

## GHP Process Reporting

### Slide 1 of 18 - GHP Process Reporting

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

# MMSEA Section 111 GHP User Guide

## GHP Process Reporting Options

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 Reporting Options course.

**Slide 2 of 18 - 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 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: [CMS GHP Website](#).

**Slide 3 of 18 - Course Overview**

## Course Overview

- GHP Reporting Options
  - Basic
  - Expanded

**Slide notes**

This learning module explains the data reporting options, Basic and Expanded, which are available to Responsible Reporting Entities (RREs) to assist them in complying with Section 111. It includes file types and descriptions required for each reporting option.

**Slide 4 of 18 - GHP Reporting Options**

## GHP Reporting Options

- Basic Reporting Option
  - Minimum compliance requirements (i.e. GHP coverage information only)
- Expanded Reporting Option
  - Minimum compliance requirements
  - Plus prescription drug coverage information

**Slide notes**

Section 111 requires GHP Responsible Reporting Entities (RREs) to provide CMS with information regarding hospital and medical coverage supplied to Medicare beneficiaries.

If the beneficiary expands or reduces their insurance coverage, first terminate the record by providing an end date and then send an add record with the updated coverage.

Section 111 also contains provisions for CMS to share Medicare Part A (hospital) entitlement, Part B (medical) coverage, and Part C (Medicare Advantage) information with the RRE.

RRE may choose one of two reporting options, Basic or Expanded, to comply with Section 111 requirements.

The Basic Reporting Option reflects the minimum requirements the RRE must adhere to in order to comply with Section 111.

If the RRE chooses the Basic Option, they will be required to provide GHP coverage information only and CMS will share information regarding Medicare Parts A, B, and C.

The Expanded Reporting Option includes the minimum requirements for Section 111 plus the exchange of prescription drug coverage information.

The Expanded Reporting Option will be used by RRE that wish to share prescription drug coverage information with CMS.

The RRE will use the file formats available for Section 111 data exchange to include information on prescription drug coverage that is either primary or secondary to Medicare Part D.

**Slide 5 of 18 - Basic Reporting Option**

**Basic Reporting Option**

**Includes:**

- MSP Input File
  - Primary medical and hospital coverage
- TIN Reference File
- TIN Reference Response File
- Optional Query Only Input File
- Corresponding response files

**The BCRC provides entitlement/enrollment information for Medicare Parts A, B, and C**

- GHP RREs who report primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response files.

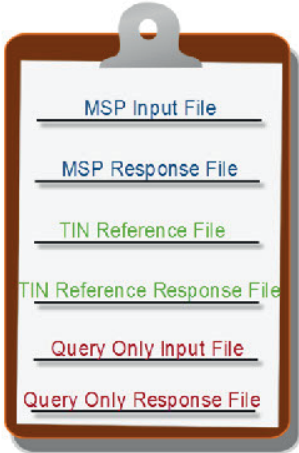
**Slide notes**

The Basic Reporting Option includes submission of the Medicare Secondary Payer (MSP) Input File for primary medical and hospital coverage of Active Covered Individuals, the TIN (Tax Identification Number) Reference File, TIN Reference Response File, and optionally, the Query Only Input File, in the form of an ANSI 270/271 Entitlement Query File, along with the corresponding response files.

The Query Only Input File will be used by the GHP to request Medicare coverage information on their retirees. The Benefits Coordination & Recovery Center (BCRC) will only provide entitlement/enrollment information for Medicare Parts A, B, and C with this option.

Additionally, GHP RREs who report primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response files.

## Slide 6 of 18 - Basic Reporting Option Files

Basic Reporting Option Files	
File Type	Description
MSP Input File	<ul style="list-style-type: none"><li>From the RRE to the BCRC</li><li>Report information regarding Active Covered Individuals whose GHP coverage may be primary to Medicare</li></ul>
	

## Slide notes

A brief description of the files used in the Basic Reporting Option are as follows. The exact file formats and record layouts are provided in the appendices of the GHP User Guide.

**MSP Input File:** This is the data set transmitted from an MMSEA Section 111 Responsible Reporting Entity to the BCRC that is used to report information regarding Active Covered Individuals whose GHP coverage may be primary to Medicare.

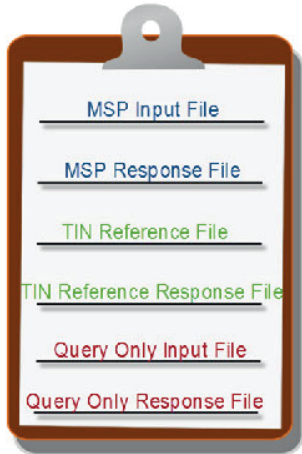
**Note:** Section 111 RREs who receive RX 07 error codes when submitting drug records for beneficiaries who have not yet enrolled in a Medicare Part D plan can resubmit records that received this error on your first file submission of the next calendar year or monitor the individual's Medicare Part D 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.

