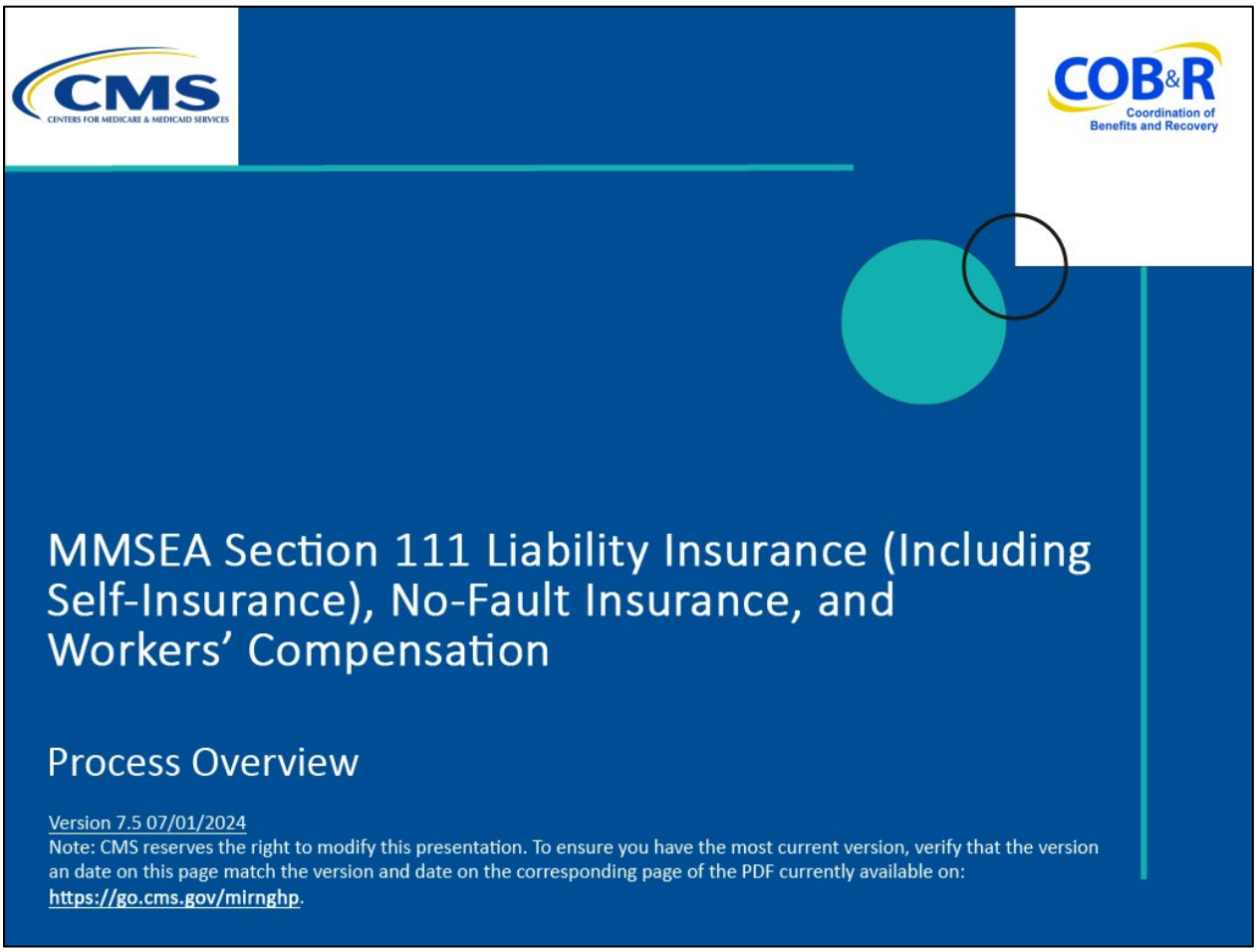
Process Overview

Slide 1 of 33 - Process Overview

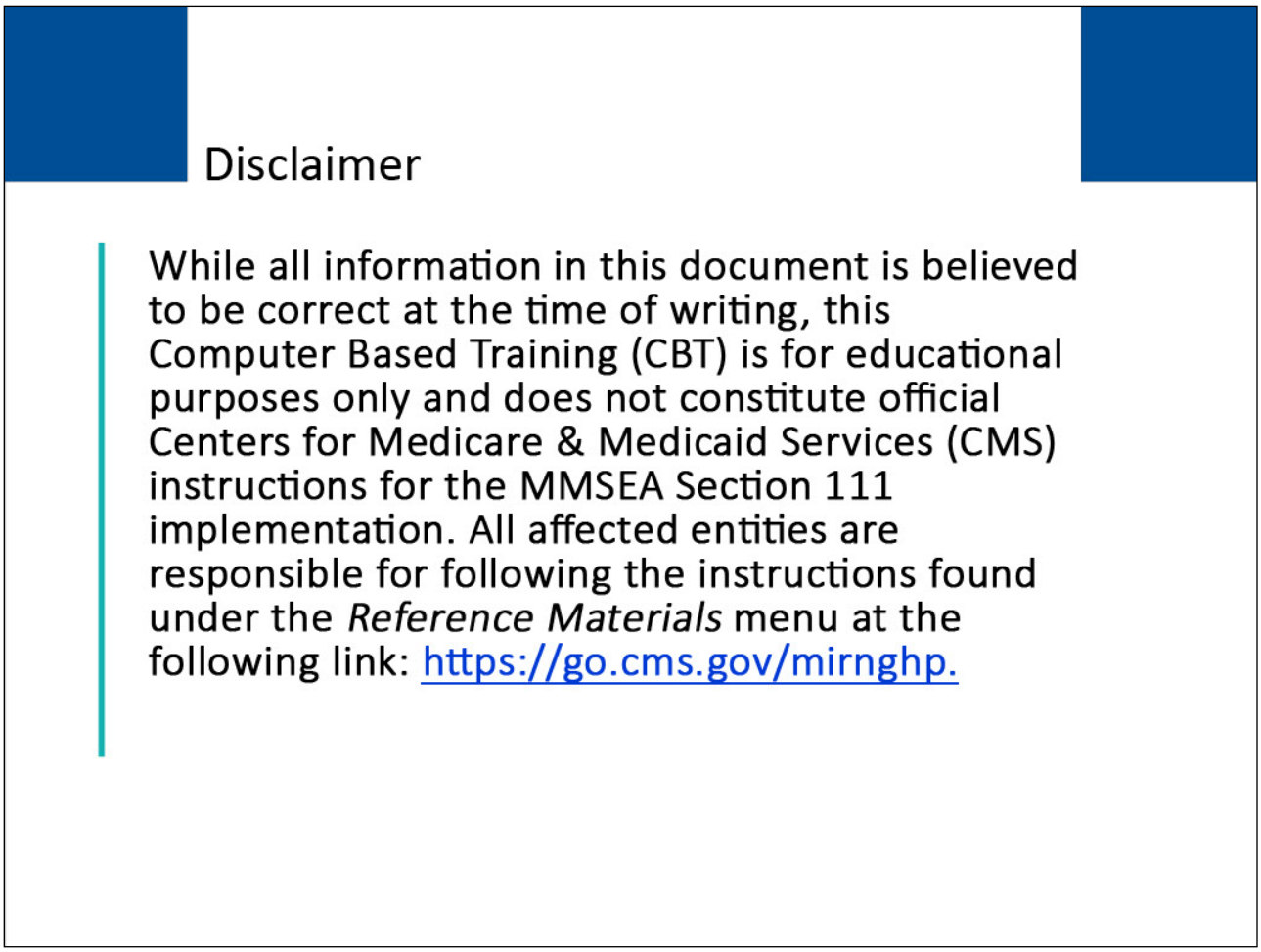


Slide notes

Welcome to the Process 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 33 - Disclaimer

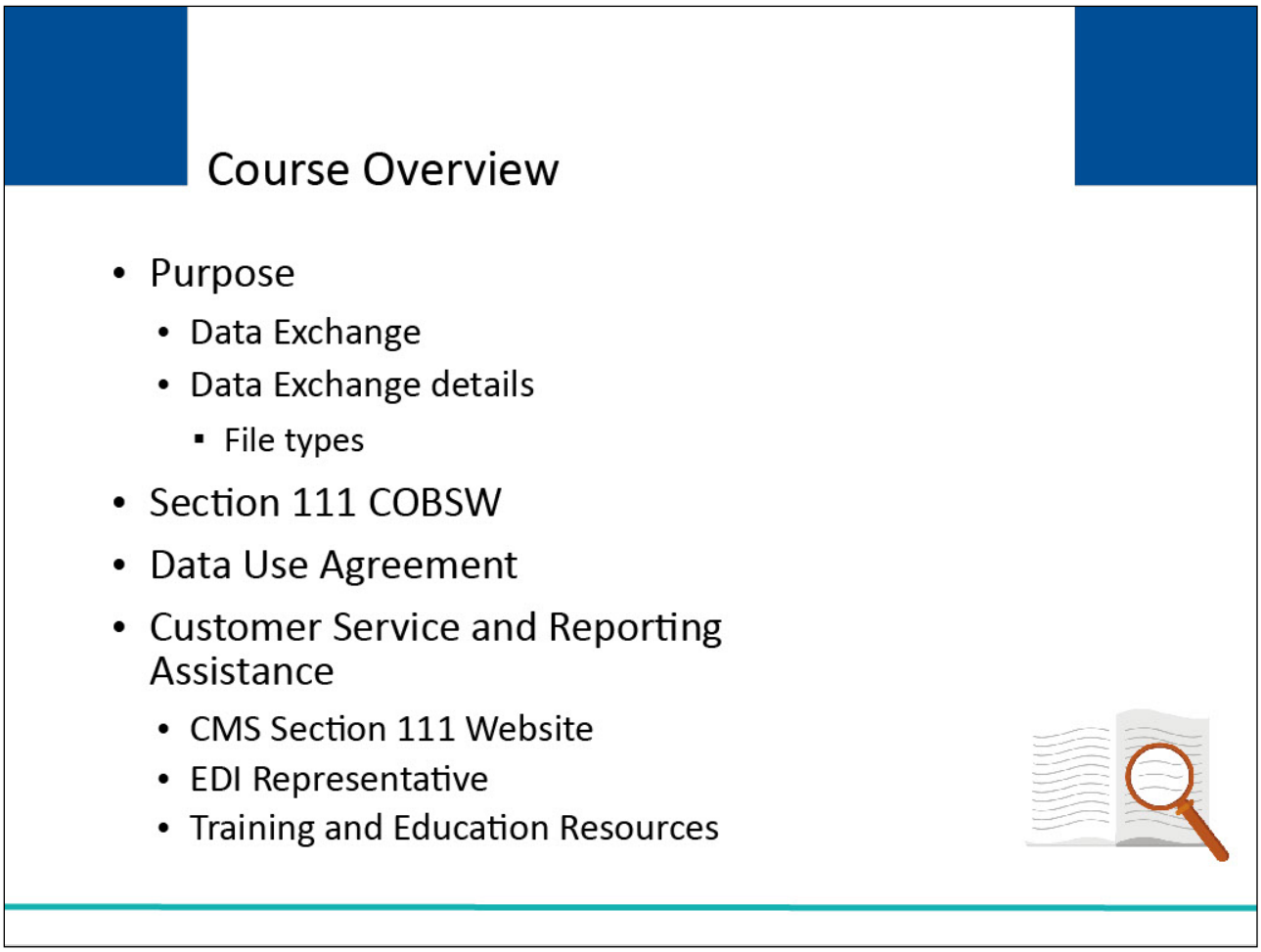


Slide notes

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 33 - Course Overview



Slide notes

By the end of this course, you will be able to discuss the purpose of the data exchange and data exchange details including file types, the Section 111 COB Secure Website (COBSW), and the Data Use Agreement.

This course also includes options for customer service and reporting assistance, such as the Centers for Medicare & Medicaid Services (CMS) Section 111 Website, the Electronic Data Interchange (EDI) Representative, and training and education resources.

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 33 - 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 on the COBSW S111/MRA 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.

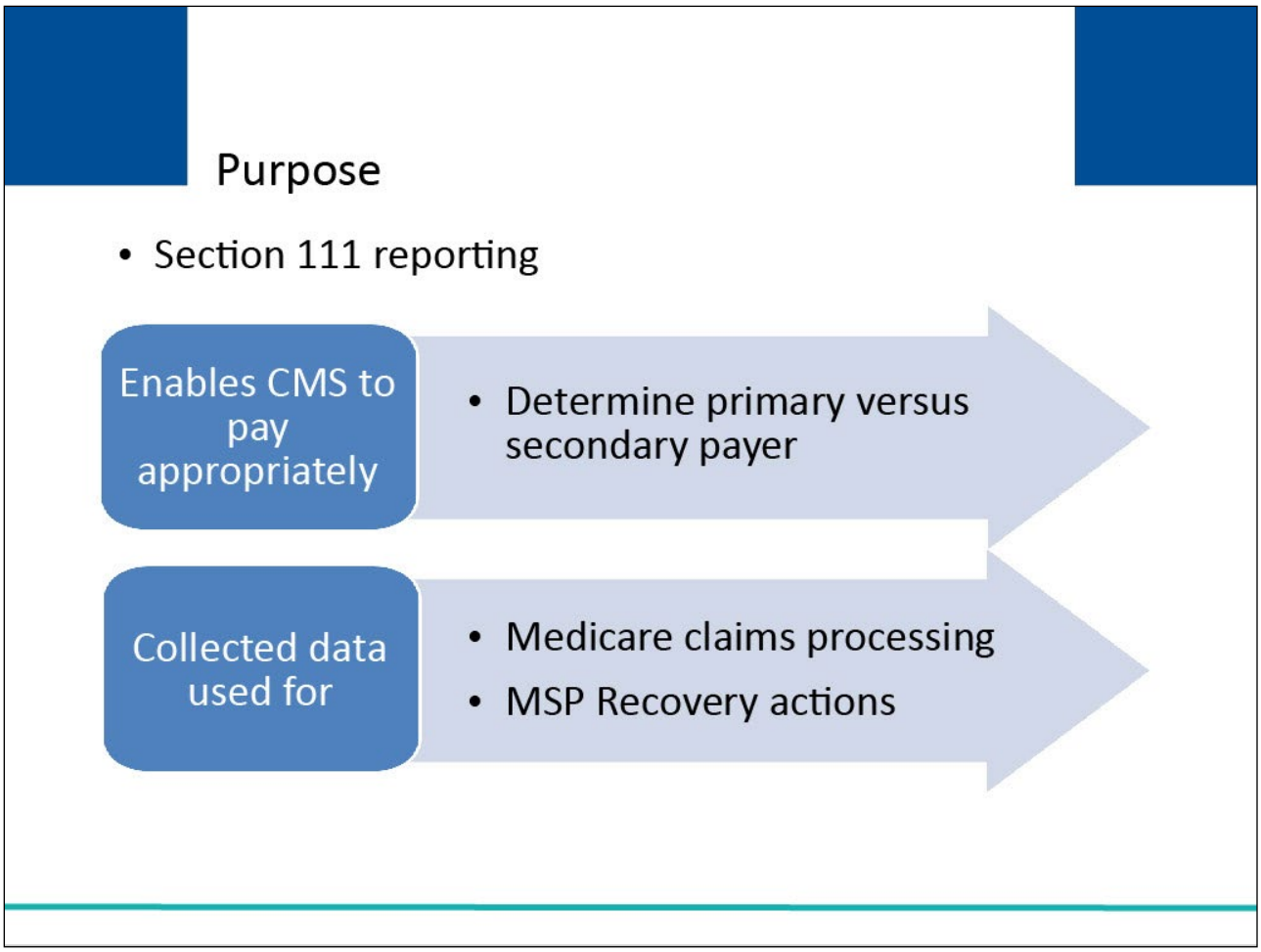
Slide notes

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 on the COBSW S111/MRA 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.

