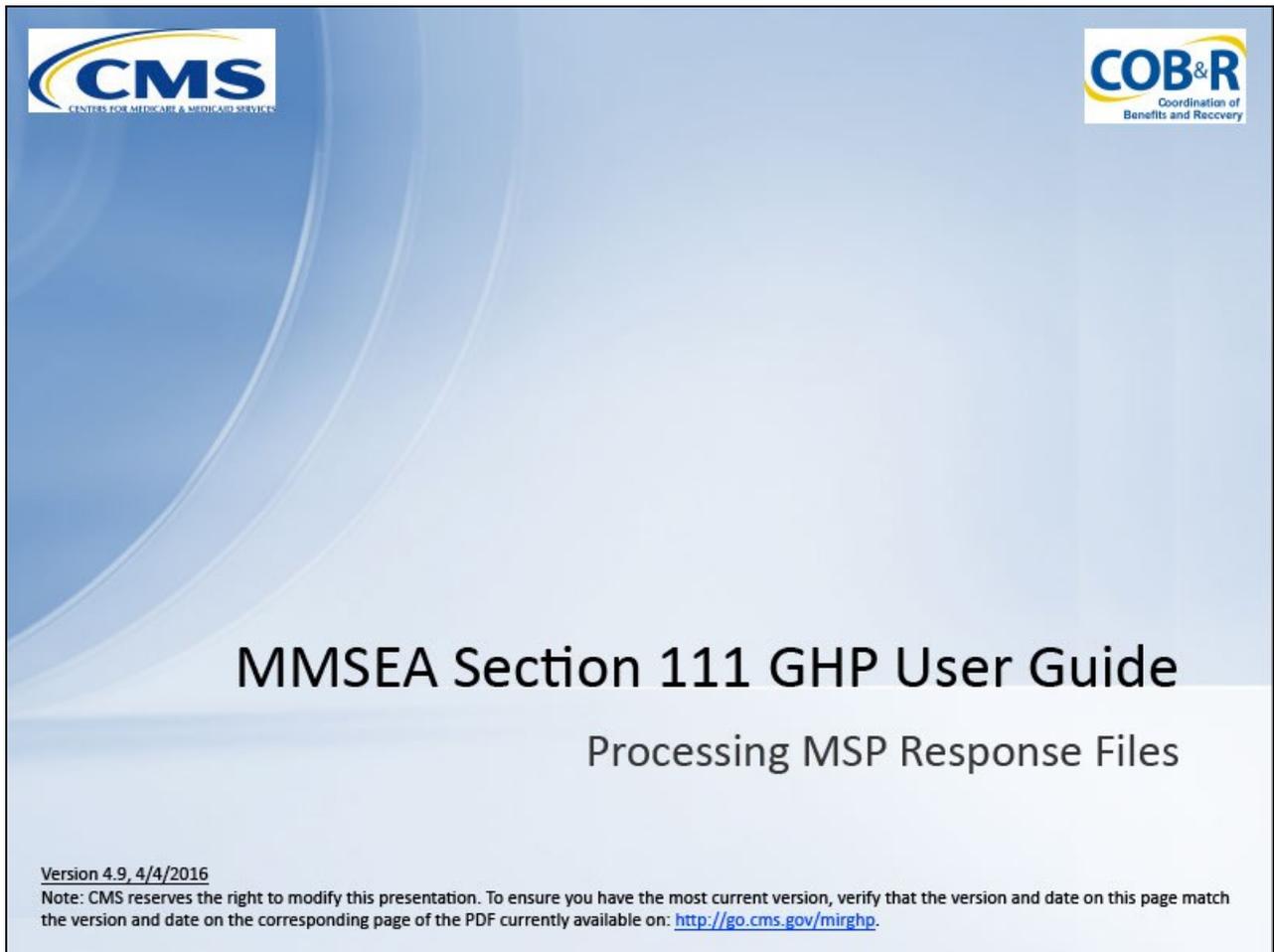


Slide 1 - of 43



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 main title is centered in the white band: "MMSEA Section 111 GHP User Guide" followed by "Processing MSP Response Files". At the bottom left of the white band, it says "Version 4.9, 4/4/2016" and includes a note about the right to modify the presentation, with a link to <http://go.cms.gov/mirghp>.

Slide notes

Welcome to the Processing Medicare Secondary Payer (MSP) Response Files course.

Slide 2 - of 43

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>.

Slide notes

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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>.

Slide 3 - of 43

Course Overview

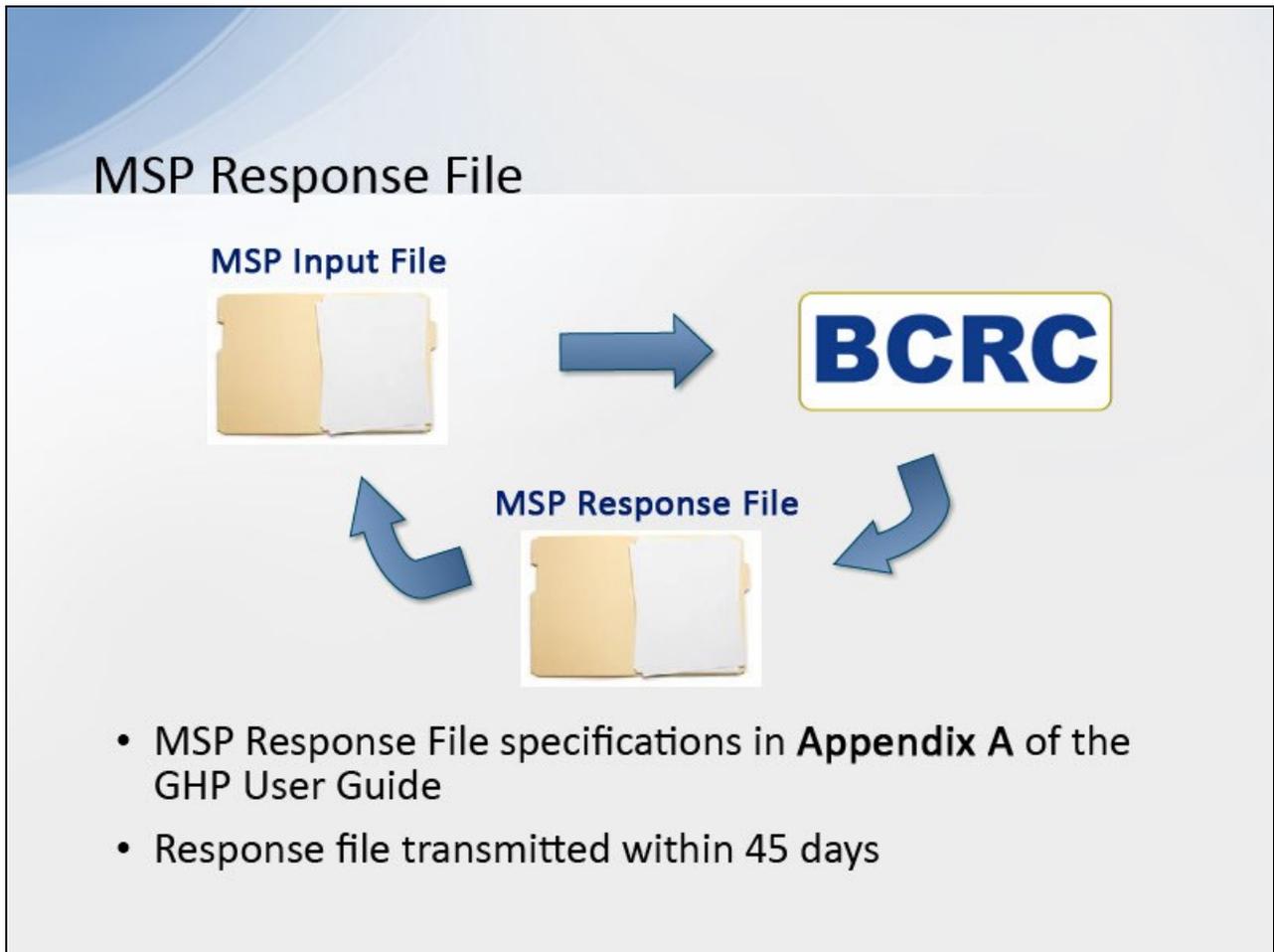
- MSP Response File
 - Format
 - Content
- Processing Disposition Codes
- Processing Error Codes
- Part D Eligibility and Enrollment Data
- File Level and Threshold Errors



Slide notes

This course reviews the MSP Response File including format and content. It explores disposition and error code processing, Part D Eligibility and Enrollment Data as well as file level and threshold errors.

Slide 4 - of 43

**Slide notes**

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

The MSP Response File specifications are in Appendix A of the Group Health Plan (GHP) User Guide. The response file will be transmitted back to you within 45 days of receipt in the same manner you sent your input file.

Slide 5 - of 43

MSP Response File Contents

- Detail record returned for each record submitted
- Trailer record includes count of detail records only
- In some cases, more than one detail record will be returned



The diagram illustrates the structure of an MSP Response File as a vertical stack of records. It is titled 'MSP Response File' in a grey header box. Below this, the records are stacked from top to bottom: a green 'Header' record, four light blue 'Detail' records (labeled 'Detail 1' through 'Detail 4'), and a red 'Trailer' record at the bottom.

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

Slide notes

The MSP Response File contains a header record, followed by detail records for each submitted record on the input file, followed by a trailer record that contains

a count of the total number of detail records included in the submission. This count does not include the header and trailer records. In some cases which will be explained in a later section,

you may receive more than one detail record for the input records you sent but usually it will be one for one.

