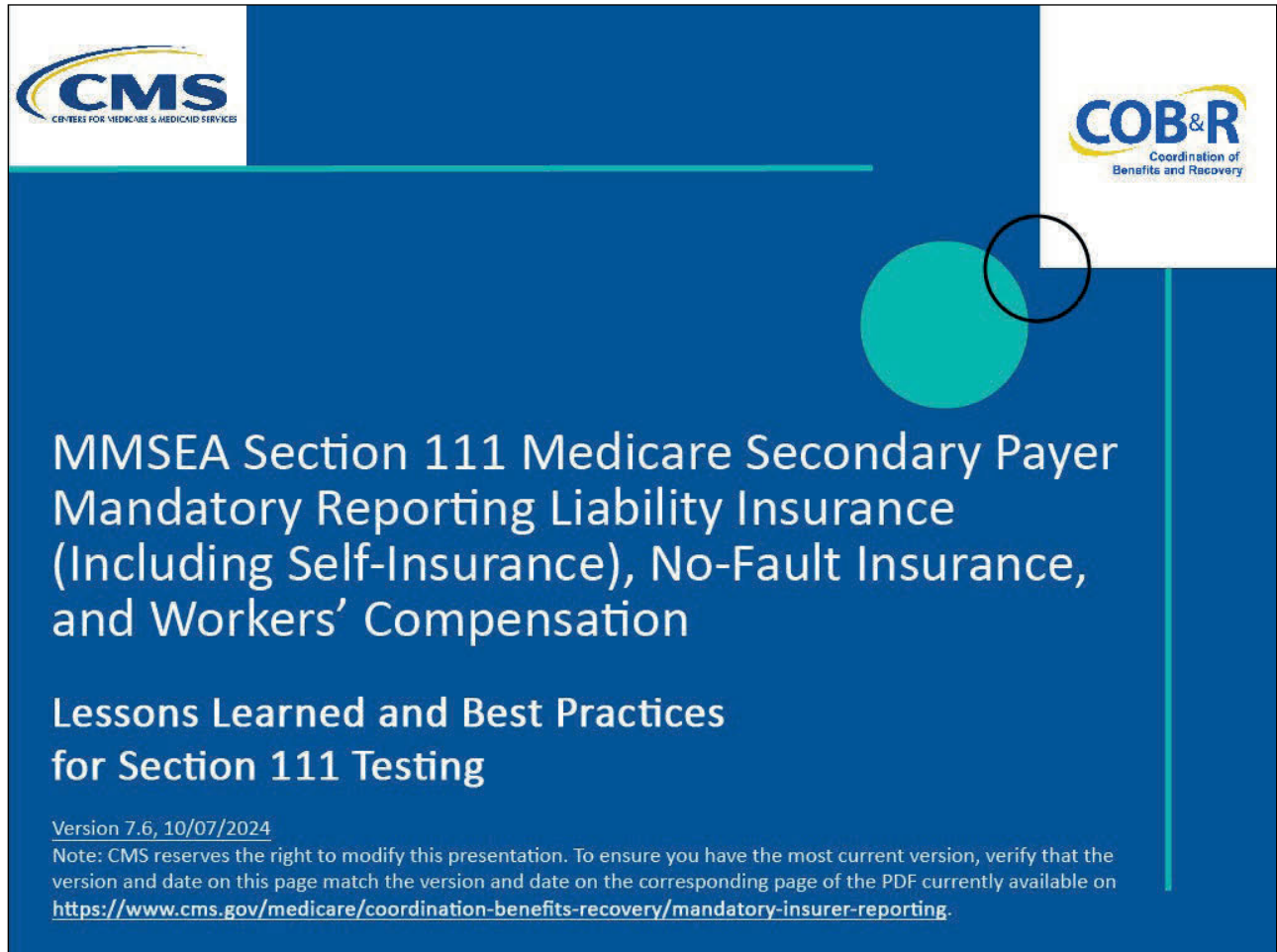


Lessons Learned and Best Practices for Section 111 Testing Introduction

Slide 1 of 31 - Lessons Learned and Best Practices for Section 111 Testing Introduction



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

Lessons Learned and Best Practices for Section 111 Testing

Version 7.6, 10/07/2024

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 Lessons Learned and Best Practices for Section 111 Testing CBT.

