Querying for Medicare Entitlement Information

Slide 1 of 25 - Querying for Medicare Entitlement Information

Slide notes

Welcome to the Querying for Medicare Entitlement Information course.

Slide 2 of 25 - 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 25 - Course Overview

Slide notes

Topics in this course included coordination of benefits and how to obtain Medicare coverage information through the query process and the Beneficiary Lookup action on the Section 111 Coordination of Benefits Secure Website (COBSW).

This course also included information on the Query Only Input and Response Files, how the Benefits Coordination & Recovery Center (BCRC) matches the submitted data to Medicare's data, and the HIPAA Eligibility Wrapper (HEW) software which is used to translate the query file.

Slide 4 of 25 - Coordination of Benefits

Slide notes

In order to coordinate benefits and determine primary and secondary payers for healthcare services, CMS will share Medicare coverage information for Medicare beneficiaries with Section 111 Group Health Plan (GHP) Responsible Reporting Entities (RREs).

You must report coverage information for all Active Covered Individuals to the BCRC under Section 111.

In return, the BCRC will provide Medicare entitlement and enrollment information back on response records for those Active Covered Individuals found to be Medicare beneficiaries.

You may also be interested to know the Medicare status for your other covered individuals.

Under Section 111 reporting, CMS will provide you with ways to obtain that information. It is in everyone's best interests to have claims paid by the correct payer from the start rather than determining eligibility afterward.

Slide 5 of 25 - Benefits of Querying

Slide notes

Querying provides a valuable benefit to insurers. Querying allows the insurer to identify situations where Medicare is the primary payer of benefits for non-working covered GHP beneficiaries or their dependents.

By identifying these situations, the insurer correctly pays secondary rather than primary benefits, resulting in cost savings.

Slide 6 of 25 - How to Obtain Medicare Coverage Information

Slide notes

Medicare coverage information may be obtained from the Query Only Input File data exchange process and through the Beneficiary Lookup action on the Section 111 COBSW.

The Query Only File allows RREs to send a file of queries and receive a response file in return from the BCRC.

The Beneficiary Lookup is an online, real-time query capability that will provide a response as to whether information supplied for a covered individual can be matched to a Medicare beneficiary. For more information, see the Beneficiary Lookup CBT.

The Query process allows RREs to obtain Medicare coverage information on Inactive Covered Individuals.

RREs will use this information in their claims systems to determine when the Inactive Covered Individuals have Medicare coverage that should pay primary to Group Health Plan insurance.

Note: The Beneficiary Lookup Response page will now list the effective and termination date(s) for applied GHP MSP coverage. In addition, GHP RREs will no longer be limited to performing 500 beneficiary lookups per month.

Slide 7 of 25 - Query Only Input File

Query Only Input File

- Requests Medicare Parts A, B, & C information on individuals covered by GHP
- Dataset transmitted from RRE to the BCRC
- May be used by Basic and Expanded Reporting Option submitters
- Submitted up to once per calendar quarter, no specific timeframe
- Submit in a timely fashion to prepare for submission of MSP Input File

Slide notes

The Query Only Input File is a query file used to obtain Medicare Part A entitlement and Parts B and C enrollment of individuals covered by the GHP. You may submit query records for any individual covered by your GHP.

The file is transmitted from a GHP Section 111 Responsible Reporting Entity under the Basic and Expanded Reporting Options. Query Only Input Files may be submitted up to once per calendar quarter.

These files do not have to be submitted during a specific submission timeframe. RREs will get ready for their next quarterly MSP Input File submission by submitting a new query file.

The query file must be submitted in a timely fashion such that the RRE will meet the requirements for quarterly file submission of their MSP Input File during their assigned file submission timeframe.

If you do not use the Non-MSP Input File to report either prescription drug coverage secondary to Medicare or retiree prescription drug coverage under the Expanded Reporting Option,

you may use the Query Only Input File to request entitlement and enrollment information from CMS. The following is an example of when the Query Only Input File would be useful.

Slide 8 of 25 - Query Only Input File

Slide notes

John Smith is 60 years old and is retired, not actively working, or employed by the employer who offers the Group Health Plan through the RRE but is covered by the plan under his retirement package. Therefore, he is an Inactive Covered Individual.

He is over 55, but since his coverage is not due to active employment status, his information is not sent on the MSP Input File. However, the RRE wants to know if he is covered by Medicare so that claims can be processed and paid correctly.