Slide 6 - of 43

MSP Response File

- The response file detail records consists of
 - Submitted data elements with updates
 - Disposition and error codes
 - Medicare coverage information
- RREs must take action on responses from the BCRC
- Response file must be processed before submission of subsequent MSP Input File
- Disposition codes, compliance codes, and error codes

Slide notes

The MSP Response File detail records consist of the same data elements that were submitted on the input file record. A response record also includes updates to certain data elements

applied by the BCRC based on Medicare's data. Disposition and error codes are supplied, which let you know what was done to the record. If the individual reported was found to be a

Medicare beneficiary, then the BCRC will provide information on his Medicare Parts A, B and C coverage Effective and Termination Dates. If you are reporting under the Expanded Reporting option,

the BCRC will also provide any applicable Part D coverage information. You must develop processing to react to the response file. Your response file for a given quarterly report must be processed

before submission of your subsequent quarterly MSP Input File. Disposition codes, compliance codes, and error codes are listed in Appendix D of the GHP User Guide.

Slide 7 - of 43

Disposition Codes - Taking Action

- Disposition code identifies the required action
 - 01 - update internal files
 - SP - correct and resubmit
 - Other - check and resubmit

Slide notes

The Disposition Code identifies the required action for the response record. The 01 Disposition Code indicates that the BCRC posted an MSP Occurrence and updates are needed to your internal files.

The SP Disposition Code indicates that the submitted record was in error and must be corrected and resent.

Generally speaking, all other Disposition Codes require that you check the information that was sent and continue to resubmit records on your quarterly update file.

Slide 8 - of 43

01 Disposition Code

- Active Covered Individual is a Medicare beneficiary
- Record accepted by the BCRC
- GHP coverage primary to Medicare
- MSP Occurrence created

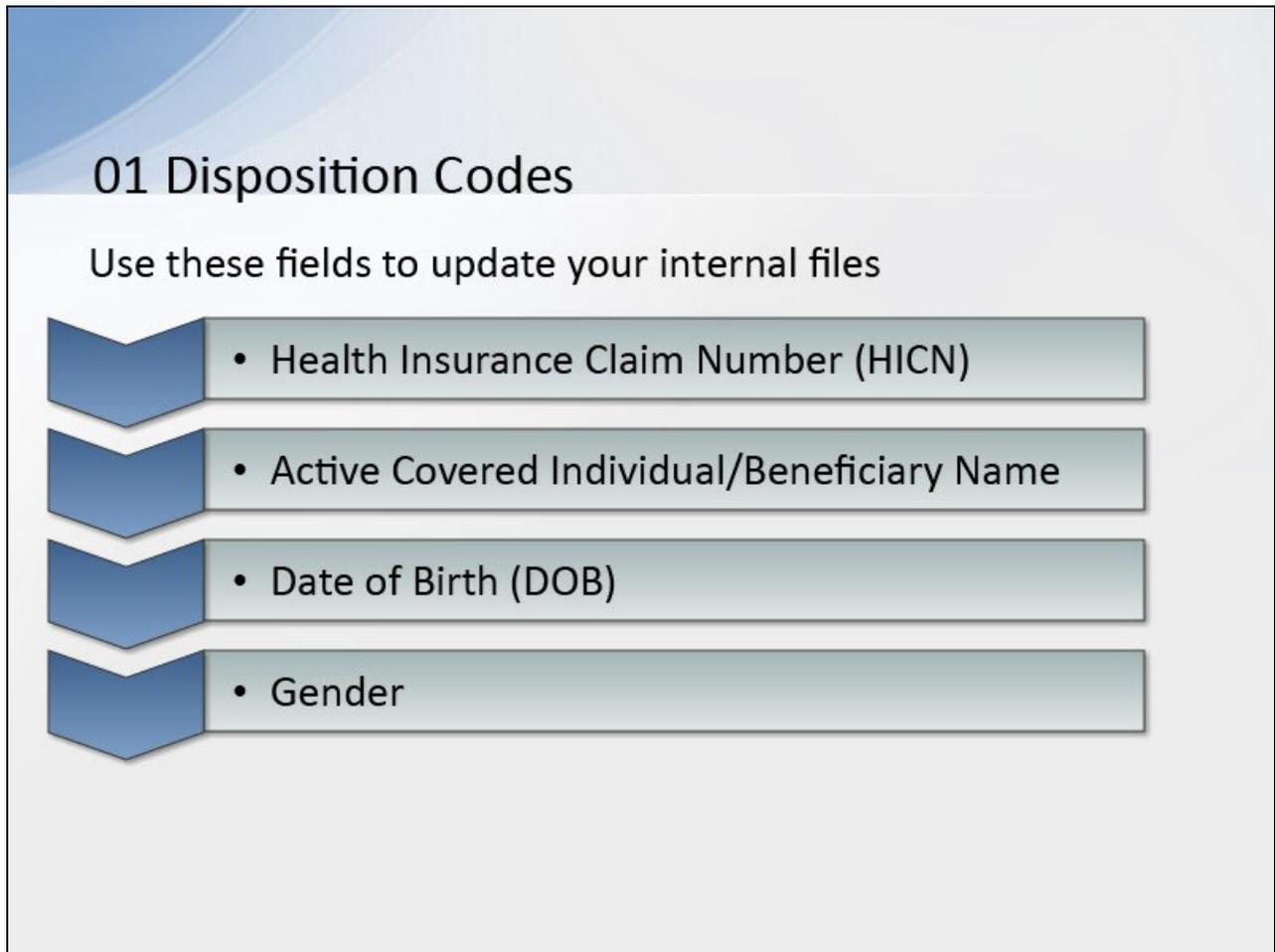
Slide notes

An 01 Disposition Code means that the Active Covered Individual submitted on the MSP Input File record was identified as a Medicare beneficiary. The record was accepted by the BCRC.

The GHP coverage is primary to Medicare. An MSP Occurrence was created on the Medicare Common Working File (CWF) or the Medicare Beneficiary Database

(MBD) and will be used in Medicare claims processing to ensure that Medicare pays secondary.

Slide 9 - of 43



01 Disposition Codes

Use these fields to update your internal files

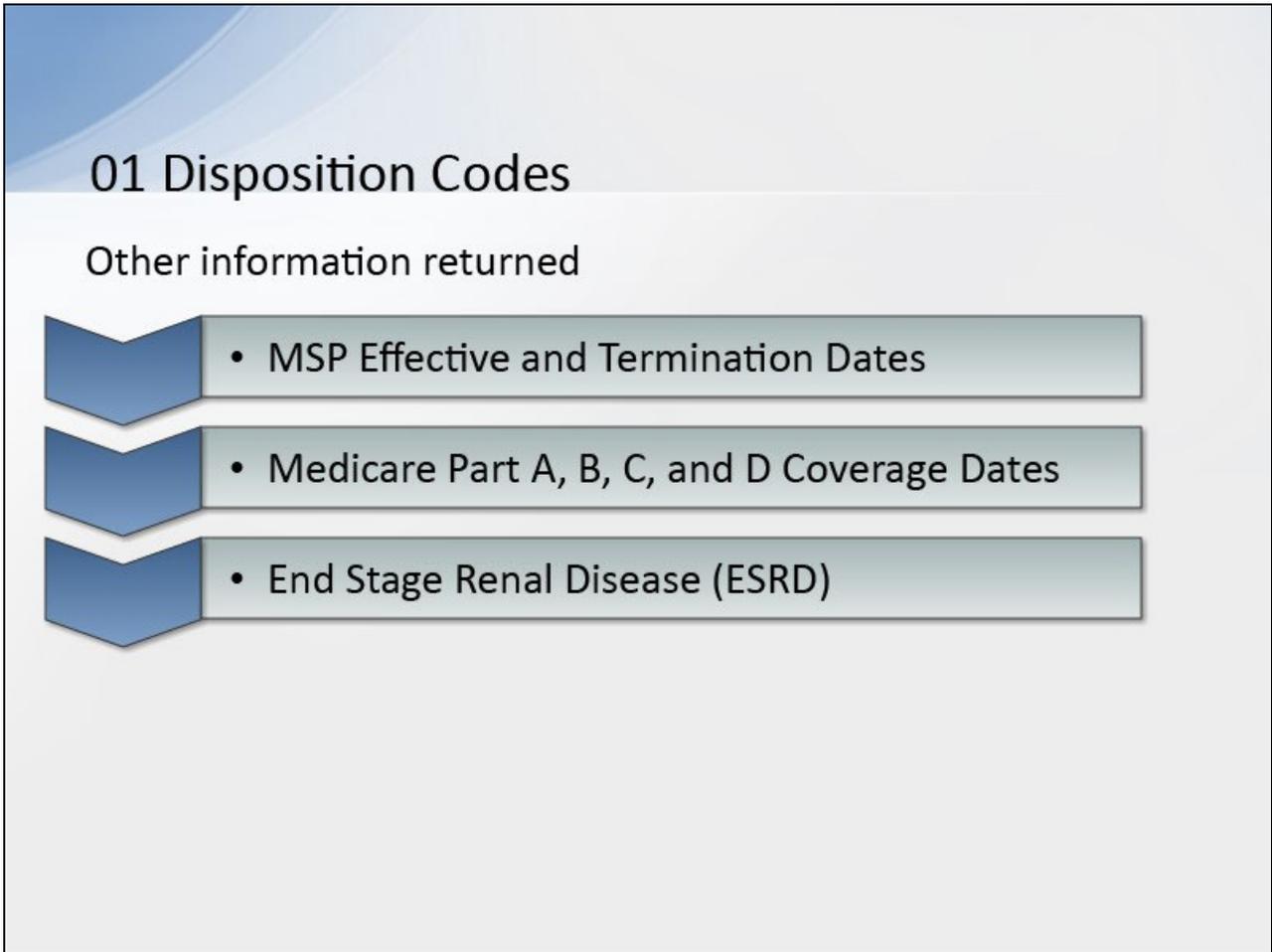
- Health Insurance Claim Number (HICN)
- Active Covered Individual/Beneficiary Name
- Date of Birth (DOB)
- Gender

Slide notes

When you receive an 01 Disposition Code, you must update your internal files to reflect the information that was returned on the response record.

