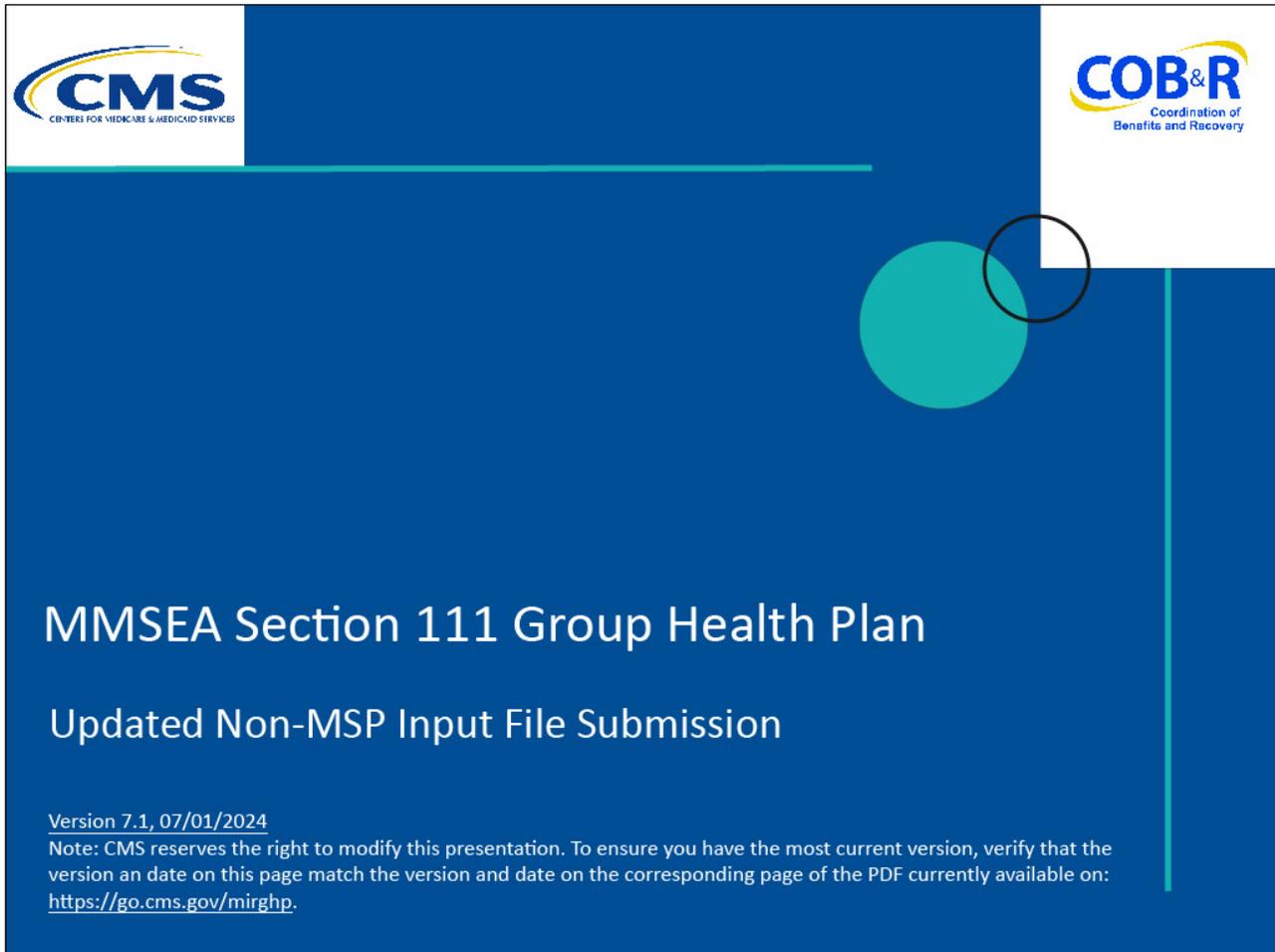


## Updated Non-MSP Input File Submission

### Slide 1 of 27 - Updated Non-MSP Input File Submission



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**COB&R**  
Coordination of  
Benefits and Recovery

# MMSEA Section 111 Group Health Plan

## Updated Non-MSP Input File Submission

Version 7.1, 07/01/2024  
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<https://go.cms.gov/mirghp>.

#### Slide notes

Welcome to the Update Non-Medicare Secondary Payer (MSP) Input File Submission Course.

**Slide 2 of 27 - 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**

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 & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at: <http://go.cms.gov/mirghp>.

**Slide 3 of 27 - Course Overview**

## Course Overview

- Non-MSP Input File
  - Add Transactions
  - Update Transactions
  - Delete Transactions



**Slide notes**

This learning module provided information on the reporting requirements for update Non-MSP Input Files.

Add, Update, and Delete transactions were defined and examples of when to submit each were provided.

Add, Update, and Delete transactions are defined and examples of when to submit each are provided.

**Slide 4 of 27 - Update File Contents - What to Report**

## Update File Contents - What to Report

- New enrollees
- Changes to previously submitted drug and subsidy
- Corrections to previously submitted records
- Updates to report on coverage Termination Dates
- New query records

**Slide notes**

An update Non-MSP Input File reflects any changes from the last submission including:  
new enrollees (subscribers and dependents) that are now Inactive Covered Individuals with drug coverage under your plan;  
changes to previously submitted drug or subsidy records;  
corrections to previously submitted records;  
updates to report on a coverage Termination Date; and  
new query records.

