

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 #3

September 25, 2019

Presentation Overview

- SUPPORT Act Reminder
- Responsible Reporting Entity (RRE)
- New RRE Registration Reminder
- Updating RRE Profiles
- Reporting Reminders
- Resources

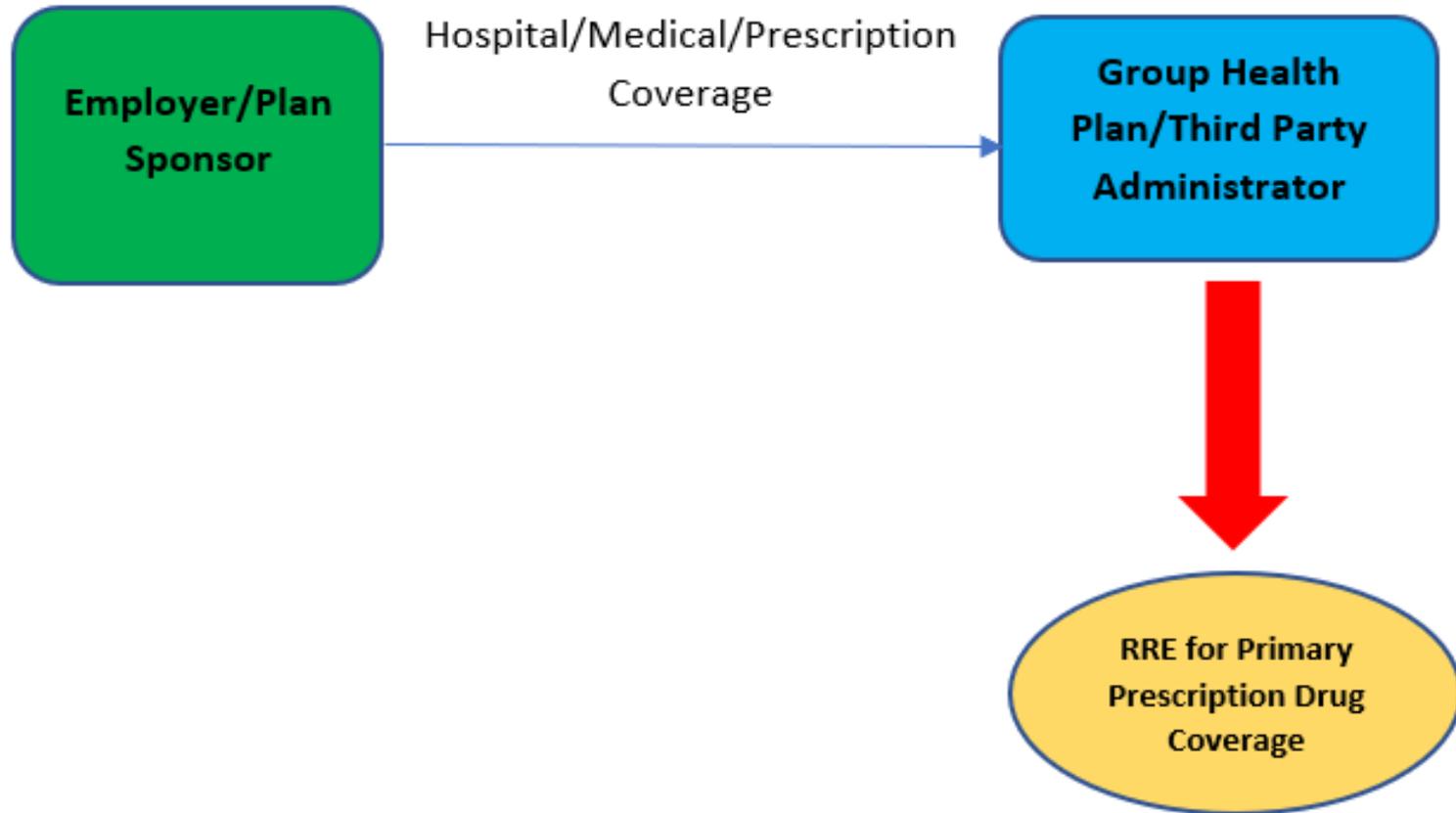
SUPPORT Act Reminders

- 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.