The following fields may contain corrected information from the BCRC and should be used to update your internal files: Current HICN, Active Covered Individual/Beneficiary Name, Date of Birth and Gender.

Slide 10 - of 43



01 Disposition Codes

Other information returned

- MSP Effective and Termination Dates
- Medicare Part A, B, C, and D Coverage Dates
- End Stage Renal Disease (ESRD)

Slide notes

In addition, records returned with an 01 Disposition Code will contain the following information for the MSP Occurrence posted by the BCRC which you may use in your claims processing for

coordination of benefits and proper claim processing: MSP Effective and Termination Dates - start and end dates for the period of time the GHP coverage is primary to Medicare and should pay first.

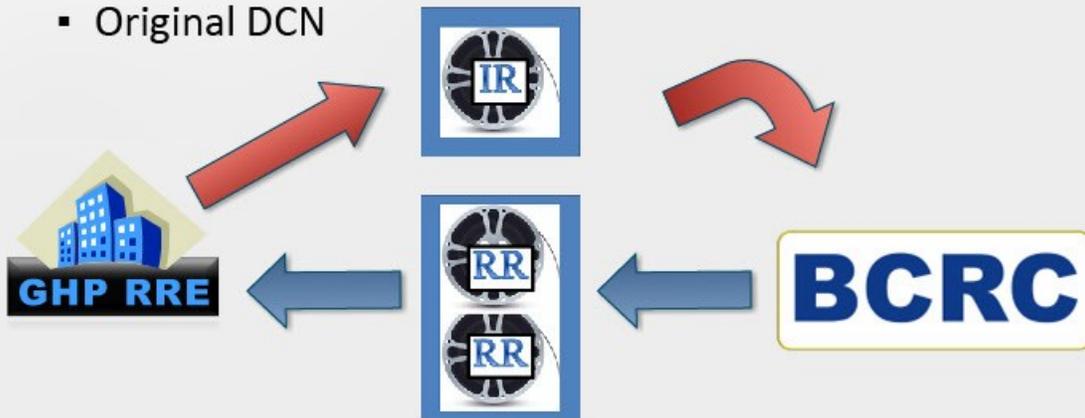
Note that in some cases, the MSP Effective Date may reflect a future date based on an established Medicare entitlement date in the future.

Medicare Part A, B, C and D Coverage Dates. Note: Part D coverage information is only provided back to those reporting under the expanded option. End Stage Renal Disease (ESRD) coordination information.

Slide 11 - of 43

Splits - Multiple Response Records

- Multiple periods of coverage
- Multiple MSP Response records
 - Different MSP Effective and Termination Date
 - Split Entitlement Indicator = Y
 - Original DCN



Slide notes

Since Medicare entitlement and enrollment can begin and end several times, a beneficiary can have multiple periods of Medicare coverage, which are also known as split entitlement periods.

As a result, the BCRC may create more than one MSP Occurrence for one period of GHP coverage reported.

When this situation occurs, you will receive more than one MSP Response record for the one input record you submitted.

Each response record will have a different MSP Effective and Termination Date depending on the periods of Medicare coverage. Your GHP plan is primary between the MSP Effective and Termination Dates.

Each of these split response records will contain a Y in the Split Entitlement Indicator (Response Field 44) and each record will contain the original DCN supplied on the input record.

Slide 12 - of 43

Splits - Multiple Response Records

- To maintain previously reported GHP coverage returned with multiple response records with Split Entitlement Indicators of 'Y'
 - Could send any applicable updates and deletes to previously accepted records by transmitting one record with original GHP Effective Date
 - System looks at beneficiary's entitlement on record
 - Splits the update/delete transaction
 - Applies it to the two MSP records

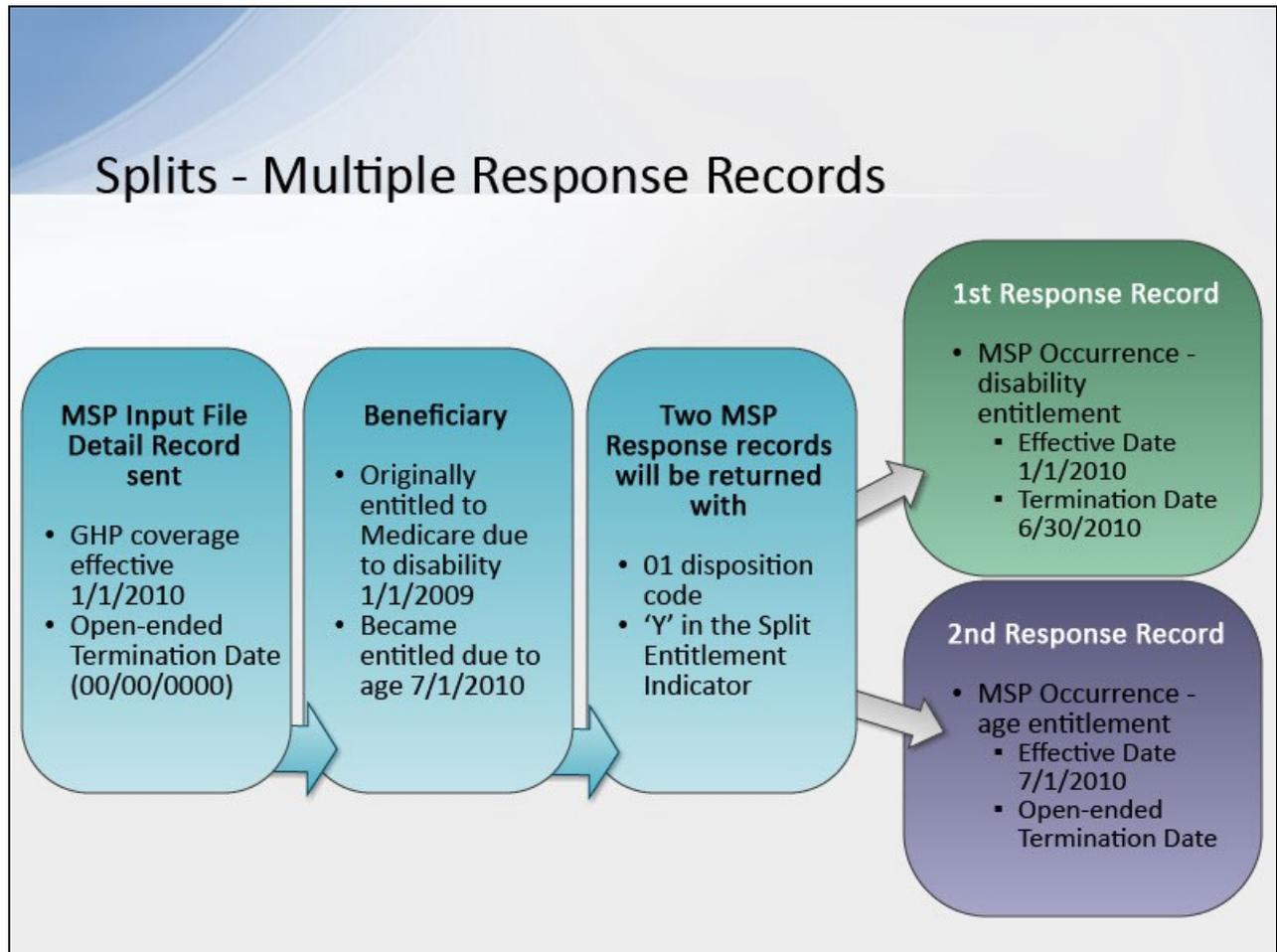
Slide notes

To maintain previously reported GHP coverage which was returned with multiple response records with Split Entitlement Indicators of 'Y', in most cases you could continue to send

any applicable updates and deletes to previously accepted records by transmitting one record with the original GHP Effective Date. The system will take that record,

look at the beneficiary's entitlement, and in the case of split (or dual) entitlement, split the update or delete transaction and apply it to the two MSP records accordingly.

Slide 13 - of 43

**Slide notes**

For example, suppose an MSP Input File Detail Record is sent for GHP coverage effective 1/1/2010 and an open-ended Termination Date (00/00/0000). The beneficiary was originally entitled

to Medicare due to disability on 1/1/2009 and then became entitled due to age on 7/1/2010. Two MSP Response records will be returned with an 01 disposition code and 'Y' in the

Split Entitlement Indicator. The first response record shows an MSP Occurrence under the disability entitlement with an Effective Date of 1/1/2010 and a Termination Date of 6/30/2010.

The second shows an MSP Occurrence with an Effective Date of 7/1/2010 and an open-ended Termination Date under the aged entitlement. The "split date" is 7/1/2010.

If you now send an update or delete record with the same key fields as you originally sent, including the Effective Date of 1/1/2010, the system will apply the update or delete to both records.

Suppose you send an update to submit a Termination Date for the GHP coverage for 9/30/2010.

