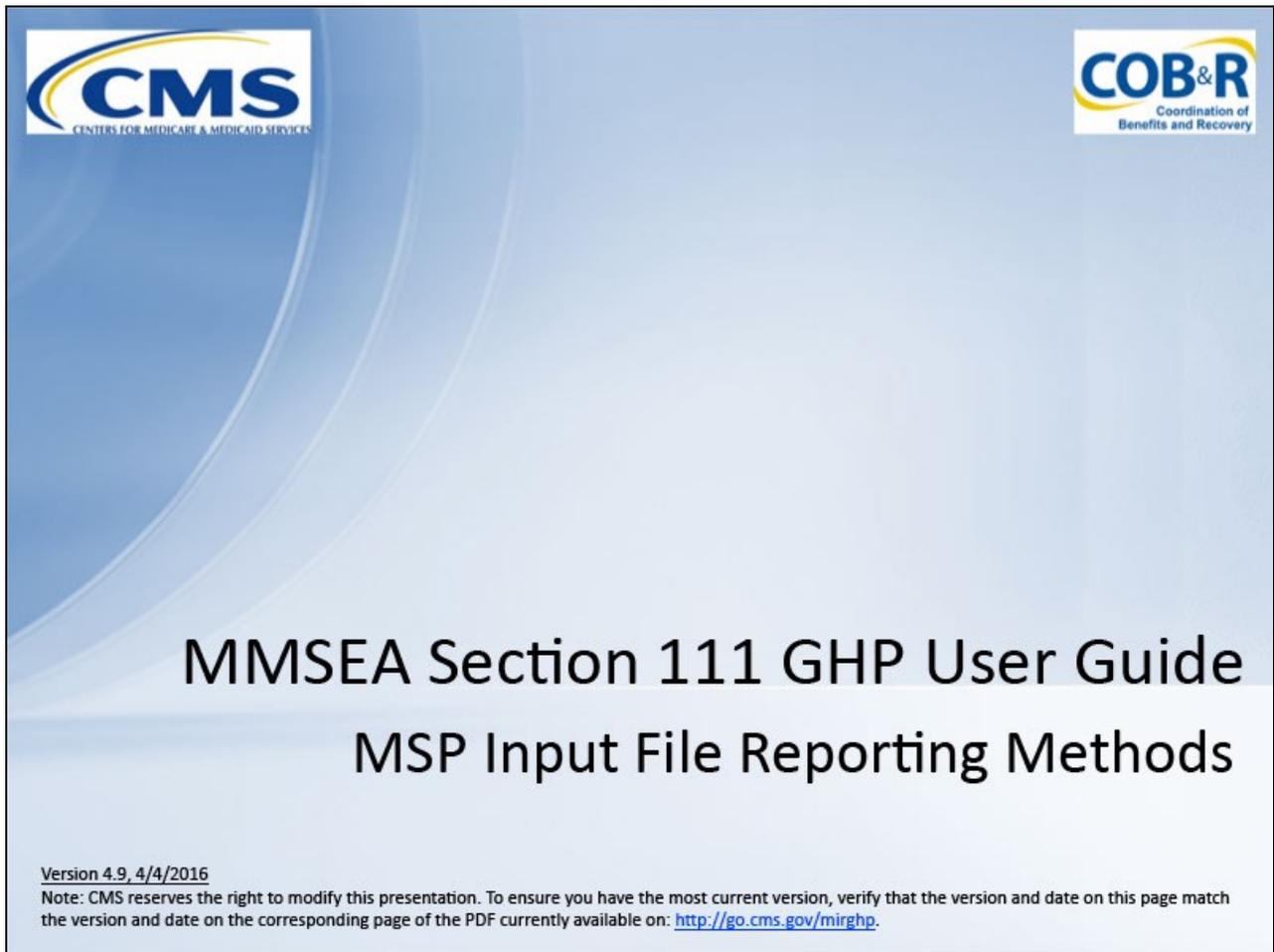


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The slide content area features a light blue background with a subtle wave pattern. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main title is centered in a large, black, sans-serif font. 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

