

# 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 Webinar #2

June 20, 2019

# Presentation Overview

- SUPPORT Act Reminder
- Who is the Responsible Reporting Entity (RRE)
- New RRE Registration
- Reporting Reminders
- Upcoming July Changes
- Resources

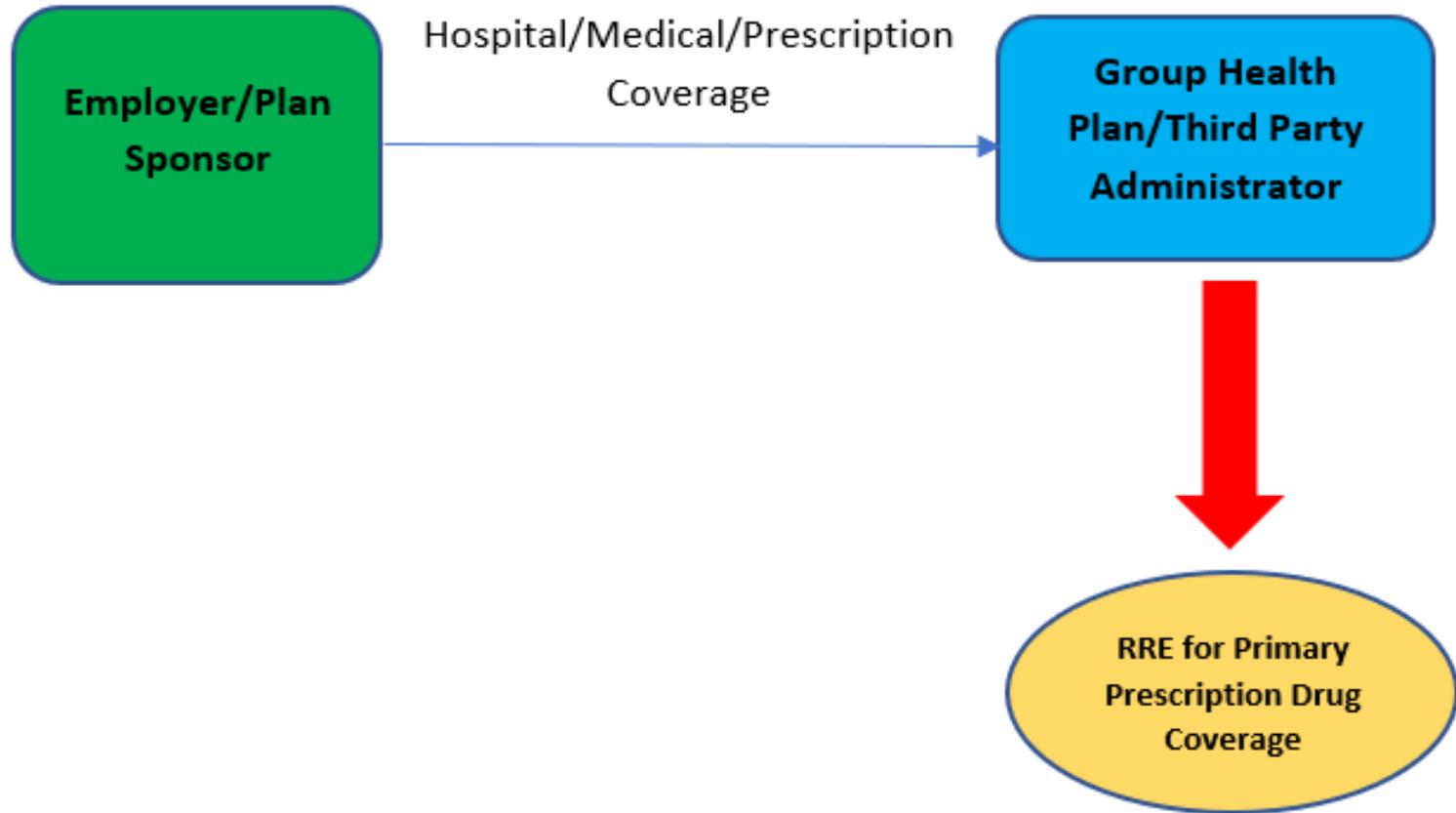
# SUPPORT Act Reminders

- Section 4002 of the SUPPORT Act applies to Section 111 GHP reporting of primary prescription drug coverage.
- The SUPPORT Act mandates the reporting of primary prescription drug coverage by GHP RREs.
- Prior to the implementation of the SUPPORT Act, the reporting of primary prescription drug coverage has been voluntary.
- This mandate will become effective for calendar quarters beginning on or after January 1, 2020.

