

MMSEA Section 111 GHP *PAPER* Registration Process

Registration Attachment and Instructions for the for Current VDSA/VDEA Partners That are Section 111 Responsible Reporting Entities

NOTE: These documents describing a *paper* Section 111 registration process are intended **only** for Section 111 responsible reporting entities that currently have an active VDSA/VDEA with CMS.

All other responsible reporting entities are directed to the article titled "Registration Process for Section 111 Responsible Reporting Entities" which has been posted on the Section 111 website www.cms.hhs.gov/MandatoryInsRep . That document describes the upcoming electronic registration process that will be used by both GHP and liability insurance/no-fault insurance/workers' compensation Responsible Reporting Entities.

MMSEA Section 111 GHP *PAPER* Registration Process

MMSEA Section 111 Group Health Plan Responsible Reporting Entity Registration Attachment For Current VDSA/VDEA Partners Instructions

NOTE: These instructions for a *paper* registration process are intended *only* for Section 111 responsible reporting entities that currently have a VDSA/VDEA with CMS. All other responsible reporting entities are advised to review "Registration Process for Section 111 Responsible Reporting Entities" posted on www.cms.hhs.gov/MandatoryInsRep. It outlines produced the electronic registration process for both GHP and liability insurance/no-fault insurance/workers' compensation.

General Instructions

- Group Health Plan (GHP) insurers who ***currently have Voluntary Data Sharing Agreements (VDSAs) or Voluntary Data Exchange Agreements (VDEAs) in place*** with the Centers for Medicare & Medicaid Services (CMS) must complete the Section 111 Registration Attachment and return it to the COBC no later than October 31, 2008. ***All other GHP responsible reporting entities will register on the COB Secure Web site starting April 1, 2009.***
- The applicable Section 111 Responsible Reporting Entity (RRE) must complete and submit the registration form regardless of whether an agent will be submitting files on your behalf. An agent cannot complete and send the registration form for you. **Note:** See "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the Paperwork Reduction Act Notice published in the Federal Register on August 1, 2008. Both the Notice and the Supporting Statement are available as downloads at www.cms.hhs.gov/MandatoryInsRep. "Attachment A" provides details on definitions and which entities must report. Note that CMS refers to entities that have the responsibility for complying with the Section 111 reporting requirements as "responsible reporting entities," or RREs.
- Your registration must correspond with the manner in which you will submit files to comply with the Section 111 requirements. A Section 111 registration form must be submitted for each file transmission set-up. For example, if your company is comprised of three subsidiaries with separate Group Health Plan (GHP) enrollment systems and you intend to submit three separate files, then you must complete three separate registration forms. Alternatively, if your parent company will submit one file that includes data for all three subsidiaries, then you must complete only one registration form. In most cases, a VDSA/VDEA partner will report Section 111 files in the same manner as done for VDSA/VDEA. Section 111 Reporter IDs will be generated from existing VDSA/VDEA Plan Numbers.

- Forms can be delivered to the Medicare Coordination of Benefits Contractor (COBC) via fax at (646) 458-6761, via E-mail to cobva@ghimedicare.com or mailed to:

MEDICARE - COB
 Section 111 Reporting
 P.O. Box 660
 New York, NY 10274-0660

- After processing your registration information, the COBC will assign you a Section 111 Reporter identification number and submission timeframe. A profile report will be emailed to your Authorized Representative for review and sign-off. This profile report will also contain the information you need to transmit files to the COBC. Once the profile report is signed and returned to the COBC, testing can begin.
- Your new Section 111 Responsible Reporter ID must be used on all test file submissions after October 1, 2008 and all production file submissions after January 1, 2009.
- If you have questions or difficulty completing this form, please call the COB Contractor. Customer Service Representatives are available to provide you with quality service Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays, at toll-free lines: 1-800-999-1118 or TTY/TDD: 1-800-318-8782 for the hearing and speech impaired.
- **Note:** The COBC will implement an Internet-based Section 111 application on the COB Secure Web site (COBSW) in April 2009. At that time you will be invited to confirm your paper registration, set up your online account and register individual users for the site. This new application will provide new options for submitting files to the COBC and allow you to monitor the status of test and production file processing in the Section 111 process.