Since the first record is already terminated prior to 9/30/2010, the 9/30/2010 date would only get applied to the second record.

Slide 14 - of 43

Splits - Multiple Response Records

- If GHP Termination Date is submitted that is **prior** to the “split date”
 - System splits the incoming transaction
 - Applies split to MSP Occurrences or creates MSP Occurrences
 - Update transaction is only applied to first record

1st Response Record

- MSP Occurrence - disability entitlement
 - Effective Date 1/1/2010
 - Termination Date 6/30/2010

2nd Response Record

- MSP Occurrence - age entitlement
 - Effective Date 7/1/2010
 - Open-ended Termination Date

- Medicare would erroneously deny claims submitted as primary with dates of service 7/1/2010 and subsequent
- RREs should maintain the split records in their systems

Slide notes

However, there is a circumstance where this will not work, and that is when a GHP Termination Date is submitted that is PRIOR to the “split date.” The system splits the incoming transaction first

and then applies the split records to MSP Occurrences it has, or creates MSP Occurrences, if applicable. If a record is sent that has a Termination Date prior to the split date, then it won't be split.

This results in the update transaction only being applied to the first record. In order for this to happen in the previous example, you would have to submit an update record with an Effective Date

of 1/1/2010 and a Termination Date prior to 7/1/2010. That Termination Date would only be applied to the first record and the second record would remain open,

which is not what you want to happen since the GHP coverage ended. The result would be an open-ended MSP Occurrence 7/1/2010 - 00/00/0000.

Medicare would erroneously deny claims submitted as primary with dates of service 7/1/2010 and subsequent until this MSP Occurrence is deleted.

Even though this doesn't occur very often, Responsible Reporting Entities (RREs) should maintain the split records in their systems in order to properly maintain the MSP Occurrences.

Slide 15 - of 43

Splits - Multiple Response Records

- To correctly maintain MSP information
 - RRE needs to maintain the MSP Effective and Termination Dates returned on the split response records
 - Send updates and deletes using those dates

1st Response Record

- MSP Occurrence - disability entitlement
 - Effective Date 1/1/2010
 - Termination Date 6/30/2010

2nd Response Record

- MSP Occurrence - age entitlement
 - Effective Date 7/1/2010
 - Open-ended Termination Date

- Maintain two separate records
 - 1/1/2010 - 6/30/2010
 - 7/1/2010 - 00/00/0000

Slide notes

To correctly maintain MSP information and avoid the situation described previously, the RRE would need to take the MSP Effective and Termination Dates returned on the split response records, maintain those in its system and send updates and deletes using those dates. In other words, using this example, maintain two separate records - one for 1/1/2010 - 6/30/2010 and the other for 7/1/2010 - 00/00/0000. However, there is no reason to maintain the first MSP Occurrence which has terminated on 6/30/2010 unless you reported it erroneously and it needs to be deleted, or the GHP coverage actually ends prior to 6/30/2010. In that case, an update would be sent to terminate the first record and a delete would be sent to remove the MSP Occurrence of 7/1/2010 - 00/00/0000. For any other coverage changes, just the second record with an MSP Effective Date of 7/1/2010 will need to be maintained.

Slide 16 - of 43

Disposition Code 51

- Individual not matched to a Medicare beneficiary
- Neither the HICN nor SSN submitted is valid
 - Obtain valid HICN or SSN and resubmit
- RRE must verify submitted information
- Monitor status of individual's entitlement until individual no longer meets definition of Active Covered Individual
 - Resubmit most current information
 - Use query process to monitor Medicare status
 - Resubmit when individual is covered by Medicare and remains an Active Covered Individual

Slide notes

A Disposition Code of 51 indicates that the Active Covered Individual could not be matched to a Medicare Beneficiary, based on the information submitted, and the individual is most likely not entitled to Medicare.

RREs will also receive this disposition code if neither a valid HICN nor a valid SSN is submitted on the input record. In this case the RRE must obtain a valid HICN or SSN and resubmit the record on the next file submission.

For records that receive a Disposition Code of 51, the RRE must verify that the information submitted was correct and then continue to monitor the status of the individual's Medicare entitlement

until the individual no longer meets the definition of an Active Covered Individual. This is done by resubmitting the most current coverage information on subsequent quarterly MSP Input file submissions.

Alternatively, the RRE may use the query process to monitor the Medicare status of the individual and resubmit the MSP Input File Record

only after determining the individual is covered by Medicare and remains an Active Covered Individual.

Slide 17 - of 43

Disposition Code 51

- Since the age threshold for Active Covered Individuals is 45, RREs using this definition to report may receive a significant number of records with disposition code 51
 - RRE should continue to send current information for these individuals until
 - 01 disposition code is received
 - GHP coverage is terminated
 - Individual no longer fits the definition of an Active Covered Individual

Slide notes

Since the age threshold for Active Covered Individuals is 45 and most people are not entitled to Medicare until they are 65, RREs using the definition of Active Covered Individuals to report on the MSP Input File may receive a significant number of records back with disposition 51 each quarter. This is an acceptable situation and the RRE should continue to send current information for these individuals with each quarterly submission until an 01 disposition code is received, the GHP coverage is terminated or the individual no longer fits the definition of an Active Covered Individual.

Slide 18 - of 43

Disposition Code 51 Example

- Active Covered Individual covered under GHP
 - January 1, 2011 - March 31, 2011
 - May 1, 2011 - open-ended
- First MSP file
 - Send 2 records, one for each coverage period
 - Disposition code 51 received on both records
- Next Update file
 - Send 1 record
 - Current coverage period only: May 1, 2011 - open-ended

Slide notes

An Active Covered Individual was covered under the GHP from January 1, 2011 - March 31, 2011 and also has open coverage beginning May 1, 2011. If the RRE's first MSP file is due July 1st,

they would have to send 2 records, one for each coverage period. If the person is not a Medicare beneficiary and the records were error-free, the RRE would get a disposition code of 51 on both records.

Their next update file is due October 1st. In that file, they only have to send one record for the open coverage period of 5/1/2011 through a zero-filled Termination Date, since that is the

only current coverage period. They would keep sending a record for that coverage period until the coverage ends or the person is for some other reason not an Active Covered Individual any longer.

Slide 19 - of 43

SP Error Code Responsibility

- RRE Responsible
 - The RRE must correct and resubmit

- BCRC Responsible
 - The BCRC will correct
 - The RRE must resend record

Slide notes

In the GHP User Guide, all possible SP error codes are listed for reference purposes. In the table in Appendix D, each error code is marked as “RRE Responsible” or “BCRC Responsible”.

There are some errors that you as the RRE cannot fix such as those related to conflicting data on internal Medicare databases. Since the BCRC must send records to other Medicare

databases to post the MSP Occurrence, errors beyond your control can occur. Usually the BCRC corrects these errors before creating and sending your response file. At times though,

a response file might be sent back to you before these errors can be properly addressed. So on rare occasions, you may see one of them on your response file accompanied by an SP disposition code.

When this occurs you must correct any other errors that are your responsibility and resend the record on your next quarterly submission.

Slide 20 - of 43

Changing TINs or TIN Addresses

- First, submit a new TIN Reference File with the new address supplied on the applicable TIN Reference File Detail Record
- Second, resubmit all the MSP Input File Detail Records previously submitted with the associated TIN that received an 01 disposition code

Slide notes

If an RRE wishes to change the name and/or address associated with an Insurer/TPA or Employer TIN, then two actions must be taken. First, a new TIN Reference File must be submitted

with the new address supplied on the applicable TIN Reference File Detail Record. Second, all the MSP Input File Detail Records previously submitted with the associated TIN that received an 01

disposition code must be resubmitted as update transactions in order to associate the new address is posted on the MSP Occurrence and passed to other Medicare contractors for claims processing.

These updates are to be made with your regular quarterly file submission unless otherwise instructed by your Electronic Data Interchange (EDI) Representative. Note: The most recent name and address submitted on a TIN

Reference File Detail Record will always be used for communications related to recovery demand activity, even if the RRE did not resubmit related MSP Input File Detail Records with the TIN record update.

Slide 21 - of 43

Employer Size

- MSP Input Field 16
- Used if employer is part of a multi-employer/multiple employer plan
- 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170 for details
- Valid Values
 - 0 = 1 to 19 employees
 - 1 = 20 to 99 employees
 - 2 = 100 or more employees

Slide notes

On the MSP Input File you are asked to submit a code in Field 16, Employer Size, to reflect the size of the employer sponsoring the GHP for each Active Covered Individual.

This field will be used if the employer is part of a multi-employer/multiple employer plan and it should reflect the size of the largest employer in the plan. Refer to 42 C.F.R. Part 411.101 and 42 C.F.R.

Part 411.170 for details on this calculation. A value of zero indicates the employer has less than 20 employees, a value of 1 indicates 20 to 99 employees, and a value of 2 indicates the employer has

100 or more employees. Note: This is not a simple count of current employees. Refer to Appendix G, in the GHP User Guide, for more information on how to calculate the values for Employer Size.

Slide 22 - of 43

Employer Size

- Used to determine whether GHP coverage is primary to Medicare and to establish MSP Occurrences
- Working Aged
 - Employer size 20 or more, MSP Occurrence created, Disposition Code = 01
 - Employer size less than 20, Disposition Code = SP and SP Error = SPES
- Disability
 - Employer size 100 or more, MSP Occurrence created, Disposition Code = 01
 - Employer size less than 100, Disposition Code= SP, Error = SPES

Additional information can be found at

<http://www.cms.hhs.gov/manuals/downloads/msp105c02.pdf>

Slide notes

The BCRC uses the value provided in the Employer Size field when determining whether the GHP coverage is primary to Medicare and establishing MSP Occurrences.