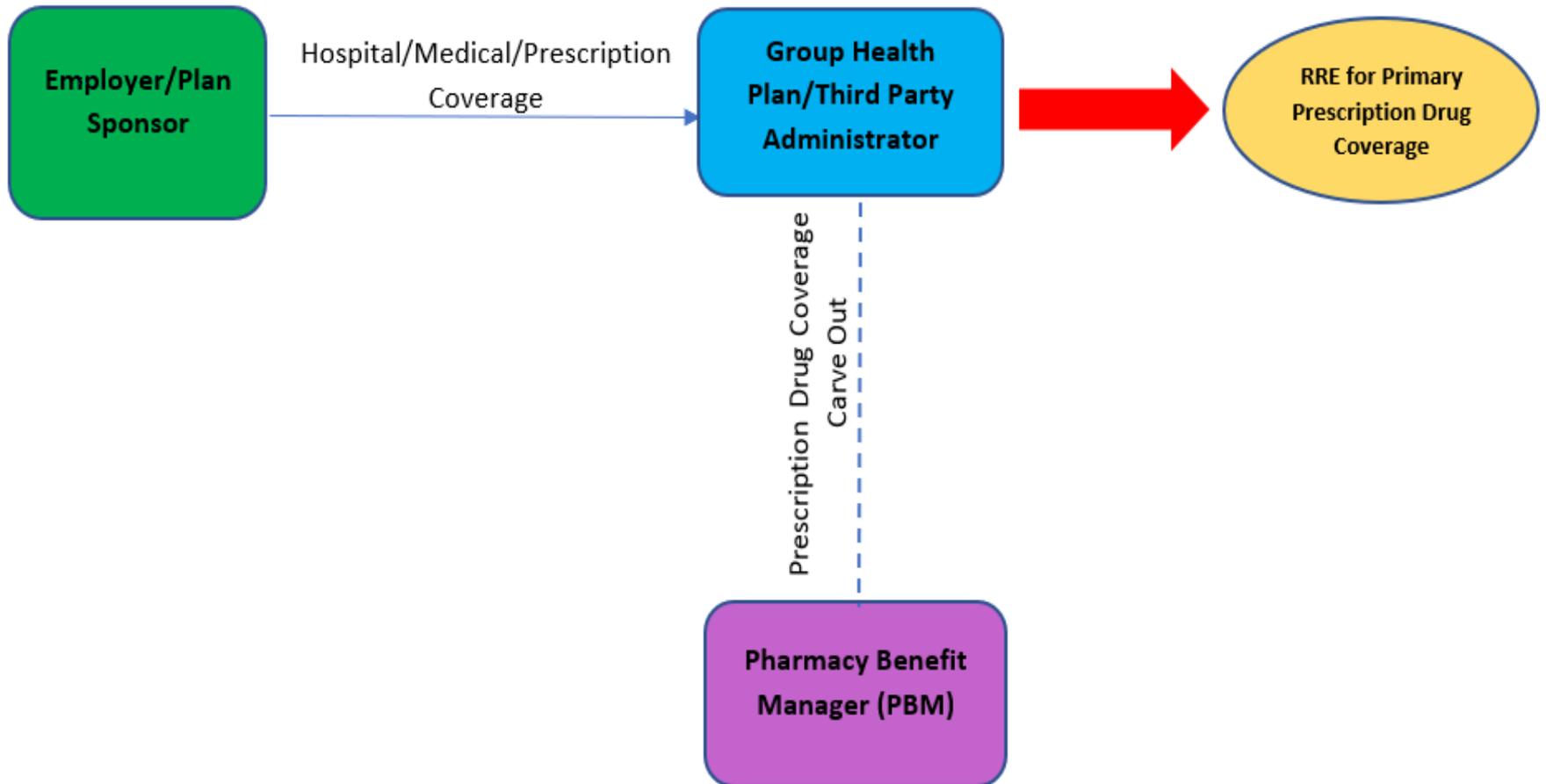
## Who is the RRE?

- Who is considered the RRE will depend on how the Employer/Plan Sponsor structures its contracts for hospital, medical, and prescription drug coverage.
- The RRE for the primary prescription drug coverage reporting is the entity that has the direct relationship with the Employer/Plan Sponsor regarding this coverage offering.
- The RRE is responsible for reporting the primary prescription drug coverage information as required under the SUPPORT Act.

