Query File

Slide 1 of 36 - Query File

Slide notes

Welcome to the Query File course.

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

Query functionality (Beneficiary Lookup) is built into the first step of the Direct Data Entry (DDE) claim submission process on the Section 111 Coordination of Benefits Secure Website (COBSW).

Slide 2 of 36 - 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 under the *Reference Materials* menu at the following link: https://go.cms.gov/mirnghp.

Slide notes

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All affected entities are responsible for following the instructions found at the following link: CMS NGHP Website.

Slide 3 of 36 - Course Overview

Slide notes

This course explains the purpose of querying and how to query. It reviews Query Input File testing, submission, contents, and processing.

It also explains the translator software requirements for Query Files due to Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

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 36 - 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, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Slide notes

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 36 - Query Process

Query Process

- RREs must implement a procedure to determine whether an injured party is a Medicare beneficiary
- RRE must submit on all Claim Detail Records either the
  - Medicare ID, or
  - SSN
- RREs are to report only with respect to Medicare beneficiaries, otherwise
  - The BCRC will reject the record
- RREs may use
  - Beneficiary Lookup action on Section 111 COBSW
  - Section 111 Query Files

Slide notes

RREs must implement a procedure in their claims resolution process to determine whether an injured party is a Medicare beneficiary.

RREs must submit either the Medicare ID or Social Security Number (SSN) for the injured party on all Claim Input File Detail Records.

RREs are to report only with respect to Medicare beneficiaries (including a deceased beneficiary if the individual was deceased at the time of the settlement, judgment, award or other payment).

If a reported individual is not identified as a Medicare beneficiary based upon the submitted information, the Benefits Coordination & Recovery Center (BCRC) will reject the record for that individual.

RREs have two means of querying the Medicare status of an injured party. They may use the online Beneficiary Lookup action on the Section 111 COBSW, or they may submit Section 111 Query Files.

Reminder: The Provide Accurate Information Directly Act (PAID Act) was passed to help Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) better coordinate benefits by providing additional beneficiary enrollment information. With this Act, RREs will receive Part C (Medicare

Advantage Plan) and Part D (Medicare prescription drug coverage) enrollment information for the past 3 years.

Slide 6 of 36 - Beneficiary Lookup

Slide notes

The Beneficiary Lookup feature on the Section 111 COBSW permits a user to submit an online query when a Section 111 RRE has an immediate need to determine the Medicare status of an injured party.

RREs are limited to 500 query requests per RRE ID per calendar month using the Beneficiary Lookup action. For more information, please see the Beneficiary Lookup CBT.

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

Slide 7 of 36 - Query Input File
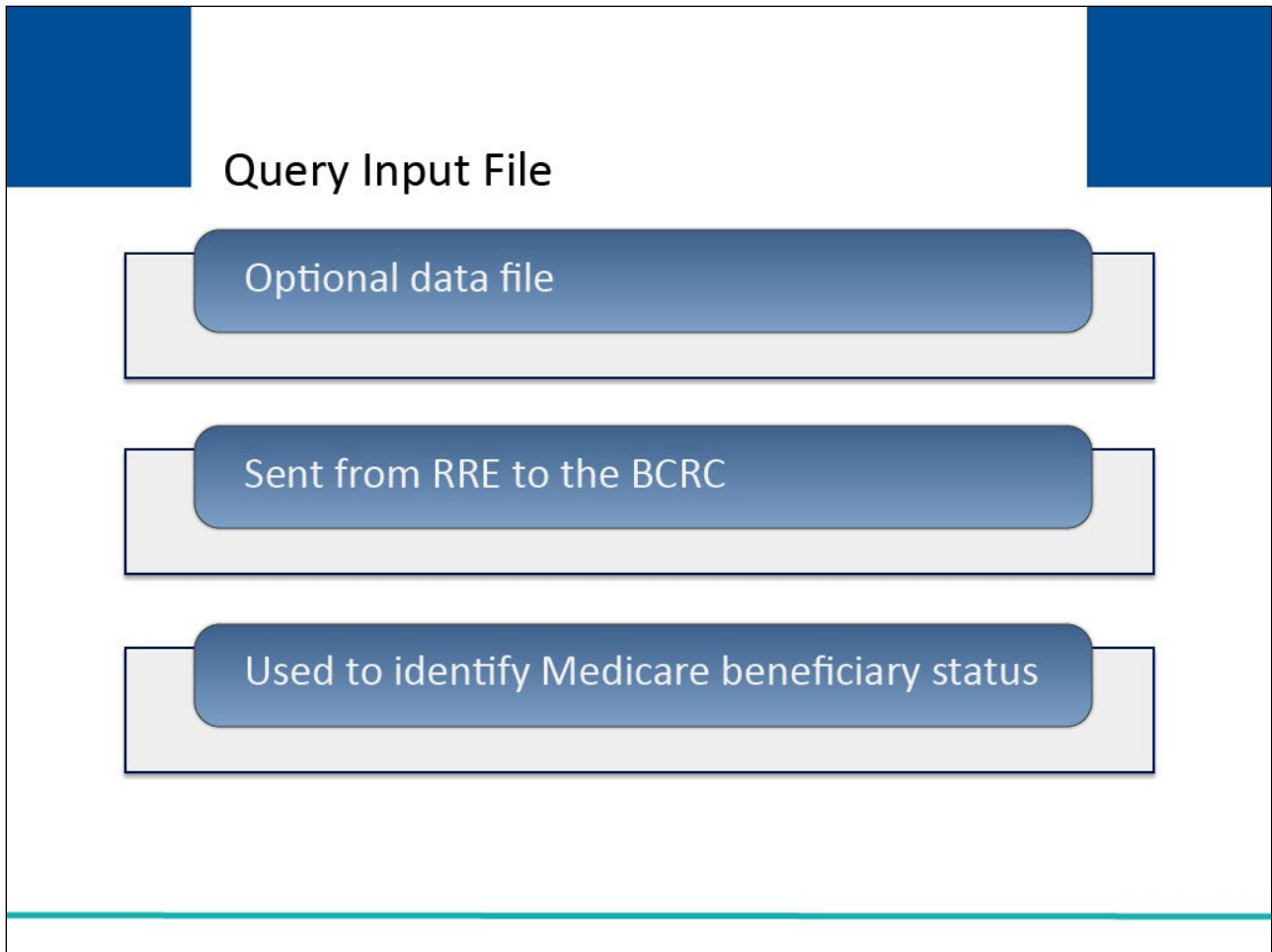
Slide notes

