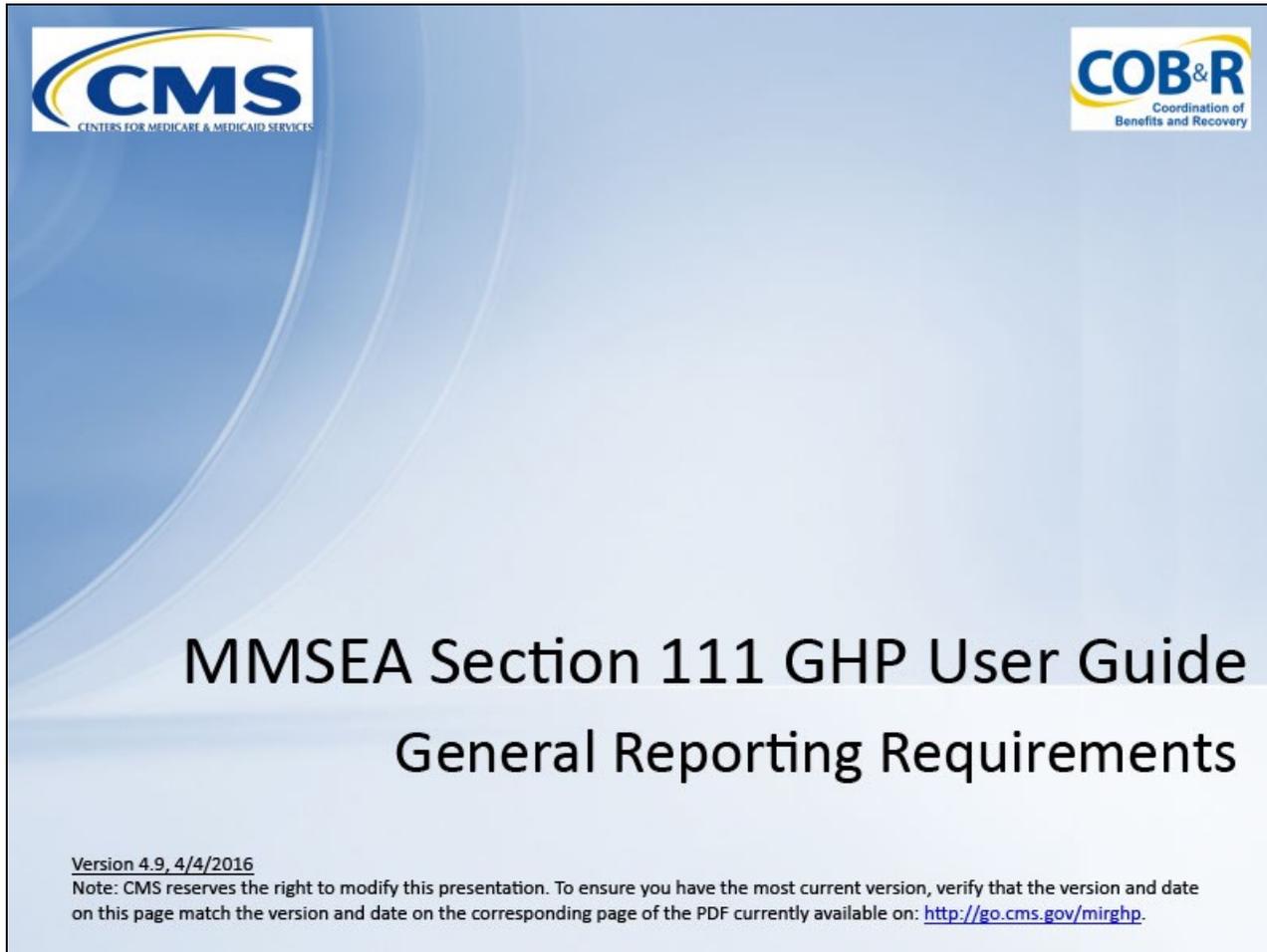


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The slide content area features a light blue background with a subtle wave pattern. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). 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 document'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 General Reporting Requirements

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 General Reporting Requirements 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 Center 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

- Who Must Report
- Use of Agents
- Report on MSP Input File
- Report on Non-MSP Input File
- File Formats
- Record Types
- Data Formatting Standards



Slide notes

This learning module describes the Section 111 terms and standards.

The topics in this course include: defining Responsible Reporting Entities (RREs), use of agents, what to report on the MSP Input and Non-MSP Input Files, file formats, record types, and data formatting standards.