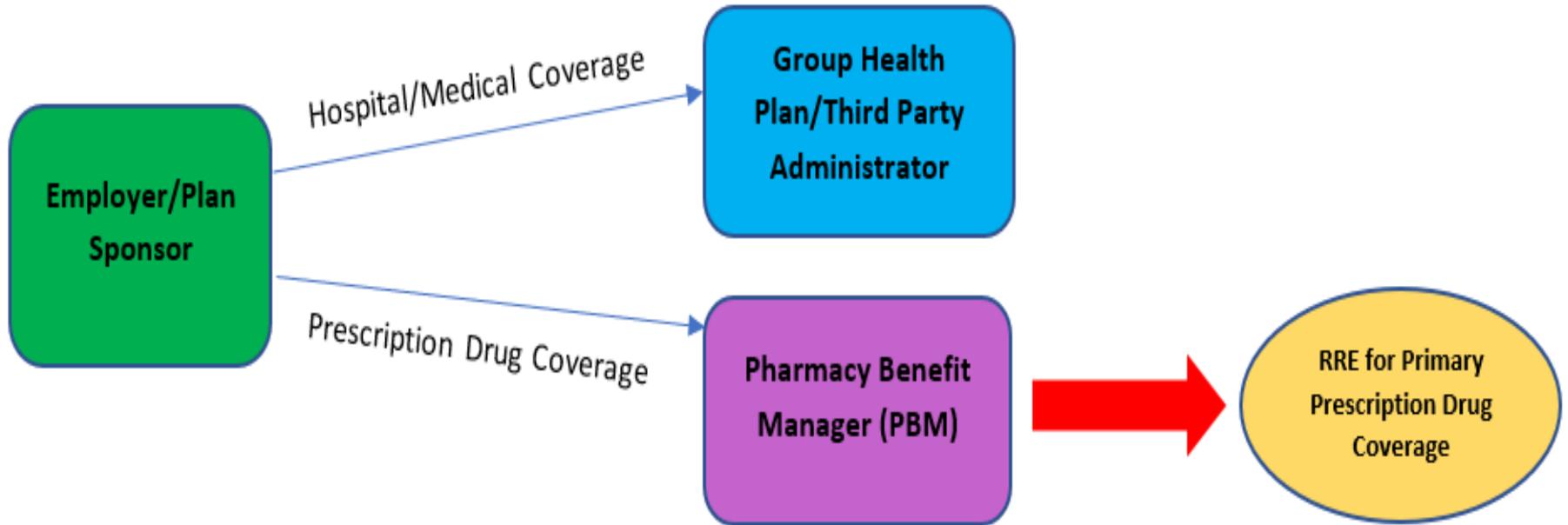
# GHP/TPA Comprehensive Coverage



# GHP/TPA Comprehensive Coverage with Rx Coverage Carve Out

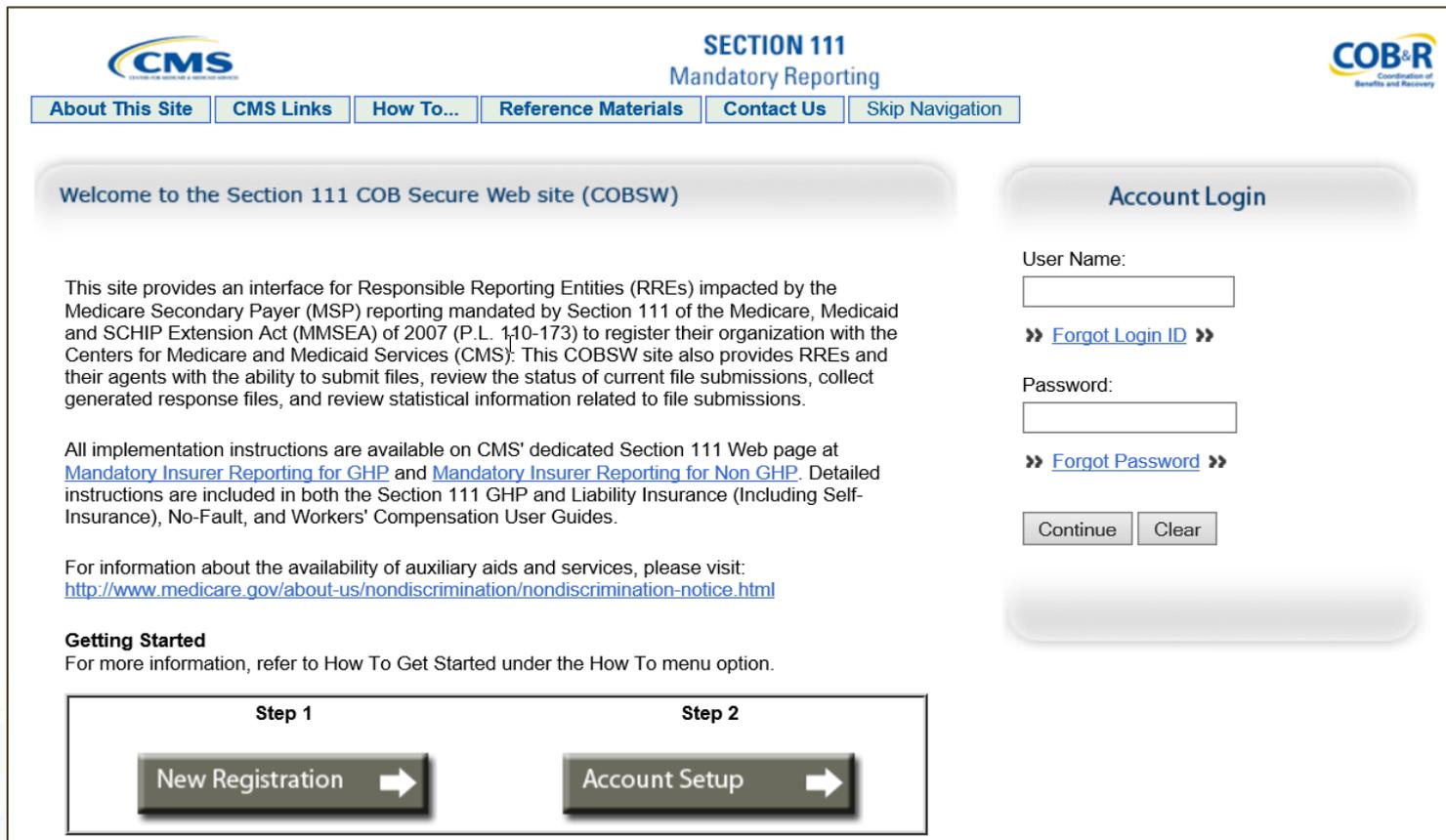


# PBM Contract for Rx with Employer/Plan Sponsor



# New RRE Registration via the COBSW

<https://www.cob.cms.hhs.gov/Section111/>



The screenshot shows the 'SECTION 111 Mandatory Reporting' page on the COBSW website. At the top left is the CMS logo, and at the top right is the COB&R logo. A navigation bar contains buttons for 'About This Site', 'CMS Links', 'How To...', 'Reference Materials', 'Contact Us', and 'Skip Navigation'. Below the navigation bar, there are two main sections: 'Welcome to the Section 111 COB Secure Web site (COBSW)' and 'Account Login'. The 'Welcome' section contains a paragraph explaining the site's purpose for RRE registration and another paragraph about implementation instructions. Below this is a 'Getting Started' section with a link to auxiliary aids and a flow diagram. The 'Account Login' section includes a 'User Name:' field with a 'Forgot Login ID' link, a 'Password:' field with a 'Forgot Password' link, and 'Continue' and 'Clear' buttons. The flow diagram at the bottom shows 'Step 1' with a 'New Registration' button and 'Step 2' with an 'Account Setup' button, both with right-pointing arrows.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**SECTION 111**  
Mandatory Reporting

**COB&R**  
Coordination of  
Benefits and Recovery

[About This Site](#) | [CMS Links](#) | [How To...](#) | [Reference Materials](#) | [Contact Us](#) | [Skip Navigation](#)

Welcome to the Section 111 COB Secure Web site (COBSW)

This site provides an interface for Responsible Reporting Entities (RREs) impacted by the Medicare Secondary Payer (MSP) reporting mandated by Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007 (P.L. 110-173) to register their organization with the Centers for Medicare and Medicaid Services (CMS). This COBSW site also provides RREs and their agents with the ability to submit files, review the status of current file submissions, collect generated response files, and review statistical information related to file submissions.

