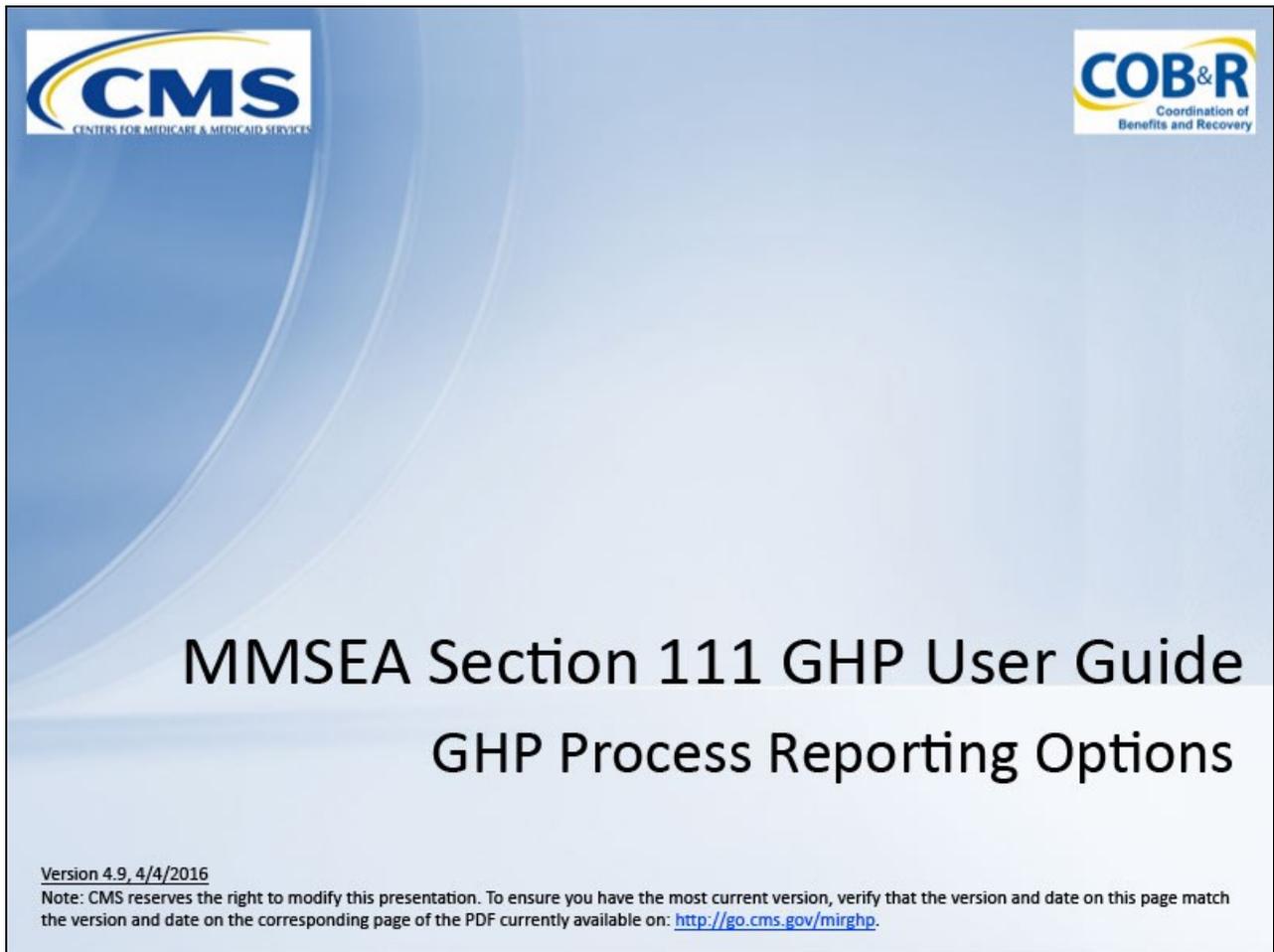


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The slide features a light blue background with abstract curved lines. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is centered in a large, black, sans-serif font. At the bottom left, there is a version number and a note about the presentation's currency, including a URL to the PDF version.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 GHP User Guide GHP Process Reporting Options

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 Reporting Options 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 and 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>.

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Course Overview

- GHP Reporting Options
 - Basic
 - Expanded



Slide notes

This learning module explains the data reporting options, Basic and Expanded, which are available to Responsible Reporting Entities to assist them in complying with Section 111. It includes file types and descriptions required for each reporting option.