The Query Input File is an optional data file, sent from an RRE to the BCRC for the purpose of identifying Medicare beneficiary status. RREs will use this file to send query requests to determine if an injured party is a Medicare beneficiary (i.e., is or was covered by Medicare) prior to the submission of a Claim Detail Record for Section 111 reporting. This query will assist the RRE in determining whether the claim must be reported under Section 111.

The query process is only to be used for Section 111 reporting purposes. Please review the Data Use Agreement in the NGHP User Guide Technical Information Chapter for restrictions on the use of data exchanged for Section 111.

Slide 8 of 36 - Query File Purpose

Query File Purpose

- Knowing an injured individual's Medicare status early assists in the reporting process

- RREs must determine beneficiary status as of

  - Date ORM is assumed or

  - Date of TPOC settlement, judgment, award, or other payment

- Medicare ID and Medicare coverage start dates usually established in advance of actual Medicare coverage dates

- RREs should send query record after TPOC Date or after ORM has been assumed
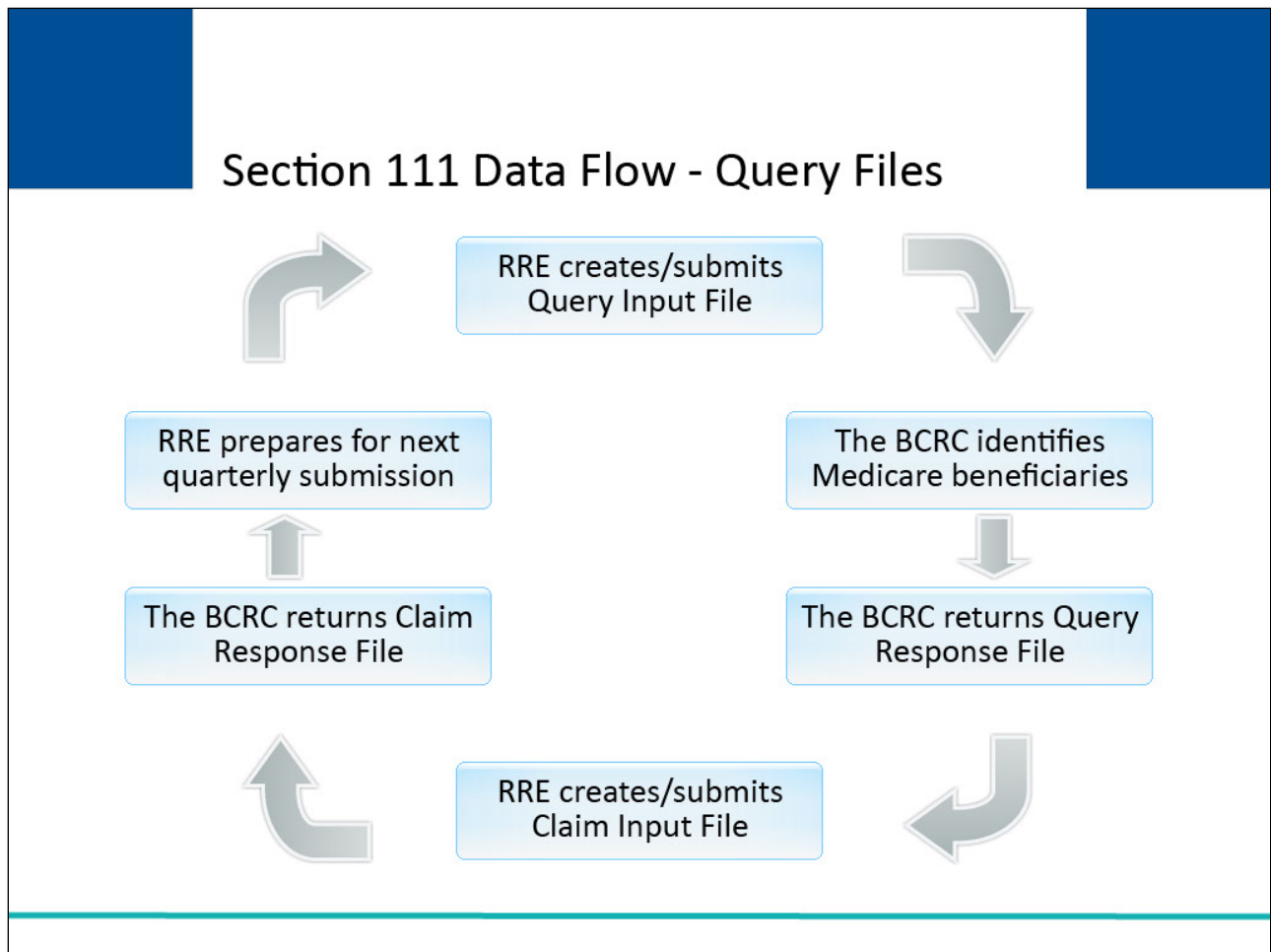
Slide notes