The RRE can submit a record for John Smith on the Query Only Input File. The BCRC will then check to see if John Smith is a Medicare beneficiary and what coverage he has under Medicare for Parts A, B, and C.

That information is returned to the RRE on the Query Only Response File. If John Smith is covered by Medicare, that coverage is primary to the RRE's GHP.

This exchange provides the RRE with the information needed to direct claims for John Smith to Medicare first and then to the GHP to process as the secondary payer.

Slide 9 of 25 - Query Only Input File

Query Only Input File

When using the finder file approach, may use query results to determine which Active Covered Individuals

- Are Medicare beneficiaries and
- Must be reported on MSP Input File

Use Medicare coverage dates when determining whether to pay primary or secondary to Medicare

For most Inactive Covered Individuals who are Medicare beneficiaries, Medicare will be primary

Slide notes

If you are using the "finder file" approach for reporting individuals on your MSP Input File, you may use the results of the query process to determine which Active Covered Individuals are Medicare beneficiaries and must be reported on the MSP Input File.

In addition, you may use the Medicare coverage dates in your GHP claims processing system when determining whether to pay primary or secondary to Medicare.

In most cases for Inactive Covered Individuals, if the individual is a Medicare beneficiary, then Medicare will be the primary payer.

Slide 10 of 25 - Query Only Input File

Query Only Input File

Query Only Input File records must be submitted with

- Medicare ID or SSN
- Name
- Date of Birth
- Gender

- Query process is to be used only for Section 111
- Data Use Agreement specifies restrictions on the use of Section 111 data

Slide notes

Note: The Beneficiary Lookup Response page will now list the effective and termination date(s) for applied GHP MSP coverage. In addition, GHP RREs will no longer be limited to performing 500 beneficiary lookups per month.

Slide 11 of 25 - The BCRC Matching Process
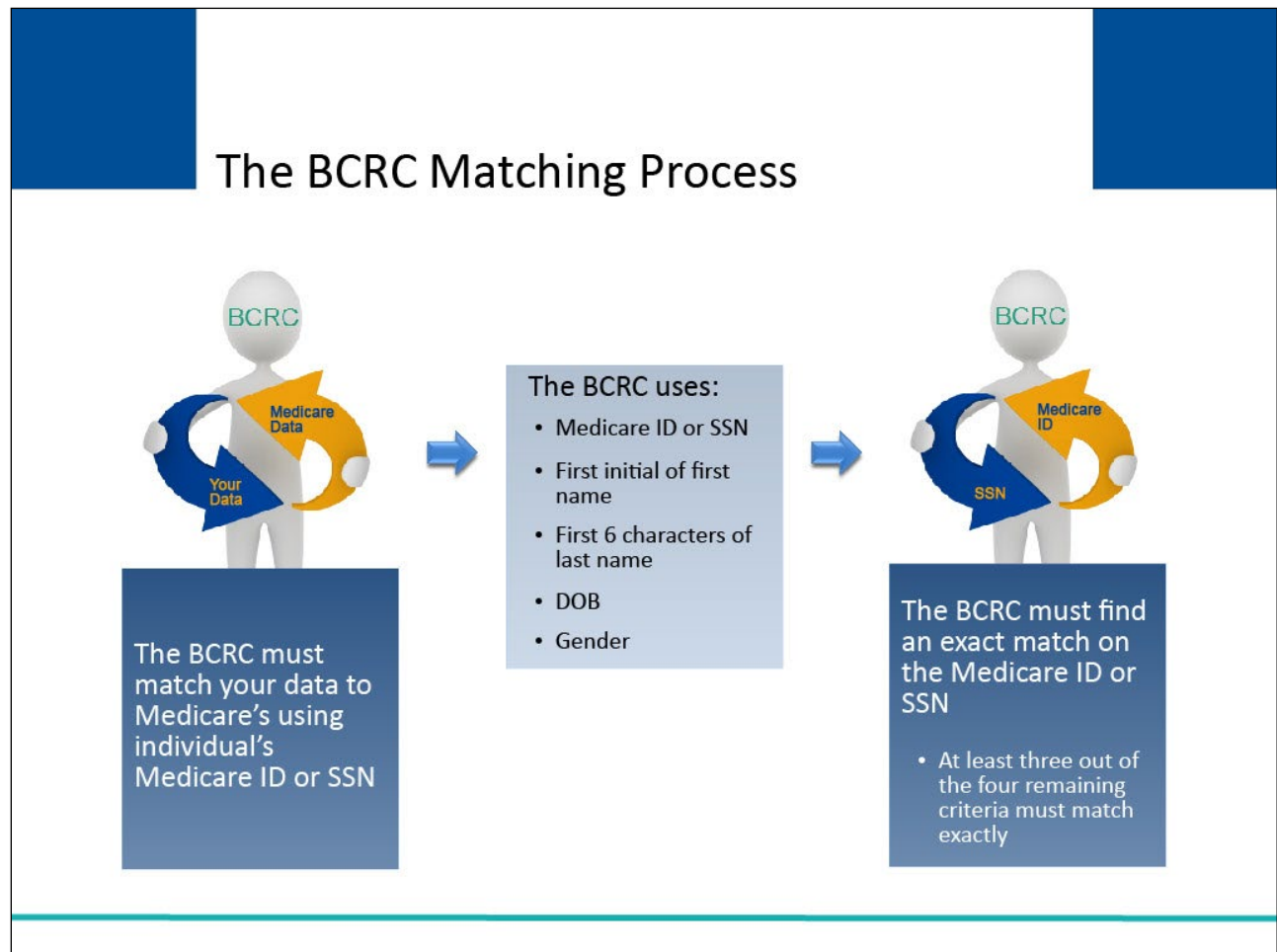
Slide notes