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GHP Reporting Options

- Basic Reporting Option
 - Minimum compliance requirements (i.e. GHP coverage information only)
- Expanded Reporting Option
 - Minimum compliance requirements
 - Plus prescription drug coverage information



Slide notes

Section 111 requires GHP Responsible Reporting Entities (RREs) to provide CMS with information regarding hospital and medical coverage supplied to Medicare beneficiaries.

Section 111 also contains provisions for CMS to share Medicare Part A (hospital) entitlement, Part B (medical) coverage, and Part C (Medicare Advantage) information with the Responsible Reporting Entities.

Responsible Reporting Entities may choose one of two reporting options, Basic or Expanded, to comply with Section 111 requirements.

The Basic Reporting Option reflects the minimum requirements the Responsible Reporting Entities must adhere to in order to comply with Section 111.

If the Responsible Reporting Entity chooses the Basic Option, they will be required to provide GHP coverage information only and CMS will share information regarding Medicare Parts A, B and C.

The Expanded Reporting Option includes the minimum requirements for Section 111 plus the exchange of prescription drug coverage information.

The Expanded Reporting Option will be used by Responsible Reporting Entities that wish to share prescription drug coverage information with CMS.

The Responsible Reporting Entities will use the file formats available for Section 111 data exchange to include information on prescription drug coverage that is either primary or secondary to Medicare Part D.

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Basic Reporting Option

Includes:

- MSP Input File
 - Primary medical and hospital coverage
- TIN Reference File
- TIN Reference Response File
- Optional Query Only Input File
- Corresponding response files

The BCRC provides entitlement/enrollment information for Medicare Parts A, B and C

Slide notes

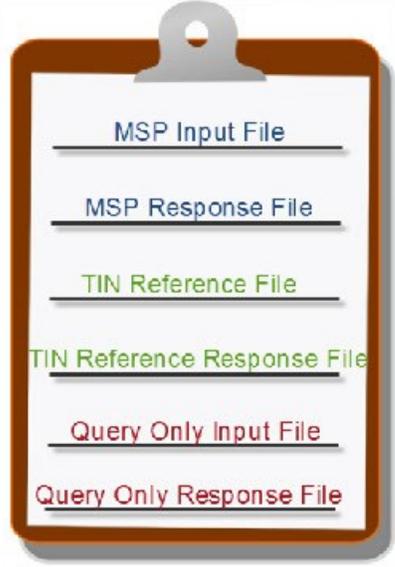
The Basic Reporting Option includes submission of the Medicare Secondary Payer (MSP) Input File for primary medical and hospital coverage of Active Covered Individuals, the TIN (Tax Identification Number) Reference File,

TIN Reference Response File and, optionally, the Query Only Input File, in the form of an ANSI 270/271 Entitlement Query File, along with the corresponding response files.

The Query Only Input File will be used by the GHP to request Medicare coverage information on their retirees. The Benefits Coordination & Recovery Center (BCRC) will only provide entitlement/enrollment information for Medicare Parts A, B and C with this option.

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Basic Reporting Option Files

File Type	Description
MSP Input File	
	
	<ul style="list-style-type: none">• From the RRE to the BCRC• Report information regarding Active Covered Individuals whose GHP coverage may be primary to Medicare

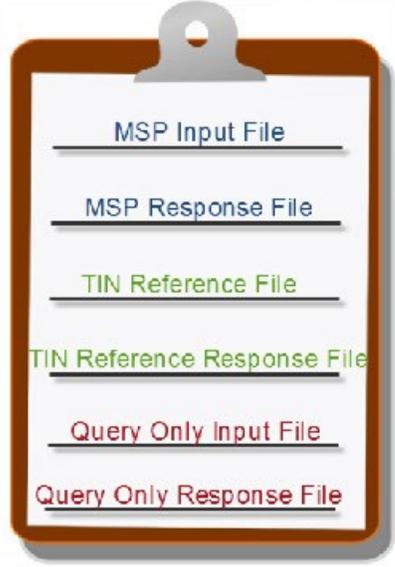
Slide notes

A brief description of the files used in the Basic Reporting Option are as follows. The exact file formats and record layouts are provided in the appendices of the GHP User Guide.

MSP Input File: This is the data set transmitted from an MMSEA Section 111 Responsible Reporting Entity to the BCRC that is used to report information regarding Active Covered Individuals whose GHP coverage may be primary to Medicare.