Field Descriptions

Following is a table containing **descriptions** for each field on the MMSEA Section 111 Registration Attachment. The actual Registration Form follows these field descriptions.

Responsible Reporting Entity Information	
Field	Description
Company Name	The company 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.
Company Address	The corporate address associated with the TIN or EIN supplied.
Company Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	The IRS-assigned tax ID associated with the company reflected under this Section 111 registration. If you have more than one EIN, you may submit this registration with any one of those EINs. Other 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.
Company Telephone	Telephone number of your corporate office.
Company Fax	Facsimile number of your corporate office.
Insurer Lines of Business	Coverage provided by the GHPs reflected in your file submission. Check all that apply.
Parent Company Name	Name of your parent company if different than the Company 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.
Subsidiary Company NAIC Company Code(s) and EIN(s)	Company Codes assigned to each subsidiary organization by the NAIC. 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 COBC 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.
Last Name	Last name of the individual who has the legal authority to bind your organization to the terms of MMSEA Section 111 requirements and processing.
Title	Job title of your authorized representative named above.
Company Address	Company or work mailing address of your authorized representative named above.
Company Telephone	Company or work telephone number where your authorized representative can be reached.
Company Fax	Company or work facsimile number used by your authorized representative.
Company E-mail Address	Electronic mail address used by your authorized representative for work-related e-mail.

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.
Last Name	Last name of the contact person described above.
Title	Job title of your technical contact named above.
Company Address	Company or work mailing address of your technical contact named above.
Company Telephone	Company or work telephone number where your technical contact can be reached.
Company Fax	Company or work facsimile number used by your technical contact.
Company 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	An estimate of the current number of individuals, including subscribers and dependents, covered by your GHPs reflected in this Section 111 submission profile.

<p>Estimated Number of Covered Individuals Age 45 and Over</p>	<p>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 45 years old and older.</p>
<p>Reporting Level</p>	<p>Check either the Basic or Expanded Option.</p> <p>Exchange of prescription drug coverage information with the Expanded Option is the major difference between the two options.</p> <p>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> <p>More information on reporting options will be provided in the MMSEA Section 111 GHP User Guide that will be posted on www.cms.hhs.gov/MandatoryInsRep.</p>

<p>Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare Part D?</p> <p>RxBIN PCN</p>	<p><i>Answer this question only if you selected the Expanded Reporting Option above.</i></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. If you have more than one RxBIN and/or PCN, please provide all of them on a separate Word document and include with this attachment.</p> <p>For Section 111 Reporting purposes, Active Covered Individuals are:</p> <ul style="list-style-type: none"> • All individuals you cover in a GHP age 45 through age 64 who have coverage based on their own or a family member's current active employment status. • All individuals you cover in a GHP age 65 and older who have coverage based upon their own or a spouse's current active employment status. • All individuals you cover in a GHP who have been receiving kidney dialysis or who have received a kidney transplant, regardless of their own or a family member's current active employment status. • All individuals you cover in a GHP under age 45 who are known to be entitled to Medicare and who have coverage in your plan based on their own or a family member's current active employment status. When reporting on these individuals, you must submit their Medicare Health Insurance Claim Number (HICN).
<p>Do you offer network prescription drug coverage to your Inactive Covered Individuals that may be secondary to Medicare Part D?</p> <p>TrOOP RxBIN TrOOP PCN</p>	<p><i>Answer this question only if you selected the Expanded Reporting Option above.</i></p> <p>Check either the Yes or No box.</p> <p>Inactive Covered Individuals are people who are currently not working (most are carried as retired), and a spouse and (or) other dependents, enrolled in your GHP who cannot be classified as Active Covered Individuals.</p>

