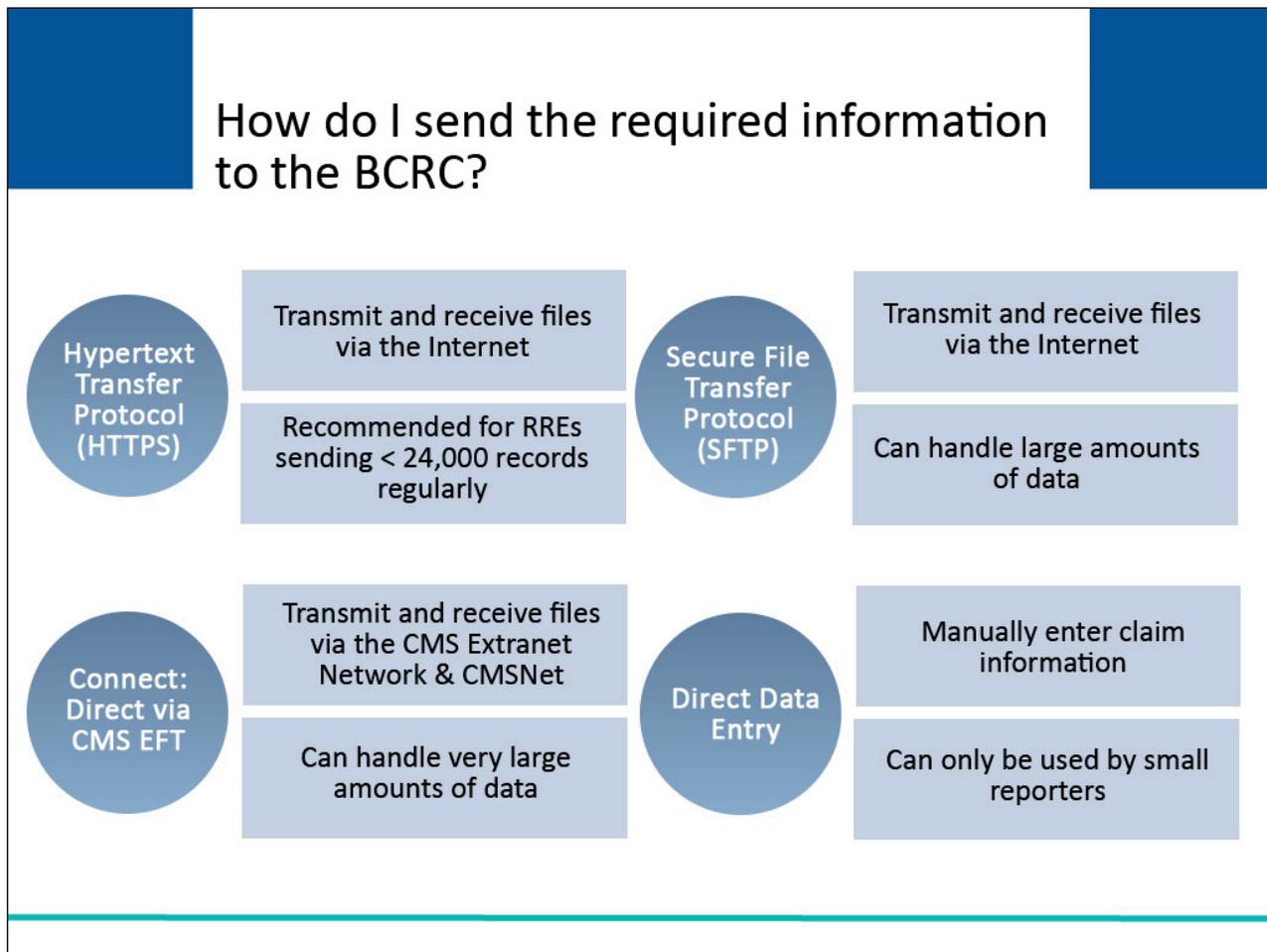
The Medicare ID is derived from the individual's SSN. All Medicare beneficiaries will have a Medicare ID and an SSN.

