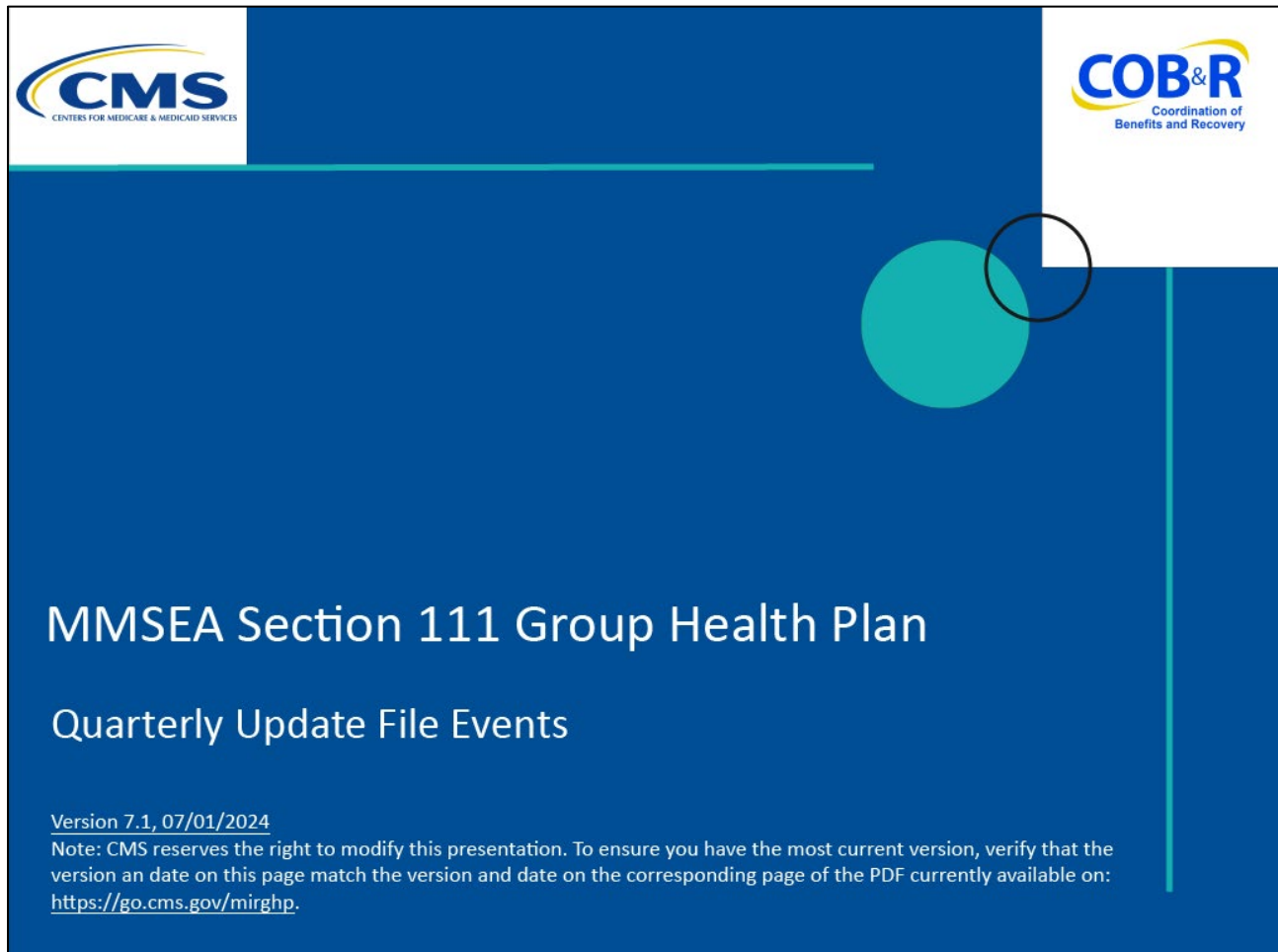


Quarterly Update File Events Introduction

Slide 1 of 34 - Quarterly Update File Events Introduction



The slide features a dark blue background with a light blue circle and a black circle on the right side. The CMS logo is in the top left, and the COB&R logo is in the top right. The main title is 'MMSEA Section 111 Group Health Plan' and the subtitle is 'Quarterly Update File Events'. At the bottom, it says 'Version 7.1, 07/01/2024' and includes a note about CMS reserving the right to modify the presentation, with a link to the PDF.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 Group Health Plan

Quarterly Update File Events

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://go.cms.gov/mirghp>.

Slide notes

Welcome to the Quarterly Update File Events course.

Slide 2 of 34 - 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 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.gov GHP Section 111](https://go.cms.gov/mirghp).

Course Overview

- Definitions
- What to Report
- Examples



Slide notes

This learning module is based on the Quarterly Update Event Table in the Group Health Plan (GHP) User Guide. It provided clarity on some terminology used in the CBT, provided a high-level overview on what is to be reported and also provided examples illustrating how to submit records on a quarterly Medicare Secondary Payer (MSP) Input File. Please see the GHP User Guide for a more thorough understanding of the topics discussed in this CBT.

illustrating how to submit records on a quarterly Medicare Secondary Payer (MSP) Input File. Please see the GHP User Guide for a more thorough understanding of the topics discussed in this CBT.

Slide 4 of 34 - Definitions

Definitions

Previously Reported and Accepted

- Submitted/accepted with Disposition 01
- The BCRC posted MSP occurrence
- Medicare pays secondary during MSP Effective and Termination Dates

Slide notes

The phrase “previously reported and accepted” means that an MSP Input Detail record was previously submitted and the Benefits Coordination & Recovery Center (BCRC) sent back a disposition code of 01 on the corresponding

MSP Response File record. This means that the BCRC has posted an MSP Occurrence and Medicare is to pay secondary to the GHP insurance during the MSP Effective and Termination Dates returned on the Response File record.

Slide 5 of 34 - Definitions

Definitions

Coverage Period	<ul style="list-style-type: none">Time period from Effective Date until Termination Date
Unique GHP Coverage Period	<ul style="list-style-type: none">Coverage period where <i>key field/field</i> used to determine MSP* is uniqueSubmit MSP Input File record for eachMSP occurrence may be created for each unique period depending on Medicare coverage and other criteria

***Key Fields:** Medicare ID, Effective Date, Coverage Type, Relationship Code, MSP Type

Fields used to determine MSP: Coverage Type, Relationship Code, Employer Size, and Employee Status

Slide notes

The time period from the Effective Date until the Termination Date. Unique GHP Coverage Period: A coverage period where all of the key fields or fields used to determine MSP are unique. MSP Input File records must be submitted for each unique GHP Coverage Period. In cases where coverage exists and a key field/field used to determine MSP changes, a separate record must be submitted. An MSP Occurrence may be created for each unique

GHP coverage period, depending in part on the individual's Medicare coverage during these periods, as well as other criteria such as employer size and employee status. Key Fields: Medicare ID, Effective Date, Coverage Type, Relationship Code, and MSP Type. Fields used to determine MSP: Coverage Type, Relationship Code, Employer Size, and Employee Status.

Slide 6 of 34 - Definitions

Definitions

**Effective Date
(Field 10)**

Date GHP Coverage began for unique GHP coverage period

**Termination Date
(Field 11)**

Date GHP coverage ended for unique GHP coverage period

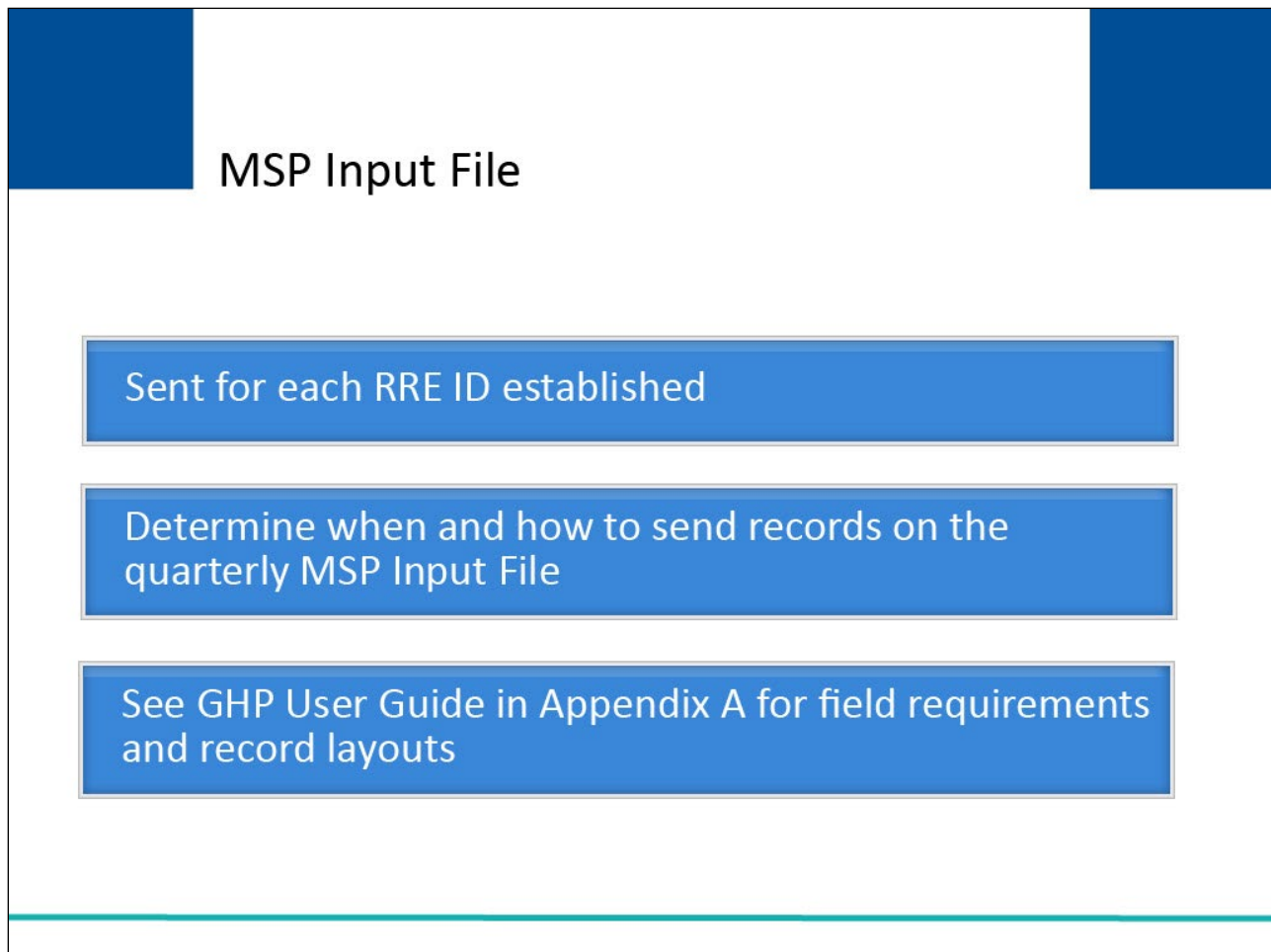
Note: Open-ended GHP coverage periods should be reported with zeroes in Termination Date

