

NOTE: The following is only a general description of the registration information CMS will collect. **This is not the actual registration document itself.**

Responsible Reporting Entity Information	
Field	Description
Responsible Reporting Entity Name	The company or organization name associated with this Section 111 registration. For validation purposes, it must match the name on record with the Internal Revenue Service (IRS) that is associated with the TIN or EIN supplied.
Responsible Reporting Entity Address	The corporate or organization address associated with the TIN or EIN supplied.

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Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	The IRS-assigned tax ID associated with the company or organization reflected under this Section 111 registration. If you have more than one EIN, you may submit this registration with any one of those EINs. Additional EINs can be provided in fields that follow.
NAIC Company Code	The company code assigned to your company by the National Association of Insurance Commissioners (NAIC). If you are not registered with the NAIC, then state "None". If you have more than one NAIC Company Code, you may submit this registration with any one of those NAIC Company Codes. Additional NAIC Company Codes can be provided in the fields that follow.
Responsible Reporting Entity Telephone	Telephone number of your corporate/organization office.
Responsible Reporting Entity Fax	Facsimile number of your corporate/organization office.
Insurer Lines of Business	Coverage provided by the policies reflected in your file submission. Check all that apply.
Parent Company Name	Name of your parent company if different than the Responsible Reporting Entity Name provided.

Parent Company NAIC Group Code and EIN	Group number assigned to your parent/primary organization by the National Association of Insurance Commissioners (NAIC) if applicable. If you are not registered with the NAIC or do not have a NAIC-assigned Group Code, state "None". Also supply the EIN/TIN that corresponds to your parent company if different from the Company TIN/EIN supplied above.
Subsidiary Company Name(s)	Supply the names of all the subsidiary companies reflected in this registration for which data will be submitted

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Subsidiary Company NAIC Company Code(s) and EIN(s)	Company Codes assigned to each subsidiary organization by the National Association of Insurance Commissioners. If the subsidiary is not registered with the NAIC, state "None". Also supply the corresponding TIN/EIN for each subsidiary company listed.
Current VDSA/VDEA Partner?	Check either the Yes or No box. Check the Yes box if you have signed a Voluntary Data Sharing Agreement (VDSA) or Voluntary Data Exchange Agreement (VDEA) with CMS in order to exchange Other Health Insurance data with the Medicare COBC. Otherwise, check No.
VDSA/VDEA Plan Number(s)	Complete this section only if you checked the Yes box above. Supply the 4 digit plan number(s) assigned to you by the COBC under your VDSA or VDEA.
Current COBA Trading Partner?	Check either the Yes or No box. Check the Yes box if you currently receive Medicare paid claims data from the Medicare COB Contractor under a Coordination of Benefits Agreement (COBA) with CMS. Otherwise, check No.
COBA ID(s)	Complete the section only if you checked the Yes box above. Supply the COBA ID numbers assigned to you by the COBC under your COBA.

Authorized Representative Information	
Field	Description
First Name	First name of the individual who has the legal authority to bind your organization to the terms of MMSEA Section 111 requirements and processing. <i>Note that your Authorized Representative must be an employee or director of your organization and not an agent. Agent information is collected in a later section.</i>

Technical Contact Information	
Field	Description
First Name	First name of the contact person for technical or other implementation coordination issues for Section 111 Reporting. Your Technical Contact is the point of contact for any technical questions that may arise and is responsible for successful data exchange and file submission. <i>Note that your Technical Contact must be an employee or director of your organization and not an agent. If you are using an agent to report data, your Technical Contact should be the person who is managing your organization's relationship or contract with that agent. Agent information is collected in a later section.</i>
Last Name	Last name of the contact person described above.
Title	Job title of your technical contact named above
Technical Contact Address	Company or work mailing address of your technical contact named above.
Technical Contact Telephone	Company or work telephone number where your technical contact can be reached.

Technical Contact Information	
Field	Description
Technical Contact Fax	Company or work facsimile number used by your technical contact.
Technical Contact E-Mail Address	Electronic mail address used by your technical contact for work-related e-mail.

Section 111 File Submission Profile Information	
Field	Description
Estimated Number of Covered Individuals	<i>For GHP responsible reporting entities only.</i> An estimate of the current number of individuals, including subscribers and dependents, covered by your GHPs reflected in this Section 111 submission profile.
Estimated Number of Covered Individuals Age 45 and Older	<i>For GHP responsible reporting entities only.</i> An estimate of the current number of individuals, including subscribers and dependents, covered by your GHPs reflected in this Section 111 submission profile that are currently age 45 or older.
Non-GHP Estimated Number of Paid Claims (Cases) Resulting in an Insurance Payout	<i>For liability insurance (including self-insurance), no-fault insurance, and workers' compensation responsible reporting entities only.</i> An approximate number of reported claims during the last calendar year for the lines of business reflected in this registration which resulted in an actual payment to a claimant.

