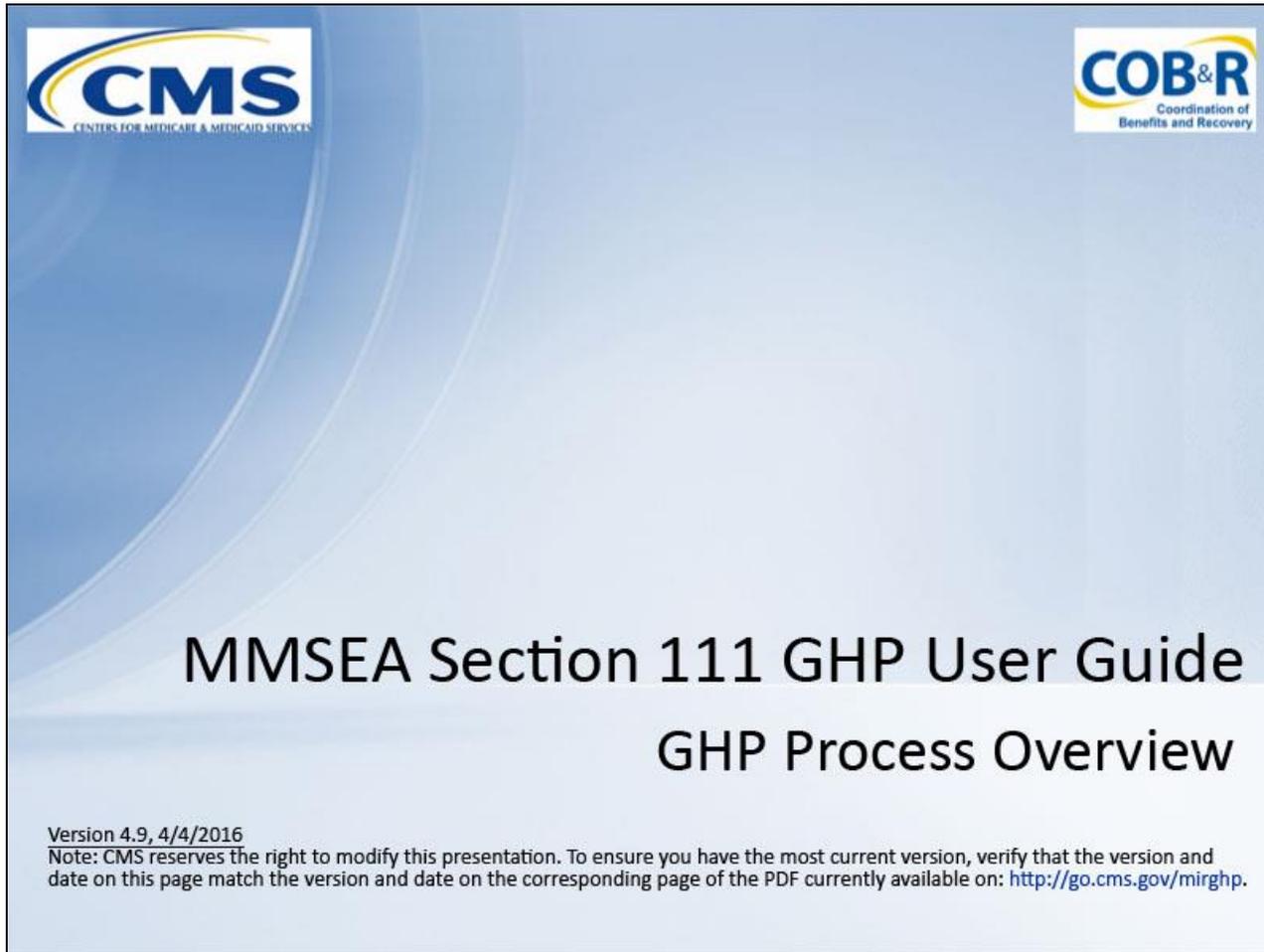


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The slide features a light blue background with a subtle wave pattern. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is centered in a large, black, sans-serif font. Below the title, there is a version number and a note about the right to modify the presentation, along with a URL to the current PDF version.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 GHP User Guide

GHP Process Overview

Version 4.9, 4/4/2016
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on: <http://go.cms.gov/mirghp>.