Slide notes

Effective Date (Field 10) is the date the coverage began for a unique GHP Coverage Period. For example, the Effective Date that Medical Only coverage began (i.e., Coverage Type, Field 8, equals K).

Termination Date (Field 11) is the date the coverage ended for a unique GHP Coverage Period. For example, the Termination Date that Medical Only coverage ended.

Note: Open-ended GHP coverage periods should be reported (i.e., report an MSP Input File Detail Record with the appropriate Effective Date and all zeroes in the Termination Date).

Slide 7 of 34 - MSP Input FileThe slide features a title 'MSP Input File' at the top center. Below the title, there are three blue rectangular boxes stacked vertically, each containing a key point about the MSP Input File process. The first box states 'Sent for each RRE ID established', the second box states 'Determine when and how to send records on the quarterly MSP Input File', and the third box states 'See GHP User Guide in Appendix A for field requirements and record layouts'. The slide has a blue header bar at the top and a blue footer bar at the bottom.

MSP Input File

- Sent for each RRE ID established
- Determine when and how to send records on the quarterly MSP Input File
- See GHP User Guide in Appendix A for field requirements and record layouts

Slide notes

To begin reporting for Section 111, Responsible Reporting Entities (RREs) must create and send an MSP Input File for each RRE ID established. RREs and their agents must determine when and how to send records on a quarterly MSP Input

File after the initial MSP Input file has been successfully processed. Please see the GHP User Guide for the specific MSP Input File requirements and record layouts in Appendix A for the requirements for each specific field that will be included in your file submission. Just a reminder, this CBT is based on the Quarterly Update Event Table in the GHP User Guide, which contains a summary of the events that trigger reporting on subsequent/update quarterly MSP Input Files.

Slide 8 of 34 - Key Data Fields

Key Data Fields

Uniquely identifies an MSP Occurrence

- Medicare ID (Field 1)
- Effective Date (Field 10)
- Coverage Type (Field 8)
- Relationship Code (Field 12)
- MSP Type

**Slide notes**

Once an MSP Input File record is processed and accepted, the BCRC creates (or updates) an MSP Occurrence. The following key data fields are used to uniquely identify the MSP Occurrence:

Medicare ID (Field 1); Effective Date (Field 10); Coverage Type (i.e., hospital, medical, drug, etc. - Field 8); Relationship Code (i.e., self, spouse, dependent, etc. - Field 12); and, MSP Type (i.e., the reason coverage is primary

Working Aged, ESRD, Disability, etc. This field is generated by the BCRC).

Slide 9 of 34 - MSP Input File Examples

MSP Input File Examples

- Assist RRE in knowing how/when to submit records
- Address certain data fields
 - RRE must submit all required data fields

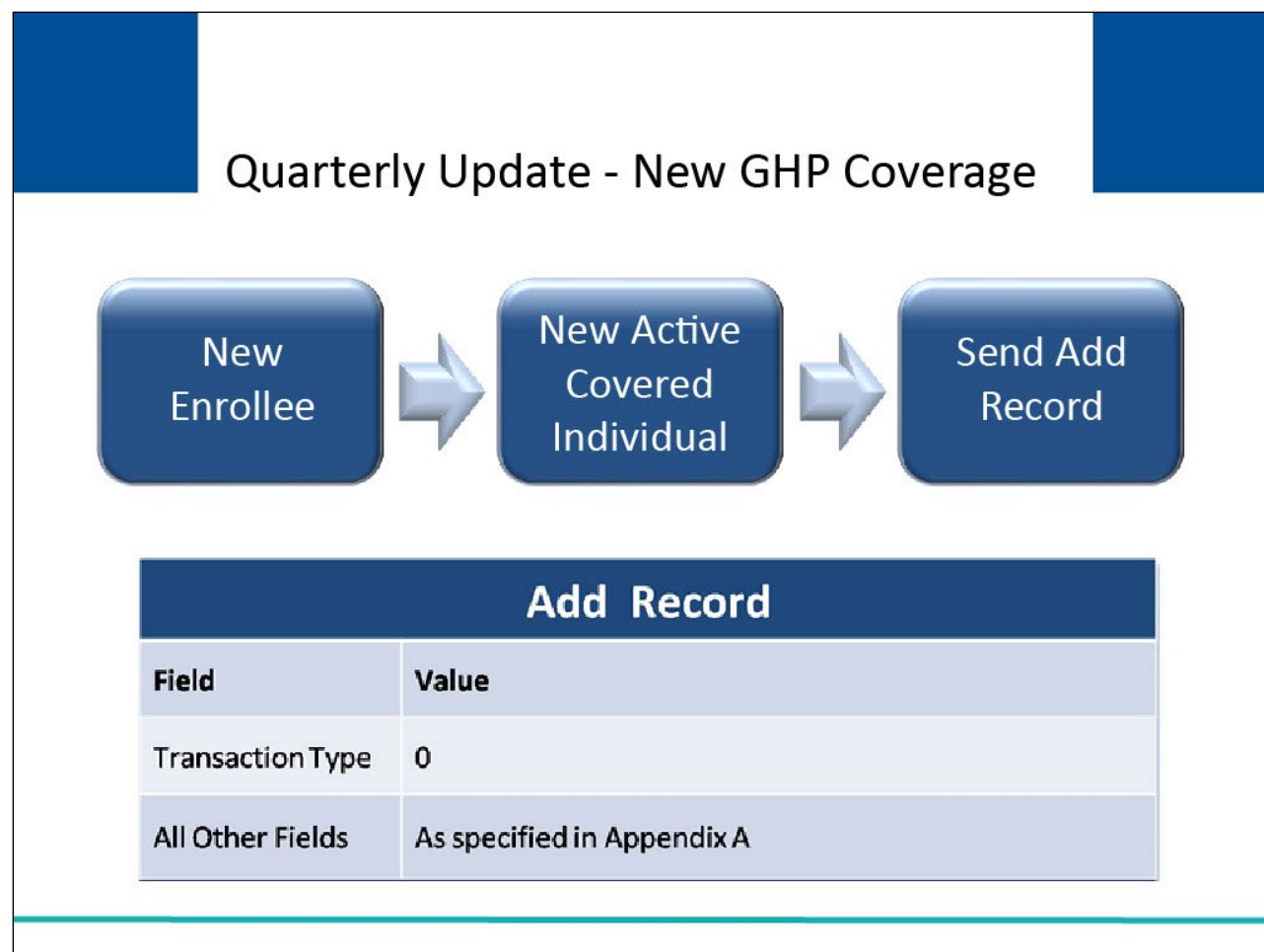
Slide notes

The following slides provide examples to assist the RRE in their understanding of when and how to submit MSP Input File Detail Records on a quarterly MSP Input File after the initial MSP Input File has been successfully processed.

Please note, the examples shown in this CBT address certain data fields that are included on the MSP Input File Detail Record.

When you submit your actual records, you must submit all fields on the record as specified in the MSP Input File record layout.

Slide 10 of 34 - Quarterly Update - New GHP Coverage

**Slide notes**

Each subsequent quarter after your initial MSP Input File submission, you must send an update MSP Input File to reflect any changes from the last submission, including new enrollees (subscribers and dependents) who are Active Covered Individuals and existing subscribers and dependents who are now Active Covered Individuals. For example, an RRE has a new enrollee (i.e., subscriber/dependent) who has not yet been included on an MSP Input File.

Although he had health insurance as a covered benefit through his employer, he was not yet an Active Covered Individual. Once he reaches age 45 and becomes an Active Covered Individual or is determined to be a Medicare beneficiary through the Query process, the RRE must send an Add Record for this individual in the next quarterly update MSP Input File.

The Add Record will include the following data elements: Transaction Type = 0 (Add); All other fields as specified in Appendix A.

Slide 11 of 34 - Update/Delete Transactions

Update/Delete Transactions

- The BCRC must locate record using key data fields submitted
 - Must match key data fields on previously accepted record

**Slide notes**

When the RRE submits an update/delete transaction, the BCRC will search for the matching record on their database (i.e., the MSP Occurrence) using the key data fields on the submitted record.

Once the record is located, they will apply the update/delete transaction. In order for the transaction to be successful, the key data fields on the Update/Delete Record must match the key data fields on the previously accepted record.

