Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports

Slide 1 - of 54 - Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports



Slide notes

Welcome to the Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports course.

Slide 2 of 54 - 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 site: <u>Section</u> <u>111 COBSW</u>.

Slide 3 of 54 - Course Overview



Slide notes

This module begins with an overview of the Claim Listing page. It 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.

Slide 4 of 54 - 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 54 - Claim Listing



Slide notes

The DDE Claim Listing page displays a list of all previously submitted or Saved (Not Submitted) DDE claim transactions. You will access this page to search for claim reports.

Slide 6 of 54 - Section 111 Mandatory Reporting Website Usage Warning Page

Unauthorized Access To This Computer System Is Prohibited By Law
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes: (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
This system is provided for Government-authorized use only.
Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
By using this system, you understand and consent to the following:
 The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
• Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.
Privacy Act Statement
The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.
Attestation of Information
The information provided is complete, truthful, accurate, and meets all requirements set forth to use this process.
LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Slide notes

To access the Claim Listing page, you must login to the Section 111 Coordination of Benefits Secure Website (COBSW) at <u>Section 111 COBSW</u>. Once you access the URL, the Section 111 Mandatory Reporting Website Usage Warning page will appear detailing the Data Use Agreement (DUA). Review the DUA and then proceed to click the "Accept" link.

Slide 7 of 54 - Welcome to the Section 111 COB Secure Website/Sign In Page

New Registration Account Setup
Account Sign In
Password Forgot your Password?
Sign In

The Welcome to the Section 111 COB Secure Website will appear. Enter your Login ID and Password and click Sign In to access the Section 111.

Slide 8 of 54 - RRE Listing

RRE Listi	ng						J	July 29, 2024 at 1:46:48 PM
This page list ndividual RR	s all the Res E from the l	ponsible Re list to see Act	porting Identific tions available f	ation Numbers or the selected	(RRE IDs) with RRE ID.	n which you	u are associated. Y	ou can select an
he list may be ort order for t	sorted by se the column.	lecting the title	e of the column yo	ou wish to sort. Se	electing the same	e column ag	ain will reverse the	(Ciear
he list may be he filter row, o	e filtered by er or select the C	ntering values Clear button. S	in the columns yo electing the Clear	u wish to filter. To button will remo	o remove a filter ve all filters.	r, simply ren	nove the value from	
RRE List	ting							🕒 Export
RRE 1D Filt	Name ↑↓	RRE 1	Submission 1	Reporting 1	Profile Report ↑↓ Status	User 1	EDI Representative	EDI Contact Info
145691	NGHP Basic	Production	06	Expanded	Delinquent	AM	Fran Williams	€ (800) 879-4592 E FWilliams@bcrcgdit.com
145687	GHP Expanded	Production	02	Basic	Recertified	AM	Lisa Smith	& (800) 879-4587
145688	NGHP DDE	Test	0	DDE	N/A	AM	Izzy Kay	& (800) 879-4588 ☑ Ikay@bcrcgdit.com
145680	GHP Basic	Setup		Basic	N/A	AD	Rose George	6 (800) 879-4589 ►
145005								ngeorgewooreguit.com

Slide notes

Once logged in, the RRE Listing page will appear. Select the RRE ID link from the table to access your available Actions links.

Note: The S111/MRA application RRE Actions links will now include the "Beneficiary Lookup" as an available action for DDE reporters.

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 9 of 54 - RRE Information Detail

Coordination of Benefits and Recovery Section 1	11 Mandatory Reporting		A Mike Brown () V Print
About V CMS Links V I	How To V Reference Materia	als 👻 Contact Us	Show Help Page
畲 ➤ Information Detail			
PPE Information Deta	a		July 29, 2024 at 1:47:03 PM
Profile reports must be recertified	annually. If the Recertification I	Due Date has been reach	ed and you have not recertified, verify
the RRE information displayed is a	ccurate and click the Recertify	button at the bottom of t	this page to recertify.
If the Profile Report contains any inacc	uracies or outdated information, clic	k the Edit button to make ch	anges and then click the Recertify button to
If the Profile Report contains any inacc recertify your account if your recertific	uracies or outdated information, clic ation is due. Any updates not allowe	k the Edit button to make ch d on the Section 111 COBSW	anges and then click the Recertify button to / can be made by contacting your EDI
If the Profile Report contains any inacc recertify your account if your recertific Representative.	uracies or outdated information, clic tion is due. Any updates not allower	k the Edit button to make ch d on the Section 111 COBSW	anges and then click the Recertify button to I can be made by contacting your EDI
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If the Profile Report contains any inacc recertify your account if your recertifica Representative. Profile Report Information Reporter ID: 10000 Profile Report 03/01/2024 Date:	uracies or outdated information, clic ition is due. Any updates not allower Recertification Due Date: Last Recertification Submission Date:	k the Edit button to make ch d on the Section 111 COBSW 10/08/2022 01/21/2024	EDI Representative
If the Profile Report contains any inacc recertify your account if your recertifica Representative. Profile Report Information Reporter ID: 10000 Profile Report 03/01/2024 Date: Profile 03/01/2024	uracies or outdated information, clic ition is due. Any updates not allower Recertification Due Date: Last Recertification Submission Date:	k the Edit button to make ch d on the Section 111 COBSW 10/08/2022 01/21/2024	EDI Representative Na TODD BANNAR me: Em DL-HIT-MSPSC- ail: SPRING_BATCH_SUP
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Slide notes

The RRE Information Detail page will appear. Use the scroll bar on the far right to scroll down to the Actions links available for your selected RRE ID.

Slide 10 of 54 - RRE Information Detail - Actions Links



From the Actions links, click the Claim Listing link.