To provide more accurate direction to submitters, instead of receiving the RX 07 error code (Beneficiary does not have Part D enrollment), Disposition Code 51 will be returned for those records where the submitted individual is not entitled to Medicare Part D.



## Slide 7 of 18 - Basic Reporting Option Files

Basic Reporting Option Files	
File Type	Description
MSP Response File	<ul style="list-style-type: none"><li>From the BCRC to the RRE</li><li>Respond with corrections and/or changes to MSP Input File</li></ul>
	

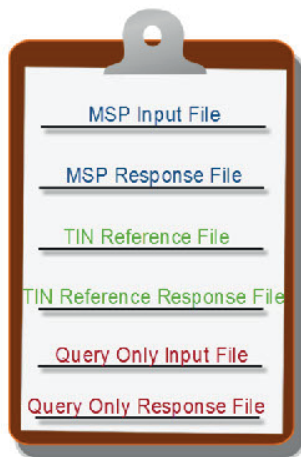
## Slide notes

MSP Response File: This is the dataset transmitted from the BCRC to the Responsible Reporting Entity after the information supplied in the Responsible Reporting Entity's MSP Input File has been processed.

## Slide 8 of 18 - Basic Reporting Option Files

## Basic Reporting Option Files

### File Type TIN Reference File



### Description

- From the RRE to the BCRC
- Provide RRE's Federal TIN and associated mailing address
- Submit with the MSP Input File or as a separate file

### Slide notes

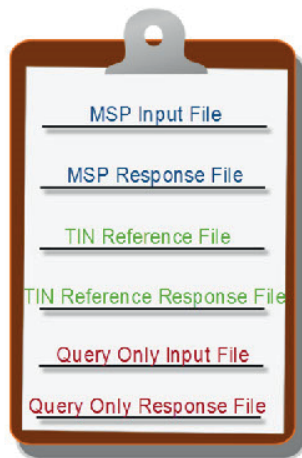
The TIN Reference File consists of a listing of each business entity's Federal Tax Identification Number (TIN) and the business mailing address that is linked to that particular TIN.

This file can be submitted along with the MSP Input File in one physical file transmission or as a separate file.

## Slide 9 of 18 - Basic Reporting Option Files

## Basic Reporting Option Files

### File Type TIN Reference Response File



### Description

- From the BCRC to the RRE
  - After information supplied in TIN Reference File has been processed

### Slide notes

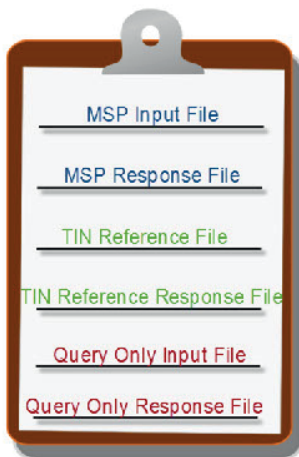
TIN Reference Response File: This is the data set transmitted from the BCRC to the RRE after the information supplied in the RRE's TIN Reference File has been processed.

## Slide 10 of 18 - Basic Reporting Option Files

## Basic Reporting Option Files

### File Type

Query Only Input File



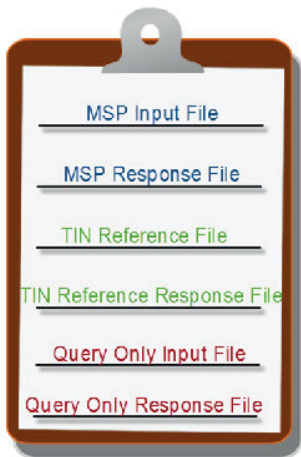
### Description

- From the RRE to the BCRC
- Request Medicare Part A entitlement and Parts B and C enrollment information of potential Medicare beneficiaries

### Slide notes

Query Only Input File: This is a query file used to obtain Medicare Part A entitlement and Parts B and C enrollment information of potential Medicare beneficiaries.

## Slide 11 of 18 - Basic Reporting Option Files

Basic Reporting Option Files	
File Type	Description
Query Only Response File	
	<ul style="list-style-type: none"><li>• From the BCRC to the RRE</li><li>• Return Parts A, B and C coverage information for individuals identified as Medicare beneficiaries</li><li>• As of July 2019, GHP RREs who report primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response files.</li></ul>

## Slide notes

After the BCRC has processed the Query Only Input File, it will return the Query Only Response File with Medicare Parts A, B, and C coverage information for individuals identified as Medicare beneficiaries.