MSP Input File Reporting Methods

Version 4.9, 4/4/2016
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Slide notes

Welcome to the Medicare Secondary Payer (MSP) Input File Reporting Methods 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:
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Course Overview

- MSP Input File
 - Reporting options
 - Reporting exclusions
- Active Covered Individual Definition
 - Current employment status
 - Employer size
 - Examples
 - Data Flow
- Finder File
 - Data Flow
 - Query Submission
- Quarterly Update MSP Input File



Slide notes

This course reviews what must be reported on the MSP Input File, including the two reporting options and reporting exclusions. It reviews the definition of an Active Covered Individual including current employment status and employer

size. It gives examples of Active Covered Individuals and reviews the data flow when using the Active Covered Individual option. This course also describes the Finder File Method, its data flow, and the query submission process.

The course concludes with a discussion of the quarterly update MSP Input File.

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MSP Input File

- Report information for GHP covered individuals who
 - Are Medicare beneficiaries
 - Have GHP coverage primary to Medicare and Medicare is their secondary payer of benefits
 - See 42 U.S.C. 1395y(b), and 42 C.F.R. Part 411, for applicable statutory and regulatory provisions

Slide notes

To comply with the Section 111 requirements, all GHP Responsible Reporting Entities (RREs) must submit the MSP Input File. The MSP Input File is used to report information for GHP covered individuals who meet the following conditions:

They are Medicare beneficiaries, and their GHP coverage is primary to Medicare and Medicare is their secondary payer of benefits Please Note: Employers, insurers, third party administrators, group health plans, and other group health

plan sponsors are always responsible for understanding when they are providing coverage primary to Medicare, and for paying appropriately. See 42 U.S.C. 1395y(b), and 42 C.F.R. Part 411, for the applicable statutory and regulatory provisions,

and CMS manuals and Web pages for further detail.

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MSP Input File

- Active Covered Individual Definition
 - Identify all GHP covered individuals that meet Active Covered Individual definition
 - Report all Active Covered Individuals on MSP Input File
- Finder File
 - Query GHP covered individual's Medicare entitlement and enrollment prior to submitting MSP Input File
 - Report Active Covered Individuals who are Medicare beneficiaries on the MSP Input File
- Beneficiary Lookup feature on the Section 111 COBSW
 - Identify which GHP covered individuals are Medicare beneficiaries
 - Report Active Covered Individuals who are Medicare beneficiaries on the MSP Input File

Slide notes

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 Active Covered Individuals on the MSP Input File. The second approach provides the RRE with

a tool (i.e., the "Finder File") whereby the RRE can identify which of their GHP covered individuals are Medicare beneficiaries through the query process, prior to creating and submitting the MSP Input File. Once identified, the RRE will

report the Active Covered Individuals who are Medicare beneficiaries on their MSP Input File. The Beneficiary Lookup feature on the Section 111 COBSW may also be used to submit an online query of Medicare status to identify which

of their GHP covered individuals are Medicare beneficiaries. Once identified, the RRE will report the Active Covered Individuals who are Medicare beneficiaries on their MSP Input File.

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MSP Input File Exclusions

- Coverage that is secondary to Medicare
- Coverage when Medicare is primary
- Retiree records
- Any type of Medicare coverage
 - Medicare Advantage records (Part C)
- TRICARE
- Stand-alone
 - Dental coverage
 - Vision coverage
 - Mental/behavioral healthcare coverage
- FSA and HSA plans
- COBRA coverage, unless this individual is receiving dialysis or has had a kidney transplant

Slide notes

When GHP Responsible Reporting Entities (RREs) create the MSP Input File for MMSEA Section 111 reporting, they should exclude the following: coverage that is secondary to Medicare; coverage when Medicare is primary;

Records for retirees covered by an employer's retirement plan; any type of Medicare coverage (e.g., Medicare Advantage records (Part C)); TRICARE (health care program for active and retired uniformed service members and their families);