Update files may be submitted on a monthly or quarterly basis. No specific submission timeframe is assigned for Non-MSP Input Files. The only restriction is that these files cannot be sent more often than once per calendar month.

**Slide 5 of 27 - Add, Update, and Delete Records**

## Add, Update, and Delete Records

Field	Name	Size	Displacement	Data Type	Description
21	Transaction Type	1	189	Alpha-Numeric	Type of Transaction:  Valid Values:  0 = Add record 1 = Delete record 2 = Update record  Fill with space for Action Type N.  Required for Action Type D or S.

**Slide notes**

Add, update, and delete records are identified by a value in the Transaction Type (Field 21) on your Non-MSP Input File. They do not apply to N query records.

These transactions are processed on Non-MSP Input Files in very much the same manner as the MSP Input Files.

**Slide 6 of 27 - Add Transactions**

## Add Transactions

Field	Name	Size	Displacement	Data Type	Description
21	Transaction Type	1	189	Alpha-Numeric	Type of Transaction:  Valid Values:  0 = Add record 1 = Delete record 2 = Update record  Fill with space for Action Type N.  Required for Action Type D or S.

**Slide notes**

An add record or transaction is defined with a 0 (zero) in the Transaction Type (Field 21).

An add record is defined as a new coverage information record that has not been posted to the Medicare Beneficiary Database (MBD) by the Benefits Coordination & Recovery Center (BCRC).

This could be a record that was never sent or a record that was sent before, but not accepted due to errors or the individual on the record not being a Medicare beneficiary at the time of processing.

Note: When you send an add transaction for drug coverage (D records) that is accepted by the BCRC, you will receive a 01 D/N disposition code (Field 48) in your Non-MSP Response File.

**Slide 7 of 27 - Add Transaction Example 1**

## Add Transaction Example 1

### Mr. Smith

- Not yet included on a Non-MSP Input File
  - Previous prescription drug coverage through his employer
- Recently retired, prescription drug coverage now through retirement plan
  - Add transaction sent

**Slide notes**

Mr. Smith has not yet been included on a Non-MSP Input File.

Although he had prescription drug coverage as part of his health insurance as a benefit through his employer, Mr. Smith was still working and therefore not an Inactive Covered Individual, so a record was not included for him on previously submitted Non-MSP Files.

Mr. Smith has just retired and is now receiving prescription drug coverage through his retirement plan. He now fits the definition of an Inactive Covered Individual with prescription drug coverage.

A record is sent as an add transaction for Mr. Smith in the next quarterly or monthly update Non-MSP Input File.

**Slide 8 of 27 - Add Transaction Example 2**

## Add Transaction Example 2

### Mr. Jones

- Inactive Covered individual, prescription drug coverage through retirement plan
- Non-MSP Input File add transaction sent
- Record rejected due to errors
- Corrected add transaction sent and accepted