Slide 11 of 54 - Claim Listing

iaim Li	sting									
nis page lis n the Searc	ts all of the clai ch button.	ms you have	entered. To	search for a s	specific claim, e	enter search	values into	any or all o	of the searc	h fields, and cl
ie list may b r the colum	e sorted by select n.	ing the title of	the column y	ou wish to sort.	Selecting the sar	ne column ag	ain will revers	e the sort or	rder	⊘ Clear
ne list may b w, or select	e filtered by enter the Clear button.	ring values in t Selecting the	the columns yo Clear button	ou wish to filter. will remove all f	. To remove a filt ilters.	er, simply rem	nove the value	e from the fil	ter	
(+ N	ew Claim	R	RE ID: 14568	88	RRE Name	Dynamics	Inc	Trans	sactions Re	maining: 101
Latest DCN	Transaction ↑↓ Count	Policy ↑↓ Number	Claim ↑↓ Number	Medicare ↑↓ ID	Beneficiary ↑↓ Name	CMS Date of ↑↓ Injury	Initial Entry ↑↓ Date	Last ↑↓ Action	Status 1↓	Disposition 1↓
Latest DCN	Transaction ↑↓ Count	Policy Number Î↓	Claim Number Î↓	Medicare ↑↓ ID	Beneficiary ↑↓ Name	CMS Date of ↑↓ Injury	Initial Entry ↑↓ Date	Last ↑↓ Action	Status Î↓	Disposition 1↓
Latest ↑↓ DCN 10580	Transaction ↑↓ Count	Policy Number ↑↓ pn1111	Claim Number ↑↓	Medicare ID D1690519212	Beneficiary ↑↓ Name	CMS Date of ↑↓ Injury 01/01/2011	Initial Entry ↑↓ Date 01/26/2021	Last Action Î↓ Update	Status ↑↓ Saved Not Submitted	Disposition ↑↓
Latest ↑↓ DCN 10580 10575	Transaction ↑↓ Count 1	Policy Number	Claim Number 1↓ 15678000 15678054	Medicare ↑↓ ID D1690519212 519212	Beneficiary 11 Name WANDA CARR	CMS Date of 1↓ Injury 01/01/2011 01/01/2010	Initial Entry ↑↓ Date 01/26/2021 12/28/2020	Last Action ↑↓ Update Update	Status 1	Disposition ↑↓
Latest DCN ↑↓ 10580 10575 10576	Transaction ↑↓ Count 1 9 9	Policy Number 11 pn1111 12345678 914567	Claim Number ↑↓ 15678000 15678054 15678012	Medicare ID D1690519212 519212 919212	Beneficiary 11 Name WANDA CARR MARY WISE BEN RODGERS	CMS Date of 1↓ 01/01/2011 01/01/2010 01/01/2010	Initial Entry ↑↓ 01/26/2021 12/28/2020 12/28/2020	Last Action ↑↓ Update Update Update	Status 14 Saved Not Submitted Completed Deleted	Disposition ↑↓
Latest ↑↓ DCN ↑↓ 10580 10575 10576 10581	Transaction ↑↓ Count 1 9 9 1	Policy Number ↑↓ pn1111 12345678 914567 5678ABC	Claim Number ↑↓ 15678000 15678054 15678012 15678001	Medicare ↑↓ D1690519212 519212 919212 018340998A	Beneficiary 11 Name WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	CMS Date of 1↓ Injury 01/01/2011 01/01/2010 01/01/2010 01/01/2011	Initial Entry 1↓ Date 01/26/2021 12/28/2020 12/28/2020 12/28/2020	Last Action ↑↓ Update Update Update Update	Status 11 Saved Not Submitted Completed Deleted New	Disposition ↑↓

Slide notes

When the Claim Listing page displays, you will see a list of all DDE claim reports that have been entered. Every submitted DDE claim report will receive a Disposition Code.

If the claim report is processed with no errors, the applicable Disposition Code will be returned in this field. If the claim report was not accepted due to errors, a value of SP will be returned in this field.

Please note: If the submitted claim receives any Error Codes or Compliance Codes, they will be displayed on the Claim Information page under the Claim Processing Results.

Slide 12 of 54 - DDE Resume Action



Slide notes

DDE Resume Action

Slide 13 of 54 - When to Resume Claim Submission



Slide notes

In DDE, Save & Exit allows a user to provide and save partial information for a claim report if they do not have all of the information readily available to submit the claim.

These claims can be saved for up to 30 calendar days. Before the end of the 30-day window, the incomplete claim (i.e., the Saved (Not Submitted) claim) must be completed and submitted or it will be deleted from the system on the 31st day.

Slide 14 of 54 - How to Resume Claim Submission

Infor	mation Det	ali 🤰 Clain	n Listing								
Claim Lis	sting									August 6, 2024 a	at 1:01:35
his page lists :	all of the cl	aims you have	entered. To se	earch for a speci	fic claim, enter se	arch values in	ito any or all of	f the search f	ields, and clicl	k on the Search b	utton.
he list may be	sorted by	selecting the ti	itle of the colu	mn vou wish to s	sort Selecting the	same column	n again will rev	erse the sort	order for the	(0.1	
olumn.	. sorted by	Selecting the t		, you want to .	Sorte Scietting and					Clear	
he list may be	filtered by	entering value	es in the colum	nns you wish to f	ilter. To remove a	a filter, simply	remove the va	alue from the	filter row, or		
elect the Clea	r button. S	electing the Cl	ear button will	I remove all filter	rs.						
)	RREI	D: 145688		RRE Name: [Dynamics Inc		Trans	sactions Remainin	g: 101
(+ Ne	w Claim)									
Latest DCN ↑↓	Trn ↑↓ Cnt	Policy Number Î↓	Claim Number 1↓	Medicare ID	Beneficiary Name	CMS Date of ↑↓	Initial Entry ↑↓ Date	Last ↑↓ Action	Status ↑↓	Disposition ↑↓	Actions
Latest DCN	Trn 1 Cnt Trn Cnt i	Policy Number	Claim Number	Medicare ↑↓ ID Medicare ID Filt	Beneficiary 1↓ Name	CMS Date of ↑↓ Injury CMS Date of	Initial Entry ↑↓ Date Initial Entry C	Last Action ↑↓ Last Action	Status ↑↓	Disposition 1	Actions
Latest 11 DCN	Trn ↑↓ Cnt ↑↓ Trn Cnt I	Policy Number 1↓ Policy Numbe pn1111	Claim Number 1↓ Claim Numbe 15678000	Medicare 1D 11	Beneficiary 11 Name	CMS Date of 1↓ Injury CMS Date of 01/01/2011	Initial Entry 1↓ Date Initial Entry C 01/26/2021	Last Action 1	Status 1J Status Filter Saved Not Submitted	Disposition 1	Actions History Delete
Latest 11 DCN 11 Latest DCN 10580	Trn 11 Cnt 11 Trn Cnt 1 1	Policy Number 1↓ Policy Numbe pn1111 12345678	Claim 14 Claim Number Claim Numbe 15678000	Medicare 1 II ID III Medicare ID Filt D1690519212 519212	Beneficiary 11 Name Beneficiary Name WANDA CARR MARY WISE	CMS Date of 1↓ Injury CMS Date of 01/01/2011 01/01/2010	Initial Entry 1↓ Date Initial Entry E 01/26/2021 12/28/2020	Last Action 11 Last Action Update	Status 11 Status Filter Saved Not Submitted	Disposition 1	Actions History Delete History Delete
Latest 11 DCN 11 Latest DCN 10580 10575 10576	Trn 11 Cnt 11 Trn Cnt 1 1 9	Policy Number ↑↓ Policy Numbe pn1111 12345678 914567	Claim 14 Claim Number 15678000 15678054 15678012	Medicare ↑↓ Medicare ID Fitt D1690519212 519212 919212	Beneficiary 11 Name 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS	CMS Date of 1↓ Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010	Initial Entry ↑↓ Date Initial Entry E 01/26/2021 12/28/2020 12/28/2020 12/28/2020	Last Action 11 Last Action Update Update Update	Status 11 Status Filter Saved Not Submitted Completed Deleted	Disposition 1	Actions History Delete History History
(+ Ne Latest ↑↓ Latest DCN 10580 10575 10576 10581	Trn îl Trn îl Trn Cnt îl 1 9 9 1	Policy Number ↑↓ Policy Numbe pn1111 12345678 914567 5678ABC	Claim Number 14 Claim Number 15678000 15678054 15678012 15678001	Medicare ID ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	CMS Date of 14 Injury CMS Date of 01/01/2010 01/01/2010 01/01/2011	Initial Entry Î↓ Date [Initial Entry E] 01/26/2021 12/28/2020 12/28/2020 12/28/2020 12/28/2020 12/28/2020	Last Action 11 Last Action Update Update Update Update	Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition 1	Actions History Delete History Delete History History Delete

Slide notes

To resume the claims submission process for a claim in Saved (Not Submitted) status, go to the Claim Listing page, locate the specific claim report, and click Latest DCN link for the claim. The Transactions Remaining count will not be impacted.

