

Section 111 Medicare Secondary Payer Mandatory Reporting Requirements

(These screen shots are from the actual COB Secure Website.)

Part 1: RRE Registration Set Up

1. Begin by accessing the [Coordination of Benefits Secure Website](#).
2. Read the **Login Warning** information, and select [I Accept](#) to move forward in the registration process.

Privacy Act Statement

The collection of this information is authorized by 42 U.S.C. 1395y(b)(7) & (8). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist.

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395k(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity (RRE) and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of multiple RREs will segregate data reported on behalf of each unique RRE to limit access to only the RRE and CMS and the agent. Further, RREs must ensure that access by the agent is limited to instances where it is acting solely on behalf of the unique RRE on whose behalf the data was obtained. I agree that the authorized representatives of CMS shall be granted access to premises where the Medicare data is being kept for the purpose of inspecting security arrangements confirming whether the RRE and its duly authorized agent, if any, is in compliance with the security requirements specified above. Access to the records matched and to any records created by the matching process shall be restricted to authorized CMS and RRE employees, agents and officials who require access to perform their official duties in accordance with the uses of the information as authorized under Section 111 of the MMSEA of 2007. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

[I Accept](#)

[Decline](#)

Section 111 Medicare Secondary Payer Mandatory Reporting Requirements

- Complete all of the ***Required** fields, and set the Reporter Type* indicator to Liability/No Fault/Workers' Compensation, then select Continue.

RRE ID Profile Information

Complete the information below for the RRE ID you are requesting.

*** Required**

Company EIN/TIN:*

Company Name:*

Company Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , -

NAIC Number:

Company Telephone:* () -

Company Fax: () -

Reporter Type:* GHP Liability/ No Fault/ Workers' Compensation

- Input all of your applicable Subsidiary company information, and Continue.

Corporate Structure

Provide the following information for any subsidiary organizations that will be included in the file submissions for the RRE ID you are requesting. If not applicable, then click on the Continue button to skip this page.

Subsidiaries reporting under this RRE ID:

Company Names:	Company NAIC Number(s) and EIN(s)/TIN(s):
Name: <input type="text"/>	NAIC No: <input type="text"/> EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/> EIN/TIN: <input type="text"/>
Name: <input type="text"/>	NAIC No: <input type="text"/> EIN/TIN: <input type="text"/>

Section 111 Medicare Secondary Payer Mandatory Reporting Requirements

7. Input your Authorized Representative information, and then Continue.

Authorized Representative Information

Provide contact information for the Authorized Representative (AR) for the RRE ID you are requesting.

Your Authorized Representative is the individual in the RRF organization who has the legal authority to bind the organization to a contract and the terms of Section 111 requirements and processing.

The AR named below cannot obtain a Login ID for the COBSW.

*** Required**

First Name:*

Last Name:*

Job Title:*

E-mail address:*

Re-enter E-mail address:*

Authorized Representative Mailing Address

Street Line 1:*

Street Line 2:

City, State, Zip:* , Please Select -

Telephone:* () ext

Fax: () -

8. Review your information. If accurate, print this REGISTRATION SUMMARY page, and select Continue.

Registration Summary

[Print this page](#)

Please review your Account Registration Information. If you need to change the information, click the Edit button in the applicable section. Print this page for your records.

RRE Information	Subsidiary Information
EIN/TIN: 123456789 Reporter Type: Liability/ No Fault/ Workers' Compensation RRE ID Company 1122 Main Street Tampa, FL 33511 Telephone: (813)663-1459 Fax: (-) <input type="button" value="Edit"/>	<input type="button" value="Edit"/>
Authorized Representative Information Stress Fracture VP 1122 main Street Tampa, FL 33511 - EIN/TIN: 123456789 Telephone: (813)663-1159 Fax: (-) Email: VP@stress.com <input type="button" value="Edit"/>	

Section 111 Medicare Secondary Payer Mandatory Reporting Requirements

9. You are now registered! You now have your RRE ID. Print this CONFIRMATION page. (This screen print was taken from the COB's computer based tutorial.)

Registration Summary

Thank You

This page confirms that you completed Step 1, New Registration, in the Section 111 Registration Process.

You have successfully completed the initial registration step for the Section 111 COBSW. Please print this page for your records.

Your assigned RRE ID:
903

Your assigned EDI Representative:

The following individual has been assigned as your EDI representative, contact the EDI representative if you any questions regarding the RRE account. Please have your above account number available for reference.

Edress Williams
Telephone: 646-447-2021
Email: ewilliams@ghimedicare.com

Your EDI Representative is your main contact for your Section 111 RRE ID account, file transmission and reporting issues.

Next Steps

Now that this RRE ID registration has been submitted, the information provided will be validated by the COBC. Once this is completed, the COBC will send a letter to the named Authorized Representative with the RRE ID and associated personal identification number (PIN).

Your Authorized Representative must give this RRE ID and PIN to your Account Manager who will return to the Section 111 COBSW to complete Step 2, Account Setup.

If you do not receive your mailing within 10 business days, please contact your assigned EDI Representative.

10. You will be receiving your PIN within 10 business days. If not, please contact your assigned EDI Representative.

11. If Travelers Indemnity Company will be your designated Reporting Agent, please immediately fax your printed REGISTRATION SUMMARY and CONFIRMATION pages to Julie Morgan at 1-800-470-3986.

(We will need these two pages to start creating your Data Set Names so you can complete Part 2 – Account Setup.)

If you have any questions please contact Susan Montoya (smontoya@travelers.com) at 813-663-1664 or Julie Morgan (jmorgan1@travelers.com) at 925-945-4497.