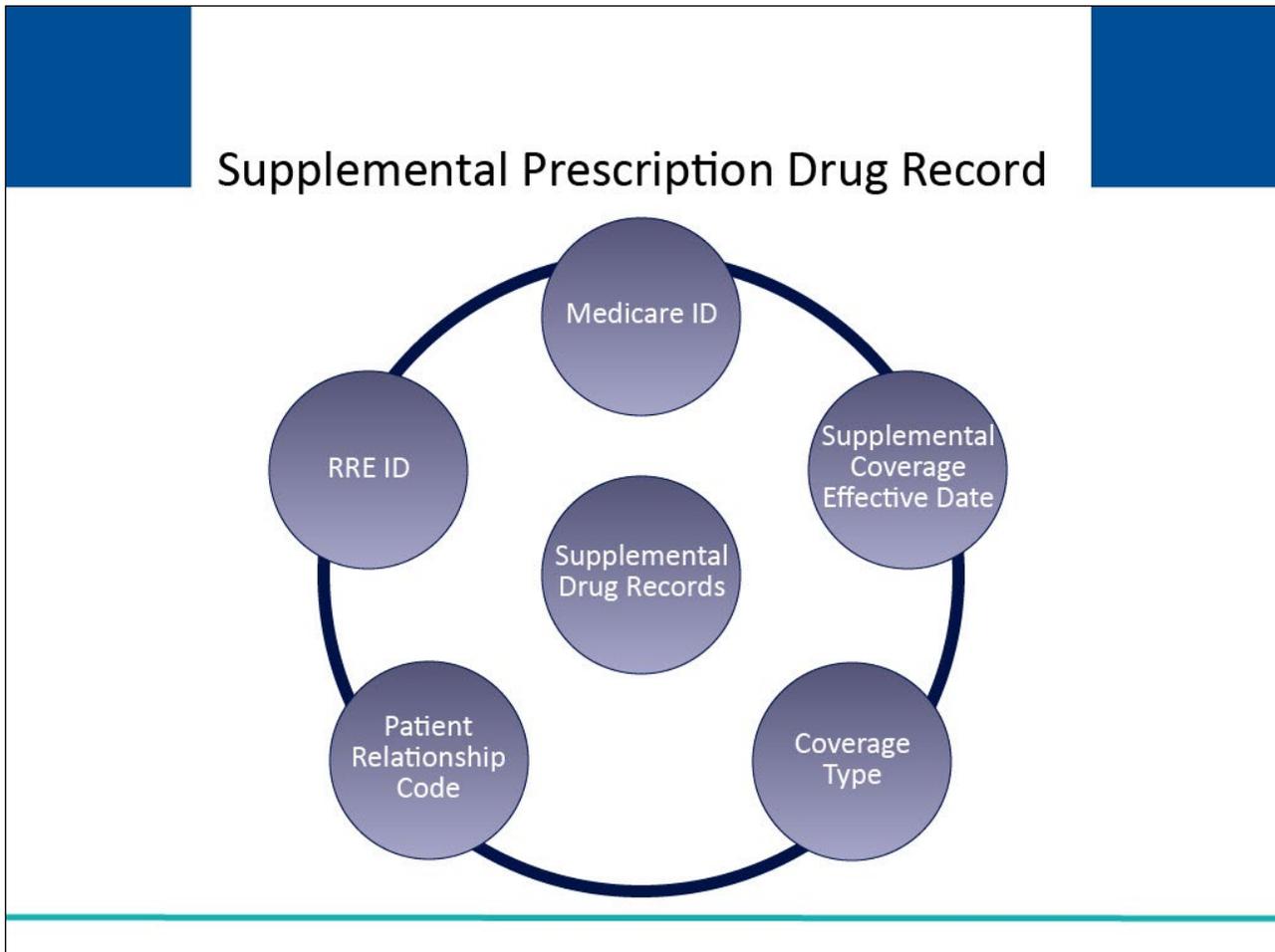
### Slide notes

Information about Mr. Jones, an Inactive Covered Individual with prescription drug coverage through his retirement plan, was included on a previous Non-MSP Input File as an add transaction.

The record contained invalid data and was rejected by the BCRC. With the next update Non-MSP Input File, an add transaction is sent with corrected information for Mr. Jones.

The record now includes enough information for the BCRC to confirm that he is a Medicare beneficiary with Part D coverage and his prescription drug coverage is supplemental to Medicare so the add record is accepted.

Note: If the BCRC finds that the individual is not a Medicare beneficiary or that the drug coverage is not supplemental to Medicare, the record should continue to be sent as an add transaction until the BCRC sends you a response indicating that the individual is a Medicare beneficiary and the record is accepted, or that the individual no longer satisfies the definition of an Inactive Covered Individual.

**Slide 9 of 27 - Supplemental Prescription Drug Record****Slide notes**

Supplemental drug coverage records are created when the Group Health Plan (GHP) drug coverage for an Inactive Covered Individual overlaps Medicare Part D coverage.

They are posted by the BCRC to the MBD for Medicare claims processing and the calculation of a beneficiary's "True Out Of Pocket" (or TrOOP) expenditures.

Supplemental drug records are keyed by:

Medicare ID;

Supplemental Coverage Effective Date (whichever is the later of the Part D enrollment date or GHP drug coverage Effective Date);

Coverage Type (network drug only, comprehensive hospital/medical/drug, etc.);

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

RRE ID.

The BCRC will use these criteria for subsequent update and delete transactions you send.

Note: GHP RREs are required to include the Insurer Name when submitting supplemental drug (D) records on Non-MSP Input files. As a result, a new SP25 error code has been added.

This error may also occur for S records that convert to D records and are missing or do not include the Insurer Name during conversion.

**Slide 10 of 27 - Update Transactions**

## Update Transactions

Field	Name	Size	Displacement	Data Type	Description
21	Transaction Type	1	189	Alpha-Numeric	Type of Transaction:  Valid Values:  0 = Add record 1 = Delete record <b>2 = Update record</b>  Fill with space for Action Type N.  Required for Action Type D or S.

**Slide notes**

An update record or transaction is defined with a 2 in the Transaction Type (Field 21). An update transaction is sent when you need to change information on a record that was previously accepted and added as a supplemental drug record to the MBD by the BCRC for which you received a 01 disposition code in your Non-MSP Response File.

**Slide 11 of 27 - Update Transaction - Previously Added Record**

## Update Transaction - Previously Added Record

- Match key fields
  - Medicare ID
  - Supplemental Coverage Effective Date
  - Coverage Type
  - Patient Relationship Code
  - RRE ID
- Utilize response file Medicare ID and Supplemental Coverage Effective Date for future update/delete

**Slide notes**

To successfully delete a previously added record, the BCRC must match on the key fields of the supplemental drug or subsidy record to identify the record that requires the update.

The key fields for record matching are Medicare ID, Supplemental Coverage Effective Date, Coverage Type, Patient Relationship Code, and RRE ID.

The Medicare ID (Field 3) and Supplemental Coverage Effective Date (Field 11) are returned to you on the response file. You must save this information in your internal files.

You must use the Medicare ID returned to you on the response files on subsequent update and delete transactions.

**Slide 12 of 27 - Update Transaction Example**

## Update Transaction Example

### Ms. Boxer

- Previously sent as an Add Transaction
  - Record accepted
- Returns to work on July 15<sup>th</sup> (i.e. no longer an Inactive Covered Individual)
  - Send update transaction record, Termination Date = July 14



### Slide notes

In January, an add transaction was sent for Ms. Boxer. She was not working and covered by a retiree prescription drug plan.

Ms. Boxer was identified by the BCRC as a Medicare beneficiary, and a supplemental prescription drug occurrence was created and posted for her on the MBD.

Subsequently, on July 15th, Ms. Boxer went back to work. In the next update Non-MSP Input File, an update transaction is sent with July 14th in the Termination Date field.

