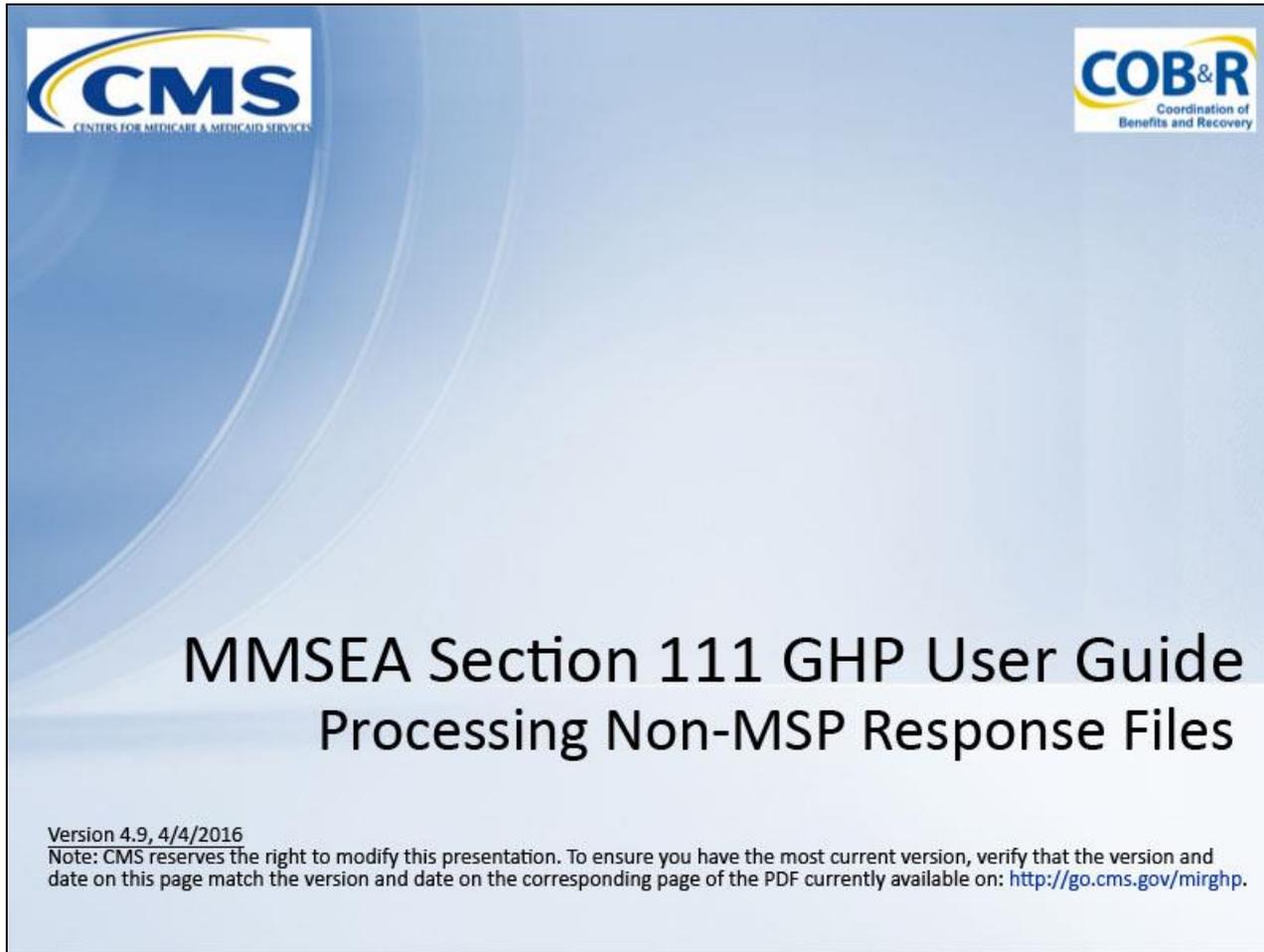


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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 GHP User Guide Processing Non-MSP Response Files

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 Processing Non-Medicare Secondary Payer (MSP) Response Files training 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>.