Stand-alone dental coverage; Stand-alone vision coverage; Stand-alone mental/behavioral healthcare coverage; Flexible Spending Account (FSA) and Health Savings Account (HSA) plans and; COBRA

(Consolidated Omnibus Budget Reconciliation Act of 1985) coverage, unless individual is receiving dialysis or has had a kidney transplant. Note: COBRA is a federal law that allows individuals to keep their employer group health plan coverage

for a limited period of time after their employment ends or after they would otherwise lose coverage. A Medicare beneficiary whose coverage is through COBRA is not considered an Active Covered Individual and should not be reported

on the MSP Input File unless this individual is receiving dialysis or has had a kidney transplant.

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Active Covered Individual Definition

Age 45 – age 64 who have coverage based on their own or a family member's current employment status

Age 65 and older who have coverage based upon their own or a spouse's current employment status

Receiving kidney dialysis or received a kidney transplant, regardless of their own or a family member's current employment status and regardless of their age

Under age 45, Medicare entitled, coverage based on their own or a family member's current employment status

Slide notes

For purposes of Section 111 reporting, an Active Covered Individual is defined as: All individuals covered in a GHP age 45 through age 64 who have coverage based on their own or a family member's current employment status.

All individuals covered in a GHP age 65 and older who have coverage based upon their own or a spouse's current employment status. All individuals covered in a GHP who have been receiving kidney dialysis or who have received a

kidney transplant, regardless of their own or a family member's current employment status and regardless of their age. All individuals covered in a GHP who are under age 45, are known to be entitled to Medicare,

and have coverage in the plan based on their own or a family member's current employment status.

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Active Covered Individual Definition Current Employment Status

Refers to subscriber's employment status

Includes employees who may be in a temporary disability status

Does not include subscriber who is a retiree covered by an employer's retirement plan

Slide notes

The phrase "current employment status" in the definition of Active Covered Individual refers to the subscriber's employment status. This includes employees who may be in a temporary disability status.

It does NOT include a subscriber who is a retiree covered by an employer's retirement plan.

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Active Covered Individual Definition Employer Size

Defined in 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170

Submitted on MSP Input File – Field 16

Used to determine primary payment responsibility

Based on total number of employees in organization (parent, subsidiaries and siblings)

Not relevant with respect to reporting individuals with End Stage Renal Disease

Slide notes

Refer to 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170 for details on Employer Size. RREs are required to submit the Employer Size on the MSP Input File (Field 16). The Benefits Coordination & Recovery Center (BCRC) uses

the Employer Size when determining whether the GHP coverage is primary to Medicare. When calculating the number of employees, RREs should use the total number of employees in an organizational structure (parent, subsidiaries and siblings)

rather than just the number of employees in the particular subsidiary being reported on. In other words, employer size is the total number of full or part-time employees, not the number of covered lives under a particular GHP.

Employer size is not relevant with respect to reporting individuals who have been receiving kidney dialysis or have received a kidney transplant, or have End Stage Renal Disease (ESRD).

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Active Covered Individual Definition Employer Size

- Less than 20 and
 - Employer is not part of a multi-employer/multiple employer GHP
 - Covered individuals do not have to be reported unless they are receiving dialysis or had a kidney transplant
 - If the BCRC determines MSP does not exist SPES error on response file
- Less than 20 and
 - Employer is part of multi-employer GHP
 - Covered individuals must be reported

Slide notes

If an employer has less than 20 full and/or part-time employees as defined in 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170, and the employer is not part of a multi-employer/multiple employer GHP, then the covered individuals

under that plan do not have to be reported under Section 111 unless a covered individual is receiving dialysis or has permanent kidney failure (ESRD). However, records for all Active Covered Individuals in these plans may be submitted

with the proper value in the Employer Size (Field 16). If the record is reported and the BCRC determines that MSP does not exist then an SPES error code will be returned on the response file. Employer's with less than 20 full and/or

part-time employees is NOT a basis for excluding such employees from the Section 111 GHP reporting process if the employer is part of a multi-employer/multiple employer GHP.

