



**Office of Financial Management/Financial Services Group**

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**May 25, 2010**

**The Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (the MMSEA) (See 42 U.S.C. 1395y(b)(7)&(b)(8))**

**ALERT: New Direct Data Entry (DDE) Option for Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation**

This ALERT provides information about a new Direct Data Entry (DDE) option for reporting liability insurance (including self-insurance), no-fault insurance, and workers' compensation (collectively referred to as Non-Group Health Plan or NGHP) information mandated by Section 111 of the MMSEA of 2007.

**Who is the DDE Option Available To?**

“Small Reporters” - A “Small Reporter” is an RRE that will submit **500 or fewer** NGHP claim reports per calendar year. (Please see “Query” discussion below for further information on how this total of 500 is counted.)

**What is the DDE Option?**

Small Reporters will be able to use the Section 111 Coordination of Benefits Secure Website (COBSW) at [www.Section111.cms.hhs.gov](http://www.Section111.cms.hhs.gov) to manually enter and submit individual NGHP claim reports online instead of submitting an electronic file.

The DDE Option is in lieu of using one of the file submission methods currently available (HTTPS, SFTP, Connect:Direct). Small Reporters will be required to report the same data elements as those required under the file submission methods by manually keying the information into COBSW pages/screens.

**When Can “Small Reporters” Register for the DDE Option?**

Small Reporters may register for DDE as a reporting option on the Section 111 COBSW beginning **October 1, 2010**.

- The DDE option is open to all current and new RREs that meet the definition of a Small Reporter.
- If an RRE has already registered under the current file transmission methods and wants to change to the DDE option, the Account Manager for the RRE ID should log into the COBSW

on or after **October 4, 2010** and change the reporting method from a file transmission method to DDE.

- If an RRE has not previously registered, the Account Manager should select DDE during the Account Setup step of the registration process.

### **When Can “Small Reporters” Begin Reporting Using the DDE Option?**

Small Reporters may begin reporting using the DDE option on **January 3, 2011**.

### **How Does the DDE Option Differ From the Current File Submission Method?**

#### Testing:

- No testing will be required for RREs using the DDE option.

#### DDE Submission:

- There is no assigned submission window.
- Claim information will be submitted one claim report at a time as soon as the conditions related to the claim require reporting under Section 111.
- Claim record submissions are required within 45 calendar days of the Total Payment Obligation to the Claimant (TPOC) date or within 45 calendar days of assuming Ongoing Responsibility for Medicals (ORM).
  - Exception: Since retroactive reporting is required for certain ORM (ORM exists at any time prior to 1/1/2010 and continues on or after 1/1/2010) and certain TPOC Amounts (TPOC dates from 10/1/2010 through 12/31/2010), an exception will be made for these claim records to be reported outside the 45 calendar day grace period. However, information for these ORMs and TPOCs must be submitted during the first calendar quarter of 2011. (Please refer to the NGHP User Guide for further details on these dates.)
- ORM termination date submission is required within 45 calendar days of the ORM termination date.

#### Query:

- A separate query function will not be available under the DDE option
- Injured party information will be matched real-time online as it is entered on the COBSW. The application will prompt the user performing the data entry to enter the injured party's information first. Then, the system will attempt to match it to a Medicare beneficiary. If no match is found and the user confirms that the information they entered was complete and accurate, no further data elements will be required at that time. A “non-match” will essentially be like receiving a “51” disposition code back on a Claim Response File.

- When an injured party's information does not match to a Medicare beneficiary during the DDE process, it WILL count toward the RRE's limit of 500 claims per year.

**Issues to Consider Before Selecting the DDE Option:**

- Small Reporters that use the DDE option have the same responsibility and accountability as any other RRE.
- Small Reporters will be required to report the same data elements as those required under the current file submission methods (HTTPS, SFTP, Connect:Direct). Due to the number of data elements required, the manual data entry for a single claim report may take a considerable amount of time. Small Reporters should also consider the requirement for retroactive reporting during the first calendar quarter of 2011.
  - Note- Small Reporters will have the ability to save an individual claim report that is in progress for 30 calendar days.
- The DDE option is intended for RREs who expect to have only an occasional claim report to make. RREs that will have claims to report on a frequent and on-going basis are advised to use the current file submission methods instead of the DDE option to ensure that RREs are able to adhere to the timely reporting requirements.
- There is a very real limitation to RREs that select the DDE option because a Small Reporter may only submit 500 or less claim reports per calendar year, and that claim reports resulting in a "no beneficiary match" count against the 500 claim report limit.
  - The DDE option is not an appropriate choice for RREs that may submit more than 500 claim reports per year and plan to rely upon the query capability for Section 111 reporting.

Please continue to monitor the MMSEA Section 111 dedicated website at <http://www.cms.gov/MandatoryInsRep/> for additional information on the DDE process and updates to the User Guide.