Where you have information that the injured individual is/was a Medicare beneficiary early in your claim review process, you know that you will be reporting for that person if Ongoing Responsibility for Medicals (ORM) is assumed, or if there is a Total Payment Obligation to Claimant (TPOC) settlement, judgment, award, or other payment. (Please see the Ongoing Responsibility for Medicals and Total Payment Obligation to Claimant CBTs for more information on these topics).

However, for an individual who is not a Medicare beneficiary at the time he/she files a claim, or whom you are initially unable to identify as a beneficiary, you must also determine beneficiary status as of the date ORM is assumed or the date of the TPOC settlement, judgment, award, or other payment, if there is ORM or a TPOC.

The Medicare ID and Medicare coverage start dates are usually established and on the BCRC database well in advance of the actual Medicare coverage effective dates.

So, it is recommended that an RRE send a query record associated with an initial claim report after the ORM has been assumed or after the TPOC Date.

Slide 9 of 36 - Section 111 Data Flow - Query Files

Section 111 Data Flow - Query Files

- RRE creates/submits Query Input File
- The BCRC identifies Medicare beneficiaries
- The BCRC returns Query Response File
- RRE creates/submits Claim Input File
- The BCRC returns Claim Response File
- RRE prepares for next quarterly submission

Slide notes

RREs may create and submit query records on the Query Input File. Query records may include any injured party for whom the RRE wants to determine the Medicare status.

Based on the information submitted, the BCRC processes the query file and it is used to determine whether the injured party can be identified as a Medicare beneficiary. The BCRC returns the Query Response File, which includes the results of their processing.

If an injured party has been identified as a Medicare beneficiary, and the corresponding Claim Detail Record meets the Section 111 reporting criteria, the RRE must create and submit a Claim Input File Detail Record for the individual.

The Claim Input File is to be sent during the RRE's assigned file submission timeframe for quarterly Claim Input File reporting.

After the RRE has submitted their Claim Input File, the BCRC will process the file and return the results of their processing in the Claim Response File.

The RRE will then get ready for their next quarterly submission by submitting a new query file to identify new injured Medicare beneficiaries who were previously not reported.

Slide 10 of 36 - Query File Transmission

Slide notes

Query File transmissions are subject to HIPAA privacy regulations. HIPAA mandates that Query Files be transmitted in the HIPAA-compliant ANSI X12 270/271 transaction set.

Translator software is required to translate the file into the HIPAA-compliant ANSI X12 270/271 transaction set.

You may use your own translator software or the HEW software (provided free of charge and maintained by the BCRC) to submit a Query Input File and process the Query Response File. RREs can download the latest version of HIPAA Eligibility Wrapper (HEW) software from the Section 111 MRA application, which is compatible with Windows 10. Note: RREs using the mainframe version of the HEW may continue to request a copy of the latest HEW version from their EDI Representative.

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

Slide 11 of 36 - Translator Software

Slide notes

If you choose to use your own ANSI X12 translator to create the ANSI X12 270 files for the Section 111 Query File and process the X12 271 response, you may download the Section 111 X12 270/271 companion guide with the necessary mapping information on the NGHP User Guide page at the following link: CMS NGHP Website ("270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide for NGHP Entities") or contact your Electronic Data Interchange (EDI) Representative for a copy.

Slide 12 of 36 - Upgrade of Query Files and HEW Software

Upgrade of Query Files and HEW Software

The BCRC is currently using Version 5010A1 of the ASC X12 270/271

Query files submitted under Version 4010A1 (or HEW versions 1.2.0 and 2.0.0) will reject

Slide notes

The BCRC is currently using Version 5010A1 of the ASC X12 270/271. Query files submitted under Version 4010A1 (or created using HEW Versions 1.2.0 and 2.0.0) will be rejected with a severe error and not processed.

For more information on the Query Files and HEW Software, please see the NGHP User Guide Technical Information Chapter.

Slide 13 of 36 - HEW Software

Slide notes

Mainframe and Windows PC/Server-based versions 3.0.0 of the HEW software are available. If you have a Login ID for the Section 111 COBSW, you can log in and download the Windows version.