	<p>If you check Yes, provide your supplemental or secondary TrOOP RxBIN and PCN for this network coverage. If you have more than one RxBIN and/or PCN, please provide all of them on a separate Word document and include with this attachment.</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>Answer this question only if you selected the Expanded Reporting Option above.</i></p> <p>Check one box.</p> <p>If you are a COBC Trading Partner and will submit your supplemental drug coverage information on E02 records through the COBA process, check the COBA E02 box.</p> <p>If you will send supplemental drug coverage information on D records in your Non-MSP file, then check the Non-MSP File box.</p>
<p>Will you submit RDS Retiree File records on your Non-MSP File?</p>	<p><i>Answer this question only if you selected the Expanded Reporting option above.</i></p> <p>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.</p> <p>Otherwise, check the No box.</p>
<p>How often will you submit your Non-MSP File?</p>	<p><i>Answer this question only if you selected the Expanded Reporting option above.</i></p> <p>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><i>All registrants should complete the rest of this attachment.</i></p> <p>Indicate the way in which you will transmit files to the COBC and receive response files in return.</p> <p>Most VDSA/VDEA partners will continue to transmit as they do now using either Connect:Direct or HTTPS/SFTP options already in place.</p>

	<p>If you select Connect:Direct, please submit the MMSEA Section 111 Connect:Direct Transmission Information attachment below. You will receive information on file naming conventions on your Profile Report after your registration has been processed.</p> <p>If you currently use HTTPS/SFTP and will continue to do so for Section 111, you will use your same mailbox for file transfer to CMS. However, you will use new file names for Section 111 submissions. HTTPS/SFTP file naming conventions will be posted on www.cms.hhs.gov/MandatoryInsRep.</p> <p>If SFTP or HTTPS is selected and you are NEW to that transmission method, your EDI Rep will contact you regarding set up necessary to establish your mailbox after your registration is processed.</p>
<p>CMS HTTPS/SFTP Mailbox Name/IACS Organization Number</p>	<p>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>Select either Yes or No.</p> <p>The submission of the Query-Only file is optional. However, for Basic Option reporters, 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 on the Non-MSP file.</p> <p>Note that the MSP response files sent back by the COBC for Basic Option reporters will include Medicare Parts A, B and C 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>Answer only if you answered Yes to the question above. Select either Yes or No.</p> <p>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>

If so, do you need the COBC to send you the mainframe or PC-based HEW Software?	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.
Will an agent report data on your behalf?	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.

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.

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REGISTRATION FORM

Responsible Reporting Entity Information	
Company Name: _____	
Company Address: Street Line 1: _____ Street Line 2: _____ City: _____ State: __ Zip Code: ____-____	
Company Federal Tax ID Number (TIN) or Employer ID Number (EIN): _____ NAIC Company Code : _____	Company Telephone: (____) ____-____ Company Fax: (____) ____-____
Insurer Lines of Business: <input type="checkbox"/> Hospital <input type="checkbox"/> Medical <input type="checkbox"/> Prescription Drug	
Parent Company Name (if different from above): _____	Parent Company NAIC Group Code and EIN (if different from above): ____-____
Subsidiary Company Name(s): _____ _____ _____	Subsidiary Company NAIC Company Code(s) and EIN(s): ____-____ ____-____ ____-____

Responsible Reporting Entity Information (cont.)	
Current VDSA/VDEA Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	VDSA/VDEA Plan Number(s): ____-____-____-____
Current COBA Trading Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	COBA ID(s): _____ ____-____-____

Authorized Representative Information

First Name: _____ Last Name: _____

Title: _____

Company Address:

Street Line 1: _____

Street Line 2: _____

City: _____ State: __ Zip Code: _____-_____

Company Telephone: () ____-_____

Company Fax: (____) ____-_____

Company E-Mail Address: _____

Technical Contact Information

First Name: _____ Last Name: _____

Title: _____

Company Address:

Street Line 1: _____

Street Line 2: _____

City: _____ State: __ Zip Code: _____-_____

Company Telephone: () ____-_____

Company Fax: (____) ____-_____

Company E-Mail Address: _____

Section 111 File Submission Profile Information

Estimated Number of Covered Individuals: _____

Estimated Number of Covered Individuals Age 45 and Over: _____

Reporting Level (Check One): Basic Expanded

If you selected the **Expanded** Option:

Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare Part D? (Check One): Yes No

RxBIN _____

PCN _____

Do you offer network prescription drug coverage to your Inactive Covered Individuals that may be secondary to Medicare Part D? (Check One): Yes No

TrOOP RxBIN _____

TrOOP PCN _____

If you do provide network prescription drug coverage for Inactive Covered Individuals, how will you submit this information to the COBC? (Choose One): Non-MSP File COBA E02

Will you submit RDS Retiree File records on your Non-MSP File? (Check One): Yes No

How often will you submit your Non-MSP File? (Choose One): Monthly Quarterly

File Transmission (Complete for both Basic and Expanded Reporting Levels)

File Transmission Method (Check One):

Connect:Direct (NDM via the AT&T Global Network System [AGNS])

Secure File Transfer Protocol (SFTP)

Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)

If Connect:Direct is selected, complete the MMSEA Section 111 Connect:Direct Transmission Information attachment.

If SFTP or HTTPS is selected and you are NEW to that transmission method, your EDI Rep will contact you regarding the steps needed to set up your mailbox.

If SFTP or HTTPS is selected and you already have a mailbox for VDSA/VDEA, please provide your mailbox name below. This is also known as your "unique ID" or organization number in IACS. It is the letter V followed by your 4 digit VDSA Plan Number (V1234).

CMS HTTPS/SFTP Mailbox Name/IACS Organization Number: _____

Do you plan to exchange Query-Only Files in ANSI 270/271? Yes No

If so, will you use the HIPAA Eligibility Wrapper (HEW) Software supplied by the COBC?

Yes No

If so, do you need the COBC to send you the mainframe or PC-based HEW Software?

Mainframe PC

Section 111 File Submission Profile Information (cont.)

Will an Agent report data on your behalf?: Yes No

Agent Information (Complete *only* if using an agent to submit data)

Agent Company Name: _____

Agent Contact First Name: _____ Last Name: _____

Agent Company Address:

Street Line 1: _____

Street Line 2: _____

City: _____ State: __ Zip Code: ____-____

Agent Contact Telephone: (____) ____-____

Agent Contact Fax: (____) ____-____

Agent Contact Company E-Mail Address:

Data Use Agreement

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I, the undersigned Authorized Representative of the Responsible Reporting Entity defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. 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 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 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 Responsible Reporting Entity 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 Responsible Reporting Entity 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.

Signature of Authorized Representative: _____

Date: _____

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Coordination of Benefits Contractor (COBC) Connect:Direct Transmission Information

Note: This form is only to be completed and returned if the Connect:Direct (NDM via the AT&T Global Network System [AGNS]) file transmission method was selected on the MMSEA Section 111 GHP Paper Registration Form, above.

Scope

This document provides instructions on how data may be transmitted via Connect:Direct over the AT&T Global Network System (AGNS) to the Coordination of Benefits Contractor (COBC) at the Group Health Inc. (GHI) data center for the MMSEA Section 111 reporting process.

Instructions for Electronic Transmission of Data via Telecommunication Line(s)

CMS' preferred method of electronic transmission is Network Data Mover (NDM) via the AT&T Global Network System (AGNS) with Connect:Direct. Connect:Direct can support SNA or TCP/IP via the AGNS network.

AGNS is a private network that is capable of transporting multiple protocol data streams to its members at any point in the world. Because the COBC is a member of the AGNS VAN, it can talk to other members that are connected to this network. AGNS service precludes the need to support a separate link to each electronic submitter, which would be more expensive and difficult to implement and maintain. It is the mandated network to use for COBC related business as directed by CMS. Moreover, AGNS uses an encryption scheme of triple DES as a default to secure the physical transport of transferred data.