Slide 12 of 34 - Update Transactions

Update Transactions

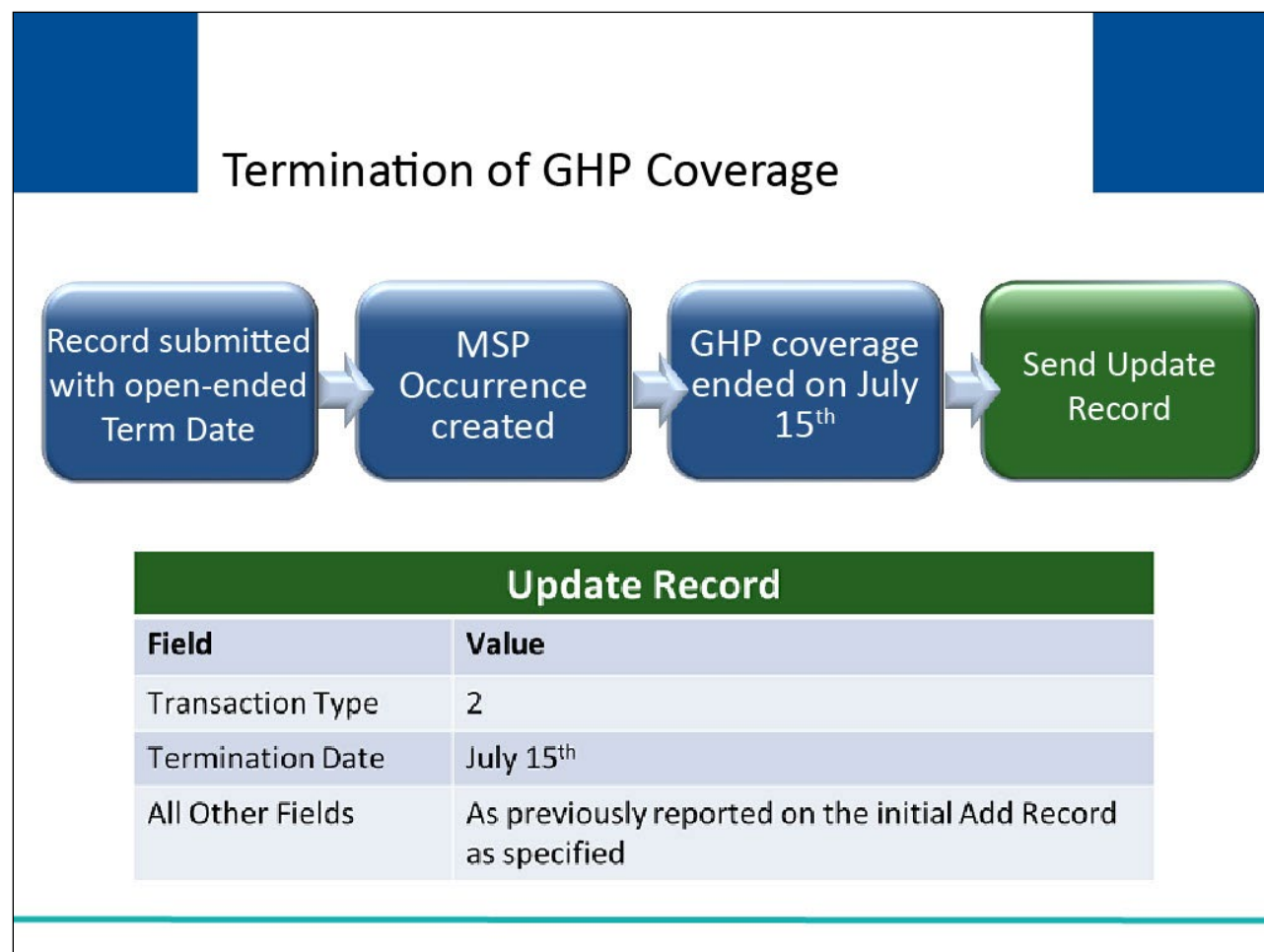
- Submitted when you need to change information on a previously accepted record
- Crucial to remember when reporting a coverage Termination Date, you must send an Update Record, not a Delete Record
 - Update Record will update MSP Occurrence Termination Date
 - Delete Record will remove MSP Occurrence
- For Inactive Covered Individuals, the submitted Termination Date should be the date the individual's GHP coverage ends.

Slide notes

Update Transactions will be submitted when you need to change information on a previously accepted record (i.e., an MSP Occurrence that was added to the Medicare Common Working File (CWF) or the Medicare Beneficiary Database (MBD) by the BCRC for which you received an 01 disposition code on your MSP Response File. An important concept regarding update transactions is the concept of how to report a coverage Termination Date.

It is crucial to remember when you are reporting a coverage Termination Date for an Active Covered Individual previously sent and accepted by the BCRC, you must send an Update Record with the Termination Date, not a Delete Record.

For Inactive Covered Individuals, the submitted Termination Date should be the date the individual's GHP coverage ends. The Update Record will update the MSP Occurrence Termination Date and Medicare will become the primary payer after that date. If you incorrectly submit a delete transaction, the MSP Occurrence will be removed, as though Medicare was always supposed to be the primary payer, and claims will be paid erroneously.

Slide 13 of 34 - Termination of GHP Coverage**Slide notes**

For example, an RRE submitted an Add Record in January with an open-ended Termination Date for an Active Covered Individual identified as a Medicare beneficiary. The BCRC created and posted an MSP Occurrence for that individual and returned a response record with an 01 disposition code. On July 15th, the individual stopped working and retired. The RRE must send an Update Record, not a Delete Record, to report the coverage Termination Date, since this person is no longer an Active Covered Individual due to retirement. This will result in an indication that Medicare is the primary payer subsequent to July 15th. Note that an update record is sent to report the termination date, not a delete record. The Update Record will include the following data elements: Transaction Type = 2 (Update); Termination Date = July 15th; All Other Fields as previously reported on the initial Add Record as specified in Appendix A.

Remember, the key data fields on the update transaction must match those on the previously accepted record in order for the update to be successful.

Slide 14 of 34 - Fields Used in Determining MSP

Fields Used in Determining MSP

- Coverage Type (Field 8)
- Relationship Code (Field 12)
- Employer Size (Field 16)
- Employee Status (Field 20)



If information changes in any of these fields, submit

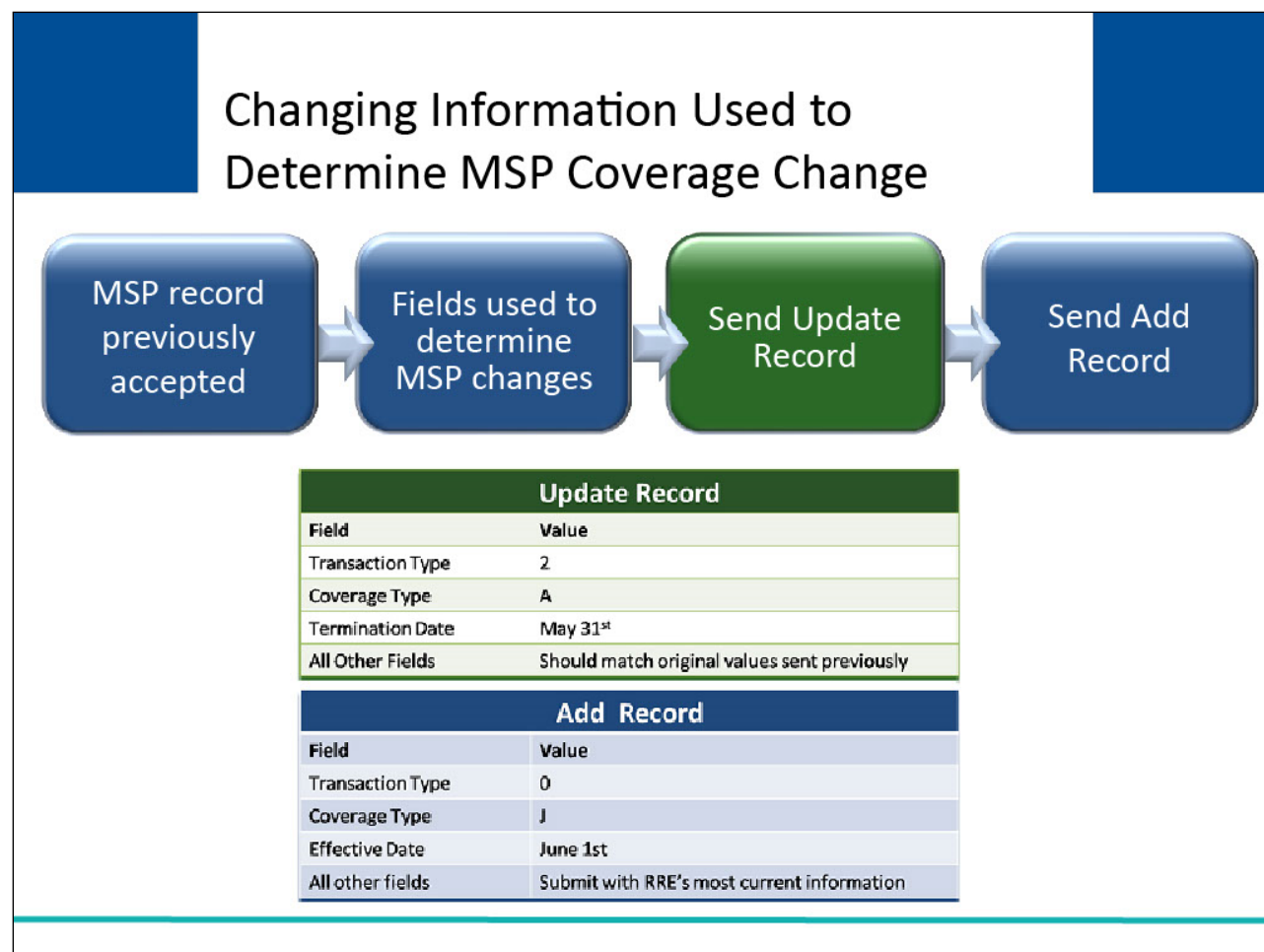
- Update Record (include data previously submitted and Termination Date reflecting last date information was true)
- Add Record (include new data and the Effective Date of the changed value), if applicable

Slide notes

The BCRC uses the following fields, in part, in determining if Medicare is secondary to an RRE's GHP coverage for an individual: Coverage Type - Field 8, Relationship Code - Field 12, Employer Size - Field 16, and Employee Status - Field 20.