Otherwise, you need to contact your EDI Representative or the EDI Department at 646-458-6740 to obtain a copy of the HEW software.

The mainframe version of the software is not downloadable but may be obtained by contacting your EDI Representative.

The file layouts that serve as input and output for Version 3.0.0 of the HEW software are documented in the NGHP User Guide Appendices Chapter (Appendix V).

Slide 14 of 36 - HEW Software

HEW Software

Windows PC/Server version

- Microsoft operating system of NT or better (2000, 2003, XP)
- At least a Pentium II, with 64MB RAM, 20GB hard drive
- Only converts incoming/outgoing text files
- Will not run on a UNIX or Linux platform
- Must be run manually
- May be invoked using a command line interface, with Version 3.0.0 only

Information remains on Section 111 COBSW for one year

- Will not execute in an AS400 environment
- Generally will execute on the standard IBM mainframe operating system such as z/OS and z/VM, but not the UNIX-like operating systems such as Linus, AIX, etc.

Slide notes

The minimum processing requirements for the Windows PC/Server version of the HEW are:

- any Microsoft operating system of NT or better (i.e., 2000, 2003, or XP) and
- at least a Pentium II, with 64MB Ram and a 20GB hard drive.

Network communication ports are not a part of the application. The application will only convert incoming/outgoing text files. Telecommunications must be done separately. It will not run on a UNIX or Linux platform.

The Windows version of the HEW software must be run manually. An application programming interface (API) is not made available for the Windows version.

However, effective with Version 3.0.0, which was required as of January 1, 2012, the Windows PC/Server version of the HEW may be invoked using a command-line interface.

Instructions on how to invoke the HEW software from an automated process can be found in the documentation that is contained in the software package download. The mainframe version will not execute in an AS400 environment.

Generally, the mainframe version of the HEW will execute on the standard IBM mainframe operating systems such as z/OS and z/VM, but not the Unix-like operating systems such as Linux, AIX, etc.

Slide 15 of 36 - HEW Software
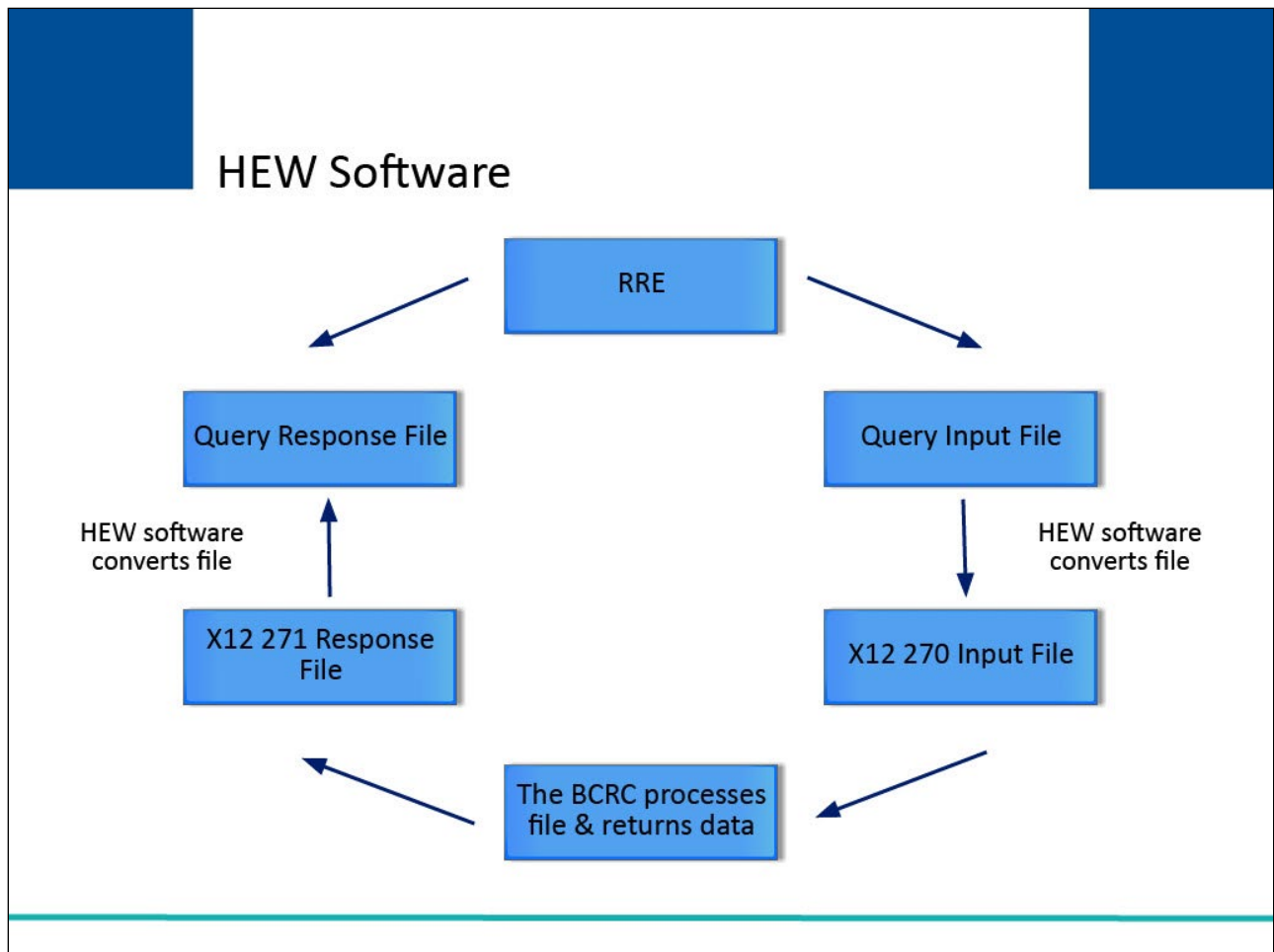
Slide notes

