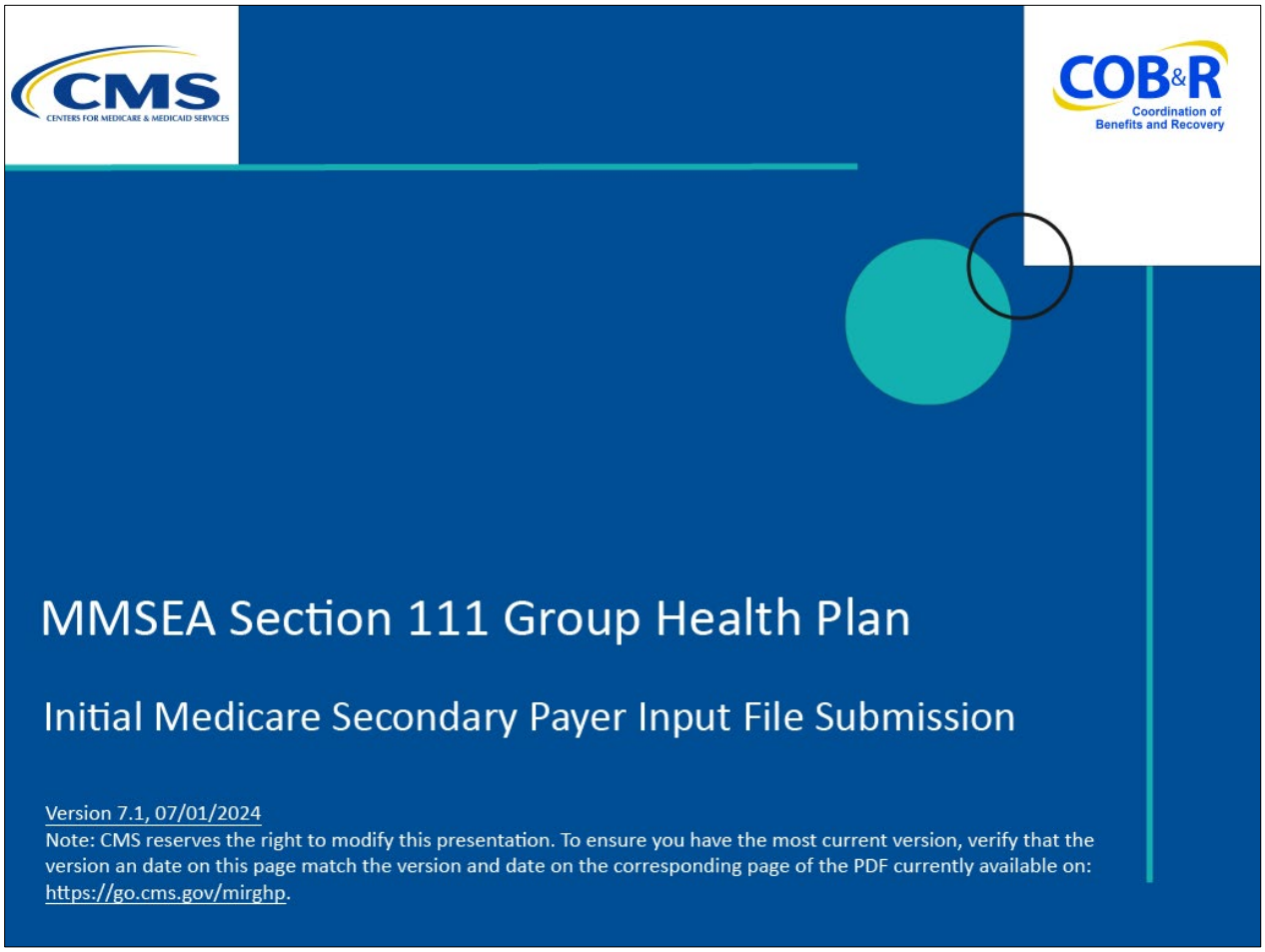
Initial MSP Input File Submission

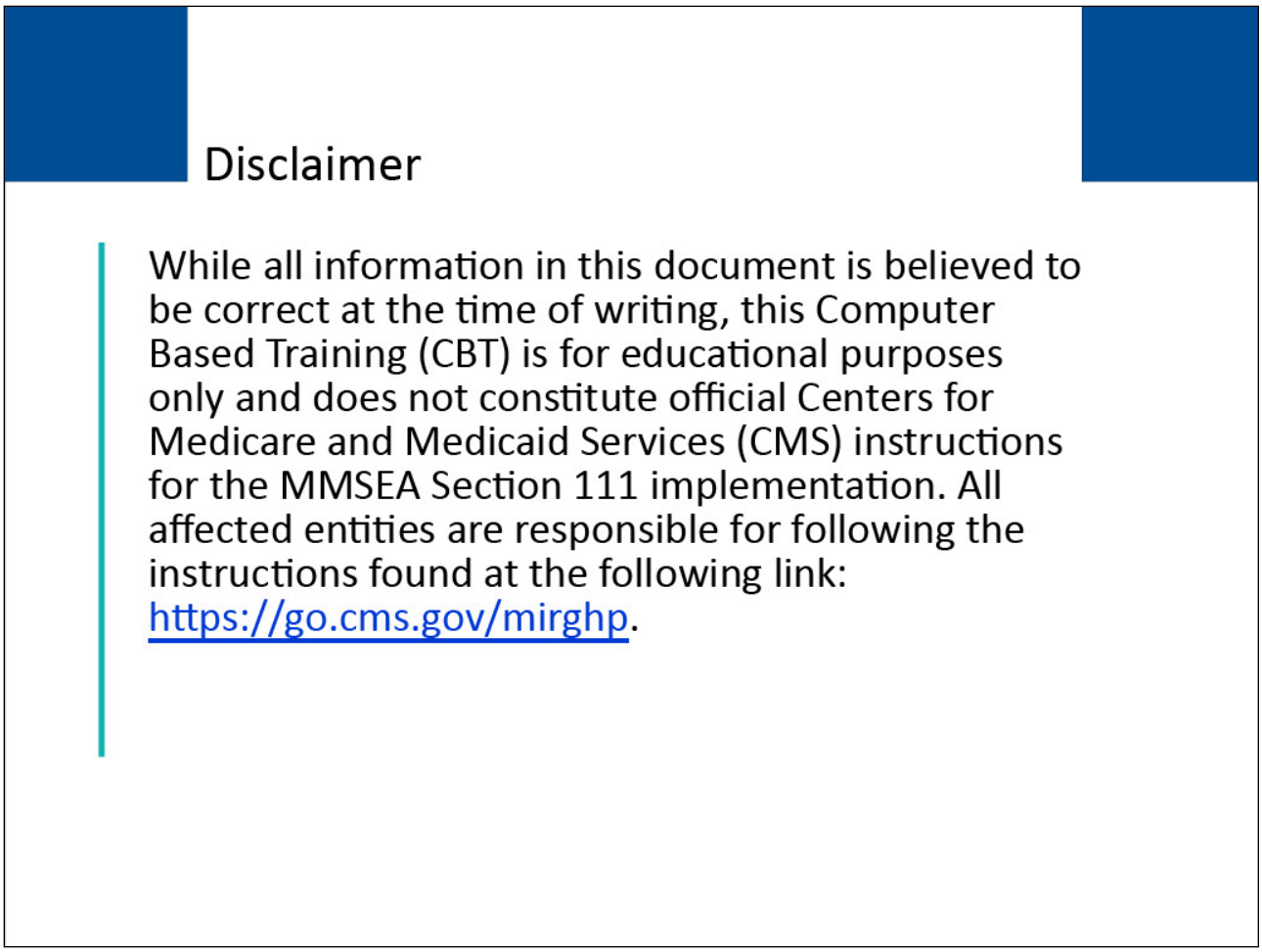
Slide 1 of 18 - Initial MSP Input File Submission