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Course Overview

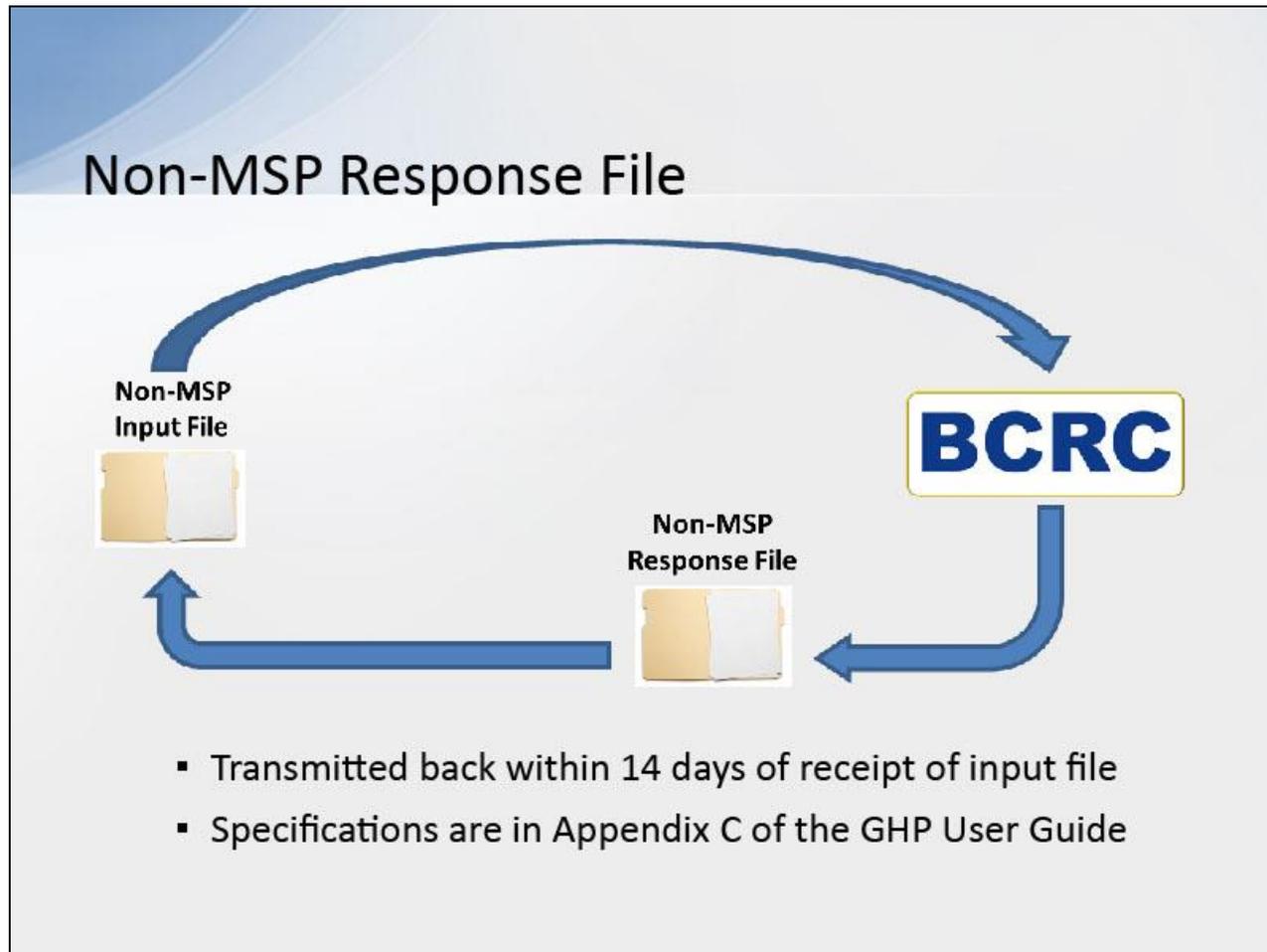
- Non-MSP Response File
- Part D Eligibility and Enrollment Data
- Processing D Response Records
- Processing N Response Records
- File Level and Threshold Errors
- End Stage Renal Disease (ESRD)



Slide notes

The topics in this course include: Non-MSP Response File, Part D Eligibility and Enrollment Data, Processing D Response Records, Processing N Response Records, Non-MSP Input File Level and Threshold Errors, and End Stage Renal Disease (ESRD).

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**Slide notes**

For every Non-MSP Input File you send to the Benefits Coordination & Recovery Center (BCRC) for Section 111 reporting, the BCRC will send you a Non-MSP Response File in return.

The Non-MSP Response File will be transmitted back to you in the same manner that you sent your input file within 14 days of receipt of your Non-MSP Input File.