Note: This module only applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission.

Slide 2 of 31 - 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 31 - Course Overview

Course Overview

- Communicating with your EDI Representative
- Severe errors caused by
 - Record Length
 - File Record Count
 - File Submission Date
- Common mistakes related to
 - SFTP Mailboxes
 - TIN and Office Code/Site IDs
 - ICD Diagnosis Codes
- How to obtain beneficiary test data



Slide notes

This course was created to share lessons learned from the results of Section 111 Non-Group Health Plan (NGHP) RRE testing performed to date. It reviews the following information to help improve the results of your testing:

- communicating with your Electronic Data Interchange (EDI) Representative,
- severe errors caused by
- invalid record lengths,
- file record counts, and
- file submission dates,
- as well as other common mistakes related to
- Secure File Transfer Protocol (SFTP) mailboxes,
- Tax Identification Number (TIN) and Office Code/Site IDs, and
- International Classification of Diseases (ICD) diagnosis codes.

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

The testing process is an important tool that will enable you to test and resolve any potential issues on a small scale before moving to a large-scale production environment.

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 31 - 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 31 - EDI Representative

EDI Representative

- Initiate communication as soon as possible
 - Notify when you are ready to submit test files
 - Notify if you have any file submission issues
- Continued communication is critical to success

Slide notes

RREs should contact their EDI Representative as soon as possible to initiate communication.

Let your EDI Representative know when you are ready to submit test files or if there are any file submission issues. Please note that continued communication with your EDI Representative is critical to success.

Slide 6 of 31 - Severe Error - Record Length

Severe Error - Record Length

All records submitted are fixed length 2220 byte records

- TIN Reference File Header, Detail, and Trailer records
- Claim Input File Header, Detail, and Auxiliary records

If records are other than 2220 bytes, they will reject

Space fill any record that is other than 2220 bytes and place the carriage return line feed (CRLF) in byte 2221

Slide notes

In order to mitigate your risk of receiving severe errors during your Section 111 testing process, there are a number of crucial details that must be adhered to.

To begin, all records that are submitted for Section 111 are fixed length 2220-byte records. This includes the TIN Reference File Header, Detail, and Trailer records, as well as the Claim Input File Header, Detail, Trailer and Auxiliary records.

Each of these records must be submitted with 2220 bytes, otherwise they will reject. Space fill any record that is other than 2220 bytes and place the carriage return line feed (CRLF) in byte 2221.

Slide 7 of 31 - Severe Error - File Record Count

Severe Error - File Record Count

- File Record Count (Field 5) on the Claim Input File Trailer Record must be submitted accurately
 - Right justify and pad with leading zeroes as applicable
 - Include the total number of detail and auxiliary records
 - Detail and auxiliary records counted separately
- Example
 - Two Claim Input File Detail Records
 - One record includes an auxiliary record
 - One record does not include an auxiliary record
 - File Record Count would be three (2 detail + 1 auxiliary)
 - Submit this field as “0000003”
 - Do not include header or trailer records in the count

Slide notes

This error can be avoided by ensuring that the File Record Count (Field 5) on the Claim Input File Trailer Record is submitted accurately. As with all numeric fields, it must be right justified and include leading zeroes as applicable.



This field must include the total number of detail and auxiliary records included in the file. Detail and auxiliary records are counted separately. For example, let's assume you submitted two Claim Input File Detail Records.

One includes an auxiliary record and the other does not. In this case, the File Record Count would be three (i.e., two detail records + one auxiliary record) and should be submitted as “0000003”.

Do not include header or trailer records in the count.

Slide 8 of 31 - Severe Error - 200 Test Record Limit

Severe Error - 200 Test Record Limit

 <p>ACCEPTED</p> <p>Test files with a combined total of 200 or less Detail/Auxiliary records</p>	 <p>REJECTED</p> <p>Test files with more than 200 Detail/Auxiliary records</p>
--	---

- RREs will receive an email message for any file that rejects due to a Severe Error

Slide notes

Your test file will be rejected if the number of records submitted exceeds 200. Test files must be limited to no more than a combined total of 200 Detail and Auxiliary records (excluding the header and trailer).

Test files with more than 200 Detail and Auxiliary records will be rejected and not processed.