Slide notes

Welcome to the Group Health Plan (GHP) Process Overview course.

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Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found at the following link: <http://go.cms.gov/mirghp>.

Slide notes

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Course Overview

- Purpose
- Data Exchange
 - Reporting Options
 - File Submissions
 - Data Flow
 - Data Use Agreement
 - Section 111 COBSW
- Customer Service and Reporting Assistance
 - CMS Web site
 - EDI Representative
 - Training and education

**Slide notes**

The topics in this course include: purpose of GHP Data Exchange, details of the Data Exchange, including reporting options, file submissions, data flow, data use agreement and the Section 111 Coordination of Benefits Secure Web Site (COBSW).

The course also includes options for customer service and reporting assistance such as the CMS Web site for Section 111, the Electronic Data Interchange (EDI) Representative and training and education resources.

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Purpose

Enables CMS to coordinate Medicare benefits



Slide notes

The purpose of the Section 111 GHP reporting process is to enable CMS to coordinate health insurance benefits of Medicare beneficiaries by determining which insurer is the primary payer.

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Data Exchange

CMS authorized to exchange data with GHP (RREs)

- RRE submits GHP entitlement information
- The BCRC provides Medicare entitlement information

Slide notes

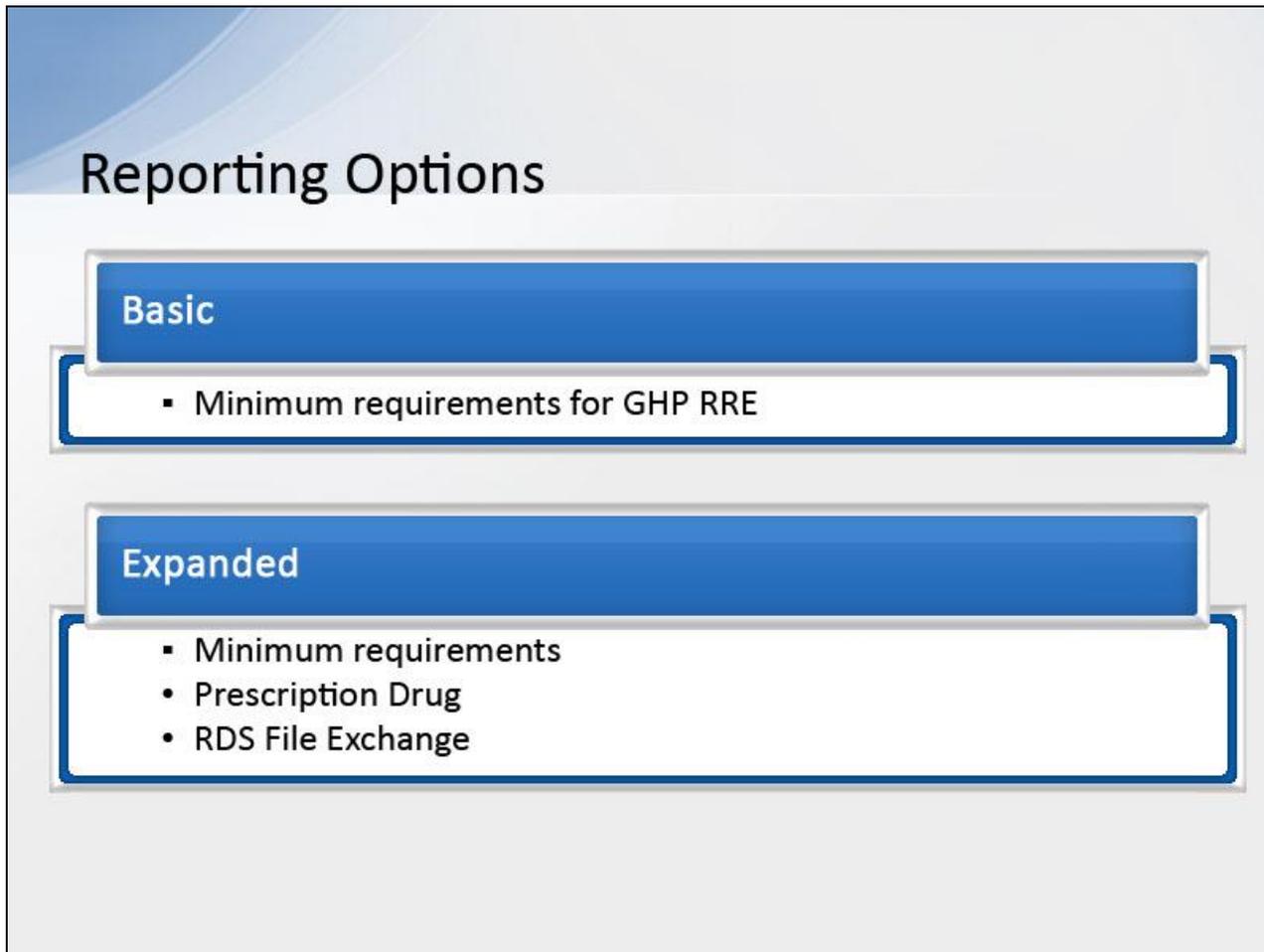
In order to facilitate the data exchange process, Section 111 gives CMS the authority to electronically exchange health insurance benefit entitlement information with GHP Responsible Reporting Entities (RREs).

