

## Non-Group Health Plan MMSEA Section 111 Reporting Updates



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The Centers for Medicare and Medicaid Services (CMS) recently made several announcements regarding Medicare, Medicaid, and SCHIP Extension Act (MMSEA) Section 111 reporting for Non-Group Health Plans (NGHPs).

### **Section 111 NGHP Town Hall Teleconference Scheduled**

CMS announced it would be hosting a Section 111 NGHP Policy and Technical Support Town Hall Teleconference from 1:00 p.m. to 2:00 p.m. EDT on July 28, 2015. CMS-hosted Section 111 NGHP Town Hall Teleconferences begin with announcements from CMS

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representatives followed by an open question and answer session. The call-in number for the teleconference is 1.800.603.1774, and the passcode is “Section 111.” CMS recommends that individuals interested in attending begin calling in 20 minutes before the start of the call due to the large number of participants.

### **Updated Version of MMSEA Section 111 User Guide Released**

CMS also announced the release of an updated version of the MMSEA Section 111 NGHP User Guide. The updated user guide is version 4.7. Version 4.7 incorporates the following changes from prior Section 111 NGHP Alerts:

The web address or URL for accessing the Section 111 Coordination of Benefits Secure Website (COBSW) and submitting Section 111 reporting information has been changed to <https://www.cob.cms.hhs.gov/Section111/>.

CMS had previously provided a workaround that allowed Responsible Reporting Entities (RREs) to submit Recovery Agent or Third-Party Administrator (TPA) information on Tax Identification Number (TIN) Reference Files. CMS has eliminated this workaround and provided a permanent fix. The permanent fix allows Recovery Agent or TPA name and contact information to be submitted on TIN Reference Files in dedicated fields designated as “Recovery Agent” fields (fields 16–22). Submission of Recovery Agent information is optional. If Recovery Agent information is submitted in the Recovery Agent fields, copies of all correspondence regarding recovery claims will be sent to both the RRE and the designated Recovery Agent. These fields should only be used for agents who handle recovery claims. These fields should not be used for Section 111 reporting agents, unless the same agent handles Section 111 reporting and recovery claims. If Recovery Agent information is submitted in fields 6–11 of the TIN Reference File, only the Recovery Agent will receive correspondence regarding recovery claims.

To prevent false positives when querying with partial Social Security Numbers (SSNs), all four of the additional matching criteria (first initial of the first name, first six letters of the last name, date of birth and gender) will need to match a Medicare beneficiary’s information. When querying with full SSNs or Medicare Health Insurance Claim Numbers (HICNs), only three of the four additional matching criteria need to match. CMS encourages RREs to submit full SSNs or HICNs whenever possible to ensure an accurate match is identified.

The naming convention used for the Claim Response, TIN Response and Query Response Files was changed in order to ensure file names are always unique. Specifically, the values of the time node were changed.

For additional information regarding any of these changes, a full copy of the MMSEA Section 111 NGHP User Guide is available at <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-User-Guide/NGHP-User-Guide.html>.

### **Reminder Regarding Mandatory Transition to ICD-10 Codes**

Finally, on July 18, 2015, CMS issued a Section 111 NGHP Alert reminding Section 111 RREs and their reporting agents of the mandatory transition from ICD-9 to ICD-10 codes for all claims with a CMS Date of Incident on or after October 1, 2015. Additional information regarding the transition to ICD-10 codes is available in the MMSEA Section 111 NGHP User Guide, Chapter IV, Technical Information, Section 6.2.5.