Quarterly Update MSP Input File Submissions
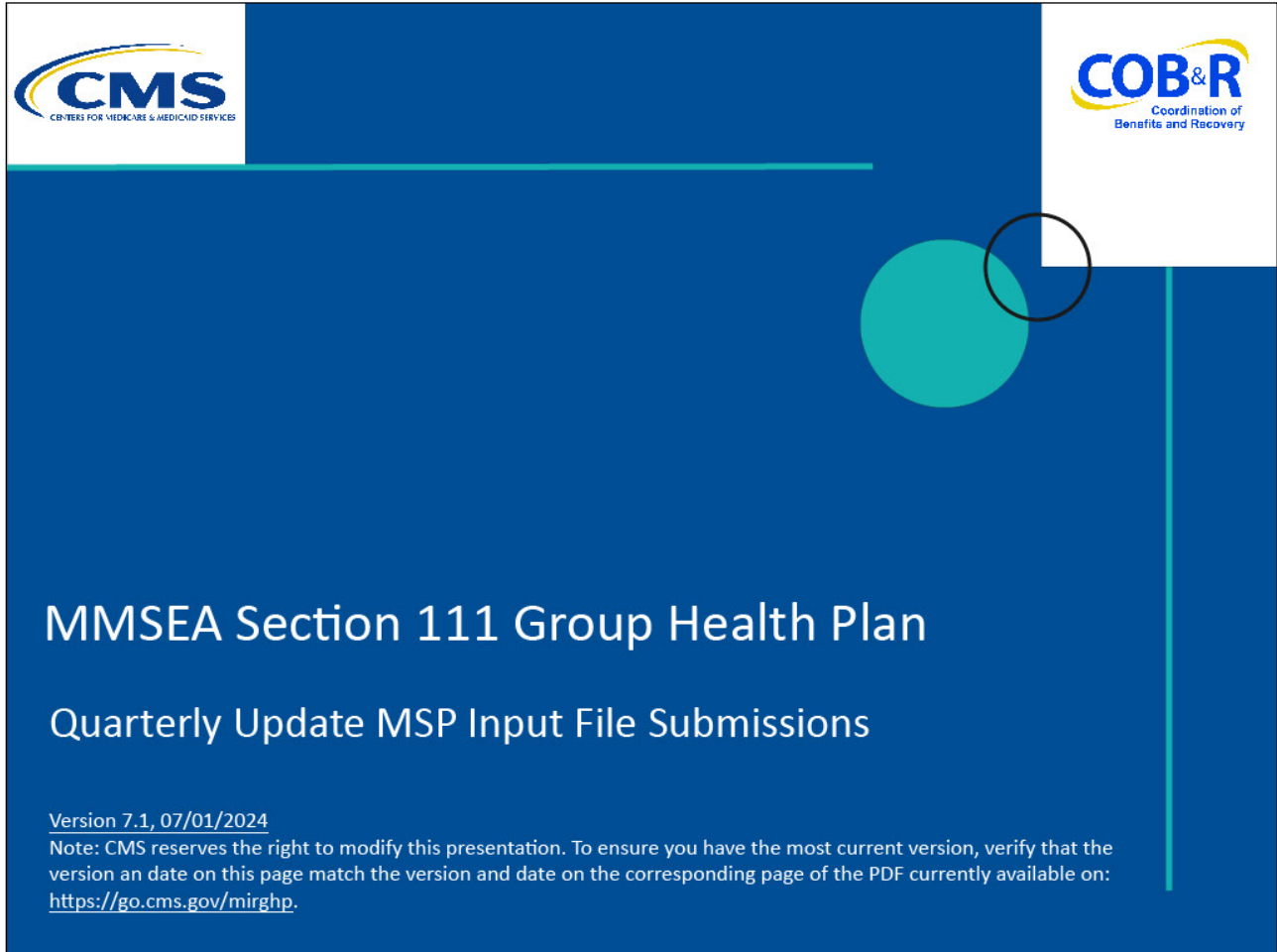
Slide 1 of 33 - Quarterly Update MSP Input File Submissions Introduction

Slide notes

Welcome to the Quarterly Update Medicare Secondary Payer (MSP) Input File Submissions course.

Slide 2 of 33 - 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.

Slide notes

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Slide 3 of 33 - Course Overview

Slide notes

This module explains the quarterly update file requirements. It describes the add, delete, and update transactions and provides examples.

Additionally, this course reviews the creation of the MSP Occurrence and explains how to report coverage Termination Dates, how to correct MSP Occurrence key information, how to change fields used to determine MSP, and what to do when you don't have changes to report.

Slide 4 of 33 - MSP Input File Updates

MSP Input File Updates

- New enrollees

- Existing subscribers and dependents who now meet the definition of an Active Covered Individual

- Changes to previously submitted records

- Corrections to previously submitted records

- Updates on coverage Termination Dates

- New TINs require new TIN file

- Upload files using the HTTP file transmission method

Slide notes

After your Initial MSP Input File submission, you must send an update MSP Input File each subsequent quarter. The quarterly update file should include any of the following changes that occurred since the last submission such as new enrollees (subscribers and dependents) who are Active Covered Individuals and existing subscribers and dependents who now meet the definition of an Active Covered Individual.

Note that you may not have reported on an individual in your plan(s) previously since they were not an Active Covered Individual at the time.

Each quarter you must check to see if they now fit the definition of an Active Covered Individual.

For example, they have turned age 45, been diagnosed with End Stage Renal Disease (ESRD) and been identified as a Medicare beneficiary through the query process, etc.

If they meet the definition, they should be included on your quarterly update file; changes to previously submitted records; corrections to previously submitted records, and updates on coverage Termination Dates.

Additionally, if you are reporting any new Tax Identification Numbers (TINs) on your update MSP Input File, you must submit a new TIN Reference File with your update MSP Input File submission. RREs using the HTTPS file transmission method can only upload files with the file extension of .txt. Any other file type will generate an Invalid File error message.