All implementation instructions are available on CMS' dedicated Section 111 Web page at [Mandatory Insurer Reporting for GHP](#) and [Mandatory Insurer Reporting for Non GHP](#). Detailed instructions are included in both the Section 111 GHP and Liability Insurance (Including Self-Insurance), No-Fault, and Workers' Compensation User Guides.

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

**Getting Started**  
For more information, refer to How To Get Started under the How To menu option.

**Step 1**                      **Step 2**

**New Registration** →                      **Account Setup** →

**Account Login**

User Name:

» [Forgot Login ID](#) »

Password:

» [Forgot Password](#) »

# New RRE Registration

The screenshot shows the top navigation bar with the CMS logo on the left and the COB&R logo on the right. The main heading is "SECTION 111 Mandatory Reporting". Below this is a row of navigation buttons: "About This Site", "CMS Links", "How To...", "Reference Materials", "Contact Us", and "Skip Navigation". The "How To..." button is highlighted with a red box. Below the navigation bar is a "Welcome to the Section 111 COB Secure Web site (COBSW)" message. To the right is an "Account Login" section with input fields for "User Name:" and "Password:", and links for "Forgot Login ID" and "Forgot Password". Below the welcome message is a paragraph explaining the site's purpose for RREs, followed by a paragraph about implementation instructions available on the CMS website. A "Getting Started" section refers to the "How To" menu. At the bottom, a process flow diagram shows "Step 1: New Registration" and "Step 2: Account Setup", both with right-pointing arrows.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**SECTION 111**  
Mandatory Reporting

**COB&R**  
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Benefits and Recovery

About This Site | CMS Links | **How To...** | Reference Materials | Contact Us | Skip Navigation

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Account Login

User Name:

» [Forgot Login ID](#) »

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**Step 1** **Step 2**

New Registration → Account Setup →

# RRE Registration

The Benefits Coordination & Recovery Center will obtain the information needed to:

Validate RRE  
information

Assign RRE ID

Develop  
reporting profile

Assign production  
date/file submission  
timeframe

Establish file transfer  
mechanism

Assign EDI  
Representative to  
each RRE

# Registration Step 1

Step 1

- Identify Authorized Representative, Account Manager and Designees

# Registration Step 2

Step 2

- Determine reporting structure

# Registration Step 3

## Step 3

- Register on the Section 111 COBSW
- <https://www.cob.cms.hhs.gov/Section111/>

# New Registration



**SECTION 111**  
Mandatory Reporting



[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Skip Navigation](#)

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**Account Login**

User Name:

» [Forgot Login ID](#) »

Password:

» [Forgot Password](#) »

# Registration Step 4

Step 4

- Account set up on the Section 111 COBSW

# Account Setup



**SECTION 111**  
Mandatory Reporting



[About This Site](#) [CMS Links](#) [How To...](#) [Reference Materials](#) [Contact Us](#) [Skip Navigation](#)

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**Account Login**

User Name:

» [Forgot Login ID](#) »

Password:

» [Forgot Password](#) »

[Continue](#) [Clear](#)

# Registration Step 5

Step 5

- Return signed Profile Report

# Testing

- Required for new RREs.
- The sooner new RREs register and test the better.
- The RRE must transmit test files to the BCRC using the same transmission method chosen for production files.
- The test environment mimics production.

## Testing (2)

- RREs will send actual information for covered individuals on test files in order to test realistic situations.
- Test files must be limited to no more than 100 records. Test files with more than 100 detail records will be rejected and not processed.

## Testing (3)

- The BCRC will track the progress made with test files, display results on the Section 111 COBSW and put the RRE ID in a “production” status after the testing requirements have been successfully completed.
- The RRE may continue to test with additional test file submissions after being placed in a production status.

## Testing (4)

- Testing is not required for existing RREs.
- Existing RREs are welcome to test the changes related to the new SUPPORT Act requirements.
- Coordinate testing with your BCRC EDI Representative.

# MSP Input File Reminders

- If an RRE offers comprehensive coverage but has only been reporting on the hospital and medical coverage, then an updated record with the correct comprehensive coverage type should be submitted with the same start date, which will overlay any existing record(s).
- Only Rx coverage that is active as of January 1, 2020 should be reported.
- The Effective Date reported should be the actual start date of the individual's Rx coverage which could be prior to January 1, 2020.

## MSP Input File Reminders (2)

- Do not report retiree coverage on the MSP Input File, only report coverage based on active employment.
- Only submit plain text ANSI files.

# TIN Reference File Reminders

- The TIN Reference File should be submitted before or with the MSP Input File.
- The Employer TIN is the Employer/Plan Sponsor TIN, and it must match an Employer TIN submitted on a TIN Reference File Record.
- The Insurer/TPA TIN is the RRE's TIN, and it must match an Insurer TIN submitted on a TIN Reference File Record.
- In the TIN Reference File, make sure to define all Employer/Plan Sponsor and Insurer/GHP TINs that will be referenced on the MSP Input File.

# Type Code Reminders

## Type Codes:

### For reporting comprehensive coverage:

- 'W' = Comprehensive Coverage – Hosp/Med/Drug (network Rx)
- 'X' = Hospital and Drug (network Rx)
- 'Y' = Medical and Drug (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)

### For reporting only primary prescription drug coverage:

- 'Z' = Prescription Drug Health Reimbursement Account (non-network Rx)
- 'U' = Drug Only (network Rx)
- 'V' = Drug Only (non-network Rx)

# MSP Response File Reminders

- For MSP Input File records that are Medicare non-matches in your MSP Response File (disposition code 51), continue to send on future MSP Files until those members become Medicare beneficiaries, or until they are no longer covered.
- Review your Response Files, analyze the Disposition Codes and Errors, and make corrections in your subsequent file submissions.