Slide notes

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

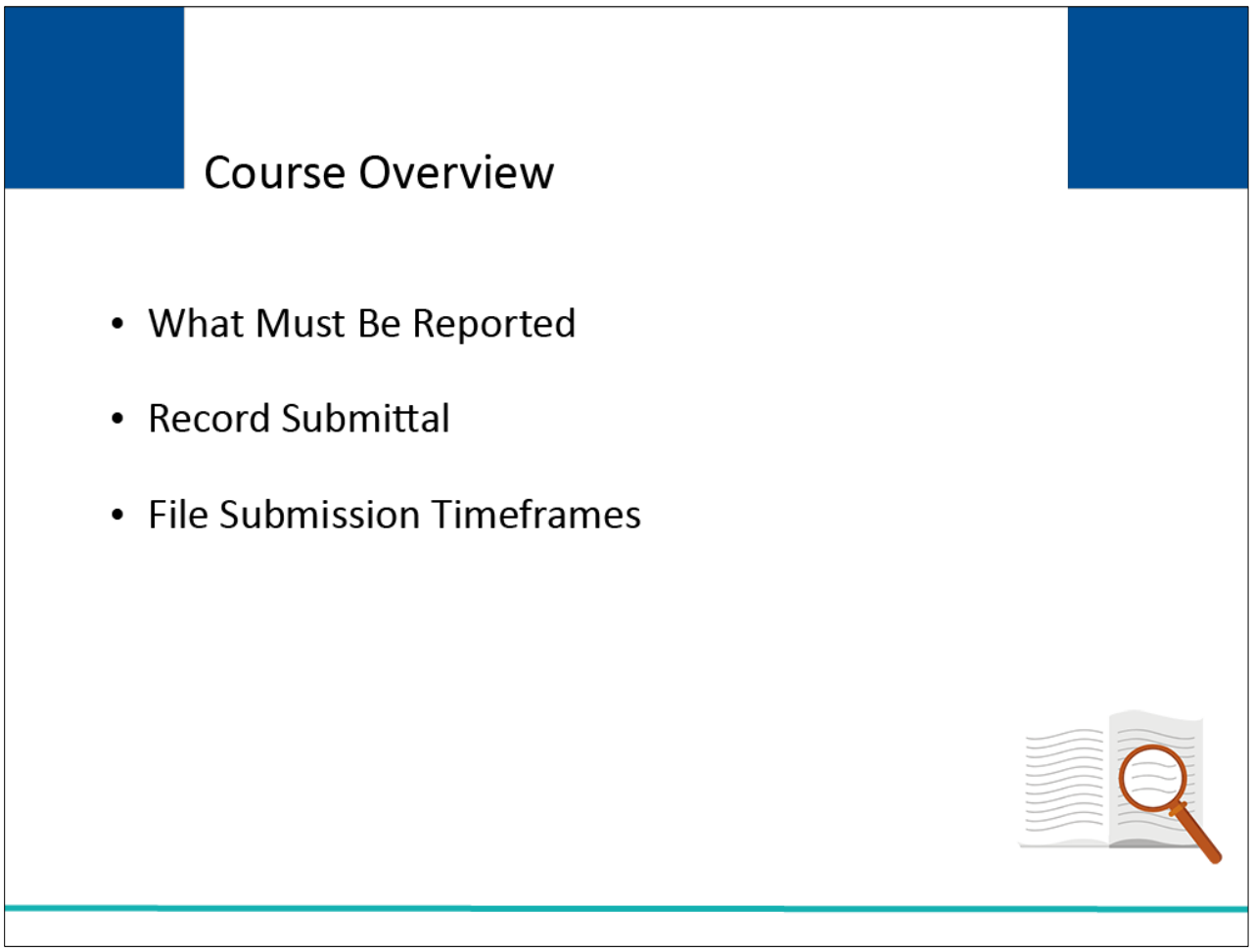
Slide 2 of 18 - Disclaimer



Slide notes

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 site: CMS GHP Section 111.

Slide 3 of 18 - Course Overview



Slide notes

This module provides information on what must be reported on the initial MSP Input file. It describes the record submittal process and explains the file submission timeframes.

Slide 4 of 18 – PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided on the COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Slide notes

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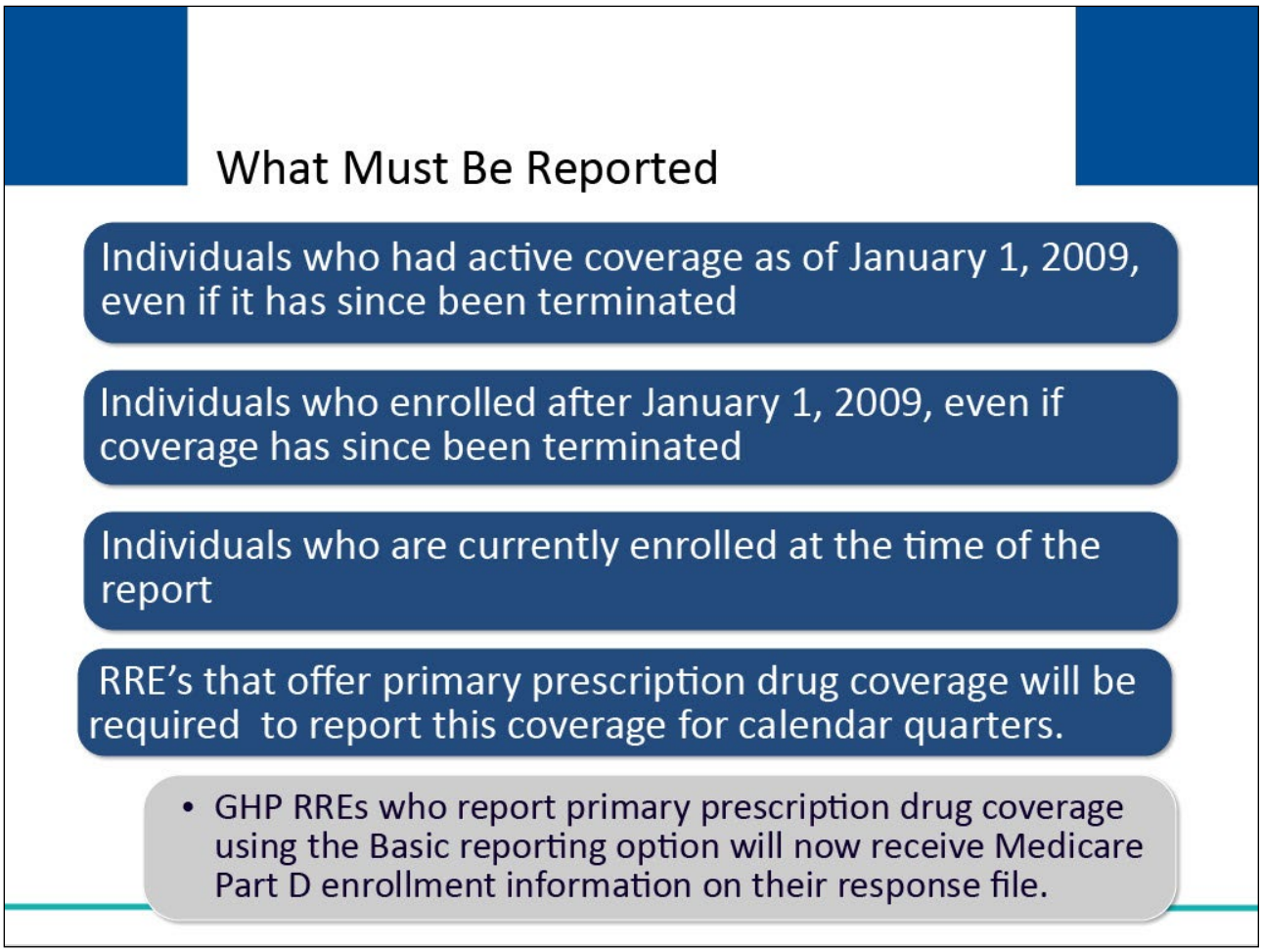
Slide 5 of 18 - What Must Be Reported



Slide notes

To begin reporting for Section 111, you must create and send an initial file.

The file contains information for all Active Covered Individuals who were enrolled in your plan as of January 1, 2009, even if coverage has been terminated.

This also includes Active Covered Individuals who are identified to be identified as Medicare beneficiaries through the query process.

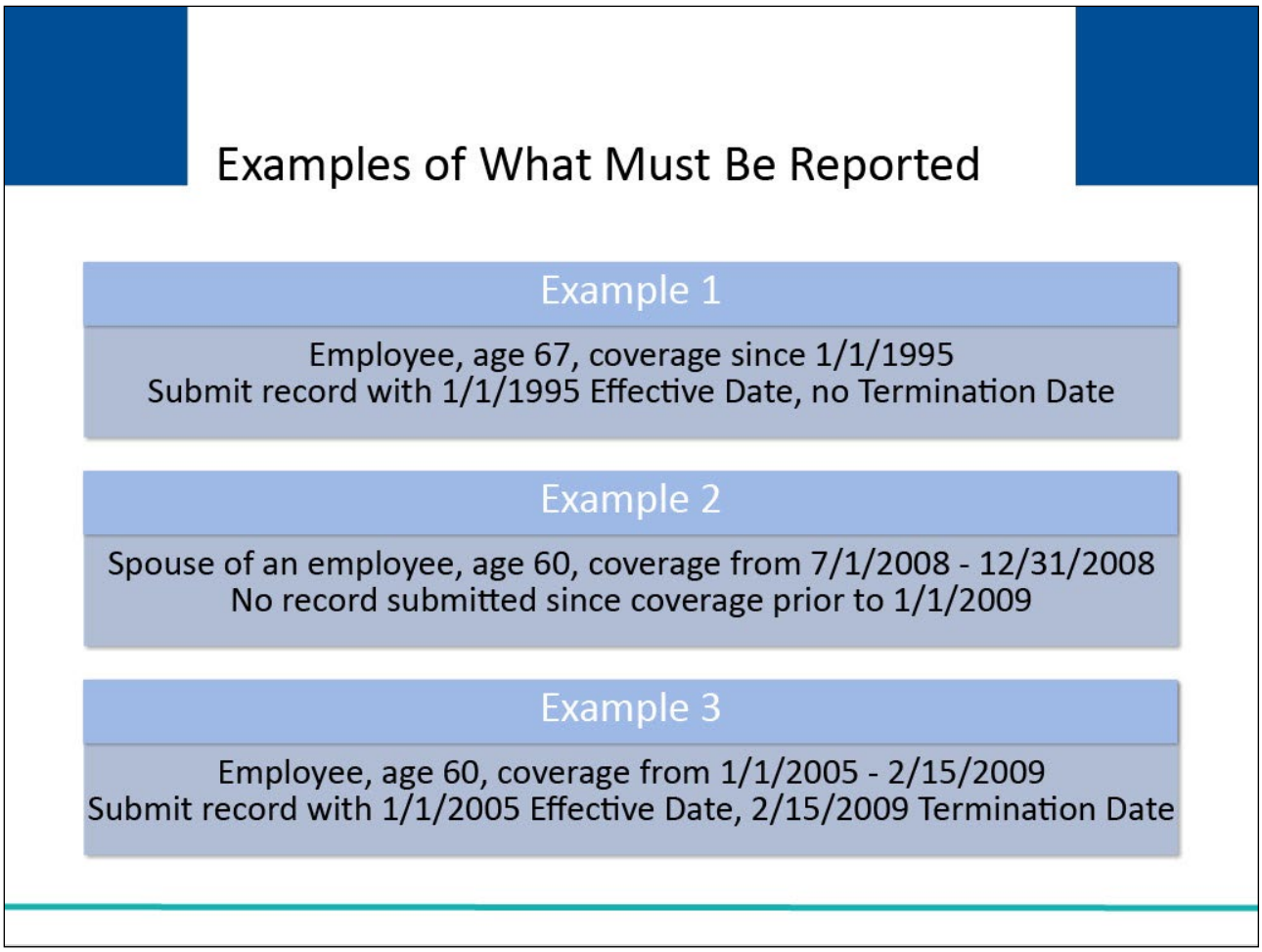
RRE's that offer primary prescription drug coverage will be required to report this coverage for calendar quarters.