In order to use the HEW software, you must install and run this software in your data center.

First using your own in-house RRE or agent-developed software, create the Query Input File according to the specifications in the NGHP User Guide Appendices Chapter V (Appendix E).

This flat file will then be input to the HEW software to produce the X12 270 eligibility Query File format, which you will transmit to the BCRC. Actual file transmission is not included as part of the HEW software.

The BCRC will process this file and then transmit your response file back in the X12 271 file format.

Once you receive the X12 271 response file, you will input this file into the HEW software in your data center to produce the Query Response File, according to the specifications in Appendix E.
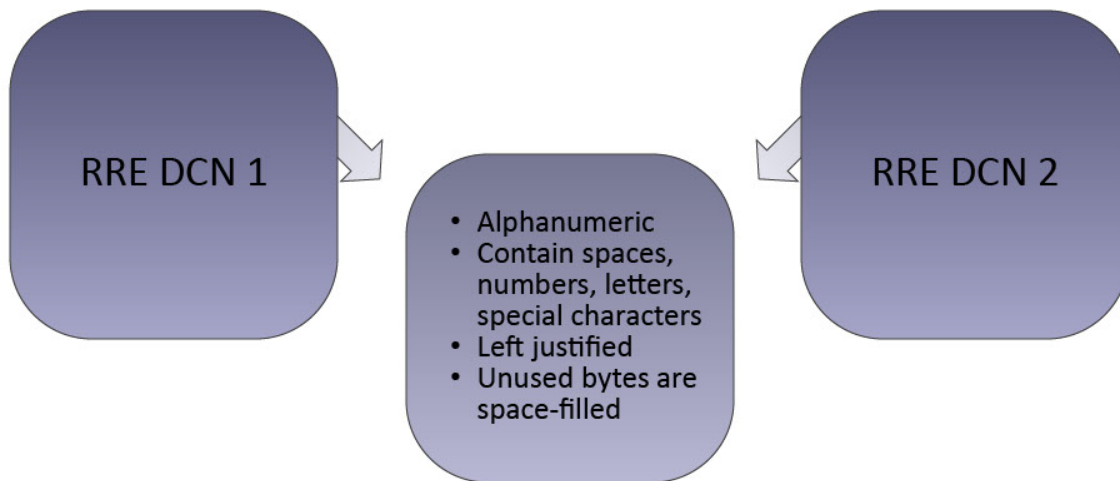
This flat file, which contains Medicare information for those individuals identified as Medicare beneficiaries based on the information submitted, can then be used in your internal systems to assist with Claim Input File creation.

Note: The Query Response File that is output from the HEW software does not contain any header or trailer records.

Slide 16 of 36 - Document Control Numbers Fields

Document Control Number Fields

- Available for use on the X12 270/271 and HEW Version 3.0.0 Query Input/Response Files

RRE DCN 1

- Alphanumeric
- Contain spaces, numbers, letters, special characters
- Left justified
- Unused bytes are space-filled

RRE DCN 2

Slide notes

Two, RRE-defined, optional Document Control Number (DCN) fields are available for use on the X12 270/271 and HEW Version 3.0.0 Query Input/Response Files.

The RRE DCN 1 and RRE DCN 2 fields are alphanumeric, may contain spaces, numbers, letters, and special characters as defined for an alphanumeric field type, are left justified and unused bytes must be space-filled.

The BCRC will always return Query Response records with whatever value the RRE submitted in these DCNs so that the RRE may use them to match response records to input records.

Slide 17 of 36 - Query File Testing

Query File Testing

- Not required, but highly recommended

- RRE ID must be in at least a testing status

- To attain testing status

  - RRE must have completed Account Setup

  - RRE must have returned profile report to the BCRC

  - The BCRC must record receipt of profile report and will update RRE ID to a test status

Slide notes

Although testing of the Query File is not required, it is highly recommended. The RRE ID must be in at least a testing status in order for test or production Query Input Files to be accepted and processed by the BCRC.

To attain a testing status, the RRE must have completed the Account Setup step on the Section 111 COBSW and returned the profile report signed by the Authorized Representative to the BCRC.

The BCRC will record receipt of the signed profile report. Once this occurs, the RRE ID will be updated to a test status and test and production Query Files will be accepted.