In the case of a working aged beneficiary, the beneficiary is entitled to Medicare due to age and covered by a GHP due to employment. If the employer size is 20 or more, an MSP Occurrence is created, and you will receive a disposition code of 01. If the employer size is less than 20, you will receive a disposition code of SP and an SP Error = SPES. If a beneficiary is entitled to Medicare due to a disability, employer size determines whether or not an MSP Occurrence is created. For example, if a beneficiary is entitled to Medicare due to a disability, and the employer size is 100 employees or more, the GHP will be the primary payer. You will receive a disposition code of 01 and an MSP Occurrence will be created. On the other hand, if a beneficiary is entitled to Medicare due to disability, and the employer size is less than 100 employees, Medicare will be the primary payer and an MSP Occurrence will not be created. In this situation, the BCRC will return

a disposition code of SP and put SPES in one of the SP error code fields on the corresponding response file record. Please refer to 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170 for details

on the calculation of employer size. It is important for RREs to reference the GHP User Guide on how to use these codes for multiple employer/multi-employer plans.

Additional information can be found at the following link:

<http://www.cms.hhs.gov/manuals/downloads/msp105c02.pdf>

Slide 23 - of 43

Special SPES Error Code - Employer Size

- Records returned with SPES require special handling
 - Verify employer size, update if required
 - Continue to resend records on all subsequent submissions
 - Reason for beneficiary's entitlement to Medicare may change
 - As an alternative, the query process could be used to monitor the Medicare status of these individuals
 - Resend MSP Input File Detail Record as appropriate

Slide notes

Previously in this course, you were instructed to correct all errors and resubmit a record in your next quarterly response file when you receive an SP Disposition Code. The SPES error code

requires special handling and is an exception to this general rule. When you receive an SPES error on a response file record, check that the employer size submitted was correct, update it

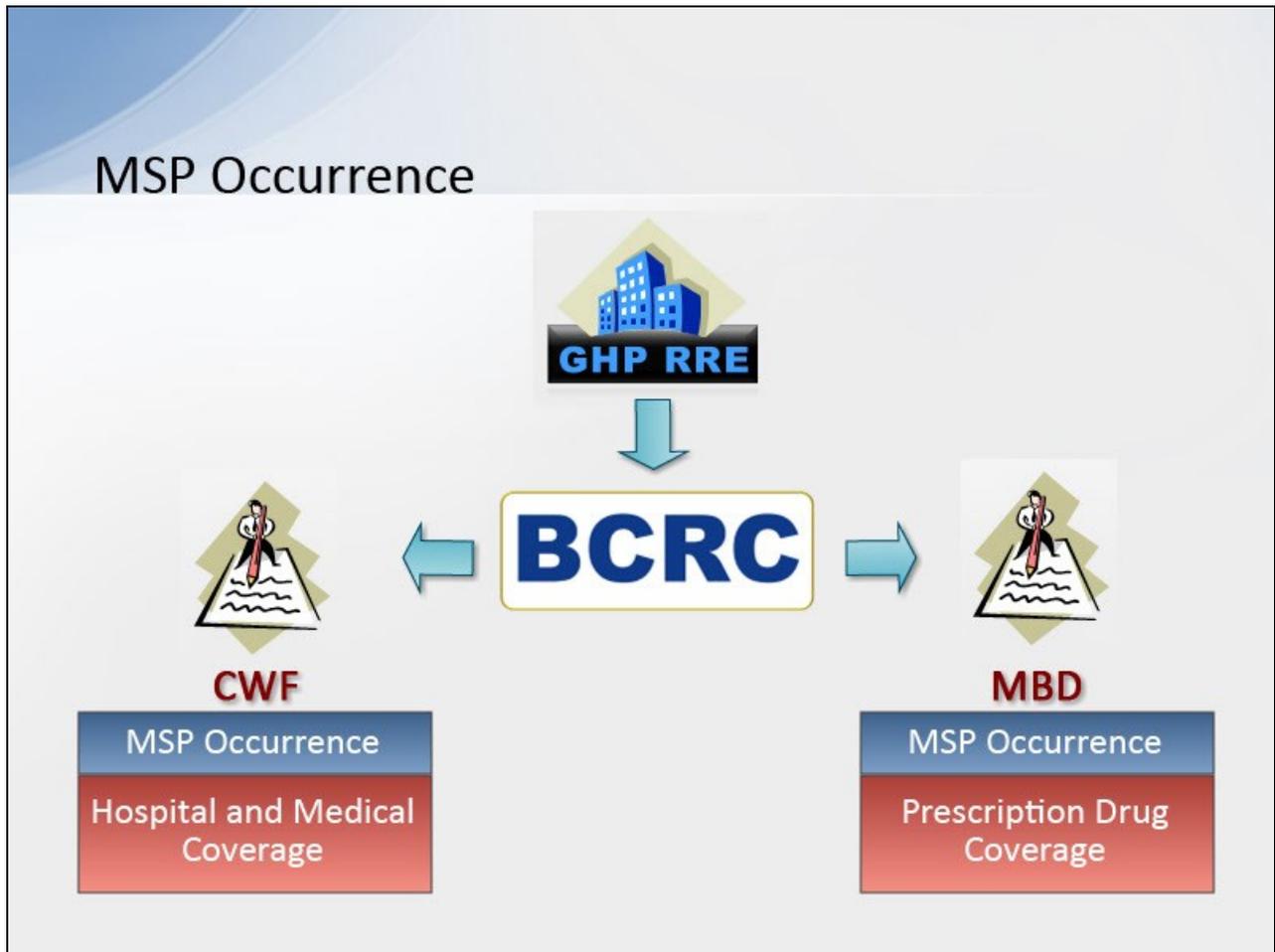
if the employer size was submitted incorrectly, and continue to resend the record on all subsequent quarterly file submissions until an 01 Disposition Code is received or the individual is no longer

covered by your plan. Since the employer size may not change, you may continue to receive a response record back with a SP Disposition Code for these situations.

However, you should continue to send these records in case the reason for the beneficiary's entitlement to Medicare changes (i.e., from disability to age), which may affect the MSP determination.

As an alternative, the query process could be used to monitor the Medicare status of these individuals and resend the MSP Input File Detail Record as appropriate.

Slide 24 - of 43

**Slide notes**

MSP Occurrences for hospital and medical coverage are posted on the Common Working File. However, MSP Occurrences for Drug Coverage are posted on the Medicare Beneficiary Database.

Because of this the response file contains two sets of disposition and error codes.

Slide 25 - of 43

Hospital/Medical Coverage Response Fields

- Coverage Types A, J, K, and R
- Examine the following fields of the MSP Response Record
 - Disposition Code
 - SP Error Code - Error codes that the BCRC sends back

Slide notes

If you only submit hospital/medical coverage on the MSP Input File (Coverage Types A, J, K, and R) you must examine the following fields of the MSP Response record to determine what actions are required:

The Disposition Code in response Field 8 (Note: this code reflects the result of the BCRC processing that is, the record is in error, an MSP Occurrence created, or the beneficiary not found, etc.).

And, the error codes in response Fields 40-43.

Slide 26 - of 43

Hospital/Medical/Drug Coverage Response Fields

- Coverage Types W, X, Y, 4, 5, and 6

Disposition Code	SP Error Code	Rx Disposition Code	Rx Error Code
The result of the BCRC processing (in error, MSP Occurrence created, beneficiary not found, etc.)	Error codes the BCRC sends back	The result of the BCRC drug coverage processing	Error codes the BCRC sends back in response to drug coverage

