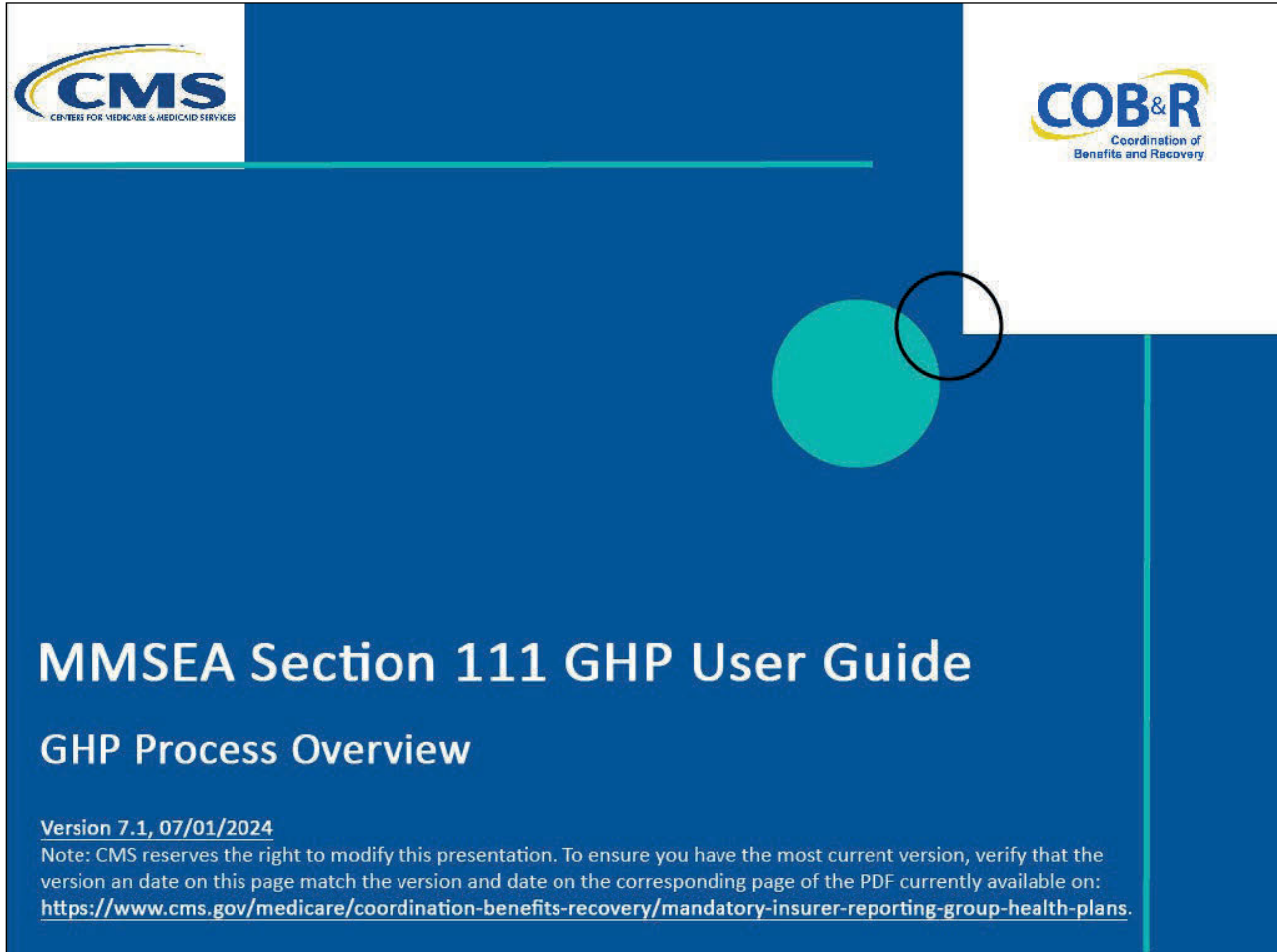


## Process Overview Introduction

### Slide 1 of 19 - Process Overview Introduction



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

# MMSEA Section 111 GHP User Guide

## GHP Process Overview

Version 7.1, 07/01/2024

Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on:  
<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting-group-health-plans>.

