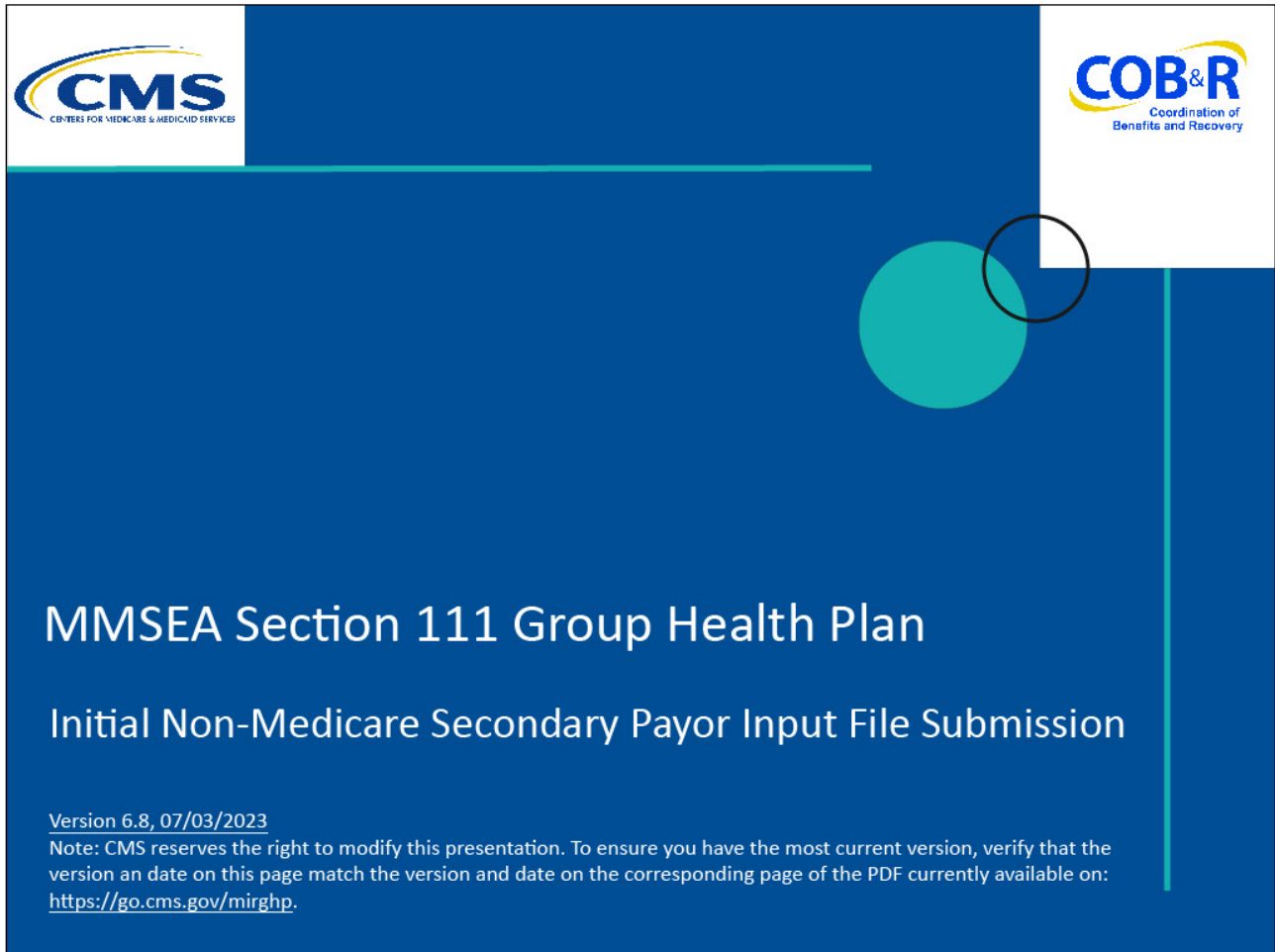


Initial Non-MSP Input File Submission

Slide 1 of 11 - Initial Non-MSP Input File Submission



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 Group Health Plan

Initial Non-Medicare Secondary Payor Input File Submission

Version 6.8, 07/03/2023
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<https://go.cms.gov/mirghp>.

Slide notes

Welcome to the Initial Non-Medicare Secondary Payer (MSP) Input File Submission training course.

Slide 2 of 11 - Disclaimer

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:

<https://go.cms.gov/mirghp>.