RRE Account Managers will receive an auto-generated error message via email and their EDI Representative will reach out to them directly.

RREs will receive an email message for any file that rejects due to a Severe Error. Work with your EDI Representative to resolve these errors.

Slide 9 of 31 - Severe Error - File Submission Date

Severe Error - File Submission Date

- File Submission Date submitted on corresponding Header and Trailer records must match

The diagram consists of two large, 3D-style arrows pointing towards each other. The left arrow is green and contains the text 'Header Record' and 'File Submission Date' followed by a bullet point and 'CCYYMMDD'. The right arrow is red and contains the text 'Trailer Record' and 'File Submission Date' followed by a bullet point and 'CCYYMMDD'.

Slide notes

Another common error received during testing involved the File Submission Date field found on the Header and Trailer records.

To avoid receiving this error, make sure that the File Submission Date submitted on corresponding Header and Trailer Records are the same.

Slide 10 of 31 - Multiple SFTP Mailboxes

Multiple SFTP Mailboxes

- RRE with multiple RRE IDs/mailboxes
 - Must submit files in associated SFTP mailbox for the RRE ID
- Example: RRE has 3 RRE IDs and 3 SFTP mailboxes:
 - File for RRE ID 000000001 must be submitted in RRE ID 000000001's mailbox
 - If submitted in RRE ID 000000002's or RRE ID 000000003's mailbox, it will be rejected

Slide notes

When an RRE has multiple RRE IDs and multiple SFTP mailboxes, they must ensure that files for an RRE ID are submitted in the associated SFTP mailbox for that RRE ID.

For example, if an RRE has three RRE IDs and three associated SFTP mailboxes, a file for RRE ID 000000001 must be submitted in RRE ID 000000001's mailbox.

If it is submitted in RRE ID 000000002's or RRE ID 000000003's mailbox, it will be rejected.

Slide 11 of 31 - Record Layout Review

Record Layout Review						
Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be 'NGCD' Required

Field Width

Type of Data

- Data to be submitted
- Formatting
- Required field

Slide notes

Some of the mistakes noted during NGHP RRE testing involved incorrect formatting of records which caused records to reject.

RREs are encouraged to review each Section 111 record layout to ensure fields are formatted correctly and adhere to the data formatting standards expected on Section 111 input files.

Section 111 record layouts include a Size, Data Type, and a Description column. The Size indicates the fixed width of the field. The Data Type specifies the type of data that can be submitted in the field.

The Description column provides several key pieces of information:

- an explanation of the data that should be submitted in the field,
- the format you must use when submitting that data, and
- whether or not data in the field is required.

A sample of the record layout is shown.

Slide 12 of 31 - Data Formatting Standards Review

Data Formatting Standards Review

- Adhere to specific data formatting standards or records will reject
- Ensure your system is set to
 - Format fields as specified
 - Input appropriate default values as noted
- Section 111 fields are fixed length fields
 - Ensure submitted default value is the same length as the length defined for the field

Slide notes

Section 111 files must adhere to specific data formatting standards, i.e., fields must be formatted as specified in the record layout otherwise the record will reject.

Ensure that your system is set to format fields as specified in the record layouts and input the appropriate default values as noted.

Section 111 fields are fixed length fields. When inputting a default value into one of these fields, ensure that the submitted default value is the same length as the length defined for the field.

Slide 13 of 31 - Default Values

Default Values

- Default Values
 - Must be used when no data to submit
 - Value used if no other valid value is available
- Fields not subject to default value rule
 - Injured Party's Representative (fields 64-76) and Claimant 1-4 fields, and Claimant Representative 1-4 fields
 - If RRE is not submitting any data in these fields, they may
 - Default each field in these sections to its appropriate default value per the field type, or
 - Fill the entire section of the corresponding record with spaces

Slide notes

Appropriate default values must be used when the RRE does not have data to submit in a field. (Note: A default value is the value that should be put in a field if no other valid value is available).

The following fields are not held to the default value rule:

- the Injured Party's Representative (fields 64-76),
- the Claimant 1-4 fields, and
- Claimant Representative 1-4 fields.

Therefore, if the RRE is not submitting any data in these fields (for example there is no Injured Party Representative to report), they have the option of defaulting each field in these sections to its appropriate default value per the field type (zeroes or spaces) or filling the entire section of the corresponding record with spaces if not supplying this information.

