COB&R
Coordination of Benefits and Recovery

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Section 111 Group Health Plan (GHP) Reporting Changes Overview

April 18, 2019

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Presentation Overview

- Current Reporting Process
- The SUPPORT Act
- Impact of the SUPPORT Act on Reporting
- Understanding Who Reports
  - Registering as an Responsible Reporting Entity
- How to Report Prescription Drug Coverage
  - MSP Input File
  - Response File
- Important Reminders

Current Reporting Process

- Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007 ("Section 111") created mandatory reporting requirements regarding Medicare beneficiaries who have coverage under Group Health Plans (GHPs)
- GHP organizations required to report under Section 111 are referred to as Responsible Reporting Entities, or RREs
- The current Section 111 GHP reporting process includes the option to voluntarily exchange prescription drug coverage information

Current Reporting Process Cont.

- Section 111 offers two voluntary reporting options related to prescription drug coverage information

  1. Basic: This option is used to supply CMS with the required hospital and medical coverage, and can also be used to submit primary prescription drug coverage information via the "MSP Input File"

  2. Expanded: This option is used to supply CMS with supplemental prescription drug coverage information via the "Non-MSP Input File," in addition to coverage information supplied through the Basic reporting option

The SUPPORT Act

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act ("SUPPORT Act") was enacted October 2018 in response to growing concerns about opioid abuse in the U.S.
- The SUPPORT Act modifies Medicaid, Medicare and other health care programs to help prevent opioid substance use disorder and provide better access to treatment for the disorder
- Section 4002 of the Act applies to Section 111 GHP reporting of primary prescription drug coverage

Impact of the SUPPORT Act on Reporting

- Prior to the implementation of the SUPPORT Act, the reporting of primary prescription drug coverage has been voluntary
- The SUPPORT Act mandates the reporting of primary prescription drug coverage by GHP RREs
- This mandate will become effective for calendar quarters beginning on or after January 2020

Understanding Who Reports

- For purposes of the reporting requirements, the RRE is an insurer that, in return for the receipt of a premium, assumes the obligation to pay primary prescription drug claims described in the insurance contract and assumes the financial risk associated with such payments
- In instances where an insurer does not process and pay primary prescription drug claims and does not assume the financial risk associated with such payments, but instead carves out these benefits to a third party, then that third party would be considered the RRE for prescription drug coverage

Registering as a Responsible Reporting Entity

- If you are not already registered as an RRE but are required to report, you must register to do so via the Section 111 Coordination of Benefits Secure Website (COBSW)
  - Full details on how to register are available in the "Section 111 GHP User Guide" on CMS.gov
  - You may contact the Benefits Coordination and Recovery Center (BCRC) Electronic Data Interchange (EDI) Department for additional assistance with registration at (646) 458-6740

How to Report Prescription Drug Coverage

- The MSP Input File is the data set used by all RREs to report GHP coverage information to Medicare
- All GHP RREs must submit the MSP Input File in order to comply with the Section 111 requirements
- The MSP Input File is currently used to report primary prescription drug coverage information and will continue to be used for the required reporting under the SUPPORT Act

How to Report Prescription Drug Coverage Cont.

- There are prescription drug coverage fields in the MSP Input File that RREs are required to use in order to report primary prescription drug coverage
- It is important RREs pay close attention to these fields to ensure they are accurately supplying primary prescription drug coverage information

Key Reporting Fields

- Key Fields
  - Field 8: Coverage Type
    - ‘U’ = Drug Only (network Rx)
    - ‘V’ = Drug Only (non-network Rx)
    - ‘W’ = Comprehensive Coverage – Hosp/Med/Drug (network Rx)
    - ‘X’ = Hospital and Drug (network Rx)
    - ‘Y’ = Medical and Drug (network Rx)
    - ‘Z’ = Prescription Drug Health Reimbursement Account (non-network Rx)
    - ‘4’ = Comprehensive Coverage – Hosp/Med/Drug (non-network Rx)
    - ‘5’ = Hospital and Drug (non-network Rx)
    - ‘6’ = Medical and Drug (non-network Rx)

Key Reporting Fields Cont.

- Field 24: Rx Insured ID Number (Required)
- Field 25: Rx Group Number (Required)
- Field 26: Rx PCN (Recommended)
- Field 27: Rx BIN Number (Required)
- Field 28: Rx Toll Free Number (Recommended)
- RREs should review the full MSP Input File Detail Record Layout table in the Section 111 GHP User Guide

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Response Files

- RREs will receive a response file for every successful transmission of a Section 111 MSP Input File
- RREs who currently report primary prescription drug coverage information will see no change
- RREs who have not submitted primary prescription drug coverage information in the past will notice newly populated fields containing prescription drug coverage information

Response Files Cont.