Slide 5 of 33 - Add Transactions

Add Transactions

Field	Name	Size	Displacement	Data Type	Description
7.	Transaction Type	1	44-44	Numeric	Type of Transaction Required Valid Values: **0 = Add Record** 1 = Delete Record 2 = Update/Change Record

Slide notes

An add record or transaction is defined with a 0 (zero) in the Transaction Type (Field 7).

It is a new coverage information record that the Benefits Coordination & Recovery Center (BCRC) has not posted to the Common Working File (CWF) and/or Medicare Beneficiary Database (MBD).

It could be a record that was never sent before, a record that was sent before but not accepted due to errors, or a record for an individual who was not a Medicare beneficiary at the time of processing.

Records that have been accepted will be added as an MSP Occurrence to the CWF and/or MBD. These records will receive a 01 Disposition Code in the MSP Response File you receive back from the BCRC.

Slide 6 of 33 - Add Transactions When Employer Size Reaches 20

Slide notes

If coverage was not previously reported for any individuals because the employer size was less than 20 employees, and subsequently the number of employees increases to 20 or more, the affected covered individuals must be reported on as add records if they meet the other requirements to be included on the MSP Input File.

When these add records are submitted, the Effective Date (Field 10) of the MSP Input File detail record will be the later of the new employer size effective date or the individual's GHP coverage Effective Date.

This will ensure that the BCRC creates an MSP Occurrence starting at the date that Medicare becomes the secondary payer.

See the following link for more information: http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/EmployerServices.

Slide 7 of 33 - Add Transaction Example 1

Slide notes

Our first example of an add transaction is for Mr. Smith. A record for Mr. Smith has not yet been included on an MSP Input File.

Although he had health insurance as a covered benefit through his employer, Mr. Smith was not yet 45 years of age.
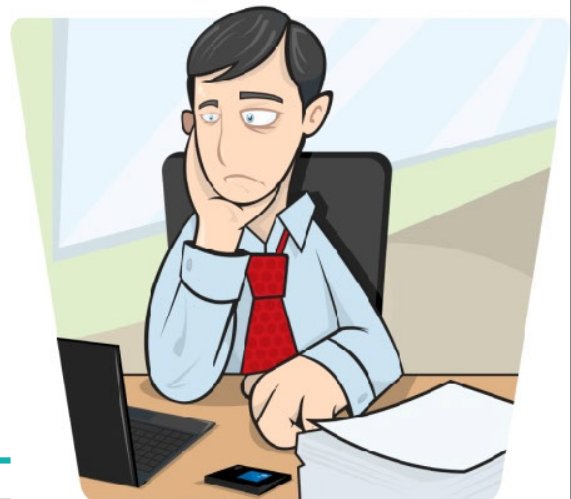
When Mr. Smith reaches age 45 a record is sent as an add transaction in the next quarterly update MSP Input File.

Slide 8 of 33 - Add Transaction Example 2

Slide notes

Another example of an add transaction is for Mr. Jones, an Active Covered Individual.

A record for Mr. Jones was included on a previous MSP Input File as an add transaction, but the record did not include enough of Mr. Jones' required personal identification data elements.

The BCRC could not determine whether the name and Social Security Number (SSN) submitted belonged to a Medicare beneficiary, and so this attempt to add Mr. Jones was rejected with a 02 Disposition Code.

With the next quarterly update MSP Input File, an add transaction is sent with complete personal identification data elements for Mr. Jones. The record now includes enough information for the BCRC to confirm that he is a Medicare beneficiary, and the record is accepted.

Note: If the record is rejected again, it must continue to be sent as an add transaction (or re-queried using the finder file method or the Beneficiary Lookup process) until the BCRC indicates that the individual is a Medicare beneficiary and accepts the record, or until the individual no longer satisfies the definition of an Active Covered Individual, or the individual is no longer covered by the plan.

Slide 9 of 33 - Update Transactions

Update Transactions

Field	Name	Size	Displacement	Data Type	Description
7.	Transaction Type	1	44-44	Numeric	Type of Transaction Required Valid Values: 0 = Add Record 1 = Delete Record 2 = Update/Change Record

- Only use if record was previously accepted with a 01 Disposition Code

- If record has not yet been accepted with a 01 Disposition Code, submit it as an add transaction

Slide notes

An update record or transaction is defined with a 2 in the Transaction Type (Field 7).

An update transaction is sent when you need to change information on a record that was previously accepted and added as an MSP Occurrence by the BCRC on the CWF or MBD.

Records that have been accepted and added as an MSP Occurrence on the CWF or MBD receive a 01 Disposition Code in the MSP Response File you receive back from the BCRC.

Note: An update is only to be used if the record was previously accepted with a 01 Disposition Code. If a record with coverage that needs to be reported has not yet been accepted with a 01 Disposition Code, it must be submitted as an add transaction.

Slide 10 of 33 - MSP Update and Delete Transactions

MSP Update and Delete Transactions

- For update and deletes, the BCRC uses the MSP Occurrence criterion to match records

- On the CWF and/or MBD, an MSP Occurrence represents time an employer's GHP coverage is primary to Medicare with Medicare the secondary payer