You will know if an individual is a Medicare beneficiary if you have been given the person's Medicare ID. The easiest way to check for eligibility is to simply ask individuals for their Medicare ID.

If you are unable to readily determine Medicare beneficiary status, CMS provides a query process (search mechanism) as part of the Section 111 reporting process to assist you. To use the query process, you must be a registered RRE.

Once registered, RREs must have and use a process to determine whether the claimant is a Medicare beneficiary or if the claimant anticipates receiving Medicare benefits in the future. Please see the Beneficiary Lookup CBT at the following link: [Beneficiary Lookup CBT](#) or the Query File CBT at the following link: [Query File CBT](#).

Slide 14 of 26 - How do I send the required information to the BCRC?



Slide notes

MMSEA Section 111 reporting information can be exchanged with the BCRC using any one of four methods. The first three methods involve the submission of electronic files.

- Hypertext Transfer Protocol over Secure Socket Layer (HTTPS) - Using HTTPS, an RRE can transmit files via the Internet directly to the Section 111 COBSW and receive response files in the same manner.
 - This method is recommended for RREs sending less than 24,000 records on a regular basis.
- Secure File Transfer Protocol (SFTP) - Using SFTP software, an RRE can transmit files via the Internet directly to the BCRC.
 - The RRE will have a dedicated “mailbox” on the BCRC’s Section 111 SFTP Server, where the RRE will send input files and retrieve response files. This method can handle large amounts of data.
- Connect:Direct via CMS EFT- This system provides a direct file transmission connection to the BCRC mainframe using the CMS Extranet Network and CMS’s private CMSNet.
 - This is the costliest transmission method, but it is the most efficient for RREs that will be exchanging very large amounts of MMSEA Section 111 data with CMS.

- Direct Data Entry (DDE) - Using DDE, an RRE will manually enter claim information using an interactive application that will be accessed directly from the Section 111 COBSW. DDE can only be used by small reporters.

For more information on any of these data transmission methods, please see Chapter IV “Technical Information” of the NGHP User Guide.

Slide 15 of 26 - Should I use Direct Data Entry?

The slide features a white background with blue decorative bars at the top corners. The main title is 'Should I use Direct Data Entry?'. Below it are two blue callout boxes. The first box is titled 'Designed for small reporters' and contains a bullet point: 'Those that expect to report less than 500 claim reports per year'. The second box is titled 'Some important facts about DDE' and contains a list of seven bullet points regarding RRE capabilities and reporting limits.

Should I use Direct Data Entry?

Designed for small reporters

- Those that expect to report less than 500 claim reports per year

Some important facts about DDE

- RREs can make, correct, or update a claim report any time
- Separate query function is not available
- RREs can submit no more than 500 claim reports per year
 - All new DDE submissions for any purpose count against the 500 claim report limit
 - Updates/deletes to previously submitted and accepted claim report count toward limit
 - Corrections to a previously submitted, but not yet accepted claim report due to errors, do not count toward this limit
- Response is sent to the RRE via Section 111 COBSW

Slide notes

DDE is the simplest method of reporting MMSEA Section 111 data. DDE reporting is done through the Section 111 COBSW.

DDE is designed for smaller RREs that do not expect to report much claim information under Section 111 (i.e., less than 500 claim reports per year).

RREs using the DDE reporting option will manually key claim information into pages (screens) on the Section 111 COBSW. Here are some important facts about DDE:

- An RRE can make, correct, or update an MMSEA Section 111 claim report at any time;
- Although a separate query function is not available to DDE submitters, the initial step in the DDE process provides the same functionality;
- RREs using DDE can submit no more than 500 records a year;
- All new DDE submissions for any purpose (even those where the Injured Party is not identified as a Medicare beneficiary) count against this annual limit;
- Updates or deletes to a previously submitted and accepted claim report do count toward this limit; and

- Corrections to a previously submitted, but not yet accepted claim report due to errors, do not count against this limit.