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GHP Reporting Level	<p><i>For GHP responsible reporting entities only.</i></p> <p>Check either the Basic or Expanded option. Exchange of prescription drug coverage information with the Expanded option is the major difference between the two options. The Basic Option includes submission of the Medicare Secondary Payer (MSP) file for medical and hospital coverage and, optionally, the ANSI 270/271 Entitlement Query file. The COBC will only provide entitlement/enrollment information for Medicare Parts A, B and C with this option.</p> <p>The Expanded Option is similar to the VDSA/VDEA process and includes submission of the MSP file for medical, hospital and prescription drug coverage, the Non-MSP file with query, Retiree Drug Subsidy (RDS) and supplemental prescription drug coverage records as well as the optional ANSI 270/271 Entitlement Query file. The COBC will provide entitlement/enrollment information for Medicare Parts A, B, C and D with this option.</p> <p>NOTE: Most current VDSA/VDEA partners are already processing under the Expanded option.</p>

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Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare Part D?	<p><i>For GHP responsible reporting entities only.</i></p> <p><i>Answer this question only if you selected the Expanded Reporting option above.</i></p> <p>Refer to the MMSEA Section 111 GHP User Guide that will be posted on www.cms.hhs.gov/MandatoryInsRep for the definition of Active Covered Individuals.</p> <p>Check either the Yes or No box.</p> <p>If you check Yes, provide your primary RxBIN and PCN for this network coverage.</p>

<p>Do you offer network prescription drug coverage to your Inactive Covered Individuals that may be secondary to Medicare Part D?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer this question only if you selected the Expanded Reporting option above. Refer to the MMSEA Section 111 GHP User Guide that will be posted on www.cms.hhs.gov/MandatoryInsRep for the definition of Inactive Covered Individuals. If you check Yes, provide your supplemental or secondary TrOOP RxBIN and PCN for this network coverage.</p>
<p>If you provide network prescription drug coverage for Inactive Covered Individuals, how will you submit this information to the COBC?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer this question only if you selected the Expanded Reporting option above. If you are a COBC Trading Partner and will use the E02 process, check the COBA E02 box. If you will send supplemental drug coverage information on D records in your Non-MSP file, then check the Non-MSP File box.</p>

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Field	Description
<p>Will you submit RDS Retiree File records on your Non-MSP File?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer this question only if you selected the Expanded Reporting option above. Check the Yes box if you intend to use the Non-MSP file to provide files of retirees to the Retiree Drug Subsidy (RDS) Contractor for your employer customers that are participating in the RDS program. Otherwise, check the No box.</p>

<p>How often will you submit your Non-MSP File?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer this question only if you selected the Expanded Reporting option above. Check the appropriate box to indicate whether you will submit your Non-MSP File on a monthly or quarterly basis.</p>
<p>File Transmission Method</p>	<p>All registrants. Indicate the way in which you will transmit files to the COBC and receive response files in return. Most VDSA/VDEA partners will continue to transmit as they do now using either Connect:Direct or HTTPS/SFTP options already in place. Beginning in April 2009, HTTPS and SFTP file transfer options will be available on the COBSW. Complete information on the file transmission methods available will be included in the MMSEA Section 111 User Guides that will be posted on www.cms.hhs.gov/MandatoryInsRep.</p>

Section 111 File Submission Profile Information	
Field	Description
<p>CMS HTTPS/SFTP Mailbox Name/IACS Organization Number</p>	<p><i>Current VDSA/VDEA Partners only.</i> If you currently use HTTPS/SFTP for data transmission and will continue to do so for Section 111, enter the name of your mailbox. This is also referred to as your IACS organization number. It is the letter ‘V’ followed by your 4-digit VDSA/VDEA Plan Number.</p>

<p>Do you plan to exchange Query-Only Files in ANSI 270/271?</p>	<p><i>For GHP responsible reporting entities only.</i> Select either Yes or No. The submission of the Query-Only file is optional. However, for Basic Option RREs it is the only means to query the COBC about a particular individual's Medicare entitlement. Reporters using the Expanded option may submit query records using the Non-MSP input file. Note that the MSP response files sent back by the COBC for Basic Option RREs will include Medicare Parts A and B entitlement/enrollment information. The COBC will provide entitlement/enrollment information for Medicare Parts A, B, C and D with the Expanded Option.</p>
<p>If so, will you use the HIPAA Eligibility Wrapper (HEW) Software supplied by the COBC?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer only if you answered Yes to the question above. Select either Yes or No. Check Yes to indicate whether you will use the HEW software to format your ANSI 270/271 files. The COBC will follow up to provide this software. Check No to indicate you will use your own software.</p>

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<p>If so, do you need the COBC to send you the mainframe or PC-based HEW Software?</p>	<p><i>For GHP responsible reporting entities only.</i> Answer only if you answered Yes to the question above. Select either Mainframe or PC depending on where you will run the HEW software. The COBC will send you the HEW software for the processing environment selected.</p>

Will an agent report data on your behalf?	All registrants. Answer Yes if another entity (consulting company, data services company, etc.) will actually establish the connectivity and transmit MMSEA Section 111 files to the COBC for you.
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Agent Information	
Complete this section only if an agent will be submitting data files for you.	
Field	Description
Agent Company Name	Name of the company which will be submitting Section 111 data to the COBC on your behalf.
Agent Contact First Name	First name of the technical contact for your agent company.
Agent Contact Last Name	Last name of the technical contact for your agent company.
Agent Company Address	Company or work mailing address for the technical contact at your agent company.
Agent Contact Telephone	Company or work telephone number where your agent technical contact can be reached.
Agent Contact Fax	Company or work facsimile number used by your agent technical contact.
Agent Contact E-Mail Address	Electronic mail address used by your agent technical contact for work-related e-mail.

Data Use Agreement
The Data Use Agreement will be signed and dated by your Authorized Representative named above. Its purpose is to insure that the data exchanged between CMS and the Responsible Reporting Entity (insurer, TPA, self-insured) for the MMSEA Section 111 reporting process are secured and used only for the purposes of this exchange in compliance with Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007.