Slide notes

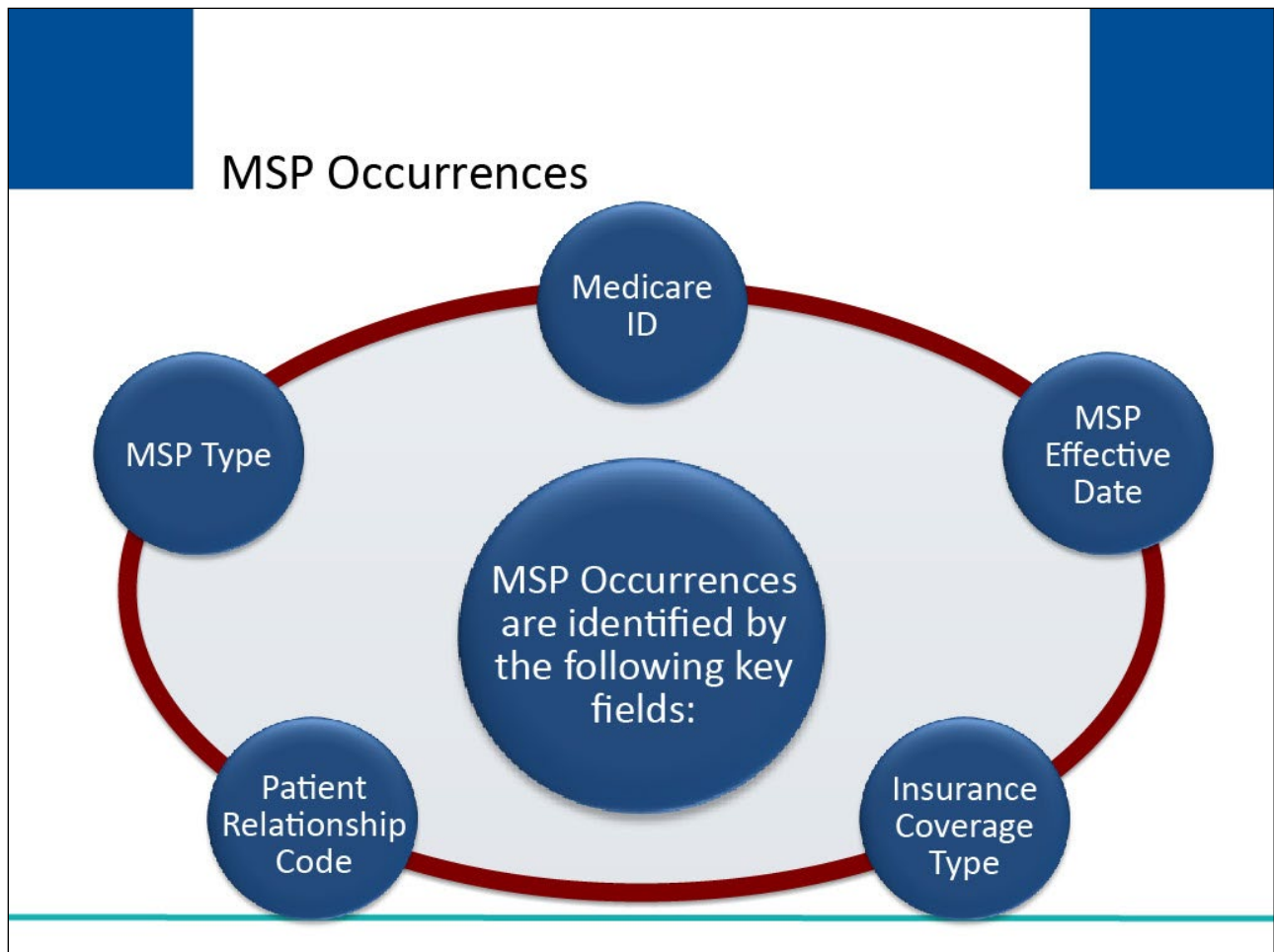For update and delete transactions, the BCRC will use the MSP Occurrence criterion to match records.

On the CWF and/or MBD, an MSP Occurrence represents the period of time that an employer's GHP coverage is primary to Medicare for an individual and Medicare is the secondary payer.

Slide 11 of 33 - MSP Occurrences

Slide notes

MSP Occurrences created and stored by the BCRC for Medicare claims processing are identified by the following "KEY" fields:

Medicare ID;

MSP Effective Date - The MSP Effective Date is derived by the BCRC;

It reflects the date that the employer's GHP becomes primary to Medicare. It is usually the Effective Date of the GHP coverage or the date the individual becomes covered by Medicare.

You should save the MSP Effective Date returned to you on the response files in your internal files so it can be used for your claims processing.

Insurance Coverage Type (hospital, medical, drug, etc.);

Patient Relationship Code (self, spouse, dependent, stepchild, and parent, etc.); and

The insurance Coverage Type and patient relationship code are what you provide on your input file.

MSP Type - The MSP Type is generated by the BCRC. It depends on the reason the beneficiary is entitled to Medicare (i.e., working aged, ESRD, disability, etc.).

You must send the Medicare ID and MSP Effective Date that the BCRC sends back on the response file on all update and delete transactions.

This will ensure that your update or delete transaction is matched and processed against the correct MSP Occurrence.

Slide 12 of 33 - Update Transaction - Matching Key Fields of MSP Occurrence

## Update Transaction - Matching Key Fields of MSP Occurrence

- Match key fields
  - MSP Effective Date
  - Insurance Coverage Type
  - Patient Relationship Code
  - MSP Type
- Medicare ID and MSP Effective Date are returned on the response file
  - You must save the Medicare ID in your internal files so it can be used in subsequent update and delete transactions

Slide notes

To successfully update a previously added record, the BCRC must be able to match the key fields of the MSP Occurrence to identify the record that requires update.

The key fields for record matching are MSP Effective Date, Insurance Coverage Type, Patient Relationship Code, and MSP Type.

The Medicare ID and MSP Effective Date are returned on the response file. You must save the Medicare ID that is returned in your internal file so it can be used in subsequent update and delete transactions.