Slide 18 of 36 - Query Input File Submission

Query Input File Submission

- RREs in testing status
  - Submit Production Query Input Files once per month, on any day of the month
  - Submit Test Query Input Files anytime, with unlimited frequency
- Submitted by RRE ID
  - Agent must send separate query file for each RRE ID
- Separate RRE ID cannot be used for Query Input File only
- Email notification to Account Manager upon receipt
- File submission status may also be viewed on the Section 111 COBSW
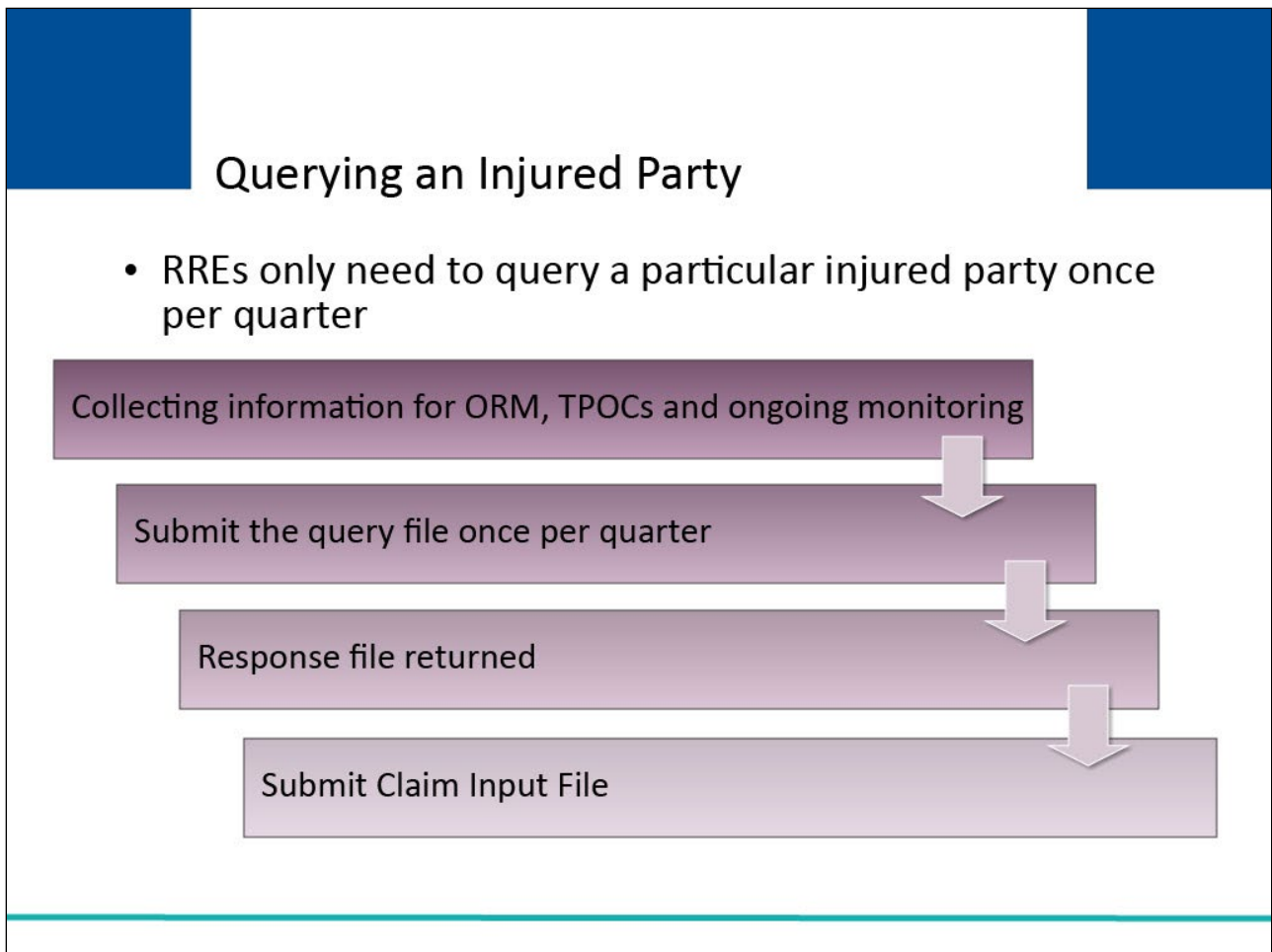
Slide notes

RREs in a testing status may submit test and production Query Input Files. Production files may be submitted once per calendar month, on any day of the month. Test files can be submitted anytime, with unlimited frequency.

There is no submission timeframe associated with Query Input Files. The Query Input File is to be submitted by RRE ID. If an agent is querying for multiple RREs, separate query files must be sent for each RRE ID.

You may not use a separate RRE ID for submission of the Query Input File only. You will be required to submit Claim Input Files for each RRE ID you establish.

The BCRC will send an email notification to your Account Manager after the BCRC has received your file. Notifications are not sent to Account Designees. All Section 111 COBSW users may log on to view file submission status on the Section 111 COBSW.

Slide 19 of 36 - Querying an Injured Party

Slide notes

Even though a query file may be sent monthly, RREs need only query a particular injured party once per quarter and use the results of that query when creating the quarterly Claim Input File.

For example, an RRE could set up a process to collect and save injured party information on a tracking file as ORM is assumed and as TPOCs are established. The injured party information for claims that require ongoing monitoring would be included as well.