GHP RREs who report primary prescription drug coverage using the Basic reporting option will now receive Medicare Part D enrollment information on their response files.

**Slide 12 of 18 - Expanded Reporting**

## Expanded Reporting Option

- Includes:
  - MSP Input File
    - Primary medical, hospital and prescription drug coverage
  - TIN Reference File
  - TIN Reference Response File
  - Optional Query Only Input File
  - Non-MSP Input File
    - RDS and supplemental prescription drug coverage records
  - Corresponding response files
- The BCRC provides entitlement/enrollment information for Medicare Parts A, B, C, and D.
- Must provide drug coverage on a regular basis

**Slide notes**

The Expanded Reporting option includes the MSP Input File for primary medical, hospital, and prescription drug coverage for Active Covered Individuals, the TIN Reference File, TIN Reference Response File, the optional Query Only Input File and the Non-MSP Input File.

The Non-MSP Input File is used to report information regarding the prescription drug insurance coverage information of your Inactive Covered Individuals.

This File can also be used to query CMS about potential beneficiary Medicare Parts A, B, C, and D coverage.

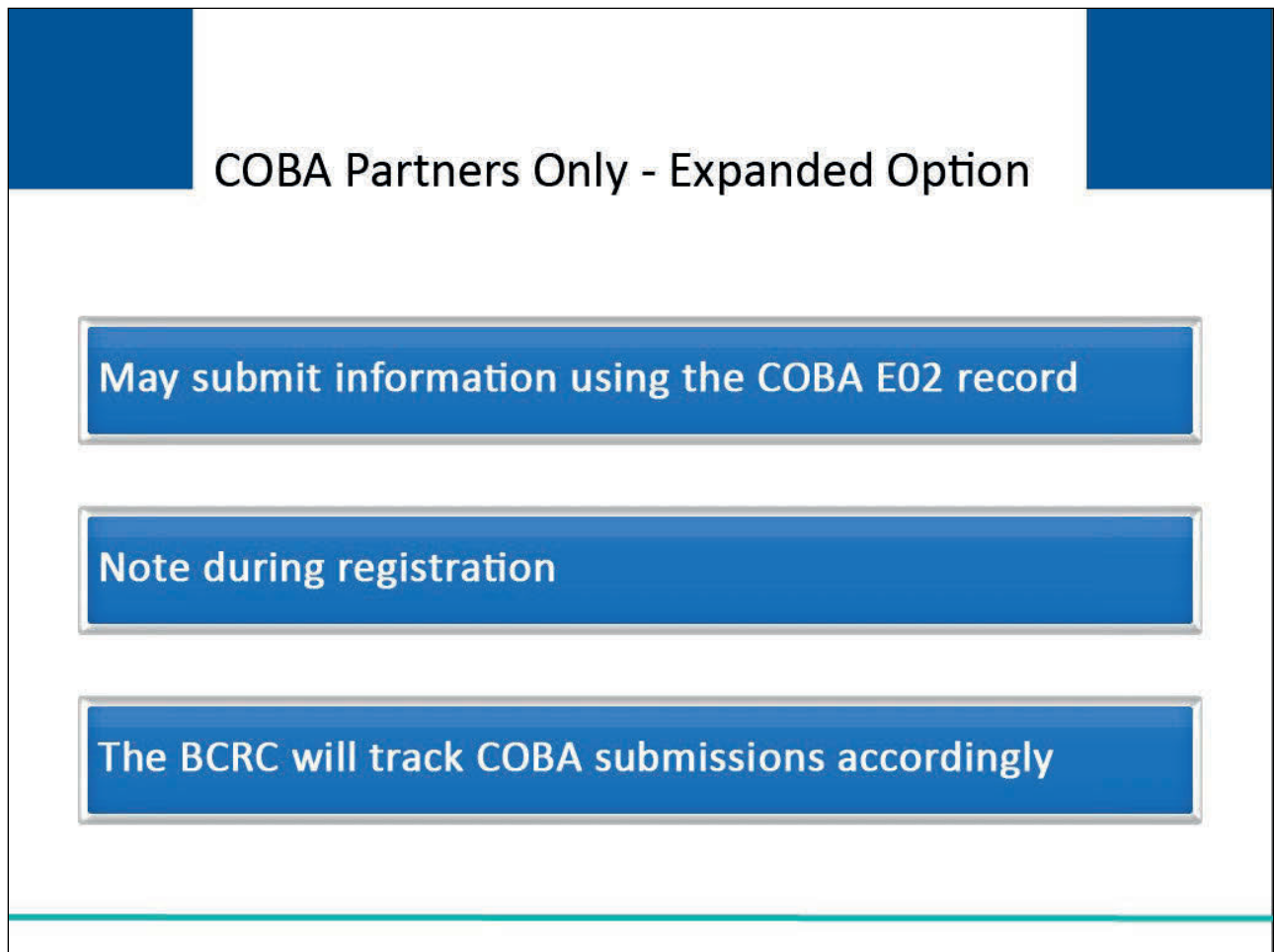
Additionally, the Non-MSP Input File may be used as a way to submit retiree files to the Retiree Drug Subsidy (RDS) Center on behalf of Plan Sponsors claiming the Retiree Drug Subsidy.