Slide 13 of 33 - Expanded Option - Drug Matching Criterion
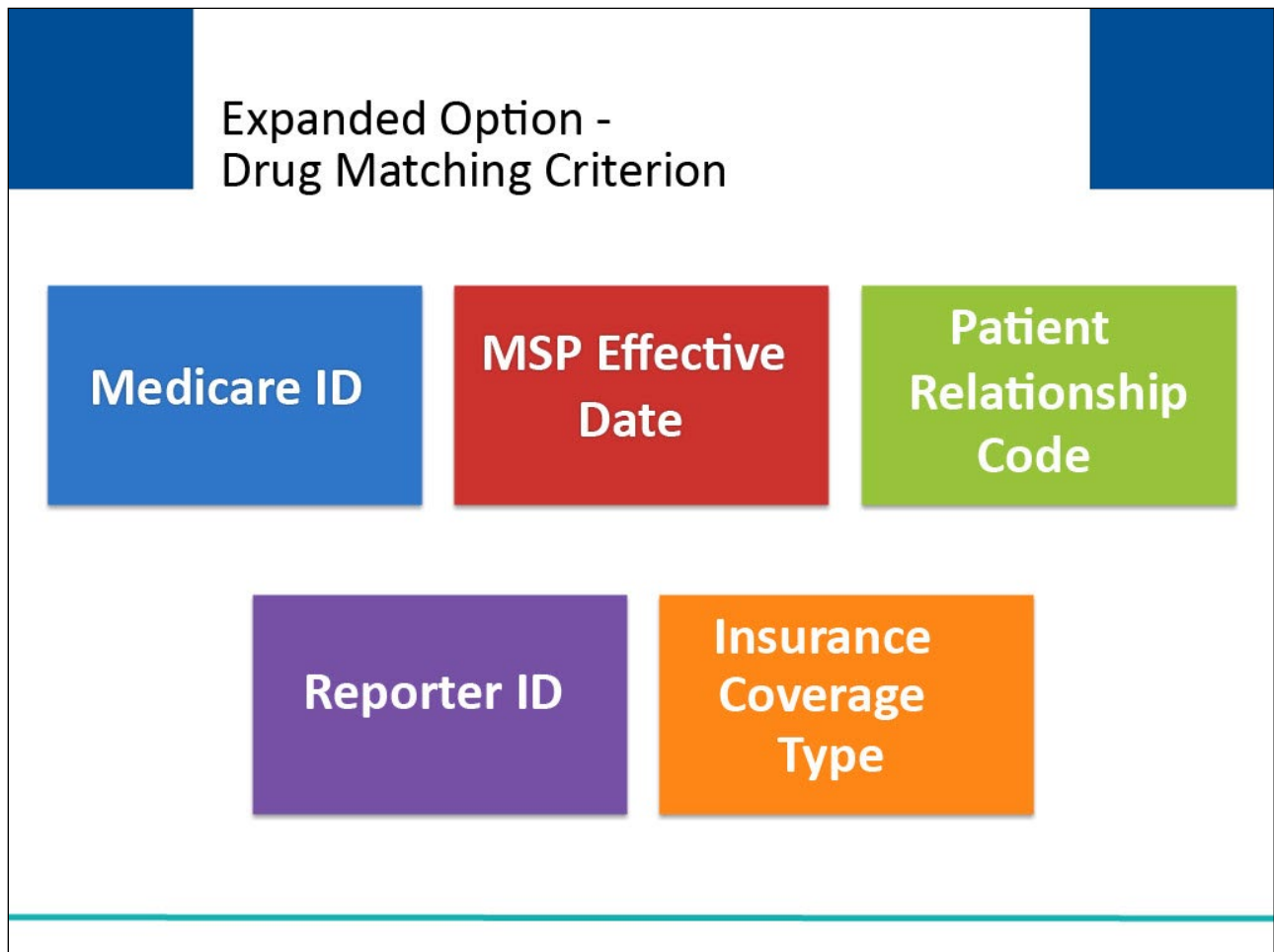
Slide notes

If you are using the expanded option reporting method, the matching criterion for a prescription drug MSP Occurrence that is primary to Medicare are the following key fields:

Medicare ID,

MSP Effective Date (which is later of the GHP drug coverage Effective Date or the Part D Enrollment Date),

Patient Relationship Code (self, spouse, dependent, etc.),

Reporter ID (which is supplied on your header record), and

Insurance Coverage Type (Comprehensive hospital/medical/drug, Drug Only, Network Drug, etc.).
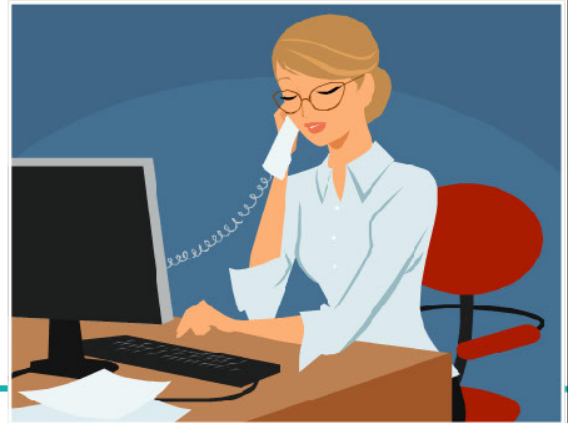
The BCRC will need to match on these fields when processing update and delete transactions for drug coverage records.

Slide 14 of 33 - Update Transaction Example

Slide notes

Our update transaction example is for Ms. Williams. In January, an add transaction was sent for her. Ms. Williams was identified as a Medicare beneficiary.

The record was accepted, and an MSP Occurrence was created and posted for her by the BCRC.

On July 15th, Ms. Williams retired, which means she is no longer an Active Covered Individual.

An update transaction is sent for Ms. Williams on the next quarterly update (Oct. 1st) MSP Input File.

The Termination Date field on the update record for Ms. Williams is July 15th (i.e., the last day of current employment).

The BCRC updates the MSP Occurrence previously posted on the CWF and/or MBD with this Termination Date.

This will indicate that Medicare is the primary payer subsequent to July 15th.

Note that an update record is sent to report a termination date, not a delete record.