Once the claim is submitted and the BCRC has completed its' processing, a response will be sent to the RRE via the Section 111 COBSW.

For more information on the DDE process, please see the Section 111 COBSW User Guide which is available for download from the Section 111 COBSW under the 'Reference Materials' menu option.

You must be logged into the Section 111 COBSW to gain access to the Section 111 COBSW User Guide.

Slide 16 of 26 - How often do I submit my claim information?

How often do I submit my claim information?

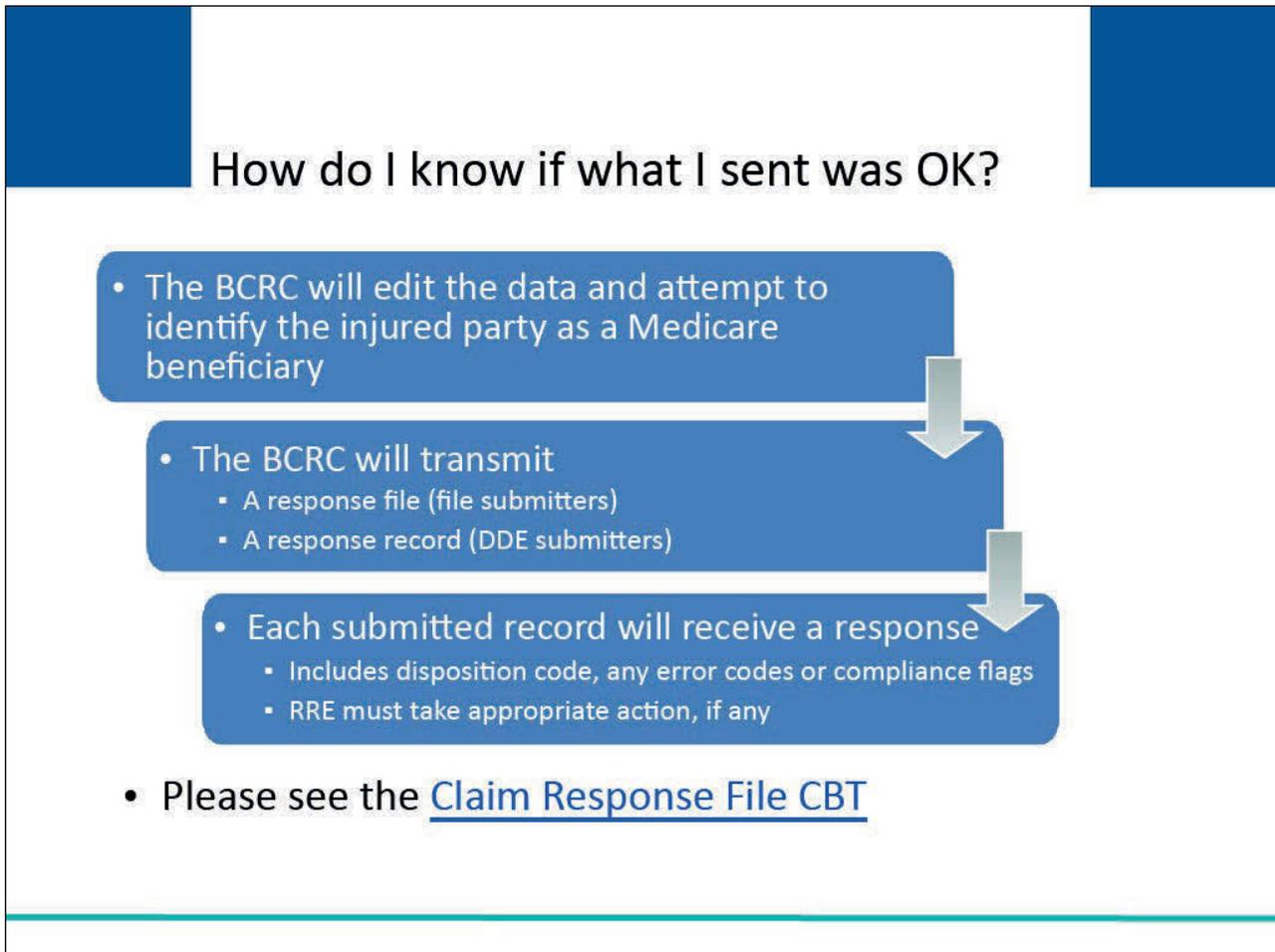
Electronic file submitters	<ul style="list-style-type: none">• Submit quarterly<ul style="list-style-type: none">▪ Within the assigned 7-day file submission timeframe▪ Unless the RRE has nothing to report for a particular quarter
DDE submitters	<ul style="list-style-type: none">• Submit claims one claim report at a time as soon as the conditions related to the claim require reporting under Section 111