Following are examples to enhance your understanding of Active Covered Individuals.

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Active Covered Individual Definition Example 1



Subscriber

- Age 44
- Employee of company with any number of employees
- Not an Active Covered Individual



Son

- Age 10
- Covered by plan
- Has ESRD
- Entitled to Medicare
- Active Covered Individual

- MSP Input File
 - Submit coverage information for the son (include the HICN)

Slide notes

A subscriber age 44 is an employee of a company with any number of employees. His son age 10 is also covered by the plan. His son is known to have ESRD and be entitled to Medicare.

In this case, the son is an Active Covered Individual but the subscriber is not. GHP coverage information for the son should be submitted on the MSP Input File. Since the son is under 45, his Medicare Health Insurance Claim Number (HICN) must be included.

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Active Covered Individual Definition Example 2

Subscriber

- Retiree
- Covered by GHP through retirement plan
- Not an Active Covered Individual

Spouse

- Covered by GHP through wife's retirement plan
- Not an Active Covered Individual

- MSP Input File
 - Neither record should be submitted in this case

Slide notes

A subscriber is a retiree and she and her spouse are covered by the GHP through her retirement plan. Neither is known to have ESRD. Neither is considered an Active Covered Individual since the subscriber is not currently employed.

No information should be sent on these individuals on the MSP Input File.

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Active Covered Individual Definition Example 3

Subscriber

- Age 67
- Employee of company that has had more than 19 employees for past several years
- Active Covered Individual

Spouse

- Age 67
- Not Covered by the GHP
- Not an Active Covered Individual

- MSP Input File
 - Submit coverage information for subscriber

Slide notes

A subscriber is an employee of a company that has had more than 19 employees for the last several years and he and his spouse are both 67. His spouse is not covered by the GHP.

Only the subscriber is an Active Covered Individual since his spouse is not covered by the plan. Only information on the subscriber should be sent on the MSP Input File.

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Active Covered Individual Definition Example 4



Subscriber

- Age 66
 - Employee of a company that has had less than 20 employees
 - Not known to have ESRD
 - Not known to be Medicare beneficiary
 - Not part of a multi-employer GHP
 - Active Covered Individual
- MSP Input File
 - Record does not have to be submitted due to employer size