### Slide notes

Welcome to the Group Health Plan (GHP) Process Overview course.

**Slide 2 of 19 - 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://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting-group-health-plans>.

**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: [CMS GHP Website](#).

**Slide 3 of 19 - Course Overview**

## Course Overview

- Purpose
- Data Exchange
  - Reporting Options
  - File Submissions
  - Data Flow
  - Data Use Agreement
  - Section 111
    - COBSW
    - RRE required prescription drug coverage
- Customer Service and Reporting Assistance
  - CMS Website
  - EDI Representative
  - Training and education

**Slide notes**

The topics in this course include:

- purpose of GHP Data Exchange, and
- details of the Data Exchange,
  - including reporting options,
  - file submissions,
  - data flow,
  - data use agreement, and
  - the Section 111 Coordination of Benefits Secure Website (COBSW) and RRE required prescription drug coverage.

The course also includes options for customer service and reporting assistance such as:

- the CMS website for Section 111,
- the Electronic Data Interchange (EDI) Representative, and
- training and education resources.

**Slide 4 of 19 - Purpose**

## Purpose

Enables CMS to coordinate Medicare benefits



**Slide notes**

The purpose of the Section 111 GHP reporting process is to enable CMS to coordinate health insurance benefits of Medicare beneficiaries by determining which insurer is the primary payer.

**Slide 5 of 19 - Data Exchange**

## Data Exchange

**CMS authorized to exchange data with GHP (RREs)**

- RRE submits GHP entitlement information
- The BCRC provides Medicare entitlement information