Then submit the query file once a quarter allowing enough time to receive and process the query file results for the creation of that quarter's Claim Input File.

Since the Query Response File is returned within 14 days, an RRE might consider submitting the query file one month before the Claim Input File is due.

Please refer to the NGHP User Guide Technical Information Chapter (Section 6.6) for more information on the timeliness of claim reports.

Slide 20 of 36 - Query Input File Contents

Query Input File Contents

· Medicare ID or SSN

· First 6 characters of the last name

· First initial of first name

· Date of birth

· Sex Code (gender)

Slide notes

RREs who choose to utilize the Query Input File must submit the following information for the injured party: the Medicare ID or the SSN (the Medicare ID is preferred), first 6 characters of the last name, first initial of the first name, Date of Birth (DOB), and Sex Code (gender).

Note: The Medicare ID is Medicare's unique identifier for Medicare beneficiaries and is the preferred data element for matching purposes. RREs are encouraged to obtain Medicare IDs from injured parties who are Medicare beneficiaries.

Slide 21 of 36 - Query Input File Processing

Query Input File Processing

The BCRC determines Medicare status using matching process

- Exact match on Medicare ID or SSN and
- Match on at least three of the remaining fields
  - First initial of the first name
  - First six characters of the last name
  - Date of birth
  - Sex Code (gender)

Slide notes

To determine whether an injured party is a Medicare beneficiary, the BCRC must match the data submitted on the Query Input record to Medicare's. An exact match must be found on either the Medicare ID or SSN (i.e., the last 5 digits or full 9 digits) supplied.

When both of these fields are submitted, the BCRC will first attempt to find an exact match on the Medicare ID. An attempt to match on SSN will only occur if they cannot find an exact match on the Medicare ID.

If an exact match is found, then three out of four of the remaining fields (i.e., first initial of the first name, first 6 characters of the last name, date of birth, and/or Sex Code [gender]) must match Medicare's beneficiary information for that Medicare ID or SSN in order for the individual to be considered matched to a Medicare beneficiary.

All four must match when a partial SSN is used.

Slide 22 of 36 - Matching Process - Data Quality

Matching Process - Data Quality

- Difficult to get a match if the input data is incorrect or invalid

- When fewer than 3 of the 4 criteria match

  - RRE will not receive a match even if submitted Medicare ID or SSN is correct

  - The BCRC cannot specify which fields matched/did not match

  - The BCRC must match submitted Medicare ID or SSN to Medicare, and 3 of the 4 criteria, to ensure they matched correctly

Slide notes

The matching process depends on the quality of the data submitted. It is difficult to get a match, if the input data is incorrect or invalid.

When fewer than three out of four criteria match (i.e., first initial of the first name, first 6 characters of the last name, date of birth, and gender), you will not receive a match even if the submitted Medicare ID or SSN matches that of a Medicare beneficiary.

If the submitted Medicare ID or SSN matches and fewer than three out of four criteria match, the BCRC cannot specify which fields matched or did not match.

Unless the BCRC is able to exactly match the submitted Medicare ID or SSN to Medicare's records, along with three out of four criteria, they cannot be assured they have matched to the correct Medicare record.

Slide 23 of 36 - Matching Process - Data Quality

Slide notes

In order to help ensure that a match will be found, review the record layouts and submit data in the format required for the field.

Name information must be submitted exactly as it appears on the individual's Social Security or Medicare card, including spaces, hyphens, and apostrophes, as appropriate.

For example, if the individual's name is William La Rosa and you submit the first initial of the first name B (for Bill) and you submit the last name LaRosa (with no space), the name criterion will fail to match.

The first initial of the first name should have been entered as W (for William) and the first 6 characters of the last name should have been submitted as La Ros to receive a match.

Another name idiosyncrasy you should be aware of to ensure a match are hyphenated names like Smith-Collins.

Slide 24 of 36 - Query Input File Submission Errors

Slide notes

If a Query Input File is in error, your Account Manager will be notified by e-mail. You should contact your assigned Section 111 EDI Representative to address the identified errors.

These errors must be corrected, and the file must be resubmitted in order for the file to process.

Slide 25 of 36 - Query Input File Submission Errors

Query Input File Submission Errors

- If more than one Query Input File received in a calendar month
    - Second file will suspend with a threshold error and will not process
    - Second file will be deleted by your EDI Representative

- If the RRE submits another Query Input File in a subsequent month, but while the prior month's file is still processing
    - Second file will suspend with a threshold error and will not process
    - Contact your EDI Representative to release the second file for processing once the first file has completed processing

Slide notes

If more than one Query Input File is received during a calendar month, the second file will suspend with a threshold error and will not process since only one file may be submitted per month. The second file will be deleted by your EDI Representative.

In the case that an RRE submits another Query Input File in a subsequent month but while the prior month's file is still processing, the new Query Input File will suspend with a threshold error and will not process.

In this case, you must contact your EDI Representative to release the second file for processing once the first file has finished processing.

Slide 26 of 36 - Query Input File Submission Errors

Slide notes

Edits will be applied to the Query Input File.