If the information for any of these fields changes after an MSP Occurrence has been created, you must submit both an update and an add transaction (if applicable). The update transaction should include the data previously submitted and the Termination Date reflecting the last day the information was true. The add transaction should include the new data with an Effective Date equal to the date the change became effective (the day after the Termination Date in the update record previously described). 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 15 of 34 - Changing Information Used to Determine MSP

**Slide notes**

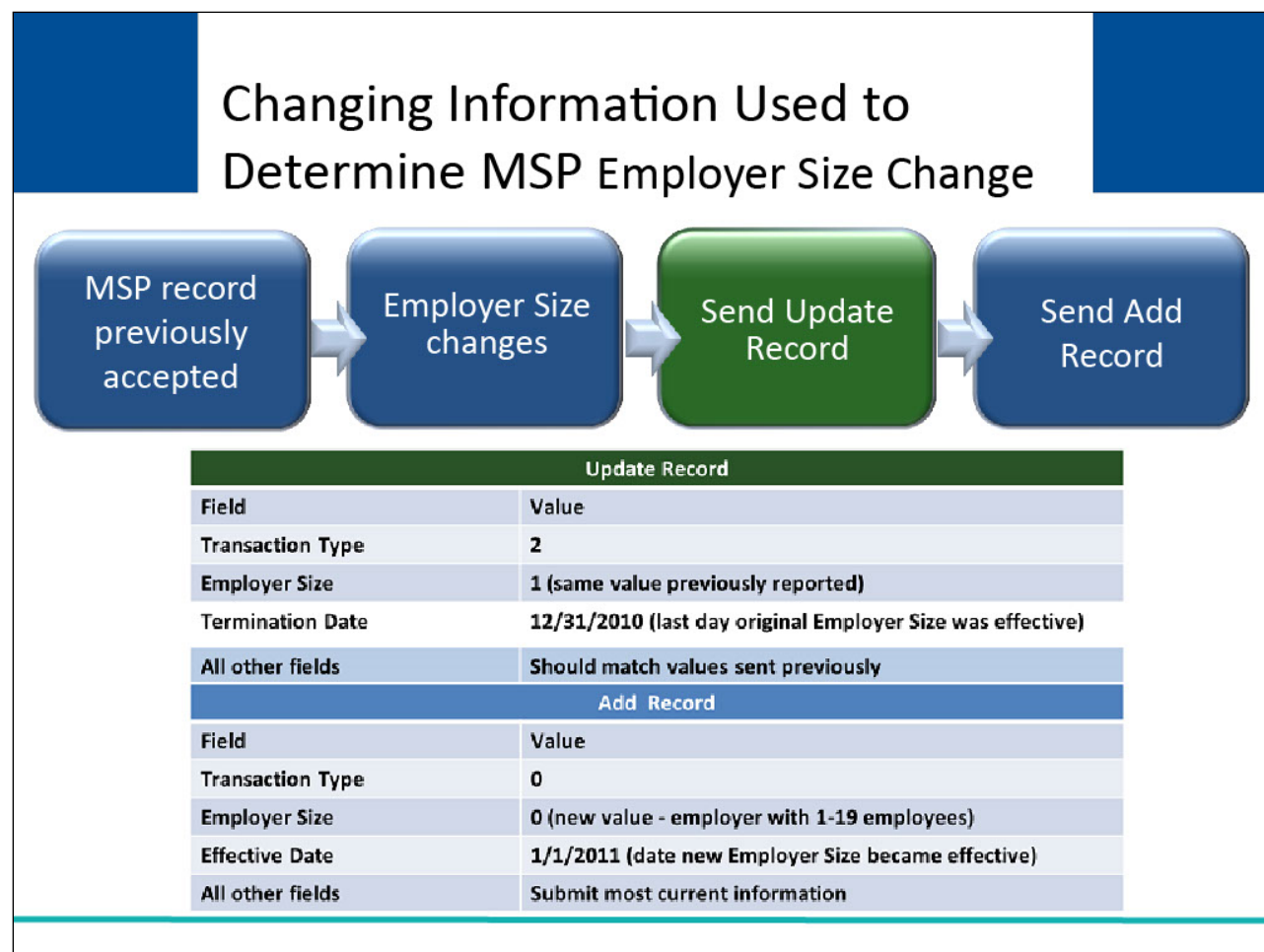
For example, the RRE previously submitted an Add Record indicating that the Coverage Type was Hospital and Medical (a value of A in Field 8). The Effective Date was January 1st and the Termination Date was open-ended.

The record was accepted. The BCRC created an MSP Occurrence and returned a disposition code of 01. On June 1st, the Coverage Type for the individual changed to Hospital Only (a value of J in Field 8). Since this data was originally submitted correctly, but subsequently changed, and since Coverage Type is one of the fields used to determine MSP, the RRE must submit an Update and an Add Record in the next quarterly file submission.

The Update Record will include the following data elements: Transaction Type = 2 (Update); Coverage Type = A (Hospital and Medical, the original value submitted and stored on the MSP occurrence); Termination Date = May 31st (the last day the Hospital and Medical Coverage Type was effective); All other fields should match the values that were sent on the original record. The Add Record will include the following data elements: Transaction Type = 0 (Add);

Coverage Type = J (Hospital Only, the new value); Effective Date = June 1st (the date the Hospital Only value became effective, which is the day after the Termination Date of the Update Record previously described); All other fields should be submitted with the RRE's most current information.

Slide 16 of 34 - Changing Information Used to Determine MSP

**Slide notes**

For example, an RRE previously submitted Add Records for all of their 95 employees, which were accepted by the BCRC. During 2009, this employer employed more than 20 employees for the entire year. Therefore, Medicare is the secondary payer for all of 2010. The Employer Size was entered as 1 (20-99 employees). On 04/30/2010, the company downsized, making their total number of employees 19. The number of employees for this employer remained under 20 for the remainder of 2010. Since this employer did not have 20 or more employees for 20 or more weeks in 2010, we know that Medicare will be the primary payer at the beginning of 2011.

Medicare will remain the primary payer in 2011 unless the employer hires additional staff such that they do employ 20 or more employees for 20 or more weeks in 2011. The RRE referred to the Employer Size calculation rules found at 42 C.F.R. Part 411.101 and 42 C.F.R. Part 411.170. Based on these rules, the RRE determined that the effective date of the Employer Size change for the remaining employees was 1/1/2011 (the date Medicare becomes the primary payer).

The Termination Date for the original Employer Size of the previously submitted/accepted records should be updated to 12/31/2010 (the last date that Medicare is the secondary payer). Please note:

RREs must follow the MSP rules on how to calculate employer size and when a change to employer size becomes reportable at

[Regulations and Guidance- Internet Only Manual \(IOM\)](#)

For this example, the RRE must submit an Update and an Add Record in the next quarterly file for each previously submitted/accepted record that was affected by this decrease in Employer Size. The Update Record for each affected record will include the following data elements: Transaction Type = 2 (Update); Employer Size = 1 (the value entered on original submission) and Termination Date = 12/31/2010 (the last day the original Employer Size was effective).

All other fields should match the values that were sent on the original record. The Add Record for the remaining 19 employees will include the following data elements: Transaction Type = 0 (Add) Employer Size = 0 (the new value - used for an employer with 1-19 employees) and Effective Date = 1/1/2011 (the date the new Employer Size became effective, i.e., the day after the termination date of the Update Record previously described).

All other fields should be submitted with the RRE's most current information. Note: Please see the Employer Size CBT for more information on this topic.

Slide 17 of 34 - Changing Information in Other Data Fields

Changing Information in Other Data Fields



Update Record	
Field	Value
Transaction Type	2
Employer TIN	Updated Employer TIN
All other fields	Should match values sent on original record

Note: A matching TIN Reference File record must be (or have been) submitted on the TIN Reference File

Slide notes

When an RRE changes information in any other data fields (i.e., data in a field other than a key field or a field used to determine MSP), they will send an Update Record. For example, the RRE has submitted an MSP record in January that was previously reported and accepted by the BCRC. In March, the RRE modifies the Employer TIN field. When information changes for fields other than a key field or a field used to determine MSP, you may simply submit one update transaction with the new information in the applicable field for all matching MSP Input File Records. For this example, the RRE will submit an Update Record which will include the following data elements:

Transaction Type = 2 (Update); Employer TIN = Updated Employer TIN; All other fields should match the values that were sent on the original record in key fields and other information used to determine MSP.

Note: For this example, since the Employer TIN has changed, a matching TIN Reference File record must be (or have been) submitted on the TIN Reference File.