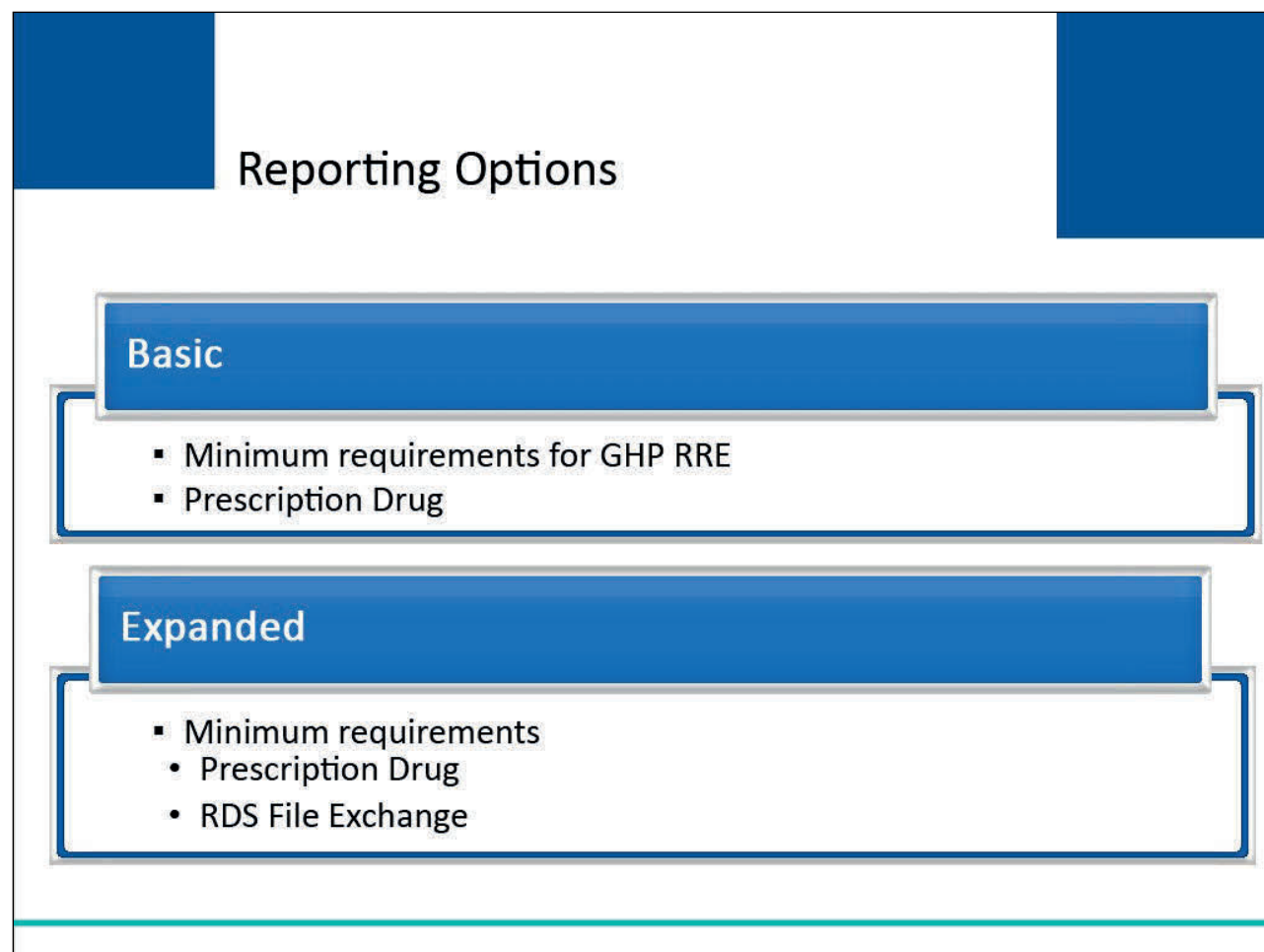
**Slide notes**

In order to facilitate the data exchange process, Section 111 gives CMS the authority to electronically exchange health insurance benefit entitlement information with GHP Responsible Reporting Entities (RREs).

A Section 111 GHP Responsible Reporting Entity is defined as “an entity serving as an insurer or third-party administrator for a group health plan...and, in the case of a group health plan that is self-insured and self-administered, a plan administrator or fiduciary.”

A Responsible Reporting Entity is required to submit GHP entitlement information about employees and dependents to CMS’s Benefits Coordination & Recovery Center (BCRC) on a quarterly basis.

In return, the BCRC will provide the Responsible Reporting Entity with Medicare entitlement information for those individuals in the GHP that can be identified as Medicare beneficiaries. This mutual data exchange helps ensure that claims are paid correctly.

**Slide 6 of 19 - Reporting Options****Slide notes**

Section 111 provides two reporting options, Basic and Expanded, for GHPs to comply with Section 111. The Basic Option is the minimum option that the GHP Responsible Reporting Entity can use.

This option will be used to supply CMS with hospital, medical, and prescription drug coverage information for Medicare beneficiaries.

The Expanded Option will be used to supply CMS with hospital and medical coverage information as well as prescription drug coverage information for Medicare beneficiaries.

The Section 111 GHP reporting process includes an option to exchange prescription drug coverage information to coordinate benefits related to Medicare Part D.

CMS is also allowing RREs, that are also participating in the Retiree Drug Subsidy (RDS) program or are reporting to RDS on behalf of a plan sponsor, to use the Section 111 GHP reporting process to submit subsidy enrollment (retiree) files to the RDS Center using the Section 111 GHP reporting process.

Additionally, Under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT Act) for Patients and Communities, Section 111 Responsible Reporting Entities

(RREs) who provide primary prescription drug coverage must submit this information through the Section 111 process.

**Slide 7 of 19 - File Submissions**

## File Submissions

- Register with the BCRC
- Test GHP data reporting exchange
- Receive file submission timeframe for quarterly
- Submit initial file with GHP coverage information for
  - All Active Covered Individuals, or
  - Active Covered Individuals identified as Medicare beneficiaries through query process
- Submit subsequent files containing only new or changed coverage information

**Note:**

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 notes**

GHP Responsible Reporting Entities will exchange data through electronic file submissions.

To begin the reporting process for Section 111, Responsible Reporting Entities are required to register with the BCRC and fully test the GHP data reporting exchange before submitting production files.

The Responsible Reporting Entities are assigned a production file submission timeframe during which they are to submit their files on a quarterly basis.

Once the Responsible Reporting Entities are in a production mode, they will submit an initial file containing GHP coverage information for all individuals meeting the definition of an Active Covered Individual or Active Covered Individuals identified as Medicare beneficiaries through the query process.