The BCRC updates the supplemental drug occurrence previously posted on the MBD with this Termination Date which will result in an indication that this drug coverage is no longer supplemental to Ms. Boxer's Part D coverage after July 14th.

Note: If you then provide prescription drug coverage to Ms. Boxer as an employee, Ms. Boxer would fit the definition of an Active Covered Individual, and a record for her should be included on the next MSP Input File with July 15th as the coverage Effective Date.

Slide 13 of 27 - Delete Transactions

## Delete Transactions

Field	Name	Size	Displacement	Data Type	Description
21	Transaction Type	1	189	Alpha-Numeric	Type of Transaction:  Valid Values: 0 = Add record 1 = Delete record 2 = Update record  Fill with space for Action Type N.  Required for Action Type D or S.

Slide notes

A delete record, or transaction, is defined with a 1 in the Transaction Type (Field 21). Deletes are used to remove erroneous records.

A delete transaction is sent to remove a supplemental drug record, or a subsidy record, that was previously posted to the MBD by the BCRC. Delete transactions should only be used to remove records that were posted completely in error.

For example, records that were mistakenly sent on the Non-MSP Input File for Active Covered Individuals that have drug coverage due to current active employment.

**Slide 14 of 27 - Delete Transaction - Previously Added Record**

## Delete Transaction - Previously Added Record

- Match key fields
  - Medicare ID
  - Supplemental Coverage Effective
  - Coverage Type
  - Patient Relationship Code
  - RRE ID
- Utilize response file Medicare ID and Supplemental Coverage Effective Date for future update/delete transactions

**Slide notes**

To successfully delete a previously added record, the BCRC must match on the key fields of the supplemental drug or subsidy record.

When you receive a response file from the BCRC, you must save the Medicare ID (Field 3) and Supplemental Coverage Effective Date (Field 11) in your internal files

so you can include them on subsequent update and delete transactions to assure a match.

**Slide 15 of 27 - Delete Transaction Example**

## Delete Transaction Example

### Ms. Jameson

- Previously sent as an Add Transaction
  - Record was accepted
- Information incorrect, Ms. Jameson is employed
  - Send delete transaction

**Slide notes**

The BCRC has a supplemental drug coverage record posted for Ms. Jameson indicating that a GHP was a secondary payer based on her inactive employment status.

Subsequently, it is discovered that Ms. Jameson is not retired, is still, and always has been, an actively working employee so Medicare should be the secondary payer.

The original record was sent and posted in error. A delete transaction is sent on the next update Non-MSP Input File and the BCRC removes it from the MBD.

NOTE: The information on Ms. Jameson's prescription drug coverage should be included on the next MSP Input File if she fits the definition of an Active Covered Individual.

**Slide 16 of 27 - Reporting a Coverage Termination Date**

## Reporting a Coverage Termination Date

Field	Name	Size	Displacement	Data Type	Description
11	Termination Date	8	84-91	Numeric Date	End Date of Covered Individual's GHP Coverage. CCYYMMDD, Required. *User all zeros if open-ended.

- Supplemental coverage ends
- Send update with Termination Date

Note: Do not send a delete transaction as that will remove the record entirely as though the supplemental coverage never existed and result in potential erroneous claims payment.

**Slide notes**

When your coverage ends for an Inactive Covered Individual that was previously sent and accepted by the BCRC, you must send an update record for that individual and put the date their coverage ended in the Termination Date (Field 11).

For Inactive Covered Individuals, the submitted Termination Date should be the date the individual's GHP coverage ends.

The BCRC will then update the corresponding supplemental drug or subsidy record Termination Date.

Note: Do not send a delete transaction in these cases as that will remove the record entirely as though the supplemental coverage never existed and result in potential erroneous claims payment.

Also, when primary records (prescription drug or otherwise) are submitted on an existing GHP MSP Input record as updates, the submitted Effective Date will be used for the matching criteria. When primary non-drug records (all coverage types) are submitted on the input file as updates with an Effective Date prior to the Entitlement Date, matching will be done using either the record Effective Date or the submitted Effective Date.

**Slide 17 of 27 - Correcting Key Information - Delete then Add**

## Correcting Key Information - Delete then Add

### Supplemental Drug Record key fields:

- Medicare ID
- Supplemental Coverage Effective Date
- Coverage Type
- Patient Relationship Code
- RRE ID



### To correct a key field:

- Send delete transaction for invalid record
- Send add transaction

Note: Send in same Non-MSP Input File, delete record must precede add record

### Slide notes

The key fields of a supplemental drug record are:

Medicare ID,

Supplemental Coverage Effective Date,

Coverage Type (e.g., network drug only, comprehensive hospital/medical/drug, etc.),

Patient Relationship Code (e.g., self, spouse, dependent, etc.), and

RRE ID.

If you need to correct one of these key matching fields, you need to first send a delete transaction for the invalid record which will remove the previously added record.

You must then send a new add transaction with the corrected information to add the record back. Both the delete and add records must be submitted in the same Non-MSP Input File.

The delete record must be submitted first followed by the add record.