Slide 15 of 54 - Injury Information

Section 11 Coordination of Benefitis and Recovery About ~ CMS Links ~ H	1 Mandatory Reporting	erials ~ Contact Us	Mike Brown (ts111st)	Print
☆ > Information Detail > Claim				
Claim Entry			August 6, 2024 at	11:38:40 AM
			Transactions Remain	ning: 101
Claim ID: 123456	Claim Saved Status:	Not Submitted		
Reporter 60527	Medicare1AB2C	34ED56		
ID: Name: JANE DOE	D: Date Of 06/23/ Birth:	1943 Ge	nder: Female	
Injury Information				~
Enter injury information below. *Indicates Required Field				
Insurance Type: *	CMS Date of Injury: *	Industry Date of Injury:	State of Venue: *	
No-Fault 🗸	05/20/2023	mm/dd/yyyy	MARYLAND	9
Diagnosis Code				-

Slide notes

The Injury Information page will appear for the selected claim regardless of the last page that was completed and saved. Use the Continue button to access any pages you need to complete, making sure to click [Save] before going to the next page.

After all pages are completed, the Claim Summary page displays where you can submit the claim.

Slide 16 of 54 - DDE Resume Example



Slide notes

DDE Resume Example

Slide 17 of 54 - Insurance Information

Enter insurance inform	ation below.	
*indicates required	field	
Does the reportable e insurance?	event involve self- Ves No	Self-Insured Type: Not Defined
RRE TIN:*	Policy Number:*	Claim Number:*
RRE Mailing Addres	ss Information	Foreign Address 1:
Address 1:*		Foreign Address 2:
Address 2:		Foreign Address 3:
City:*	State:*	Foreign Address 4:
Zip:*		

Let's say you begin to enter a new DDE claim report. When you get to the Insurance Information page in the New Claim entry process, you realize that you do not have the RRE's TIN.

Since you need to research this information, you can scroll to the bottom of the page and click Save & Exit to save all of the information you have entered. When you locate the correct RRE TIN, you can complete the New Claim entry.

Note: You can use the Save & Exit option as often as necessary but must remember to submit saved claims within 30 calendar days from the date the claim was first saved.

Saved claims that are not submitted within 30 calendar days will be deleted.

Slide 18 of 54 - Claim Listing

laim Li	sting		5							August 6, 2024	at 1:01:35
	sting										
nis page lists	all of the cl	aims vou have	entered. To se	earch for a speci	fic claim, enter se	arch values in	to any or all of	f the search fi	ields, and click	k on the Search b	utton.
ne list may be	e sorted by	selecting the t	itle of the colu	mn you wish to s	ort. Selecting the	e same columr	again will rev	erse the sort	order for the	O Clear)
olumn.	filtorod b	contoring value	as in the colum	no vou wich to f	itor To comovo -	filter simply	comoun the un	lug from the	Eltor row or		
elect the Clea	r button. S	electing the Cl	ear button will	l remove all filter	itter. To remove a 's.	a filter, simply	remove the va	ilue from the	fliter row, or		
		-									
(L N		\ \	5551	D: 445.000			S		T		
	w claim)	RREI	D: 145688		RRE Name: L	Jynamics inc		Trans	sactions Remainin	ig: 101
Latest DCN ↑↓	Trn ↑↓ Cnt	Policy Number	Claim Number Î↓	Medicare 1D	Beneficiary Name	CMS Date of ↑↓ Injury	Initial Entry ↑↓ Date	Last ↑↓ Action	Status ↑↓	Disposition ↑↓	Actions
Latest 11 DCN	Trn ↑↓ Cnt ↑↓	Policy Number	Claim Number Î↓ Claim Numbe	Medicare ↑↓ ID Medicare ID Filt	Beneficiary 1	CMS Date of ↑↓ Injury CMS Date of	Initial Entry ↑↓ Date Initial Entry C	Last Action	Status ↑↓ Status Filter	Disposition 1	Actions
Latest 11 DCN	Trn ↑↓ Cnt ↑↓ Trn Cnt I	Policy 11 Number 11 Policy Numbe	Claim Number	Medicare ↑↓ ID ↑↓ Medicare ID Filt D1690519212	Beneficiary 11 Name	CMS Date of 1↓ Injury CMS Date of 01/01/2011	Initial Entry 1↓ Date Initial Entry C 01/26/2021	Last Action 11 Last Action	Status 11	Disposition 1↓	Actions History Delete
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Latest ↑↓ DCN ↑↓ Latest DCN 10580 10575 10576	Trn Cnt ↑↓ Trn Cnt I 1 9 9	Policy Number 14 Policy Numbe pn1111 12345678 914567	Claim Number Claim Numbe 15678000 15678054 15678012	Medicare ID ↑↓ Medicare ID Filt D1690519212 519212 919212	Beneficiary 11 Beneficiary Nami WANDA CARR MARY WISE BEN RODGERS	CMS Date of 11 Injury CMS Date of 01/01/2011 01/01/2010	Initial Entry Date ↑↓ Initial Entry E 01/26/2021 01/26/2020 12/28/2020	Last Action 11 Last Action Update Update	Status Titer Status Filter Saved Not Submitted Completed Deleted	Disposition ↑↓	Actions History Delete History Delete History
Latest 11 DCN Latest DCN 10580 10575 10576 10581	Trn ↑↓ Cnt ↑↓ Tm Cnt ↓ 1 9 9	Policy Number 11 Policy Number pn1111 12345678 914567 5678ABC	Claim Number Claim Numbe 15678000 15678054 15678012 15678001	Medicare ID ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A 018340998A	Beneficiary 11 Beneficiary Nami WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	CMS Date of 11 Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010	Initial Entry Date ↑↓ Initial Entry E 01/26/2021 01/26/2021 12/28/2020 12/28/2020 12/28/2020	Last Action 11 Last Action Update Update Update	Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition ↑↓	Actions History Delete History Delete History
Latest ↑↓ DCN ↑↓ Latest DCN 10580 10575 10576 10581	Trn TJ Trn Cnt I 1 9 9	Policy Number 14 Policy Number pn1111 12345678 914567 5678ABC	Claim Number Claim Numbe 15678000 15678054 15678012 15678001	Medicare ID ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A 0	Beneficiary 11 Beneficiary Nami WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	CMS Date of 11 Injury CMS Date of 01/01/2011 01/01/2010 01/01/2011	Initial Entry Date ↑↓ [Initial Entry E] 01/26/2021 01/26/2020 12/28/2020 12/28/2020 12/28/2020	Last Action ↑↓ Last Action Update Update Update	Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition 1	Actions History Delete History Delete History Delete

Slide notes

Once you have the RRE TIN, you can complete the claim by clicking Latest DCN link on the Claim Listing page for the previously saved claim report.