Slide 14 of 31 - Default Values

Field Types		
Numeric <ul style="list-style-type: none">• Right justified• Default to zeroes• Example: Plan Contact Phone (10) = "0000000000"	Alphabetic, Alphanumeric, Alphanumeric Plus Prens <ul style="list-style-type: none">• Left justified, space filled• Default to all spaces• Example: Injured Party Middle Initial (1) = " "• Example 2: Plan Contact Last Name (40) = " " (fill with 40 spaces)	Numeric Date <ul style="list-style-type: none">• Cannot contain hyphens/slases• Default to zeroes• Example: TPOC Date (8) = "00000000"

Slide notes

The following data types are used on Section 111 files:

- numeric,
- alphabetic,
- alphanumeric,
- alphanumeric plus presns, and
- numeric date.

When submitting a value in a numeric field, the value must be right justified with no decimal point.

If you are not submitting data in a numeric field, you must submit all zeroes in the field unless otherwise specified in the record layouts.

For example, if you have no information to report in the Plan Contact Phone field (which has 10 numeric bytes), you must fill this field with 10 zeroes.

When submitting a value in an alphabetic, alphanumeric or alphanumeric plus presns field, the value must be left justified, and space filled.

If you are not submitting data in an alphabetic alphanumeric or alphanumeric plus parens, you must submit all spaces in the field unless otherwise specified in the record layouts.

For example, if the Injured Party Middle Initial, a 1 byte alphabetic field is unknown, you must fill this field with one space.

If you have no information to report in the Plan Contact Last Name field, an alphanumeric 40 byte field, you must fill this field with forty spaces.

When submitting a value in a numeric date field, the data entered in the field cannot contain any hyphens or slashes.

If you are not submitting data in a numeric date field, you must submit all zeroes in the field unless otherwise specified in the record layouts.

For example, if you are not submitting a Total Payment Obligation to Claimant (TPOC), then the TPOC Date is not required and the TPOC Date must be filled with all zeroes, its numeric date default.

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

Slide 15 of 31 - Correctly Format Fields

Correctly Format Fields

- Dollar amount fields have an implied decimal
- Dollar amount fields should not include
 - Dollar sign (\$)
 - Commas (,) or
 - Decimals (.)
- Last two positions of dollar amount fields reflect cents

Dollar Amount Examples (11-byte number fields)	
\$10,500.00 input as 00001050000	\$20,500.55 input as 00002050055

Slide notes

Ensure that fields are correctly formatted. Remember, dollar amount fields have an implied decimal and should not include the dollar sign (\$), commas (,), or decimal point (.).

The last two positions of dollar amount fields reflect cents.

For example, in an 11-byte number field, a dollar amount of \$10,500.00 would be input 00001050000 and an amount of \$20,500.55 would be input as 00002050055.

Note: The existing logic that checks the dollar amount in Field 61 (No Fault Insurance Limit) on a S111 Claim Input File Detail record will be updated to generate soft edit 'CP13' when the value is less than or equal to \$500.00. The text for soft edit 'CP13' will also be updated to reflect \$500.00.

Slide 16 of 31 - Correctly Format Fields

Correctly Format Fields

- Numeric fields should be padded with leading zeroes

Numeric Field Example
(9-byte numeric field)

RRE ID 12345678 input as 012345678

Slide notes

Numeric fields should be padded with leading zeroes. To enter an RRE ID of 12345678, in its 9-digit numeric field, add a leading zero in the first placeholder to make this a 9-digit numeric field and input the data as 012345678.

Slide 17 of 31 - Error Code Description Review

Error Code Description Review

- Error code listed in Appendix F include
 - Error Code
 - Field(s) associated to that Error Code
 - Description
- RREs must review Error Code descriptions to ensure records will not reject

Slide notes

In order to avoid incorrect formatting of records, RREs must also review the error codes in the NGHP User Guide Appendices Chapter.

The error codes listed in Appendix F include the Error Code, the Field(s) associated to the Error Code, and a description of events that trigger the receipt of with the error code on the response file.

RREs must review these descriptions to ensure that records will not reject for the errors listed in Appendix F.

When RREs receive input records errors on their response files, and they should correct and resubmit on their next quarterly file submission.