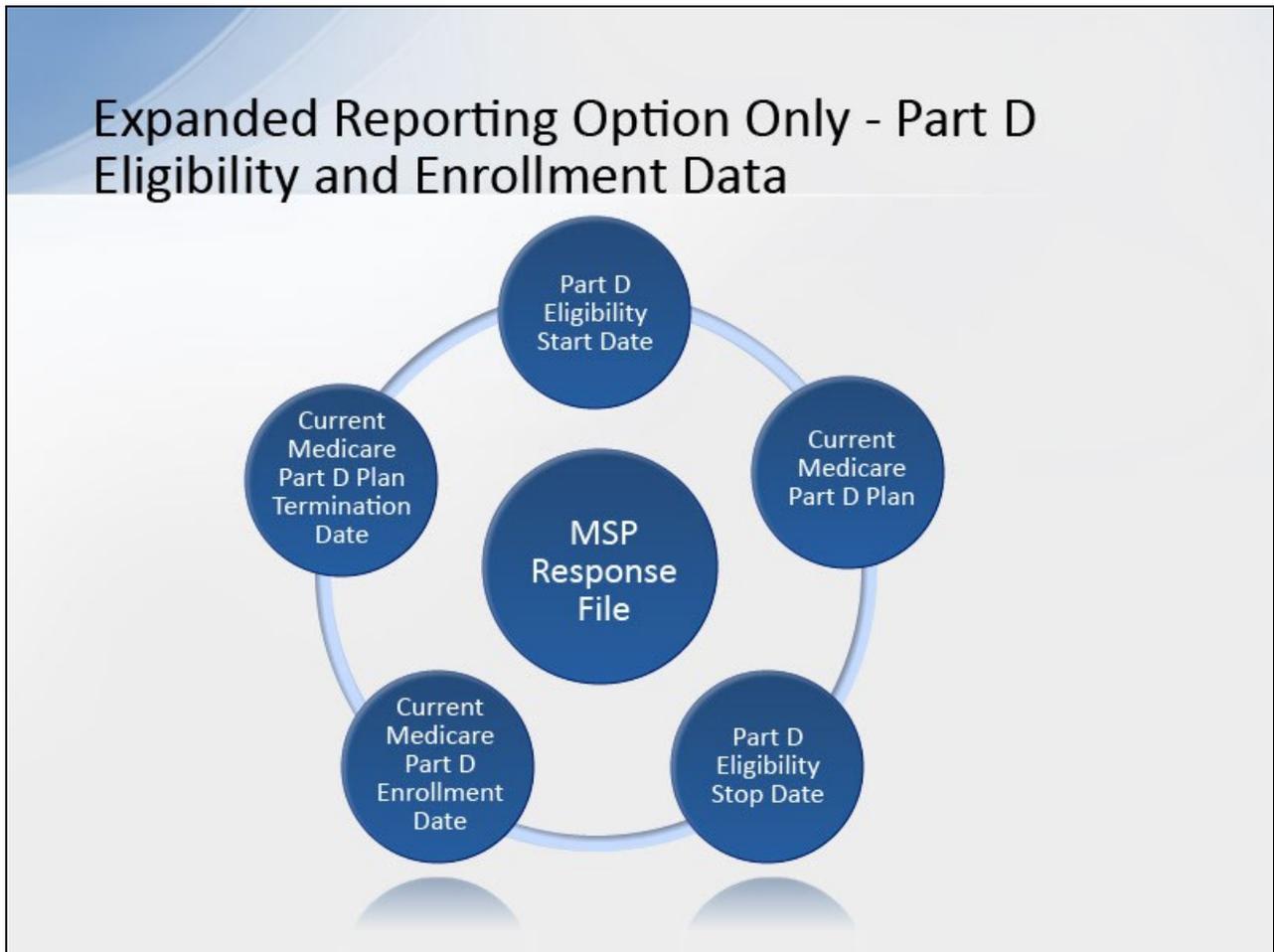
Slide notes

If you submit drug and hospital and/or medical information coverage on the MSP Input File (Coverage Types W, X, Y, 4, 5, and 6), you must examine the following fields on the MSP Response record

to determine what actions are required: The Disposition Code in response Field 8. The error codes in response Fields 40-43. The Rx Disposition Code in response Field 69.

The Rx error codes in response Fields 71-74. Note: Drug coverage reporting is only required under the Expanded Reporting Option.

Slide 27 - of 43

**Slide notes**

For those reporting under the Expanded Reporting Option, the MSP Response Files also contain five related fields that can have information about current Medicare Part D eligibility and enrollment.

These fields will be left blank on MSP Response File records for those reporting under the Basic Reporting Option. Part D Eligibility Start Date (Field 60). This will be 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. The beneficiary's current Part D Plan is identified in Current Medicare Part D Plan Contractor Number (Field 57). Part D Eligibility Stop Date

(Field 61). This is the date that a Medicare beneficiary has lost the right to enroll in Part D, for any reason. Current Medicare Part D Enrollment Date (Field 58). This is the Effective Date of a

Medicare beneficiary's most recent enrollment in Part D. It is the current first date the beneficiary can receive Part D benefit coverage. Current Medicare Part D Plan Termination Date (Field 59).

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 (most recent former) Part D plan. Note: MSP Response File Fields 58 and 59 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.

Slide 28 - of 43

Expanded Reporting Option Only Rx Disposition Code

Field	Name	Size	Displacement	Description
69	Rx Disposition Code	2	665-666	Response Disposition Code from the BCRC (Medicare System of Record MBD). See GHP Disposition Code Table for values. Code supplied by the BCRC

Slide notes

The Rx Disposition Code (Response Field 69) provides you information regarding what was done with the prescription drug information you sent.

Slide 29 - of 43

Expanded Reporting Option Only - Rx Error Codes

- Rx Insured ID
- Rx BIN
- Rx Group
- Toll Free Number
- Rx PCN
- Person Code

Slide notes

The Rx Error Codes (Response Fields 71-74) are specific to the prescription drug coverage data elements on the MSP Input File including Rx Insured ID (Field 24) Rx Group (Field 25), Rx PCN

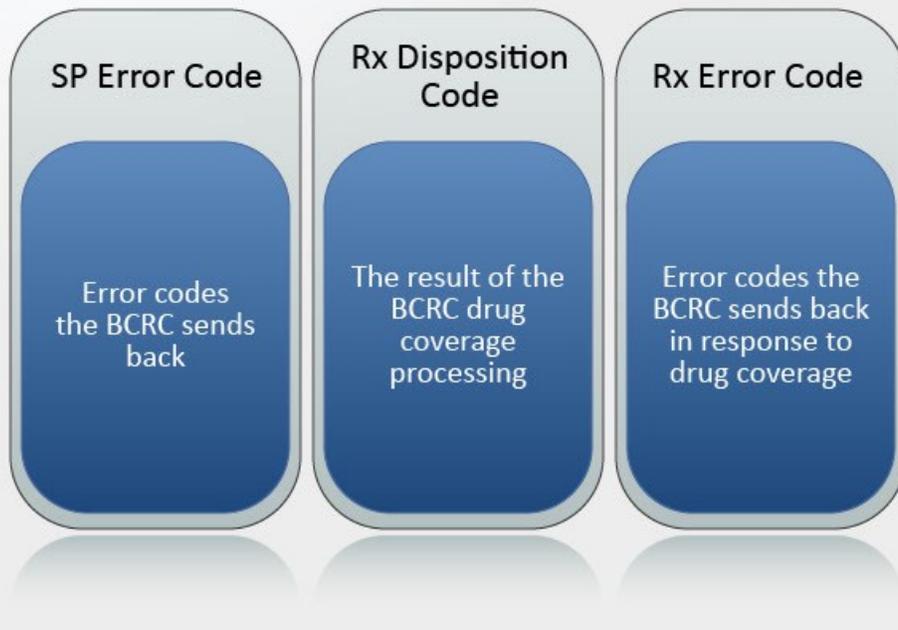
(Field 26), Rx BIN (Field 27), Toll Free Number (Field 28) and Person Code (Field 29). Drug records may also have errors for the non-drug-specific fields

in the regular error codes found in Response Fields 40-43.

Slide 30 - of 43

Drug Coverage Only Response Fields

- Coverage Types U, V, and Z



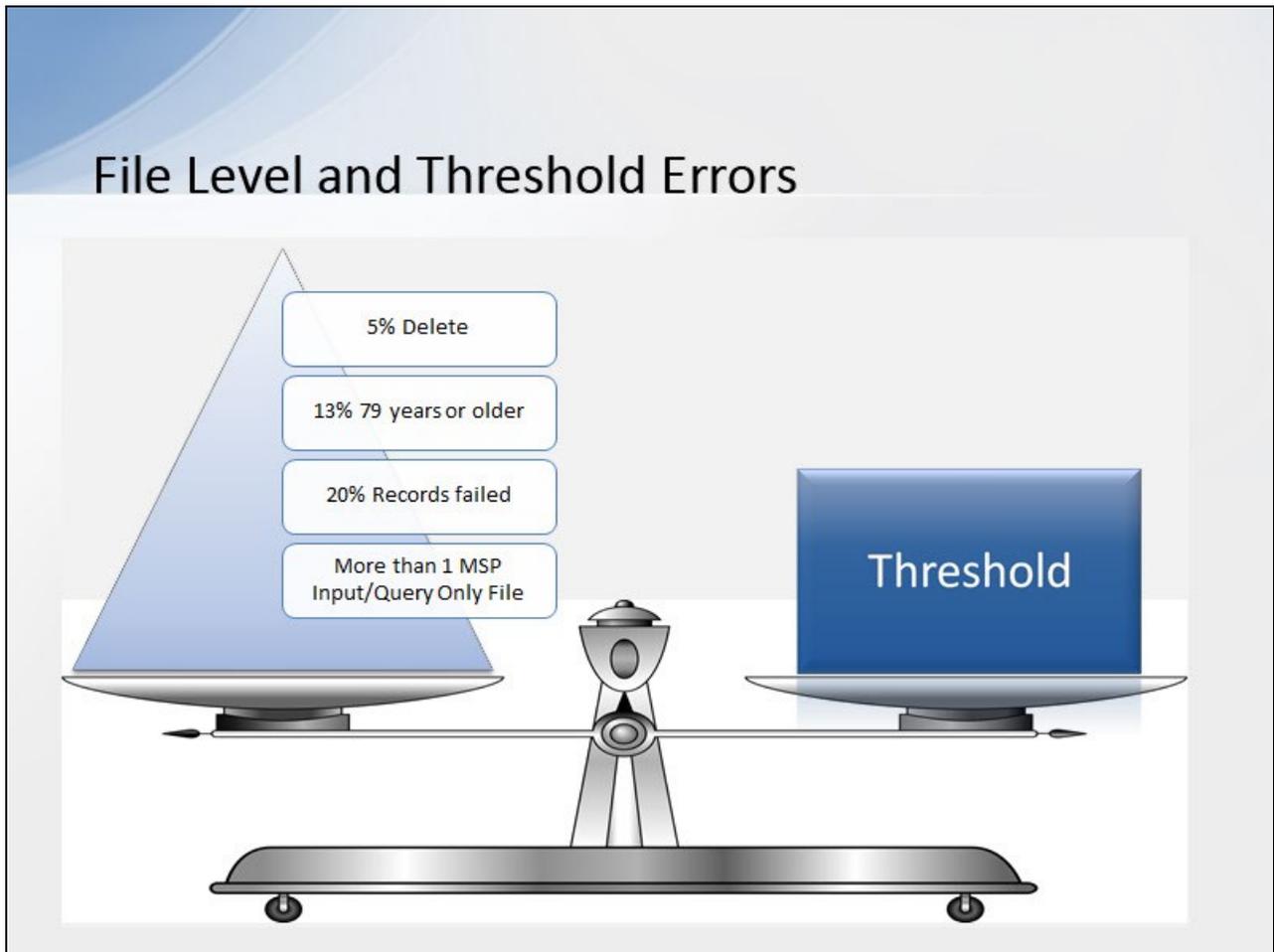
Slide notes

If you only submit drug coverage on the MSP Input File (Coverage Type U, V, and Z), you must examine the following fields on the MSP Response record to determine what actions are required:

The error codes in response Fields 40-43; The Rx Disposition Code in response Field 69; The Rx error codes in response Fields 71-74.