Slide 19 of 54 - Injury Information

Coordination of Benefits and Recovery	1 Mandatory Reporting	(*	Mike Brown (ts111st)	Print
About 🛩 CMS Links 👻 He	ow To 👻 Reference Mat	terials 👻 Contact Us	Show Hel	p Page
> Information Detail > Claim				
/ mornedon extent / stand				
laim Entry			August 6, 2024 at 1	1:38:40 AM
			Transactions Remain	ing: 101
	3637/4 Sc 4	an shar e rai		
Claim ID: 123456	Claim Saved Status:	Not Submitted		
Reporter 60527	Medicare1AB20	34ED56		
ID:	ID:			
Name: JANE DOE	Date Of 06/23/ Birth:	(1943 Ge	nder: Female	
	Dirtiti			-
Injury Information				^
Enter injury information below.				
*Indicates Required Field				
Insurance Type: *	CMS Date of Injury: *	Industry Date of Injury:	State of Venue: *	
No-Fault 🗸	05/20/2023	mm/dd/yyyy	MARYLAND	ľ
				20

Slide notes

The Injury Information page will appear for the selected claim, regardless of the last page that was completed and saved. Continue to click Continue until you arrive at the Insurance Information page.

Slide 20 of 54 - Insurance Information

Enter insurance informa	ation below.	
*indicates required fi	ield	
Does the reportable en insurance?	vent involve self- Yes No	Self-Insured Type: Not Defined
RRE TIN:*	Policy Number:*	Claim Number:"
413245687		
RRE Mailing Addres: Name:"	s Information	Foreign Address 1:
Address 1:*		Foreign Address 2:
Address 2:		Foreign Address 3:
City:*	State:*	Foreign Address 4:
Zip:*	× 1	

Enter the TIN, making sure to click Save before going to the next page. Advance to the Claim Summary page.

Slide 21 of 54 - Claim Summary



Slide notes

When the Claim Summary page displays, verify that all information has been entered completely and accurately and then scroll to the bottom of the page and click Submit Claim.

Slide 22 of 54 - DDE Update Action



Slide notes

DDE Update Action

Slide 23 of 54 - When to Submit an Update



Slide notes

An update should be submitted for claim reports that received an SP Disposition Code once the claim has been corrected, for open Ongoing Responsibility for Medicals (ORM) claims which previously received a 03 Disposition Code (i.e., claim report for individual matched to a Medicare beneficiary but outside Medicare coverage period), when the injured party becomes covered by Medicare; and, to modify information critical for use by Medicare in its claims payment and recovery processes.

If information in a critical data field changes on any previously submitted and accepted claim report that received a 01 or 02 disposition, you must modify the claim report immediately.

The following are critical data fields: ICD (International Classification of Diseases) Diagnosis Codes, TIN (Tax Identification Number), TPOC (Total Payment Obligation to Claimant) Date(s) and/or TPOC Amount(s), Claimant Information, and ORM Termination Date. You are not required to send updated information for other fields.

For additional information on Disposition or Error Codes, please refer to the NGHP User Guide.

Please note: When data in one or more of the key fields that are used to uniquely identify claims on a previously accepted claim report needs to be corrected, you will not update the claim.

Direct Data Entry (DDE) Resume, Update, and Delete Claim Reports Monday, October 7, 2024

In this case, the previously accepted claim report must be deleted, and a new claim must be added with the corrected information.