# Disposition Code Reminders

- Disposition Codes related to Rx coverage submission: Records that contain information for both hospital/medical coverage and prescription drug coverage will receive one response record.
- The status of the hospital/medical coverage period will be provided in the disposition code field (Response Field 8) and the status of the drug coverage period will be provided in the Rx disposition code field (Response Field 69).
- If the input record contains drug coverage information only, then the disposition code in Field 8 will be spaces and the disposition of the drug coverage record will be in Response Field 69.

# Error Code Reminders

- Error Codes returned related to Rx coverage submission: The Rx Error Codes (Response Fields 71-74) are specific to the prescription drug coverage data elements on the MSP Input File including the 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).
- Drug records may also have errors for the non-drug-specific fields in the regular error codes found in Response Fields 40-43.

# Response Record Reminders

To process a response record for an input record that contains drug and hospital and/or medical information (Coverage Types W, X, Y, 4, 5, and 6), you must examine:

- The disposition code in response field 8
- The error codes in response fields 40-43
- The Rx disposition code in response field 69
- The Rx error codes in response fields 71-74

To process a response record for an input record that contains only drug information (Coverage Type U, V and Z), you must examine:

- The error codes in response fields 40-43
- The Rx disposition code in response field 69
- The Rx error codes in response fields 71-74

# Upcoming July Changes

- COBSW RRE profile question regarding offering primary prescription drug coverage will be included for the Basic reporting option.

**RRE Listing**

This page lists all the Responsible Reporting Identification Numbers (RRE IDs) with which you are associated. You can select from the Actions available in the drop-down menu next to each RRE ID. Click on the down arrow, select an Action from the list and then click on the Go button.

To search for a specific RRE enter the RREID and click on the Search button. To refresh the complete list of RREs with which you are associated, click on the Refresh RRE Listing button.

The RRE Listing is sorted by RRE ID.

RRE ID  Search Refresh RRE Listing

# items found, displaying all items: 1

RRE ID	Name	Status	Submission Period	Reporting Options	EDI Representative Name	EDI Phone Number	EDI Email	Actions
123456	AAAAAAAAAAAA	Setup	01	Expanded	Mike Jones	2813308004	mike@whomikejones.com	RRE Information  Go



# RRE Information Summary

## RRE Information Summary

 [Print this page](#)

Please review your RRE Information. If you need to change the information, click the 'Edit' button. Print this page for your records.

### RRE Company Information

RRE ID: 78887  
Company Name: Company ABC  
Address: 123 Street  
City, State, Zip: Towson, MD 21204  
EIN/TIN: 123456789  
Telephone: [\(800\) 234-5678](tel:(800)234-5678)  
Fax: (410) 333-9000  
Lines of Business:  
Hospital  
Medical  
Prescription Drug  
Estimated Number of Covered Individuals: 200  
Reporting Level: Expanded

### Agent Information

Agent Company Name: Agent XYZ  
Agent Contact Name: John Burton  
1 Test Street  
New York, NY 87654  
Agent Contact Telephone: [\(800\) 987-9000](tel:(800)987-9000)

### Expanded Reporting Information

Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare Part D? Yes

Do you offer network prescription drug coverage to your Inactive Covered Individuals that may be secondary to Medicare Part D? Yes  
TrOOP Rx BIN 1: 998765 TrOOP PCN 1: 66454321  
TrOOP Rx BIN 2: 98765 TrOOP PCN 2: 55454321

If you do provide network prescription drug coverage for Inactive Covered Individuals, how will you submit this information to the COBC? Non-MSP File

### File Transmission Methods

File Type: MSP Transmission Type: Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)  
File Type: MSP Transmission Type: Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)  
File Type: Non MSP File Transmission Type: Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)  
File Type: Non MSP File Transmission Type: Hypertext Transfer Protocol over Secure Socket Layer (HTTPS)  
File Type: Query Only Transmission Type:  
File Type: Query Only Transmission Type:  
HEW Software: PC/Server Based



# RRE ID Profile Information

RRE ID Profile Information

**RRE Information**

EIN/TIN: #####  
Reporter Type: GHP

**\* Required**

Company Name: AAAAAAAAAA  
Address 1: AAAAAAAAAA  
Address 2:  
City, State Zip: AAAAAAAAAA , AA ##### -  
Telephone: ###-###-####  
Fax:

**File Submission Profile Information**

Lines of Business: \*  Hospital  Medical  Prescription Drug

HRA Records only

Estimated Number of Covered Individuals: \*

Reporting Level: \*  Basic  Expanded

Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare? \*  Yes  No

Will an Agent report data on your behalf? \*  Yes  No  
Agent Company EIN/TIN:

Would you like to receive Unsolicited Alerts? Check here  to receive Unsolicited Alerts.

## Upcoming July Changes (2)

- RREs will receive Part D enrollment data in the Response File for the Basic reporting option, when they have reported primary prescription coverage on the MSP Input File.
- Rx group number will now be a required reporting field on the MSP Input File.

# 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](#)

# Questions & Answers



## **Slide 1: SUPPORT Act Section 111 Group Health Plan (GHP) Reporting Changes Webinar #2**

### **Slide 2: Presentation Overview**

In the last webinar we covered what the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act is and what it meant, at a high level, for Section 111 GHP Reporting.

In this webinar we will clarify who is the Responsible Reporting Entity (RRE), look more closely at the registration process steps for new RREs, go over some reporting reminders, and lastly offer a preview of changes that will be occurring in July in preparation for the SUPPORT Act requirements.