Slide 15 of 33 - How to Report a Coverage Termination Date

How to Report a Coverage Termination Date

Field	Name	Size	Displacement	Data Type	Description
11.	Termination Date	8	63-70	Date	End Date of Covered Individual's GHP Coverage. CCYYMMDD, Required. *Use all zeroes if open-ended

- When coverage ends for a previously accepted add transaction
  - Send an update record with the Termination Date
  - The BCRC will update the MSP Occurrence Termination Date
  - Do not send a delete transaction

Slide notes

When your coverage for an Active Covered Individual ends, and you had previously sent an add transaction to the BCRC which was accepted, you must send an update record with the Termination Date (Field 11).

The BCRC will update the MSP Occurrence Termination Date and Medicare will become the primary payer subsequent to the Termination Date.

When your coverage ends, do not send a delete transaction because that will remove the MSP Occurrence in error and claims will be paid erroneously.

Slide 16 of 33 - Delete Transactions

Delete Transactions

Field	Name	Size	Displacement	Data Type	Description
7.	Transaction Type	1	44-44	Numeric	Type of Transaction Required Valid Values: 0 = Add Record **1 = Delete Record** 2 = Update/Change Record

Slide notes

A delete record or transaction is defined with a 1 in the Transaction Type (Field 7).

A delete transaction is sent to remove an erroneous MSP Occurrence previously posted to the CWF and/or MBD by the BCRC from an add transaction.

Note: Records that have been accepted and added as an MSP Occurrence on the CWF and/or MBD receive a 01 Disposition Code in the MSP Response File you receive back from the BCRC.

If your add transaction did not result in a 01 Disposition Code, there's no need to delete it even if it was previously sent in error.

Slide 17 of 33 - Delete Transaction - Matching Key Fields of MSP Occurrence

Delete Transaction - Matching Key Fields of MSP Occurrence

- Match key fields
  - MSP Effective Date
  - Insurance Coverage Type
  - Patient Relationship Code
  - MSP Type

Slide notes

To successfully delete a previously added record, the BCRC must be able to match the key fields of the MSP Occurrence to identify the record that requires update.

The key fields for record matching are MSP Effective Date, Insurance Coverage Type, Patient Relationship Code, and MSP Type.

Should the beneficiary expand their insurance coverage (i.e., switch from hospital only to comprehensive coverage), then you will need to send an MSP Input File update record, as long as the coverage start and end dates match.

Should the beneficiary reduce their coverage (i.e., switch from hospital/medical/drug to just hospital/medical coverage), you should first terminate the record by providing an end date and then send an add record with the updated coverage.

Slide 18 of 33 - Delete Transaction Example

Slide notes

Our delete transaction example is for Ms. Johnson. An Add record was previously sent to the BCRC.

The record was accepted, and a 01 Disposition Code was received. An MSP Occurrence was posted indicating that the GHP was the primary payer based on the individual's current employment status.

Subsequently, it is discovered that the individual did not have current employment status and that Medicare should have been the primary payer. The original record was sent and posted in error.

A delete transaction is sent on the next quarterly update MSP Input File and the BCRC removes it from the CWF and/or MBD.

Note: Delete transactions only need to be submitted for records that resulted in a 01 Disposition Code on a previous corresponding response file record.

If the record was not returned with a 01 Disposition Code, then an MSP Occurrence was not created and there is nothing to delete from Medicare's files. In addition, deletes are only to be used to remove an MSP Occurrence created in error.

Please review the following information concerning reporting Termination Dates, correcting and changing information carefully.

Slide 19 of 33 - Correcting MSP Occurrence Key Information and Information Used to Determine MSP

Slide notes

If you need to correct one of the key matching fields used for MSP Occurrences (Medicare ID/SSN, MSP Effective Date, Insurance Coverage Type, or Relationship to Policyholder) or other information used to determine MSP (Employer Size, Employee Coverage Election, Employee Status), you need to follow a special process to make this update.

First, you must send a delete transaction in your MSP Input File to remove the previously added record. The delete record should include the matching fields for the record that was submitted in error.

The delete transaction should then be followed by an add transaction in the same file which will add the record back, if applicable, with the corrected information.

This process will completely replace the previously added MSP Occurrence with the correct information.

Slide 20 of 33 - Correcting MSP Occurrence Key Information and Information Used to Determine MSP

Slide notes

The instructions regarding when to send a delete and an add transaction to make corrections on a previously accepted record applies to situations where incorrect information was originally sent for any of the following fields and the record was accepted and returned with a 01 Disposition Code:

Medicare ID/SSN (the wrong person was submitted),

Effective Date,

Coverage Type,

Relationship Code,

Employer Size,

Employee Coverage Election, and

Employee Status.

If incorrect information was submitted for any of these fields and an MSP Occurrence was created, then it is the RRE's responsibility to first remove the MSP Occurrence and then resend the record with corrected information on a new add record in order for the BCRC to make a new MSP determination. If the new information regarding the individual's coverage results in him/her not meeting the criteria to be considered an Active Covered Individual, then only a delete record needs to be sent to remove the erroneous MSP Occurrence. No add record is required if the person is not now considered an Active Covered Individual.

Slide 21 of 33 - Correcting MSP Occurrence Key Information and Information Used to Determine MSP

Correcting MSP Occurrence Key Information and Information Used to Determine MSP

- RREs only need to correct the Medicare ID/SSN when an incorrect person was submitted and accepted

- Medicare IDs may be changed by the SSA, but the BCRC can crosswalk the old Medicare ID to the new Medicare ID

- When the correct person was previously submitted and the Medicare ID changes later, the RRE does not need to correct the record
  - Updates may continue to be sent under the original Medicare ID/SSN
  - The BCRC will always return the most current Medicare ID; RREs encouraged to use this on subsequent transmissions

Note: RREs should not send a "Delete" and "Add" to update the beneficiary's information with the Medicare ID

Slide notes

Note: RREs only need to correct the Medicare ID/SSN in cases where an incorrect person was submitted and accepted on the input record.