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Basic Reporting Option Files

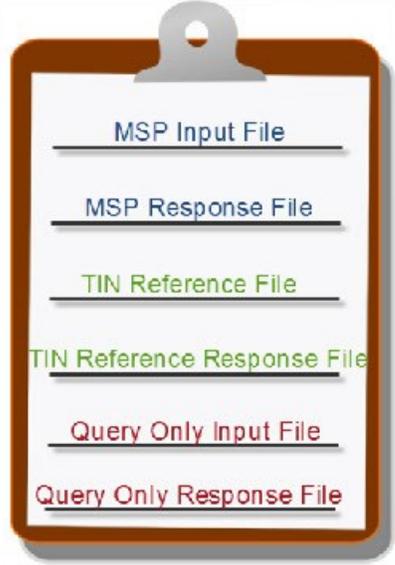
File Type	Description
MSP Response File	
	<ul style="list-style-type: none">• From the BCRC to the RRE• Respond with corrections and/or changes to MSP Input File

Slide notes

MSP Response File: This is the dataset transmitted from the BCRC to the Responsible Reporting Entity after the information supplied in the Responsible Reporting Entity's MSP Input File has been processed.

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Basic Reporting Option Files

File Type	Description
TIN Reference File	
	
	<ul style="list-style-type: none">• From the RRE to the BCRC• Provide RRE's Federal TIN and associated mailing address• Submit with the MSP Input File or as a separate file

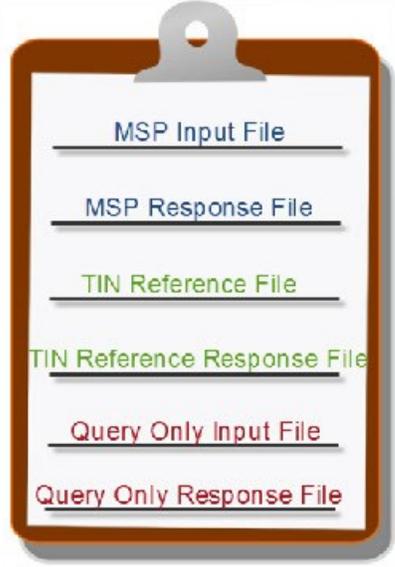
Slide notes

TIN Reference File: The TIN Reference File consists of a listing of each business entity's Federal Tax Identification Number (TIN) and the business mailing address that is linked to that particular TIN.

This file can be submitted along with the MSP Input File in one physical file transmission or as a separate file.

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Basic Reporting Option Files

File Type	Description
TIN Reference Response File	
	<ul style="list-style-type: none">• From the BCRC to the RRE<ul style="list-style-type: none">▪ After information supplied in TIN Reference File has been processed

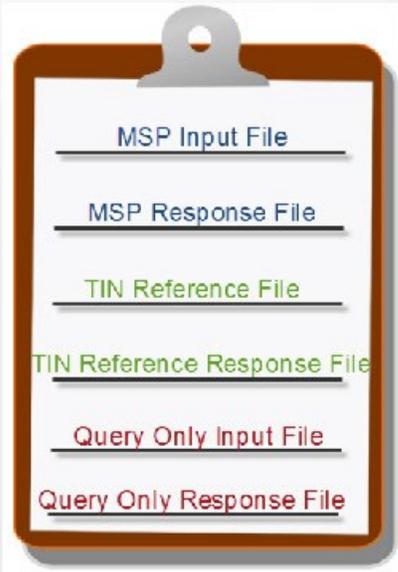
Slide notes

TIN Reference Response File: This is the data set transmitted from the BCRC to the RRE after the information supplied in the RRE's TIN Reference File has been processed.

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Basic Reporting Option Files

File Type	Description
Query Only Input File	<ul style="list-style-type: none">• From the RRE to the BCRC• Request Medicare Part A entitlement and Parts B and C enrollment information of potential Medicare beneficiaries



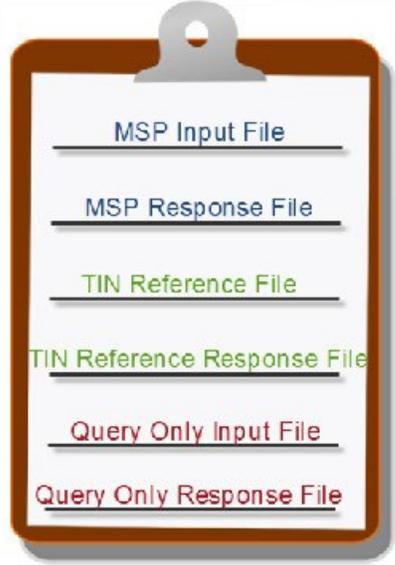
Slide notes

Query Only Input File: This is a query file used to obtain Medicare Part A entitlement and Parts B and C enrollment information of potential Medicare beneficiaries.