**Slide 18 of 27 - Medicare ID/SSN Corrections**

## Medicare ID/SSN Corrections

- Only send corrected Medicare ID when incorrect person was submitted and accepted on the input record
- An individual's Medicare ID may be changed by the SSA, but the BCRC can crosswalk the old Medicare ID to the new Medicare ID
  - If correct person was previously submitted and the Medicare ID later changes, RRE does not need to correct the record
  - Updates may continue to be sent under the original Medicare
- The BCRC will always return the most current Medicare ID on the response records
  - RREs are encouraged to update their systems and use that information on subsequent transmissions

**Slide notes**

RREs only need to correct the Medicare ID/Social Security Number (SSN) in cases where an incorrect person was submitted and accepted on the input record.

An individual's Medicare ID 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.

Even though updates may continue to be sent under the original Medicare ID/SSN submitted, RREs are encouraged to update their records.

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.

**Slide 19 of 27 - Medicare ID/SSN Corrections**

## Medicare ID/SSN Corrections



Record submitted with SSN only      Medicare ID returned on response file      Do not send Delete and Add Transaction to update Medicare ID

**Submit subsequent transactions with Medicare ID**

**Slide notes**

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 Transaction to update the beneficiary's information with the Medicare ID.

The record has already been stored under both the Medicare ID and SSN by the BCRC. You should store the Medicare ID returned on the Non-MSP Response File in your internal system and you are required to use it on future transactions.

**Slide 20 of 27 - Changing Coverage Information**

## Changing Coverage Information Update then Add

- When data in a field related to coverage information changes:
  - Coverage Type
  - Relationship Code
  - Rx BIN
  - Rx PCN
  - Rx Group Number
  - GHP Number
  - Individual Policy Number
  - Rx Insured ID Number
- 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 day the value became effective

**Slide notes**

When data in a field related to coverage information changes (e.g., Coverage Type, Relationship Code, Prescription Drug Bank Identification Number (Rx BIN), Prescription Drug Processor Control Number (Rx PCN), Rx Group Number, GHP Number, Individual Policy Number, and/or Rx Insured ID Number) after a supplemental drug record has been posted by the BCRC, do not delete the original record and add a new record. Instead, submit an update transaction with the original data values and set the Termination Date on this update record equal to the last day the information was true.

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

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

Note: This situation differs from the previous discussion of deleting the original record and adding a new record.

In this case the original record was correct, but coverage information changed subsequent to the supplemental drug record being posted by the BCRC.

**Slide 21 of 27 - Detailed Non-MSP Input File Requirements**

## Detailed Non-MSP Input File Requirements

Non-MSP Input File
Header
Detail 1
Detail 2
Detail 3
Detail 4
Trailer





Non-MSP Input Files must be properly formatted as defined in Appendix C

Non-MSP Input Files must be received at least quarterly

COBA Drug E02 may be submitted

**Slide notes**

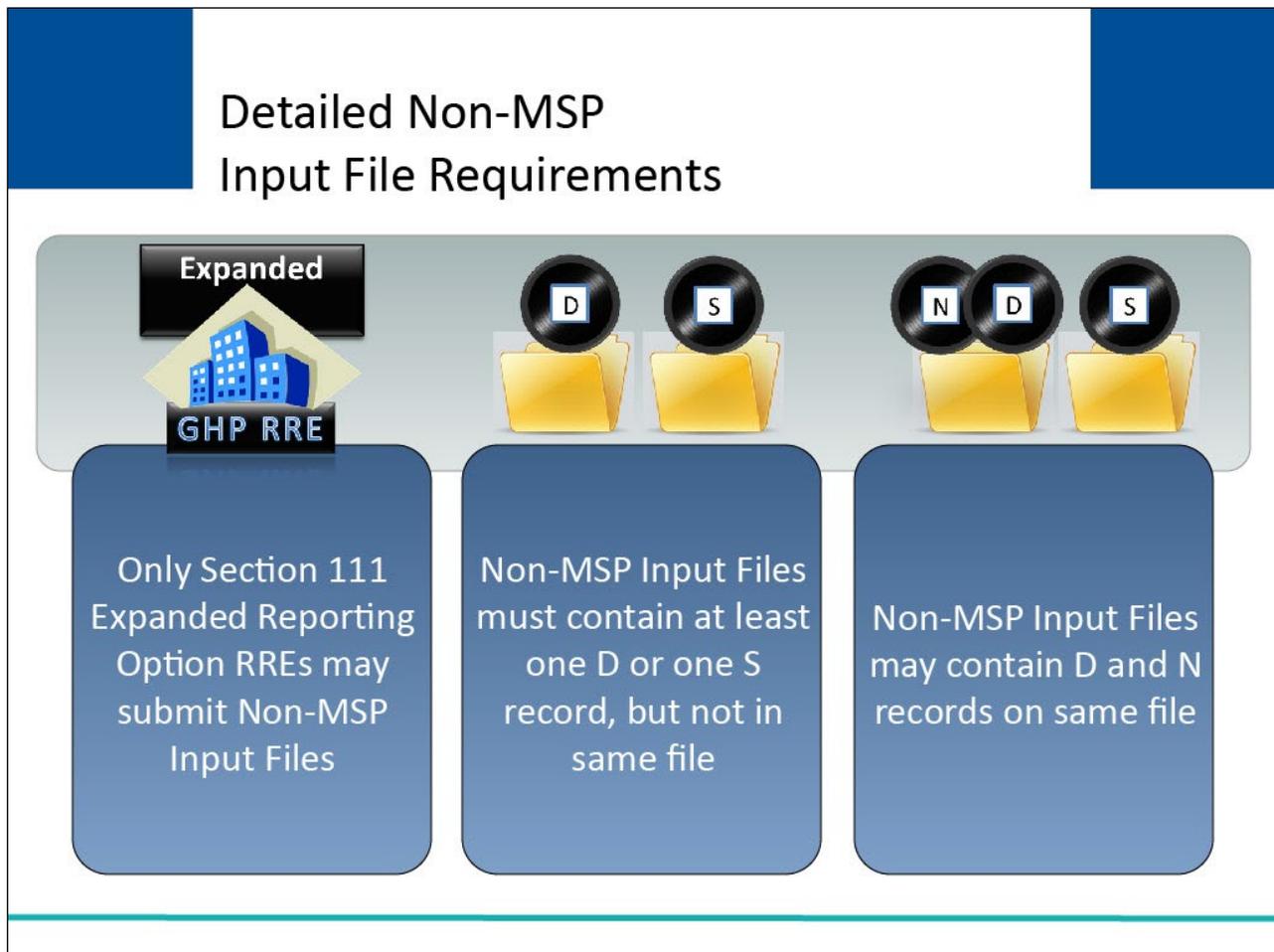
Non-MSP Input Files must contain properly formatted header, detail, and trailer records as defined in Appendix C of the GHP User Guide. Non-MSP Input Files may be submitted on a monthly or quarterly basis.