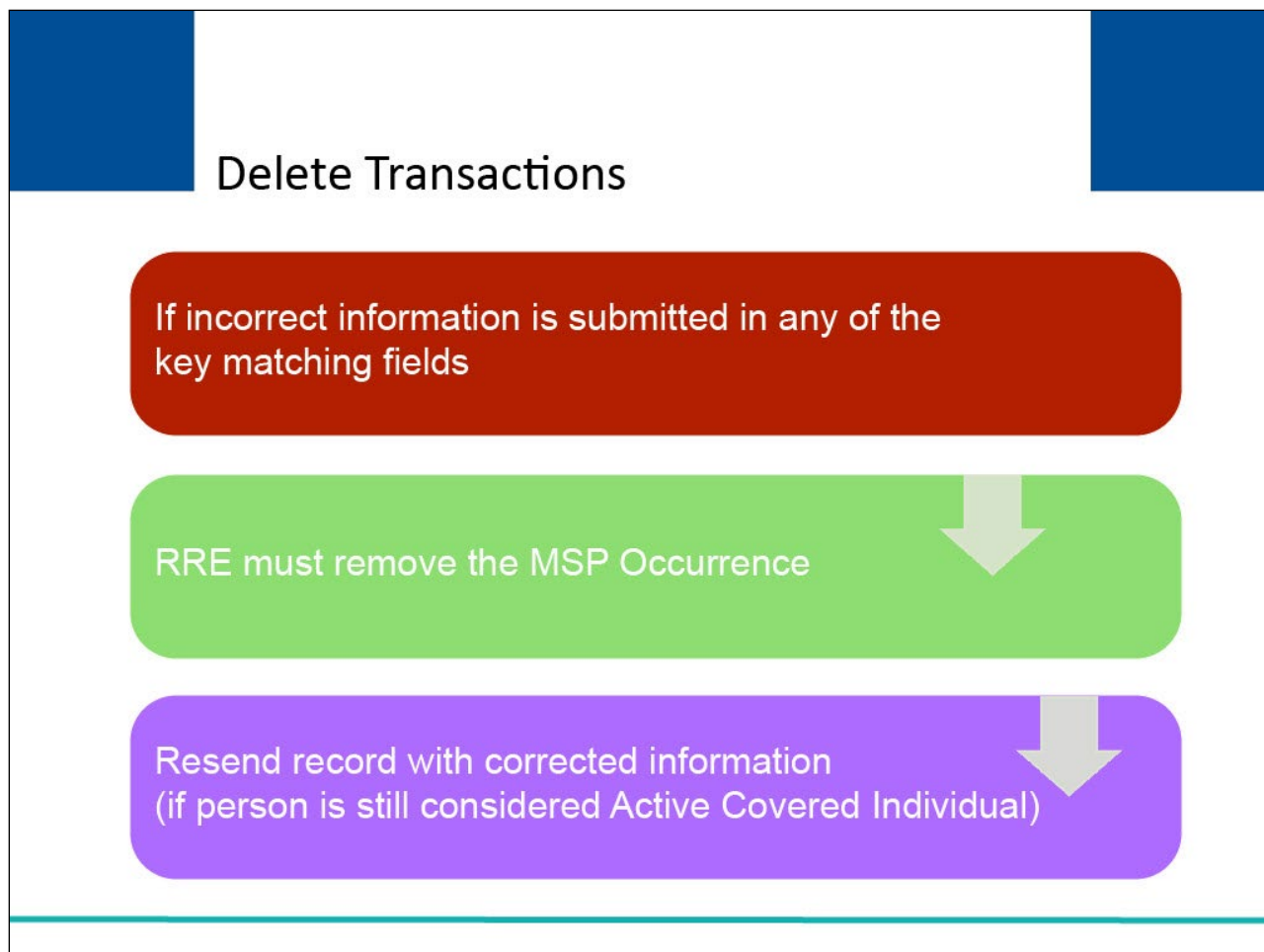
Slide 18 of 34 - Delete Transactions

Delete Transactions

- Remove MSP occurrence previously posted to CWF or MBD
 - Remove a record sent in error
 - To correct data in any of the key matching fields for MSP
 - Medicare ID
 - Effective Date
 - Insurance Coverage Type
 - Relationship to Policyholder
 - Employer Size
 - Employee Status

**Slide notes**

A delete transaction is sent to remove an MSP Occurrence previously posted to the CWF or MBD by the BCRC. You will use this to remove a record that was sent in error (e.g., you sent a retiree on the MSP Input File), or if you need to remove an incorrect record because one or more of the key matching fields used for MSP Occurrences (i.e., Medicare ID, Effective Date, Insurance Coverage Type, or Relationship to Policyholder or other information used to determine MSP (Employer Size, Employee Status)), which was originally submitted, was wrong, and needs to be corrected.

Slide 19 of 34 - Delete Transactions**Slide notes**

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 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 20 of 34 - Medicare ID/SSN Corrections

Medicare ID/SSN Corrections

- Only send corrected Medicare ID/SSN 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 Medicare ID changes
 - Do not need to correct the record
 - Updates may be sent under the original Medicare ID/SSN
- The BCRC always returns the most current Medicare ID on response records
 - RREs are encouraged to update their systems with that information and use it on subsequent record transmissions

Slide notes

NOTE: 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. 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.

Slide 21 of 34 - Medicare ID/SSN Corrections

Medicare ID/SSN Corrections

If record was previously submitted and accepted with only SSN and RRE obtains Medicare ID on response file

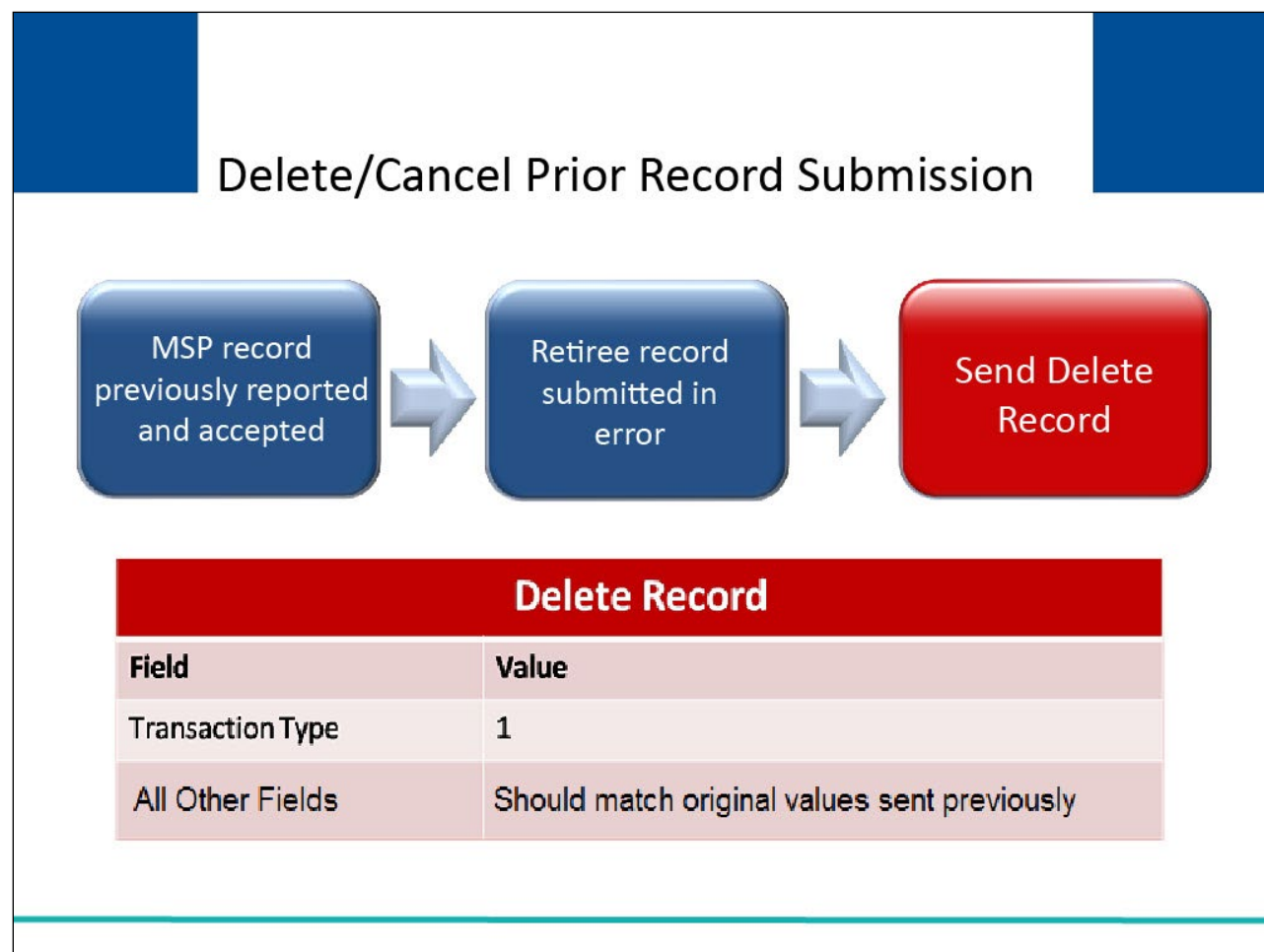
- RRE should **not** send a “Delete” and “Add”
- Record has already been stored under SSN and Medicare ID