The Non-MSP Response File specifications can be found in Appendix C of the GHP User Guide.

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Non-MSP Response File Contents

- Detail record returned for each submitted record
- Trailer record includes count of detail records only
- Develop processing to react to the response file
- Disposition and error codes in Appendix D

Non-MSP Response File
Header
Detail 1
Detail 2
Detail 3
Detail 4
Trailer

Slide notes

The Non-MSP Response File contains a header record, followed by detail response records for each record you submitted on your input file, followed by a trailer record that contains a count of the detail response records supplied.

This count does not include the header and trailer records. In some cases, which will be explained in later sections, you may receive more than one detail response record for the input record you sent, but usually it will be one for one.

The Non-MSP Response File detail records include the same data elements you sent in the Non-MSP Input File, along with updates applied by the BCRC based on Medicare's data, the disposition and error codes which let you know what the BCRC did with the input record, and Medicare Part A, B, C, and D coverage information.

You must develop processing to react to the response file. Disposition and error codes are shown in Appendix D of the GHP User Guide.

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Part D Eligibility and Enrollment Data

- Five related fields that can have Medicare Part D eligibility and enrollment information

34		
35	Part D Eligibility Start Date	19901015
36	Part D Eligibility Stop Date	20101014
37		
38		
39		
40		
41	Current Medicare Part D Contractor Number	98765
42	Current Medicare Part D Enrollment Date	19940322
43	Current Medicare Part D Termination Date	20080910
44		

Slide notes

In addition to Medicare Part A, B, and C coverage information in the Non-MSP Response Files, there are five related fields that can have information about the current Medicare Part D eligibility and enrollment. They are:

Part D Eligibility Start Date (Field 35): This is the first date a Medicare beneficiary has the right to enroll in Part D. It is almost always the Effective Date of coverage for the beneficiary's Part A or Part B participation.

Information in this data field does not show that a beneficiary has enrolled in Part D.

Part D Eligibility Stop Date (Field 36): This is the date that a Medicare beneficiary has lost the right to enroll in Part D, for any reason.

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Part D Eligibility and Enrollment Data (Cont'd)

- Five related fields that can have Medicare Part D eligibility and enrollment information

34		
35	Part D Eligibility Start Date	19901015
36	Part D Eligibility Stop Date	20101014
37		
38		
39		
40		
41	Current Medicare Part D Contractor Number	98765
42	Current Medicare Part D Enrollment Date	19940322
43	Current Medicare Part D Termination Date	20080910
44		

Slide notes

The beneficiary's current Part D Plan is identified in Current Medicare Part D Plan Contractor Number (Field 41).

Current Medicare Part D Enrollment Date (Field 42): This is the Effective Date of a Medicare beneficiary's most recent enrollment in Part D. It is the first date the beneficiary can receive Part D benefit coverage under the current plan.

Current Medicare Part D Plan Termination Date (Field 43): This is the last date a Medicare beneficiary can receive Part D benefit coverage from the beneficiary's current Part D plan.

After this date, the beneficiary is no longer enrolled, and can no longer receive benefit coverage from the current Part D plan.

Note: Non-MSP Response File Fields 42 and 43 tell you whether a beneficiary has actually chosen Part D coverage, and the period of time the current benefit coverage is in force.

For Section 111 Reporters, these two fields are the most immediate indicators of Part D coverage for Inactive Covered Individuals.

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Processing D Response Records



- Correct and re-send on next submission



- Check for accuracy and re-send as appropriate



- Records added by the BCRC on MBD and will be used in Medicare Part D claims processing

Slide notes

Every Non-MSP Input File D record will receive a disposition code in the D/N Disposition Code (Field 48) on the corresponding response file record and you must take the following actions:

Records marked in error with a D/N Disposition Code of SP must be corrected and re-sent on your next submission. Error codes are provided in Fields 44 – 47 on the Non-MSP Response File record.

An explanation of the error codes can be found in Appendix D of the GHP User Guide.

If a record was rejected with a D/N Disposition Code of ID, 51 or 55, which indicates the Inactive Covered Individual could not be matched to a Medicare beneficiary, you must check the information you sent for accuracy and then continue to resend the record until it is accepted, your coverage for this individual is terminated, or the individual no longer meets the definition of an Inactive Covered Individual (e.g. returns to work).

Records accepted with a D/N Disposition Code of 01 have been added by the BCRC as drug coverage supplemental to Medicare on the Medicare Beneficiary Database (MBD) and will be used in Medicare Part D claims processing.