A Section 111 GHP Responsible Reporting Entity is defined as “an entity serving as an insurer or third party administrator for a group health plan...and, in the case of a group health plan that is self-insured and self-administered, a plan administrator or fiduciary.”

A Responsible Reporting Entity is required to submit GHP entitlement information about employees and dependents to CMS's Benefits Coordination & Recovery Center (BCRC) on a quarterly basis.

In return, the BCRC will provide the Responsible Reporting Entity with Medicare entitlement information for those individuals in the GHP that can be identified as Medicare beneficiaries. This mutual data exchange helps ensure that claims are paid correctly.

Slide 6 - of 18

The slide is titled "Reporting Options" and is set against a light blue background with a white gradient. It features two main sections, each with a blue header bar and a white content box with a blue border. The first section is titled "Basic" and contains a single bullet point: "Minimum requirements for GHP RRE". The second section is titled "Expanded" and contains three bullet points: "Minimum requirements", "Prescription Drug", and "RDS File Exchange".

Reporting Options

Basic

- Minimum requirements for GHP RRE

Expanded

- Minimum requirements
- Prescription Drug
- RDS File Exchange

Slide notes

Section 111 provides two reporting options, Basic and Expanded, for GHPs to comply with Section 111. The Basic Option is the minimum option that the GHP Responsible Reporting Entity can use.

This option will be used to supply CMS with hospital and medical coverage information for Medicare beneficiaries.

The Expanded Option will be used to supply CMS with hospital and medical coverage information as well as prescription drug coverage information for Medicare beneficiaries.

The Section 111 GHP reporting process includes an option to exchange prescription drug coverage information to coordinate benefits related to Medicare Part D.

CMS is also allowing RREs, that are also participating in the Retiree Drug Subsidy (RDS) program or are reporting to RDS on behalf of a plan sponsor, to use the Section 111 GHP reporting process to submit subsidy enrollment (retiree) files to the RDS Center using the Section 111 GHP reporting process.

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File Submissions

- Register with the BCRC
- Test GHP data reporting exchange
- Receive file submission timeframe for quarterly submissions
- Submit initial file with GHP coverage information for
 - All Active Covered Individuals, or
 - Active Covered Individuals identified as Medicare beneficiaries through query process
- Submit subsequent files containing only new or changed coverage information

Slide notes

GHP Responsible Reporting Entities will exchange data through electronic file submissions.