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Slide 3 of 11 - Course Overview

Course Overview

- What Must Be Reported
- Periods of Coverage
- Effective and Termination Dates
- Non-MSP Input File Formats



Slide notes

The Initial Non-MSP Input File module provides information on what must be reported on the initial Non-MSP Input File, periods of coverage, Effective and Termination Dates, as well as the Non-MSP Input File Formats.

Slide 4 of 11 - What Must Be Reported

What Must Be Reported

- Inactive Covered Individuals with prescription drug coverage as of 1/1/2009
- Supply information even if coverage subsequently terminated
- Supply information for all who are currently enrolled at time of report
- RRE's that offer primary prescription drug coverage will be required to report this coverage for calendar quarters.

- GHP RREs who report primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response file.

Slide notes

To begin reporting for Section 111, you must create and send a file for all Inactive Covered Individuals who were enrolled in your plan as of January 1, 2009, and subsequent, for whom you provided prescription drug coverage that may be secondary to Medicare. Information must be supplied for individuals who had active coverage at that time, even if it has since been terminated.

Information must be supplied for individuals who have enrolled in your plan(s) subsequent to January 1, 2009, even if their coverage has since been terminated.

Information must also be supplied for individuals who are currently enrolled at the time of the report. Supplemental drug coverage information is reported on D records in the Non-MSP File.

When submitting D record on Non-MSP Input files, the Insurer Name must also be provided. As a result, a new SP25 Error Code has been added.

Since S records may convert to D records, this error may also occur if the S record is missing or does not include the Insurer Name during the conversion.

The use of S and N records is optional. N records may be submitted for any Covered or Inactive Covered Individual on your initial file for whom you wish to query Medicare coverage information.

S records for reporting retiree files to the Retiree Drug Subsidy (RDS) Center are covered in a later course.

RRE's that offer primary prescription drug coverage will be required to report this coverage for calendar quarters.

Which means, GHP RREs reporting primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response file.

Slide 5 of 11 - Period of Coverage

Period of Coverage

- One record for each Inactive Covered Individual
- Multiple records for individuals with multiple periods of coverage

**Slide notes**

One supplemental drug coverage record is to be supplied for each individual who qualifies as an Inactive Covered Individual including the subscriber, the subscriber's spouse, and every other subscriber dependent that fits the definition of an Inactive Covered Individual having prescription drug coverage under your plan.

If an individual had multiple periods of prescription drug coverage during this timeframe, multiple records must be submitted with the applicable Effective and Termination (end) Dates in Fields 10 and 11.

Slide 6 of 11 - Effective and Termination Dates

Effective and Termination Dates

- Effective Date should reflect when the prescription drug coverage was initially effective
- Termination Dates should only be set when the actual coverage reported has ended
- Yearly renewals of the same coverage are not to be reported as separate records

Slide notes

The Effective Date should reflect when the prescription drug coverage was initially effective, even if that occurred prior to January 1, 2009.

If the coverage is current and open at the time of the report, the record should reflect an open-ended coverage by putting zeroes in the Termination Date (Field 11).

It is important to note that Termination Dates should only be set when the actual coverage reported has ended. Yearly renewals of the same coverage are not to be reported as separate records.


If the coverage remains the same from year to year, a new record does not need to be reported since the previous report should have had an open-ended Termination Date.

Effective and Termination Dates do not apply to N query records.


Note: Because prospective Medicare entitlement records can have effective dates up to three months in the future, the Medicare Secondary Payer (MSP) Effective Date field will now accept dates up to three months in the future without rejection.