Medicare IDs may be changed by the Social Security Administration (SSA) at times, but the BCRC is able to crosswalk the old Medicare ID to the new Medicare ID.

Therefore, in those instances where the correct person was previously submitted and the Medicare ID changes for that person at a later date, the RRE does not need to correct the record.

In fact, updates may continue to be sent under the original Medicare ID/SSN submitted.

The BCRC will always return the most current Medicare ID on response records and RREs are encouraged to update their systems with that information and use it on subsequent record transmissions.

Please also note that if a record was previously submitted and accepted with only an SSN, and the RRE obtains the Medicare ID on the response file, the RRE should not send a "Delete" and "Add" to update the beneficiary's information with the Medicare ID.

The record has already been stored under both the SSN and Medicare ID by the BCRC. RREs must store the Medicare ID returned on response files in their internal systems and are required to use it on future transactions.

Slide 22 of 33 - How to Correct Key Information – Example 1
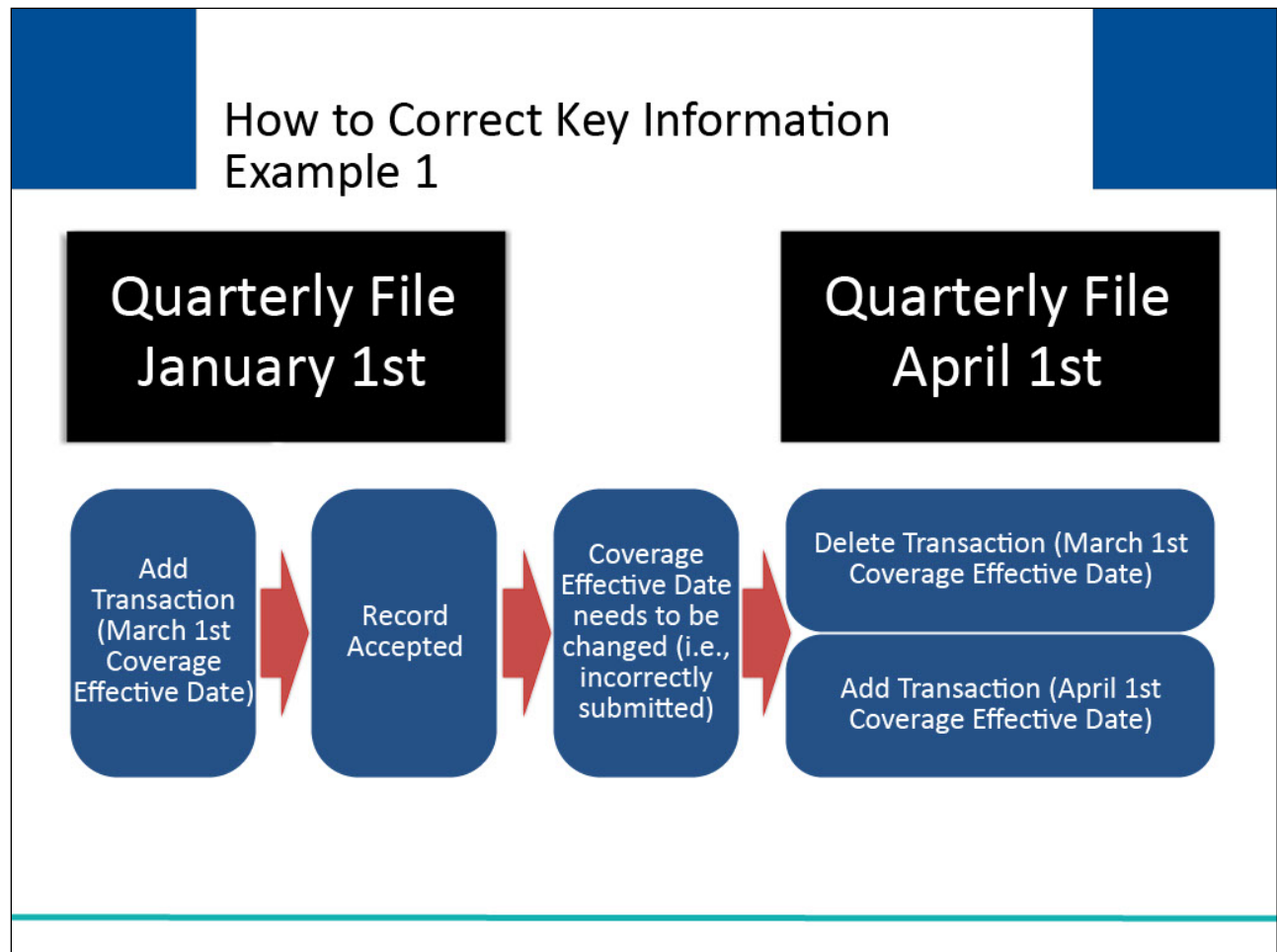
Slide notes

This example demonstrates how you would correct key fields on a record that was previously added.

A record was sent on the January 1st quarterly file with March 1st as the coverage Effective Date.

The BCRC returned a Disposition Code of 01 for the record on the response file and indicated that the MSP Effective Date on the posted record is March 1st.

Subsequently, it is determined that the Active Covered Individual's GHP coverage Effective Date was actually April 1st.

Since a change is required to one of the key MSP Occurrence fields, a delete transaction is needed. A delete transaction is sent in the next quarterly MSP Input File (April 1st) with March 1st in the Effective Date.

In the same file and following the delete transaction, an add transaction is sent with April 1st as the Effective Date.

The BCRC removes the MSP Occurrence with the March 1st Effective Date and adds the correct MSP Occurrence with an April 1st Effective Date.