Slide 4 - of 18

Who Must Report

- Section 111 GHP Responsible Reporting Entities:
 - Insurer
 - Third party administrator (TPA)
 - Plan administrator or fiduciary for self-insured and self-administered plans
 - GHP arrangements of
 - Multi-national organizations
 - Foreign nations
 - American Indians
 - Alaskan Native Tribes
- See Appendix F of the GHP User Guide

Slide notes

A Group Health Plan (GHP) organization that must report under Section 111 is defined as:

“An entity serving as an insurer or third party administrator (TPA) 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.”

These organizations are referred to as Section 111 GHP Responsible Reporting Entities, or RREs.

Organizations will report if they are a claims processing TPA, an insurer without a separate claims processing TPA, or a self-insured and self-administered employer without a separate claims processing TPA.

The group health plan arrangements of multi-national organizations, foreign nations, American Indians and Alaskan Native Tribes that may cover Medicare beneficiaries are subject to the MSP provisions and must be reported accordingly.

For more information see the Statutory Language/Provisions and the Definitions and Reporting Responsibilities in Appendix F of the GHP User Guide.

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Use of Agents

- RRE
 - Supplies information during registration about appointed agent
 - Responsible for accuracy and adherence to the requirements

- Agent
 - Create and submit files to the BCRC on behalf of RRE
 - Has agreement with a RRE

- See Appendix F of the GHP User Guide



Slide notes

GHP RREs may use agents to report on their behalf. If the GHP RRE chooses to use an agent for this purpose, they are required to supply information about the appointed agent(s) as part of the Section 111 registration process.

The RRE will remain solely responsible and accountable for adhering to the requirements of the Section 111 program and the accuracy of data submitted.

The agent will create and submit data to the Benefits Coordination & Recovery Center (BCRC) on behalf of the RRE. An organization is only an agent if they have an agreement with a RRE to report on that entity's behalf for purposes of Section 111.

Examples of agents include, but are not limited to, a consulting company or data services company. For more information on Agents, see Appendix F of the GHP User Guide.

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Report on MSP Input File

- All GHP covered individuals who satisfy criteria of Active Covered Individual definition
- OR
- GHP covered individuals identified as Medicare beneficiaries through the query process
- OR
- GHP covered individuals identified as Medicare beneficiaries through the Beneficiary Lookup Action

Slide notes

The MSP Input File is used to report GHP coverage information for Active Covered Individuals who are Medicare beneficiaries. It assists the BCRC in determining when Medicare should be paying secondary for a GHP covered individual.

Since an RRE may not know whether a covered individual is a Medicare beneficiary, the RRE may choose one of the following approaches to determine whom to report on the MSP Input File.

The first approach requires the RRE to identify all GHP covered individuals who satisfy the requirements of the Active Covered Individual definition. Once identified, the RRE will report these individuals on the MSP Input File.

The second approach provides the RRE with a tool (i.e. the "Finder File") whereby the RRE will query on their GHP covered individual's Medicare entitlement and enrollment, prior to creating and submitting the MSP Input File.

Another approach is the use of the Beneficiary Lookup Action where an RRE can submit up to 500 query requests per RRE ID per calendar month to determine if a covered individual can be matched to a Medicare beneficiary.

Please see the Beneficiary Lookup Action CBT for additional information.

More information on the use of the Active Covered Individual definition and use of the finder file can be found in the GHP User Guide and in the MSP Input File Reporting Methods course.

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Report on Non-MSP Input File

- Prescription drug insurance coverage information for Inactive Covered Individuals
 - RREs reporting under the Expanded Reporting Option only

- Inactive Covered Individuals
 - Individuals currently not working
 - Spouses and/or other dependents, who cannot be classified as Active Covered Individuals
 - Reported on Non-MSP Input File or Query Only Input Files

