



## **Financial Services Group**

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**November 12, 2020**

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

#### **Technical Alert: Revisions to Section 111 Edits to no Longer Cause Record to Reject**

This alert serves to notify Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) of revisions to some Section 111 Claim Input File edits to no longer reject records for certain errors effective April 5, 2021.

The errors outlined below will be considered soft edits and the incoming record will not be rejected due to these errors. These soft edits shall be returned in the existing Error Code fields on S111 Claim Response Files after all rejecting errors have been added to the response file. While these errors will not cause a record to reject, RREs are still responsible for reviewing the response file for these errors and should make corrections on their next quarterly file submission.

1. The following errors will no longer cause rejection of a record but should be corrected by the RRE on their next quarterly file submission: CC05, CC11, CC12, CC13, CC31, CC33, CC45, CC51, CC53, CC65, CC71, CC73, CI02, CI03, CI25, CP03, CP06, CP07, CP08, CP09, CP10, CR11, CR12, CR13, CR31, CR32, CR33, CR51, CR52, CR53, CR71, CR72, CR73, CR91, CR92, CR93, & CR94.
2. A new error code of CP13 will be added to S111 NGHP Response file processing. When the No-Fault Insurance Limit submitted on a S111 claim input file detail record is less than \$1,000.00, the record will be accepted but the new CP13 error will be returned on the response file for the claim report.

Additional information on these changes can be found in version 6.1 of the Non-Group Health Plan User Guide available on the [NGHP User Guide](#) page on [CMS.gov](#). Please see chapter 1 for a summary of updates.