Slide 24 of 54 - How to Submit an Update

Claim Lis	sting									August 6, 2024	at 1:01:35
	U										
his page lists a	all of the cl	aims you have	entered. To se	earch for a speci	fic claim, enter se	arch values in	to any or all of	f the search f	ields, and click	k on the Search b	outton.
he list may he	sorted by	colocting the ti	itle of the colu	mo vou wish to s	ort Selecting the	same column	again will rev	erce the cort	order for the		
olumn.	sorted by	selecting the t	the of the cold	min you wish to :	Sort: Selecting the	same column	again wiin ev	erse the sort	order for the	O Clear	\mathcal{I}
he list may be	filtered by	entering value	es in the colum	nns you wish to f	ilter. To remove a	a filter, simply	remove the va	alue from the	filter row, or		
elect the Clea	r button. S	electing the Cl	ear button will	l remove all filter	rs.						
-											
(+ Ne	w Claim)	RREI	D: 145688		RRE Name:	Dynamics Inc		Trans	sactions Remainir	ng: 101
+ Ne	w Claim) Policy	RRE I	D: 145688	Popoficiary	RRE Name: [Dynamics Inc	Last	Trans	sactions Remainir	ng: 101
+ Ne Latest DCN ↓	w Claim Trn ↑↓ Cnt) Policy Number ↑↓	RRE I Claim Number Î↓	D: 145688 Medicare ↑↓	Beneficiary ↑↓ Name	RRE Name: [CMS Date of 1] Injury	Dynamics Inc Initial Entry 1↓ Date	Last Action ↑↓	Trans Status 1↓	sactions Remainir Disposition ↑↓	ng: 101 Actions
Latest DCN	w Claim Trn ↑↓ Cnt ↑↓ Tm Cnt I	Policy 1↓ Number 1↓ Policy Numbe	RRE I Claim Number ↑↓ Claim Numbe	D: 145688 Medicare ↑↓ ID ↑↓ Medicare ID Filt	Beneficiary ↑↓ Name Beneficiary Name	RRE Name: [CMS Date of 1] Injury CMS Date of	Dynamics Inc Initial Entry Date	Last Action ↑↓ Last Action	Trans Status ↑↓ Status Filter	Disposition ↑↓	ng: 101 Actions
Latest 11 DCN	W Claim Trn ↑↓ Cnt ↑↓ Trn Cnt I	Policy Number 1↓ Policy Numbe	Claim 11 Number 11 Claim Numbe	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212	Beneficiary 11 Name	RRE Name: C CMS Date of 1 Injury CMS Date of 01/01/2011	Dynamics Inc Initial Entry Date Initial Entry C 01/26/2021	Last Action ↑↓ Last Action	Trans Status 11 Status Filter Saved Not	Disposition 1	Actions
Latest 1J Latest DCN Latest DCN	Trn fJ Cnt fJ Tm Cnt I	Policy Number 1↓ Policy Numbe pn1111	RRE I Claim 11 Claim Numbe 15678000	D: 145688 Medicare 1 Medicare ID Filt D1690519212	Beneficiary 11 Name	RRE Name: C CMS Date of 1↓ Injury CMS Date of 01/01/2011	Dynamics Inc Initial Entry 1 Date Initial Entry D 01/26/2021	Last Action	Trans Status 11 Status Filter Saved Not Submitted	Disposition 1	Actions History Delete
+ Ne Latest DCN Latest DCN 10580 10575	w Claim Trn ↑↓ Trn Cnt ↑↓ Trn Cnt ↓ 1	Policy Number 1↓ Policy Numbe pn1111 12345678	RRE I Number 14 Claim Numbe 15678000	D: 145688	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE	RRE Name: □ CMS Date of ↓ Injury □ □ CMS Date of □ □ 01/01/2011 □ □	Dynamics Inc Initial Entry Date 11/26/2021 12/28/2020	Last Action ↑↓ Last Action Update Update	Trans	Disposition 1	Actions History Delete History Delete
+ Ne Latest 11 Latest DCN 10580 10575	W Claim Tm ↑↓ Tm Cnt 1 1 9	Policy Number 1↓ Policy Numbe pn1111 12345678	RRE I Claim 14 Claim Number 15678000 15678054	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212	Beneficiary 11 Name 11 Beneficiary Nami WANDA CARR MARY WISE	RRE Name: C CMS Date of 1 Jung Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010 01/01/2010	Dynamics Inc Initial Entry 14 Date Initial Entry C 01/26/2021 12/28/2020	Last Action 11 Last Action Update	Trans Status 11 Status Filter Saved Not Submitted Completed	Disposition 1	Actions Actions History Delete History Delete
+ Ne Latest 14 Latest DCN 10580 10575 10576	V Claim Trn †↓ Trn Cnt 1 1 9 9	Policy 11 Number 11 Policy Number pn1111 12345678 914567	RRE I Claim 14 Claim Number 15678000 15678054 15678012	D: 145688	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS	RRE Name: C CMS Date of 1 J Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010 01/01/2010	Dynamics Inc Initial Entry 1 Date (Initial Entry C) 01/26/2021 12/28/2020 12/28/2020	Last Action 11 Last Action Update Update Update	Trans Status 11 Status Filter Saved Not Submitted Completed Deleted	Disposition 1	Actions History Delete History Delete
+ Ne Latest 1 DCN 1 Latest DCN 10580 10575 10576 10581	Trn 14 Trn Crnt 1 Trn Crnt 1 1 9 9	Policy Number ↑↓ Policy Number ↑↓ pn1111 12345678 914567 5678ABC	RRE I Claim 14 Claim Number 15678000 15678054 15678012 15678001	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	RRE Name: C CMS Date of 1 J Injury C C CMS Date of 1 J 01/01/2011 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2011	Initial Entry 1 J Jate Initial Entry 1 J 01/26/2021 1 J 12/28/2020 1 J 12/28/2020 1 J	Last Action 11 Last Action Update Update Update	Trans Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition 1	Actions Actions History Delete History Delete History Delete
+ Ne Latest 1 Latest DCN Latest DCN 10580 10575 10576 10581	V Claim Trn 11 Trn Cnt 1 Trn Cnt 1 1 9 9 1	Policy Number ↑↓ Policy Numbe pn1111 12345678 914567 5678ABC	RRE I Claim 14 [Claim Number 15678000 15678054 15678012 15678001	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	RRE Name: C CMS Date of 1 Injury CtMS Date of 0 01/01/2010 0 0 01/01/2010 0 0 01/01/2010 0 0	Initial Entry 1 J Jate Initial Entry 1 J 01/26/2021 1 J 12/28/2020 1 J 12/28/2020 1 J	Last Action 11 Last Action Update Update Update Update	Trans Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition 1	Actions Actions History Delete History History History Delete

Slide notes

When an update is required, go to the Claim Listing page, locate the specific claim report and click the Latest DCN link for the corresponding claim.

If the claim report selected is in a New Status, the Transactions Remaining count will not be impacted. If the claim report selected is in a Completed Status, the Transactions Remaining count will be decreased by one.

Please Note: If a claim report is returned to you with an SP Disposition Code and associated error and subsequently you update and re-submit this report to correct the error, the Transactions Remaining count will not decrease.

Slide 25 of 54 - Claim Summary



Slide notes

Once the DCN link is selected, the Claim Summary page will display a detailed view of all information that was previously entered for the selected claim report. A section of this page is displayed here.

You may not edit the Injured Party Information because these fields are considered key data fields.

If data needs to be changed for any of these fields, delete the original claim report and add a New Claim report with the corrected information.

You may edit information on all other pages with the exception of the Insurance Type and CMS Date of Injury fields.

To begin the edit process, click Edit next to the Injury section. This will return you to the Injury Information page.

Slide 26 of 54 - Injury Information

Coordination of Benefits and Recovery	Mandatory Reporting	Mike Brown (ts111st) V Print
About CMIS LINKS Ho	w to V Reference Materials V Contact	
laim Entry		August 6, 2024 at 11:38:40 AM
		Transactions Remaining: 101
Claim ID: 123456	Claim Saved Not Submitted Status:	
Reporter 60527 ID:	Medicare1AB2C34ED56 ID:	
Name: JANE DOE	Date Of 06/23/1943 Birth:	Gender: Female
Injury Information		~
Enter injury information below. *Indicates Required Field		
Enter injury information below. *Indicates Required Field Insurance Type: *	CMS Date of Injury: * Industry Date of Inj	jury: State of Venue: *

Slide notes

When the Injury Information page displays, all fields will be open for editing except for the Insurance Type and CMS Date of Injury fields if the claim is in Completed or In Process status.

Once you are on this page, you can advance to any page that needs corrections. After making the necessary changes, click Save to save the changes, and then click Continue until you navigate back to the Claim Summary page.

Note: Save & Exit will save what you have entered on the current page and return you to the Claim Listing page.

Slide 27 of 54 - Claim Summary

When you have returned to the Claim Summary page, verify that all updates have been made and then scroll to the bottom of the Claim Summary page.

If you want to save the claim and submit it at a later time, click Save. To submit the claim, click Submit Claim.

Note: If you click [Cancel], and have no changes pending (i.e., you saved your changes), the system will bring you directly to the Claim Listing page.

If you click Cancel and you have not yet saved your changes, the Cancel Edit page displays. If you click Cancel on this page, the modifications you made will be lost.

Slide 28 of 54 - Claim Submission was Successful

Claim Entry		August 6, 2024 at 2:3
		Transactions Remainin
Claim ID: 123456	Claim Saved Not Submitted Status:	
Reporter ID: 60527	Medicare ID:1AB2C34ED56	
Name: JANE DOE	Date Of 06/23/1943 Birth:	Gender: Female
Injury Information	Claim submission was successful.	
ORM and TPOC Information	The document control number (DCN) for this transaction is: 07498	
Insurance Information	Go To Claim Listing Go to RRE Information Deta	
Representative Information		
Claimant and Claimant Repre-	sentative Listing	***
Claim Summary		
Please review your claim information	n. If you need to change any information, select the section name above for the	information you wish to change and then proceed

Once the claim has been submitted, the system will display the "Claim submission was successful" message.

Retain the Document Control Number (DCN) for your records. The DCN will be helpful if you need to search for the claim at a later time. Click Go To Claim Listing to return to the Claim Listing page or click Go to RRE Information Detail to return to the RRE Information Detail page.