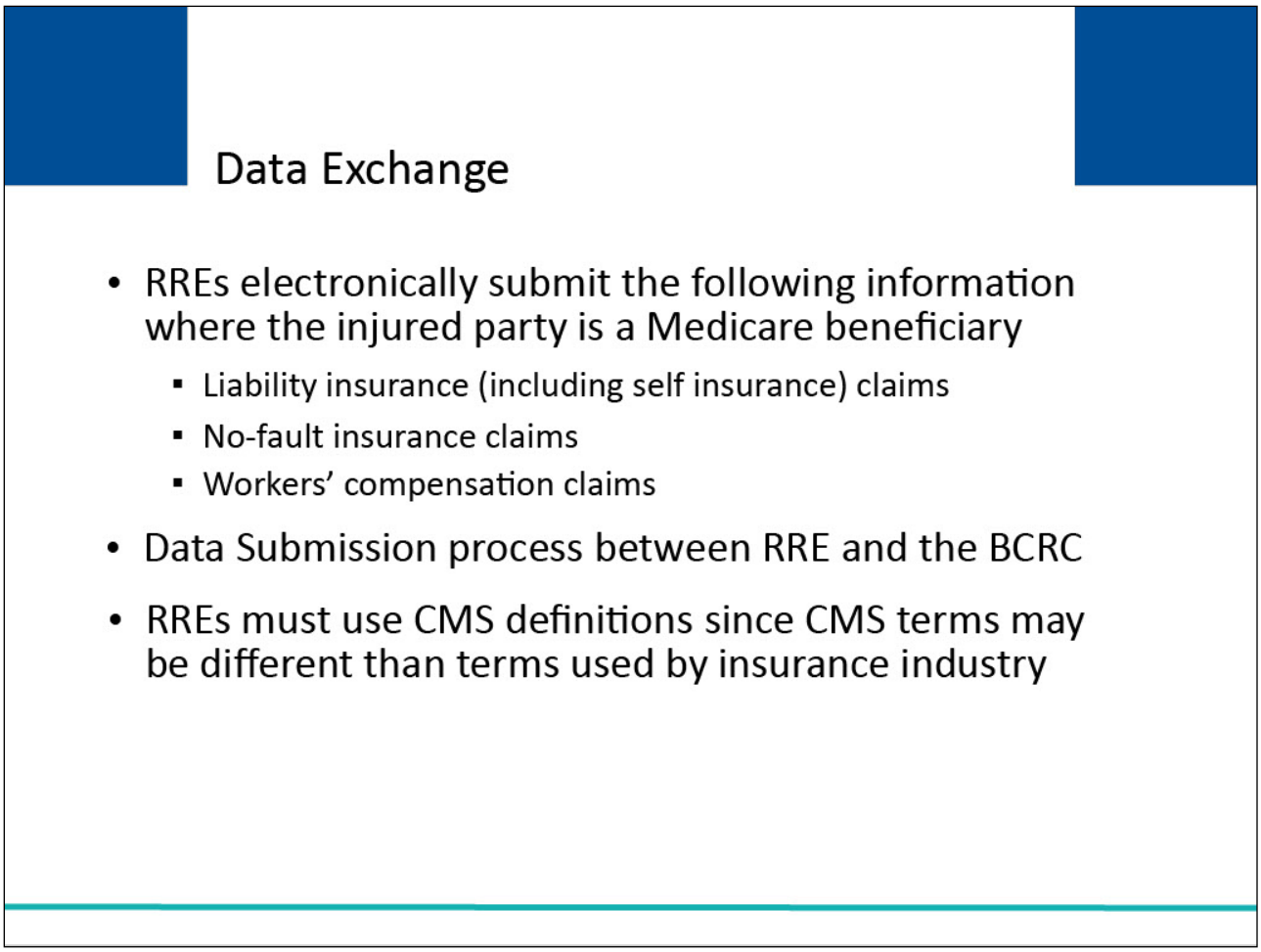
Slide 5 of 33 - Purpose



Slide notes

The purpose of the Section 111 Medicare Secondary Payer (MSP) reporting process is to enable CMS to pay appropriately for Medicare covered items and services furnished to Medicare beneficiaries, by determining primary versus secondary payer responsibility. The data collected is used by CMS for both Medicare claims processing and for MSP recovery actions, where applicable.

Slide 6 of 33 - Data Exchange



Slide notes

Entities responsible for complying with Section 111 are referred to as "Responsible Reporting Entities" or "RREs".

Section 111 requires RREs to submit information in a form and manner (including frequency) specified by the Secretary of Health and Human Services (HHS).

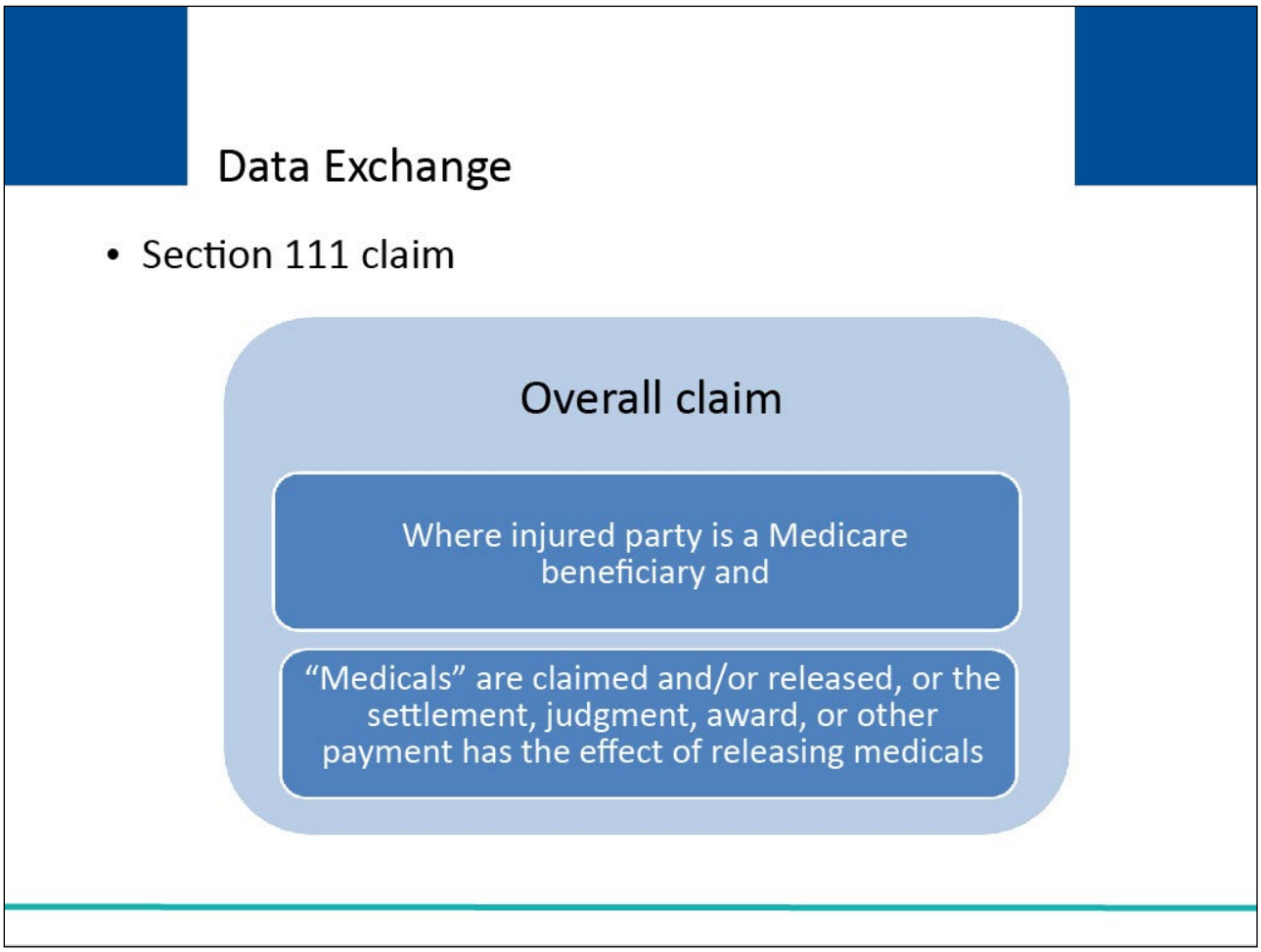
RREs will submit information electronically on liability insurance (including self-insurance), no-fault insurance, and workers' compensation resolved/partially resolved claims where the injured party is a Medicare beneficiary.

Additionally, The S111/MRA application RRE Listing page will be modified to include the "Beneficiary Lookup" as an available action for DDE reporters.

The data submission process is between the RREs and the CMS Benefits Coordination & Recovery Center (BCRC).

When submitting data, use CMS definitions, such as the CMS definition of no-fault insurance, as CMS terms may be different than terms used in the insurance industry.

Slide 7 of 33 - Data Exchange



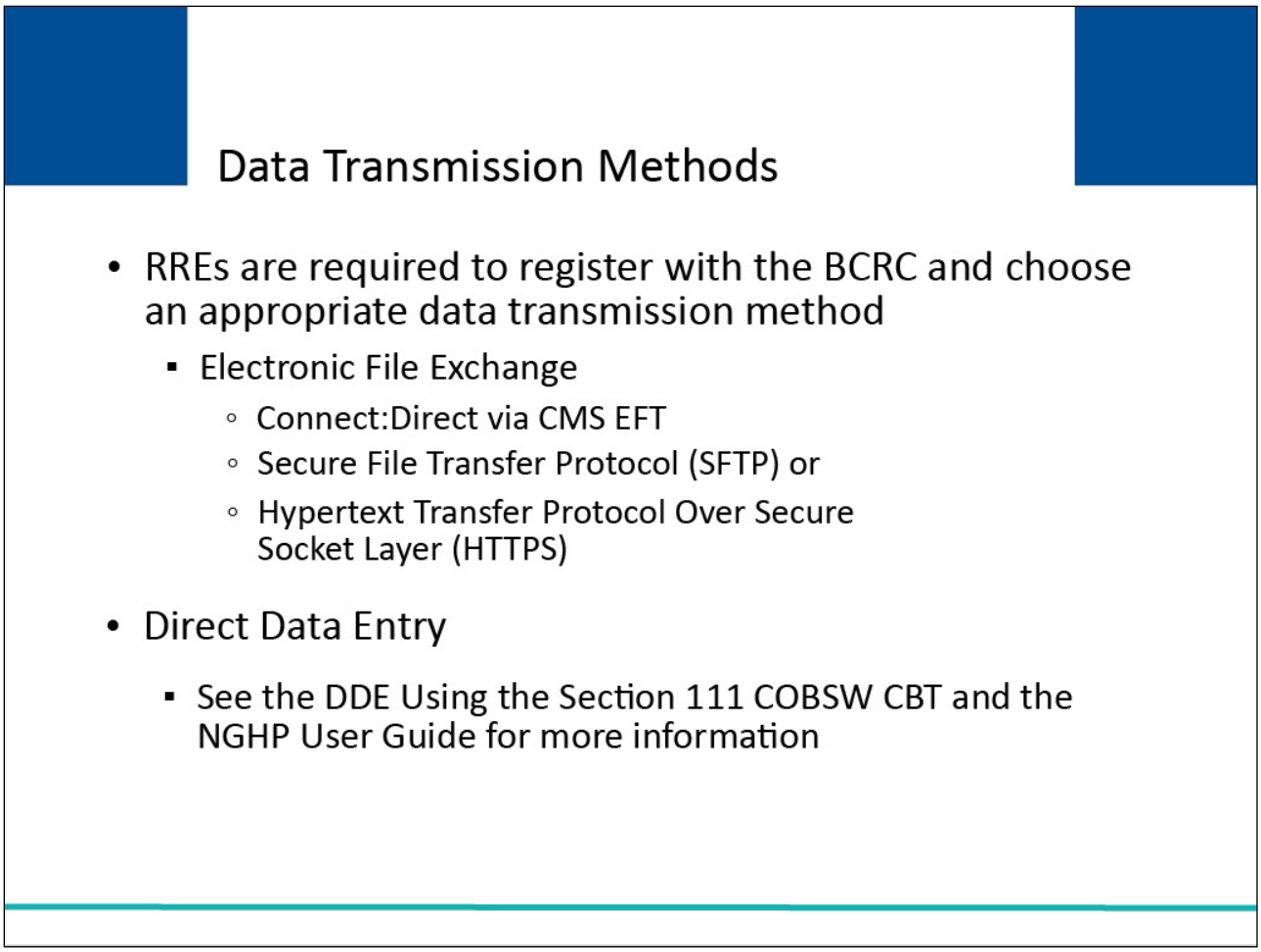
Slide notes

For purposes of RRE submissions, the term "claim" is used to refer to the overall claim for liability insurance (including self-insurance), no-fault insurance, or workers' compensation, rather than a single claim for a particular medical item or service.

Claim information is to be submitted where the injured party is a Medicare beneficiary and "medicals" are claimed and/or released, or the settlement, judgment, award, or other payment has the effect of releasing medicals.

See the NGHP User Guide for more detailed information regarding what claims are to be reported.

Slide 8 of 33 - Data Transmission Methods



Slide notes

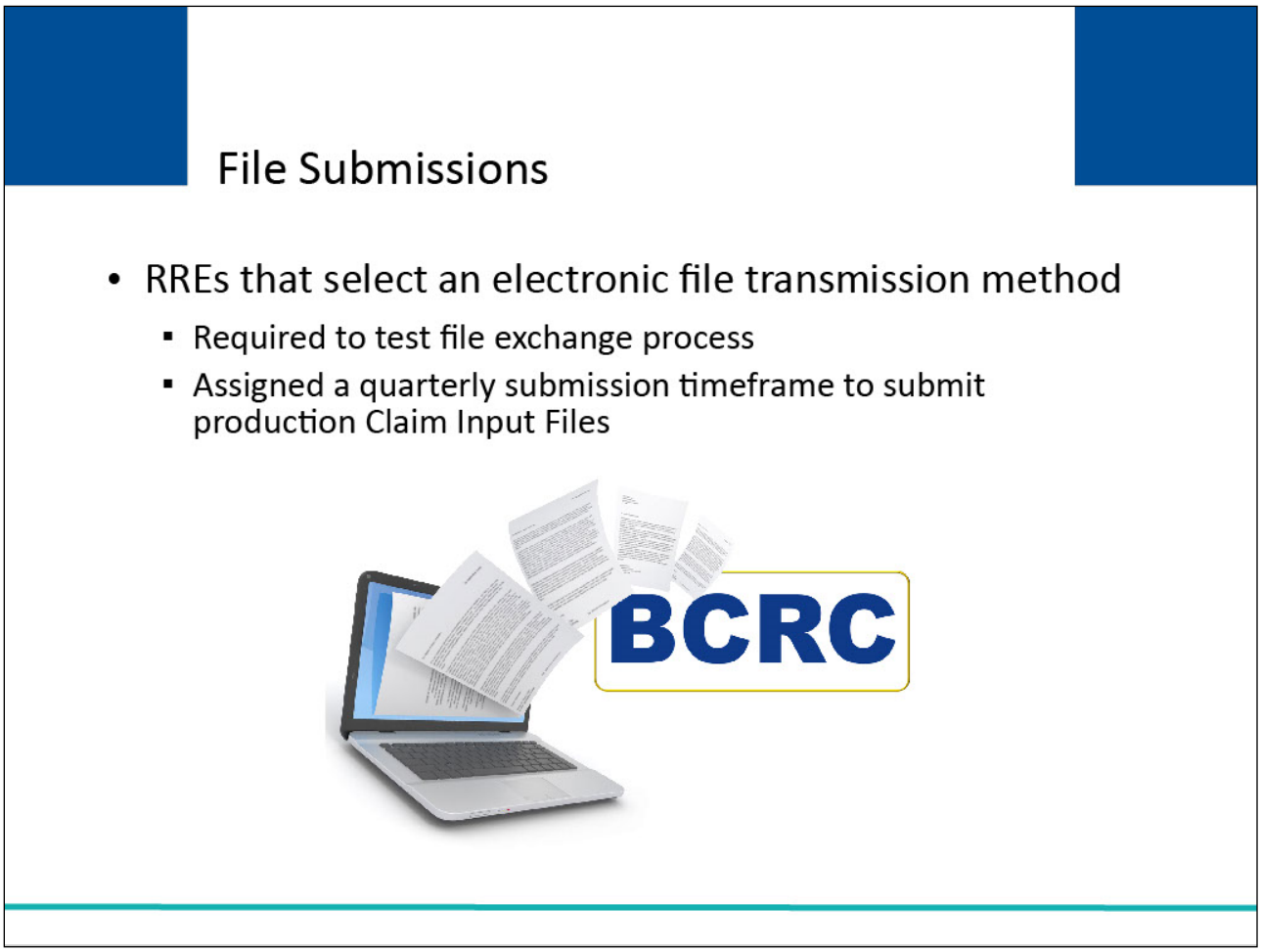
Section 111 RREs are required to register with the BCRC on the Section 111 COBSW and choose an appropriate data submission method.

RREs may submit claim information via an electronic file exchange (i.e., Connect:Direct via CMS EFT, Secure File Transfer Protocol (SFTP), or Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)) or, if the RRE has a low volume of claim information to submit, they may choose to submit claim information via a manual direct data entry (DDE) process on the Section 111 COBSW.