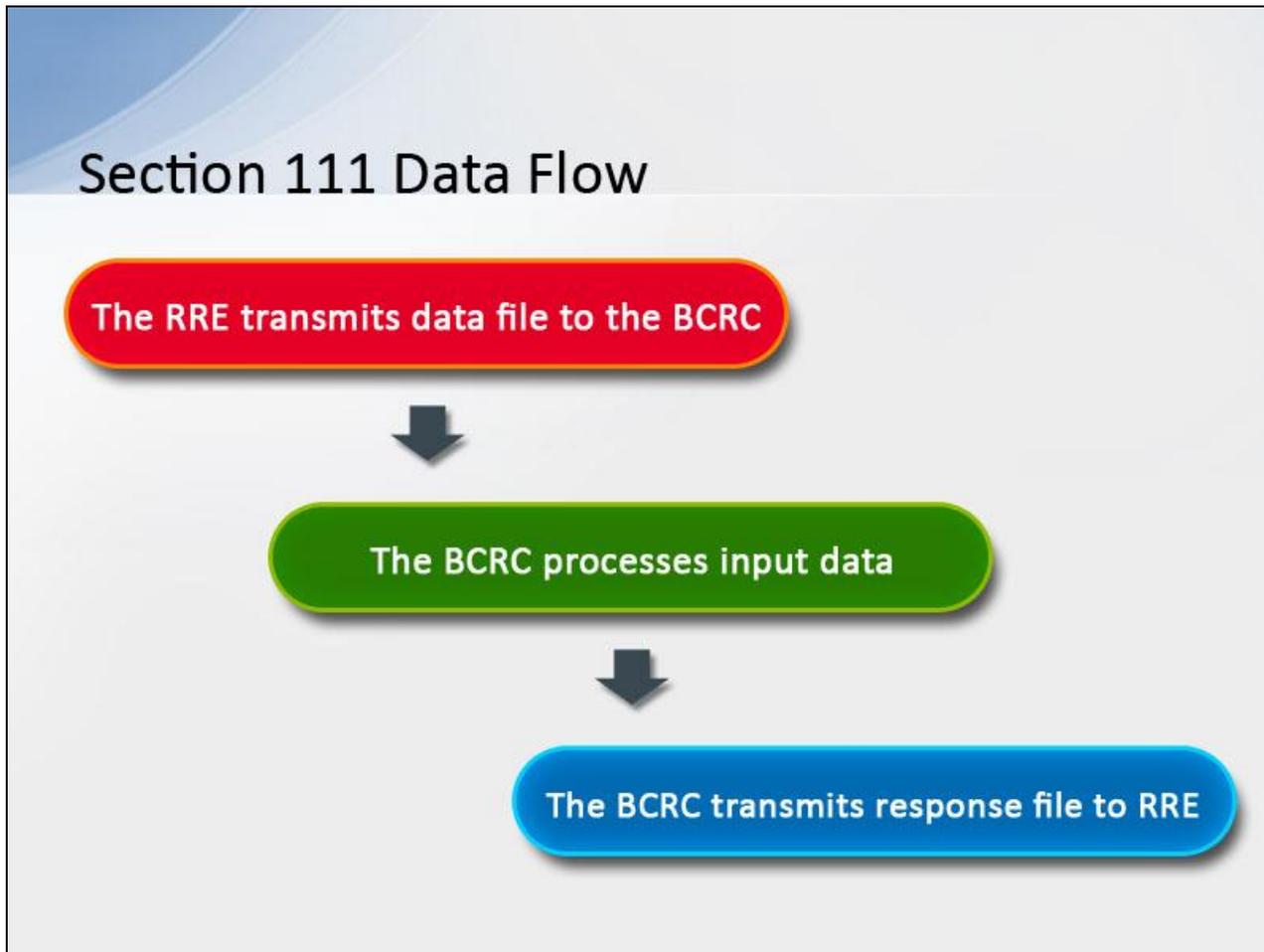
To begin the reporting process for Section 111, Responsible Reporting Entities are required to register with the BCRC and fully test the GHP data reporting exchange before submitting production files.