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.

Note: For Section 111, GHP RREs that offer primary prescription drug coverage and opt in to receive.

unsolicited alerts from the S111 portal will now receive information for drug coverage types U, V, W, X, Y, Z, 4, 5, and 6 in the Unsolicited MSP Response File Detail Record.

Slide 6 of 18 - Examples of What Must Be Reported



Slide notes

The ages of the individuals in these examples reflect their age at the time of your initial file creation:

In example 1, you have an individual covered by your plan who is 67 years of age and is still working, with hospital and medical coverage since January 1, 1995.

You will submit a record for this person with a coverage Effective Date of January 1, 1995, no Termination Date (Termination Date is all zeroes).

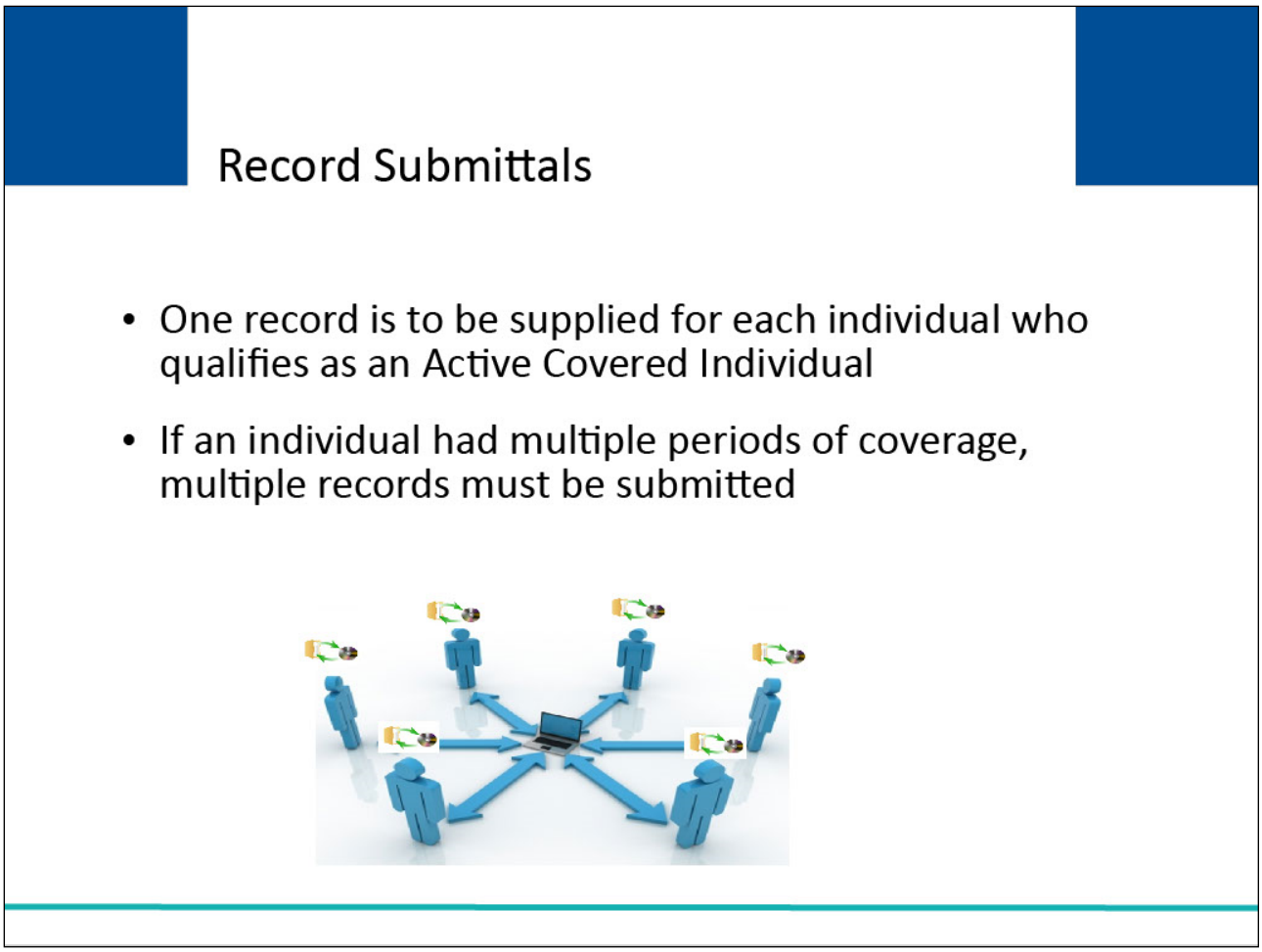
In example 2, the spouse of an employee covered by your plan is 60 years old, has hospital, medical, and prescription drug coverage that began on July 1, 2008, and ended on December 31, 2008.

You do not have to submit a record for this person since the coverage was not active as of January 1, 2009.

In example 3, an employee, age 60, had coverage that was effective January 1, 2005, and terminated on February 15, 2009.

Submit a record for this person with a coverage Effective Date of January 1, 2005, and a Termination Date of February 15, 2009.