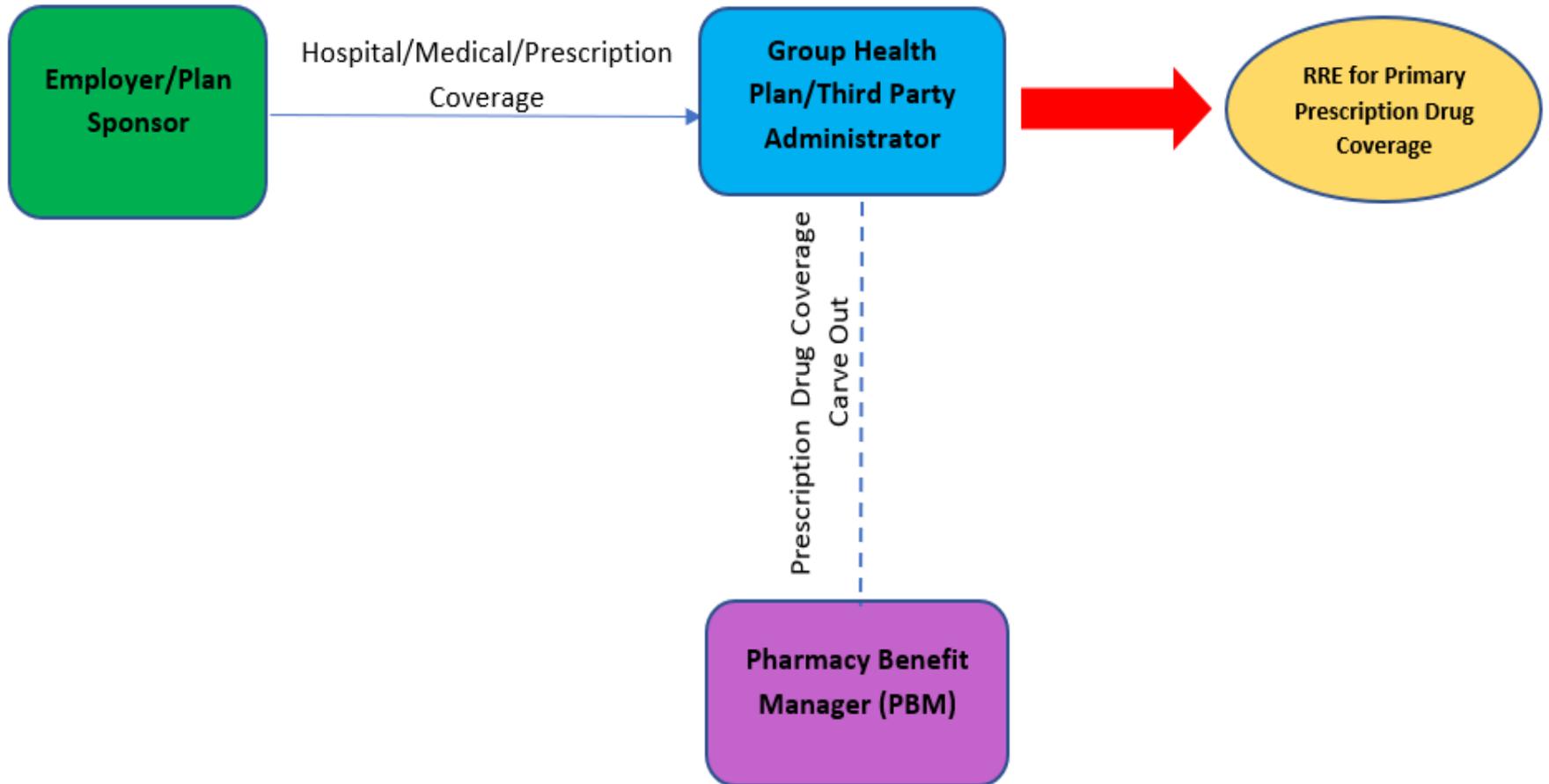
Who is the RRE?

- 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.