The Responsible Reporting Entities are assigned a production file submission timeframe during which they are to submit their files on a quarterly basis.

Once the Responsible Reporting Entities are in a production mode, they will submit an initial file containing GHP coverage information for all individuals meeting the definition of an Active Covered Individual or Active Covered Individuals identified as Medicare beneficiaries through the query process.

Subsequent quarterly file submissions are to contain only new or changed coverage information using add, delete and update transactions. For further information, please review the GHP User Guide.

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**Slide notes**

The data exchanged through the Section 111 reporting process is arranged in six different file layouts. An RRE electronically transmits a claim data file to the BCRC.

The BCRC processes the data in this input file by first editing the incoming data and then determines whether the injured party is a Medicare beneficiary and if the other insurance reported is primary to Medicare.

Other insurance information for Medicare beneficiaries derived from the input file is posted on the Medicare Common Working File (CWF) by the BCRC for use by other Medicare contractors for claims processing to make sure Medicare pays secondary when appropriate and/or is passed to the CMS Commercial Repayment Center (CRC) for recovery efforts.

When this processing is completed or the prescribed time for response file generation has elapsed, the BCRC electronically transmits a response file back to the RRE.

The response file will include information on any errors found, disposition codes that indicate the results of processing, and MSP information as prescribed by the response file format.

Normally, the RRE will only receive a response file after they transmit an input file. However, as part of the RDS file exchange process, the BCRC will transmit a response file to an RRE without having first processed a specific input file.

This unsolicited response file is used to inform the RRE about changes to previously submitted data resulting from changes in Medicare's information since the original data was first processed.

More information regarding this topic can be found in the RDS File Submission course and in the GHP User Guide.

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Data Use Agreement

- Sign Data Use Agreement
- Secure all exchanged data
- Ensure data is used appropriately



Slide notes

As part of the Section 111 registration process, each Responsible Reporting Entity will be asked to sign a Data Use Agreement.

Data exchanged for Section 111 is to be used solely for the purposes of coordinating health care benefits for Medicare beneficiaries between Medicare and Section 111 Responsible Reporting Entities who provide other health insurance coverage.

Measures must be taken by both parties to secure all data exchanged and ensure it is used properly.

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COB Secure Web Site

- Application that supports Section 111 reporting
- RREs will register and set up accounts

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

Slide notes

The BCRC will maintain an application on the Medicare COB Secure Web site (COBSW) to support Section 111 reporting.

All Section 111 GHP RREs will register and set up accounts on the Section 111 COBSW. The Section 111 COBSW URL is <https://www.cob.cms.hhs.gov/Section111/>.

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COB Secure Web Site

- Complete registration and account setup process
- Obtain Login IDs and assign users
- Exchange files via HTTPS or SFTP with the BCRC
- View and update account profile information
- View:
 - Status of current file processing
 - Statistics related to previous file submissions
 - Statistics related to Section 111 reporting compliance

Slide notes

On the Section 111 COBSW, Responsible Reporting Entities will be able to:

Complete the registration and account setup process. All information will be collected through an interactive Web application.

Obtain Login IDs and assign users for Section 111 COBSW accounts.

Exchange files via Hypertext Transfer Protocol over Secure Socket Layer (HTTPS) used to indicate a secure HTTP or Secure File Transfer Protocol (SFTP) directly with the BCRC data center without going through the CMS data center.

View and update Section 111 reporting account profile information such as contacts and company information.

View the status of current file processing such as when a file was marked as received and whether a response file has been created.

View statistics related to previous file submission and processing.

View statistics related to compliance with Section 111 reporting requirements such as whether files and records have been submitted on a timely basis.

Note: After the Section 111 COBSW goes live, Responsible Reporting Entities will still be able to submit files to the BCRC via Connect:Direct (NDM) over AGNS. If this method is used, the Section 111 COBSW will still be used to register and monitor file statistics.