Subsequent transactions for record may be submitted with SSN or Medicare ID

Slide notes

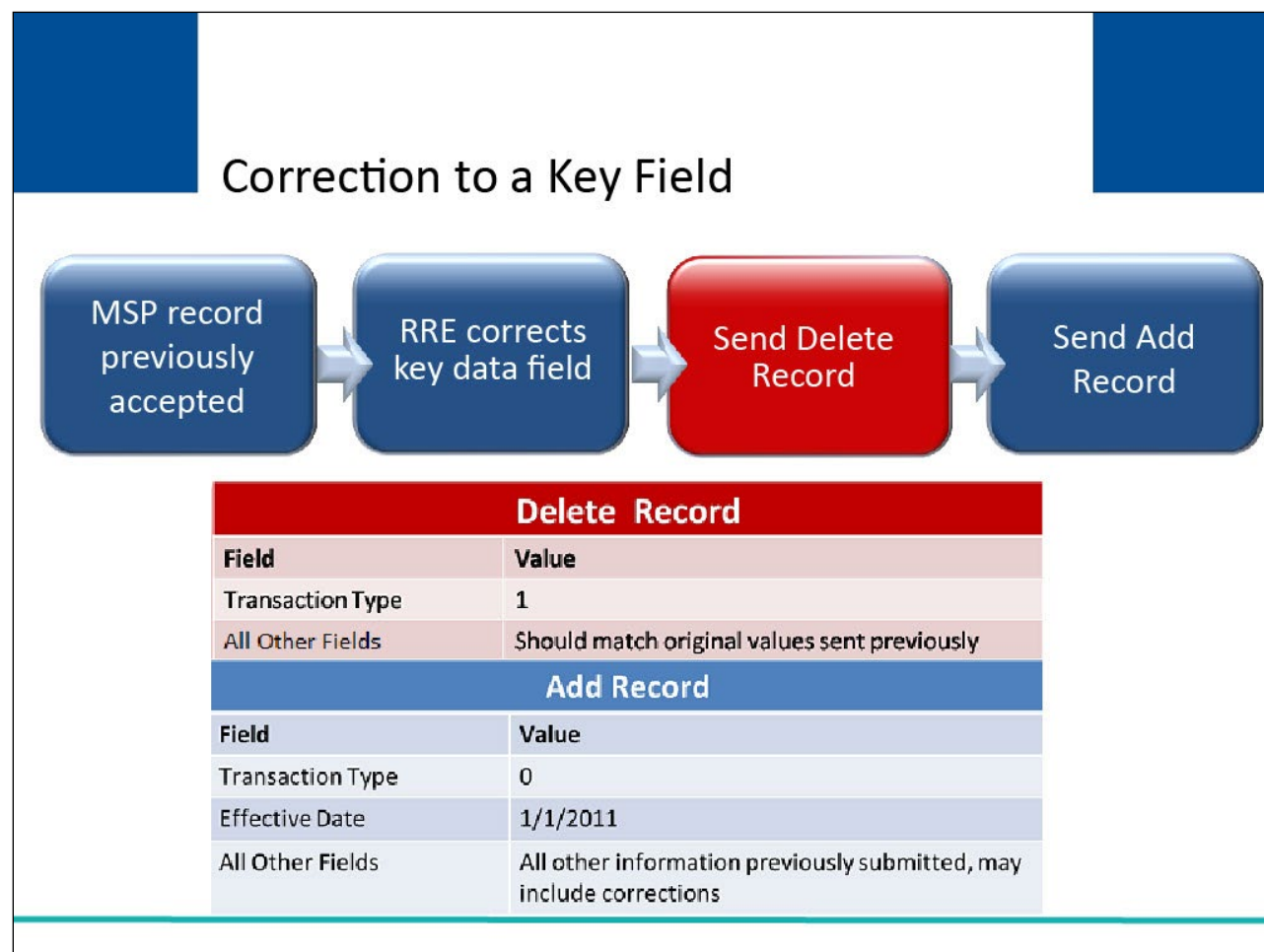
If a record was previously submitted and accepted with only an SSN, and the RRE obtains the Medicare ID on the response file, the RRE should not send a “Delete” and “Add” to update the beneficiary’s information with the Medicare ID.

The record has already been stored under both the SSN and Medicare ID by the BCRC. Subsequent transactions for the record may be submitted with either the SSN or Medicare ID but the Medicare ID is strongly recommended.

Slide 22 of 34 - Delete/Cancel Prior Record Submission**Slide notes**

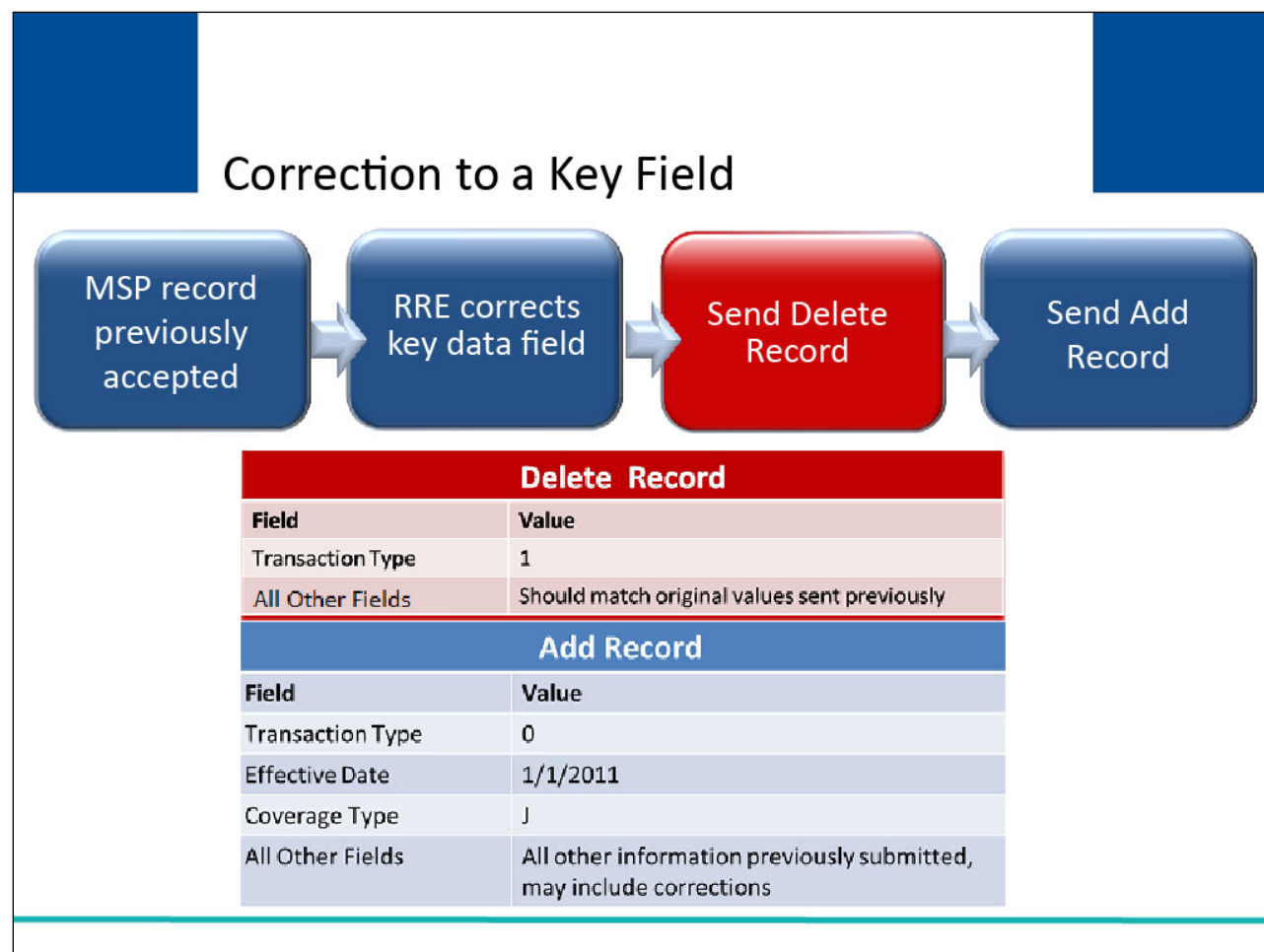
When the RRE submits a record in error (i.e., the record should never have been sent due to an RRE system problem or other issue), the RRE must send a delete transaction. For example, the RRE submitted an MSP Record which was previously reported and accepted by the BCRC. However, sometime after the file was processed by the BCRC and the response file returned, the RRE realizes they sent a retiree on an MSP Input File record and the record should never have been sent. The individual was not covered under the GHP due to current employment of himself, his spouse, or a family member, and he does not otherwise fit the definition of an Active Covered Individual.

The RRE must send a Delete Record to remove the erroneous MSP Occurrence, which will include the following data elements: Transaction Type = 1 (Delete); and all other fields with matching values sent on the original record.

Slide 23 of 34 - Correction to a Key Field**Slide notes**

In this example, the RRE previously submitted an MSP Input record that was accepted by the BCRC. Subsequently, the RRE realizes that they sent an incorrect Effective Date. The Effective Date was originally submitted as 1/1/2010, but should have been submitted as 1/1/2011. Since the Effective Date is one of the key fields used to identify the MSP Occurrence, the RRE must first submit a delete transaction to remove the previously added record, and in the same file, they must submit an add transaction to add back the corrected record. The Delete Record will include the following data elements: Transaction Type = 1 (Delete); All other fields should match the values that were sent on the original record, including the incorrect Effective Date. The Add Record will include the following data elements: Transaction Type = 0 (Add); Effective Date = 1/1/2011; All other fields are to be submitted as previously submitted, but may include corrections as applicable. This process will completely replace the previously added MSP Occurrence with the correct information.