Slide notes

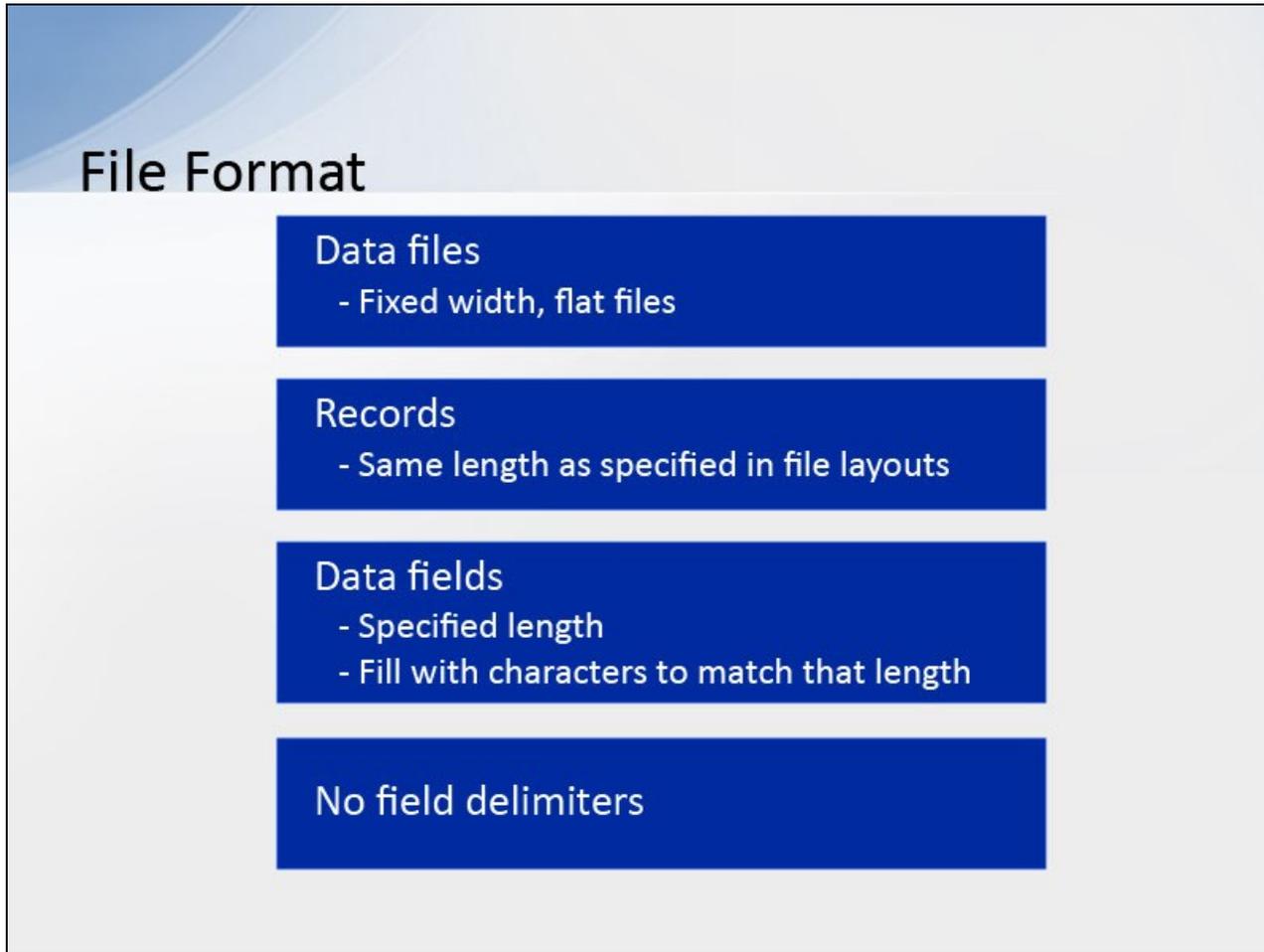
The Non-MSP Input File is the data set transmitted from a GHP RRE which is reporting under the Expanded Reporting Option to the BCRC. It is used to report information regarding the prescription drug insurance coverage information of your Inactive Covered Individuals.

Inactive Covered Individuals are individuals you cover in a GHP who are currently not working (most are carried as retired), and spouses and (or) other dependents, enrolled in your GHP who cannot be classified as Active Covered Individuals.

Inactive Covered Individuals will be reported on the Non-MSP Input File (i.e. dataset used to report supplemental drug coverage) and can be submitted on your Query Only Input Files (i.e. the dataset used to request information regarding Medicare coverage).

These files are used to determine Medicare entitlement. Generally, the GHP coverage you provide for these individuals will be secondary to Medicare.

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The slide content is presented in a light blue box with a white background. The title 'File Format' is at the top left. Below it are four blue rectangular boxes, each containing a requirement. The first box lists 'Data files' with a sub-point '- Fixed width, flat files'. The second box lists 'Records' with a sub-point '- Same length as specified in file layouts'. The third box lists 'Data fields' with two sub-points: '- Specified length' and '- Fill with characters to match that length'. The fourth box lists 'No field delimiters'.

File Format

- Data files
 - Fixed width, flat files
- Records
 - Same length as specified in file layouts
- Data fields
 - Specified length
 - Fill with characters to match that length
- No field delimiters

Slide notes

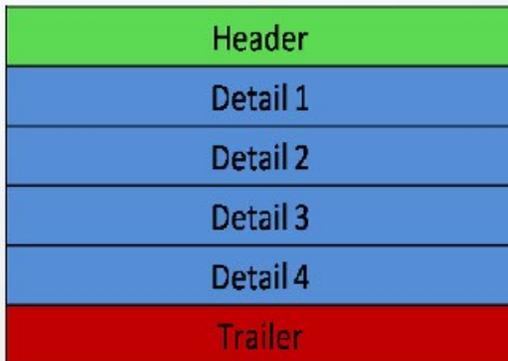
Section 111 requires all submitted data files to follow the detailed record and field specifications that are outlined in the appendices of the Section 111 GHP User Guide.