Slide 29 of 54 - DDE Update Examples



Slide notes

DDE Update Examples

Slide 30 of 54 - SP Disposition Code Example



Slide notes

Let's say you submit a claim report that processes with an SP Disposition. Since the claim report was not accepted due to errors, you must correct and re-submit it.

To submit the required update, go to the Claim Listing page and click the Latest DCN link for the specific claim report. When the Claim Summary page displays, click Edit for the page that requires a correction.

The selected page will appear with all fields open for editing except for the Insurance Type and Date of Injury.

Once the correction has been made, click Save to save the changes and then click Continue to navigate back to the Claim Summary page.

Slide 31 of 54 - Claim Summary

When the Claim Summary page displays, you have the option to save the claim report and submit it at a later time, cancel all updates made since the last time the claim report was saved, or to submit the claim report.

Once the claim is submitted, retain the updated DCN for your records.

Slide 32 of 54 - ORM and TPOC Information

* Indica	tes required field			
ORM In	dicator:"	Is the ORM terminated?:*	ORM Termination Date:*	
O Yes	No No	O Yes 🕕 No	06/01/2024	
There a	re strict requirements on	the types of information that c	an be entered in the TPOC fields. Please cli	ck here for help.
	TPOC Date:	TPOC Amount(\$)): Funding Delayed Beyon Date:	d TPOC Start
à.	05/21/2023	150.00	05/21/2023	
2.	05/21/2023	55.00	05/21/2023	
3.	mm/dd/yyyy	0000000.00	mm/dd/yyyy	
4.	mm/dd/yyyy	0000000.00	mm/dd/yyyy	
5,	mm/dd/yyyy	0000000.00	mm/dd/yyyy	
			Continue	

If the submitted claim report with a 03 Disposition Code did not have ORM, you are required to submit an update only if there is a subsequent TPOC.

From the Claim Summary page for the affected claim report, click the Edit button for the ORM and TPOC Information page.

When the ORM and TPOC Information page displays, add the new TPOC Date and TPOC Amount in the first available TPOC fields.

All other data elements should remain as they were originally submitted, including the ORM Indicator set to No.

Once the data has been entered, click [Save] to save the changes and then click [Next] to navigate back to the Claim Confirmation page where you can either save the claim to submit it at a later time, or you can submit the claim.

Note: Enter the date the ORM ended, if applicable. This field is enabled only if ORM Terminated is set to Yes.

The ORM Termination Date must be greater than the CMS Date of Injury. Future dates are accepted.

Note: To address situations where Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contact, RREs can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date.

Slide 33 of 54 - 03 Disposition Code - ORM Example



Slide notes

If the submitted claim report with a 03 Disposition Code did have ORM, you must resubmit the claim at regular intervals, once per quarter until ORM ends, to see if the beneficiary has subsequently become entitled to Medicare, at which point they would receive a 01 Disposition.

To submit the required update, go to the Claim Listing page and click the Latest DCN link for the specific claim report.

Slide 34 of 54 - Claim Summary - Submit Claim

Claimant and Claimant Representative Information Claimant 1 Claimant Representative 1 Relationshi Family Member, Addres 47 Test Type: Attorney Addres 98 Testing Lane p: Individual Name s: Baltimore, Provided MARYLAND 14124 - Name: S: TIN: 0 Phone: (255) 553-5523 ext. 2121 Org. Name: 2322 Firm Name: Attorneys Name Phone: (251) 414-2552	Claimant and Claimant Representative Information Claimant 1 Relationshi Family Member, Addres 47 Test p: Individual Name s: Baltimore, Provided MARYLAND 14124 - 2222 TIN: 0 Phone: (255) 553-5523 ext. 2322 Org. Name:	Type: TIN: Representati Name: Firm Name:	Other 545554555 ve First Last	Representative Address: Representative Phone:	45 Testing Way Baltimore, MD 21222 + 5225 (232) 252-2522	
Claimant J Claimant L Claimant Representative 1 Relationshi Family Member, Individual Name Provided Addres47 Test Baltimore, MARYLAND 14124 - 2222 Type: Attorney Addres98 Testing Lane s: Baltimore, MARYLAND 14124 - 2121 Name: first Last 2222 TIN: 658425545 2121 TIN: 0 Phone: (255) 553-5523 ext. 2322 Firm Name: Attorneys Name Phone: (251) 414-2552	Claimant 1 Relationshi Family Member, Provided Addres47 Test Staffmore, MARYLAND 14124 - 2222 Tins: Baltimore, MARYLAND 14124 - 2222 Addres598 Testing Lane Staffmore, MARYLAND 14542 - 2121 TIN: 0 Phone: (255) 553-5523 ext. 2322 Dright Mame: Attorneys Name Phone: (251) 414-2552 Org. Name: 2322 Phone: (251) 414-2552 Phone: (251) 414-2552	Claimant and Cl	aimant Represent	ative Information		
		Claimant 1 Relationshi f p: f Name: f TIN: (Org. Name:	family Member, ndividual Name Provided irst Last)	Addres47 Test s: Baltimore, MARYLAND 14124 2222 Phone: (255) 553-5523 ext. 2322	Claimant Representative 1 Type: Attorney Name: TIN: 658425545 Firm Name: Attorneys Name	Addres 98 Testing Lane s: Baltimore, MARYLAND 14542 - 2121 Phone: (251) 414-2552

When the Claim Summary page displays, scroll to the bottom of the page and click Submit Claim.

Slide 35 of 54 - Critical Data Fields - Example



Slide notes

Let's say you submitted a DDE Workers' Compensation claim report, that was accepted. The RRE assumed ORM (i.e., ORM Indicator = 'Y') on this claim report.

The RRE's ongoing responsibility will end on August 30, 2011. You must update the previously accepted claim report with the ORM Termination Date.

From the Claim Summary page for the affected claim report, click Edit button for the ORM and TPOC Information section.

Slide 36 of 54 - ORM and TPOC Information

* Indicates required field			
ORM Indicator:"	Is the ORM terminated?:*	ORM Termination Date:*	
🔿 Yes 🔘 No	O Yes 🔿 No	08/30/2011	
There are strict requirement	ts on the types of information that (can be entered in the TPOC fields. Please click here	for help.
TPOC Date:	TPOC Amount(\$	5): Funding Delayed Beyond TPOC Date:	Start
1.			
2.			
3.			
4.			
5.			
		Continue	
		CONTINUE	

When the ORM and TPOC Information page displays, first click Yes for "Is the ORM Terminated?" Next, enter 08302011 in the ORM Termination Date.

All other data elements should remain as they were originally submitted.

Once the data has been entered, click Save to save the changes and then click Continue to navigate back to the Claim Summary page where you can either save the claim to submit it at a later time, or you can submit the claim.