- Key Prescription Drug Related Response Fields:
  - Field 69: Rx Disposition Code – provides information on what was done with the information you submitted
  - Field 71-74: (Rx Error Codes 1-4) are used to identify errors in the specific prescription drug coverage data elements that you submitted
- Response files will need to be processed by the RRE and any errors corrected in the next quarterly input file submission

Reminders

- The current MSP Input File layout is not changing
- Primary prescription drug coverage information reporting fields are already available to RREs

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Reminders Cont.

- RREs currently voluntarily reporting primary prescription drug coverage may continue to do so
- RREs not already reporting primary prescription drug coverage can start now
- Mandatory reporting of primary prescription drug coverage begins for calendar quarters on or after January 2020

Resources

- The EDI Department is available for assistance at (646) 458-6740
- For additional information, please also see the following resources:
  - Section 111 SUPPORT Act Alert
  - GHP User Guide
  - GHP Training Materials
  - Section 111 Mailbox

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Questions & Answers

Slide 1: SUPPORT Act S111 Reporting Changes Overview (Notes Summary)

Slide 2: Presentation Overview

During this presentation, we will provide you with information about the upcoming Section 111 Group Health Plan or GHP reporting changes related to the SUPPORT act. This will include background information on the Act, current state of reporting, changes to reporting from the Act including who should be reporting, how to report and some additional resources.

Slide 3: Current Reporting Process

Before we get into details about what will be changing in relation to primary prescription drug coverage reporting under the SUPPORT Act, we would like to take a moment to make sure we all understand the current state of this reporting.

As most of you are aware, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) added mandatory reporting requirements with respect to Medicare beneficiaries who have coverage under Group Health Plan (GHP) arrangements.

GHPs that must report under Section 111 are generally referred to as Responsible Reporting Entities or RREs. Currently, the Section 111 GHP reporting process includes the option to voluntarily exchange prescription drug coverage information, in order to coordinate benefits related to Medicare Part D.

Slide 4: Current Reporting Process Cont.

There are two reporting options, as related to voluntary reporting of prescription drug coverage information. These options are Basic and Expanded.

The Basic option is used to supply CMS with the required hospital and medical coverage information for Medicare beneficiaries but it can also be used to supply CMS voluntarily with primary prescription drug coverage information via the MSP Input File. Primary prescription drug coverage is defined as any drug coverage supplied through the active employment of the beneficiary, spouse or family member that is responsible to pay before Medicare.

The Expanded option includes all the Basic reporting information with the additional option of voluntarily reporting supplemental prescription drug coverage information via the Non-MSP Input File. Supplemental drug coverage is coverage not supplied through active employment.

Slide 5: The SUPPORT Act

Let’s begin by talking in more detail about what the SUPPORT Act is.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was enacted in response to growing concerns about opioid abuse in the U.S. The Act makes modifications to various health care programs, including Medicare, to help prevent opioid substance abuse and to provide better access to treatment. It became law in October of 2018 and Section 4002 of the Act makes changes to GHP reporting of primary prescription drug coverage. And that is what we will be focusing on in our presentation today.

Slide 6: Impact of the SUPPORT Act on Reporting

Now that we have a baseline for the current reporting requirements, let's talk about how the SUPPORT Act impacts that reporting.

As many of you are aware, and as we mentioned in the previous slides, reporting of prescription drug coverage information under Section 111, has been voluntary for GHP Insurers. Section 4002 of the SUPPORT Act mandates the reporting of primary prescription drug coverage information by GHP RREs.

That means that all GHPs that offer primary prescription drug coverage will now be required to report it. So while some of you may already be voluntarily reporting it, many of you are not and will need to begin to do so for calendar quarters beginning on or after January 2020.

Slide 7: Understanding Who Reports

Now that we know that reporting of primary prescription drug coverage will be required we need to look at understanding who will be responsible for that reporting under the Act.

If you, as the GHP, provide primary prescription drug coverage and pay the drug claims for that coverage then you will be considered the RRE. However, if you, as the GHP, carve out the responsibility for processing and payment of the prescription drug claims to a third party, and that third party pays the prescription drug claims and assumes the financial risk associated with those claim payments, such as a Third Party Administrator, or TPA, or a Pharmacy Benefits Manager, or PBM, then the third party will be considered the RRE. Only the entity identified as the RRE should report.

Full definitions for who should report can be located in Appendix F of the Section 111 GHP User Guide.

Slide 8: Reporting as a Responsible Reporting Entity

While most of you are already registered as RREs, there may be some of you that are new to Section 111 reporting. For those of you who are, we wanted to mention that you will need to register as an RRE via the Coordination of Benefits Secure Website also called the COBSW.