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Processing N Response Records



- Correct and re-send on next submission



- Check for accuracy and resend until accepted or GHP coverage is terminated



- The BCRC matched record to a Medicare beneficiary and provided Medicare coverage information on response record

Slide notes

Every Non-MSP Input File N record will receive a disposition code in the D/N Disposition Code (Field 48) on the corresponding response file record and you must take the following actions:

Records marked in error with a D/N Disposition Code of SP must be corrected and re-sent on your next submission. Error codes are provided in Fields 44 – 47 on the Non-MSP Response File record.

An explanation of the error codes is in Appendix D of the GHP User Guide.

If a record was rejected with a D/N Disposition Code of ID, 51, or 55, which indicates the Inactive Covered Individual could not be matched to a Medicare beneficiary, you must check the information you sent for accuracy and then resend, as appropriate.

If the information you sent was correct, then you may assume that the individual is not covered by Medicare.

Records accepted with a D/N Disposition Code of 01 have been matched by the BCRC to a Medicare beneficiary and the beneficiary's Medicare coverage information has been provided on the response record.

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Processing S Response Records

- Covered in the RDS File Submission course



Slide notes

The submission of S records for RDS retiree files is addressed in the RDS File Submission course and the GHP User Guide.

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01 Disposition Codes

- Fields that may contain updated information from the BCRC and should be used to update your internal files



- HICN
- Inactive Covered Individual/Beneficiary Name
- Date of Birth
- Gender

Slide notes

Records accepted with a 01 D/N Disposition Code have been added by the BCRC as drug coverage supplemental to Medicare on the MBD and will be used in Medicare Part D claims processing.

The following fields may contain updated information from the BCRC, based on Medicare data, and should be used to update your internal files:

HICN;

Inactive Covered Individual/Beneficiary Name;

Date of Birth;

and Gender.

Note: You must store the HICN on the Non-MSP Response File in your internal system and are required to use it on future transactions.

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01 Disposition Codes

- Fields that can be used for coordination of benefits and accurate claims processing



- Supplemental Drug Effective and Termination Dates
- Reason for Medicare Entitlement
- Beneficiary Date of Death
- Medicare Part A, B, C, and D Coverage Dates
- End Stage Renal Disease (ESRD)

Slide notes

In addition, records returned with a 01 disposition code will contain the following information, which you may use in your claims processing for coordination of benefits and proper claim processing:

Supplemental Drug Record Effective and Termination Dates – start and end dates for the period of time your drug coverage is secondary to Medicare Part D and Medicare should pay first (only for D records);