Slide 37 of 54 - ORM and TPOC Information

* Indicates required field			
ORM Indicator:"	Is the ORM terminated?:*	ORM Termination Date:*	
🔾 Yes 🔘 No	🐹 Yes 🔘 No 🛑		
There are strict requirem	ents on the types of information that c	an be entered in the TPOC fields, Please <mark>click here for</mark> help	4
TPOC Date:	TPOC Amount(\$)	Funding Delayed Beyond TPOC Start Date:	
1.			
2.			
3.			
4.			
5.			
		Continue	

If the RRE reassumes ORM for this claim report at a later date, you will again update the ORM and TPOC Information page.

When the ORM and TPOC Information page displays, click No in the "Is the ORM Terminated?" field which will erase the ORM Termination Date. You must then save your changes and submit the claim.

Slide 38 of 54 - Injury Information - Diagnosis Codes

New Texalt	05/20/2022	mm /dd haan/	144044440	-
INO-Pault	• 05/20/2028	πιπ/σα/γγγγ	MARYLAND	Y
Diagnosis Code Indicator.* ICD-9 🔵 ICD-10				
Alleged Cause of Injury Diag	nosis Code: W2211XA (Remove Code		
Diagnosis Codes (Up to 19):	Code I	Description		Remove
	M9900 S	Segmental and somatic dysfunctic	on of head region	x
	1	Continue		
ORM and TPOC Information		Continue		
ORM and TPOC Information	1	Contracte		
DRM and TPOC Information	T	CONTRIBLE		~
DRM and TPOC Information Insurance Information Representative Information	1			~
DRM and TPOC Information nsurance Information Representative Information Claimant and Claimant Rep	resentative Listing			
DRM and TPOC Information Insurance Information Representative Information Claimant and Claimant Repr Claim Summary	n resentative Listing			
DRM and TPOC Information nsurance Information Representative Information Raimant and Claimant Repr Raim Summary	resentative Listing			

When an additional Diagnosis Code needs to be added, you are required to update the claim report. To make this change, go to the Claim Summary page for the affected claim report and click Edit next to the Injury heading.

When the Injury Information page displays, enter the new Diagnosis Code and click Add. You can use the search fields to Search to find the correct Diagnosis Code.

Once the data has been entered, click Save to save the changes and then click Continue to navigate back to the Claim Summary page where you can either save the claim to submit it at a later time, or you can submit the claim.

Note: You cannot submit a combination of ICD-9 and ICD-10 diagnosis codes on one claim.

If you need to change the selected Diagnosis Code Indicator, you must first delete all existing diagnosis codes before you will be allowed to change the Diagnosis Code Indicator.

Insurance Type: *	CMS Date of Injury: *	Industry Date of Injury:	State of Venue: *	
No-Fault	♥ 05/20/2023	mm/dd/yyyy	MARYLAND	~
Diagnosis Code Indicaton* ICD-9 O ICD-10				
Alleged Cause of Injury Diag	nosis Code: W2211XA (Remove Code		
Diagnosis Codes (Up to 19):	Code D	Description		Remove
	M9900 S	egmental and somatic dysfunction	of head region	x
ORM and TPOC Information		Continue		~
Insurance Information				
Representative Information				÷.
Claimant and Claimant Repr	esentative Listing			~
Claim Summary				- 9 2

Slide 39 of 54 - Injury Information - Remove Diagnosis Code

If a previously submitted and accepted claim report includes a Diagnosis Code that is later determined to not apply, or no longer applies to the claim, it must be removed.

In this case, you are again required to update the Injury Information page. Once on the Injury Information page, click the [X] next to the invalid Diagnosis Code.

Once all changes have been made, save your changes and submit the claim report.

Slide 40 of 54 - DDE Delete Action



Slide notes

DDE Delete Action

Slide 41 of 54 - When to Submit a Delete



Slide notes

The Delete Action should only be used in the following situations:

- To remove a Saved (Not Submitted) claim report that was entered in error;
- To remove claim information that was previously submitted and accepted by the Benefits Coordination & Recovery Center (BCRC) (i.e., the claim report received a 01 or 02 Disposition), but the original claim report was submitted in error (e.g., the claim was not actually settled); and
- To correct data in one or more of the key fields that are used to uniquely identify claims on a previously accepted claim report.

Slide 42 of 54 - Correcting Key Data Fields



Slide notes

Medicare stores information on claims using key data fields. If you need to change data in any of the following key data fields, you must delete the original claim report and submit a New Claim with the corrected data:

- Injured Party Medicare ID or Social Security Number (SSN),
- CMS Date of Incident,
- Plan Insurance Type (i.e., Liability, No-Fault, Workers' Compensation), and
- ORM Indicator.

If any other field needs to be corrected or changed, do not delete the claim report. Simply update the claim report to modify the non-key field as described previously.

Slide 43 of 54 - How to Submit a Delete

laim Lis	sting		Нс	ow to	Subr	nit a	Dele	te		August 6, 2024	at 1:01:35
nis page lists a	all of the cl	aims you have	entered. To se	earch for a specif	fic claim, enter se	arch values in	to any or all of	f the search f	ields, and clic	k on the Search b	utton.
he list may be olumn. he list may be elect the Clea	e sorted by e filtered by r button. S	selecting the ti r entering value electing the Cl	itle of the colur es in the colurr ear button will	mn you wish to s nns you wish to f I remove all filter	sort. Selecting the ilter. To remove a 's.	a filter, simply	n again will rev remove the va	erse the sort	order for the	Clear)
(+ Ne	w Claim)	RRE I	D: 145688		RRE Name: [Dynamics Inc		Trans	sactions Remainin	g: 101
Latest DCN Î↓	Trn ↑↓ Cnt	Policy Number	^{Claim} 1↓ Number	^{Medicare} ↑↓ ID	Beneficiary ↑↓ Name	CMS Date of ↑↓ Injury	Initial Entry ↑↓ Date	Last ↑↓ Action	Status 1↓	Disposition ↑↓	Actions
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Slide notes

From the Claim Listing page, click the [Delete] Action for the specific claim report.

Please Note: If the Claim Report selected is in a Completed status, the Transactions Remaining count will be decreased by one.

If the claim report selected is in a New status, the Transactions Remaining count will not be impacted.

Slide 44 of 54 - Claim Listing - Delete Claim

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Slide notes

When the Delete Action is clicked, the system will display the Delete Claim pop-up where you must confirm the delete.

If you click Delete, the claim report will be marked as deleted and the Deletion Confirmed pop-up will display an updated Document Control Number, which should be saved for your records.

The previous DCN is no longer valid for the claim record. Click Close to return to the Claim Listing page.

Slide 45 of 54 - How to View a Deleted Claim



Slide notes

The information entered for DDE claim reports that were Deleted can still be viewed on the Section 111 COBSW.

To view deleted claim information, go to the Claim Listing page and click the Latest DCN Link for the particular claim. The Claim Summary page will then display information for the deleted claim, with all fields locked for editing.

After viewing the deleted claim information, click Cancel to return to the Claim Listing page.

Slide 46 of 54 - DDE Delete Examples



Slide notes

DDE Delete Examples

Slide 47 of 54 - Key Data Fields - Example



Slide notes

A claim report was submitted for a liability insurance claim with ORM by an RRE. It was accepted with a 01 Disposition Code (i.e., claim accepted and ORM).