Because section file types have been restricted for uploads, RREs using the HTTPS file transmission method can only upload files with the file extension of .txt. Any other file type will generate an Invalid File error message.

Please see the DDE Using the Section 111 COBSW CBT and the NGHP User Guide for more information on Direct Data Entry.

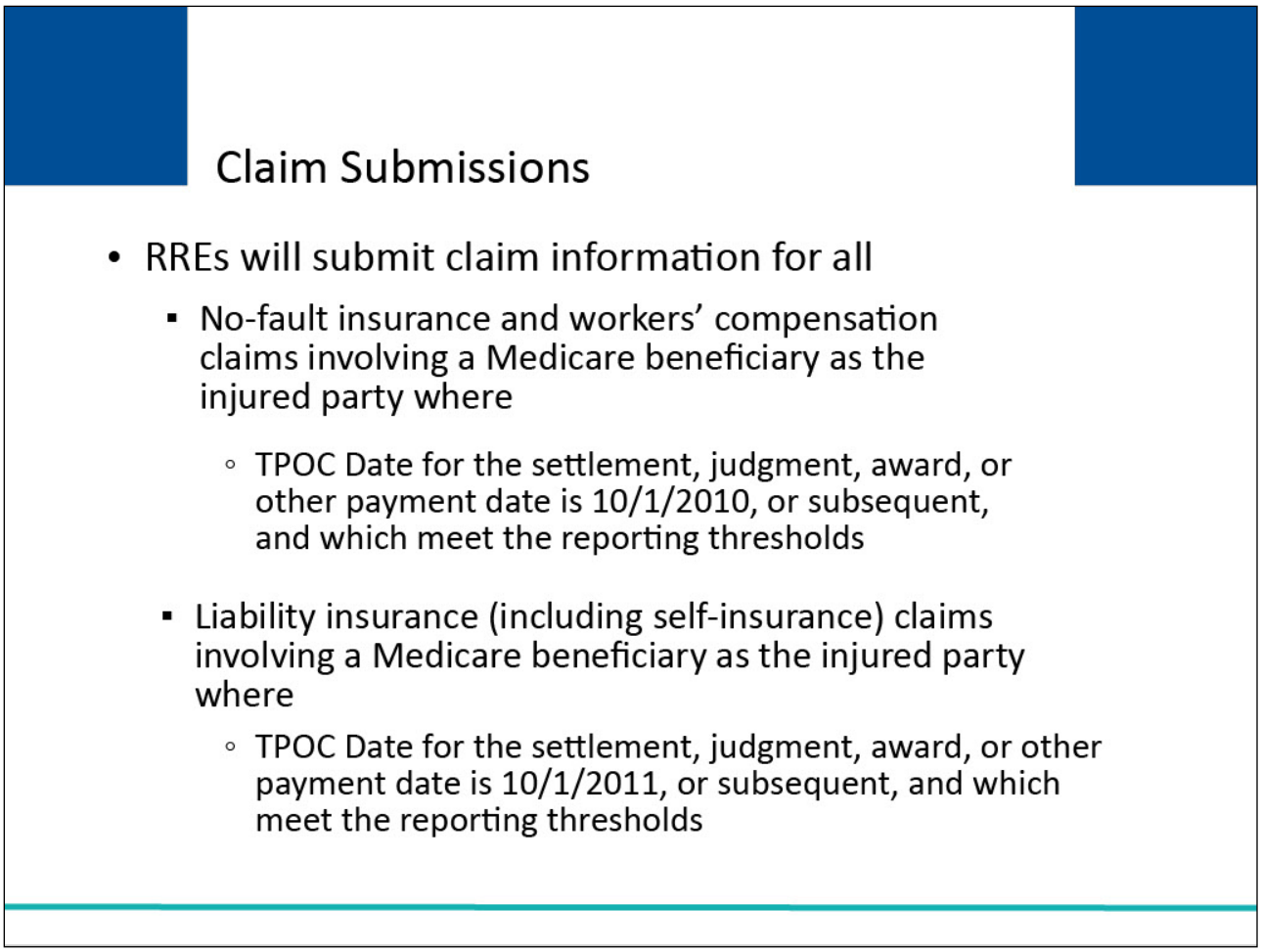
Slide 9 of 33 - File Submissions



Slide notes

RREs that select an electronic file transmission method to submit claims are required to fully test the file exchange process and will be assigned a quarterly file submission timeframe during which they are to submit production Claim Input Files.

Slide 10 of 33 - Claim Submissions

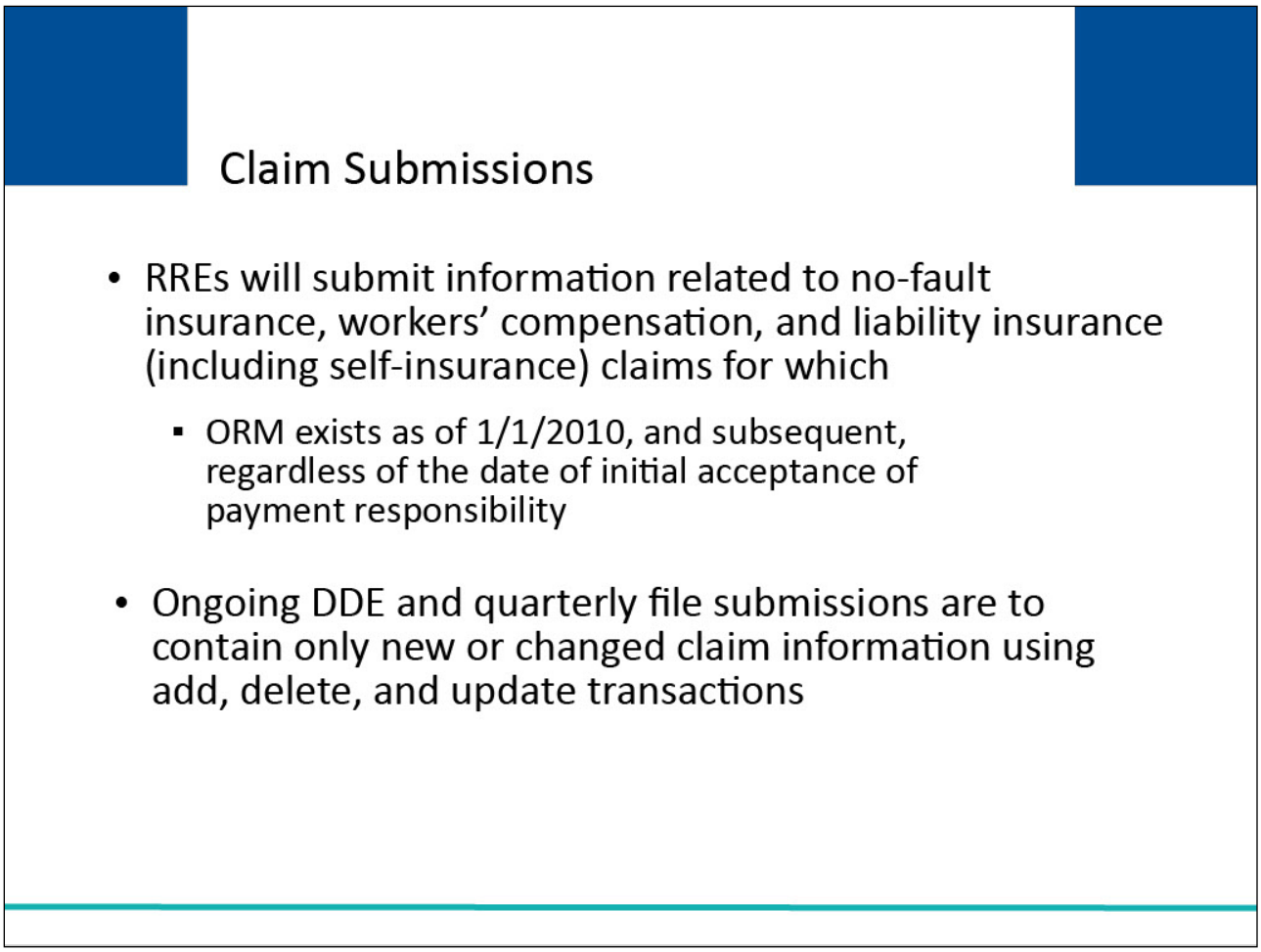


Slide notes

Once in a production mode, RREs will submit claim information for all no-fault insurance and workers' compensation claims involving a Medicare beneficiary as the injured party where the total payment obligation to claimant (TPOC) Date for the settlement, judgment, award or other payment date is October 1, 2010, or subsequent, and which meet the reporting thresholds described in the NGHP User Guide Chapter III (Section 6.4.1).

Information is also to be submitted for all liability insurance (including self-insurance) claims involving a Medicare beneficiary as the injured party where the TPOC Date for the settlement, judgment, award, or other payment date is October 1, 2011, or subsequent, and which meet the reporting thresholds.

Slide 11 of 33 - Claim Submissions



Slide notes

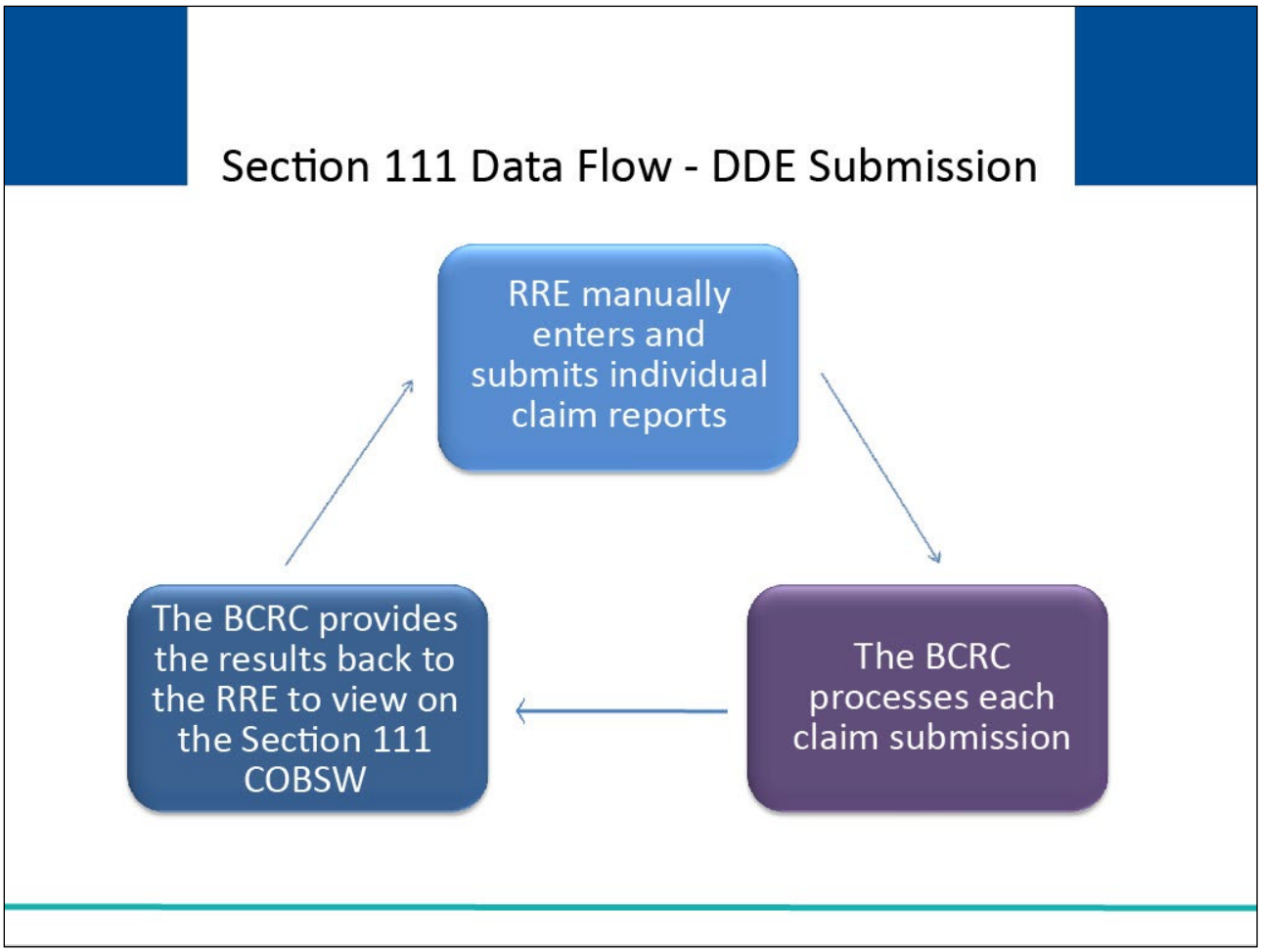
In addition, RREs must submit information related to no-fault insurance, workers' compensation, and liability insurance (including self-insurance) claims for which ongoing responsibility for medicals (ORM) payments exists as of January 1, 2010 and subsequent, regardless of the date of an initial acceptance of payment responsibility (please see the Special Qualified Reporting Exception for ORM in the NGHP User Guide Chapter III for more information).

Note: As of January 1, 2022, 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 medical (ORM).

Ongoing DDE and quarterly file submissions are to contain only new or changed claim information using add, delete, and update transactions.

Note: The verbiage on the S111 COBSW No Transactions Remaining page (i.e., the page that displays when the DDE submitter has depleted their yearly allotment of claim submissions), has been revised to alert you to contact your EDI Representative if you need additional transactions.

Slide 12 of 33 - Section 111 Data Flow - DDE Submission

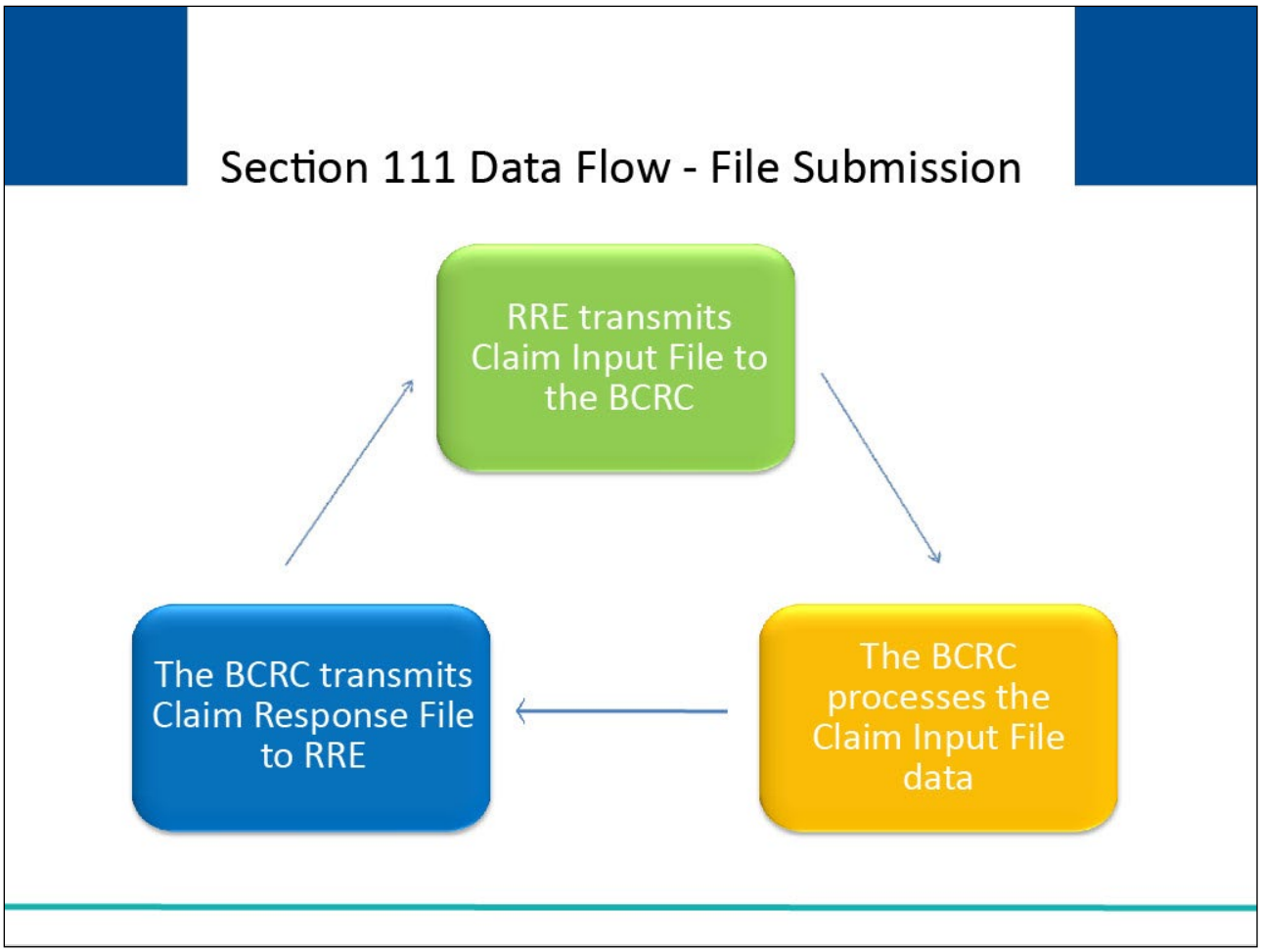


Slide notes

An RRE using the DDE submission method will manually enter and submit individual claim reports one at a time using an interactive Web application on the Section 111 COBSW instead of submitting an electronic file.