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Basic Reporting Option Files

File Type	Description
Query Only Response File	<ul style="list-style-type: none">• From the BCRC to the RRE• Return Parts A, B and C coverage information for individuals identified as Medicare beneficiaries



Slide notes

Query Only Response File: After the BCRC has processed the Query Only Input File, it will return the Query Only Response File with Medicare Parts A, B and C coverage information for individuals identified as Medicare beneficiaries.

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Expanded Reporting

- Includes:
 - MSP Input File
 - Primary medical, hospital and prescription drug coverage
 - TIN Reference File
 - TIN Reference Response File
 - Optional Query Only Input File
 - Non-MSP Input File
 - RDS and supplemental prescription drug coverage records
 - Corresponding response files
- The BCRC provides entitlement/enrollment information for Medicare Parts A, B, C and D.
- Must provide drug coverage on a regular basis

Slide notes

The Expanded Reporting option includes the MSP Input File for primary medical, hospital and prescription drug coverage for Active Covered Individuals,

the TIN Reference File, TIN Reference Response File, the optional Query Only Input File and the Non-MSP Input File.

The Non-MSP Input File is used to report information regarding the prescription drug insurance coverage information of your Inactive Covered Individuals.

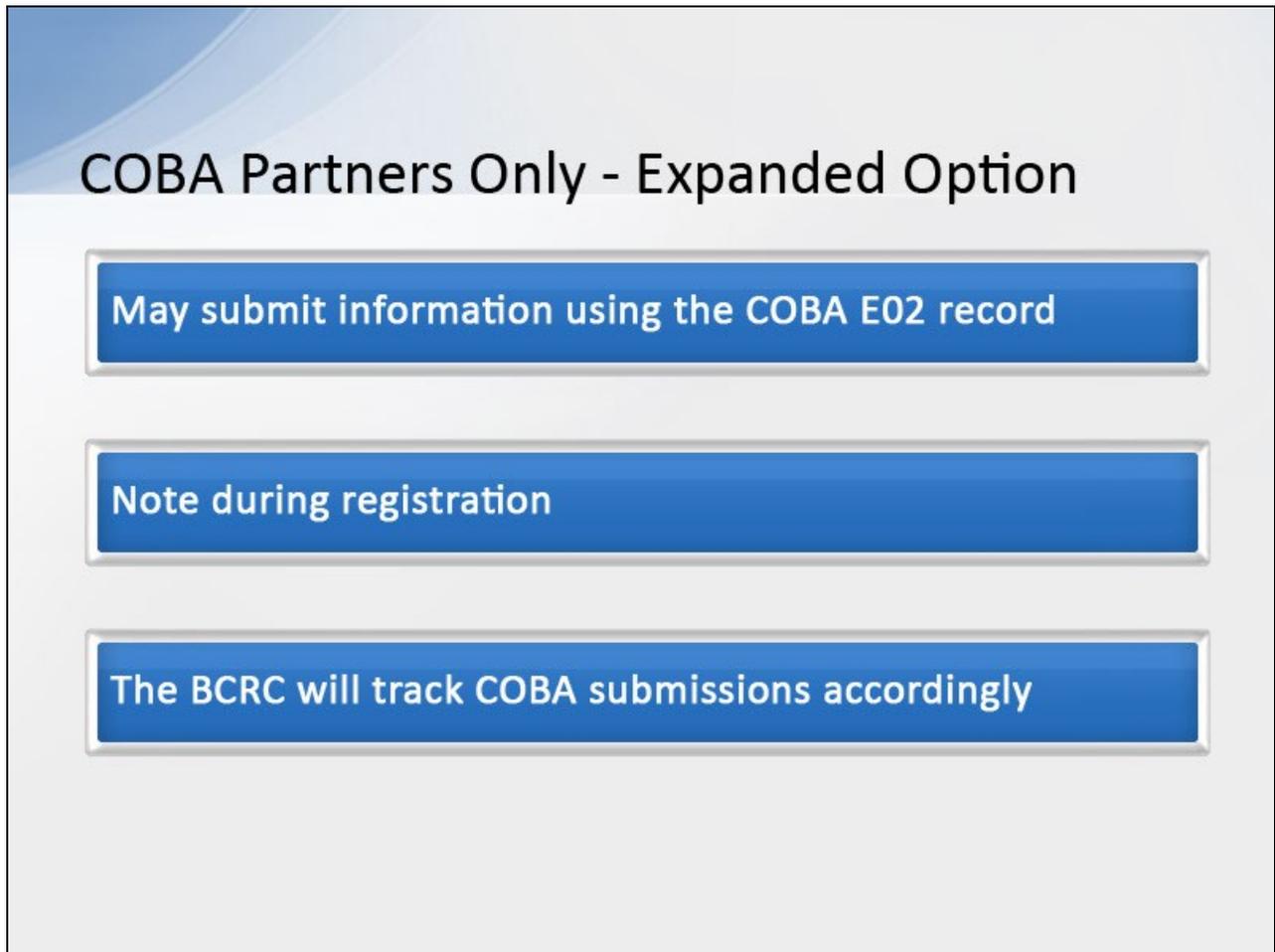
This File can also be used to query CMS about potential beneficiary Medicare Parts A, B, C and D coverage.