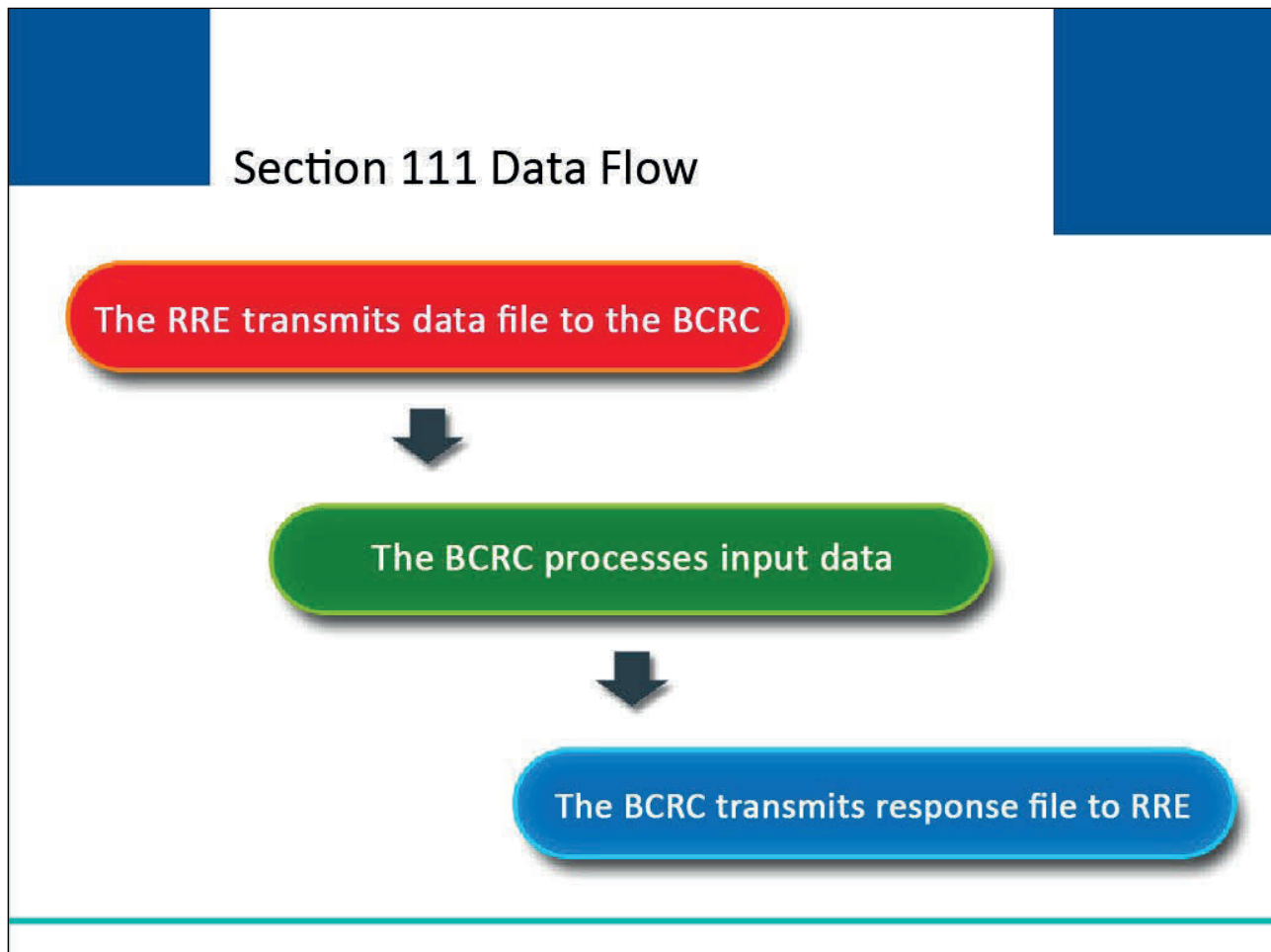
Subsequent quarterly file submissions are to contain only new or changed coverage information using add, delete, and update transactions. For further information, please review the GHP User Guide.