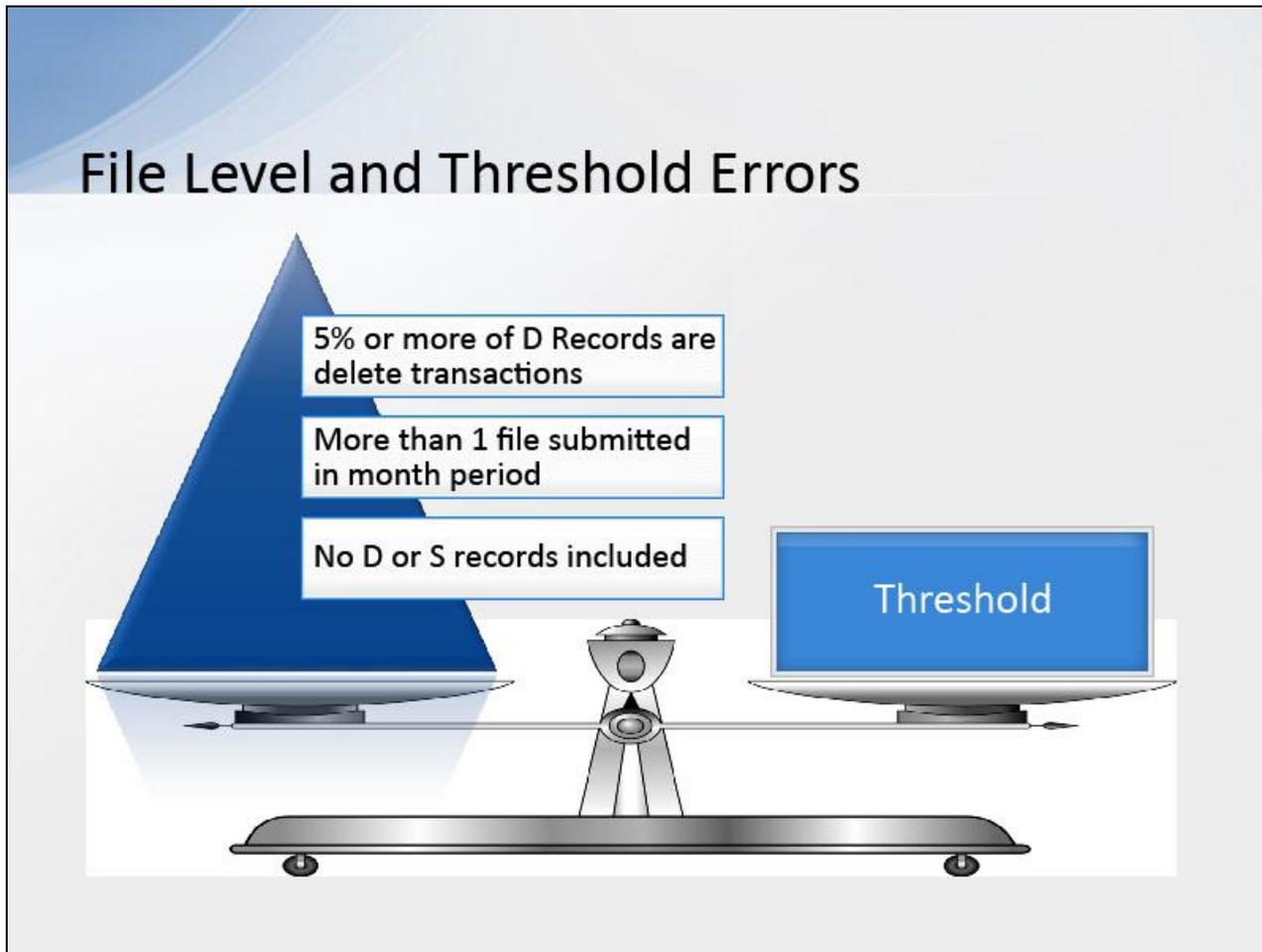
Reason for Medicare entitlement (only for N records);

Beneficiary date of death;

Medicare Part A, B, C, and D coverage dates;

and End Stage Renal Disease (ESRD) information.

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**Slide notes**

After completion of data quality edits, the BCRC will check your Non-MSP Input File to ensure it does not exceed any threshold restrictions. The file threshold checks include:

5% or more of the total D records are delete transactions;

More than one Non-MSP Input File was submitted during a one-month period of time;

No D or S records are included in the file.

You may not send a Non-MSP Input File with only N query records. The Non-MSP Input File must contain supplemental drug coverage records. If you only have a need to query for Medicare entitlement, then the Query Only File format must be used.

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Files That Exceed Thresholds

- Suspended from further processing
 - Notification e-mail sent to contacts
 - Contact EDI Representative to resolve errors
- Released for processing or deleted, if sent in error

Slide notes

A file that exceeds the threshold checks will be suspended from further processing until the suspension is overridden by your Electronic Data Interchange (EDI) Representative.

An e-mail will be sent to the contacts you identified during registration to inform you of this suspension. You must contact your EDI Representative to discuss and resolve file threshold errors.

Your file may be released for processing, or if sent in error, deleted by your EDI Representative, in which case you may resend a corrected file.

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End Stage Renal Disease (ESRD)

- The BCRC will provide ESRD data fields

54		
55	ESRD Coverage Period Effective Date	20000101
56	ESRD Coverage Period Term Date	20141231
57	First Dialysis Date	20000516
58	ESRD Self-Training Date	20010205
59	Transplant Date - Most Recent	20070823
60	Transplant Failure Date - Most Recent	20061002
61		

Slide notes

In order to allow Section 111 Responsible Reporting Entities to better coordinate benefits for Medicare beneficiaries related to End Stage Renal Disease, the BCRC will provide ESRD data fields on your Non-MSP Response File for Inactive Covered Individuals who are found to be Medicare beneficiaries.

These fields are the ESRD Coverage Period Effective and Termination Dates, the First (or oldest) Dialysis Date, the Self-Training Date, the most recent Kidney Transplant Date, and the most recent Kidney Transplant Failure Date.

Please refer to Fields 55-60 in the Non-MSP Response File specifications in Appendix C of the GHP User Guide.