Slide 7 of 11 - Initial Non-MSP Input File – New GHP RREs

Initial Non-MSP Input File – New GHP RREs



Initial Non-MSP Input File larger than subsequent update files



Initial Non-MSP Input records are add records, have zero in Field 21

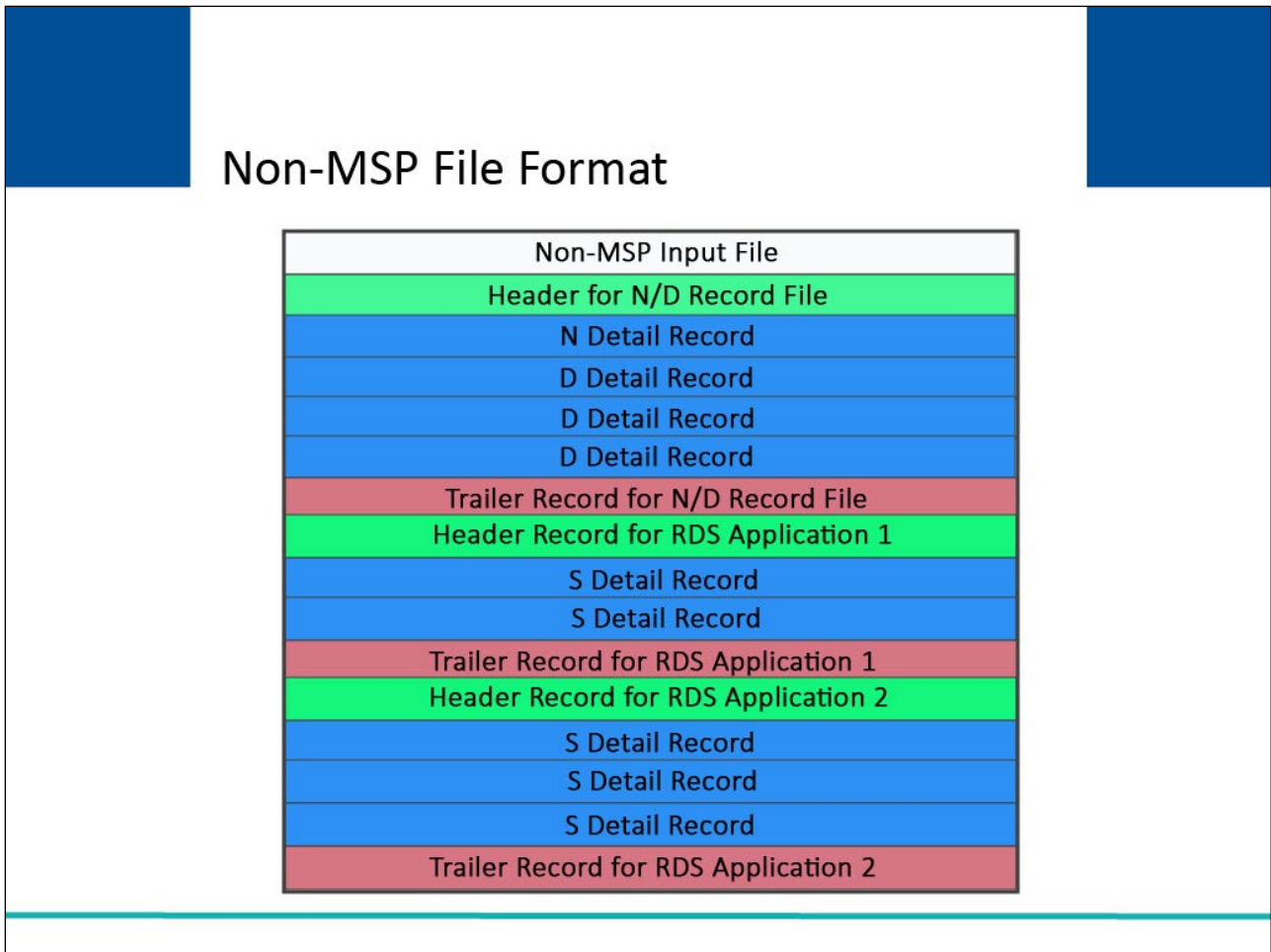
Slide notes

Your initial Non-MSP Input File will be larger than your subsequent update files since it will contain D records for the entire population

of your Inactive Covered Individuals for whom you must report. All records on your initial file will be add records and have a value of zero (0) in the Transaction Type (Field 21).

You may submit your initial Non-MSP Input File at any time during the first quarter you go live with production data, as long as testing has been successfully completed.

Slide 8 of 11 - Non-MSP File Format



Slide notes

The Non-MSP File is comprised of a header record, followed by detail records, ending in a trailer record.

N and D records can be mixed together on one file between the same header and trailer records. S records must be submitted on their own logical files with their own header and trailers.

S records cannot be mixed in the same logical file as N/D records. The submission of S records for RDS retiree files is addressed in the RDS File Submission course.

The Benefits Coordination & Recovery Center (BCRC) will generate a response file for your initial Non-MSP Input File submission within 14 days of receipt.

Slide 9 of 11 - Course Summary

Course Summary



- What Must Be Reported
- Periods of Coverage
- Effective and Termination Dates
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Slide notes

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Slide 10 of 11 - Conclusion



You have completed the Initial Non-MSP Input File Submission 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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Slide 11 of 11 - Survey



The slide features a dark blue background. 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). Centered on the slide is the text: "If you have any questions or feedback on this material, please go the following URL: <https://www.surveymonkey.com/s/GHPTraining>." Below the text is an icon of a clipboard with a checklist titled "TRAINING SURVEY" and a pencil.

Slide notes

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