The BCRC processes each claim submission and provides the results back for the RRE to view on the Section 111 COBSW.

Slide 13 of 33 - Section 111 Data Flow - File Submission



Slide notes

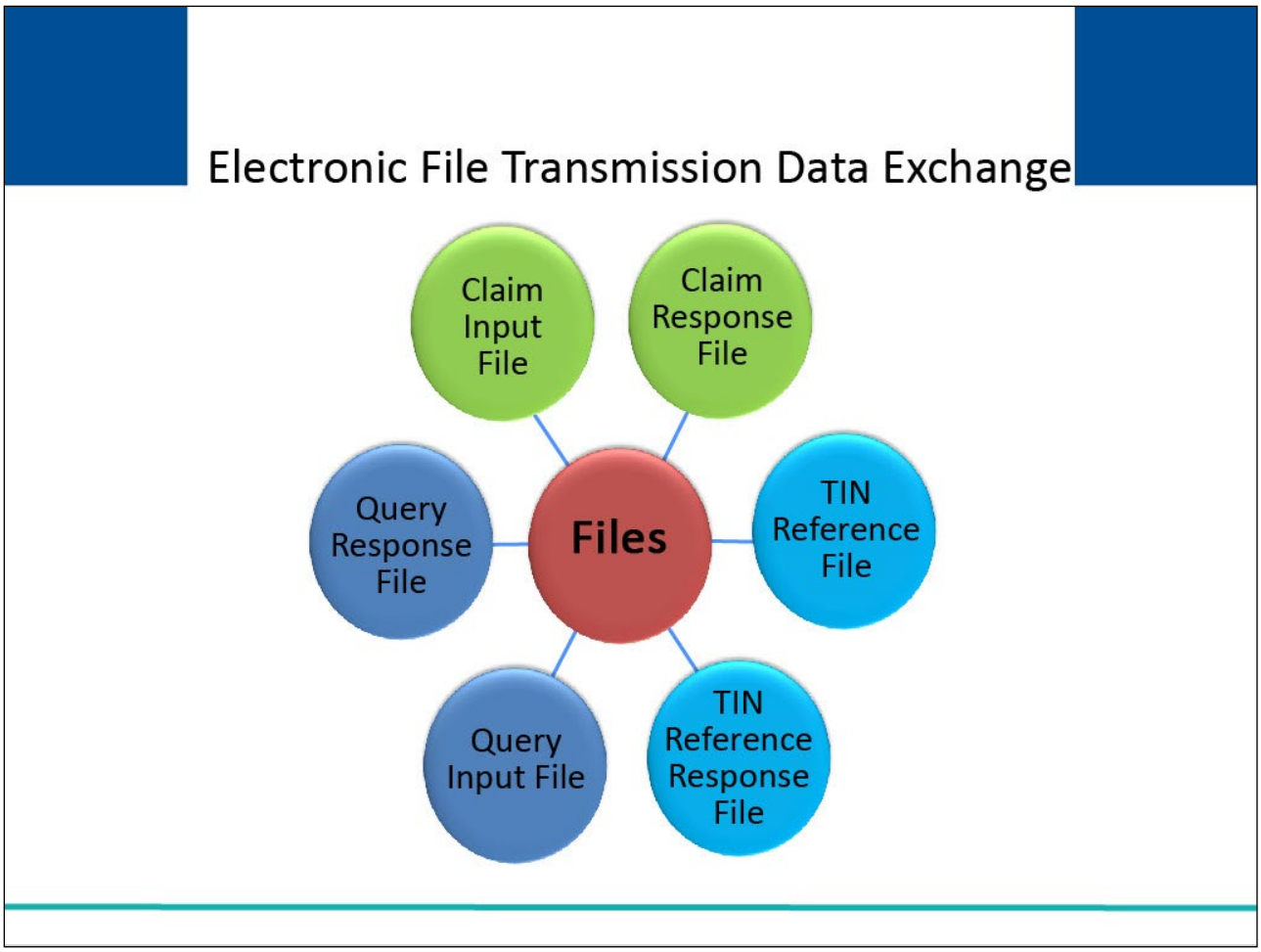
RREs using a file transmission method will electronically transmit a Claim Input File to the BCRC.

The BCRC will process the data in this input file by first editing the incoming data and then determine whether the submitted information identifies the injured party as a Medicare beneficiary.

When this processing is completed, the BCRC will electronically transmit the Claim Response File back to the RRE.

Note: RREs must determine whether someone is a Medicare beneficiary before submitting a Claim Input File and may use the Query File process or the Beneficiary Lookup process to do so.

Slide 14 of 33 - Electronic File Transmission Data Exchange



Slide notes

The Section 111 data exchange reporting process between RREs, using an electronic file transmission method, and the BCRC is completed using six different file formats:

the Claim Input File, the Claim Response File, the TIN Reference File, the TIN Reference Response File, the Query Input File, and the Query Response File.

Note: 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.

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. Also note 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.

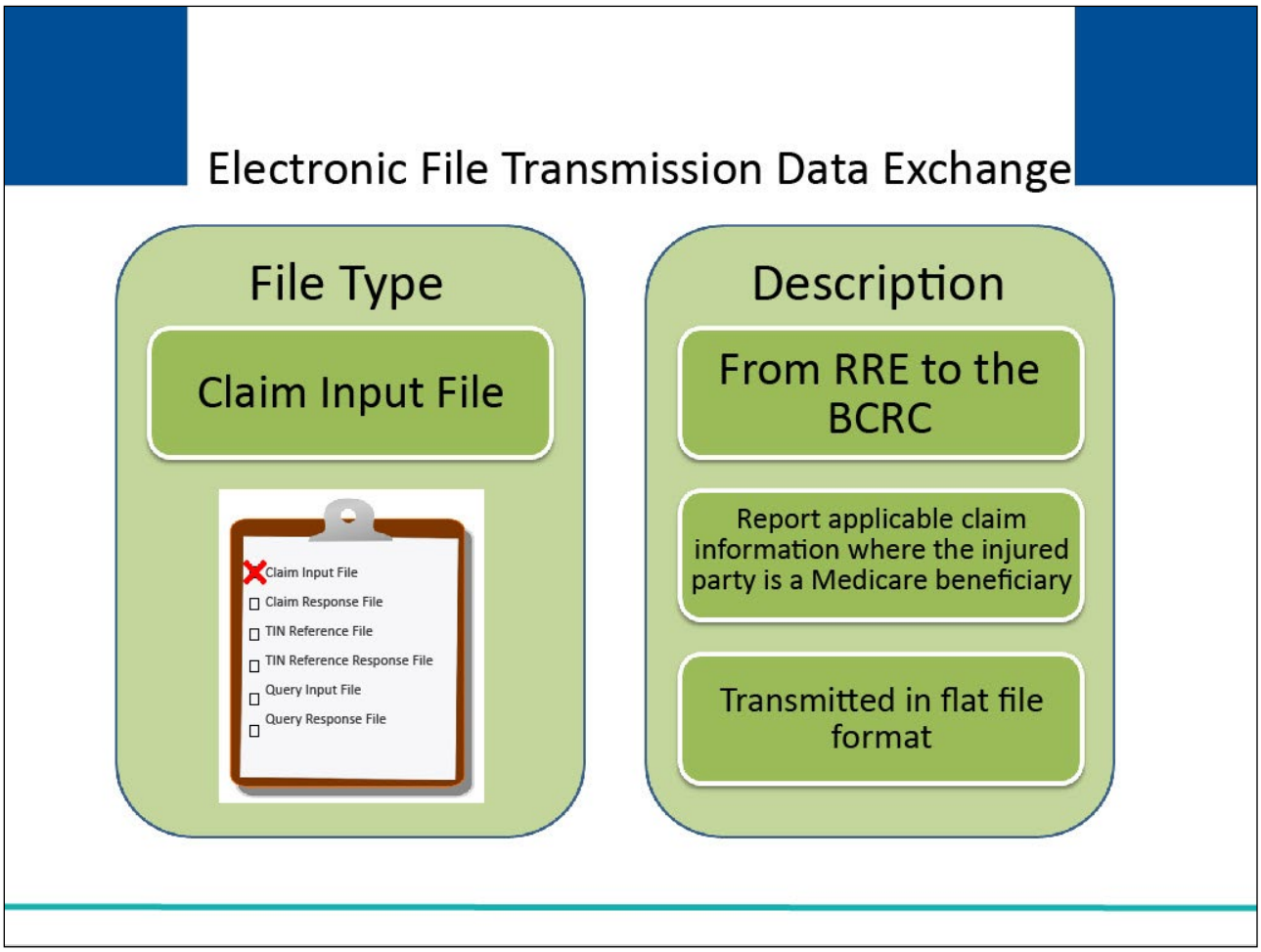
Please be aware as of as of July 12, 2023 - Notice Regarding the Receipt of Empty (Header & Trailer Record Only) Non-Group Health Plan (NGHP) Unsolicited Response Files.

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.

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.

The NGHP Unsolicited Response File format has been simplified, and filename formats have been added in the NGHP User Guide (Section 7.5 and Chapter 10).

Slide 15 of 33 - Electronic File Transmission Data Exchange

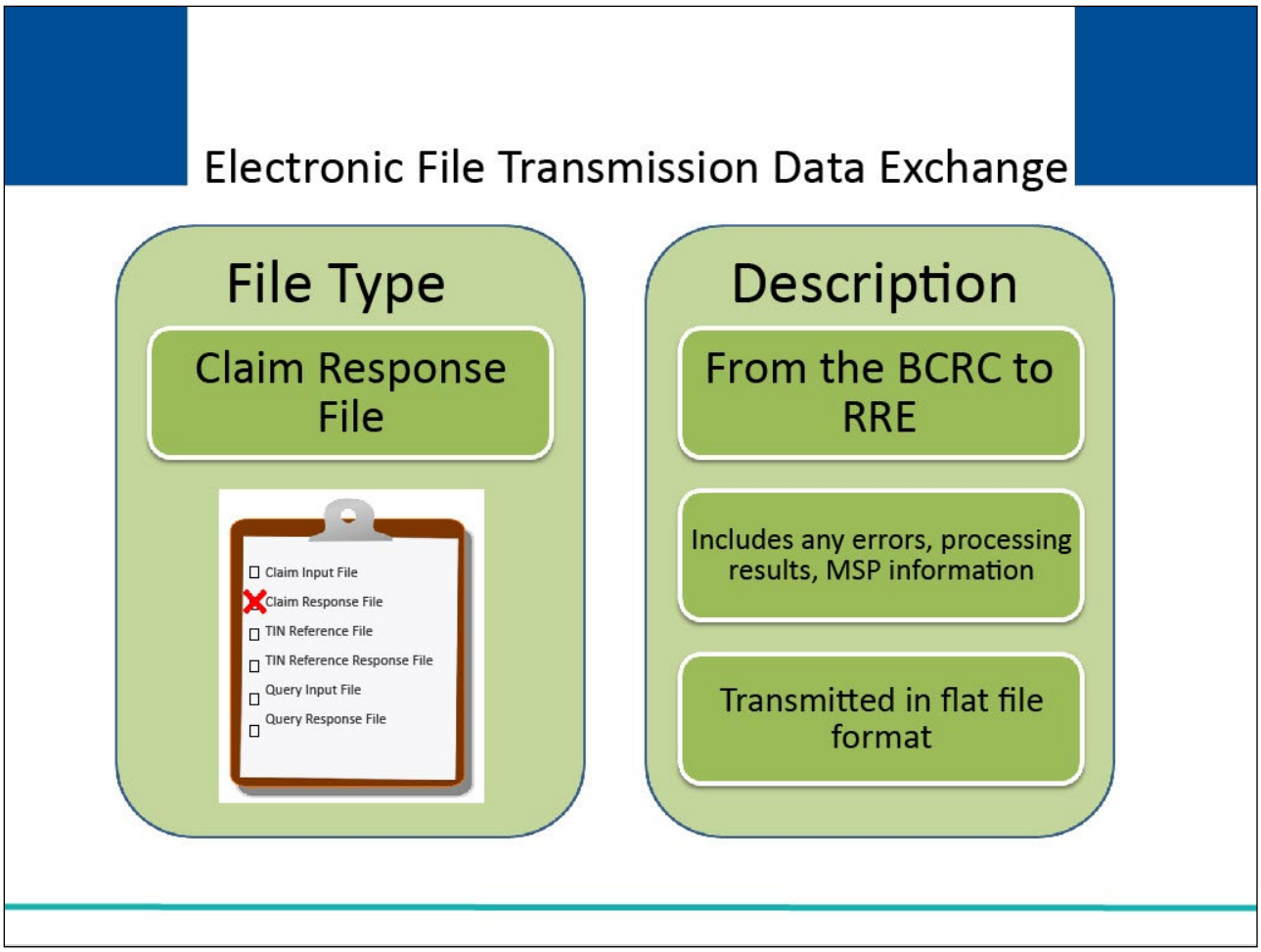


Slide notes

The Claim Input File is the data set transmitted from the RRE to the BCRC that is used to report applicable liability insurance (including self-insurance), no-fault insurance, and workers' compensation claim information where the injured party is a Medicare beneficiary.

This file is transmitted in a flat file format (there is no applicable Health Insurance Portability and Accountability Act (HIPAA)-compliant standard).

Slide 16 of 33 - Electronic File Transmission Data Exchange

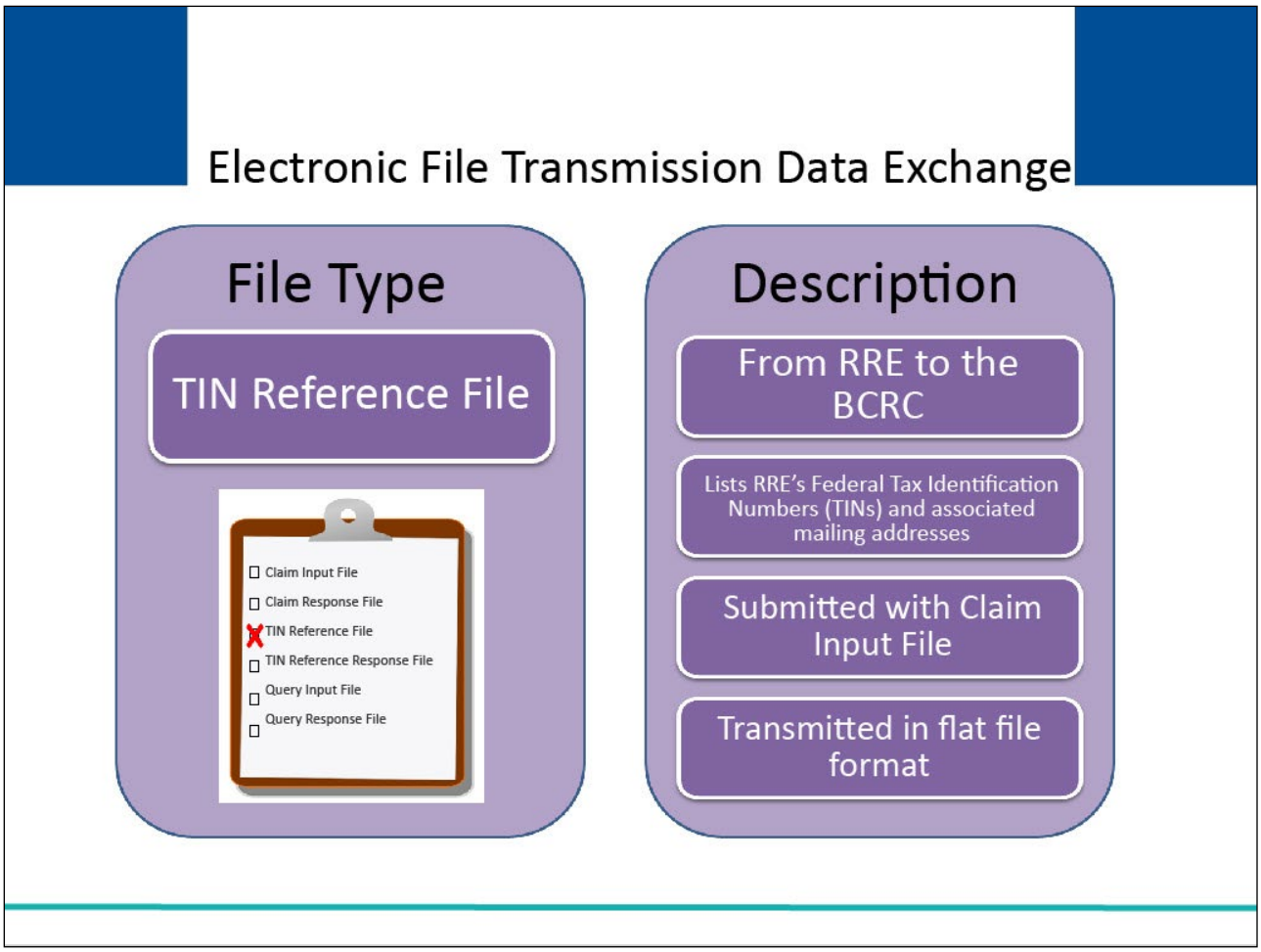


Slide notes

The Claim Response File is the data set transmitted from the BCRC to the RRE after the information supplied in the RRE's Claim Input File has been processed.