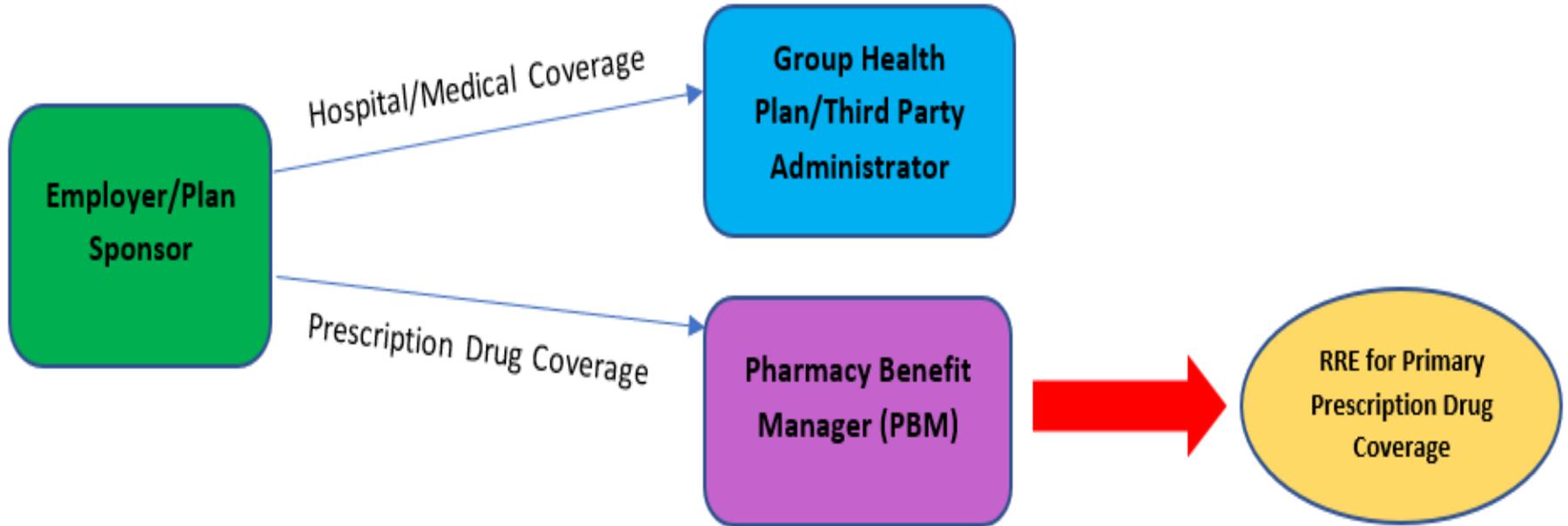
GHP/TPA Comprehensive Coverage



GHP/TPA Comprehensive Coverage with Rx Coverage Carve Out

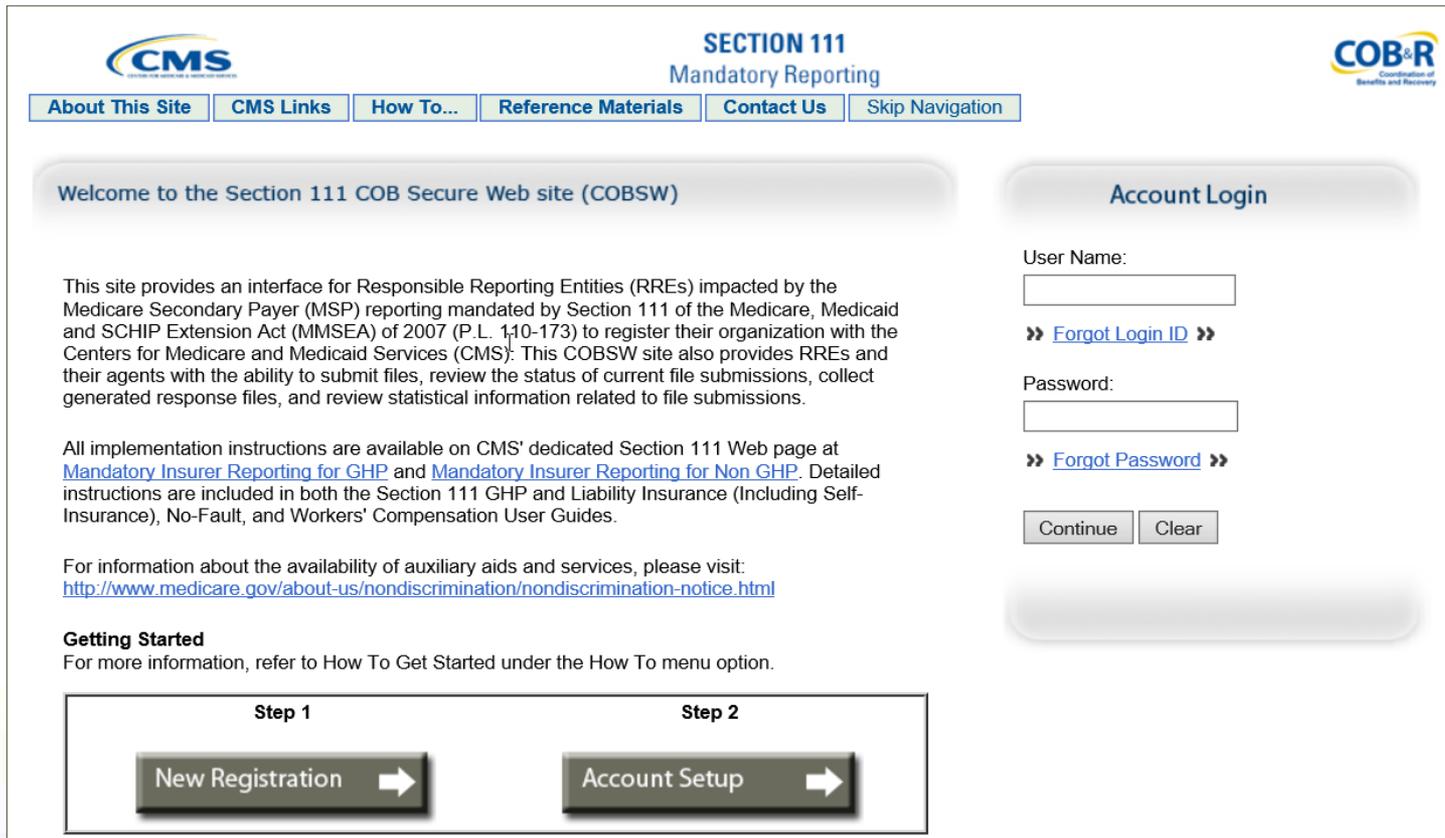


PBM Contract for Rx with Employer/Plan Sponsor



New RRE Registration via the COBSW

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



The screenshot shows the top of the COBSW website. At the top left is the CMS logo (Centers for Medicare and Medicaid Services). In the center is the text "SECTION 111 Mandatory Reporting". At the top right is the COB&R logo. Below the CMS logo is a navigation menu with buttons for "About This Site", "CMS Links", "How To...", "Reference Materials", "Contact Us", and "Skip Navigation".

Below the navigation menu, there are two main sections. On the left, a grey rounded rectangle contains the text: "Welcome to the Section 111 COB Secure Web site (COBSW)". Below this, a paragraph explains the site's purpose: "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." Below this paragraph, another paragraph states: "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." Below that, it says: "For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>".

On the right side, there is an "Account Login" section. It contains a "User Name:" label followed by a text input field. Below the input field is a link: "» [Forgot Login ID](#) »". Below that is a "Password:" label followed by another text input field. Below the second input field is a link: "» [Forgot Password](#) »". At the bottom of the login section are two buttons: "Continue" and "Clear".

At the bottom of the page, there is a "Getting Started" section. It contains the text: "For more information, refer to How To Get Started under the How To menu option." Below this text is a horizontal flow diagram with two steps. "Step 1" has a button labeled "New Registration" with a right-pointing arrow. "Step 2" has a button labeled "Account Setup" with a right-pointing arrow.