Non-MSP Input Files must be received on at least a quarterly basis in order to be considered compliant with the requirements for the Expanded Reporting Option.

However, if you maintain a Coordination of Benefits Agreement (COBA) with CMS for the purposes of receiving claims paid by Medicare for secondary payment by your plan, then you may submit supplemental prescription drug information using the COBA Drug Coverage Eligibility (E02) records and remain compliant with the requirements of the Section 111 Expanded Reporting Option.

Note that we ask for this information during the Section 111 registration process. The BCRC will track your COBA submissions accordingly.

## Slide 22 of 27 - Detailed Non-MSP Input File Requirements

**Slide notes**

Only Section 111 RREs that registered for the Expanded Reporting Option may submit Non-MSP Input Files.

A Non-MSP Input File must contain at least one D or one S record. S records must be submitted on separate files. A Non-MSP Input File may not be used exclusively for querying about Medicare coverage with N records only.

If a file does not contain any D or S records, the file will be suspended from further processing. A single Non-MSP Input File may contain D and N records.

N and D records must be submitted on a separate file from S records. Do not include S records in a file with N and D records.

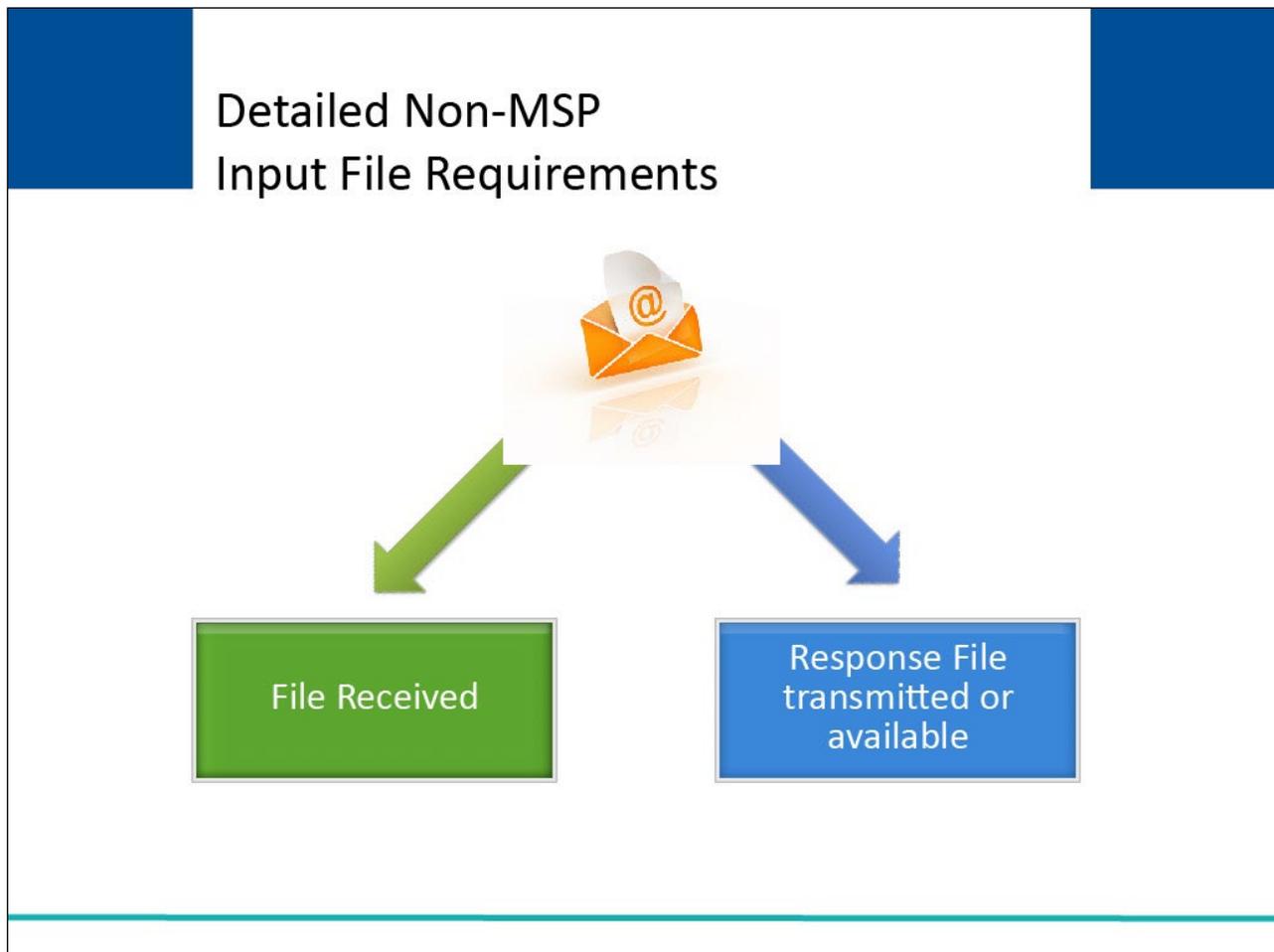
Note: GHP RREs are now required to include the Insurer Name when submitting supplemental drug (D) records on Non-MSP Input files.