To determine whether a submitted covered individual is a Medicare beneficiary, the BCRC must match your data to Medicare's.

This matching can be done using either an individual's Medicare ID or by using an individual's SSN. For matching an individual to determine if they are a Medicare beneficiary, the BCRC uses the following:

Medicare ID or SSN,

First initial of the first name,

First six characters of the last name,

DOB, and

Gender.

First the BCRC must find an exact match on the Medicare ID or SSN. Then, at least three out of the four remaining criteria must be matched exactly.

Slide 12 of 25 - Match Found

Match Found

- Most current Medicare ID will be returned on response file

  - Store Medicare ID and use it on future transactions

- The BCRC will supply updated values for

  - First initial of the first name

  - First 6 characters of the last name

  - DOB

  - Gender

    - If a 0 (unkown gender) is submitted for gender, the BCRC will automatically change this value to 1 (male)

- SSN returned on response file will always be the SSN submitted by the RRE

- Updated fields, other than Medicare ID, are for information only

Slide notes

If a match is found, you will always be returned the most current Medicare ID for the individual on the corresponding response record. You must store this Medicare ID on your internal files and use it on future transactions.

This is CMS's official identifier for the beneficiary.

The BCRC will also supply updated values for the first initial, first 6 characters of the last name, DOB, and gender in the applicable fields of the Query Only Response File records based on the information stored for that beneficiary on Medicare's files.

Note that if an RRE submits a value of 0 for an unknown gender for an individual, the BCRC will change this value to a 1 for matching purposes and return that changed value of 1 on the response record regardless of a match.

The SSN returned on the response record will always be the SSN submitted on the query input record by the RRE. Other than the Medicare ID, the updated fields returned on the response record are simply for informational purposes.

Slide 13 of 25 - Query Only Response File

Query Only Response File

- Identifies whether the queried individual can be identified as a Medicare beneficiary based upon the information submitted

Disposition Code 01	Disposition Code 51
• Individual submitted is/was a Medicare beneficiary • Record will contain Medicare ID, name fields, DOB, gender, and Medicare entitlement and enrollment dates	• Record could not be matched to a Medicare beneficiary

Slide notes

After the BCRC has processed the Query Only Input File it will return the Query Only Response File with a determination as to whether the queried individual can be identified as a Medicare beneficiary based upon the information submitted.

The Query Only Response File records contain a Disposition Code.

A value of 01 indicates that the individual submitted on the input record is/was a Medicare beneficiary and the record will contain the updated Medicare ID, name fields, DOB, and gender according to Medicare's information along with Medicare entitlement and enrollment dates.

A value of 51 indicates that the information supplied on the query record could not be matched to a Medicare beneficiary.

Slide 14 of 25 - Query Only Input File

Slide notes

The Query Only Input File transmission is subject to the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. HIPAA mandates that Query Only Files must be transmitted and received in the ANSI X12 270/271

(i.e., Health Care Medicare Entitlement/Benefit Inquiry and Information Response) transaction code set rule and standards. Translator software is required to translate the file into the HIPAA-compliant ANSI X12 270/271 transaction set.