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End Stage Renal Disease (ESRD)

- 30-month period for ESRD when GHP may be primary to Medicare
- Subsequently, Medicare becomes primary regardless of GHP coverage



- Refer to:

<http://www.cms.hhs.gov/ESRDGeneralInformation>

www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/End-Stage-Renal-Disease-ESRD/ESRD.html

Slide notes

Essentially, there is a 30-month coordination of benefits period for ESRD when the patient's GHP coverage may be primary to Medicare.

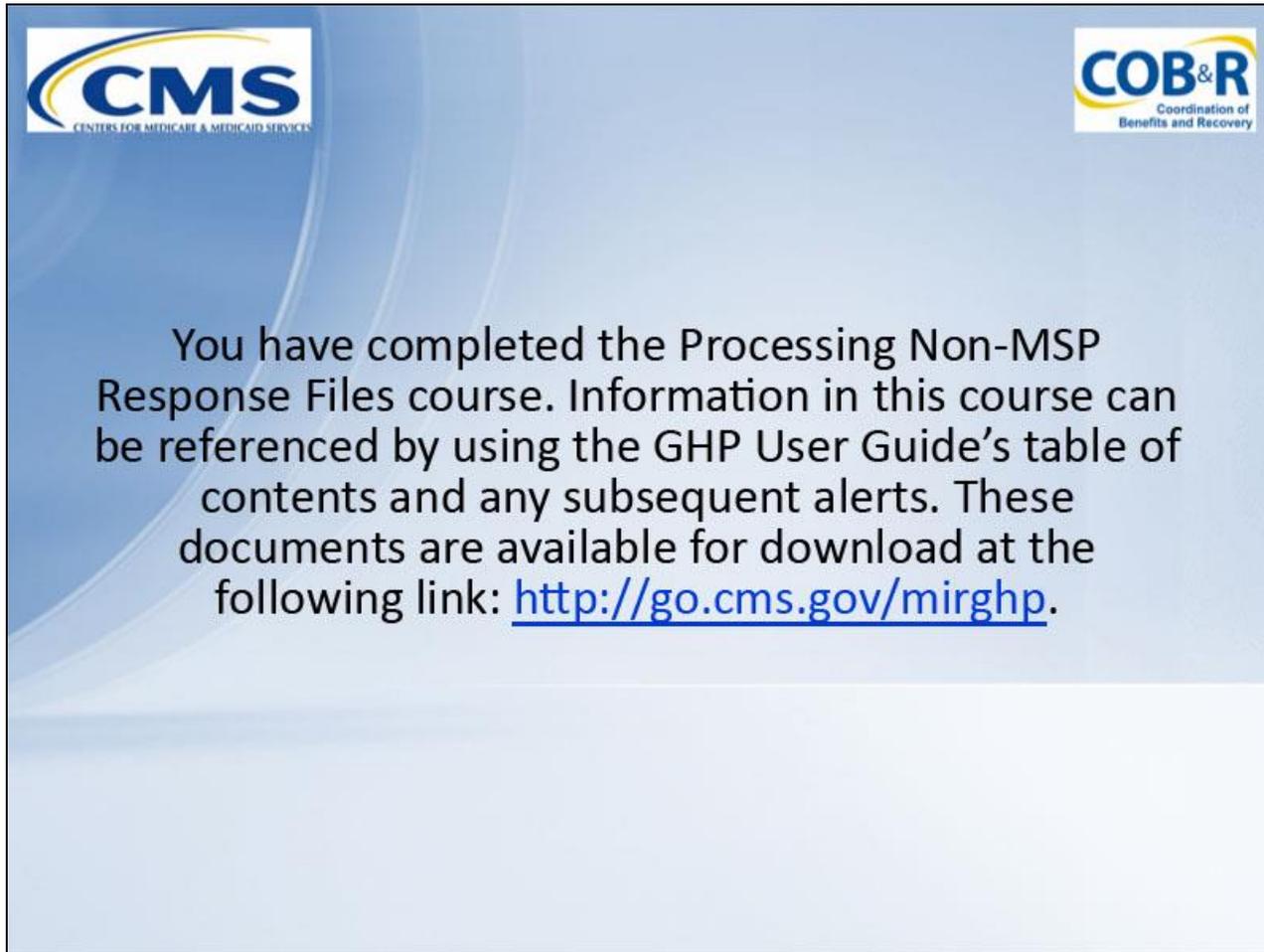
Subsequent to that 30-month period, Medicare becomes the primary payer, regardless of the patient's other GHP coverage.