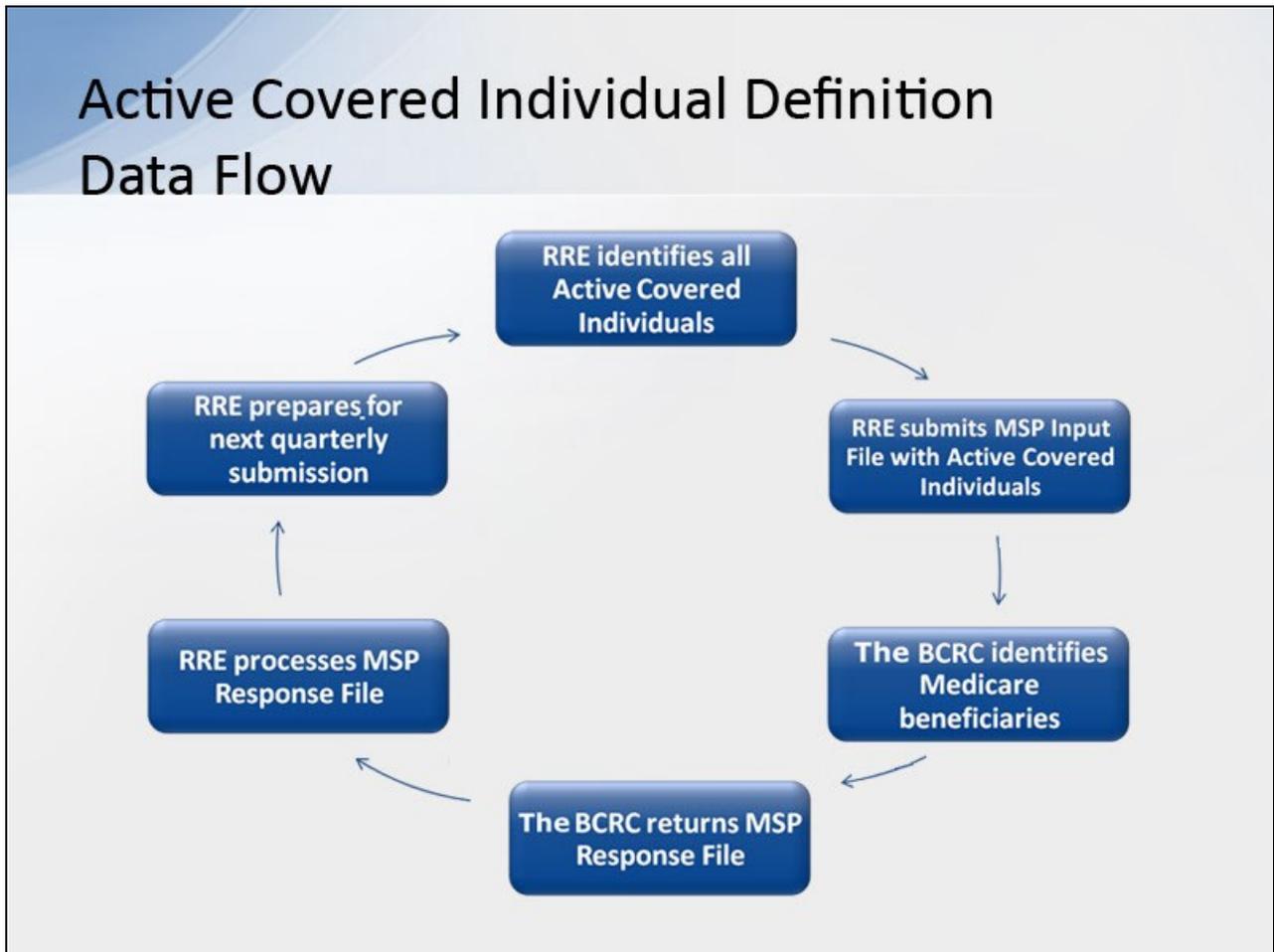
Slide notes

A subscriber age 66 is an employee of a company that has had less than 20 employees for the last several years. The subscriber is not known to have ESRD and not known to be a Medicare beneficiary.

The employer is NOT part of a multi-employer/multiple employer GHP. Since the employer has less than 20 employees and is not part of a multi-employer GHP, this individual does not have to be reported on the MSP Input File even

though the subscriber fits the definition of an Active Covered Individual. Alternatively, a record for the subscriber could be submitted, but the BCRC will determine that the coverage is not primary to Medicare due to the employer's size.