The response file will include information on any errors found, disposition codes that indicate the results of processing, and MSP information as prescribed by the response file format. This file is transmitted in a flat file format.

Slide 17 of 33 - Electronic File Transmission Data Exchange

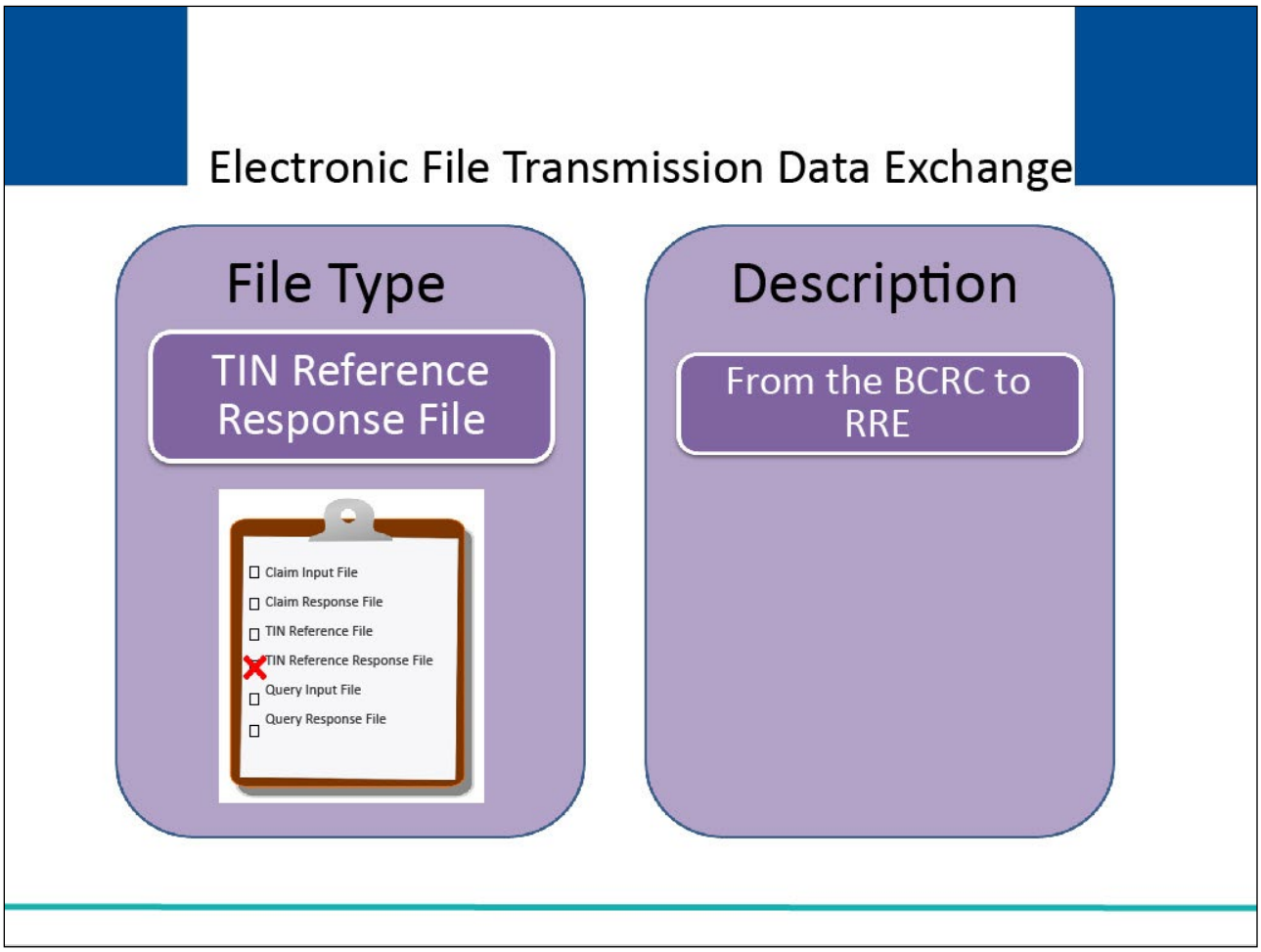


Slide notes

The TIN Reference File is the data set transmitted from the RRE to the BCRC that contains the RRE's IRS-assigned, federal tax identification numbers (TINs) and the associated business mailing addresses for the purposes of coordination of benefits and recovery, if applicable.

The TIN Reference File is submitted with the Claim Input File so that the RRE name and address information associated with each TIN does not have to be repeated on every Claim Input Record. This file is transmitted in a flat file format.

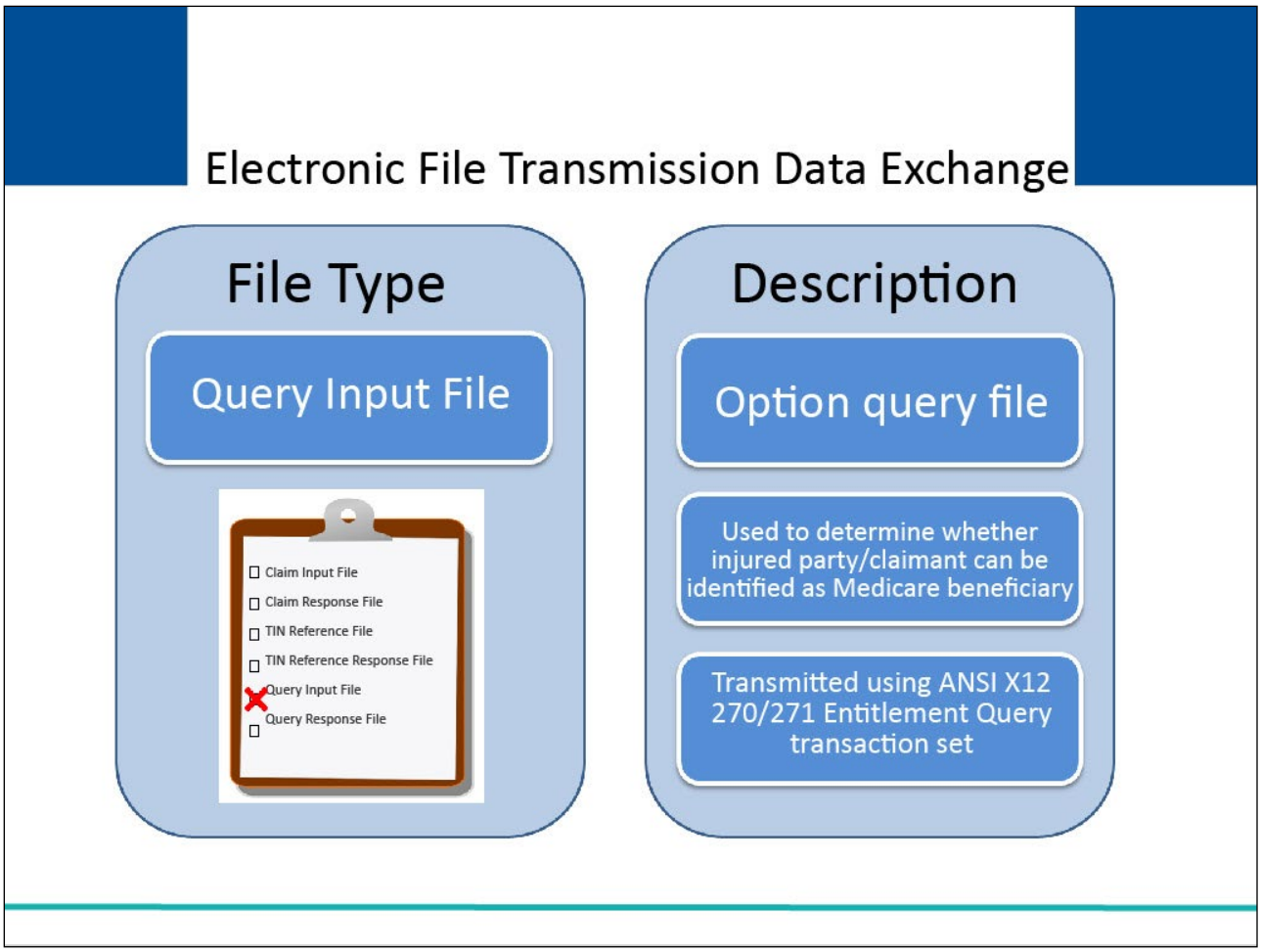
Slide 18 of 33 - Electronic File Transmission Data Exchange



Slide notes

The TIN Reference Response File is the data set transmitted from the BCRC to the Responsible Reporting Entity after the information supplied in the Responsible Reporting Entity's TIN Reference File has been processed.

Slide 19 of 33 - Electronic File Transmission Data Exchange

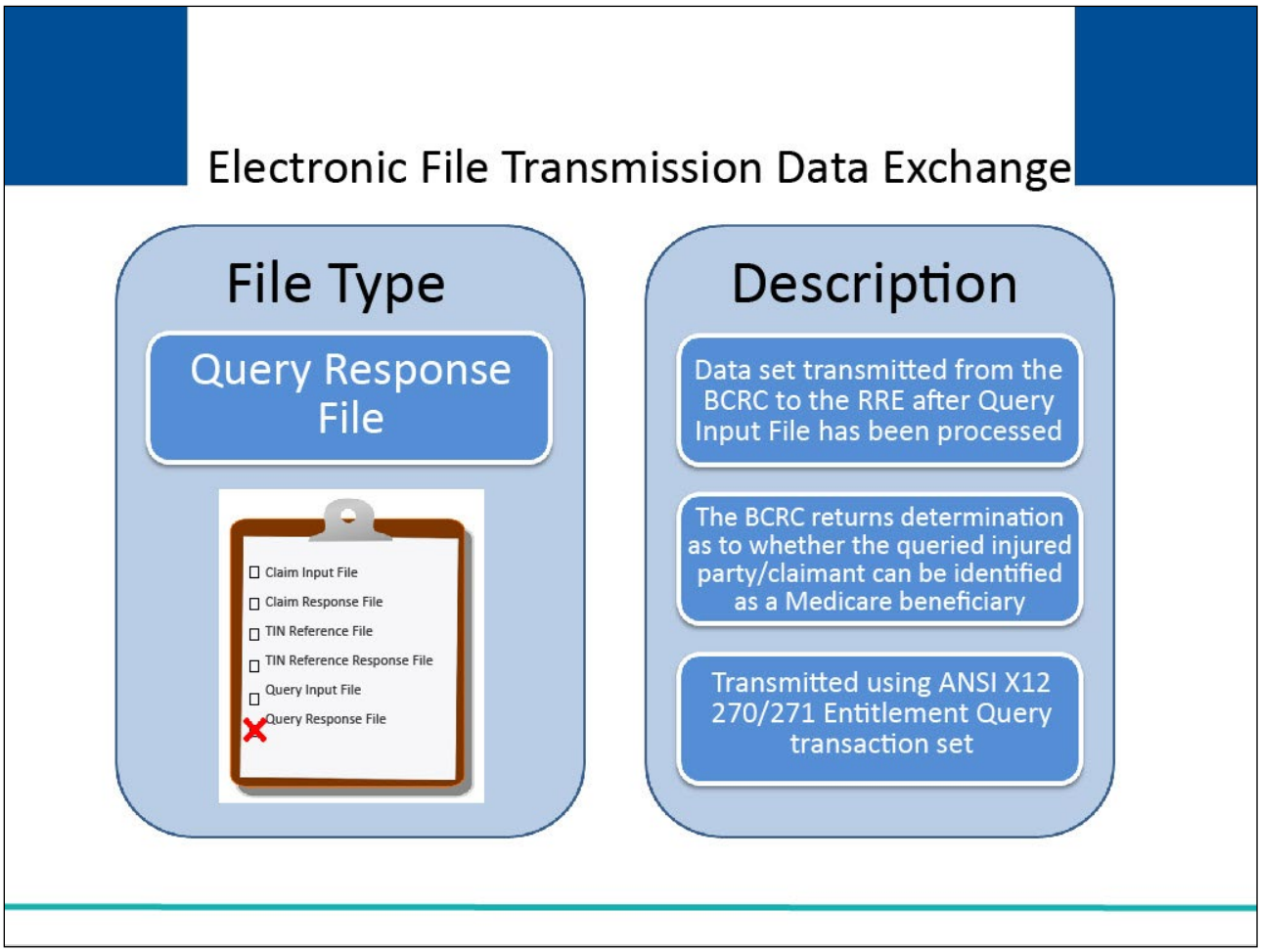


Slide notes

The Query Input File is an optional query file that can be used by an RRE to determine whether an injured party/claimant can be identified as a Medicare beneficiary.

This file is transmitted using the ANSI X12 270/271 Entitlement Query transaction set.

Slide 20 of 33 - Electronic File Transmission Data Exchange



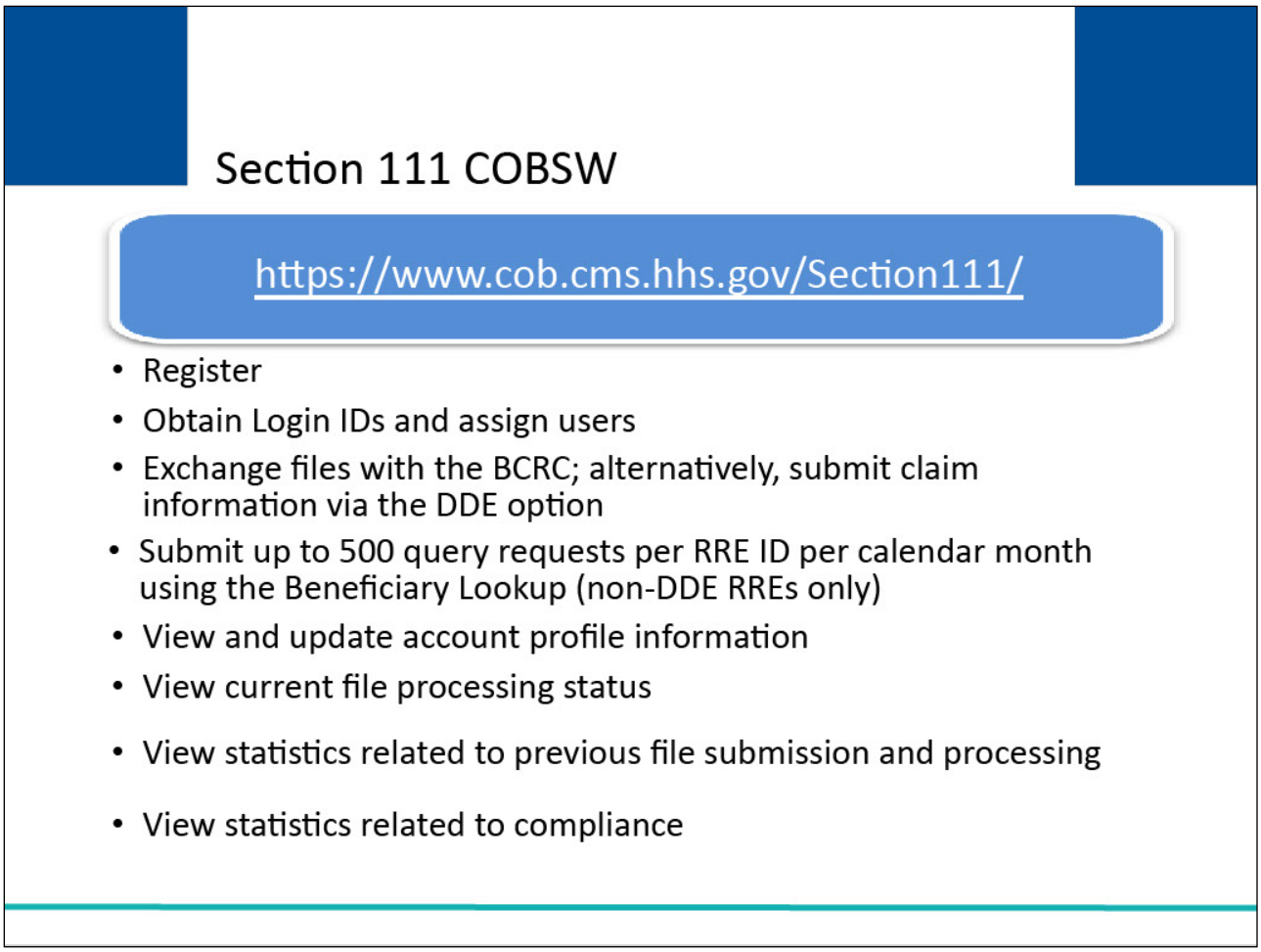
Slide notes

After the BCRC has processed the Query Input File, it will return the Query Response File.