Slide 18 of 31 - Error Code Description Review

Error Code Description Review

Error Code	Field	Description
CB01	Detail or Auxiliary Record Identifier	<ul style="list-style-type: none">• Required• Must be equal to 'NGCD' (Claim Input File Detail Record) or 'NGCE' (Claim Input File Auxiliary Record). 'NGCE' must always follow an 'NGCD' record• If 'NGCE' record submitted, DCN/Medicare ID/SSN/Injured Party First Name/Injured Party Last Name must match values on the 'NGCD' record

Slide notes

As an example, error code CB01 from Appendix F is shown on this slide. This error code is related to Field 1 (Record Identifier) on the Claim Input File Detail Record or Auxiliary Record.

As you can see from the description for this error code, several conditions will cause a record to reject for errors related to the Record Identifier field.

For example, when an Auxiliary Record is submitted, it must follow the Claim Input File Detail Record otherwise the record will reject with a CB01 (i.e., a record identifier of NGCE (Claim Input File Auxiliary Record) must always follow the NGCD (Claim Input File Detail Record).

Slide 19 of 31 - TIN Reference File Detail Records

TIN Reference File Detail Records

- Must submit valid TIN Reference Detail Records
- For each TIN submitted, include
 - Actual IRS-assigned TIN numbers
 - Applicable Office Code/Site IDs
 - Corresponding actual address information

Slide notes

To improve testing results, RREs must submit valid TIN Reference File Detail Records (i.e., for each TIN submitted, include actual Internal Revenue Service (IRS) assigned TIN numbers, applicable Office Code/Site IDs, and the corresponding actual address information).

Slide 20 of 31 - Office Code/Site ID Issues

Office Code/Site ID Issues

Office Code/Site ID is used to uniquely identify variations in RRE locations and addresses with one TIN

If not used, it must be filled with nine spaces on the Claim Input File Detail Record/TIN Reference File Detail Record

If used, all 9 positions must contain a number

- Example: Office Code 123 must be right justified and filled with leading zeroes and submitted as 000000123

Each TIN and Office Code/Site ID of each Claim Input File Detail Record must match accepted TIN and Office Code/Site ID on TIN Reference File

Slide notes

The Office Code/Site ID on the TIN Reference File is an optional field which the RRE may define and use to uniquely identify variations in RRE locations and addresses with one TIN.

If the RRE chooses not to use this field, it must be filled with nine spaces on the Claim Input File Detail Record and corresponding TIN Reference File Detail Record.

However, if used, all 9 positions of this field must contain a number. For example, if you assign an Office Code of 123, you must right justify and fill this field with leading zeroes and submit it as 000000123.

Each TIN and Office Code/Site ID submitted in Fields 52 and 53 of each Claim Input File Detail Record must match an accepted TIN and Office Code/Site ID record on your TIN Reference File.

Slide 21 of 31 - TIN Issues

TIN Issues

- TIN Reference File will be edited to ensure data was submitted as required
 - Properly formatted
 - All required elements are present

Slide notes

When the Benefits Coordination & Recovery Center (BCRC) receives your TIN Reference File, editing will be done to ensure data was submitted as required (i.e., properly formatted and all required elements are present).

Slide 22 of 31 - TIN Issues

TIN Issues

- Previously
 - Any TIN Reference File Detail Record with errors would reject
 - All records on Claim Input File with that TIN would also reject
- Changes have been implemented to improve this process
 - Address validation performed
 - Processing of both TIN Reference File and associated Claim Input File records

Slide notes

Previously, any TIN Reference File Detail Record that had errors would reject and cause all records on the Claim Input File, submitted with that TIN, to be rejected.

Changes have been implemented by CMS to enhance this process, including the address validation performed and the processing of both TIN Reference File and associated Claim Input File records.

Slide 23 of 31 - TIN Issues

TIN Issues

- Basic field validations will be performed according to the field descriptions in the NGHP User Guide's Appendices Chapter (Appendix B)
- Each RRE TIN will be validated to ensure it is a valid IRS-assigned tax ID
 - Only the TIN will be used in this validation
 - Name and address do not have to match the name and address associated with the TIN by the IRS
 - If an error is found
 - TIN record will be rejected with a 'TN' disposition code and error codes specific to the errors identified
- See TIN Reference File CBT, TIN Reference Response File CBT and the TIN Response File Error Codes table in the NGHP User Guide's Appendices Chapter (Appendix F)

Slide notes

Basic field validations will be performed according to the field descriptions in the TIN Reference File layouts in the NGHP User Guide Appendices Chapter (Appendix B).