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COB Secure Web Site

- Best Practices:
 - Keep PC Operating System and Internet Browser software at most current patch level
 - Use latest versions of anti-virus/spyware software
 - Use desktop firewall software
 - Never use a public computer to login to CMS resources



Slide notes

CMS advises all Section 111 COBSW users to implement the following best practices:

Keep the personal computer Operating System and Internet Browser software (e.g. Internet Explorer or Firefox) at the most current patch level.

Install and use the latest versions of anti-virus/spyware software to continuously protect personal computers.

Use desktop firewall software on personal computers and ensure that file sharing is disabled.

Never use a public computer (library, internet café, etc.) to login to CMS resources.

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The slide features a light blue header with the title "Customer Service and Reporting Assistance". Below the title are three blue rectangular buttons with white text, arranged vertically. The buttons are labeled "CMS Web Site", "EDI Representatives", and "Training and Education".

Slide notes

For customer service and reporting assistance, Responsible Reporting Entities will be able to use the CMS Web site, EDI Representatives, and various training and education materials.

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CMS Web Site

- For updated information on Section 111 reporting requirements, visit <http://go.cms.gov/mirghp>
- To be notified via e-mail of updates, click on “Subscription Sign-Up for Mandatory Insurer Reporting (GHP) Web Page update Notification” and add your e-mail address to distribution list

Slide notes

The CMS Web site devoted to Section 111 information, <http://go.cms.gov/mirghp>, should be checked frequently for updated information.

This Web site will include updates to the GHP User Guide. In order to be notified via e-mail of updates to this page, click on the “Subscription Sign-up for Mandatory Insurer Reporting (GHP) Web Page Update Notification” link found in the Related Links section of the web page and add your e-mail address to the distribution list.

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EDI Representative

- Your contact for file transmission and reporting issues
- Profile report provides EDI Representative information



Slide notes

After you register for Section 111 reporting, you will be assigned an EDI Representative to be your main contact for Section 111 file transmission and reporting issues.

Contact information for your EDI Representative will be provided to you on your profile report. You will receive your profile report once the BCRC has processed and accepted your registration.

The profile report summarizes the information you provided on your registration and provides important information you will need for your data file transmission.

If you have not yet been assigned an EDI Representative, please call the EDI Department at 646-458-6740 for assistance.

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Training and Education

- Section 111 CMS Web site
- Teleconference Events
- Curriculum of CBT courses



Slide notes

Additionally, we offer various forms of training and educational materials to help you with Section 111:

The Section 111 CMS Web site will contain links to all CMS publications regarding the MSP Mandatory Reporting Requirements under Section 111 of the MMSEA of 2007.

CMS and the BCRC will be conducting a series of Teleconference Events that will provide information regarding Section 111 reporting requirements.

The schedule for the Teleconference Events will be posted (and updated as new calls are scheduled) on the GHP Alerts page of the CMS Web site at <http://go.cms.gov/mirghp>.

CMS has made available a curriculum of CBT courses to Section 111 GHP RREs and agents.

These courses provide in-depth training on Section 111 reporting requirements, file transmissions, file formats, file processing, and the Section 111 COBSW.

These courses are all available on the GHP Training Material page of the CMS Web site.