### **Slide 3: SUPPORT Act Reminders**

While some of you may have attended the last webinar and are aware of the meaning of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, we just wanted to take a moment to remind people about how Section 4002 of The SUPPORT Act impacts Section 111 GHP reporting.

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. Section 4002 of the SUPPORT Act added the mandate of reporting primary prescription drug coverage information to the existing Section 111 reporting requirements.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act for Patients and Communities Act, which we will refer to as the SUPPORT Act for the duration of this webinar, was enacted in response to growing concerns about opioid abuse in the U.S.

The SUPPORT Act makes modifications to various health care programs, including Medicare, to help prevent opioid substance abuse and to provide better access to treatment.

This means that all GHPs that offer primary prescription drug coverage will now be required to report coverage for calendar quarters beginning on or after January 1, 2020. For example, if a submission is scheduled for January 26, 2020, it will need to include primary prescription drug coverage that is in effect/active for Medicare beneficiaries on that MSP Input File submission.

RREs that are new to the Section 111 mandatory reporting due to the SUPPORT Act must submit their initial MSP Input File during the first calendar quarter of 2020 according to the submission timeframe assigned to them during registration.

### **Slide 4: Who is the RRE?**

The key piece to understanding how the SUPPORT Act reporting changes impact GHPs is in understanding who must report the primary prescription drug coverage as the RRE.

The entity considered to be the RRE for the purpose of reporting primary prescription drug coverage will depend on how the Employer/Plan Sponsor structures its contracts for hospital, medical and prescription drug coverage. The RRE for the primary prescription drug coverage reporting is the entity that has the direct relationship with the Employer/Plan Sponsor regarding this coverage offering.

It should not be assumed that the RRE will be the entity that has direct responsibility of processing and paying the prescription drug claims.

Let's look at some examples to help us better break down how the reporting responsibility changes based on different contract arrangements.

### **Slide 5: GHP/TPA Comprehensive Coverage**

Our first example is the most straight forward.

In this example we can see that the Employer/Plan Sponsor is contracting directly with the Group Health Plan for hospital, medical and/or prescription drug coverage. The GHP in this example is processing and paying the claims directly and will be considered the RRE and, as such, will be responsible for reporting the primary prescription drug coverage information.

### **Slide 6: GHP/TPA Comprehensive Coverage with Rx Coverage Carve Out**

In this second example the Employer/Plan Sponsor is still contracting with the GHP for hospital, medical and prescription drug coverage. The difference in this example is that you can see that the GHP has chosen to carve out the processing and payment of the primary prescription drug claims to a Pharmacy Benefit Manager (PBM).

However, because the GHP has the direct contract with the Employer/Plan Sponsor for that prescription drug coverage, it doesn't matter whether the GHP administers the prescription drug coverage directly or carves out the prescription drug coverage to a PBM, they will still be considered the RRE and will have reporting responsibility for the primary prescription drug coverage information.

### **Slide 7: PBM Contract for Rx with Employer/Plan Sponsor**

In our last example the Employer/Plan Sponsor has contracted with the GHP for medical and/or hospital coverage only. The Employer/Plan Sponsor has then independently contracted with another third party, such as a PBM, to administer the prescription drug coverage.

In this case, because the contract for the prescription drug coverage is between the Employer/Plan Sponsor and the PBM directly, the PBM is considered the RRE and has the responsibility for reporting the primary prescription drug coverage information.

I hope that these examples have helped to better clarify who will be considered the RRE under the SUPPORT Act for the reporting of primary prescription drug coverage.

### **Slide 8: New RRE Registration via the COBSW**

<https://www.cob.cms.hhs.gov/Section111/>

Now that we have clarified who is RRE, we know that many of you are already reporting as RREs and are already set up to do so for reporting primary prescription drug coverage.

However, we also know that there will be new RREs who will need to begin reporting for the first time because of the SUPPORT Act changes. So we would like to talk more about what steps these new RREs will need to take to make sure they are fully prepared to start reporting the primary prescription drug coverage information come January 2020.

Registration for Section 111 reporting is done via the Section 111 Coordination of Benefits Secure Website or COBSW. We are now going to walk you through, at a high level, the why and how of registration.

### **Slide 9: New RRE Registration**

Please also note that all details about registering as an RRE are available on the Section 111 COBSW under the “How To...” and “Reference Material” tabs at the top of the main Login screen. You can and should refer to these materials before beginning registration. You also do not need to be logged in to do so.

### **Slide 10: RRE Registration**

Before we get into the steps for registration, I want to mention what registration means and why you need to do it.

Through the registration process, the BCRC will be able to obtain the information needed to:

- Validate information provided by the RRE for Section 111
- Assign an RRE ID to each RRE
- Develop a Section 111 reporting profile for each entity including estimates of the volume and type of data to be exchanged for planning purposes
- Assign an Electronic Data Interchange (EDI) Representative to each entity to assist with ongoing communication, use of the Section 111 COBSW and data exchange
- Assign a file submission timeframe for MSP Input File submissions and establish the necessary file transfer method
- And assign Login IDs to individual users associated with each RRE ID account

### **Slide 11: Registration Step 1**

Now that we know why you need to register, let's look at the registration process step by step.

The first step in the registration process is to identify an Authorized Representative, Account Manager and other Section 111 COBSW users known as Account Designees. Each of these assigned roles have defined responsibilities so it is important to plan out who will fulfill each role before registration begins.

The person named as the Authorized Representative for the RRE's organization has the legal authority to bind the organization to the terms of MMSEA Section 111 requirements and processing. The Authorized Representative has ultimate accountability for the RRE's compliance with Section 111 reporting requirements. The Authorized Representative is an individual that can enter the RRE into a contract and has the authority to commit the RRE to a contract and can sign the contract. The Authorized Representative will not be a regular user of the website, but instead will appoint an Account Manager to control the RRE's account and approve other users.