Slide 7 of 18 - Record Submittals

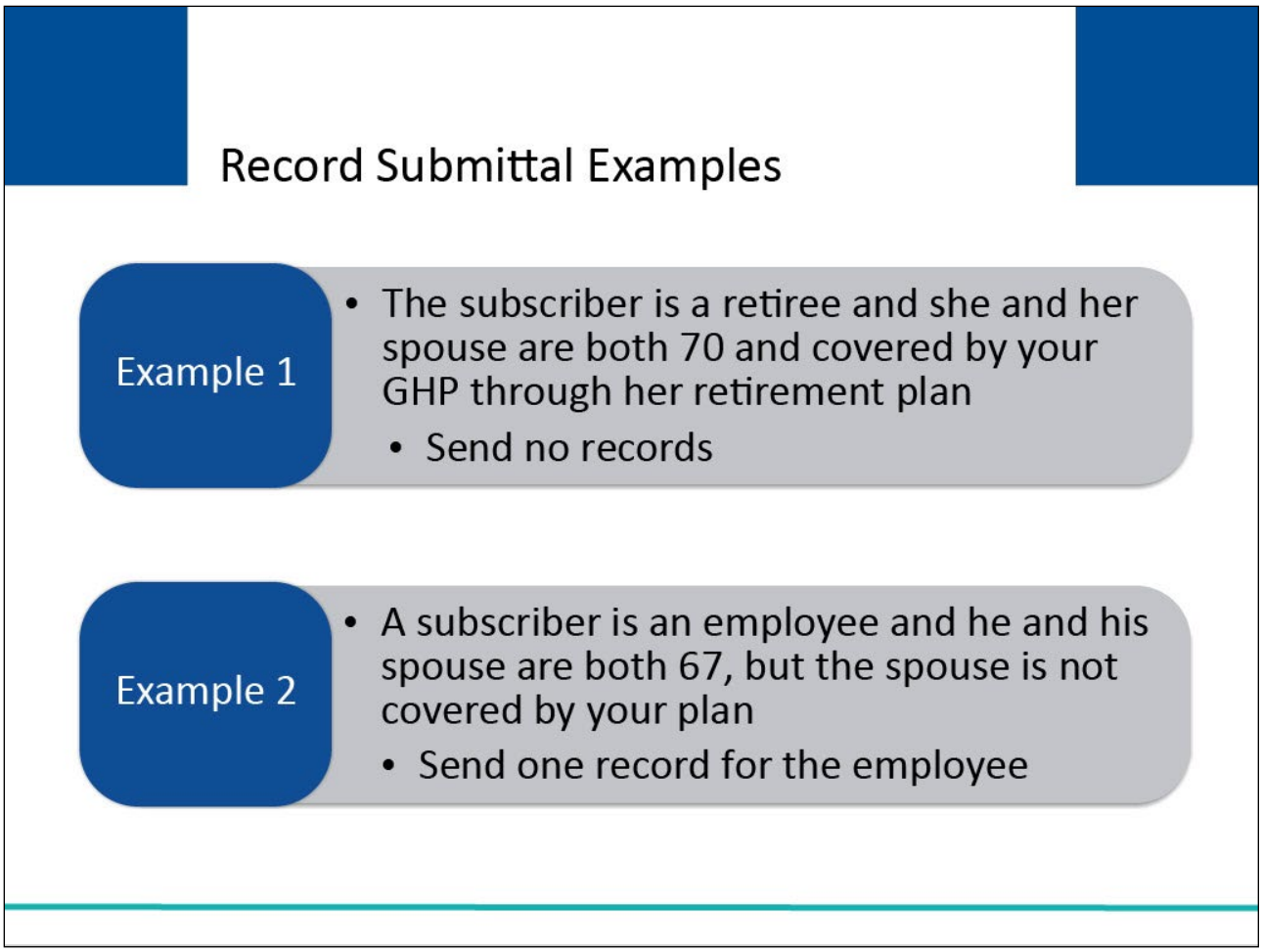


Slide notes

One record is to be supplied for each individual who qualifies as an Active Covered Individual and who is a Medicare beneficiary including the subscriber, the subscriber's spouse, and every other subscriber dependent that fits the definition of an Active Covered Individual.

If an individual had multiple periods of coverage, multiple records must be submitted with the applicable Effective and Termination Dates (Fields 10 and 11).

Slide 8 of 18 - Record Submittals



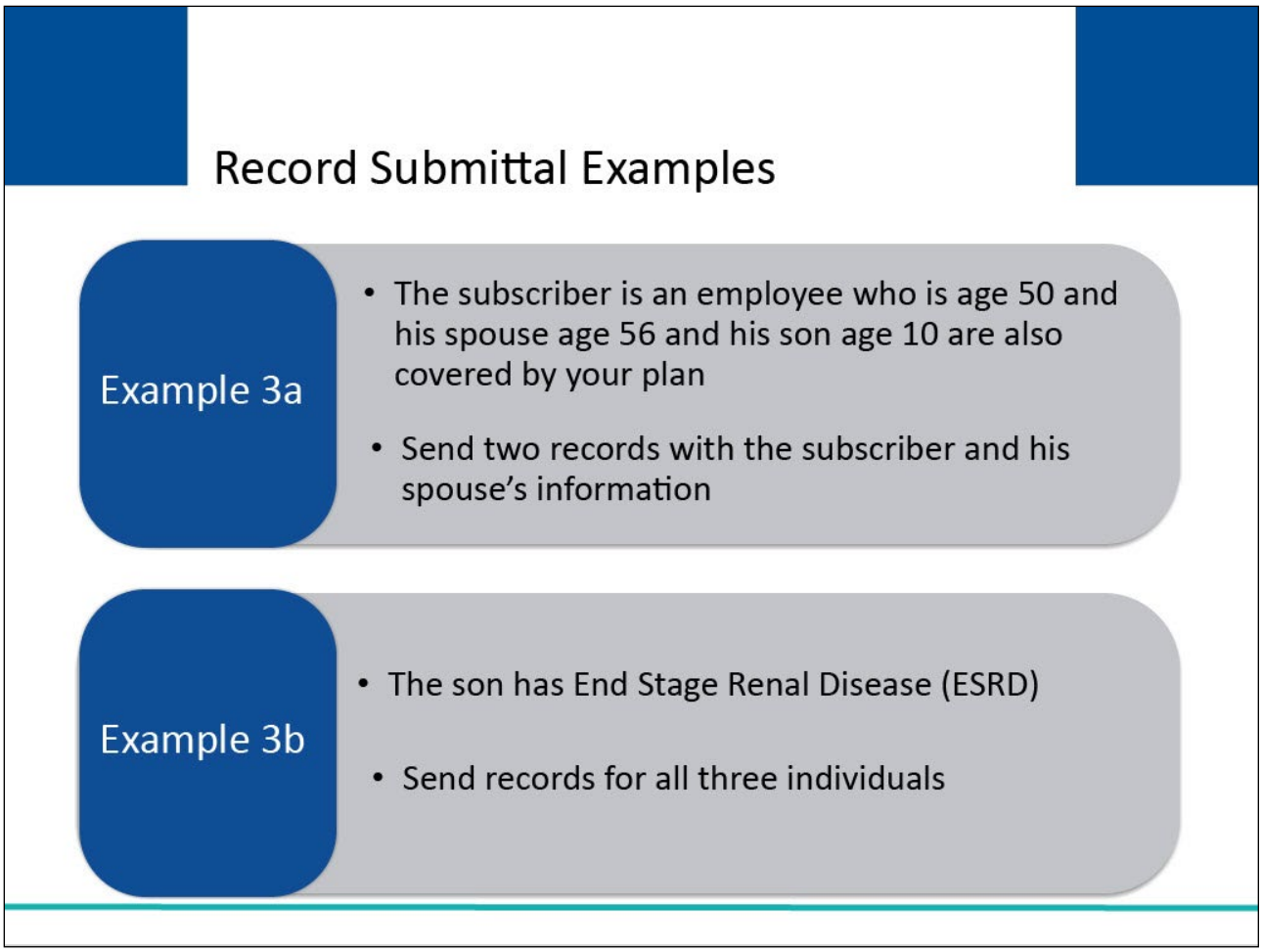
Slide notes

Here are some additional examples: Example 1: A subscriber is a retiree and she and her spouse are both 70 and covered by your Group Health Plan (GHP) through her retirement plan.

Send no records since the subscriber is not currently employed. It doesn't matter how old they are.

Example 2: A subscriber is an employee and he and his spouse are both 67. The spouse is not covered by your plan. You are only required to send one record for the employee.

Slide 9 of 18 - Record Submittal Examples



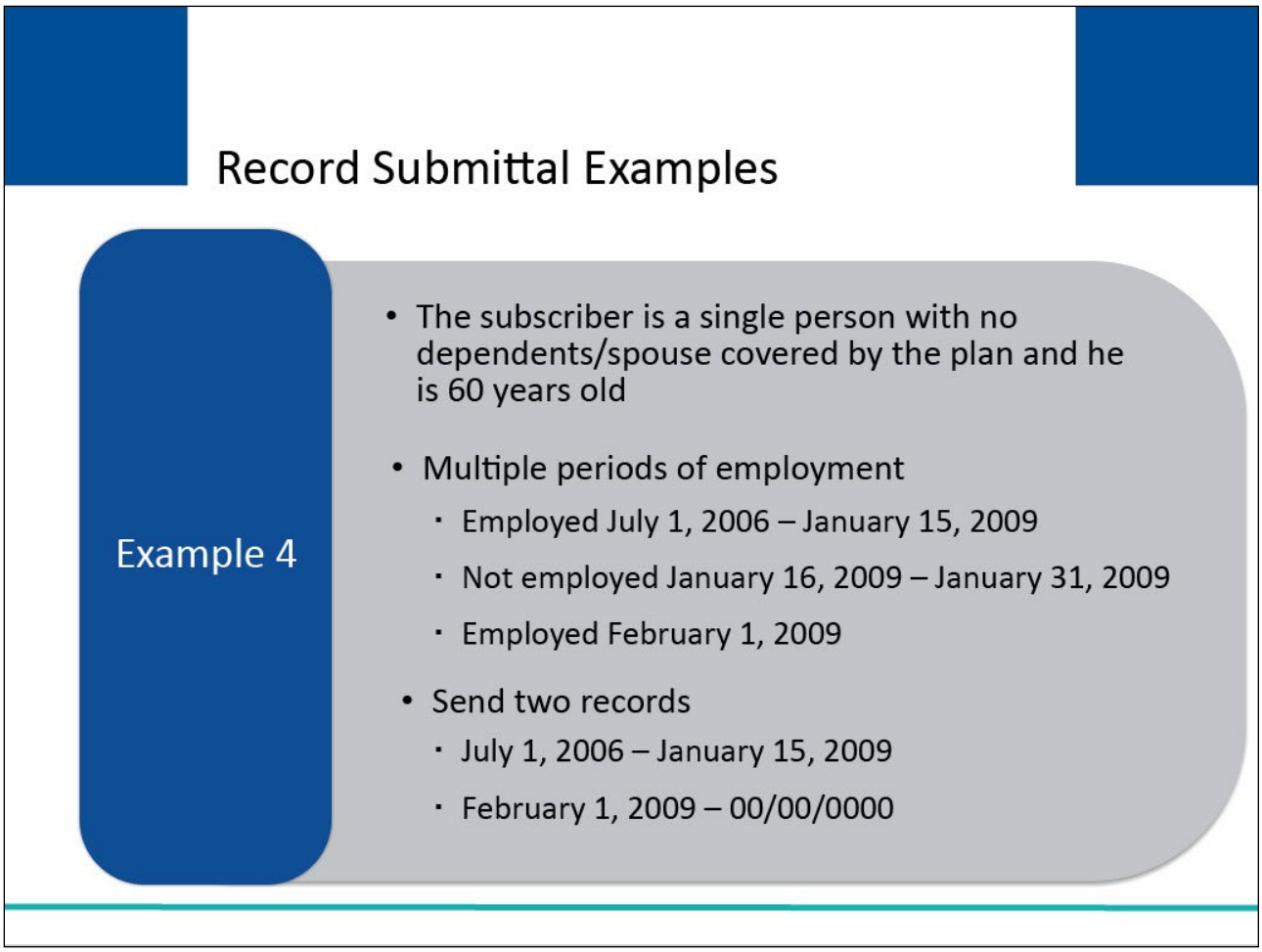
Slide notes

Example 3a: The subscriber is an employee who is 50 years of age. His spouse, age 56, and his son, age 10, are also covered by your plan.