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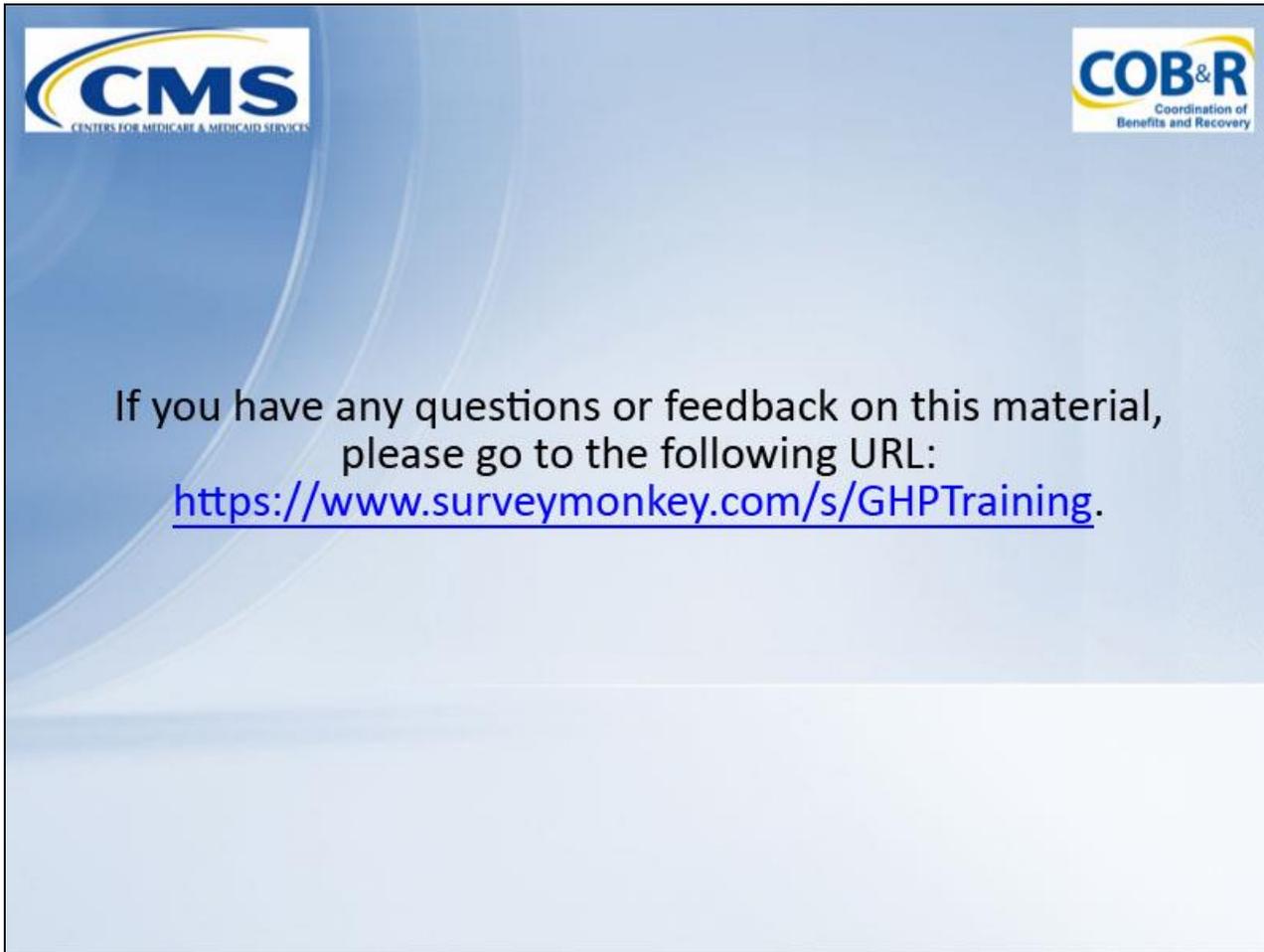
You have completed the GHP Process Overview course. Information in this course can be referenced by using the GHP User Guide's table of contents and any subsequent alerts. These documents are available for download at the following link:
<http://go.cms.gov/mirghp>.

Slide notes

You have completed the GHP Process Overview course. Information in this course can be referenced by using the GHP User Guide's table of contents.

These documents are available for download at the following link: <http://go.cms.gov/mirghp>.

Slide 18 - of 18

The slide features a light blue background with a white curved graphic on the left side. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text is centered and reads: "If you have any questions or feedback on this material, please go to the following URL: <https://www.surveymonkey.com/s/GHPTraining>."

Slide notes

If you have any questions or feedback on this material, please go the following URL:
<https://www.surveymonkey.com/s/GHPTraining>.