Slide 23 of 33 - How to Correct Key Information – Example 2
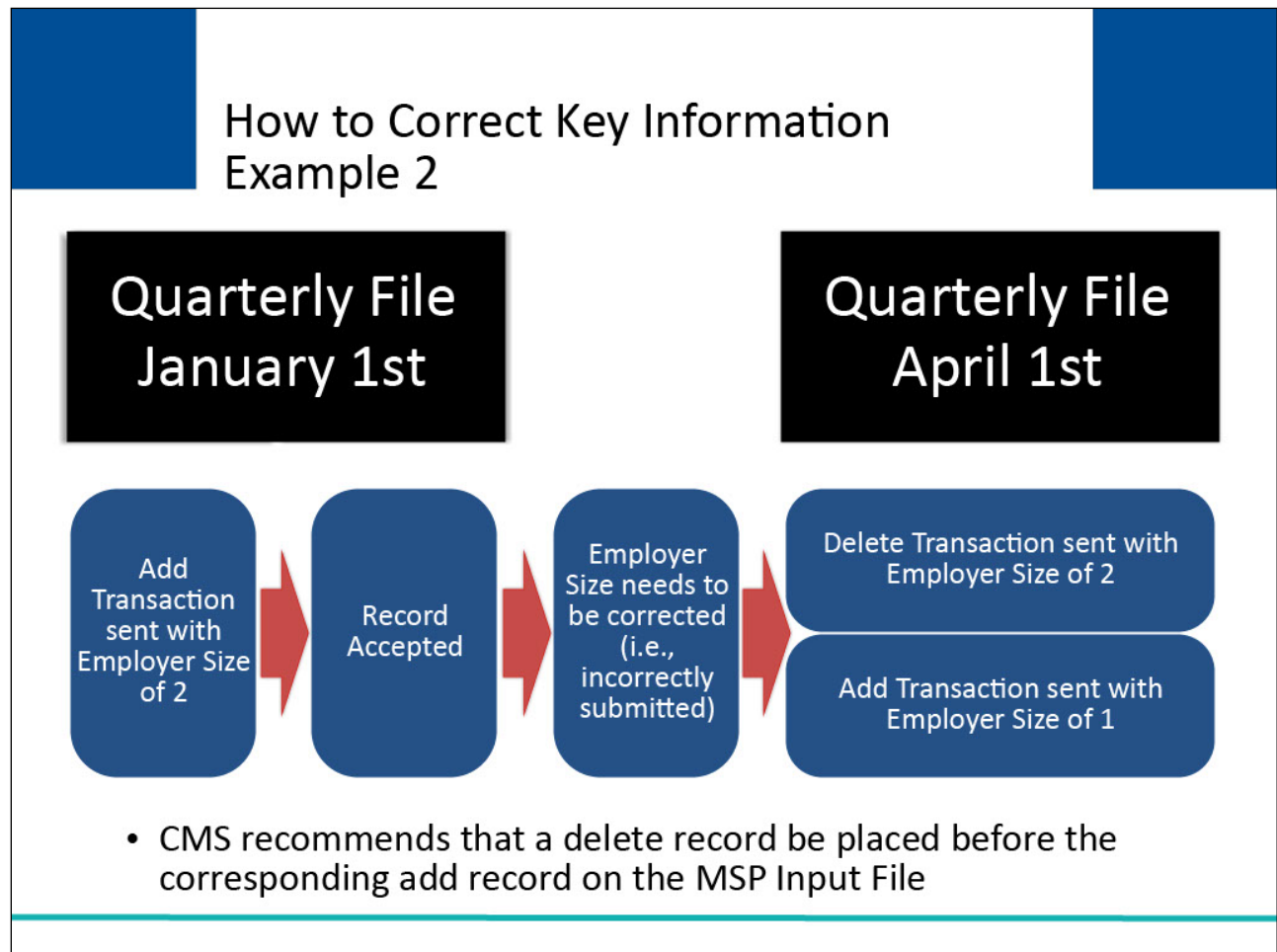
Slide notes

A record was previously sent on the January 1st quarterly file with an Employer Size of 2 to indicate that the employer had 100 or more employees.

The BCRC returned a Disposition Code of 01 for the record on the response file and posted an MSP Occurrence at CWF.

Subsequently, it is discovered by the RRE that the Employer Size should have been submitted with a value of 1 since the employer had less than 100 employees in the previous calendar year but more than 19.

A delete transaction is sent in the next quarterly MSP Input File with the Employer Size of 2. In the same file, but following the delete transaction, an add transaction is sent with an Employer Size of 1.

The BCRC removes the MSP Occurrence previously created and makes a new determination of MSP based on the corrected Employer Size submitted.

The Disposition Code returned will depend on the new MSP determination which is based on MSP regulations and the information submitted on the new add record.

For more information on calculating Employer Size, please see the Employer Size CBTs (Part 1 & Part 2).

Please note: CMS always recommends that, for these circumstances, a delete record be placed before the corresponding add record on the MSP Input File to be sure the proper MSP occurrence is deleted, and the new MSP occurrence is added back with the correct field values.

Slide 24 of 33 - Change Fields Used to Determine MSP

Change Fields Used to Determine MSP
When to Send an Update and Add to Report a Change

Medicare Secondary Payer status determined, in part, using

- Coverage Type
- Relationship Code
- Employer Size
- Employee Coverage Election
- Employee Status

To change these fields after an MSP Occurrence has been created

- Do not delete the original record and add a new record
- Submit update transaction with original data value and a Termination Date equal to the last day the value was effective
- Submit add transaction with new data value and an effective date equal to the date the changed value became effective

Slide notes

The BCRC uses the following fields, in part, in determining whether Medicare is secondary to an RRE's GHP coverage for an individual:

Coverage Type,

Relationship Code,

Employer Size,

Employee Coverage Election, and

Employee Status.

If the information for any of these fields changes after an MSP Occurrence has been created, do not delete the original record and add a new record.