The Query Response File will include a determination as to whether the queried injured party/claimant is a Medicare beneficiary, based upon the information submitted.

This file is transmitted using the ANSI X12 270/271 Entitlement Query transaction set.

Slide 21 of 33 - Section 111 COBSW



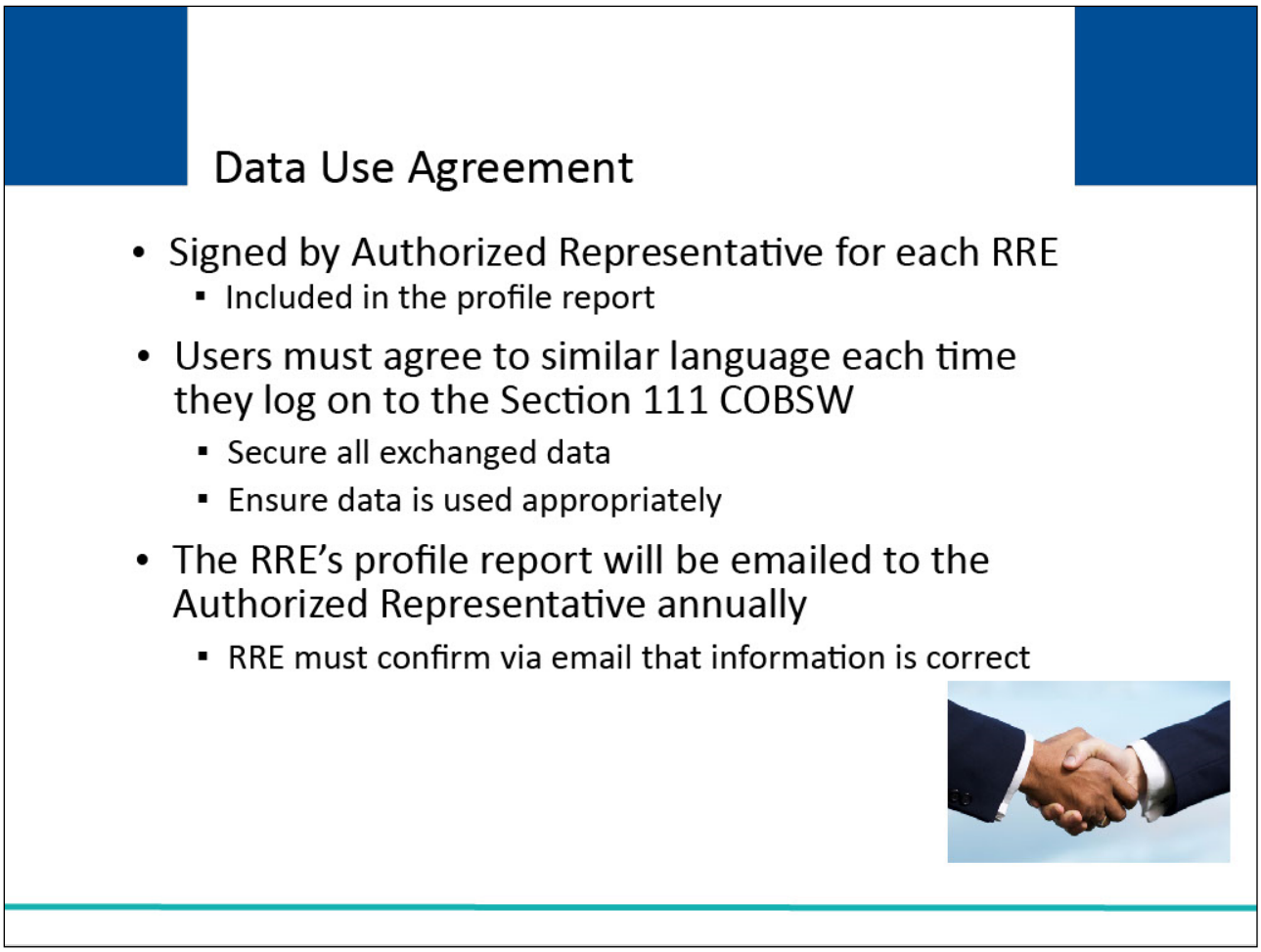
Slide notes

The BCRC has an application on the Section 111 COBSW for Section 111 processing (NGHP Section 111 Website) where RREs can:

- Register for Section 111
- Obtain Login IDs and assign users for Section 111 COBSW accounts
- Exchange files via HTTPS (Hypertext Transfer Protocol over Secure Socket Layer, used to indicate a secure HTTP) or SFTP (Secure File Transfer Protocol) directly with the BCRC; alternatively, submit claim information via the DDE option
- Submit up to 500 query requests per RRE ID per calendar month using the Beneficiary Lookup (non-DDE RREs only)
- View and update account profile information such as contacts and company information
- View the status of current file processing, such as when a file was marked as received and whether a response file has been created
- View statistics related to previous file submission and processing; and View statistics related to compliance, such as whether files and records have been submitted on a timely basis.

Note: RREs will also be able to submit files via Connect:Direct via CMS EFT (formerly known as NDM) via the CMSNet. If this method is selected, the Section 111 COBSW will still be used to monitor file processing statistics.

Slide 22 of 33 - Data Use Agreement



Slide notes

As part of the Section 111 registration process, the Authorized Representative for each Section 111 RRE will be asked to sign a copy of the Data Use Agreement.

It will be included on the profile report sent to the Authorized Representative after Section 111 COBSW registration and account setup.

The Authorized Representative must sign and return the last page of the profile report to the BCRC.

In addition, all users must agree to similar language each time they log on to the Section 111 COBSW.

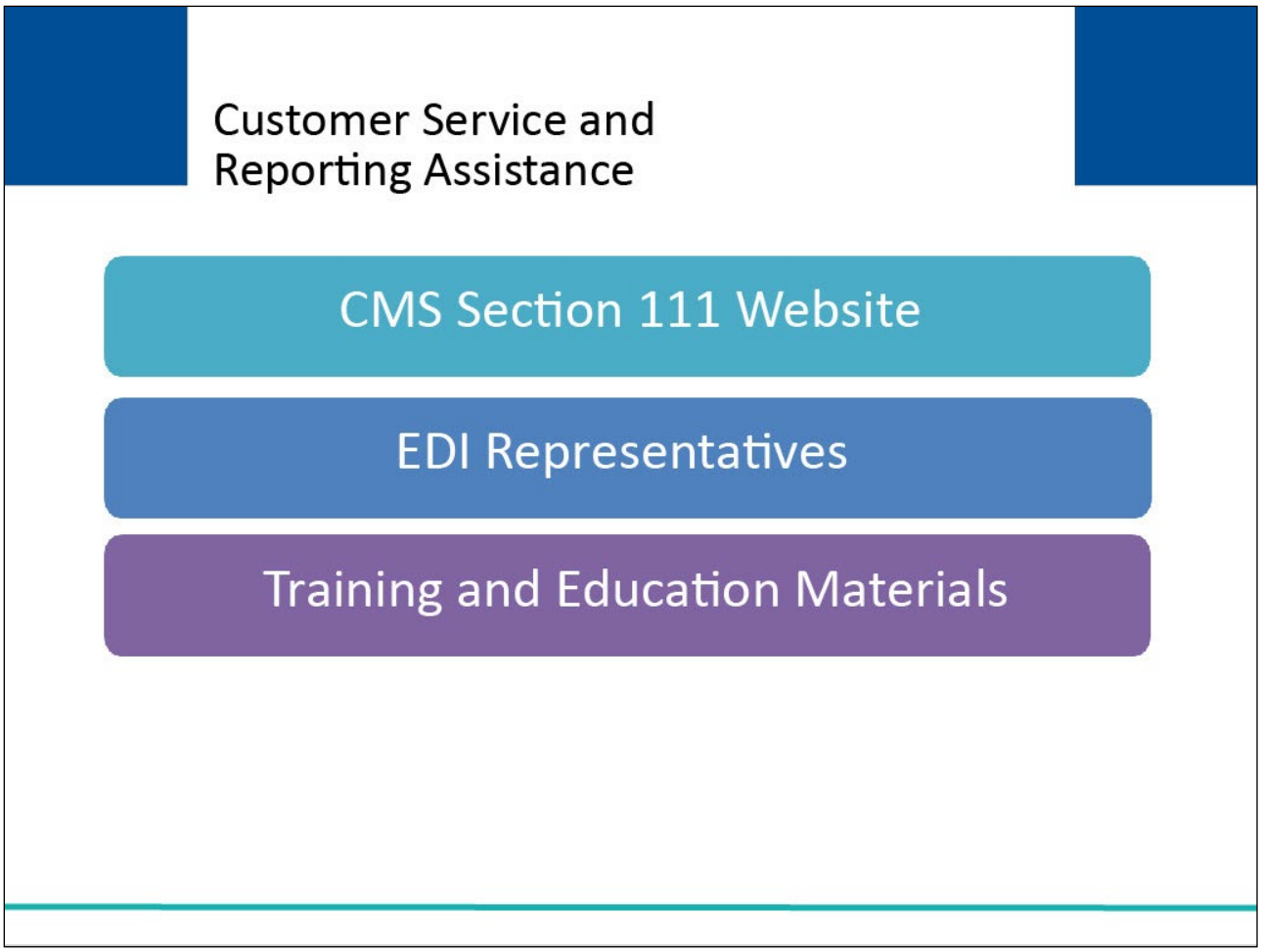
Data exchanged for Section 111 is to be used solely for the purposes of coordinating health care benefits for Medicare beneficiaries between Medicare and Section 111 RREs.

Measures must be taken by all involved parties to secure all data exchanged and ensure it is used properly.

Note: The RRE's profile report will be e-mailed to the Authorized Representative annually, based upon the receipt date of the last signed profile report. The RRE will be asked to confirm via e-mail that their current information is correct.

Failure to confirm this information may result in deactivation of the RRE ID.

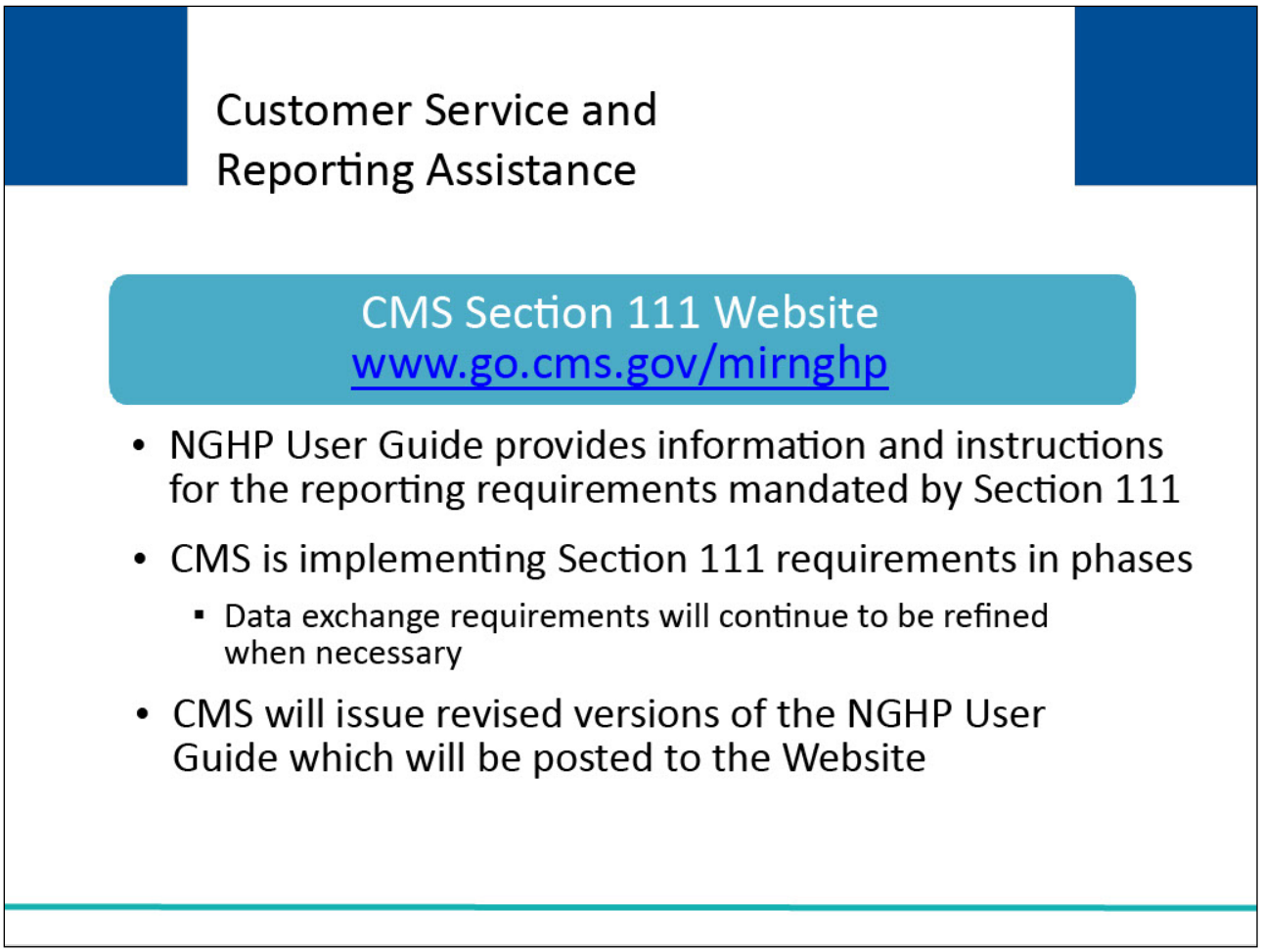
Slide 23 of 33 - Customer Service and Reporting Assistance



Slide notes

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

Slide 24 of 33 - Customer Service and Reporting Assistance



Slide notes

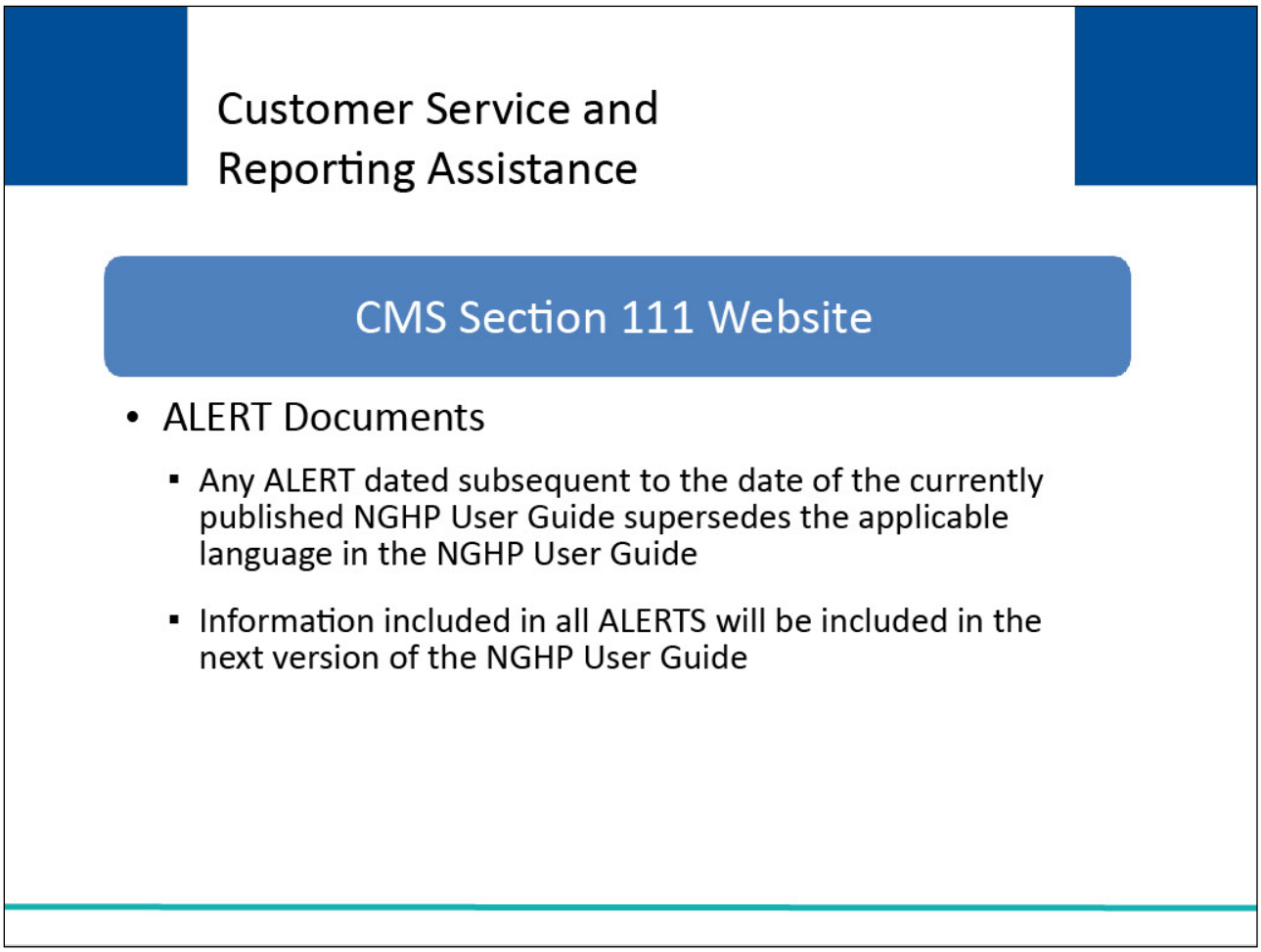
The CMS Section 111 Website, NGHP Section 111 Website, should be checked frequently for updated information.