As a result, a new SP25 error code has been added to the Appendices of the User Guide. Since S records 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.

Section 111 RREs who receive RX 07 error codes when submitting drug records for beneficiaries who have not yet enrolled in a Medicare Part D plan can resubmit records that received this error on your first file submission of the next calendar year or monitor the individual's Medicare Part D enrollment status by logging in to the Section 111 COBSW portal and using the Beneficiary Lookup Tool.

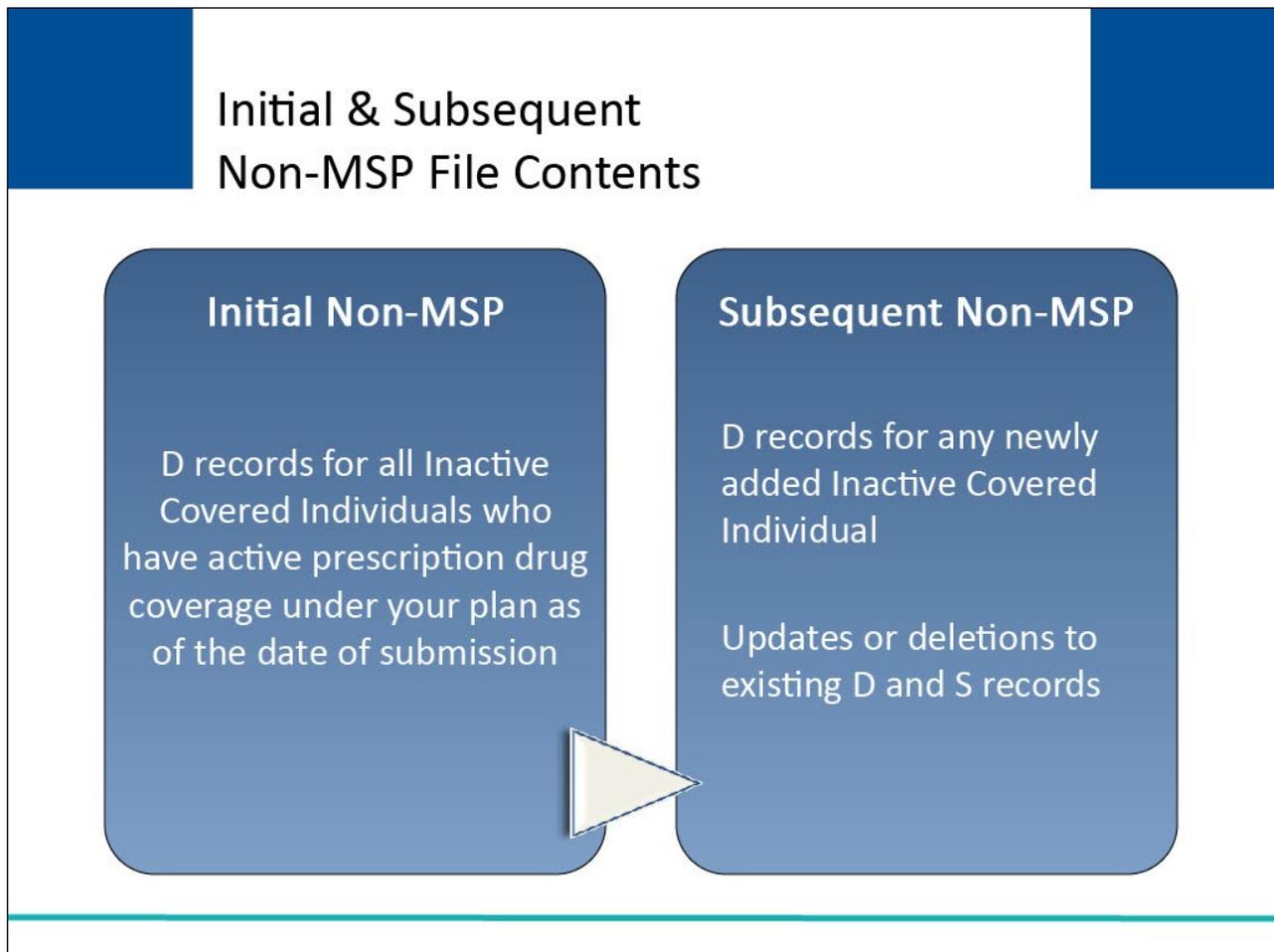
Please make note that there are Special Enrollment Periods (SEPs) that can make a Medicare beneficiary qualify for Part D. It is the RRE's responsibility to ensure correct reporting.