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)

- 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.

Updating RRE Profiles

- 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

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	<div style="border: 1px solid red; padding: 2px;"> RRE Information ▼ <input type="button" value="Go"/> </div>



Updating RRE Profiles (2)

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.

<p>RRE Company Information</p> <p>RRE ID: 78887 Company Name: Company ABC Address: 123 Street City, State, Zip: Towson, MD 21204 EIN/TIN: 123456789 Telephone: (800) 234-5678 Fax: (410) 333-9000 Lines of Business: Hospital Medical Prescription Drug Estimated Number of Covered Individuals: 200 Reporting Level: Expanded</p>	<p>Agent Information</p> <p>Agent Company Name: Agent XYZ Agent Contact Name: John Burton 1 Test Street New York, NY 87654 Agent Contact Telephone: (800) 987-9000</p>
<p>Expanded Reporting Information</p> <p>Do you offer network prescription drug coverage to your Active Covered Individuals that may be primary to Medicare Part D? Yes</p> <p>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</p> <p>If you do provide network prescription drug coverage for Inactive Covered Individuals, how will you submit this information to the COBC? Non-MSP File</p>	<p>File Transmission Methods</p> <p>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</p>



Updating RRE Profiles (3)

RRE ID Profile Information

RRE Information

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

*** Required**

Company Name: AAAAAAAAAAAAA
Address 1: AAAAAAAAAAAAA
Address 2:
City, State Zip: AAAAAAAAAAAAA, 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.