Slide 15 of 25 - HIPAA Compliance

Slide notes

You may use your own translator software, or the HIPAA Eligibility Wrapper (HEW) software (provided by the BCRC), to submit a Query Only Input File and process the Query Only Response File.

You may download the Windows version of the HEW software after logging on to the Section 111 COBSW at the following link: http://www.cob.cms.hhs.gov/Section111/.

You may request a copy of both the mainframe and Windows versions from your EDI Representative or by contacting the Electronic Data Interchange (EDI) Department at 646-458-6740. Note: RREs using the HEW software must use Version 3.0.0.

RREs can download the latest version HIPAA Eligibility Wrapper (HEW) software from the Section 111 MRA application, which is compatible with Windows 10.

Slide 16 of 25 - Translator Software

Slide notes

If you choose to use your own ANSI X12 translator to create the ANSI X12 270 files for the Section 111 Query Only File and process the X12 271 response, please refer to the GHP User Guide page at the following link: http://go.cms.gov/mirghp. Here a companion document for the X12 270/271 mapping required for Section 111 can be found as a download ("270/271 Health Care Eligibility Benefit Inquiry and Response; HIPAA Guidelines for Electronic Transactions - Companion Document for Mandatory Reporting GHP Entities").

Slide 17 of 25 - Translator Software

Translator Software

- The BCRC will only accept test and production query files submitted using Version 5010A1

- Query Only File specifications can be found in Appendix B of the GHP User Guide

  - RREs using the HEW software must user Version 3.0.0

Slide notes

The BCRC will only accept test and production query files submitted using Version 5010A1.

Query Only Input and Response File specifications for the flat files that are the input and output of the HEW software can be found in Appendix B of the GHP User Guide. RREs using the HEW software must use Version 3.0.0.

Slide 18 of 25 - Optional Document Control Number Fields

Slide notes

Two, RRE-defined, optional document control number (DCN) fields are available for use on the X12 270/271 and HEW Query Only Input/Response Files.

The DCN fields are alphanumeric, may contain spaces, numbers, letters, and special characters as defined for a text field type, are left justified, and unused bytes must be space filled.

The BCRC will always return query response records with whatever value the RRE submitted in these DCNs so that the RRE may use them to match response records to input records.
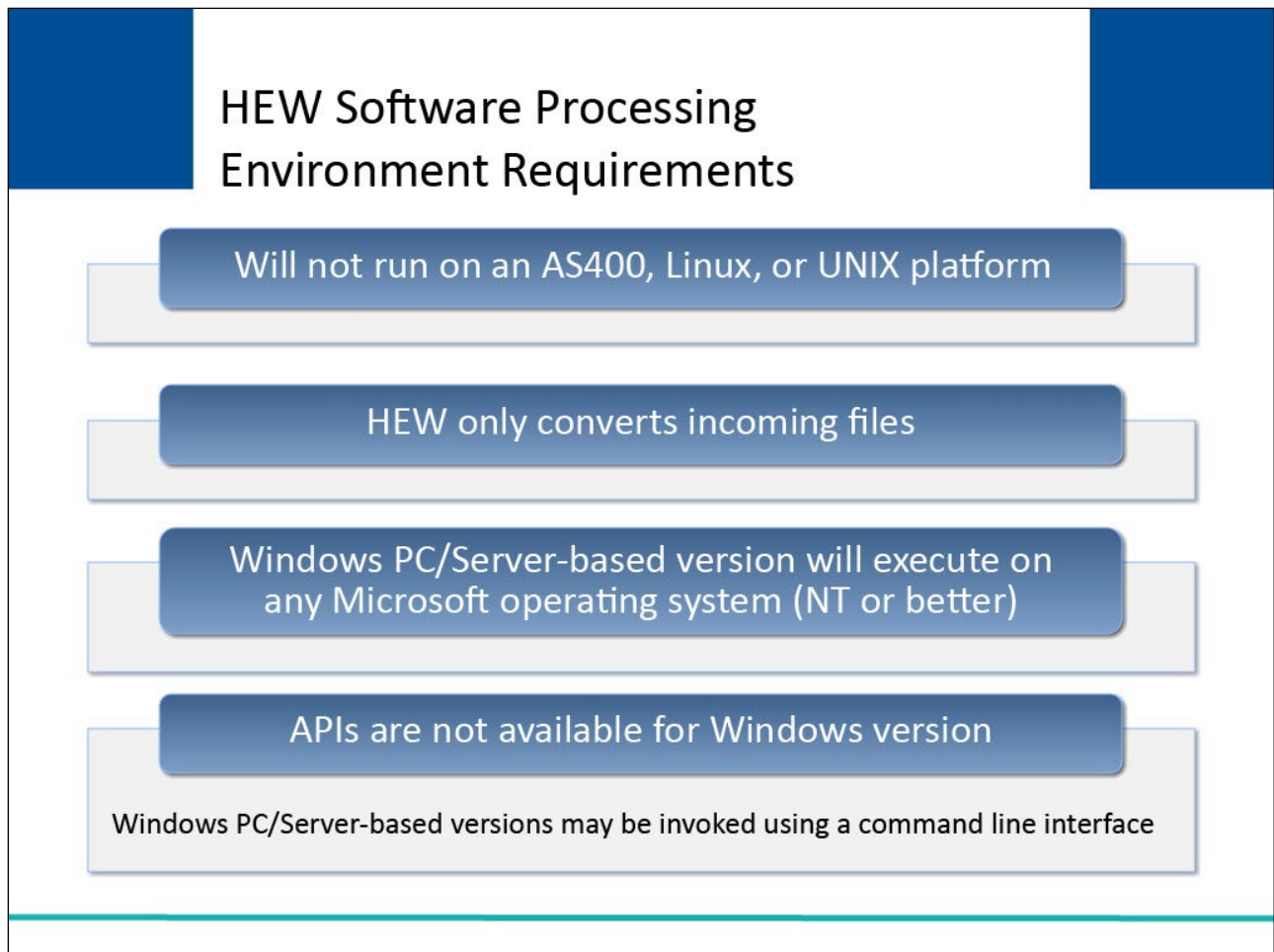
See the X12 270/271 companion document for Section 111 for the location of the DCNs if you are using your own X12 translator. See Appendix B of the GHP User Guide for the field definitions on the HEW Files.