Instead, submit an update transaction with the original data value and set the Termination Date on this update record equal to the last day the value was effective.

Next, submit an add transaction with the new data value and set the Effective Date on this record equal to the date the changed value became effective.

The Effective Date of this record will be the day after the Termination Date of the preceding update record.

Slide 25 of 33 - Change Fields Used to Determine MSP

Change Fields Used to Determine MSP

- If changed information regarding individual's coverage results in him/her not meeting the Active Covered Individual criteria
  - Only an update record needs to be sent to terminate the MSP Occurrence
  - No add record is required if the person is not considered an Active Covered Individual subsequent to the change

Slide notes

If the changed information regarding the individual's coverage results in him/her not meeting the criteria to be considered an Active Covered Individual since the date the change occurred, then only an update record needs to be sent to terminate the MSP Occurrence.

No add record is required if the person is not considered an Active Covered Individual subsequent to the change.

Slide 26 of 33 - Change Fields Used to Determine MSP

Change Fields Used to Determine MSP

Effective January 1st, Hospital and Medical coverage
- Add transaction sent and accepted
  - Coverage Type is A
  - Effective Date = 1/1, Termination Date open-ended

Effective June 1st, coverage has changed to Hospital Only
- Send update transaction
  - Coverage Type is A
  - Effective Date = 1/1, Termination Date = 5/31
- Send add transaction
  - Effective Date = 6/1 , Termination Date open-ended
  - Coverage Type J

Slide notes

For example, effective January 1st, an individual had both Hospital and Medical coverage. An add transaction was sent with a Coverage Type value of A indicating Hospital and Medical coverage.

The Effective Date for this Coverage Type was January 1st, and the Termination Date is open-ended. The record was accepted and the BCRC created an MSP Occurrence and returned a Disposition Code of 01.

Effective June 1st, the coverage for the individual changed to Hospital Only. In the next quarterly file submission, an update transaction should be sent with a Coverage Type value of A, Effective Date of January 1st, and a Termination Date of May 31st.

In the same, update file an add transaction should be sent with an Effective Date of June 1st, an open-ended Termination Date and a Coverage Type of J reflecting the new Hospital Only coverage.

Slide 27 of 33 - Change Fields Used to Determine MSP

Change Fields Used to Determine MSP

- Example just described differs from previous discussion of deleting the original record and adding a new record
  - Original record was correct, but information changed subsequent to the posting of the MSP Occurrence

- When information changes for fields used to determine MSP and MSP Occurrence fields
  - Submit one update transaction with new information

Slide notes

The example just described differs from the previous discussion of deleting the original record and adding a new record.

In this example the original record was correct, but the information changed subsequent to the MSP Occurrence being posted by the BCRC.

If information changes for fields used to determine MSP and MSP Occurrence key fields listed previously, you may simply submit one update transaction with the new information in the applicable field.

Slide 28 of 33 - When you don't have changes to report...

When you don't have changes to report...

- You may either submit
  - Empty File with a header record, no detail records, and a trailer record with a zero record count, or
  - Submit no file at all

- Empty files not required
  - If submitted, you will not receive an MSP Response File

Slide notes

If you have nothing to report for a given quarter, you may either submit an "empty file" with a header record, no detail records, and a trailer record with a zero-record count or submit no file at all.

Empty files are not required. If an empty file is submitted, you will not receive an MSP Response File.

Slide 29 of 33 - Tax Identification Number (TIN) Reference Files

Slide notes

A TIN Reference File must be submitted prior to, or with, your Initial MSP Input File containing records for each TIN submitted in Fields 21 and 22 of the MSP Input File.

Subsequent MSP Input Files do not need to be accompanied by a TIN Reference File unless there are changes to TIN information previously submitted or new TINs have been added.

To update or add TIN information, you have two options. You can send a full replacement file with all of the records or send only the addition and/or changes to the previously submitted file.

All TINs (or Employer Identification Numbers (EINs)) on the MSP Input File records must have a valid corresponding TIN on the TIN Reference File.

Slide 30 of 33 - Submission Timeframe

Submission Timeframe

- Files must be submitted within your assigned 7-day submission period each quarter unless you have nothing to report for a particular quarter
- File receipt date is the date processed by the BCRC
- Weekend submissions not processed until the Monday night batch cycle
- Marked late after 7-day submission timeframe

Dates	1st Month	2nd Month	3rd Month
01-07	Group 1	Group 5	Group 9
08-14	Group 2	Group 6	Group 10
15-21	Group 3	Group 7	Group 11
22-28	Group 4	Group 8	Group 12

Slide notes

Submission timeframes will be assigned to you when you register. Files must be submitted within your assigned 7-day submission period each quarter unless you have nothing to report for a particular quarter.

The receipt date of your file will be set to the date the 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 responsible reporter. Files submitted on weekends will be held and not processed until the Monday night batch cycle.

If your receipt date falls after your 7-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 7-day period is given to allow time for the BCRC batch cycle to assign the receipt date within your assigned submission timeframe, NOT to allow you extra time to submit it.

Slide 31 of 33 - Course Summary

Course Summary

- MSP Input File
  - Add Transactions
  - Delete Transactions
  - Update Transactions
- MSP Occurrence
- Report Coverage Termination Dates
- Correct MSP Occurrence Key Information
- Change fields used to determine MSP
- What to do when you don't have changes to report
- Primary prescription drug coverage

SUMMARY

Slide notes

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

The 7-day period is given to allow time for the BCRC batch cycle to assign the receipt date within your assigned submission timeframe, NOT to allow you extra time to submit it.

Slide 32 of 33 - Conclusion

You have completed the Quarterly Update MSP Input File Submissions 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: https://go.cms.gov/mirghp.

Slide notes

You have completed the Quarterly Update MSP Input File Submissions 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 33 of 33 - GHP Training Survey

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

Slide notes

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