



SPECIAL BULLETIN

CMS Posts Revised Group Health Plan Reporting Guide

The Centers for Medicare and Medicaid Services (CMS) posted an updated mandatory group health plan (GHP) reporting guide (version 2.0) that GHPs can use to fulfill the reporting requirements of the new Medicare data-sharing requirements recently enacted into law (Section 111 reporting). The [new law](#) requires insurers, TPAs/administrators and trustees of GHPs (including multiemployer GHPs) to gather certain information from plan sponsors and plan participants to submit to CMS. These entities are called responsible reporting entities (RREs). The law also applies to non-GHPs. See [Benefit News Briefs 2008-2](#), [Benefit News Briefs 2008-35](#), [Special Bulletin 2008-38](#), [Special Bulletin 2008-43](#), [Research Memo 2008-47](#), [Special Bulletin 2008-56](#) and [Benefit News Briefs 2008-68](#) for more information on the law and its reporting requirements. [Research Memo 2008-47](#) has details on the [GHP Implementation Timeline](#).

The new *Guide*, titled *MMSEA Section 111 MSP Mandatory Reporting GHP USER GUIDE*, Version 2.0, December 17, 2008 is available by "[clicking here](#)" or at <http://www.cms.hhs.gov/MandatoryInsRep/Downloads/GHPUserGuide121708.pdf>.

The *Guide* is 157 pages that include 80 pages of text and 77 pages of Appendices. Individuals with reporting responsibility will want to review the *Guide* in detail. Future guidance will continue to be posted on the CMS website at: <http://www.cms.hhs.gov/MandatoryInsRep/>.

A summary of the changes to the Guide since its original publication is provided as follows:

Summary of Version 2.0 Updates

The following updates have been made in Version 2.0 of the MMSEA Section 111 GHP User Guide:

- The explanation of Active Covered Individuals in Section 7.1.2 has been updated to exclude individuals covered by COBRA with one exception to this rule noted for individuals with ESRD.

- **The age threshold used in the definition of Active Covered Individuals has been temporarily raised to 55 from 45 years old. The age threshold will be lowered back to 45 on January 1, 2011.** The explanation of Active Covered Individuals in Section 7.1.2 has been updated for this change. Notations on this age threshold change have also been made in Sections 7.1.7, 7.2.1 and 7.2.9.1.
- Section 7.1.2.1 has been added to describe a “finder file” option as an alternative to using the age threshold requirement in the definition of an Active Covered Individual.
- Section 7.1.7 was updated to note the new compliance flags and add a special note about initial MSP Input File submissions for former VDSA/VDEA partners.
- Further clarification was added to Section 7.2.2 regarding the TIN Reference File. In particular, it has been noted that **once the full TIN Reference File has been submitted, only new or changes records need to be sent on subsequent submissions rather than a full replacement file.** Also, the file is to contain only one record per TIN/TIN Indicator combination.
- Section 7.2.2.1 “Special GHP Extension For Reporting Employer TINs” has been added to explain **the temporary use of “pseudo-TINs” until January 1, 2010** when employer TINs are unavailable.
- Section 7.2.2.2 “TIN Validation” has been added to explain how employer and insurer TINs are validated on MSP Input and TIN Reference Files.
- A new paragraph was added to Section 7.2.6.1, “Changing Information Used to Determine Medicare Secondary Payer” to further clarify the use of update transactions. A similar explanation was added to Section 7.4.5.1 pertaining to the Non-MSP Input File process.
- Clarification was added regarding the Document Control Number (DCN) in Section 7.2.7. This number needs only be unique within the current file being submitted.
- Information was added on determining employer size to Section 7.2.7 and the description of Field 16 on the MSP Input File in Appendix A.
- Section 7.2.7 has been updated to explain reporting requirements regarding **Flexible Savings Accounts (FSAs), Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs)**, and stand-alone dental and vision care coverage.
- Section 7.2.8 has been changed to lengthen the extension for RREs to collect the SSNs for dependents whose initial GHP effective date is prior to January 1, 2009. RREs now have until January 1, 2011 (instead of 2010) to report on these specific individuals.
- A set of compliance flags have been added to the end of the MSP Response File record layout. A description of these fields is provided in Section 7.2.9.6. Compliance Code values used for these flags can be found in Appendix D.
- The reference to File Transfer Protocol (FTP) over the AT&T Global Network Services (AGNS) was removed from the description of the Connect:Direct file transmission method in Section 8.1.1. Note that Secure FTP (SFTP) is still an available option over the Internet. FTP over AGNS is not. Connect:Direct (NDM) must be used for the AGNS.
- The dataset naming conventions to be used for Connect:Direct were corrected in Section 8.1.1.
- Sections 8.1.2 and 8.1.3 were updated to note that the links to documentation related to SFTP and HTTPS listed there are only to be used for those transmitting via these methods prior to April 2009. These file transmission methods will be transitioned to the COB Secure Website at that time.

- Clarification was added in Section 9.1.2 to indicate that the limit on queries that can be submitted through BASIS is 200 per Section 111 Reporter ID per month.
- Section 12.3 "Contact Protocol for the Section 111 Data Exchange" has been added to explain how to elevate Section 111 data exchange issues at the COBC.
- The description of Field 8 Coverage Type on the MSP Input File in Appendix A has been updated with an explanation for Health Reimbursement Accounts.
- Clarification has been added to data element descriptions for the MSP Input File in Appendix A related to reporting by **Third Party Administrators (TPAs), Self-Insured entities and reporting on Taft-Hartley multiemployer plans.**
- Updates have been made to the descriptions of SP Error Codes in Appendix D to further clarify their meaning and corrective actions. Some SP Error Codes originally marked as "RRE Responsible" have been changed to "COBC Responsible".
- The description for disposition code '51' was updated in Appendix D to include situations where neither a HICN nor SSN was submitted for the individual on an input record.
- The description of the 'BY' Disposition Code was updated in Appendix D.
- All header and trailer indicator fields have been changed to alphanumeric data types from alphabetic.

In addition to the updated GHP User Guide, CMA also released a document entitled "*GHP RRE Compliance*". This document provides information on how RREs can work within the Section 111 GHP reporting requirements and remain in compliance with those requirements. Guidance is also provided on the steps RREs can take to avoid the possibility of finding themselves in situations that may not be compliant with Section 111 requirements. This 4-page document is available by at: <http://www.cms.hhs.gov/MandatoryInsRep/Downloads/GHPComplianceDoc.pdf> or by "*clicking here.*"

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As reported in *Client Bulletin 2008-66*, the President signed into law the *Worker, Retiree, and Employer Recovery Act of 2008*. The law contained technical corrections related to the *Pension Protection Act Of 2006 (PPA)* and also pension provisions relating to the current economic crisis, including special multiemployer plan relief and a temporary waiver of the minimum distribution requirements. See *Client Bulletin 2008-66* for more details.

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