Slide 19 of 25 - Using the HEW Software
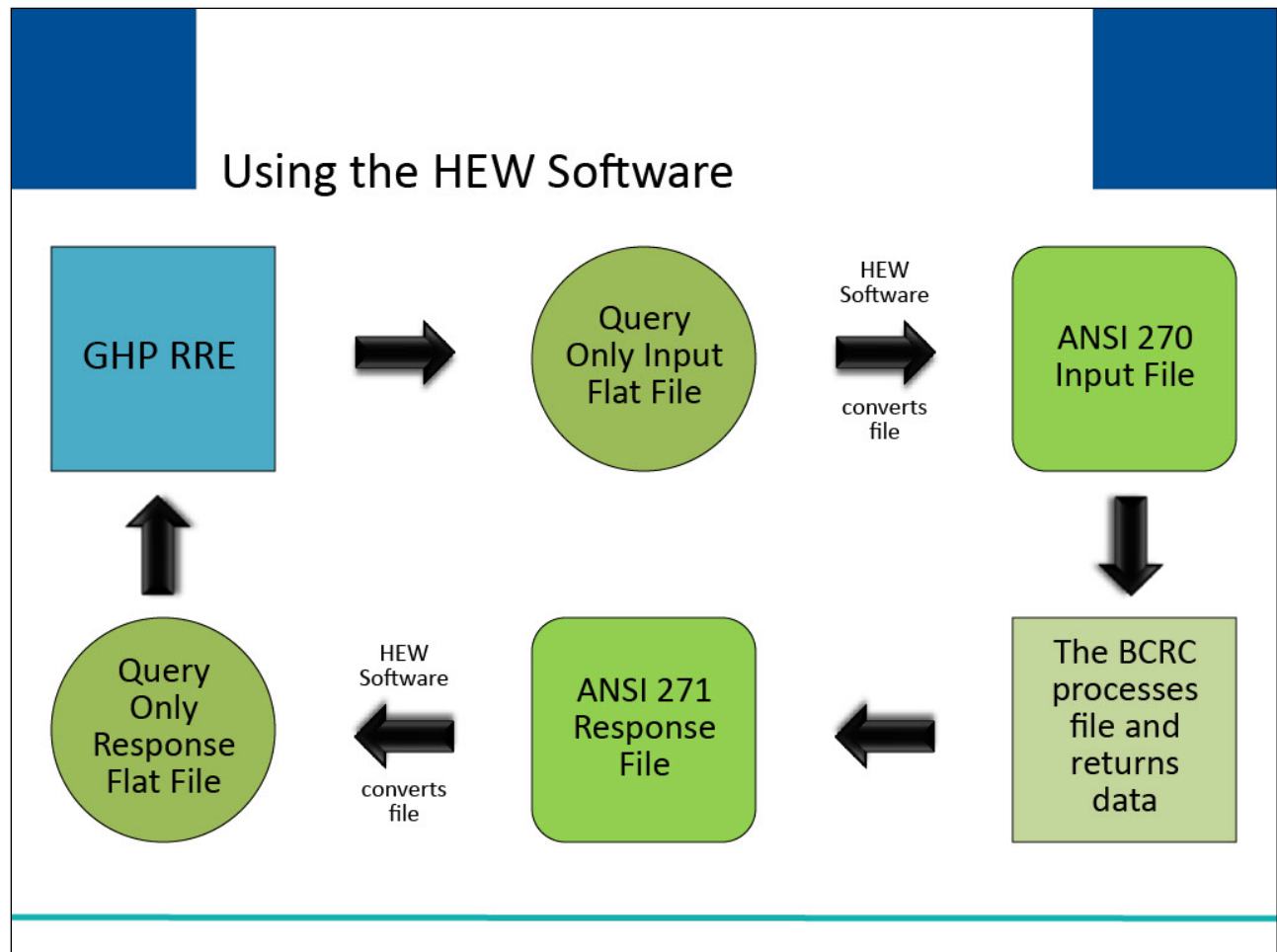
Slide notes