If your file receives any of the following edits, it will be placed in a severe error status: file does not contain a header record; header record does not contain a valid Section 111 RRE ID; or file does not contain a trailer record.

Slide 27 of 36 - Query Response File

Query Response File

- Returned within 14 calendar days

- Email notification to Account Manager when ready

- May view file processing status on Section 111 COBSW

Slide notes

Within 14 calendar days of receiving a Query Input File, the BCRC will return the Query Response File.

The BCRC will send an email notification to your Account Manager once they have completed processing your file to inform you that a response file has been transmitted or is available for download.

File processing status may be viewed on the Section 111 COBSW by any user associated with the RRE ID.

Slide 28 of 36 - Query Response File

Query Response File

- Contain results of matching

- If the individual is matched to a Medicare beneficiary the response record will contain
  - Current Medicare ID
  - Updates to the name fields, date of birth, and gender

- When a match is found, claim information must be reported on the Claim Input File
  - If claim meets the Section 111 reporting requirements

Slide notes

Each query response will contain the results of matching the input record information to Medicare's file of beneficiary information.

If the individual is matched to a Medicare beneficiary, the response record will also contain the current Medicare ID for the Medicare beneficiary as well as updates to the name fields, date of birth, and gender as they are stored on Medicare's files.

Due to privacy concerns, the Query Response File will not provide the actual dates of the Medicare entitlement and enrollment or the reason for entitlement.

When a match is found, claim information for that individual must be reported on the Claim Input File, as long as the claim meets the rest of the Section 111 reporting requirements.

Slide 29 of 36 - Query Response File - Match Found

Query Response File - Match Found

- HEW Query Response File Detail Records contain a Disposition Code in Field 8
  - Value of '01' indicates that the injured party is/was a Medicare beneficiary

- If you are using your own translator software and not the HEW
  - Matching algorithm is the same
  - Refer to the X12 270/271 companion guide

Slide notes

The HIPAA Eligibility Wrapper (HEW) Query Response File Detail Records contains a Disposition Code in Field 8. A value of '01' in the Disposition Code field indicates that the injured party submitted on the input record was matched to a Medicare beneficiary.

If you are using your own translator software and not using the HEW software, the matching algorithm is the same, but please refer to the X12 270/271 companion guide for information on interpreting query results.

Slide 30 of 36 - Query Response File - No Match Found

Query Response File - No Match Found

- Query Response
  - Returned with fields as they were originally submitted
  - No information given why match was not found

- HEW Query Response
  - Returned with a '51' in the Disposition Code field

Slide notes

If a match is not found, the query response record will be returned with the fields as they were submitted on the input record. No information is supplied regarding "partial matches" or why a match was not found.

The HEW Query Response File Detail Record will be returned with a '51' in the Disposition Code field which indicates that the individual could not be identified as a Medicare beneficiary based on the information submitted.

Slide 31 of 36 - Query Response File - No Match Found

Query Response File - No Match Found

- Possible reasons
  - Injured individuals is not a Medicare beneficiary
  - RRE's data does not match Medicare's data
  - Individual becomes covered by Medicare after query was sent
- RRE action
  - If submitted incorrectly, resubmit corrected query
  - If query sent prior to settlement, etc., resend after settlement, judgment, award, or other payment

Slide notes

Some possible reasons that a match will not be found include:

- the injured individual is truly not a Medicare beneficiary;
- the RRE's data does not match Medicare's data (i.e., key matching fields do not match Medicare's files), or
- the individual becomes covered by Medicare after the query is sent.

If the information is incorrect on the query, the RRE should correct the information and resubmit the query.

If the individual is not matched to a Medicare beneficiary at the time of the query, and the query was done prior to settlement, etc., the RRE must submit another query once there has been a settlement, judgment, award, or other payment.

Slide 32 of 36 - Query Response File - No Match Found

Slide notes

When a match is not found and the corresponding Claim Detail Record for the injured party you are querying about involves ORM, you must continue to monitor the Medicare status of the injured party as long as the claim remains open.

If the injured party informs the RRE of Medicare coverage, or if the RRE determines the injured party becomes covered by Medicare through its use of the Section 111 Query Process/Beneficiary Lookup, then you must submit the claim on your next submission of the Claim Input File.

Slide 33 of 36 - Query Response File - No Match File

Query Response File - No Match Found

- If corresponding Claim Detail Record has a TPOC settlement, judgment, award, or other payment, but does not involve ORM

  - Do not submit on Claim Input File unless subsequent TPOC payments are made

Slide notes

When a match is not found and the corresponding Claim Detail Record has a TPOC settlement, judgment, award, or other payment, but does not involve ORM, do not submit this claim on your Claim Input File, unless subsequent TPOC settlements, judgments, awards, or other payments are made.

Slide 34 of 36 - Course Summary

Slide notes

This course explained the purpose of querying and how to query. It reviewed Query Input File testing, submission, contents, and processing. It also explained the translator software requirements for Query Files due to Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

Slide 35 of 36 - Conclusion

Slide notes

You have completed the Query File Course. Information in this presentation can be referenced by the NGHP User Guide's table of contents. This document is available for download at the following link: CMS NGHP Website.

Slide 36 of 36 - Survey

Slide notes

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