Each RRE TIN will be validated to ensure it is a valid IRS-assigned tax ID. Only the TIN will be used in this validation. The name and address do not have to match the name and address associated with the TIN by the IRS.

If an error is found on an input TIN Reference File Detail Record during the basic field validation step, the TIN record will be rejected and returned on the new TIN Reference Response File with a 'TN' disposition code and error codes specific to the errors identified.

For more information, please see the TIN Reference File CBT [TIN Reference File CBT](#), [TIN Reference Response File CBT](#), and the TIN Response File Error Codes table in the [NGHP User Guide](#) Appendices Chapter (Appendix F).

Slide 24 of 31 - Address Formatting Issues

Address Formatting Issues

- Problem occurs when an RRE includes extraneous information in the same Address Line field where the street number and street name are submitted
- Address regulations dictate which information is allowed
- RREs must ensure they do not include any extraneous information in the same Address Line field where they are submitting the street number and street name
- Address Example: 123 Wall Street, Recovery Dept., Suite 1A
 - Address Line 1 should contain: Recovery Dept., Suite 1A
 - Address Line 2 should contain: 123 Wall Street

Slide notes

Another formatting problem detected during NGHP testing involved the formatting of the Address Line 1 and Address Line 2 fields.

The problem occurs when an RRE includes extraneous information (such as department, division, floor, apartment number, suite number, and attention to) in the same Address Line field where the street number and street name are submitted.

Address regulations dictate which information is allowed on which line in a mailing address.

RREs must ensure that they do not include any extraneous information in the same Address Line field where they are submitting the street number and street name.

Address Example: 123 Wall Street, Recovery Dept., Suite 1A.

Address Line 1 should contain Recovery Dept., Suite 1A. Address Line 2 should contain 123 Wall Street.

Note: When formatting Address Line 1 and Address Line 2 fields on any record, street number and street name should be placed on one address line field while other information such as apartment number, suite number, attention to, etc. should be placed on the other.

Slide 25 of 31 - TPOC and ORM Formatting Issues

TPOC and ORM Formatting Issues

- When submitting a non-zero TPOC Amount, a non-zero TPOC Date must also be submitted and vice versa
 - Failure to do this will result in the CJ03 or CJ04 error
 - TPOC edits apply to all insurance types including No-Fault claims
- Claims with Ongoing Responsibility for Medicals (ORM)
 - ORM Termination Dates cannot be more than 6 months in the future
 - Do not report contingent Termination Dates

Slide notes

When a non-zero Total Payment Obligation to Claimant (TPOC) Amount is submitted, a non-zero TPOC Date must also be submitted and vice versa.

Failure to do this will result in the receipt of an invalid TPOC Amount or invalid TPOC Date error (i.e., CJ03 or CJ04). TPOC edits apply to all insurance types including No-Fault claims.

Another issue to be aware of relates to claims with Ongoing Responsibility for Medicals (ORM).

The BCRC will accept future ORM Termination Dates, Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contract, RREs can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date.

Slide 26 of 31 - ICD Issues

ICD Issues

- ICD Requirements Part I
 - Defines ICD-9 and ICD-10
 - Importance of ICD Diagnosis Codes
 - Describes what these codes are used for
 - ICD Diagnosis Code reporting requirements for Section 111
 - How to derive an ICD Diagnosis Code
- ICD Requirements Part II
 - Transition from ICD-9 to ICD-10 Diagnosis Codes
 - Obtaining valid ICD Diagnosis codes

Slide notes

Another area of confusion and cause of error is in regard to the ICD Diagnosis Code fields. The Alleged Cause of Injury and ICD Diagnosis Code data reporting requirements are explained in detail in two CBTs called:

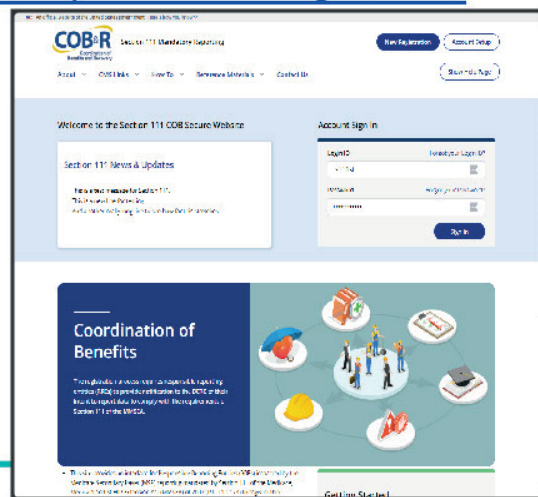
- [ICD Diagnosis Code Requirements Part I](#)
 - defines ICD-9 and ICD-10,
 - explains the importance of ICD Diagnosis Codes for Section 111 reporting,
 - describes what these codes are used for,
 - clarifies the ICD Diagnosis Code reporting requirements, and
 - explains how to derive an ICD Diagnosis Code.
- [ICD Diagnosis Code Requirements Part II](#)
 - explains the transition from ICD-9 to ICD-10 and
 - explains where an RRE can obtain valid ICD Diagnosis Codes.

For additional assistance, there is also an [ICD Diagnosis Code Requirements Frequently Asked Questions](#) CBT.

Slide 27 of 31 - Beneficiary Test Data

Beneficiary Test Data

- RREs should either use
 - Actual data for known Medicare beneficiaries, or
 - Make use of the “Test Beneficiary Data for NGHP RREs” files found on the Section 111 COBSW at <https://www.imp.cob.cms.hhs.gov/mra/>



Slide notes

When creating test files, RREs should either use actual data for known Medicare beneficiaries, or make use of the “Test Beneficiary Data for NGHP RREs” files which may be downloaded from the Section 111 Coordination of Benefits Secure Website (COBSW) at [Section 111 COBSW](https://www.imp.cob.cms.hhs.gov/mra/).

Once on this site, click on the Reference Materials menu option to view the files available for download.

Slide 28 of 31 - Beneficiary Test Data

Beneficiary Test Data

- Test beneficiary data is comprised of only
 - Medicare ID
 - SSN
 - Name
 - Date of Birth
 - Gender
- Test beneficiary data does not include claim information
- Using test beneficiaries will assist you in receiving some 01 and 02 Disposition Codes (i.e., claims will be accepted)

Slide notes

The beneficiary test data is comprised of the Medicare ID, Social Security Number (SSN), Name, Date of Birth, and Gender only. It will not include claim information.

These test beneficiaries will assist you in receiving some 01 and 02 Disposition Codes (i.e., claims will be accepted).

Slide 29 of 31 - Course Summary

Course Summary

- Communicating with your EDI Representative
- Severe errors caused by
 - Record Length
 - File Record Count
 - File Submission Date
- Common mistakes related to
 - SFTP Mailboxes
 - TIN and Office Code/Site IDs
 - ICD Diagnosis Codes
- How to obtain beneficiary test data





Slide notes

This course was created to share lessons learned from the results of Section 111 Non-Group Health Plan (NGHP) RRE testing performed to date. It reviewed the following information to help improve the results of your testing:

- communicating with your Electronic Data Interchange (EDI) Representative,
- severe errors caused by invalid record lengths,
- file record counts,
- file submission dates,
- as well as other common mistakes related to
- Secure File Transfer Protocol (SFTP) Mailboxes,
- Tax Identification Number (TIN) and Office Code/Site IDs, and
- International Classification of Diseases (ICD) diagnosis codes.

Information was also provided on how to obtain beneficiary test data. The testing process is an important tool that will enable you to test and resolve any potential issues on a small scale before moving to a large-scale production environment.

Slide 30 of 31 - Conclusion



You have completed the Lessons Learned and Best Practices for Section 111 Testing course. Information in this course can be referenced by using the NGHP User Guide's table of contents. This document is available for download at the following link:

<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

Slide notes

You have completed the Lessons Learned and Best Practices for Section 111 Testing course. Information in this course can be referenced by using the NGHP User Guide's table of contents.

This document is available for download at the following link: [CMS NGHP Website](#).

Slide 31 of 31 - NGHP Training Survey



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

Slide notes

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