To use the HEW software, you first will create an input file according to the specifications in Appendix B of the GHP User Guide. This flat file is then used as input to the HEW software. You will install and run the HEW software at your processing site.

The HEW software produces the X12 270 eligibility query file format which you then transmit to the BCRC. The BCRC will send back your response file in the X12 271.

You will feed that into the HEW software to produce the Query Only Response File according to the specifications in Appendix B of the GHP User Guide.

Slide 20 of 25 - HEW Software Processing Environment Requirements

Slide notes

The HEW software will not run on an AS400, Linux, or UNIX platform. Network communication ports are not part of the HEW application. The HEW only converts incoming files. Telecommunications must be done separately.

The Windows PC/Server-based version will execute on any Microsoft operating system of NT or better (i.e., 2000, 2003, XP, etc.) and requires at least a Pentium II with 64 MB of memory.

APIs (application program interfaces) are not made available for the Windows version. However, the Windows PC/Server-based versions of the HEW may be invoked using a command line interface.
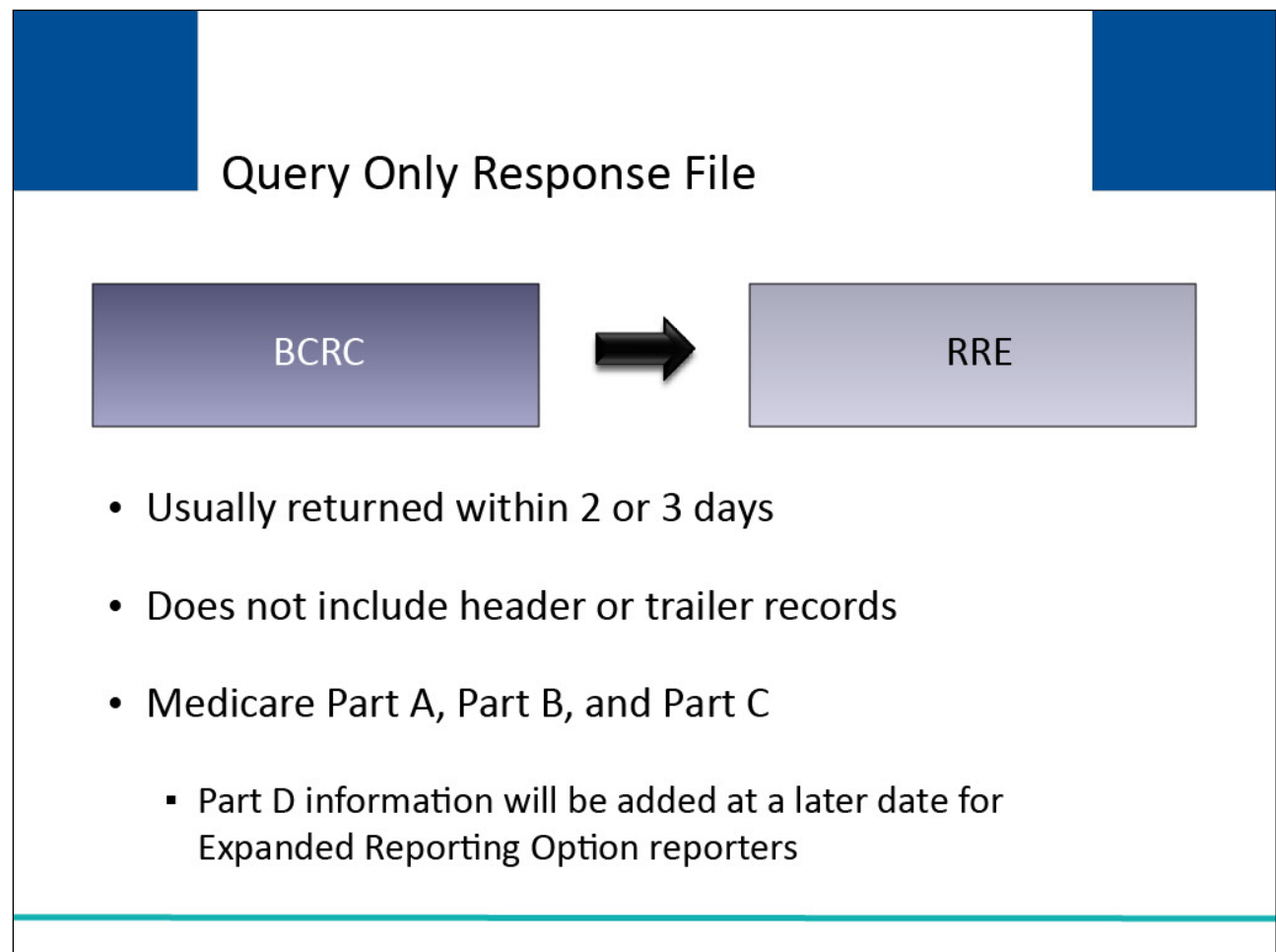
Instructions on how to invoke the HEW software from an automated process can be found in documentation that is contained in the software package download. Note: RREs can download the latest version HIPAA Eligibility Wrapper (HEW) software from the Section 111 MRA application, which is compatible with Windows 10.

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Slide 21 of 25 - Query Only Response File

Query Only Response File

BCRC ➡ RRE

- Usually returned within 2 or 3 days

- Does not include header or trailer records

- Medicare Part A, Part B, and Part C

  ▪ Part D information will be added at a later date for Expanded Reporting Option reporters

Slide notes