Slide notes

RREs submitting electronic files must submit new or changed information on a quarterly basis during the RRE’s assigned 7-day file submission timeframe unless the RRE has nothing to report for a particular quarter.

RREs using DDE to report must submit claim information one claim report at a time as soon as the conditions related to the claim require reporting under Section 111.

Slide 17 of 26 - How do I know if what I sent was OK?

**Slide notes**

When the BCRC receives a Claim Input File (or a DDE claim report), it will edit the data and determine whether the submitted information identifies the injured party as a Medicare beneficiary.

When this processing is complete or the prescribed time for response file generation has elapsed, the BCRC will electronically transmit a response file (for file submitters), or a response record (for DDE submitters).

Note: Each submitted record will receive a response. The response will include a disposition code that will give the RRE the results of the processing.

The response will also include any error codes or compliance flags, which will identify any problems found with the data. The RRE must take the appropriate action, if any, based on the information received.

If errors were received, they must be corrected and resubmitted in the RRE's next quarterly claim submission (file submitters), or as soon as the error has been corrected (DDE submitters). Please see the Claim Response File CBT at the following link: [Claim Response File CBT](#) for more information.

Slide 18 of 26 - Do I have to do this reporting myself?

Do I have to do this reporting myself? Can I hire a commercial data management to do it for me?

- Once registered, an RRE can delegate reporting responsibility to another entity such as a 'data reporting agent' to manage the RRE's data exchanges
- Important points to keep in mind if an agent is used
 - You are the RRE, not your agent
 - You are responsible for the content of the data
 - Data belongs to the RRE and to the CMS, not the agent
 - Agent may use any CMS approved data transmission
 - CMS does not make any recommendations

Slide notes

Once an RRE has registered, the RRE can delegate reporting responsibility to another entity such as a "data reporting agent" (e.g., a recovery agent or vendor) to manage the RRE's MMSEA Section 111 data exchanges with the BCRC.

If an RRE uses an agent to manage its MMSEA Section 111 reporting, here are some important points to keep in mind:

- You, the RRE, are the Responsible Reporting Entity, not your agent.
- You cannot assign your responsibility to report to your agent.
- The RRE is ultimately responsible for the reporting and will be held liable for non-compliance.
- You, the RRE, are responsible for the content of the data and its validity, not your agent.
- Your agent may not use any MMSEA Section 111 reporting data other than to report for Section 111. The data belongs to the RRE and to CMS, not to the agent.
- Your agent may use any data exchange transmission method acceptable to CMS.
- CMS does not make any recommendations about any potential reporting agents.

Slide 19 of 26 - What MMSEA Section 111 reporting resource materials are available?

What MMSEA Section 111 reporting resource materials are available?

MMSEA Section 111 Mandatory Insurer Reporting (NGHP) Website:
<https://go.cms.gov/mirnghp>

- [NGHP Section 111 User Guide](#)
- Section 111 Alerts
 - [NGHP](#)
 - [NGHP Alerts](#)

Slide notes

The most important online resource is the official MMSEA Section 111 Mandatory Insurer Reporting (NGHP) website located at the following URL: [CMS NGHP Website](https://go.cms.gov/mirnghp).