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**Slide notes**

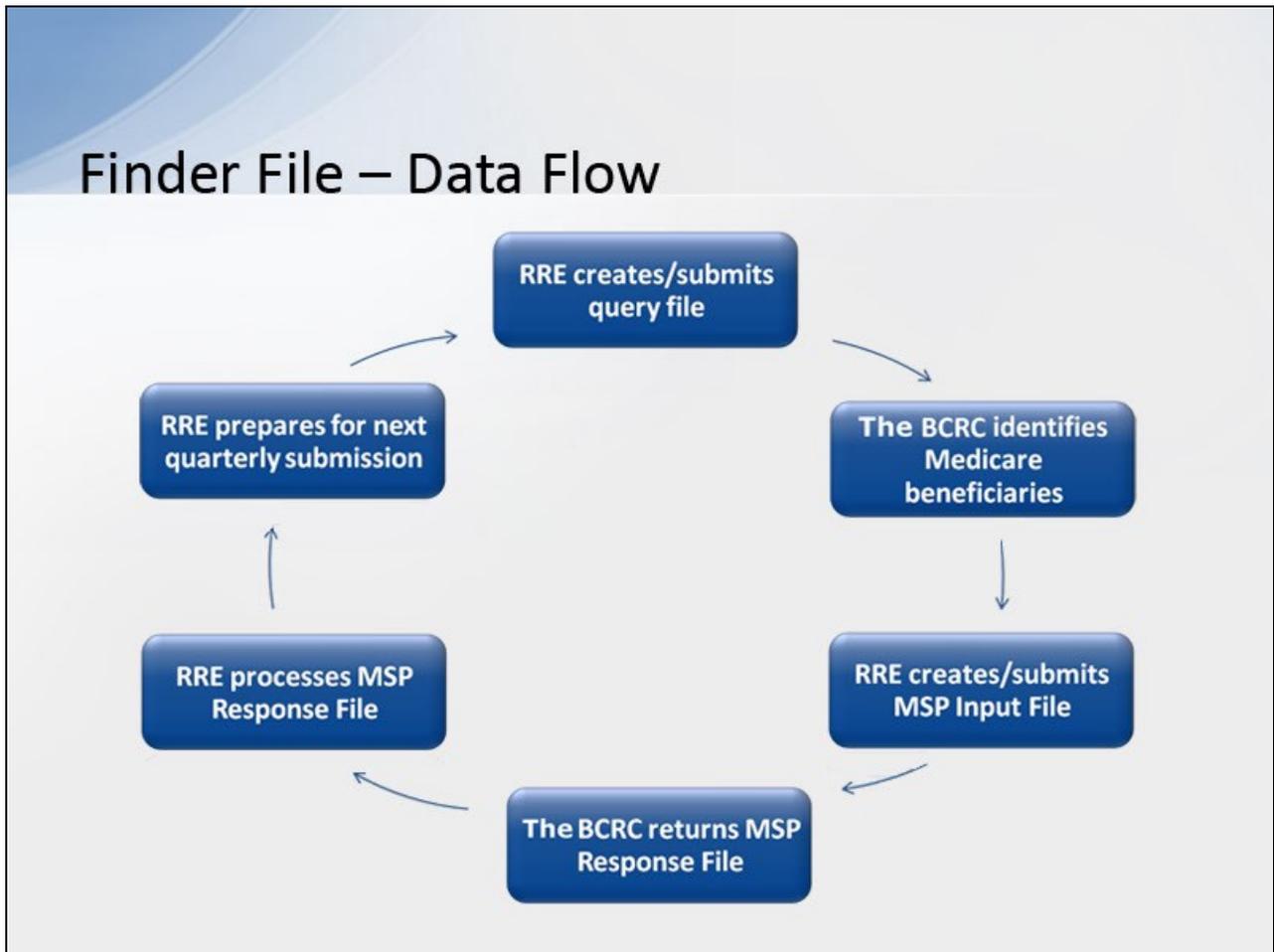
When using the Active Covered Individual Definition Method, RREs will first identify those GHP covered individuals who meet the requirements of the Active Covered Individual definition.

The RRE will then create/submit the MSP Input File with records for those Active Covered Individuals. The BCRC will process the MSP Input File. Based on coverage enrollment information received from the RRE, the BCRC will identify

those Active Covered Individuals who are Medicare beneficiaries for whom Medicare assumes secondary payment responsibility, and return the MSP Response File to the RRE.

The RRE will process the MSP Response File and prepare for their next quarterly submission.

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**Slide notes**

To begin, RREs will create and submit query records. At a minimum, the initial query file must include all GHP covered individuals who fit the definition of an Active Covered Individual, but the RRE may submit every covered individual

to verify Medicare entitlement. Based on the information submitted, the BCRC will process the query file, identifying which of the queried individuals are/are not Medicare beneficiaries, and return the response file.