The Expanded Reporting Option will also include corresponding response files.

The BCRC will provide entitlement/enrollment information for Medicare Parts A, B, C, and D with this option.

If you choose the Expanded Reporting Option, you must provide CMS with information about drug coverage for Medicare beneficiaries on a regular basis in the form of primary drug coverage on the MSP Input File, or supplemental drug coverage records or RDS retiree file records on the Non-MSP Input File.

To ensure that a drug record is not created with a missing or invalid insurer name when an RDS record is received through a VDSA, a valid insurer name is now required when the submitted Action Type is "S".

**Slide 13 of 18 - COBA Partners Only - Expanded Option**The slide features a white background with a blue header bar at the top. The title 'COBA Partners Only - Expanded Option' is centered in the header. Below the header, there are three blue rectangular boxes with white text, each containing a key point. The first box states 'May submit information using the COBA E02 record'. The second box states 'Note during registration'. The third box states 'The BCRC will track COBA submissions accordingly'. A thin teal horizontal line is located at the bottom of the slide content area.

## COBA Partners Only - Expanded Option

May submit information using the COBA E02 record

Note during registration

The BCRC will track COBA submissions accordingly

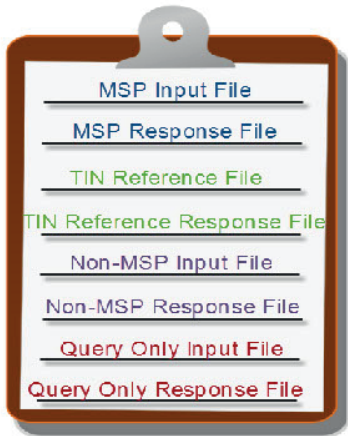
**Slide notes**

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

If you choose this reporting option, please note this during the Section 111 registration process. The BCRC will track your COBA submissions accordingly.



## Slide 14 of 18 - Expanded Reporting Option Files

Expanded Reporting Option Files	
File Type	Description
Non-MSP Input File	<ul style="list-style-type: none"><li>From the RRE to the BCRC</li><li>Report information regarding the drug insurance coverage information of Inactive Covered Individuals</li></ul>
	

## Slide notes

The following section explains the Expanded Reporting Option in further detail. In addition to the MSP Input File, MSP Response File, TIN Reference File, TIN Reference Response File, Query Only Input File and Query Only Response File included in the Basic Reporting Option, the Expanded Reporting Option includes the Non-MSP Input File and Non-MSP Response File.

The exact file formats and record layouts are provided in the appendices of the GHP User Guide.

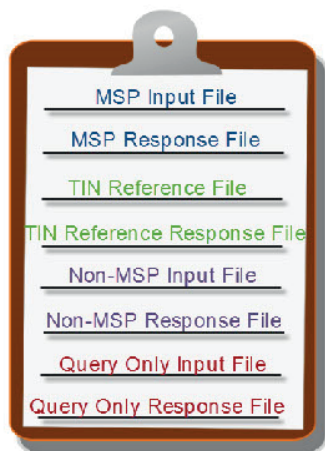
**Non-MSP Input File:** This is the data set transmitted from a Responsible Reporting Entity to the BCRC that is used to report information regarding the drug insurance coverage information of Inactive (e.g. not employed, retired) Covered Individuals.