Subsequently, the RRE changes the CMS Date of Incident (DOI) in its internal system.

Because the CMS Date of Incident is a key data field, the RRE must delete the previously added claim report and add a new claim report with the correct CMS Date of Incident.

Note: [Delete] should only be used to remove an entire record that was created in error or to correct a key field. The use of the [Delete] button will remove all previously entered data.

Slide 48 of 54 - Claim Listing - Delete

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Slide notes

To submit the required delete, go to the Claim Listing page and click the Delete Action for the particular claim. When the Delete Confirmation pop-up displays, confirm the delete by clicking Delete.

Click Close to return to the Claim Listing page.

The original claim report will be marked as deleted on the Claim Listing page. When the claim report is deleted, the Transactions Remaining count will be decreased by one.

Slide 49 of 54 - Claim Listing

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Slide notes

When the Claim Listing page appears, click New Claim to add the new claim report with the corrected CMS Date of Incident.

When entering the data for the New Claim, enter the most current information you have for the Injured Party's Name, Date of Birth, and Gender along with all other required data elements including the new CMS Date of Incident.

When the New Claim is entered, the Transactions Remaining count will be decreased by one.

Each claim report will be processed with the applicable Disposition Code. The original claim report will be marked as deleted on the Claim Listing page and the new claim report will be added with the corrected CMS Date of Incident.

Slide 50 of 54 - Claim Report Added in Error - Example



Slide notes

Let's say a claim report was submitted for a settled liability claim with no ORM and was accepted with a 02 Disposition Code (i.e., claim accepted, no ORM).

Subsequently, the RRE discovers that there is no settlement, judgment, award, or other payment with respect to the claim. Therefore, there is no TPOC, and the claim is not yet reportable.

The RRE must delete the previously accepted claim report.

Slide 51 of 54 - Claim Listing - Delete

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+ Ne Latest 11 Latest DCN 10580	Trn 11 Trn 11 Trn Cnt 1 1	Policy 14 Number 14 Policy Numbe pn1111 12345678	RRE I Claim 14 Claim Number 15678000 15678054	D: 145688 Medicare ↑↓ Medicare ID Filty D1690519212 519212	Beneficiary 11 Name 11 Beneficiary Name WANDA CARR MARY WISE	RRE Name: CMS Date of 1 J Injury CMS Date of 01/01/2011 01/01/2010	Dynamics Inc Initial Entry 1J Date 01/26/2021 12/28/2020	Last 11 Action 11 Last Action Update	Trans Status 11 Status Filter Saved Not Submitted Completed	Disposition 1	ng: 101 Actions History Delete History Delete
+ Ne Latest DCN Latest DCN 10580 10575 10576	Trn 11 Trn Cnt 1 Trn Cnt 1	Policy 11 Policy 11 Policy Number pn1111 12345678	Claim 1 J Claim Number 1 J Claim Numbe 15678000 15678054 15678012	D: 145688 Medicare ↑↓ Medicare ID File; D1690519212 519212 919212	Beneficiary 11 Beneficiary Name WANDA CARR MARY WISE BEN RODGERS	RRE Name: CMS Date of 1 Juny CMS Date of 01/01/2011 01/01/2010 01/01/2010	Dynamics Inc Initial Entry ↑↓ Date initial Entry E 01/26/2021 12/28/2020	Last Action 11 Last Action Update Update	Trans Status 11 Status Filter Saved Not Submitted Completed	Disposition 1	ng: 101 Actions History Delete History Delete
+ Ne Latest 11 Latest DCN 10580 10575 10576	Trn 11 Trn Cnt 1 Trn Cnt 1 9 9	Policy 11 Policy Number pn1111 12345678 914567	Claim 1 J Claim Number 1 J Claim Number 1 5678000 15678054 1 5678012	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212 919212	Beneficiary 11 Beneficiary Nami WANDA CARR MARY WISE BEN RODGERS	RRE Name: C CMS Date of ↓ Injury CMS Date of ↓ 01/01/2011 01/01/2010 ↓ 01/01/2010 ↓ ↓	Dynamics Inc Initial Entry ↑↓ Date 1 01/26/2021 1 12/28/2020 1	Last Action 1↓ Last Action Update Update Update	Trans Status 1 Status Filter Saved Not Submitted Completed Deleted	Disposition 11	ng: 101 Actions History Delete History Delete
+ Ne Latest 11 Latest DCN 10580 10575 10576 10581	Trn îl Trn îl Trn Cnt î 1 9 9 1	Policy Number ↑↓ Policy Numbe pn1111 12345678 914567 5678ABC	Claim 1 J Claim Number 1 J Claim Number 1 5678000 15678054 1 5678012 15678001 1 5678001	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A	Beneficiary ↑↓ Name ↑↓ WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	RRE Name: CMS Date of ↓ Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2011	Dynamics Inc Initial Entry ↑↓ Date 1 01/26/2021 1 12/28/2020 1 12/28/2020 1	Last Action ↑↓ Last Action Update Update Update	Trans Status 1 Status Filter Saved Not Submitted Completed Deleted New	Disposition 1	ng: 101 Actions History Delete History History
+ Ne Latest 11 Latest DCN 10580 10575 10576 10581	Trn TL Trn TL Trn Cnt I 1 9 9 1	Policy Number ↑↓ Policy Numbe pn1111 12345678 914567 5678ABC	Claim 1 J Claim Number 1 J Claim Number 1 J 15678000 1 J 15678012 1 J 15678001 1 J	D: 145688 Medicare ↑↓ Medicare ID Filt D1690519212 519212 919212 018340998A	Beneficiary ↑↓ Name ↑↓ Beneficiary Name WANDA CARR MARY WISE BEN RODGERS FRANK JOBS	CMS Date of Injury CMS Date of 01/01/2011 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2010 01/01/2011 01/01/2011	Dynamics Inc Initial Entry ↑↓ Date 01/26/2021 12/28/2020 12/28/2020 12/28/2020	Last Action 11 Last Action Update Update Update	Trans Status 11 Status Filter Saved Not Submitted Completed Deleted New	Disposition 14	ng: 101 Actions History Delete History Delete History Delete

Slide notes

To submit the required delete, go to the Claim Listing page and click the Delete Action for the particular claim. When the Delete Confirmation pop-up displays, confirm the delete by clicking Delete. Click Close to return to the Claim Listing page.

The original claim report will be marked as deleted on the Claim Listing page. When the claim report is deleted, the Transactions Remaining count will be decreased by one.

Slide 52 of 54 - Course Summary



Slide notes

This module began with an overview of the Claim Listing page. It explained when and how to resume the DDE claim submission process and clarified when and how to submit updates and deletes to DDE claim reports.

Slide 53 of 54 - Conclusion



Slide notes

You have completed the DDE Resume, Update, and Delete Claim Reports course. Detailed information on the DDE option can be found in the Section 111 COBSW User Guide available for download after login at the following link: <u>CMS NGHP Website</u>.

Slide 54 of 54 - NGHP Training Survey



Slide notes

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