Note: Drug coverage reporting is only required under the Expanded Reporting Option.

Slide 31 - of 43

**Slide notes**

Sometimes, an entire file can be in error. When the BCRC receives your input file, they will perform their data quality edits and check your MSP Input File to ensure it does not exceed

any threshold restrictions. Threshold checks are performed to identify a file that may be in error. In some cases there could be a reasonable explanation.

Your file will be in error if it exceeds the following thresholds: More than 5% of the total submitted records are delete transactions;

More than 13% of the individuals reported are 79 years old or older; 20% or more of the total submitted records failed with a Disposition Code of SP due to errors;

or that you submitted more than one MSP Input File or more than one Query Only File during your defined quarter.

Slide 32 - of 43

Files That Exceed the Threshold Checks

- File suspended
- E-mail notification will go to Account Manager
- Resolve file threshold errors with EDI Representative
- EDI Representative releases or deletes file



Slide notes

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

An e-mail will be sent to your Account Manager 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 need to send a corrected file as instructed by your EDI Representative.

Slide 33 - of 43

Age Threshold Check

- Intended to identify situation where RRE mistakenly includes individuals covered by retirement plans on MSP Input File
 - Most common reporting problem
 - Results in mistaken claim denials for beneficiaries
 - Requires RRE to submit delete records
- RREs that report large volume of data
 - May want to run similar age threshold check internally

Slide notes

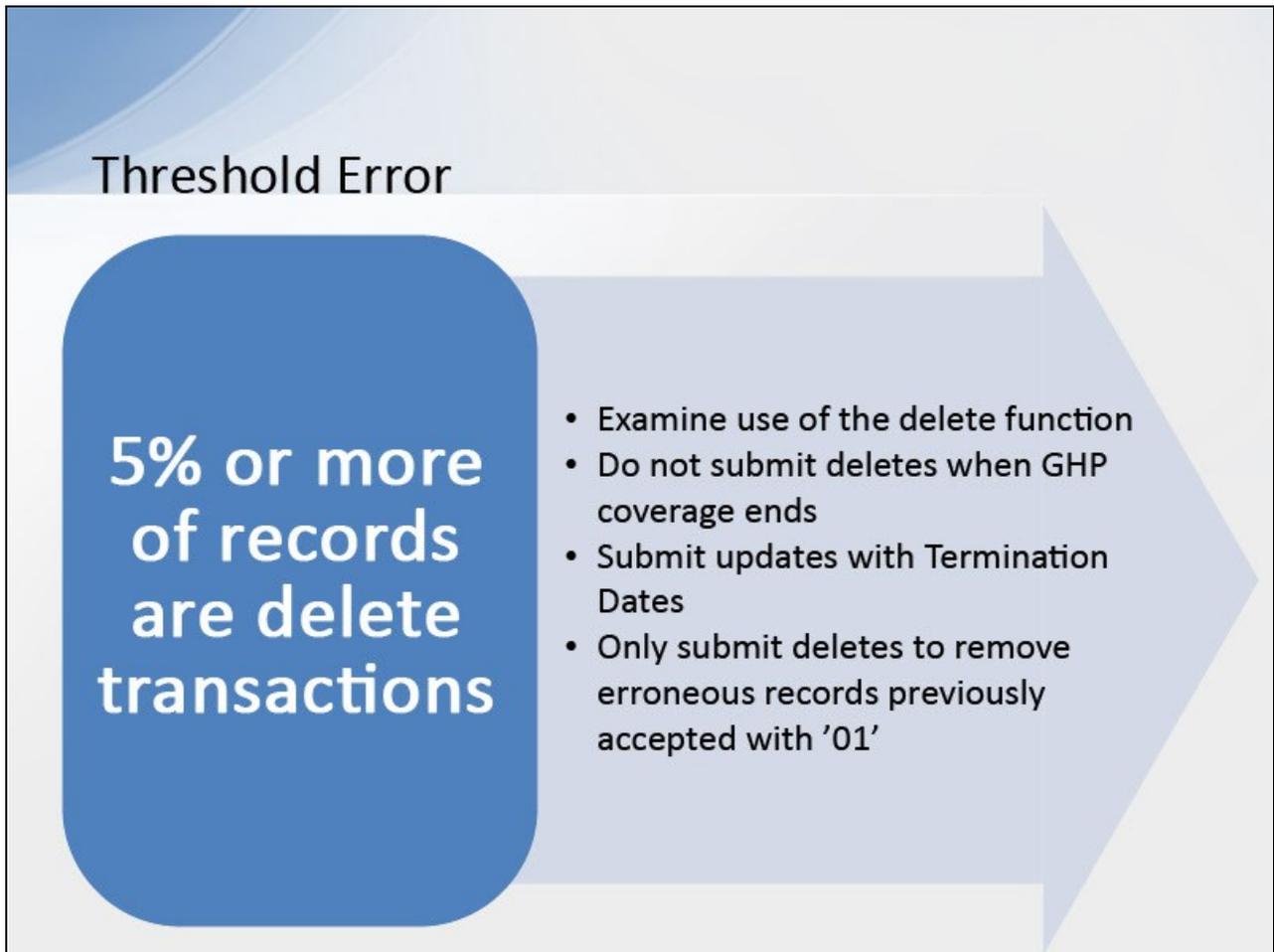
The age threshold check is intended to identify a situation where an RRE mistakenly includes individuals covered by retirement plans, and who are therefore not Active Covered Individuals

whose GHP coverage should be primary to Medicare on the MSP Input File. This is one of the most common reporting problems and results in mistaken claim denials for Medicare beneficiaries.

This requires the RRE to submit delete records to remove erroneous MSP Occurrences. RREs that report a large volume of data for many employer GHPs

may want to run a similar age threshold check internally for each employer GHP, since a large volume of data will mask a problem at the plan level on a file submitted to the BCRC.

Slide 34 - of 43



Threshold Error

5% or more of records are delete transactions

- Examine use of the delete function
- Do not submit deletes when GHP coverage ends
- Submit updates with Termination Dates
- Only submit deletes to remove erroneous records previously accepted with '01'

Slide notes

The following slides provide some additional information for each threshold error an RRE may receive. However RREs must always contact their EDI Representative in the case of a threshold error.

Threshold Error: 5% or more of records are delete transactions. Correction: Examine your use of the delete function. Do not submit deletes when GHP coverage ends.

Submit updates with Termination Dates instead. Only submit deletes to remove erroneous records previously accepted with an '01' Disposition Code.

Very small files may suspend for very few delete records. If the delete transaction was used correctly, your EDI Representative will release the file for normal processing.

Slide 35 - of 43

Threshold Error

20% or more of records failed record-level edits

- Contact EDI Representative to discuss most common errors found
- EDI Representative will provide further instruction

Slide notes

Threshold Error: 20% or more of records failed record-level edits. Correction: Error messages will display in the threshold e-mail. Contact your EDI Representative to discuss the most common errors found.

Your EDI Representative will provide further instruction. Very small files may suspend for very few records in error. In that case, your EDI Representative may release the file for processing.

Slide 36 - of 43

Threshold Error

Multiple files submitted; exceeds allowed submission frequency

- Only one MSP Input File may be submitted per calendar quarter
- Only one Query Only File may be submitted per quarter

Slide notes

Threshold Error: Multiple files submitted. Exceeds allowed submission frequency. Correction: Only one MSP Input File may be submitted per calendar quarter.

Only one Query Only File may be submitted per quarter.

Slide 37 - of 43

Threshold Error

File submitted prior to assigned submission period

- Files received up to 14 days prior to assigned file submission timeframe
 - Considered early
 - Placed in hold status
- Once file submission timeframe arrives
 - File will be automatically released for processing

Slide notes

Threshold Error: File submitted prior to assigned submission period. Correction: Files received up to 14 days prior to the start of the RRE's assigned file submission timeframe

will be considered early and placed in a hold status. Once the file submission timeframe arrives, the file will be automatically released for processing.

If this file should be processed immediately, contact your EDI Representative.

Slide 38 - of 43

Threshold Error

Another file is still processing from prior submission period

- The prior file must complete processing before new file can be released by EDI Representative

Slide notes

Threshold Error: Another file is still processing from prior submission period. Correction: A file of the same type submitted previously is still processing.

No file correction is needed, however, this prior file must complete processing before the new file can be released by your EDI Representative.

Slide 39 - of 43

Threshold Error

Late submission of file

- No file correction needed
- Files must be submitted timely
- Contact EDI Representative to have file released for processing

Slide notes

Threshold Error: Late submission of file. Correction: File receipt date is after the current submission period. No file correction is needed, however, files must be submitted timely to prevent this error.