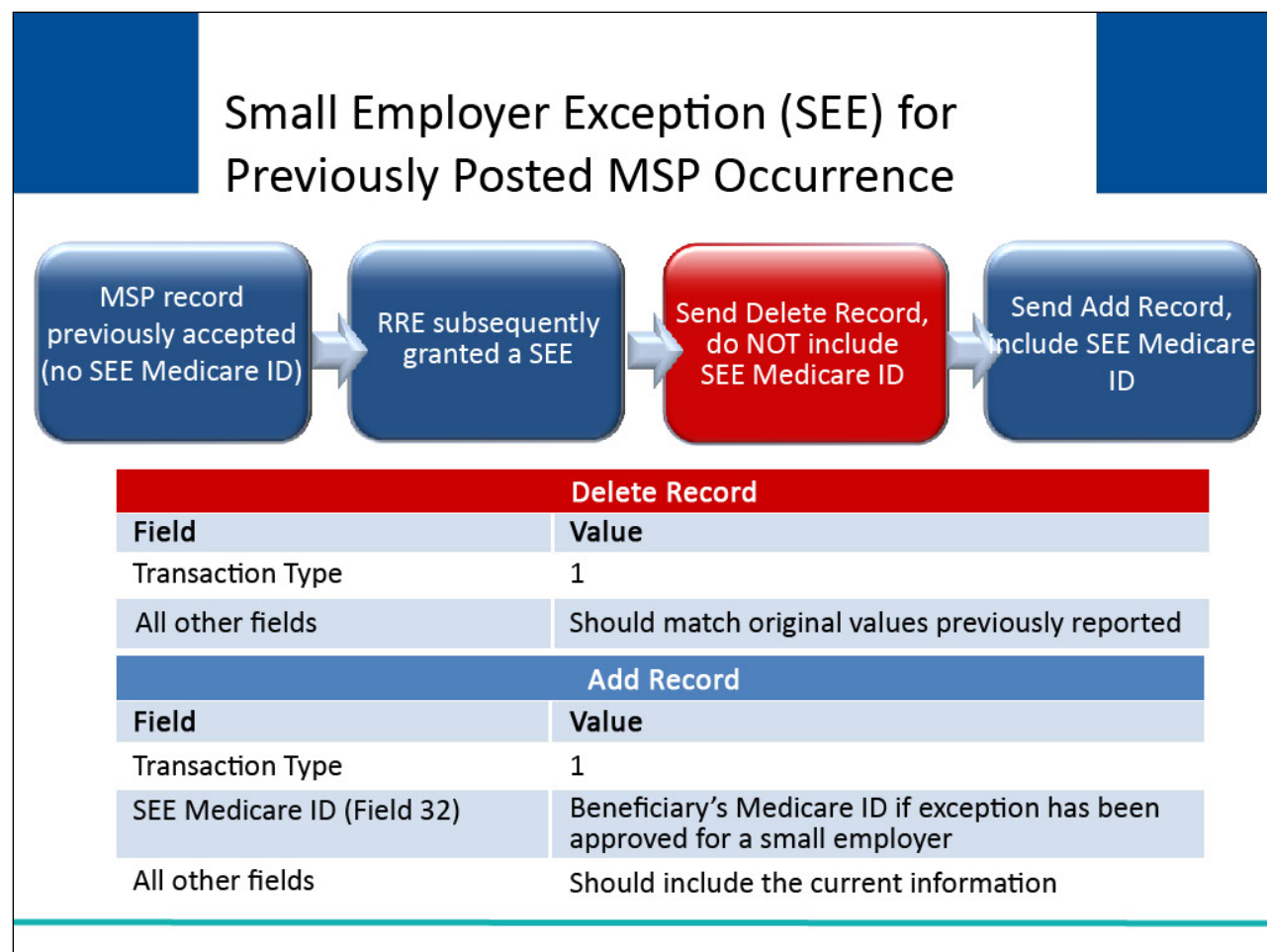
Slide 24 of 34 - Correction to a Key Field

**Slide notes**

In our previous example regarding Coverage Type, the original Coverage Type submitted was correct, but subsequently changed. In this example, the RRE discovered that the Coverage Type originally submitted/accepted for a record was incorrect.

The original record had a Coverage Type equal to Hospital and Medical (a value of A in Field 8). The Effective Date was January 1st and the Termination Date was open-ended. On June 1st, the RRE discovered this data was incorrect.

The correct Coverage Type for the individual should have been submitted as Hospital Only (a value of J in Field 8). Since the original record was incorrect, the RRE must delete the original record and submit an Add Record with the corrected data in the next quarterly file submission. The Delete Record will include the following data elements: Transaction Type = 1 (Delete); All other fields should match the values that were sent on the original record, including the incorrect Effective Date. The Add Record will include the following data elements: Transaction Type = 0 (Add); Effective Date = 1/1/2011; Coverage Type = J; All other fields are to be submitted as previously submitted, but may include corrections, as applicable. This process will completely replace the previously added MSP Occurrence with the correct information.

Slide 25 of 34 - Small Employer Exception (SEE) for Previously Posted MSP Occurrence**Slide notes**

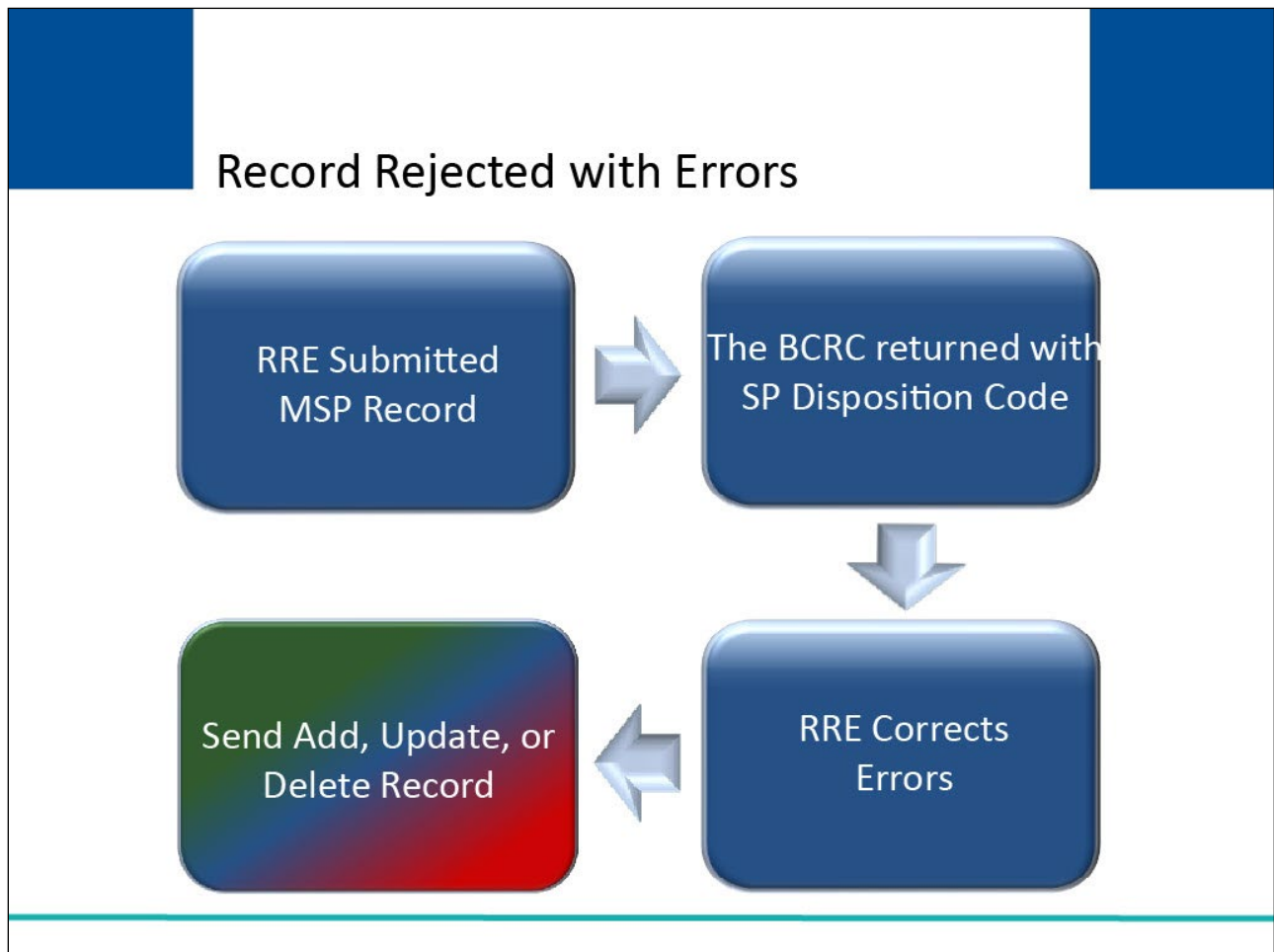
Small Employer Exception (SEE) for Previously Posted MSP Occurrence.

In this example, the RRE previously submitted an MSP record with no SEE Medicare ID that was accepted by the BCRC. Subsequently, the RRE realizes they were granted a Small Employer Exception (SEE) for the individual for the GHP coverage period on the previously submitted record. Since the GHP may not be the primary payer for this individual due to the Small Employer Exception, they must send a delete transaction to remove the MSP Occurrence and then send the corrected record with the SEE Medicare ID so the BCRC can determine any applicable MSP, taking the SEE into consideration. Please note: If the BCRC has a SEE on file for a Medicare beneficiary, it is the RRE's responsibility to send the MSP Input File Record with the SEE Medicare ID. If the RRE fails to submit the SEE Medicare ID on the MSP Input File Record, the BCRC will not check for the SEE. If an MSP Occurrence is posted because the RRE did not submit the SEE Medicare ID or the RRE did not convey the proper dates the SEE should be in effect, it's up to the RRE to send a delete transaction to remove the MSP Occurrence and then resend the record with the SEE Medicare ID.

The Delete Record will include the following data elements: Transaction Type = 1 (Delete); All other fields should match the values that were sent on the original record. Note: Do not include the SEE

Medicare ID (Field 32) on the Delete Record since it wasn't previously sent. The Add Record will include the following data elements: Transaction Type = 0 (Add), SEE Medicare ID - The beneficiary's Medicare ID that was approved for the Small Employer Exception.

All other fields should include the current information. For a more thorough understanding of the Small Employer Exception, please see the Small Employer Exception CBT.

Slide 26 of 34 - Record Rejected with Errors**Slide notes**

In this example, an MSP record was previously submitted, but returned with an error on the RREs response file, accompanied by an SP Disposition Code. An SP Disposition Code indicates that a record has been rejected by the BCRC due to errors. The RRE must correct the errors and send a record with the previously submitted Transaction Type (Add, Update, or Delete) and the most current information for all other fields.