Note: 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 8 of 19 - Section 111 Data Flow

**Slide notes**

The data exchanged through the Section 111 reporting process is arranged in six different file layouts. An RRE electronically transmits a claim data file to the BCRC.

The BCRC processes the data in this input file by first editing the incoming data and then determines whether the injured party is a Medicare beneficiary and if the other insurance reported is primary to Medicare.

Other insurance information for Medicare beneficiaries derived from the input file is posted on the Medicare Common Working File (CWF) by the BCRC for use by other Medicare contractors for claims processing to make sure Medicare pays secondary when appropriate and/or is passed to the CMS Commercial Repayment Center (CRC) for recovery efforts.

When this processing is completed or the prescribed time for response file generation has elapsed, the BCRC electronically transmits a response file back to the RRE.

The response file will include information on any errors found, disposition codes that indicate the results of processing, and MSP information as prescribed by the response file format.

Normally, the RRE will only receive a response file after they transmit an input file. However, as part of the RDS file exchange process, the BCRC will transmit a response file to an RRE without having first processed a specific input file.

This unsolicited response file is used to inform the RRE about changes to previously submitted data resulting from changes in Medicare's information since the original data was first processed.

More information regarding this topic can be found in the RDS File Submission course and in the GHP User Guide.

**Slide 9 of 19 - Data Use Agreement**

## Data Use Agreement

- Sign Data Use Agreement
- Secure all exchanged data
- Ensure data is used appropriately

**Slide notes**

As part of the Section 111 registration process, each Responsible Reporting Entity will be asked to sign a Data Use Agreement.

Data exchanged for Section 111 is to be used solely for the purposes of coordinating health care benefits for Medicare beneficiaries between Medicare and Section 111 Responsible Reporting Entities who provide other health insurance coverage.

Measures must be taken by both parties to secure all data exchanged and ensure it is used properly.

Slide 10 of 19 - COB Secure Website

## COB Secure Website

- Application that supports Section 111 reporting
- RREs will register and set up accounts

<https://www.cob.cms.hhs.gov/Section111/>

### Slide notes

The BCRC will maintain an application on the Medicare COB Secure Website (COBSW) to support Section 111 reporting.

All Section 111 GHP RREs will register and set up accounts on the Section 111 COBSW. The Section 111 COBSW URL is [COBSW Section 111](https://www.cob.cms.hhs.gov/Section111/).

**Slide 11 of 19 - COB Secure Website**

## COB Secure Website

- Complete registration and account setup process
- Obtain Login IDs and assign users
- Exchange files via HTTPS or SFTP with the BCRC
- View and update account profile information
- View:
  - Status of current file processing
  - Statistics related to previous file submissions
  - Statistics related to Section 111 reporting compliance

**Slide notes**

On the Section 111 COBSW, Responsible Reporting Entities will be able to:

- Complete the registration and account setup process. All information will be collected through an interactive Web application.
- Obtain Login IDs and assign users for Section 111 COBSW accounts.
- Exchange files via Hypertext Transfer Protocol over Secure Socket Layer (HTTPS) used to indicate a secure HTTP or Secure File Transfer Protocol (SFTP) directly with the BCRC data center without going through the CMS data center.
- View and update Section 111 reporting account profile information such as contacts and company information.
- View the status of current file processing such as when a file was marked as received and whether a response file has been created.
  - 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.
- View statistics related to previous file submission and processing.

- View statistics related to compliance with Section 111 reporting requirements such as whether files and records have been submitted on a timely basis.

Note: After the Section 111 COBSW goes live, Responsible Reporting Entities will still be able to submit files to the BCRC via Connect:Direct (NDM) over AGNS. If this method is used, the Section 111 COBSW will still be used to register and monitor file statistics.