For instance, all data files must be fixed width, flat files. All records in the file must be the same length as specified in the file layouts.

All data fields on the files are of a specified length and should be filled with the proper characters to match these lengths. No field delimiters, such as commas between fields, are allowed.

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Header, Detail and Trailer Records



Header record

- Begins file
- Identifies type of file being submitted and contains RRE ID

Detail record(s)

- Represent coverage information or query requests for individuals

Trailer record

- Ends file
- Contains summary information

Slide notes

Each input file contains at least three record types: a header record, detail record(s) and a trailer record.

The file begins with a header record which identifies the type of file being submitted and will contain your RRE ID. You will receive your RRE ID after your registration for Section 111 is processed.

Detail records represent coverage information or query requests for individual people.

Each file will always end with a trailer record that marks the end of the file. It contains summary information, including a count of the number of detail records included in the submission for validation purposes.

Each header record must have a corresponding trailer record. Do not include the header and trailer records in the detail record counts. If the trailer record contains invalid counts, your file will be rejected.

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Data Formatting Standards

Data/Field Type	Formatting Standards	Examples
Numeric	<ul style="list-style-type: none">• Zero through 9 (0 - 9)• Padded with leading zeroes	<ul style="list-style-type: none">• Numeric (with 5 characters): "12345"• Numeric (5): "00045"

Next »

Slide notes

This section describes the formatting standards for each data type found in the Section 111 files. These formatting standards are for both the input and response files. These standards apply unless otherwise noted in specific file layouts.

Click the Next button on this slide and on the following slides to move forward.

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Data Formatting Standards

Data/Field Type	Formatting Standards	Examples
Alpha	<ul style="list-style-type: none">• A through Z• Left justified• Non-populated bytes padded with spaces• Lower case characters converted and returned in upper case	<ul style="list-style-type: none">• Alpha (with 12 characters): "TEST EXAMPLE"• Alpha (12): "EXAMPLE "

[Next »](#)

Slide notes

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Data Formatting Standards

Data/Field Type	Formatting Standards	Examples
Alphanumeric	<ul style="list-style-type: none">• A through Z (all alpha)• 0 through 9 (all numeric)• Left justified• Non-populated bytes padded with spaces• Lower case characters converted and returned in upper case	<ul style="list-style-type: none">• Alphanum (with 8 characters): "AB55823D"• Alphanum (8): "MM221 "

Next »

Slide notes

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Data Formatting Standards

Data/Field Type	Formatting Standards	Examples
Text	<ul style="list-style-type: none">• A through Z (all alpha) + 0 through 9 (all numeric) + special characters<ul style="list-style-type: none">▪ Comma (,)▪ Ampersand (&)▪ Space ()▪ Dash (-)▪ Period (.)▪ Single quote (')▪ Colon (:)▪ Semicolon (;)▪ Number (#)▪ Forward slash (/)▪ At sign (@)• Left justified• Non-populated bytes padded with spaces• Lower case characters converted and returned in upper case	<ul style="list-style-type: none">• Text (with 8 characters): "AB55823D"• Text (8): "XX299Y "• Text (18): "ADDRESS@DOMAIN.COM"• Text (12): "800-555-1234"• Text (12): "#34 "

[Next »](#)

Slide notes

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Data Formatting Standards

Data/Field Type	Formatting Standards	Examples
<p>Date/Numeric</p> <p>Date</p>	<ul style="list-style-type: none"> • Format as century, year, month and day supplied as CCYYMMDD • Default input value is all zeroes for open-ended dates, such as a termination date that has not yet been established or determined • Date fields on response files may be returned with a valid date or default values of all zeroes or all spaces if not applicable 	<ul style="list-style-type: none"> • "20110419" • Open ended date: "00000000"

Next »

Slide notes

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Data Formatting Standards

Data/Field Type	Formatting Standards
Filler	<ul style="list-style-type: none">• Populate with spaces

Next >>

Slide notes

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Data Formatting Standards

Data/Field Type	Formatting Standards
Internal Use	• Populate with spaces

Next >>

Slide notes

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You have completed the GHP General Reporting Requirements 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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Slide notes

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The slide features a light blue background with a white horizontal band at the bottom. 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 central text 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>.