In this case, only the subscriber and his spouse qualify as Active Covered Individuals so only two records should be sent with their information.

Example 3b: Same as above but the son has End Stage Renal Disease (ESRD). Records must be sent for all three individuals. Note: The dependent child's record must be submitted with a Medicare ID.

Slide 10 of 18 - Record Submittal Examples



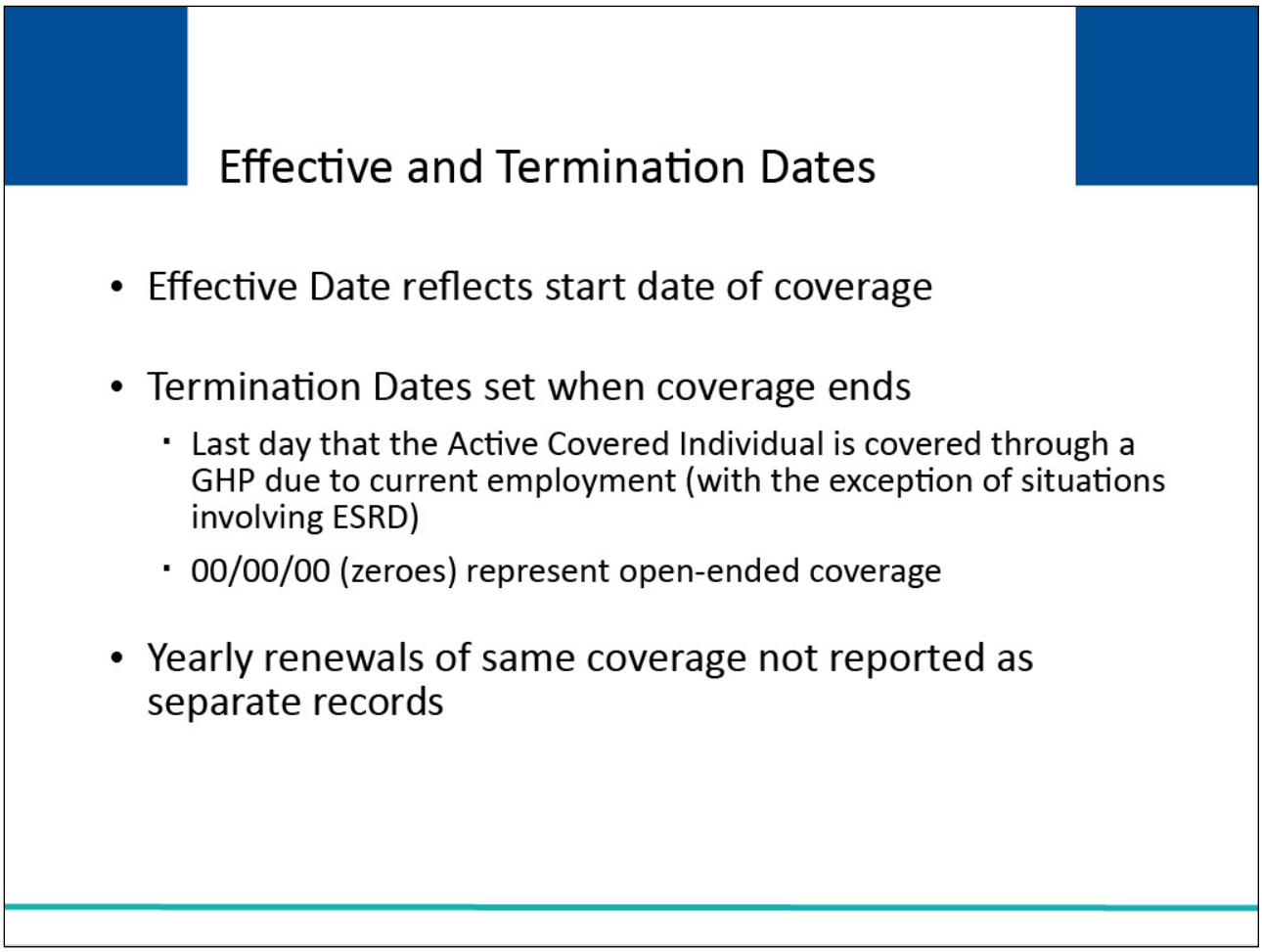
Slide notes

Example 4: The subscriber is a single person with no dependents/spouse covered by your plan.

He is 60 years old and is employed July 1, 2006 - January 15, 2009, not employed January 16, 2009-January 31, 2009 but employed again as of February 1, 2009.

In this case you must send two records - one for July 1, 2006 - January 15, 2009 and the other February 1, 2009 through an open-ended Termination Date represented by zeroes in the date field (00/00/0000).

Slide 11 of 18 - Effective and Termination Dates



Slide notes

The Effective Date reflects the start date of your coverage, and the Termination Date is set when your coverage ends.

The date should be the last day that the Active Covered Individual is covered through a GHP due to current employment (with the exception of situations involving ESRD).

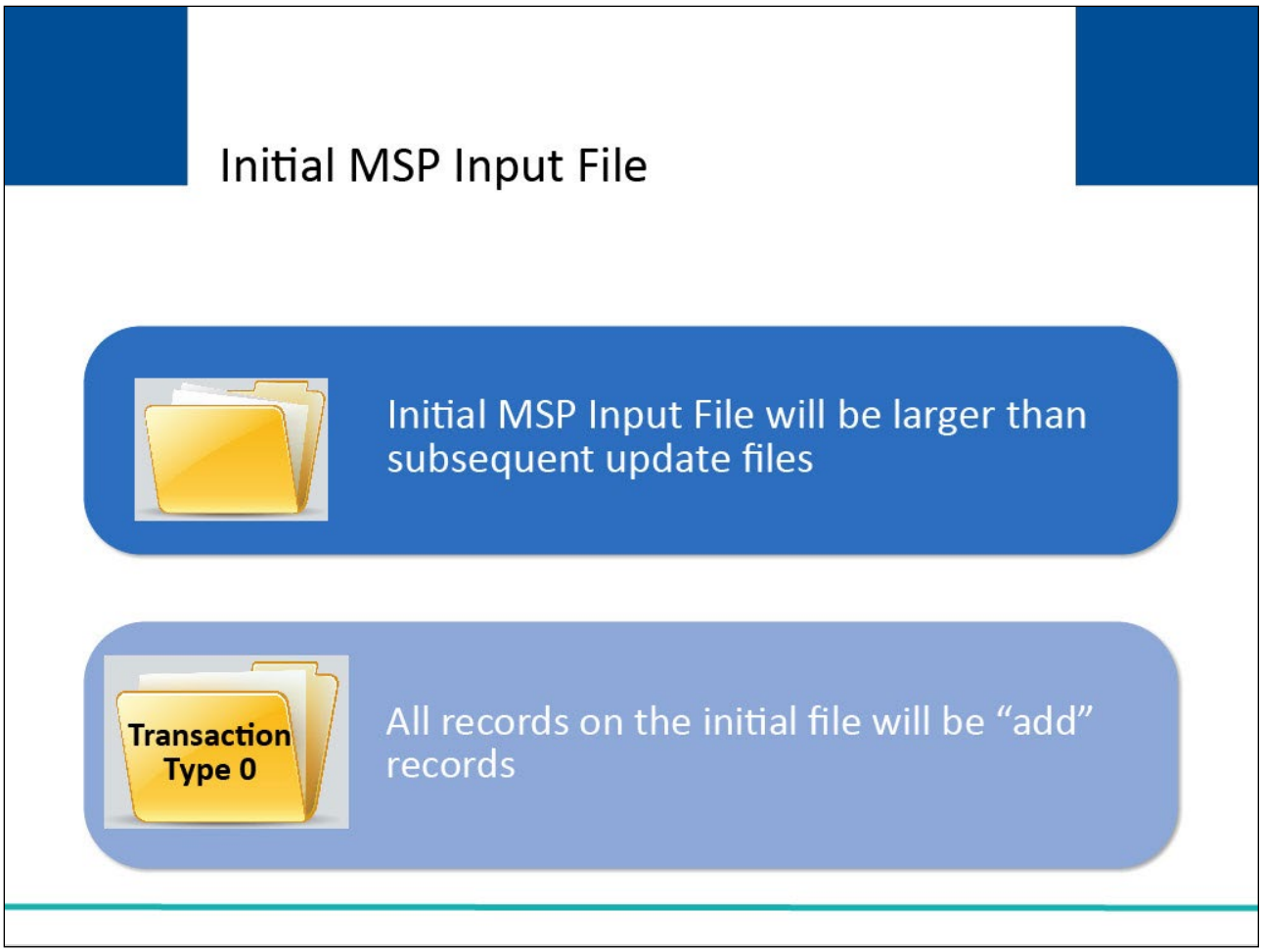
If the coverage is current and open at the time of the report, the record should reflect an open-ended coverage by putting zeroes in the Termination Date (Field 11).