The NGHP User Guide provides information and instructions for the Medicare Secondary Payer (MSP) liability insurance (including self-insurance), no-fault insurance and workers' compensation reporting requirements mandated by Section 111.

Please note that CMS is implementing the Section 111 requirements in phases. As time passes and we gain experience with Section 111 reporting, the data exchange requirements will continue to be refined and new processes added when necessary.

CMS will issue revised versions of the NGHP User Guide from time to time which will be posted to the CMS Section 111 Website.

Slide 25 of 33 - Customer Service and Reporting Assistance



Slide notes

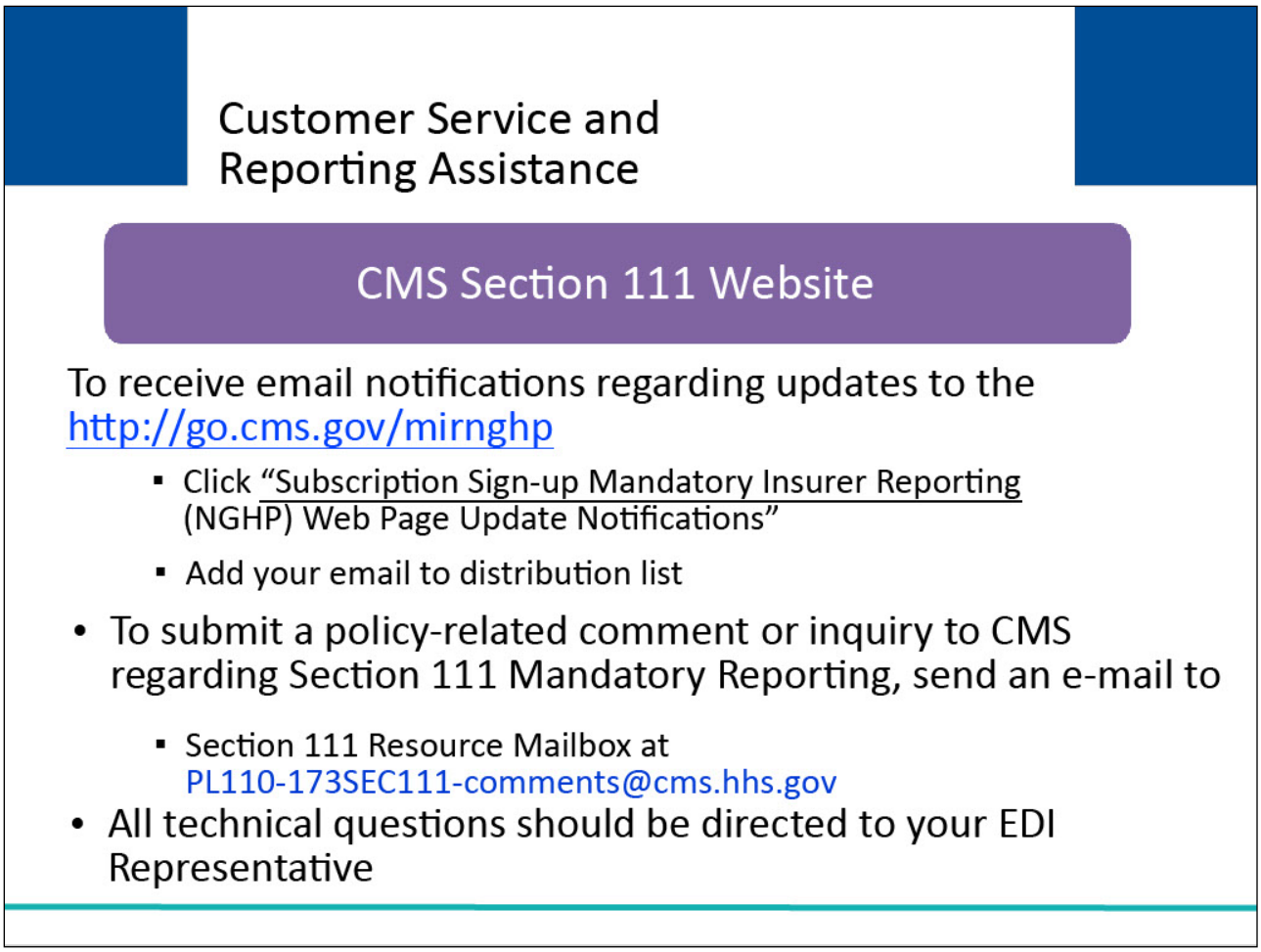
The CMS Section 111 Website will also include ALERT documents.

At times, certain information may be released in the form of an ALERT document. Any ALERT dated subsequent to the date of the currently published NGHP User Guide supersedes the applicable language in the NGHP User Guide.

All updated Section 111 policy and technical reporting requirements published in the form of an ALERT will be incorporated into the next version of the NGHP User Guide.

Until such time, RREs must refer to the current NGHP User Guide and any subsequently dated ALERTs for complete information on Section 111 reporting requirements.

Slide 26 of 33 - Customer Service and Reporting Assistance



Slide notes

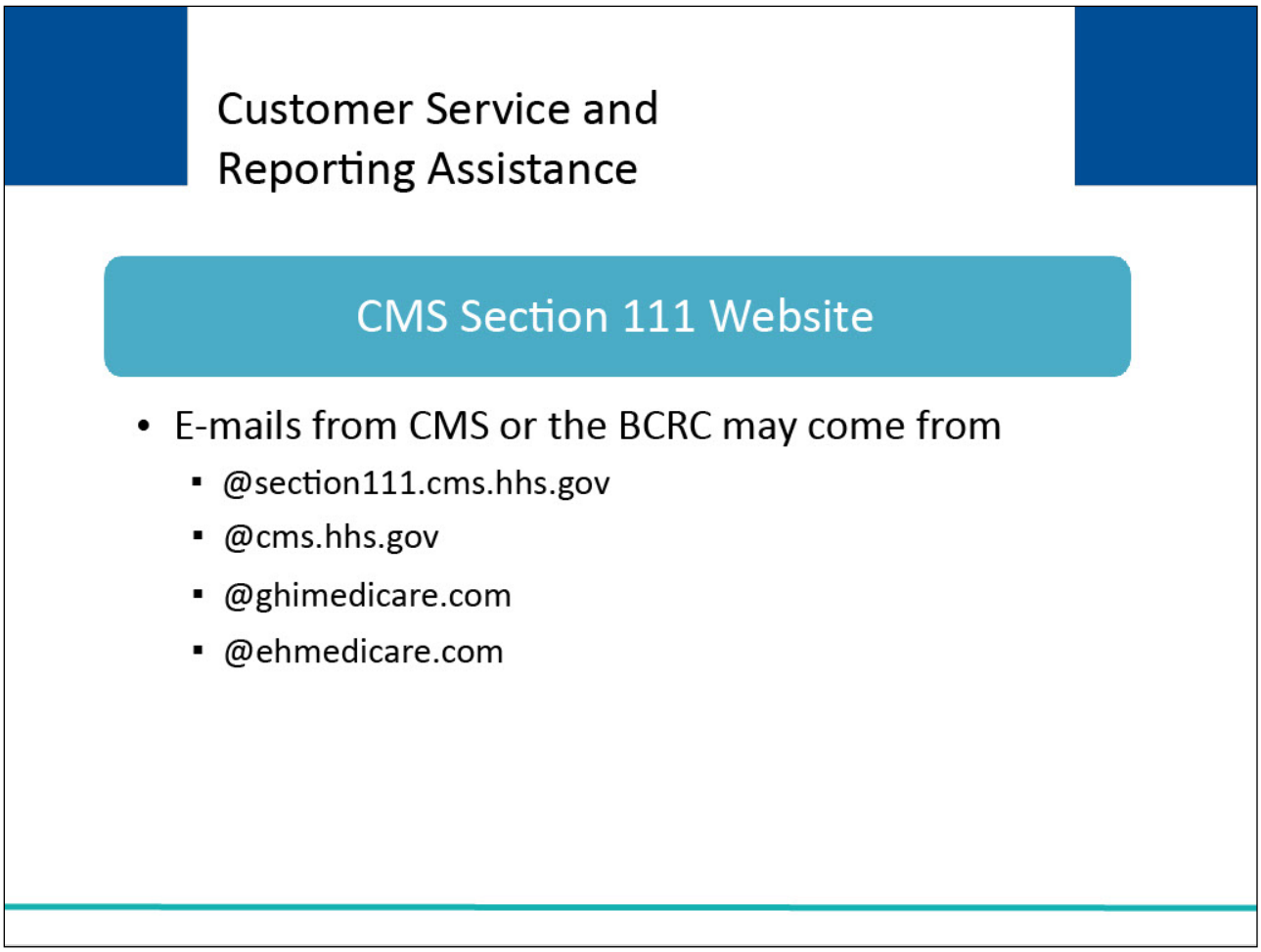
In order to be notified via email of updates to the NGHP Section 111 Website page, click on the "Subscription Sign-up Mandatory Insurer Reporting (NGHP) Web Page Update Notifications" link found on the Website and add your email address to the distribution list.

To submit a policy-related comment or inquiry to CMS regarding Section 111 Mandatory Reporting, please send an e-mail to the Section 111 Resource Mailbox at PL110-173SEC111-comments@cms.hhs.gov.

You will not receive a direct response from this e-mail address, but CMS will review each submission received and follow up with additional outreach and education as needed.

All technical questions should be directed to your EDI Representative.

Slide 27 of 33 - Customer Service and Reporting Assistance



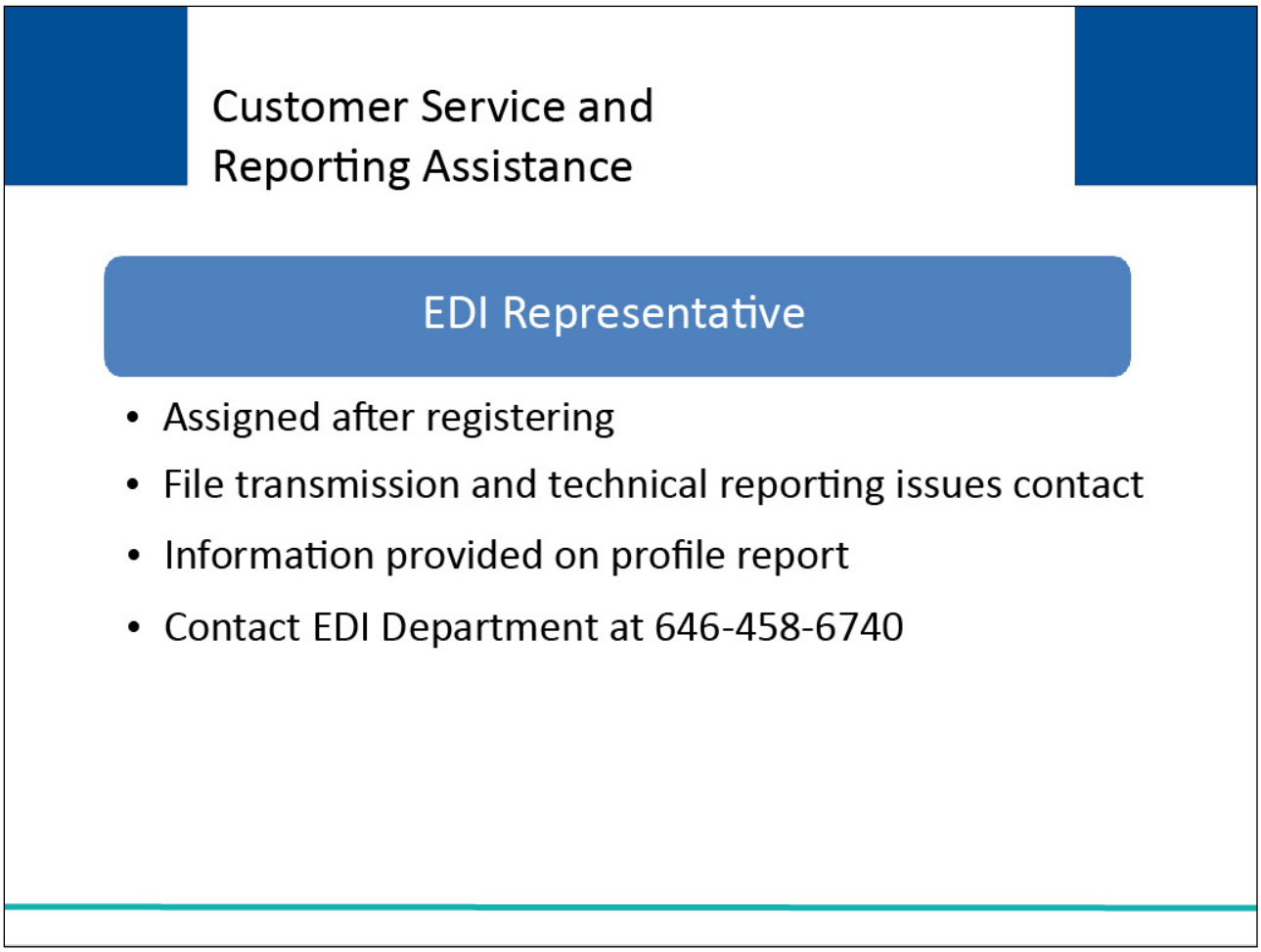
Slide notes

Please note that e-mails from CMS or the BCRC may come from

- @section111.cms.hhs.gov
- @cms.hhs.gov
- @ghimedicare.com
- @ehmedicare.com addresses

Please update your spam filter software to allow receipt of these email addresses.