While we won't get into full details of how to register in this webinar, information on how to register is outlined in the Section 111 GHP User Guide on CMS.gov. You can also contact the EDI department to assist you in this process.

Slide 9: How to Report Prescription Drug Coverage

Now that we have talked about registration we need to talk more about how to report primary prescription drug coverage. The MSP Input File is the data set used to report GHP coverage information to Medicare.

All GHP RREs must submit an MSP Input File in order to comply with the Section 111 requirements. This is the basic reporting option that we mentioned earlier. This MSP Input file is where you can currently report prescription drug information and you will continue to use it for the required prescription drug coverage reporting under the SUPPORT Act.

Slide 10: How to Report Prescription Drug Coverage Cont.

While you may already be familiar with submitting the MSP input file for reporting of hospital and medical coverage information, now that you will be mandated to submit primary prescription drug coverage information on the file, there are some newly required fields.

It is important to pay close attention to these key fields to ensure you are accurately supplying the primary prescription drug coverage information. Let's take a closer look at these fields.

Slide 11: Key Reporting Fields

The first of the key field that I want to point out is Field 8. This field is used to indicate the coverage type for the beneficiary you are reporting. Because it will now be mandated to report primary prescription drug coverage you will need to be sure to indicate the correct Coverage Type to ensure you are reporting if it includes prescription drug coverage.

The available coverage type codes listed include those for Rx only coverage as well as Rx coverage that is inclusive to hospital and/or medical. These are the codes you will use when you report primary prescription drug coverage.

You'll also notice coverage types separating Network and Non-Network. Network coverage is coverage where claims are routed electronically and you have BIN/PCN numbers. Non-Network would be for manual claims only where there is no BIN/PCN numbers.

I just wanted to provide that clarification as we get the question quite often.

Slide 12: Key Reporting Fields Cont.

Other key mandated fields to make note of include fields 24-28, which are specific to prescription drug coverage information and include details like the Rx Group Number, PCN and BIN numbers.

RREs should review the full MSP Input File Detail Record layout table in the Section 111 GHP User Guide, which will show all the reportable fields in the MSP Input file.

Slide 13: Response Files

Having covered submission of prescription drug coverage information on the MSP Input File, we want to talk about response files. For every non-empty MSP Input File you submit for Section 111 reporting that is successfully transmitted without severe errors, the BCRC will send you a response file in return. The response file will include information on any errors found, disposition codes that indicate the results of processing, and Medicare entitlement/enrollment information as prescribed by the particular file format.

If you are already voluntarily submitting prescription drug coverage information you will be familiar with receiving a response file that includes the data populated in the prescription drug information fields. But for those who have not submitted drug coverage information in the past you will notice that while the response file layout is the same, there will be newly populated fields that contain prescription drug coverage information.

Slide 14: Response Files Cont.

As in the MSP Input File there are also some key fields in the Response File.

The Rx Disposition Code (Response Field 69) provides you information regarding what was done with the prescription drug information you sent.

The Rx Error Codes (Response Fields 71-74) are specific to the prescription drug coverage data elements on the MSP Input File including Rx Insured ID (Field 24), Rx Group (Field 25), Rx PCN (Field 26), Rx BIN (Field 27), Toll-Free Number (Field 28) and Person Code (Field 29).

Response files need to be processed by the RREs and any errors corrected in the next quarterly file submission.

Please note: if you are reporting comprehensive coverage and the MSP or prescription drug record is returned with a disposition code that the record was not accepted, you should correct the errors and then submit the full coverage record (Hospital, Medical, and/or Prescription Drug) in the next quarterly file submission.

Slide 15: Reminders

I just want to go over a few reminders.

Please keep in mind that nothing is changing with the file layout, and the ability to report prescription drug coverage is already available via the current reporting method.

Slide 16: Reminders Cont.

If you are already reporting that information voluntarily you can continue to do so.

Those not currently reporting who want to start right away can also do so in their next quarterly submission if they so choose.

Again mandated reporting of primary prescription dug coverage will begin for calendar quarters on or after January of 2020.

Slide 17: Resources

The EDI Department is available for assistance at 646-458-6740.

For additional information on the current GHP Section 111 reporting process you should access the GHP User Guide or the GHP Training Curriculum. These materials will be subsequently updated to reflect the changes for the SUPPORT Act but until such time you can reference the Section 111 SUPPORT Act Alert located on CMS.gov. If you haven't already you should also sign up to receive notifications on CMS.gov from the Section 111 GHP pages. You can do this using the "Sign Up" box at the bottom of any CMS.gov page and selecting which pages you want to receive updates on. That will allow you to receive notices when materials are updated or new information is posted.

You can also always submit questions via the Section 111 mailbox.

Slide 18: Questions & Answers

We will now move into the question and answer portion of our webinar.