Termination Dates should only be supplied when the actual coverage reported has ended.

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

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 12 of 18 - Initial MSP Input File

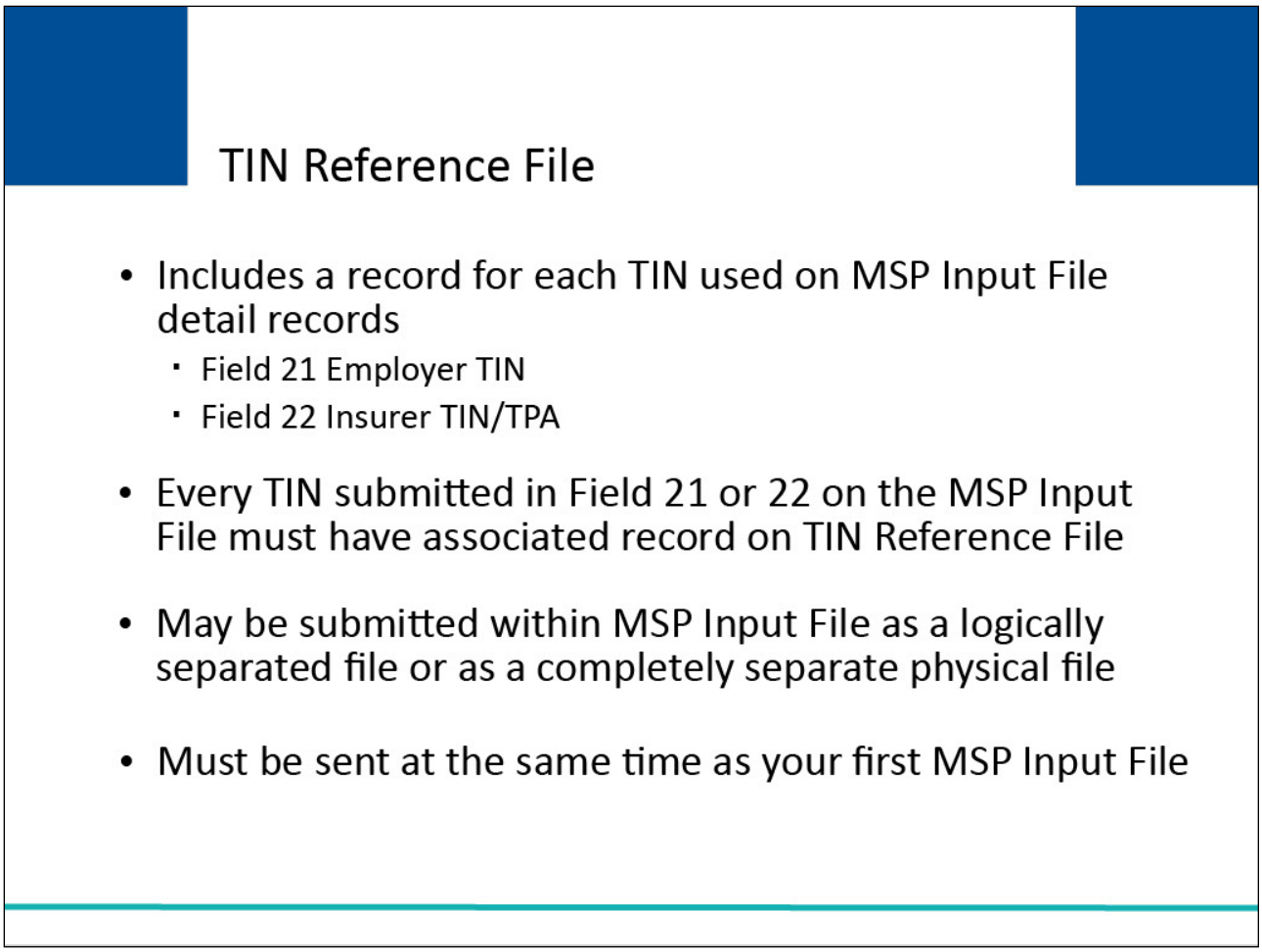


Slide notes

Your initial MSP Input File will be larger than your subsequent update files since it will contain the entire population of your Active Covered Individuals (or Active Covered Individuals identified as Medicare beneficiaries through the query process) 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 7). Note: A TIN Reference File must be submitted prior to or with your initial MSP Input File submission.

Slide 13 of 18 - TIN Reference File



Slide notes

A TIN is a Federal Tax Identification Number. TINs are supplied in Fields 21 and 22 of each MSP Input File record for the employer and insurer/Third Party Administrator (TPA) associated with the Active Covered Individual's GHP coverage.

Any TIN submitted on any MSP Input Record must be included in the TIN Reference File in order for the record to process.

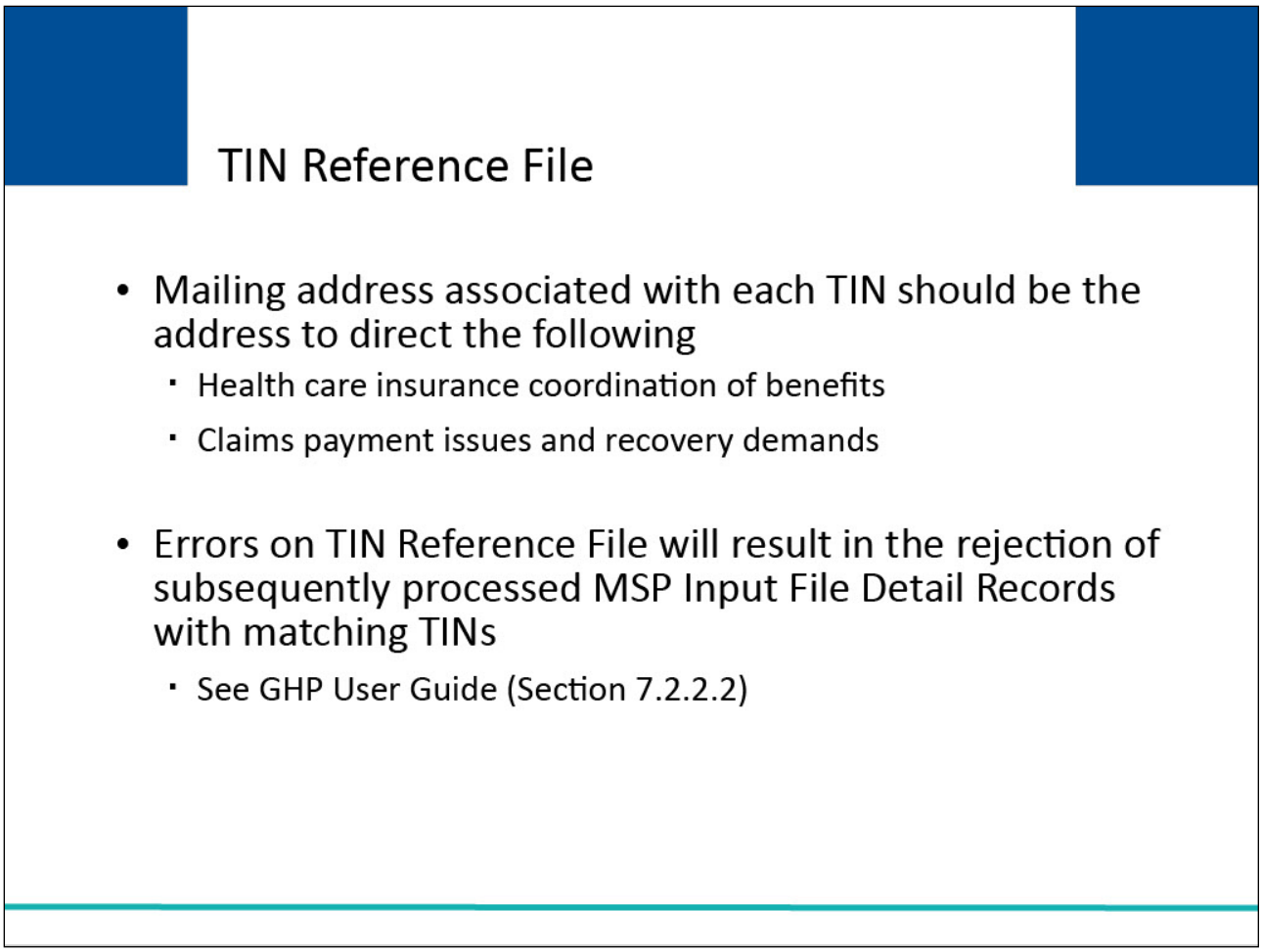
Every TIN submitted in Field 21 or 22 on the MSP Input File must have an associated record submitted for it on the TIN Reference File.