Other methods of data transmission will be considered as long as they meet CMS' standard security data requirements. However, TCP/IP or SNA will be made available to electronic submitters that are connected to the AGNS network. FTP via TCP/IP on a dial or dedicated basis via AGNS will also be supported.

Establishing Connectivity to the COBC

Electronic submitters that do not currently have an existing AGNS account and plan to send and receive information via a telecommunications link should contact one or more of the well-established resellers of AT&T services to obtain a dedicated or a dial-up access line to the managed AGNS VAN.

The COBC strongly encourages electronic submitters to activate new accounts as early as possible to comply with the current technical requirements of the Section 111 program.

If you have any technical questions or need further assistance with establishing an electronic transmission link, please contact our Electronic Data Interchange (EDI) Department at (646) 458-6740.

Electronic Communication Process

For a dial line to AGNS for FTP: (Medium to Low Volume)

- The electronic submitter must have a workstation with a modem to connect to AGNS via the Global Network Client, and must sign up with an authorized reseller to obtain an AGNS account and client software. (AT&T Global Network Client can be obtained for free from the Web and is also provided by the reseller.) The reseller will contact GHI for approval before continuing the process.
- Upon receipt of GHI's approval, the reseller will provide the submitter with an AGNS Account, UserID, and Password for the AT&T Global Network Client configuration.
- Once connected to AGNS via the Global Network Client telephone numbers provided, the submitter will automatically be assigned an IP address from a pool of predefined IP addresses.
- The submitter will present to the AT&T Global Network Client their AGNS Account, UserID and Password, which was provided by the reseller.
- The reseller should communicate to the submitter the IP address of GHI's production FTP mainframe server.
- GHI will establish the appropriate security protocol to provide the submitter with an FTP UserID and password (account) that will allow the submitter to have RACF ALTER/UPDATE authority for the file that they will be sending to GHI. The destination filenames will be provided on your profile report.
- The submitter can then initiate a FTP from their workstation to GHI's host either via a GUI interface or from the command prompt on their workstation after they are connected to AGNS via the Global Network Client.
- If a technical problem occurs with the above, the submitter should contact the GHI Help Desk at (212) 615-4357 and specify that they require assistance with FTP from a workstation to a mainframe.

For a dedicated line to AGNS for FTP: (High to Medium Volume)

- The submitter must have a workstation or host that has access to their AGNS dedicated line in their environment, usually by a router and firewall, and sign up with an authorized reseller to obtain an AGNS account and client software. The reseller will contact GHI for approval before continuing the process.
- The submitter must communicate their source IP address and subnet mask directly to GHI or use a reseller to communicate this after approval. GHI will use this 'source' IP address to update their internal network environment with the proper IP addresses.
- GHI will provide their FTP/IP destination address to authorized personnel at the submitter's site or to the reseller and assign an FTP Security ID and Password (account) to the submitter.
- The submitter can then initiate an FTP from their workstation to GHI's host either via a GUI interface or from the command prompt on their workstation.
- If technical problem occurs with the above, the submitter should contact the GHI Help Desk at 212-615-4357 and specify that they require assistance with FTP from a workstation to a mainframe.

For a dedicated line to AGNS for Connect Direct (NDM/IP) – (High to Medium Volume)

- The submitter must sign up with an authorized reseller to obtain an AGNS account and dedicated line. (AT&T Global Network Client - which can be obtained for free from the Web and is provided by the reseller) The reseller will contact GHI for approval before continuing the process.
- The submitter must communicate their source IP address, subnet mask, and NDM port number directly to GHI or use a reseller to communicate this information. GHI will use this 'source' IP address, subnet mask, and IP port, to update their internal network environment with the proper IP addresses.
- GHI will provide their NDM/IP address to authorized personnel at the submitter's site or to the reseller. This will include GHI's subnet mask and IP port number and GHI's NDM node ID. GHI will also assign an NDM security ID and Password (SNODEID) to the submitter.
- NDM testing will begin after all information is distributed to the submitter and GHI has made the appropriate changes to their internal environment.