Slide 27 of 34 - Record in Process at the BCRC**Record in Process at the BCRC**

Disposition Codes	
Code	Description
50	Record still being processed by CMS
52	Record still being processed by CMS
53	Record in alpha match at CMS
61	Cross-Reference Database Problem
AB	CWF problem that can only be resolved by CWF technician
CI	Processing Error

Slide notes

CMS uses the following disposition codes to indicate that the record is still being processed by the BCRC at the time the response file was created: 50 - Record still being processed by CMS; 52 - Record still being processed by CMS; 53 -

Record in alpha match at CMS; 61 - Cross-Reference Database Problem; AB - CWF problem that can only be resolved by CWF Technician; and CI - Processing Error. When the RRE receives any of these disposition codes, the RRE must resubmit the same record in the next quarterly update file submission. The record will be returned on the subsequent response file with a disposition code that reflects the final outcome of processing.

These in-process disposition codes will only be returned on records under very rare circumstances.

Slide 28 of 34 - Matching Process

Matching Process

The BCRC determines Medicare status using matching process

- Exact match on Medicare ID or SSN, and
- Match on at least 3 of the remaining fields
 - First initial of first name
 - First 6 characters of the last name
 - Date of birth
 - Sex code (gender)

Slide notes

To determine whether an injured party is a Medicare beneficiary, the BCRC must match the data submitted to Medicare's. An exact match must be found on either the Medicare ID or SSN supplied. When both of these fields are submitted, the BCRC will first attempt to find an exact match on the Medicare ID. An attempt to match on the SSN will only occur if they cannot find an exact match on the Medicare ID. If an exact match is found, then three out of four of the remaining fields (first initial of the first name, first 6 characters of the last name, date of birth, and/or sex code [gender]) must match Medicare's beneficiary information for that Medicare ID or SSN in order for the individual to be considered matched to a Medicare beneficiary.

Slide 29 of 34 - Matching Process – Data Quality

Matching Process – Data Quality

- Matching depends on the quality of the data submitted
- Difficult to get a match if the input data is incorrect or invalid
- When fewer than 3 of the 4 criteria match
 - RRE will not receive a match even if submitted Medicare ID or SSN is correct
 - The BCRC cannot specify which fields matched/did not match
 - The BCRC must match submitted SSN or Medicare ID to Medicare's records and 3 of the 4 criteria, to ensure they matched correctly

Slide notes

The matching process depends on the quality of the data submitted. It is difficult to get a match if the input data is incorrect or invalid. When fewer than three out of four criteria match, (i.e., first initial of the first name, first 6 characters of the last name, date of birth, and gender), you will not receive a match even if the submitted Medicare ID or SSN matches that of a Medicare beneficiary. If the submitted Medicare ID or SSN matches and fewer than three out of four criteria match, the BCRC cannot specify which fields matched or did not match. Unless the BCRC is able to exactly match the submitted Medicare ID or SSN to Medicare's records along with three out of four criteria, they cannot be assured that they have matched to the correct Medicare record.

Slide 30 of 34 - Ongoing Monitoring of Active Covered Individuals - Disposition 51 Received

Ongoing Monitoring of Active Covered Individuals - Disposition 51 Received

- Record not automatically included next time the BCRC processes files
- RRE must continue to monitor individual's status as long as the individual remains an Active Covered Individual
 - Resubmit as an Add Record
 - Monitor using the Query function (finder file)

Add Record	
Field	Value
Transaction Type	0
All other fields	Send record with current information

Slide notes

When an RRE receives a 51 Disposition Code for a record on their response file (i.e., the individual was not found to be a Medicare beneficiary by the BCRC), this record will not be recycled or automatically included the next time the BCRC processes files. The RRE must keep monitoring the individual's Medicare status as long as the individual remains an Active Covered Individual.

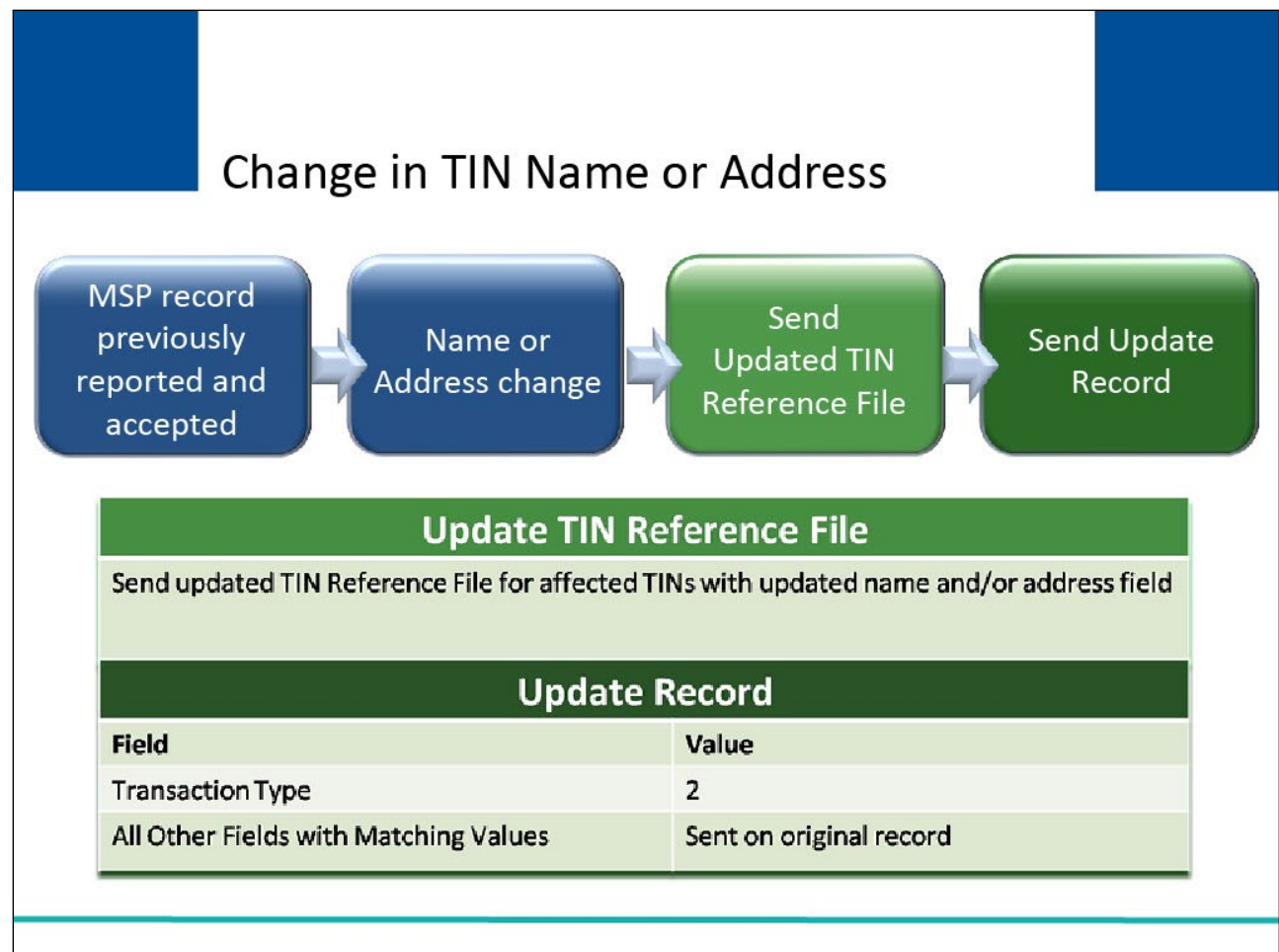
The RRE may choose to continue to resubmit the record in subsequent file transmissions as an Add Record, or they could monitor the individual's Medicare status using the Query function (finder file) and resubmit an Add Record once the individual has been identified as a Medicare beneficiary on the Query Response File. The Add Record will include the following data elements: Transaction Type = 0 (Add); All other fields as specified in Appendix A should be submitted with the current information according to the specifications in Appendix A of the GHP User Guide.

Note: 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.

Also note: For MSP and Non-MSP Input File Detail records submitted for a Medicare beneficiary:

If the coverage dates fall completely outside the Medicare entitlement period or the record was submitted prior to the effective date of the individual's Medicare entitlement, the record will be rejected and returned with a Disposition Code '51' (record could not be matched to a Medicare beneficiary) instead of an SP31 error code. Additionally, if coverage was terminated prior to the effective date of the individual's Medicare entitlement, the record will be rejected and returned with a Disposition Code 51 instead of an SP32 error code (Appendix D).

Slide 31 of 34 - Change in TIN Name or Address

**Slide notes**

In this example, the RRE has previously submitted an MSP record which was accepted by the BCRC. Subsequently, the name or address information changes for the Employer or Insurer TIN submitted in Field 21 or 22.

In this instance, the RRE must send two updates. They must first send an updated TIN Reference File that includes the updated name and/or address information for the affected TINs.

The RRE must also send an MSP Input File Update Record which will include the following data elements: Transaction Type = 2 (Update); All other fields with matching values sent on the original record.

This will associate the new name/address with the MSP Occurrence.



Slide 32 of 34 - Course Summary

Course Summary

- Definitions
- What to Report
- Examples

**Slide notes**

This learning module is based on the Quarterly Update Event Table in the Group Health Plan (GHP) User Guide. It provided clarity on some terminology used in the CBT, provided a high-level overview on what is to be reported and also provided examples illustrating how to submit records on a quarterly Medicare Secondary Payer (MSP) Input File. Please see the GHP User Guide for a more thorough understanding of the topics discussed in this CBT.

Slide 33 of 34 - Conclusion



You have completed the Quarterly Update File Events 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 File Events 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: [CMS.gov GHP Section 111](https://go.cms.gov/mirghp).

Slide 34 of 34 - 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: [Training Survey](#).