**Slide 23 of 27 - Detailed Non-MSP Input File Requirements**



**Slide notes**

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

**Slide 24 of 27 - Initial & Subsequent Non-MSP File Contents****Slide notes**

The initial Non-MSP Input File should contain D records for all Inactive Covered Individuals who have active prescription drug coverage under your plan as of the date of submission.

The subsequent update files should include D records for any Inactive Covered Individual you have added to your plan since the last file submission.

The subsequent update files must include updates to any previously submitted D and S records that have changed since the last submission as well as any deletions for previously submitted records that were added in error.

**Slide 25 of 27 - Course Summary**

## Course Summary

- Non-MSP Input File
  - Add Transactions
  - Update Transactions
  - Delete Transactions



**Slide notes**

This learning module provided information on the reporting requirements for update Non-MSP Input Files.

Add, Update, and Delete transactions were defined and examples of when to submit each were provided.

**Slide 26 of 27 - Conclusion**



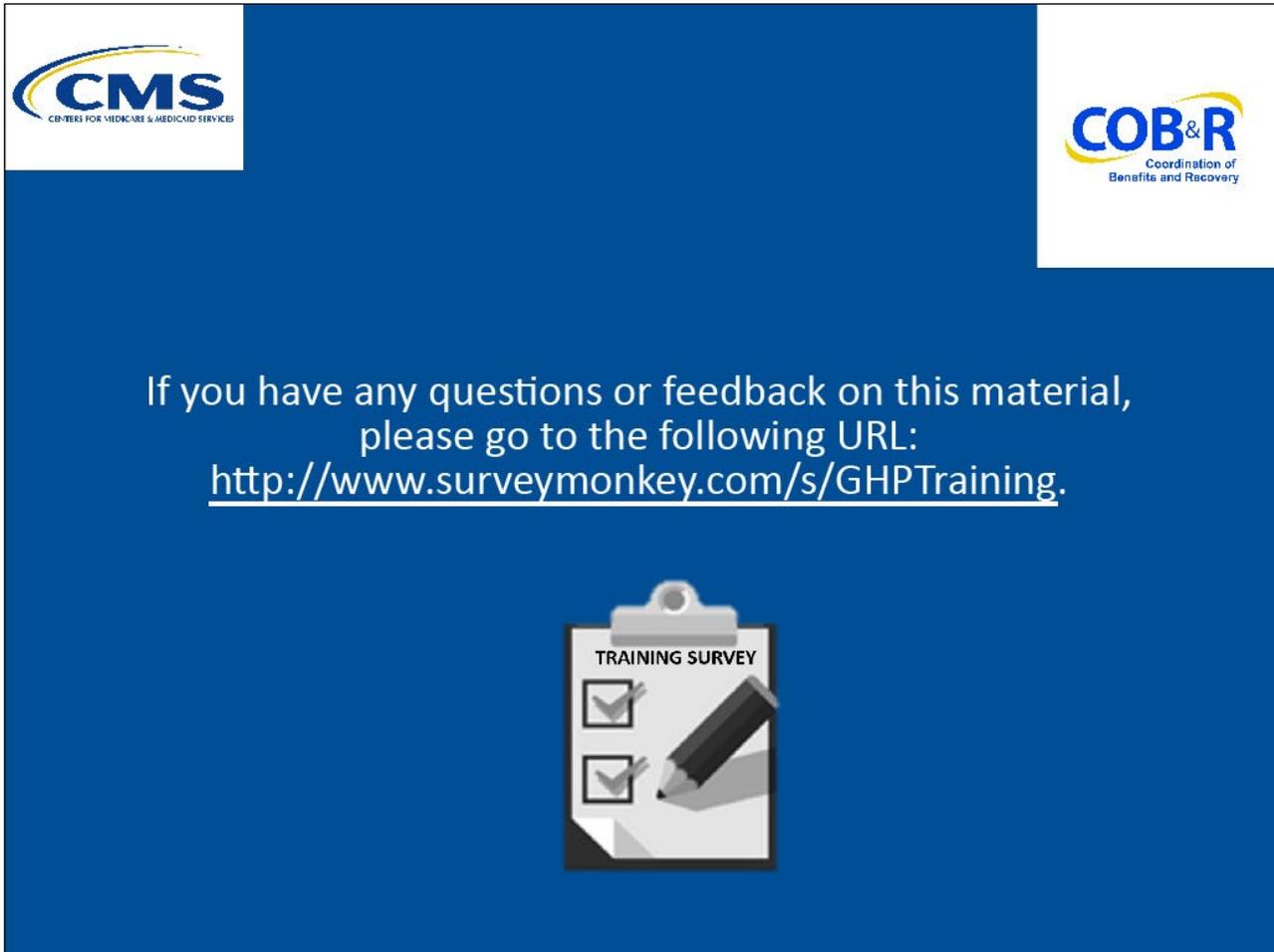
You have completed the Update Non-MSP Input File Submission course. Information in this course can be referenced by using the GHP User Guide's table of contents and any subsequent alerts. These documents are available for download at the following link:  
<http://go.cms.gov/mirghp>.

**Slide notes**

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**Slide 27 of 27 - GHP Training 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). The central text reads: "If you have any questions or feedback on this material, please go to the following URL: <http://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 to the following URL:  
<http://www.surveymonkey.com/s/GHPTraining>.