The TIN Reference File has the same record length as the MSP Input File. It may be submitted within your MSP Input File as a logically separated file within the same physical file, or as a completely separate physical file.

If you are using the Connect:Direct via CMS electronic file transmission method over AGNS, the TIN Reference File is sent to the same destination dataset as the MSP Input File.

It has its own header and trailer records. It must be sent at the same time as your first MSP Input File.

Slide 14 of 18 - TIN Reference File



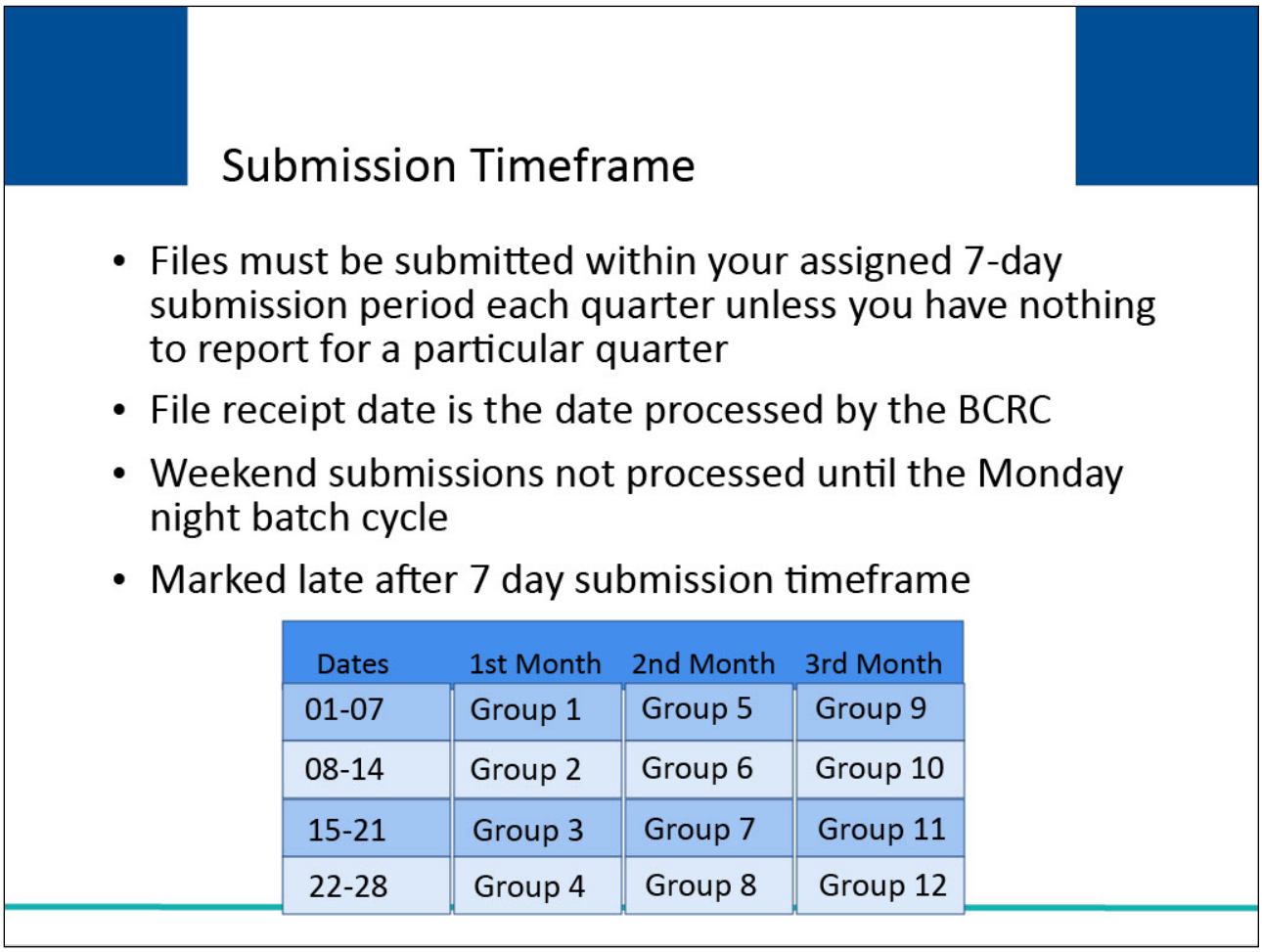
Slide notes

The mailing address associated with each TIN on the TIN Reference File should be the address to which health care insurance coordination of benefits, claims payment issues and recovery demands should be directed.

A submitted TIN Reference File will generate a corresponding TIN Reference Response File. Errors on TIN Reference File records will result in the rejection of subsequently processed MSP Input File Detail Records that have matching TINs.

Please refer to GHP User Guide (Section 7.2.2.2) for more information. The TIN Reference File layout and field descriptions can be found after the MSP Input File layout in Appendix A.

Slide 15 of 18 - Submission Timeframe



Slide notes

Submission timeframes will be assigned to you when you register. Files must be submitted within your assigned, seven-day submission period each quarter, unless you have nothing to report for a particular quarter.

It also is displayed on the RRE Listing page after logging on to the Section 111 Coordination of Benefits Secure Website (COBSW).

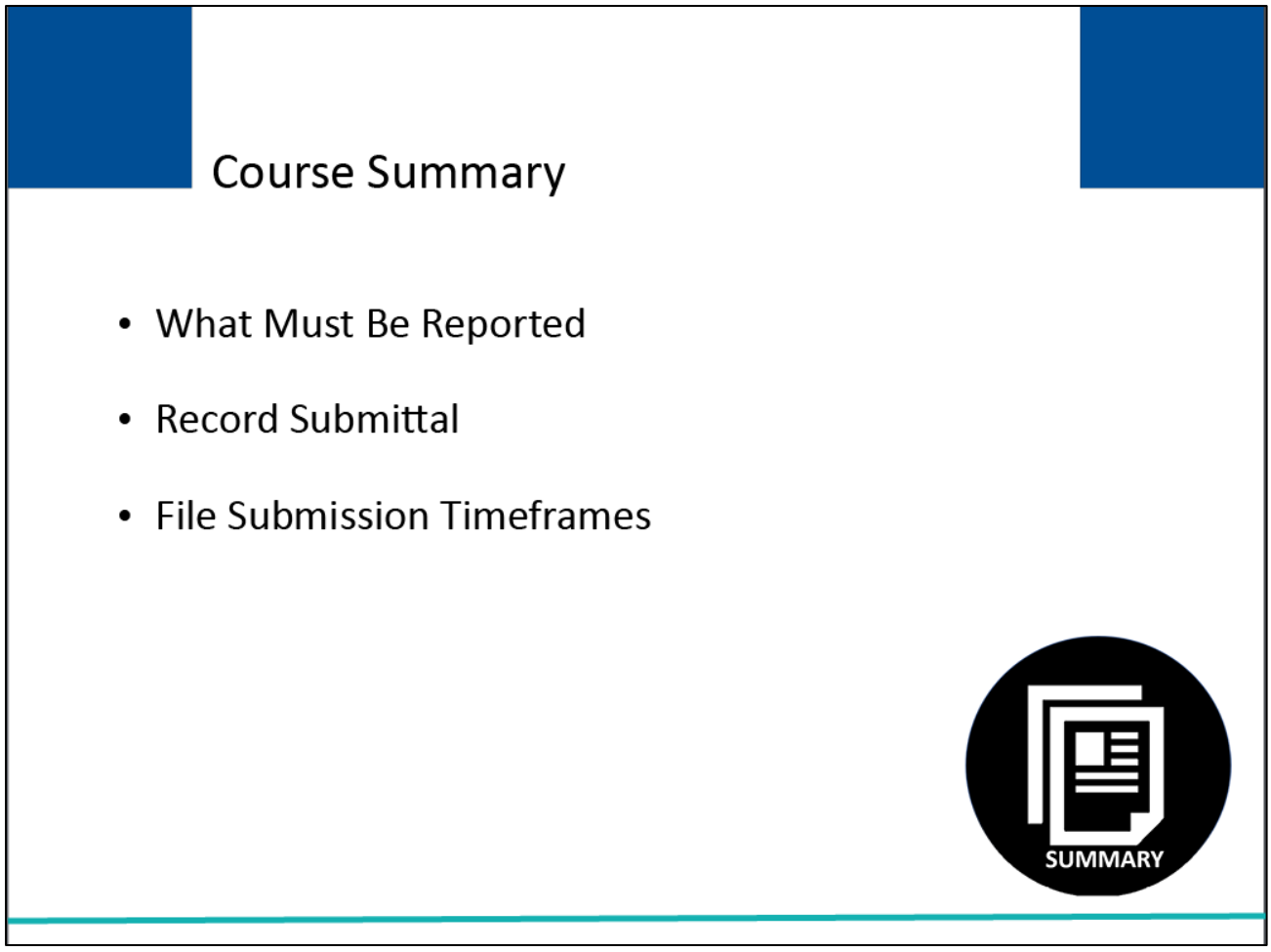
The receipt date of your file will be set to the date the Benefits Coordination & Recovery Center (BCRC) batch system processes it. The BCRC runs batch processes nightly Monday - Friday excluding holidays. As batch processing may cross midnight, the receipt date may not be defined until the day after transmission from the Section 111 RRE. Files submitted on weekends will be held and not processed until the Monday night batch cycle.