For a dedicated line to AGNS for Connect Direct (NDM/SNA) – (High to Medium Volume)

- The submitter must sign up with an authorized reseller to obtain an AGNS account and dedicated line. The reseller will contact GHI for approval before continuing the process.
- The submitter must exchange with GHI NDM parameters as follows either directly or via the reseller:
 - NDM NODE
 - SNA APPL
 - SNA NETID
- GHI will assign an NDM security ID and Password (SNODEID) to the submitter. NDM testing can begin after all information is distributed.

If a submitter needs a file from GHI via AGNS:

Dial FTP submitters can:

- Learn via e-mail or other means that GHI has a response file ready.
- Connect to AGNS via the AT&T Global Network Client after presenting a valid AGNS Account, UserID, and Password.
- User will FTP to GHI's mainframe server via IP address assigned.
- User will sign on using the appropriate RACF UserID and Password to our FTP server.
- Our security group needs to grant RACF Read access for the file to the UserID so that it may be retrieved.
- The User can then use FTP 'get' command to bring that authorized mainframe file to their site.

Note: Dedicated FTP or NDM submitters can automatically receive a file when GHI is ready to send one provided the submitter makes their host available, and the proper reception environment has been set up at the receiving end.

Electronic Transmission Information

Electronic submitters must specify their method of transmission to the Coordination of Benefits Contractor (COBC).

Submitter Data

Company Name: _____
Former VDSA ID: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip Code: _____

Contact Name: _____
Telephone Number: _____
E-mail Address: _____

Please select one of the following Electronic Transmission Methods:

- Dial line to AGNS for FTP
- Dedicated line to AGNS for FTP:
- Dedicated line to AGNS for Connect Direct (NDM/IP)
- Dedicated line to AGNS for Connect Direct (NDM/SNA)

Please complete the account information for your bi-directional connection:

AGNS NDM/SNA
Account ID: _____

Node ID: _____

Net ID: _____

Appl ID: _____

OR

NDM/IP
Account ID: _____

IP Address: _____

Port Address: _____

Destination Data Set Names for COBC Response Files

Please indicate your requirements for the transmission of files to your production and test environments for the MMSEA Section 111 Response Files. Additionally, please specify any trigger jobs you request the Response File to trigger at your site for both test and production.

Production Requirements

MSP Response File Data Set Name:

Special Instructions (e.g., file triggers):

Query-Only Response File Data Set Name:

Special Instructions (e.g., file triggers):

Non-MSP Response File Data Set Name:

Special Instructions (e.g., file triggers):

Test Requirements

MSP Response File Data Set Name:

Special Instructions (e.g., file triggers):

Query-Only Response File Data Set Name:

Special Instructions (e.g., file triggers):

Non-MSP Response File Data Set Name:

Special Instructions (e.g., file triggers):

The COBC GHI VTAM and TCP Information will be provided to you on your MMSEA Section 111 profile report that will be sent after your registration has been processed. In addition, your profile report will contain the COBC GHI destination data set names and file attributes you will need in order to send your files to the proper location for MMSEA Section 111.

Quick Reference Guide for Establishing AGNS Connectivity to COBC

Electronic Submissions

- STEP 1:** Submitter contacts an authorized reseller for a Connect:Direct connection providing both sites' network information.
- Submitters must have GHI's network information, which will be provided on your profile report sent after the COBC has processed your registration.
- STEP 2:** The reseller and electronic submitters will determine the method of data transmission.
- STEP 3:** The reseller will coordinate with AT&T in order to establish a new connection.
- STEP 4:** Once a new connection is established, the reseller will notify the COBC of the connectivity completion and request approval. The COBC will notify GHI network systems of an approval notification.
- STEP 5:** GHI network systems will define network NDM or FTP definitions, as well as requesting an internal change control meeting. This process takes approximately a week.
- STEP 6:** GHI will coordinate with our technical, applications, and security groups for filenames, authorizations, UserIDs, Passwords, and testing of data exchanges.