Slide 28 of 33 - Customer Service and Reporting Assistance



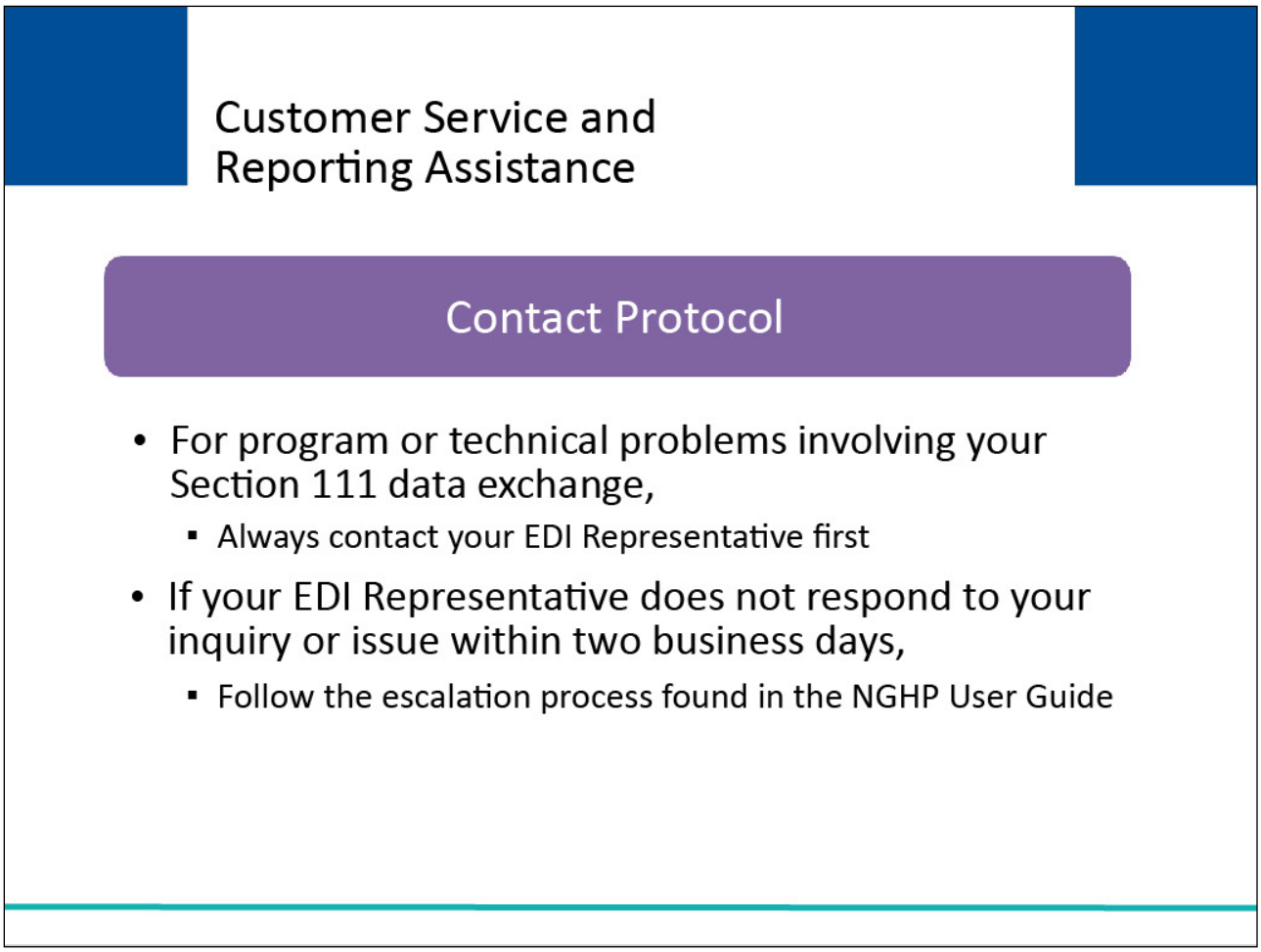
Slide notes

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

Contact information for your EDI Representative will be provided to you on your profile report after you complete registration on the Section 111 COBSW. If you have not yet registered and need assistance, please call the EDI Department at 646-458-6740.

Note: For reporting questions and technical assistance, RREs are to contact their EDI Representative.

Slide 29 of 33 - Customer Service and Reporting Assistance



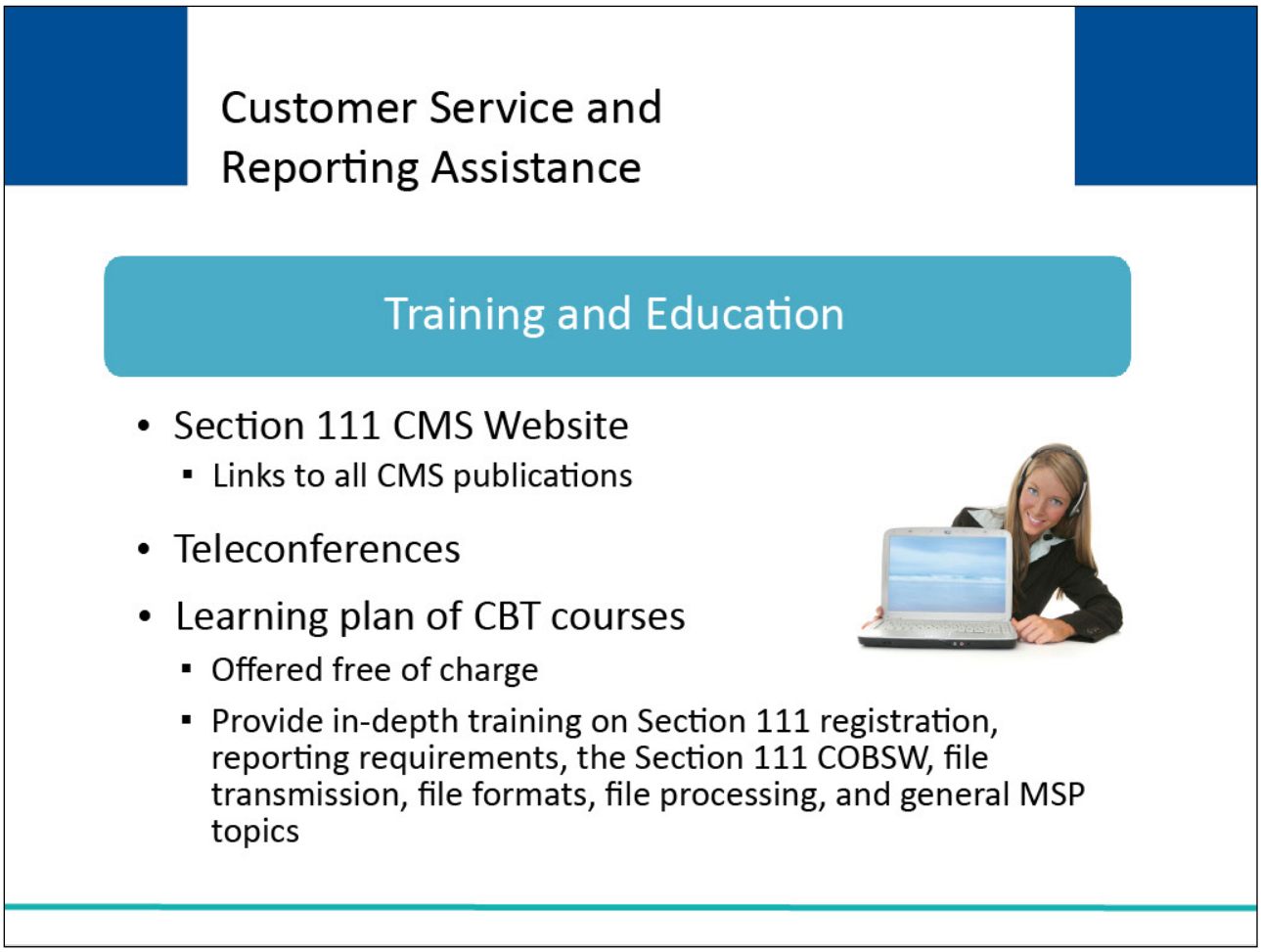
Slide notes

If you have a program or technical problem involving your Section 111 data exchange, the first person to contact is your own EDI Representative at the BCRC.

Your EDI Representative should always be sought out first to help you find solutions for any questions, issues, or problems you have.

If your Section 111 EDI Representative does not respond to your inquiry or issue within two business days, you may follow the escalation process outlined in the NGHP User Guide to ensure your needs are met.

Slide 30 of 33 - Customer Service and Reporting Assistance



Slide notes

Additionally, we offer various forms of training and educational materials to help you with Section 111:

The Section 111 CMS Website will contain links to all CMS publications regarding the MSP Mandatory Reporting Requirements under Section 111 of the MMSEA of 2007.

CMS and the BCRC are conducting a series of Teleconferences to provide information regarding Section 111 reporting requirements.

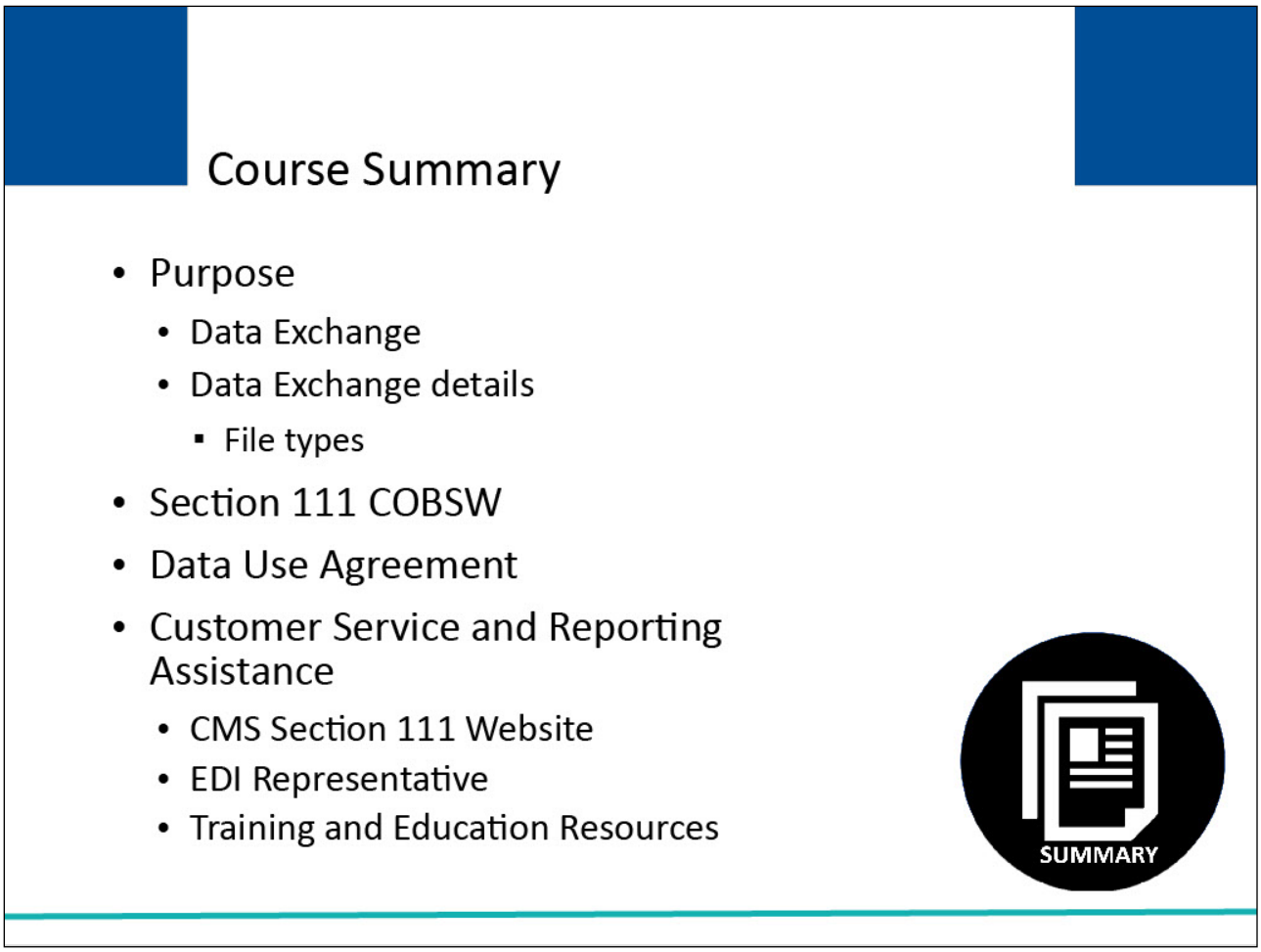
The schedule for the Teleconferences is posted on the Section 111 Website page under the What's New tab at NGHP Section 111 Website. The schedule is updated as new calls are scheduled.

CMS has made available a learning plan 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, the Section 111 COBSW, file transmission, file formats, file processing, and general MSP topics.

CBTs will be updated to reflect new information as it is released by CMS.

Slide 31 of 33 - Course Summary

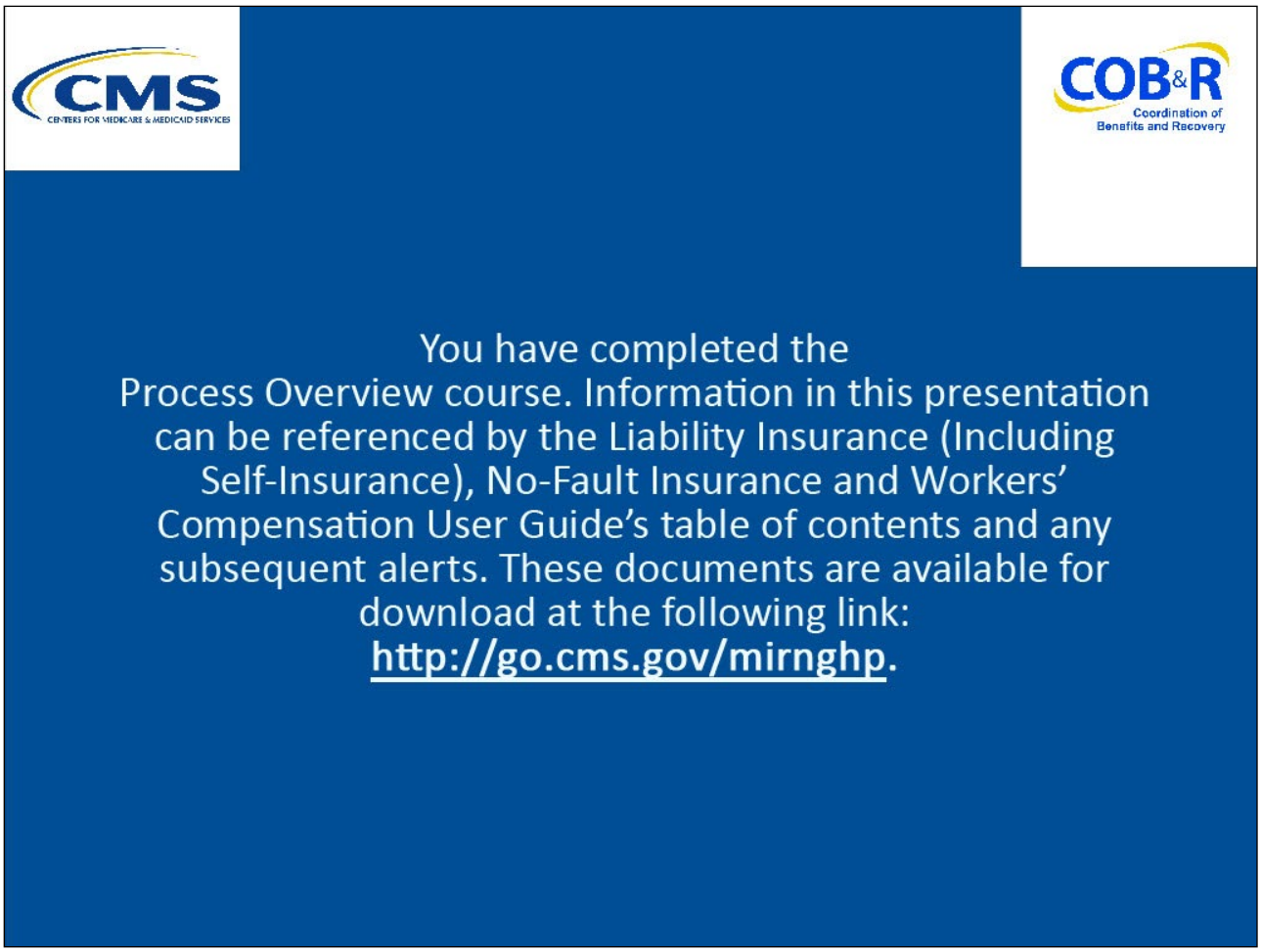


Slide notes

You should now be able to discuss the purpose of the data exchange, data exchange details, file types, the Section 111 COB Secure Website or COBSW), and the Data Use Agreement.

This course also included options for customer service and reporting assistance, such as the Centers for Medicare & Medicaid Services CMS) Section 111 Website , the Electronic Data Interchange EDI) Representative, and training and education resources.

Slide 32 of 33 - Conclusion



Slide notes

You have completed the Process 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 33 of 33 - NGHP Training Survey

Slide notes

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