If your receipt date falls after your seven-day submission timeframe, your file will be processed but will be marked as late on subsequent compliance reports.

So, it is recommended that you send your file as close to the first day of your submission timeframe as possible.

The seven-day period is given to allow time for the BCRC batch cycle to assign the receipt date within your submission timeframe, NOT to allow you extra time to submit it.

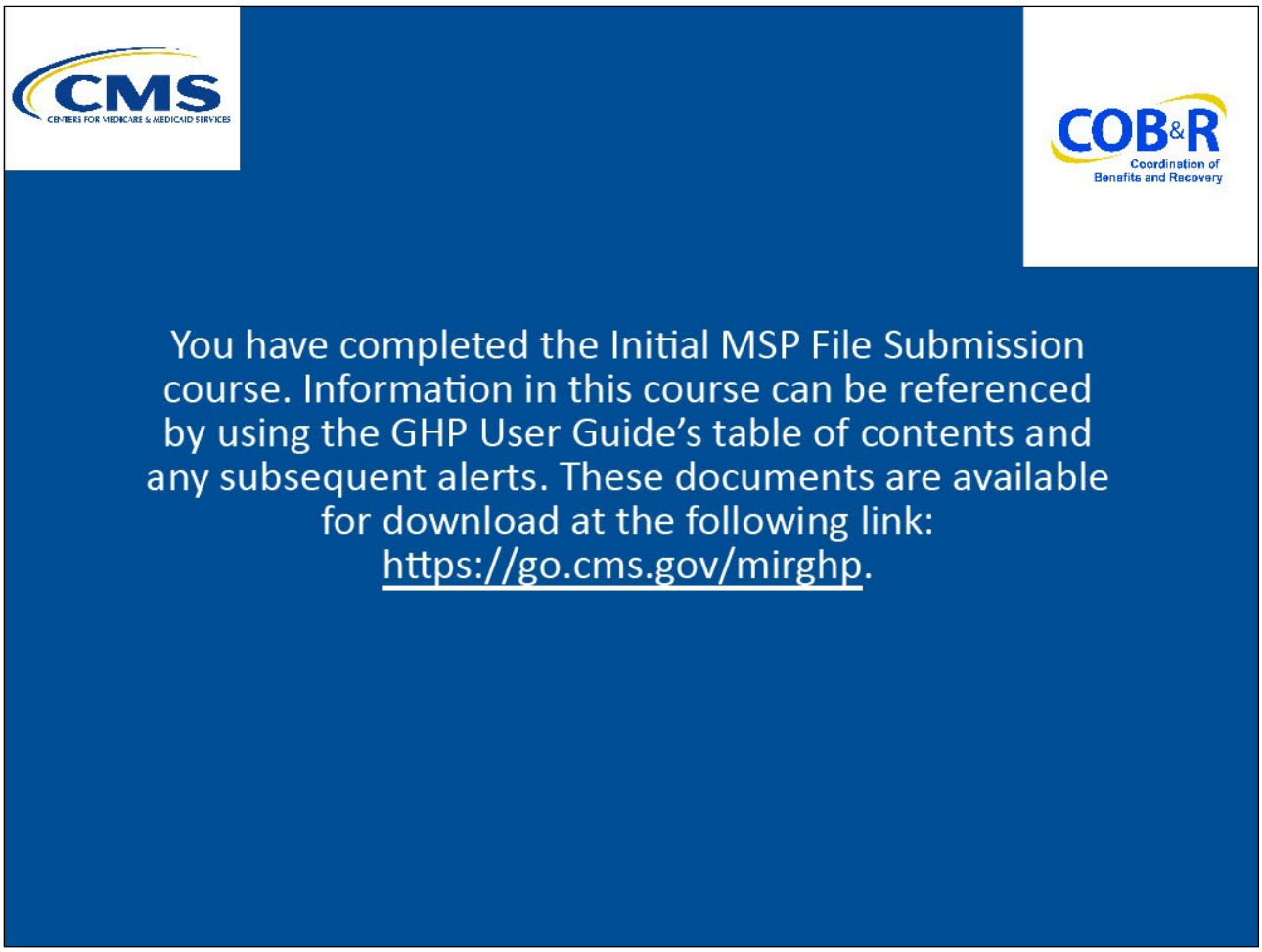
Slide 16 of 18 - Course Summary



Slide notes

This module provided information on what must be reported on the initial MSP Input file. It described the record submittal process and explained the file submission timeframes.

Slide 17 of 18 - Conclusion

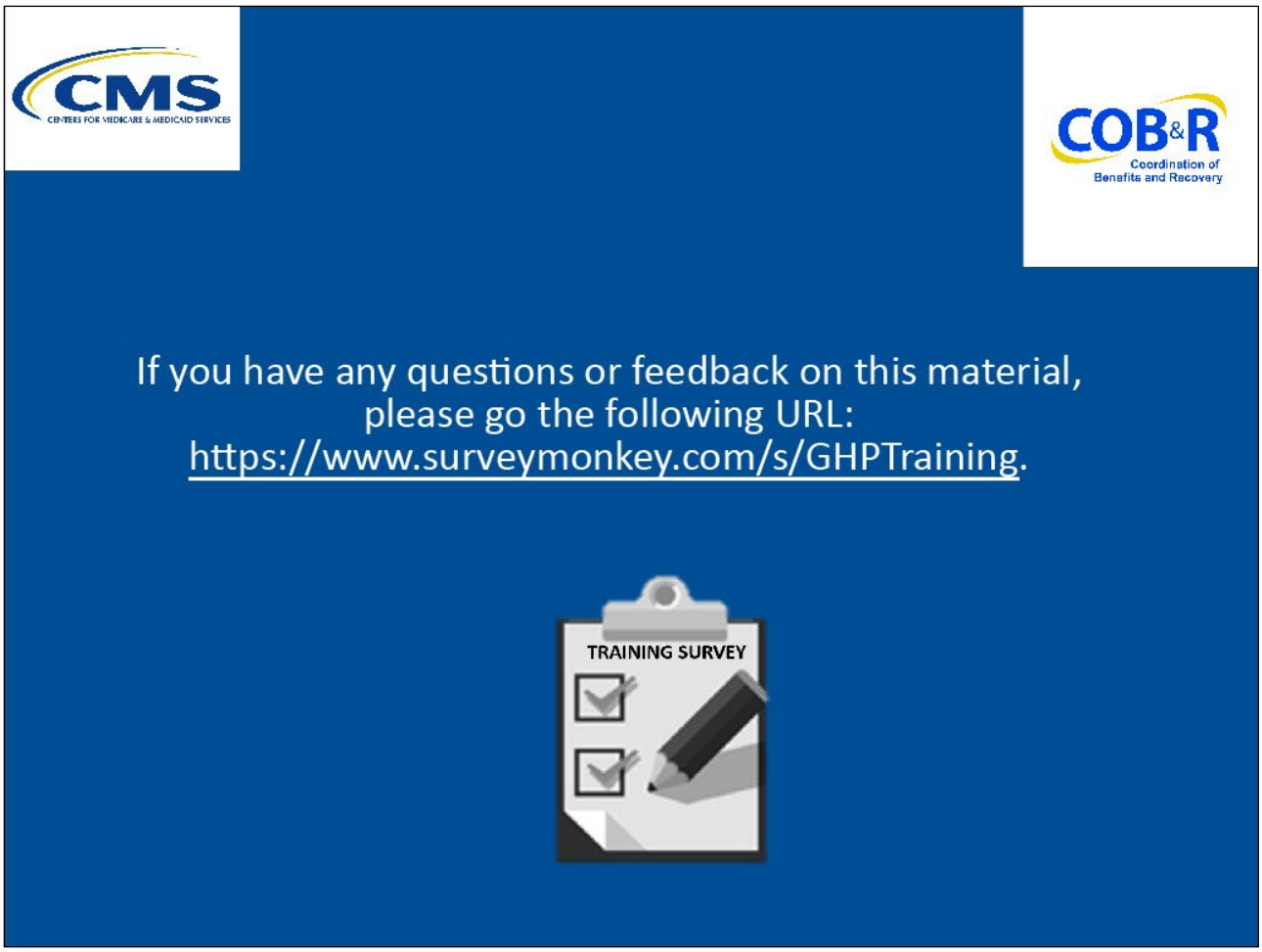


Slide notes

You have completed the Initial MSP 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: CMS GHP Section 111.

Slide 18 of 18 - Survey



Slide notes

If you have any questions or feedback on this material, please go the following URL: Training Survey.