The RRE will then create and submit the MSP Input File for those individuals identified as Medicare beneficiaries who are also Active Covered Individuals. After that, the RRE will get ready for their next quarterly submission by submitting a new query file.

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Finder File – Query Submission

- Basic Option submitters use
 - Query Only Input File
- Expanded Reporting Option submitters use
 - Query Only Input File
 - Non-MSP Input File
 - N records to query on Active Covered Individuals
- Query file only accepted one per calendar quarter
- Provide accurate information for data elements used in matching process



Slide notes

For Basic Option RREs, query records will be submitted to the BCRC via the Query Only Input File. For Expanded Reporting Option RREs, query records may be submitted to the BCRC via the Query Only Input File or the Non-MSP Input File.

Although the Non-MSP Input File is used to report information for Inactive Covered Individuals, Expanded Reporting Option RREs may use this file to submit N records to query on their Active Covered Individuals.

A Non-MSP Input File cannot be submitted with only N records. Query files will only be accepted once per calendar quarter. All other requirements for the MSP Input File must be adhered to, including reporting applicable individuals

with new or changed coverage with each quarterly submission. Note: When submitting query records, you must provide accurate information for the data elements the BCRC uses as matching criteria

to determine whether or not an individual is a Medicare beneficiary (i.e., HICN or Social Security Number, name, date of birth, and gender).

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Finder File – Subsequent Query Files

- All Active Covered Individuals, not previously identified as Medicare beneficiary
- New Active Covered Individuals not previously submitted on MSP Input File
- Previously submitted on the MSP Input File but not matched to a Medicare beneficiary

Slide notes

RREs will get ready for their next quarterly MSP Input File submission by submitting a new query file. The query file must be submitted in a timely fashion such that the RRE will meet the requirements for quarterly file submission

of their MSP Input File during their assigned file submission timeframe. At a minimum, the new query file must include all individuals that fit the definition of an Active Covered Individual who have not previously been identified as

Medicare beneficiaries. The new query file will contain records for new Active Covered Individuals who were not previously submitted on the MSP Input File (e.g., newly added GHP covered individuals and GHP covered individuals who

now fit the definition of an Active Covered Individual). It will also contain records that were previously submitted on the MSP Input File, but were not matched to a Medicare beneficiary. When a record is not matched to a Medicare beneficiary,

you will receive a Disposition Code of 51 on your response file. You should continue to include these individuals on the query file to see if their entitlement status has changed (i.e., they subsequently become entitled to Medicare).

Your new MSP Input File will be based on the results of the latest query response file as well as the results of last quarter's MSP Response File.

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Finder File - Quarterly Update MSP Input File

- Add Transactions
 - New Active Covered Individuals who now meet the criteria for inclusion, due to age or Active Employee status
 - Previously reported Active Covered Individuals for whom the RRE has not yet received confirmation of Medicare entitlement via the previous Response File from the BCRC
- Update Transactions
 - Changes in status as an Active Employee
 - Changes in GHP coverage for covered individuals previously submitted and accepted
- Delete Transactions
 - Deletions of individuals who were erroneously included on earlier files

Slide notes

Regardless of the approach you use to submit your MSP Input File, you must send an update MSP Input File to reflect any changes from the last submission, each subsequent quarter after your initial MSP Input File submission.

The update MSP Input File will contain add transactions for: New Active Covered Individuals (i.e., individuals who now, due to age or active employee status, meet the criteria for inclusion); and Previously reported Active Covered Individuals

for whom the RRE has not yet received confirmation of Medicare entitlement via the previous response files from the BCRC. The update MSP Input File will include update transactions for previously submitted and accepted records where there are:

Changes in status as an active employee; and Changes in GHP coverage for covered individuals who were previously submitted and accepted. It will also include delete transactions for individuals who were erroneously included on earlier files.

As a reminder, the MSP Input File should always exclude retirees, Inactive Covered Individuals, or any other exclusions that are listed on the “MSP Input File Exclusions” slide in this course.

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You have completed the MSP Input File Reporting Methods 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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