The person named as the Account Manager controls the administration of an RRE's account and manages the overall reporting process. The Account Manager may choose to manage the entire account and data file exchange or may invite other company employees or data processing agents to assist him/her.

At the RRE's discretion, the Account Manager may invite other users to register on the Section 111 COB Secure Website to be associated with the RRE's account. These individuals, known as Account Designees, will assist the Account Manager with the reporting process.

Full details of the responsibilities of each of these roles can be found in the GHP User Guide.

### **Slide 12: Registration Step 2**

The second step in the registration process is to determine the reporting structure for your organization. Before beginning the registration process, an RRE must determine how it will transmit its Section 111 MSP information to the BCRC and how many RRE IDs will be needed.

Please refer to the GHP User Guide for full details on the available methods of data transmission.

### **Slide 13: Registration Step 3**

Step three involves the actual registration on the Section 111 COBSW.

Before starting this step be sure to have all the necessary data required as laid out in the GHP User Guide and the Getting Started document available on the Section 111 COBSW. Once you begin this process you must complete it and will not have the ability to save and come back later.

### **Slide 14: New Registration**

A company representative for the RRE must go to the Section 111 COBSW (<https://www.cob.cms.hhs.gov/Section111/>), click on New Registration, and follow prompts to create an account by completing and submitting the required information for the RRE.

When a registration application is submitted, the information provided will be validated by the BCRC. Once this is completed, the BCRC will send a letter to the named Authorized Representative via the US Postal Service. The letter will include a personal identification number (PIN) and the BCRC-assigned RRE ID (Section 111 Reporter ID) associated with the registration.

### **Slide 15: Registration Step 4**

Once Registration is complete, and the PIN and ID are received. The RRE must then set up the account on the Section 111 COBSW.

Again, you must enter all information at this time and will not be able to save and come back later.

### **Slide 16: Account Setup**

The individual who completes the Account Setup must be the Account Manager for the RRE, so plan for this step accordingly. The Account Manager will need to enter the RRE ID and associated PIN, including personal information such as name, address, phone and email, and then create a login ID for the Section 111 COBSW.

The Account Manager will also need to select one of the two available reporting options.

The Basic option is used to supply CMS with the required hospital and medical coverage information for Medicare beneficiaries, and it can also be used to supply CMS with primary prescription drug coverage information.

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. If you will only be reporting primary prescription drug coverage you will select the Basic option.

Once the Account Manager completes all the required information and successfully obtains a Section 111 COBSW login ID, he/she may log into the application and invite Account Designees to also register for login IDs.

### **Slide 17: Registration Step 5**

Lastly, once account setup has been completed on the Section 111 COBSW, a Profile Report will be sent to the RRE's Authorized Representative and Account Manager via email.

You should receive your Profile Report within 10 business days after completing the Account Setup step on the Section 111 COBSW.

The Profile Report contains: a summary of the information you provided on your registration and account setup; important information you will need for your data file transmission; your RRE ID that you will need to include on all files transmitted to the BCRC; your assigned production live date and ongoing quarterly file submission timeframe for the MSP Input File; and contact information for your EDI Representative who will support you through testing, implementation, and subsequent production reporting.

The RRE's Authorized Representative must review and approve the account setup signing the profile report, including the Data Use Agreement, and return it to the BCRC. This can be done by returning a hard copy via mail or can be done electronically using a valid electronic signature application such as DocuSign and returning via email.

As a reminder full details on the registration process are available in the GHP User Guide and in the Section 111 GHP Training Materials available on CMS.gov. Links to these materials are listed at the end of this presentation. The BCRC EDI Department can also help you navigate the registration process.

Once the profile report is received and logged at the BCRC, the RRE's account will be set to a "testing" status.

### **Slide 18: Testing**

Now let's look at testing. Newly registered RREs will be required to test their file transmissions as part of the standard registration and set up process. CMS highly encourages new RRE's to register and complete testing as soon as possible. New RRE's must be registered and complete testing before January 2020 so they can meet the new primary prescription drug coverage reporting timeframe as mandated by the SUPPORT Act.

The RRE will submit test files to the BCRC using the same transmission method that they have selected for production files.

The test environment mimics production.

### **Slide 19: Testing (2)**

RREs will be sending actual information for covered individuals, but they will do so on test files. No production Medicare databases or systems will be updated from test file submissions.

Test files are limited to no more than 100 records and any files received with more than 100 records will be rejected.

### **Slide 20: Testing (3)**

An RRE must complete testing to attain production status and submit a production file to be compliant with S111 reporting. New RREs must successfully pass this testing process before their assigned reporting timeframe in the first quarter 2020. So again, the sooner that registration and testing is completed the better.

Full details about testing are available in the Section 111 GHP User Guide, and new RREs should contact their assigned EDI representative for assistance in coordinating testing.

### **Slide 21: Testing (4)**

I should also just mention that for those of you who are already registered RREs and are already reporting via the MSP Input File, you will not be required to test for the inclusion of primary prescription drug coverage information. However, you are welcome to test the changes related to these new requirements and can coordinate that testing with your BCRC EDI Representative.

### **Slide 22: MSP Input File Reminders**

Now that we have talked about who the RRE is and registering as an RRE, we want to take a moment to talk about common issues that we see with reporting and offer some reminders.

Let's begin with some reminders about the MSP Input File.

If an RRE offers comprehensive coverage of hospital, medical, and prescription drugs but has only been reporting on the hospital and medical coverage, an updated record should be submitted with the same start date, which will overlay any existing record(s).

Only Rx coverage that is active as of January 1, 2020 should be reported. However, the Effective Date reported should be the actual start date of the individual's Rx coverage which could be prior to January 1, 2020. For example if Mr. Smith has active prescription coverage on January 1, 2020 but the effective date of that coverage was September 1, 2018 then the date reported should be his original effective date of September 1, 2018.