## Slide 15 of 18 - Expanded Reporting Option Files

## Expanded Reporting Option Files

### File Type

#### Non-MSP Response File

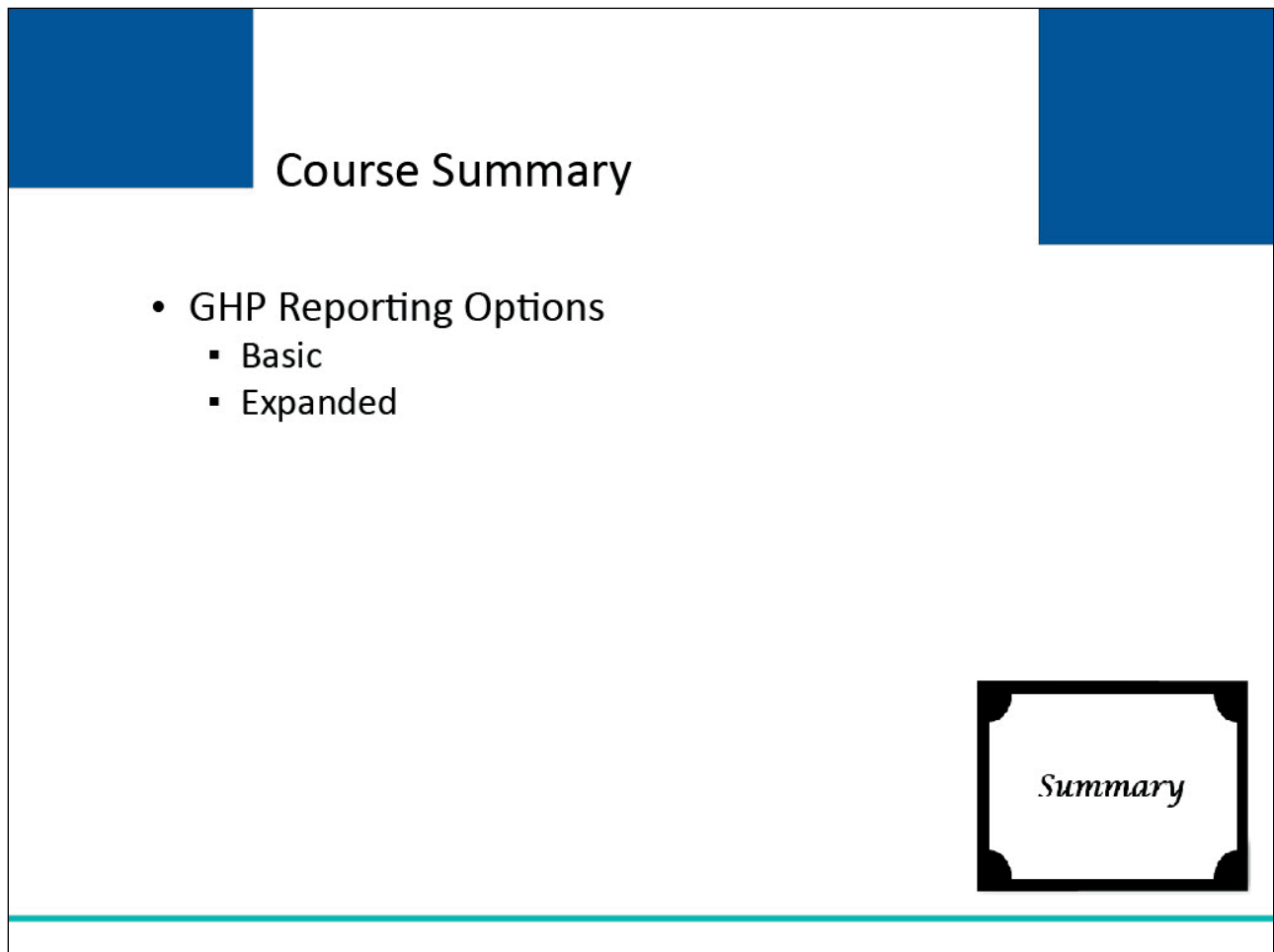


### Description

- From the BCRC to the RRE
- Information processed regarding Inactive Covered Individuals

### Slide notes

Non-MSP Response File: This is the dataset transmitted from the BCRC to the Responsible Reporting Entity after the information supplied in the Non-MSP Input File has been processed.

**Slide 16 of 18 - Course Summary**The slide features a white background with two blue rectangular accents in the top-left and top-right corners. The title "Course Summary" is positioned in the upper left area. Below it, a bulleted list details "GHP Reporting Options" with sub-points "Basic" and "Expanded". In the bottom right corner, there is a black-bordered box with the word "Summary" written in a script font. A thin teal horizontal line runs across the bottom of the slide content area.



## Course Summary

- GHP Reporting Options
  - Basic
  - Expanded

*Summary*

**Slide notes**

This learning module explained the data reporting options, Basic and Expanded, which are available to Responsible Reporting Entities to assist them in complying with Section 111. It included file types and descriptions required for each reporting option.

**Slide 17 of 18 - Conclusion**

You have completed the GHP Process Reporting Options 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>.

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**Slide 18 of 18 - 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**

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