



Financial Services Group

April 3, 2020

Medicare Secondary Payer (MSP) Mandatory Reporting Provisions Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007 (See 42 U.S.C. 1395y(b)(7) &(b)(8))

Alert: Reminder Regarding Group Health Plan (GHP) Reporting Change for Prescription Drug Coverage Information under the Substance Use-Disorder that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Section 4002 of the SUPPORT Act mandates the reporting of primary prescription drug coverage information in addition to the existing Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) Section 111 reporting requirements.

All GHPs that offer primary prescription drug coverage to plan members because of their current employment status (“Active Covered Individuals”) are required to report coverage for calendar quarters on or after January 1, 2020. For example, if a submission is scheduled for April 26, 2020, it will need to include primary prescription drug coverage that is in effect/active for Medicare beneficiaries on that MSP Input File submission. Note that this includes Health Reimbursement Accounts (HRAs) that meet the current reporting threshold requirement.

Coverage provided to retirees is not reportable and should not be included in the MSP Input File. For further information about the definition of Active Covered Individuals, please refer to section 7.1.2 of the [Section 111 GHP User Manual](#).

Any new Responsible Reporting Entity (RRE) that has not yet registered must do so as soon as possible. Full details about the registration process can be found in the [Section 111 GHP User Manual](#) or contact the Benefits Coordination and Recovery EDI department at (646) 458-6740 for registration assistance.

For additional information on changes to the reporting process due to the SUPPORT Act, please review the following resources:

- [SUPPORT Act Webinars](#)
- [Support Act FAQ](#)
- [Initial SUPPORT Act Alert](#)