A Query Only Response File will be transmitted from the BCRC back to GHP RREs in a HIPAA-compliant X12 271 file format after the information supplied in your Query Only Input File has been processed.

Query Only Response Files will usually be returned in about 2 or 3 days, but within 14 days. Note that the Query Only Response Flat File that is output from the HEW software does not include any header or trailer records.

Only Medicare Part A, Part B, and Part C coverage information will be supplied on the Query Only Response File.

Part D coverage information will be added at a later date but will only be provided to those individuals reporting under the Expanded Reporting Option.

Note: The HEW inquiry file layout has been edited to clarify that if not reporting a Social Security number (SSN), the field should be filled with zeros (Appendix B).

Slide 22 of 25 - Query Only Input File Edits

Slide notes

The following edits will be applied to the Query Only Input File. Any failure of these edits will result in the file being placed in a severe error status.

Files failing for the following errors must be corrected before they can be processed:

file does not contain a header record,

header record does not contain a valid RRE ID, or

file does not contain a trailer record.

Email notifications will be sent to the Account Manager for the RRE ID after the file has been received and when a response file has been transmitted or is available for download.

Slide 23 of 25 - Course Summary

Slide notes

Topics in this course included coordination of benefits and how to obtain Medicare coverage information through the query process and the Beneficiary Lookup action on the Section 111 Coordination of Benefits Secure Website (COBSW).

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Slide 24 of 25 - Conclusion

Slide notes

You have completed the Querying for Medicare Entitlement Information 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 25 of 25 - GHP Training Survey

Slide notes

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