Additionally, the Non-MSP Input File may be used as a way to submit retiree files to the Retiree Drug Subsidy (RDS) Center on behalf of Plan Sponsors claiming the Retiree Drug Subsidy. The Expanded Reporting Option will also include corresponding response files.

The BCRC will provide entitlement/enrollment information for Medicare Parts A, B, C and D with this option.

If you choose the Expanded Reporting Option, you must provide CMS with information about drug coverage for Medicare beneficiaries on a regular basis in the form of primary drug coverage on the MSP Input File, or supplemental drug coverage records or RDS retiree file records on the Non-MSP Input File.

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COBA Partners Only - Expanded Option

May submit information using the COBA E02 record

Note during registration

The BCRC will track COBA submissions accordingly

Slide notes

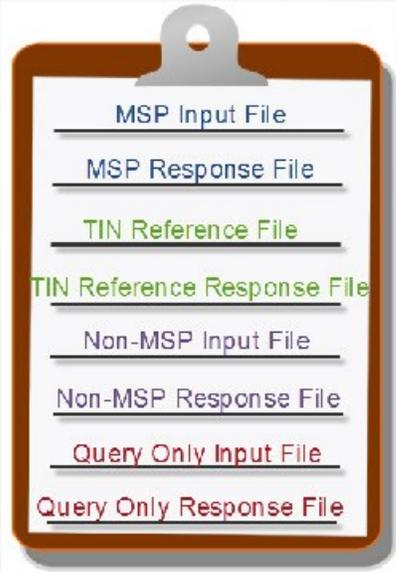
If you currently maintain a Coordination of Benefits Agreement (COBA) with CMS for the purposes of crossing over claims paid by Medicare for secondary payment by your plan, then you may submit supplemental prescription drug information using the COBA E02 records and still remain compliant with the requirements of the Section 111 Expanded Reporting Option.

If you choose this reporting option, please note this during the Section 111 registration process. The BCRC will track your COBA submissions accordingly.

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Expanded Reporting Option Files

File Type	Description
Non-MSP Input File	<ul style="list-style-type: none"> From the RRE to the BCRC Report information regarding the drug insurance coverage information of Inactive Covered Individuals



Slide notes

The following section explains the Expanded Reporting Option in further detail. In addition to the MSP Input File, MSP Response File, TIN Reference File, TIN Reference Response File, Query Only Input File and Query Only Response File

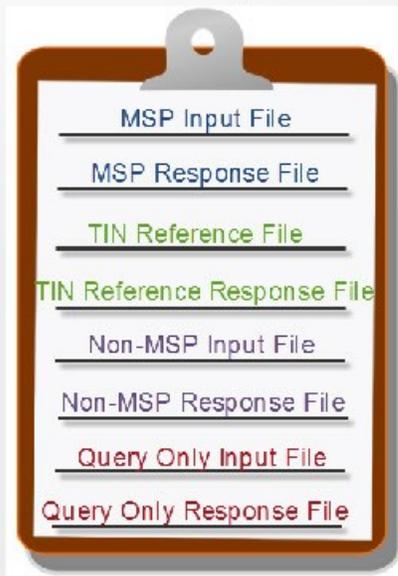
included in the Basic Reporting Option, the Expanded Reporting Option includes the Non-MSP Input File and Non-MSP Response File. The exact file formats and record layouts are provided in the appendices of the GHP User Guide.

Non-MSP Input File: This is the data set transmitted from a Responsible Reporting Entity to the BCRC that is used to report information regarding the drug insurance coverage information of Inactive (e.g. not employed, retired) Covered Individuals.

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Expanded Reporting Option Files

File Type
Non-MSP Response File



Description

- From the BCRC to the RRE
- Information processed regarding Inactive Covered Individuals

Slide notes

Non-MSP Response File: This is the dataset transmitted from the BCRC to the Responsible Reporting Entity after the information supplied in the Non-MSP Input File has been processed.

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You have completed the GHP Process Reporting Options 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:

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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

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