Contact your EDI Representative to have the file released for processing as appropriate.

Slide 40 - of 43

Threshold Error

Large number of aged beneficiaries

- 13% or more of individuals submitted are age 79 or older
- Review the records submitted for those over age 65 on the file
 - Verify coverage by their own or spouse's current employment
- Advise EDI Representative

Slide notes

Threshold Error: Large number of aged beneficiaries. Correction: 13% or more of the individuals submitted on the file are age 79 or older. This may indicate that the RRE included individuals

covered by retirement plans rather than limiting the submission to Active Covered Individuals (those over the age threshold covered by current employment and those diagnosed with ESRD).

Review the records submitted for those over age 65 on the file and verify that they are truly covered by their own or their spouse's current employment.

Advise your EDI Representative accordingly. If the file contained erroneous records, your EDI Representative will delete it and you will send a corrected file.

Slide 41 - of 43

Threshold Error

File held via watch list

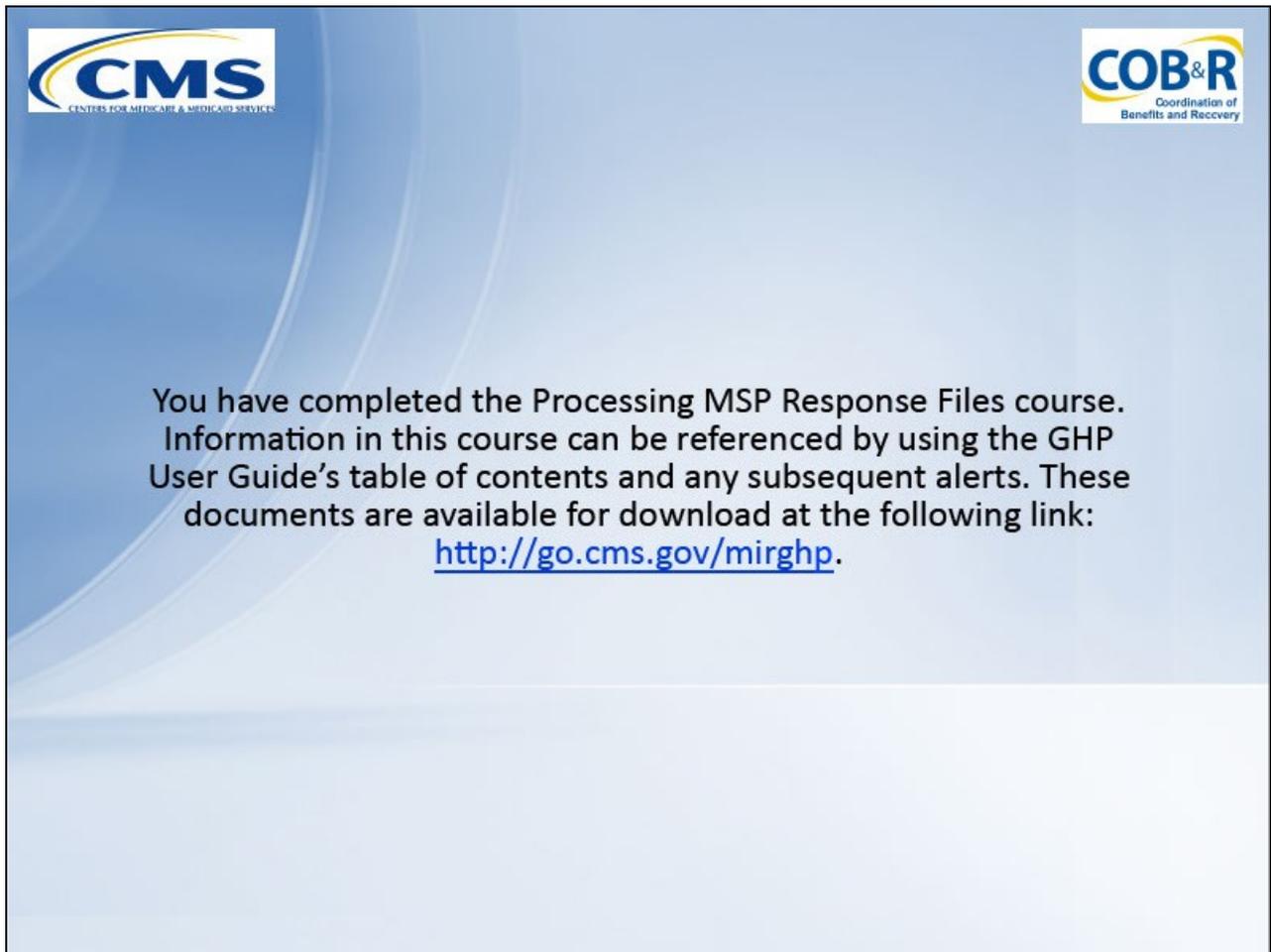
- RRE ID on a watch list due to past issues with erroneous file submissions
- Contact EDI Representative

The slide features a light blue background with a white horizontal band at the top. The text 'Threshold Error' is positioned in the upper left. A large blue rounded rectangle on the left contains the text 'File held via watch list'. To the right of this rectangle is a large, light blue arrow pointing to the right, which contains a bulleted list of two items.

Slide notes

Threshold Error: File held via watch list. Correction: Your RRE ID has been put on a watch list by the BCRC due to past issues with erroneous file submissions. Contact your EDI Representative to resolve.

Slide 42 - of 43



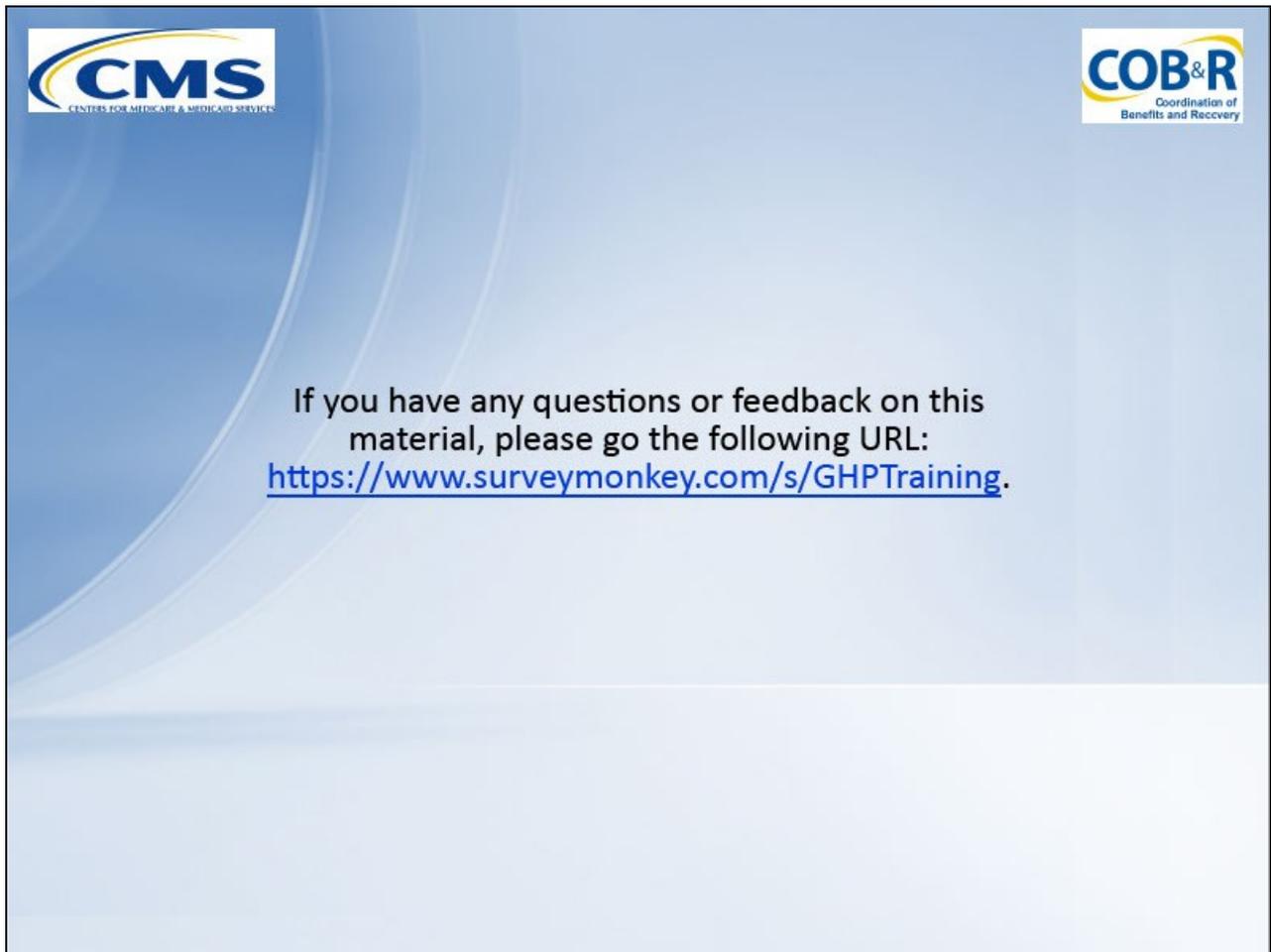
The slide features a light blue background with a white horizontal band at the bottom. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). The main text is centered and reads: "You have completed the Processing MSP Response Files 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

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

Slide 43 - Slide 43



Slide notes

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