

## 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 2.1) 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 [Special Bulletin 2009-1](#) 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 2.1, March 4, 2009 is available by "[clicking here](#)" or at <http://www.cms.hhs.gov/MandatoryInsRep/Downloads/030409GHPUserGuide.pdf>

The *Guide* is 169 pages that include 93 pages of text and 76 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/>.

#### **The following summary of updates to Version 2.1 of the MMSEA Section 111 GHP User Guide were listed by CMS:**

- The definition of Active Covered Individuals and related reporting requirements were refined in Sections 7.1.2 and 7.1.2.1. Examples of Active Covered Individuals have been added.
- Section 7.1.6 has been replaced to reflect registration on the COB Secure Website (COBSW). Step by step instructions have been added and a list of data needed to complete registration and account setup has been included.

- Section 7.1.7 was updated to inform former VDSA/VDEA partners of the changes made to the Query Only File Layout that will now use the RRE ID rather than the combination of VDSA/VDEA ID and contractor number. Also see the changes made in Appendix B.
- References made to “Taft-Hartley multiple employer/multi-employer plans (plans using an “hours bank” arrangement)” were changed to “Taft-Hartley multiple employer/multi-employer plans (or other plans using an “hours bank” arrangement)” in Section 7.2.2 and Appendix A for Field 21 of the MSP Input File Detail Record and Field 2 of the TIN Reference File Detail Record. This change was made to include any plan that uses an hours bank arrangement rather than strictly Taft-Hartley plans.
- The last Note in Section 7.2.2 was updated regarding the submission of the Plan Sponsor TIN in the Employer TIN field when reporting on a multiple employer/multi-employer plan using an hours bank arrangement. For the time being, the TIN Indicator (Field 8) on the TIN Reference File record should be submitted with a value of ‘E’. A new TIN Indicator value will be added for Plan Sponsor TINs at a later date. Do NOT place a ‘(PS)’ at the end of the corresponding TIN Reference File Name (Field 2) on the TIN Reference File record as previously instructed. Field 2 should contain the corresponding Plan Sponsor name without any special connotation.
- Section 7.2.2.2 was updated to note that when validating the TIN, only the TIN will be used in this validation. The name and address do not have to match the name and address associated with the TIN by the IRS.
- Section 7.2.4.1 *Extension for Reporting Pending SEE Requests* has been added to include information posted as an alert on January 8, 2009 to [www.cms.hhs.gov/MandatoryInsRep/Downloads/GHPSEEALERT010909.pdf](http://www.cms.hhs.gov/MandatoryInsRep/Downloads/GHPSEEALERT010909.pdf).
- A paragraph, “*Initial Reporting When Employer Size Reaches 20*”, was added to Section 7.2.6.1.
- Section 7.2.7 was updated to state that CMS is providing an extension on reporting HRA information until 4th Quarter 2010 (files submitted in October – December 2010). Information for HRA coverage should NOT be reported until then. Further instructions will be provided at a later date.
- Section 7.2.7 was updated to add an exclusion for reporting coverage for stand-alone behavioral and mental healthcare benefits.
- Section 7.2.7 was updated to state that TRICARE coverage and Medicare Advantage plan coverage should not be reported on the MSP Input File.

- Section 7.2.7 was updated to indicate that when calculating the number of employees, RREs should use the total number of employees in an organizational structure (parent, subsidiaries and siblings) rather than just the number of employees in the particular subsidiary being reported on. In addition, in the case of a subsidiary of a foreign company, the employee count should reflect the number of employees worldwide for the entire organization.
- Sections 7.2.7 and 7.4.6 have been updated to add a recommendation that RREs utilize the Medicare HICN on input records whenever that data element for a covered individual is available.
- Section 7.3.1 was updated to state that the COBC is using the 4010A1 version of the X12 270/271. An upgrade to the X12 5010 is tentatively planned for January 2011.
- Section 7.5 was replaced to reflect the testing process on the COBSW.
- Section 8.1.1 was updated to list the information your Account Manager must provide for the Connect:Direct file transmission method on the COBSW in order to complete the RRE account setup.
- Section 8.1.2 was replaced to reflect using the COBSW for the SFTP file transmission method.
- Section 8.1.3 was replaced to reflect using the COBSW for the HTTPS file transmission method.
- The language in the Section 111 data use agreement was modified and Section 10 has been updated accordingly.
- Section 11 was updated to reflect the implementation of the Section 111 application on the COBSW in April 2009.
- The "*Customer Service Center*" subsection of Section 12 was deleted as all Section 111 reporting assistance requests should be directed to your assigned EDI Representative.
- The description of the RxBIN Number (Field 27 of the MSP Input File Detail Record and Field 16 of the Non-MSP Input File Detail Record) has been updated in Appendix A and Appendix C to indicate that this field has a data type of numeric and must be a 6-digit number when required (based on coverage type codes). The RX02 error in Appendix D was also updated accordingly.

- The definition of the values for Field 19 Employee Coverage Election of the MSP Input File Detail Record was updated in Appendix A to state that a value of '2' (subscriber and family) should also be used when the coverage election reflects subscriber and spouse.
- The record layout for the MSP Response File Trailer has been added to Appendix A. This trailer record was erroneously omitted on prior versions of the guide.
- The header and trailer record layouts for the Query Only File in Appendix B were modified to replace the former 4-byte Field 2 and 5-byte Field 3 (VDSA ID and Contractor Number) with one 9-byte field for the RRE ID. Fields on the header and trailer records were renumbered accordingly. This format is to be used for testing beginning April 1, 2009 and is required for production files as of July 1, 2009 and subsequent. This change does not affect former VDSA/VDEA partners who have converted to Section 111 RREs. These RREs may continue to use the previously published format which used VDSA/VDEA IDs.
- **Appendix F** from Version 2.0 (12/17/2008) was **removed** as it no longer applies to the HTTPS and SFTP file transmission methods on the COBSW. Appendix G from Version 2.0 was renamed as Appendix F.
- The Appendix H from Version 2.0 was replaced to include the entire, updated Attachment A to the PRA Supporting Statement. Appendix H from Version 2.0 was renamed as Appendix G.

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