### **Slide 23: MSP Input File Reminders (2)**

You don't need to report retiree coverage, you should only report coverage based on active employment.

You should only submit using plain text ANSI files. (Do not submit Unix, Excel spreadsheets, MS Word, or Wordpad files as they are not acceptable formats.)

### **Slide 24: TIN Reference File Reminders**

We also have some reminders about the TIN Reference File.

The TIN Reference File should be submitted before or with the MSP Input File. Please note that the TIN Reference File only needs to be submitted if there is a change (but it can be submitted each time).

The Employer TIN is the Employer/Plan Sponsor TIN, and it must match an Employer TIN submitted on a TIN Reference File Record.

The Insurer/TPA TIN is the RRE's TIN, and it must match an Insurer TIN submitted on a TIN Reference File Record.

For the TIN Reference File, also be sure to define all Employers and Insurers TINs that will be referenced in the MSP Input File.

### **Slide 25: Type Code Reminders**

Because we have received some questions about which coverage type code to use when you begin to report primary prescription drug coverage, we thought it was worth mentioning the above coverage type codes again.

The available coverage type codes listed include those for comprehensive coverage; that is, coverage that includes hospital and or medical and primary prescription drug. For comprehensive coverage use W, X, Y, 4, 5 or 6.

If only primary prescription drug coverage is being reported then the codes Z, U, or V should be used.

You'll also notice coverage types separating Network and Non-network. So as a reminder 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.

### **Slide 26: MSP Response File Reminders**

Now let's look at some reminders related to the MSP Response File.

For MSP Records that are Medicare non-matches in your MSP Response File, as identified by disposition code 51, continue to send those records in future MSP Input Files until those members become Medicare beneficiaries, or until they are no longer covered.

Review your MSP Response File, analyze the Disposition Codes and Errors, and make corrections in your subsequent file submissions.

### **Slide 27: Disposition Code Reminders**

Let's talk in more detail about dealing with disposition codes and error codes, which should help you better analyze and correct MSP Response Files.

Disposition Codes related to Rx coverage submission: Records that contain information for both hospital/medical coverage and prescription drug coverage will receive one response record.

The status of the hospital/medical coverage period will be provided in the disposition code field (Response Field 8) and the status of the drug coverage period will be provided in the Rx disposition code field (Response Field 69).

If the input record contains drug coverage information only, then the disposition code in Field 8 will be spaces and the disposition of the drug coverage record will be in Response Field 69.

**Slide 28: Error Code Reminders**

The Rx Error Codes (Response Fields 71-74) are specific to the prescription drug coverage data elements on the MSP Input File including the 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).

Note that drug records may also have errors for the non-drug-specific fields in the regular error codes found in Response Fields 40-43.

**Slide 29: Response Record Reminders**

To process a response record for an input record that contains drug and hospital and/or medical information you must examine:

- The disposition code in response field 8
- The error codes in response fields 40-43
- The Rx disposition code in response field 69
- The Rx error codes in response fields 71-74

To process a response record for an input record that contains only drug information (Coverage Type U, V, and Z), you must examine:

- The error codes in response fields 40-43
- The Rx disposition code in response field 69
- The Rx error codes in response fields 71-74

Again, If you receive a disposition code for Rx or for medical/hospital records you must correct and resubmit the entire file upon your next file submission.

I hope that these reminders will help you with your MSP Input File submissions and in reviewing your MSP Response Files.

**Slide 30: Upcoming July Changes**

Lastly, before we wrap and move into the Q&A, I would like to make everyone aware of some changes occurring in July that will support the upcoming SUPPORT Act requirements. These changes include the following:

Currently, when RREs select the Expanded reporting option, they must respond to a question regarding primary prescription drug coverage. Since RREs reporting via the Basic reporting option can submit primary prescription drug coverage this question will be moved to allow RREs using the Basic reporting option to also answer the question.

RREs using the Basic option who will continue to do so will need to update their RRE profiles in the Section 111 COBSW to answer this question. RREs should do so after July 1, 2019 and prior to January 1, 2020. Profiles can be updated by logging in to the Section 111 COBSW and selecting RRE Information from the drop down and clicking go.

**Slide 31: RRE Information Summary**

From the RRE Information Summary page, click the Edit button at the bottom of the page to update the RRE information.

**Slide 32: RRE ID Profile Information**

On the RRE ID Profile Information page select “Yes” for the question “Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare?” and click continue to complete the update.

If you need assistance with updating your profile, please reach out your EDI Representative.

**Slide 33: Upcoming July Changes (2)**

Part D enrollment data will now be included in the Response file when RREs report primary prescription drug coverage at the Basic reporting level if primary prescription drug information was submitted. This means the effective date of coverage provided by current Medicare Part D Plan, for both the Basic and Expanded reporting options, if primary prescription drug coverage was submitted on the MSP Input File.

The RX Group Number will become a required reporting field on the MSP Input File for all prescription drug coverage types.

**Slide 34: Resources**

I also just want to again mention the various resources that are available.

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. If you have not 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.

**Acronyms**

ANSI	American National Standards Institute
BCRC	Benefits Coordination & Recovery Center
BIN	Bank Identification Number
CMS	Centers for Medicare & Medicaid Services
COBSW	Coordination of Benefits Secure Website
EDI	Electronic Data Interchange
GHP	Group Health Plan
MMSEA	Medicare, Medicaid, and SCHIP Extension Act
MSP	Medicare Secondary Payer
PBM	Pharmacy Benefit Manager
PCN	Processor Control Number
PIN	Personal Identification Number
RRE	Responsible Reporting Entity
SUPPORT	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment
TIN	Tax Identification Number
TPA	Third Party Administrator