**Slide 12 of 19 - COB Secure Website**

## COB Secure Website

- Best Practices:
  - Keep PC Operating System and Internet Browser software at most current patch level
  - Use latest versions of anti-virus/spyware software
  - Use desktop firewall software
  - Never use a public computer to login to CMS resources

**Slide notes**

CMS advises all Section 111 COBSW users to implement the following best practices:

- Keep the personal computer Operating System and Internet Browser software (e.g. Internet Explorer or Firefox) at the most current patch level.
- Install and use the latest versions of anti-virus/spyware software to continuously protect personal computers.
- Use desktop firewall software on personal computers and ensure that file sharing is disabled.
- Never use a public computer (library, internet café, etc.) to login to CMS resources.



**Slide 13 of 19 - Customer Service and Reporting Assistance**



**Slide notes**

For customer service and reporting assistance, Responsible Reporting Entities will be able to use the CMS Website, EDI Representatives, and various training and education materials.

**Slide 14 of 19 - CMS Website**

## CMS Website

- For updated information on Section 111 reporting requirements, visit <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting-group-health-plans>
- To be notified via email of updates, you can enter your email address in the “Get Email Updates” section at the bottom of any CMS.gov page and select which topics you would like to receive updates on.

**Slide notes**

The CMS Website devoted to Section 111 information, [CMS GHP Website](#), should be checked frequently for updated information.

This website will include updates to the GHP User Guide. In order to be notified via email of updates to this page, you can enter your email address in the “Get E-Mail Updates” section at the bottom of any CMS.gov page and select which topics you would like to receive updates on.

**Slide 15 of 19 - EDI Representative**

## EDI Representative

- Your contact for file transmission and reporting issues
- Profile report provides EDI Representative information

**Slide notes**

After you register for Section 111 reporting, you will be assigned an EDI Representative to be your main contact for Section 111 file transmission and reporting issues.

Contact information for your EDI Representative will be provided to you on your profile report. You will receive your profile report once the BCRC has processed and accepted your registration.

The profile report summarizes the information you provided on your registration and provides important information you will need for your data file transmission.

If you have not yet been assigned an EDI Representative, please call the EDI Department at 646-458-6740 for assistance.

**Slide 16 of 19 - Training and Education**

## Training and Education

- Section 111 CMS Website
- Teleconference Events
- Learning Plan of CBT courses

**Slide notes**

Additionally, we offer various forms of training and educational materials to help you with Section 111:

- The Section 111 CMS website will contain links to all CMS publications regarding the MSP Mandatory Reporting Requirements under Section 111 of the MMSEA of 2007.
- CMS and the BCRC will be conducting a series of Teleconference Events that will provide information regarding Section 111 reporting requirements.
  - The schedule for the Teleconference Events will be posted (and updated as new calls are scheduled) on the GHP Alerts page of the CMS website at [CMS GHP Website](#).
- CMS has made available a [learning plan of CBT courses](#) to Section 111 GHP RREs and agents.
  - These courses provide in-depth training on Section 111 reporting requirements, file transmissions, file formats, file processing, and the Section 111 COBSW.
  - These courses are all available on the [GHP Training Material](#) page of the CMS website.

**Slide 17 of 19 - Course Summary**

## Course Summary

- Purpose
- Data Exchange
  - Reporting Options
  - File Submissions
  - Data Flow
  - Data Use Agreement
  - Section 111
    - COBSW
    - RRE required prescription drug
- Customer Service and Reporting Assistance
  - CMS Web site
  - EDI Representative
  - Training and education



*Summary*

**Slide notes**

The topics in this course included:

- purpose of GHP Data Exchange, and
- details of the Data Exchange,
  - including reporting options,
  - file submissions,
  - data flow,
  - data use agreement, and
  - the Section 111 Coordination of Benefits Secure Website (COBSW) and RRE required prescription drug coverage.

The course also included options for customer service and reporting assistance such as:

- the CMS website for Section 111,
- the Electronic Data Interchange (EDI) Representative, and
- training and education resources.

**Slide 18 of 19 - Conclusion**

You have completed the GHP Process Overview 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://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting-group-health-plans>

**Slide notes**


You have completed the GHP Process Overview course. Information in this course can be referenced by using the GHP User Guide's table of contents.

These documents are available for download at the following link: [CMS GHP Website](#).

**Slide 19 of 19 - GHP Training Survey**



If you have any questions or feedback on this material,  
please go to 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: [GHP Training Survey](#).