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.
- Pay close attention to required fields

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)
- "R" = Health Reimbursement Arrangement (HRA)
- '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)

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](#)
 - [Previous SUPPORT Act Webinars](#)
 - [SUPPORT Act FAQ](#)
 - [GHP User Guide](#)
 - [GHP Training Materials](#)
 - [Section 111 Mailbox](#)

Resources (2)

[Home](#) **CMS.gov** A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244



CMS & HHS Websites	Tools	Helpful Links
Medicare.gov	Acronyms	Web Policies & Important Links
MyMedicare.gov	Contacts	For Developers
Medicaid.gov	Glossary	Privacy Policy
InsureKidsNow.gov	Archive	Privacy settings
HealthCare.gov		Plain Language
HHS.gov/Open		Freedom of Information Act
		No Fear Act
		Nondiscrimination/Accessibility


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Questions & Answers



Slide 1: SUPPORT Act Section 111 Group Health Plan (GHP) Reporting Changes Webinar #3

Welcome to the third CMS webinar discussing the impacts of The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act on Section 111 Group Health Plan Reporting.

Slide 2: Presentation Overview

In the last two webinars we covered what The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act is and what it means, at a high level, for Section 111 GHP Reporting. We also discussed how to identify the RRE and walked through the registration process for new RREs.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) 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.

In this webinar we want to reiterate topics from the past two webinars, especially for those who were not able attend. We will once again talk about what the SUPPORT Act is, how it impacts GHP reporting, offer scenarios for identifying the RRE and go over some reporting tips and reminders.

Slide 3: SUPPORT Act Reminders

While some of you may have already attended the last two webinars and are aware of the meaning of The SUPPORT Act, we just wanted to take a moment to again talk 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 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 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. Note that this includes HRA's that meet the current reporting threshold requirement.

RREs that are new to the Section 111 mandatory reporting due to the SUPPORT Act must submit their initial MSP Input File that includes the primary Rx coverage no later than 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. We wanted to take

a few minutes to again walk through how to identify who the RRE is when reporting primary prescription drug coverage.

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 take another look at the 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/>

We realize 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 mention that the registration for Section 111 reporting is done via the Section 111 Coordination of Benefits Secure Website or COBSW.

New RREs should review all available materials regarding set up and registration and should begin the process as soon as possible. This will ensure that you are fully prepared to start reporting the required primary prescription drug coverage information. Full details about the registration process can be found in the Section 111 GHP User Guide and training curriculum which are available within the COBSW application and on CMS.gov. The links to these materials are also available at the end of this presentation. You are also encouraged to view the previous webinar presentations which are also available on CMS.gov.

Slide 9: Testing

Now let's take a moment to talk about 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 prior to their first assigned submission date 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. New RREs must complete the testing process before being able to submit production files.

Slide 10: Testing (2)

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 11: Updating RRE Profiles

I would like to take a moment now to remind existing RREs to please take a moment, if you haven't already, to have your Account Manager update your RRE profile. We did send out an email reminder to Account Managers regarding this.

RREs need to indicate if they will be reporting primary prescription drug coverage in their RRE profile by answering the question regarding offering primary prescription drug coverage. RREs should do so as soon as possible 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. This includes HRA's whose funds can be used for prescription drugs.

Slide 12: Updating RRE Profiles (2)

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

Slide 13: Updating RRE Profiles (3)

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 14: MSP Input File Reminders

In the last webinar we went over several tips and reminders about reporting. This included information on the MSP Input File, TIN Reference File, Type Codes, Disposition Codes and the MSP Response File. While we will reiterate a few key reminders in this presentation, we highly encourage those that missed the previous presentation to review it on CMS.gov for all the tips and 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 Update record with the updated coverage code 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 15: MSP Input File Reminders (2)

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

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

It is critical that all required fields are accurately populated. A full list of all the required fields and their descriptions can be found in the GHP User Guide.

Slide 16: 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 Employer and Insurer TINs that will be referenced in the MSP Input File.

Slide 17: Type Code Reminders

Because we continue to receive 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. Note that HRAs that meet the current threshold reporting requirement that can be used for hospital and/or medical and prescription drugs should report using the "R" code.

HRAs that meet the current threshold reporting requirement but can only be used for prescription drugs should report using the "Z" code.

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 are no BIN/PCN numbers.

Slide 18: Resources

I also 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. You can review previous SUPPORT Act materials such as the SUPPORT Act Alert, Previous webinars and the FAQ document on CMS.gov.

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

Slide 19: Resources (2)

If you haven't already done so, you should 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. This will allow you to receive notices when materials are updated, or new information is posted.

Slide 20: Questions and Answers

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
HRA	Health Reimbursement Arrangement
MMSEA	Medicare, Medicaid, and SCHIP Extension Act
MSP	Medicare Secondary Payer
PBM	Pharmacy Benefit Manager
PCN	Processor Control Number
RRE	Responsible Reporting Entity
SUPPORT	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment
TIN	Tax Identification Number
TPA	Third Party Administrator