The updated NGHP Section 111 User Guide and Section 111 Alerts can be found on this website.

Slide 20 of 26 - What MMSEA Section 111 reporting resource materials are available?

What MMSEA Section 111 reporting resource materials are available?



- Free CBT courses which provide in-depth training on:
 - Registration
 - File formats
 - Reporting requirements
 - File processing
 - Using the Section 111 COBSW
 - DDE
 - Data transmission
 - General MSP topics
- CBTs are available on the NGHP Training Material page of the CMS Website

Slide notes

CMS has made available a curriculum of computer-based training (CBT) courses to Section 111 RREs. These courses are offered free of charge and provide in-depth training on Section 111 registration, reporting requirements, using the Section 111 COBSW, data transmission, file formats, file processing, DDE, and general MSP topics. These courses are all available on the NGHP Training Material page of the CMS website at the following link: [NGHP Training Material](#).

Slide 21 of 26 - What MMSEA Section 111 reporting resource materials are available?

21
What MMSEA Section 111 reporting resource materials are available?



- Section 111 Town Hall Teleconferences
 - Held by CMS
 - RREs may participate
 - CMS addresses many questions and comments received through the Section 111 mailbox
- Upcoming Town Hall Teleconferences are posted on the Section 111 Website:
 - <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>

Slide notes

From time to time, CMS holds national Section 111 Town Hall Teleconferences that you may participate in.

During these calls CMS addresses many of the questions and comments it receives through the Section 111 mailbox.

Information about upcoming Town Hall Teleconferences is posted on the official MMSEA Section 111 Mandatory Insurer Reporting website at the following link: [CMS NGHP Website](https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting).

Slide 22 of 26 - What MMSEA Section 111 reporting resource materials are available?

What MMSEA Section 111 reporting resource materials are available?



- An EDI Representative is assigned to the RRE once they have registered
 - Assist RRE in managing Section 111 reporting process

Slide notes

Once an RRE has registered, they will be assigned their own Electronic Data Interchange (EDI) Representative to assist them in managing all aspects of the Section 111 reporting process, from answering the simplest questions to helping them address the most complex problems.

Slide 23 of 26 - Can I contact CMS directly with questions or comments?

Can I contact CMS directly with questions or comments?



PL110-173SEC111-comments@cms.hhs.gov

- Communicate with CMS directly through the Section 111 Mailbox



- Send comments, questions or suggestions on the Quick Reference Guide
 - Put “Quick Reference Guide” in the subject line

Slide notes

If you have questions or concerns you want to communicate to CMS directly, you can use the dedicated Section 111 Mailbox at: PL110-173SEC111-comments@cms.hhs.gov.

Send any comments, questions on subjects not covered in this CBT, or suggestions about how to improve the Quick Reference Guide to the dedicated Section 111 Mailbox at: PL110-173SEC111-comments@cms.hhs.gov.

Please put “Quick Reference Guide” in the subject line.

Slide 24 of 26 - Course Summary

Course Summary

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

- Explained MMSEA Section 111 reporting, and how it may affect you,
- Helped you determine if you are an MMSEA Section 111 “Responsible Reporting Entity” or RRE,
- Provided an overview on how to set up and begin reporting,
- Described the various options you have for reporting,
- Outlined the data “input and response” process, and
- Identified resources for additional instruction.

A written copy of the Quick Reference Guide can be found in the Downloads area of the Mandatory Insurer Reporting or NGHP) page. The following link may be used to access the page: [CMS NGHP Website](https://go.cms.gov/mirnghp).

Slide 25 of 26 - Conclusion

You have completed the NGHP Mandatory Insurer Reporting 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://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

You have completed the NGHP Mandatory Insurer Reporting 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: [CMS NGHP Website](#).

Slide 26 of 26 - 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 is centered and reads: "If you have questions or feedback on this material, please go to the following URL: <http://www.surveymonkey.com/s/NGHPtraining>."

Slide notes

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