There are conditions that must be met in order for a patient to receive Medicare benefits and coverage for an ESRD diagnosis.

Refer to the following links for more information related to the coordination of benefits with Medicare for ESRD:

<http://www.cms.hhs.gov/ESRDGeneralInformation> and www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/End-Stage-Renal-Disease-ESRD/ESRD.html.

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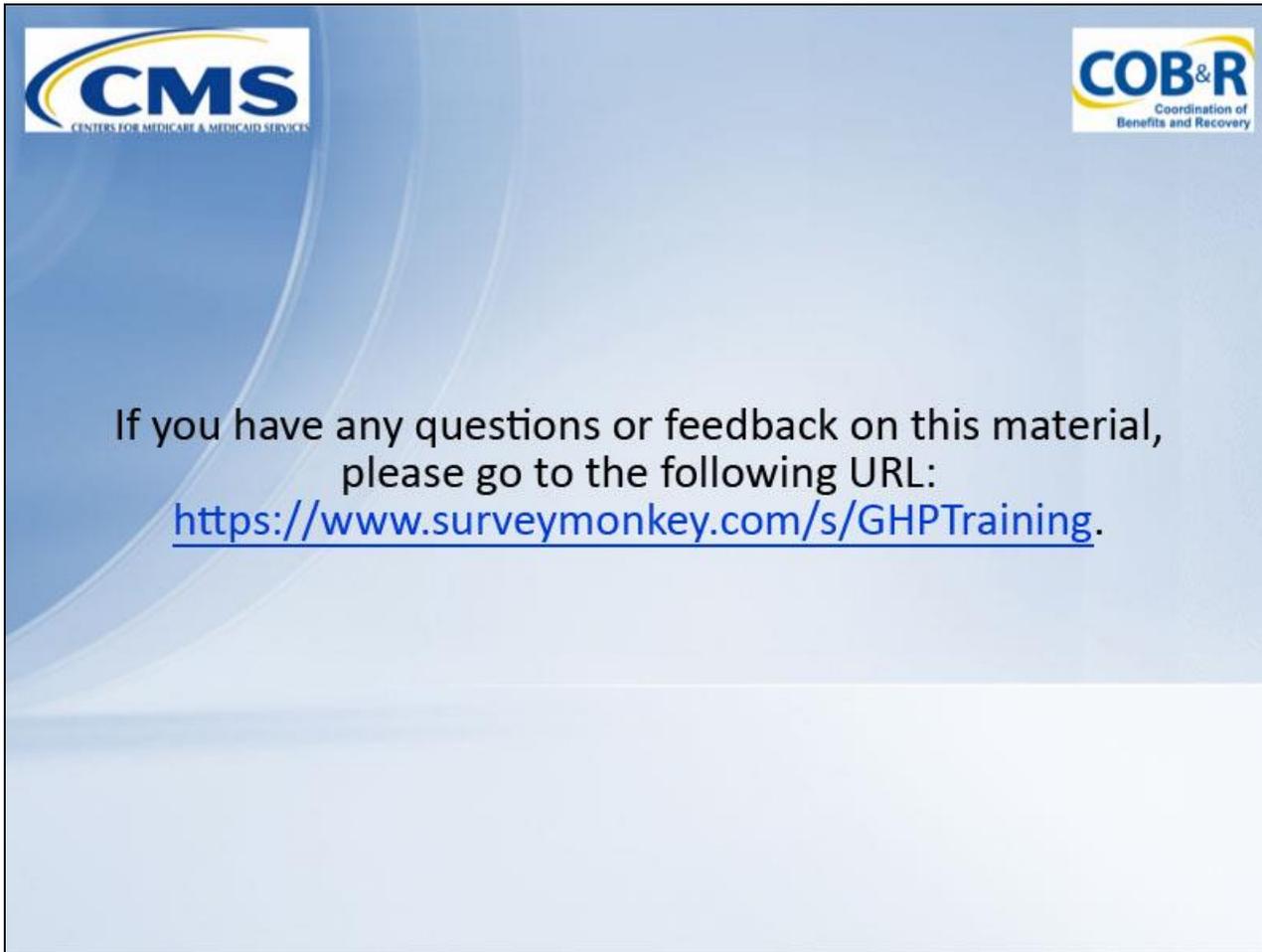
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Slide notes

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