



## **MSP and ELCMS**

**ELCMS User Group Meeting  
WebEx May 11, 2011**

## MSP TOPICS

- + Overview/Review
- + Recent and Upcoming Enhancements
- + Reporting and Best Practices
- + CMS & UDS Changes
- + Questions and Issues
- + Resources



- Two Conditions needed to report (Who & What)
  - Who needs to be reported
    - Medicare Beneficiaries
      - Generally those 65 years old or over
      - There are exceptions that could include any age
      - Claimant must be or become a Medicare Beneficiary during the time covered by the TPOC or ORM
  - What needs to be reported
    - TPOC (Total Payment Obligation to Claimant)
      - Qualified Medical Payments/Settlements
      - TPOC for No-fault and Workers Comp on or after **October 1, 2010** (User Guide v3.1)
      - TPOC for Liability and Self Insurance on or after **October 1, 2011** (CMS Alert 11/9/2010)
      - Generally Reported when settled
    - ORM (Ongoing Responsibility for Medicals)
      - ORM pre-existing claims prior to **January 1, 2010** (User Guide v3.1)
        - » Excludes ORM closed prior to **January 1, 2010** (User Guide v3.1)
      - Reported when responsibility assumed
      - Reported when responsibility terminated

# MSP Overview/Review



## Who needs to be reported

- **Nominee** (Claimant's MSP Status)
  - On claims that could be or become reportable
  - Claimants on suffixes with 'Reportable' or 'Conditional' coverages.
- **Candidate** (Claimant's MSP Status)
  - Set through nightly process
  - Nominee that has necessary data to query
    - First & Last Name, SSN, DOB
- **Beneficiary** (Claimant's MSP Status)
  - Set through monthly query process
- **Exempt** (Claimant's MSP Status)
  - Set through nightly process
  - Stops monitoring for the claimant
  - 100 days after conclusion of TPOC and ORM and still not yet a Beneficiary
    - Will not apply until initial reporting period is past
- **Reported** – Report has been submitted.
- **Error** – Initial or Final report was returned for correction.
- **Terminated** – Final report has been submitted. This is not automatic, user with permissions can change to this status once final reporting is complete.
- **Closed** – MSP Reporting is closed without reporting. Added in v5.06, this is not automatic, user with permissions can change to this status when the claim is closed prior to the claimant becoming an Beneficiary.

# MSP Overview/Review



## Who needs to be reported

- Query Process
  - Utilizes HEW (HIPAA Eligibility Wrapper)
    - Candidate Query files are automatically wrapped by ELCMS.
    - Response files must be unwrapped using HEW software prior to import.
    - CMS supports two versions of HEW.
      - Version 1.2.0 defined in the original specifications. This is the version currently supported by ELCMS. *To be discontinued effective Jan 1, 2012*
      - Version 2.0.0 effective 1/1/10 was never adopted by ELCMS. *Discontinued effect 1/1/12*
      - v3.0.0 effective January 1, 2012
  - Export to CMS ‘MSP Candidate Wrapped’ Export
    - Recommend this be done on a monthly basis
    - Could be done quarterly
  - Import from CMS ‘MSP Candidate Response’ Import
    - Processing will update any identified MSP Beneficiary to Beneficiary (Claimant’s MSP Status)
    - Provides the Beneficiary’s HICN; and will also correct DOB and Gender. V5.07 will include an alert when DOB or Gender is corrected.
    - Production Response is anticipated to take up to 14 days, so schedule accordingly. It is taking 1-2 weeks as of 1/12/11.

# MSP Overview/Review



## What needs to be reported

- TPOC (Total Payment Obligation to Claimant)
  - Qualified Medical Payments/Settlements
    - TPOC for No-fault and Workers Comp on or after **October 1, 2010** (User Guide v3.1)
    - TPOC for Liability and Self Insurance on or after **October 1, 2011** (CMS Alert 11/9/2010)
  - Reported when payment paid or settlement recorded
  - Reporting threshold for TPOC only claims (no ORM involved)
    - TPOC date is in 2012 or Before & amount is \$5,000 or less is exempt from reporting
    - TPOC date is in 2013 & amount is \$2,000 or less is exempt from reporting
    - TPOC date is in 2014 & amount is \$600 or less is exempt from reporting
    - TPOC date is in 2015 or after there is no threshold
- ORM (Ongoing Responsibility for Medicals)
  - ORM pre-existing claims prior to **January 1, 2010**
    - Excludes ORM closed prior to **January 1, 2010**
  - Reported when responsibility assumed

## What needs to be reported

- Where does data to be reported come from?
  - RRE info from Fund Maintenance screen
  - Claimant info including Atty (from Claimant tab)
  - Claimant Medical (from Medical detail on Claimant tab)
  - Product Liability (from Product Liability detail on Claimant tab) ***On hold***
  - Recording Claimant Atty info as well as Guardian or other Representatives
  - Recording Claimant Survivor Beneficiaries entered as separate claimants.

## Reporting

- TIN File Process

- Report file is generated using the ‘MSP TIN Reference’ Export

- Only needed at beginning of production reporting unless there is a change to your RRE reporting contact information.
- Special one time resubmit requirement
  - Do as soon after October 1, 2011 as possible
  - Must be completed prior to 4<sup>th</sup> quarter 2011 Claim report.
  - Properly formatted address (see Resources for USPS Address Lookup)

- Response Import to CMS ‘MSP TIN Reference Import’

- New Response file provided by CMS available October 1, 2011
- ELCMS will support in v5.07 to be ready for production 8/1/11.



## Reporting

- Claim File Process
  - Quarterly Export to CMS ‘MSP Claim Export’
    - Intersect of Who and What
      - Claimant must be a Beneficiary
      - Claim must have TPOC and/or OMR to report
    - Process will update Claimant to ‘Reported’ (MSP Status)
      - Will be set to ‘Terminated’ if final ORM termination has been reported.
  - Response Import to CMS ‘MSP Claim Import’
    - If there are no issues with the submitted report, no further processing is needed.
    - For any issues the process will update Claimant to ‘Error’ (Claimant’s MSP Status)
    - Response is taking 1-2 weeks as of 5/6/11. EDI reps will not intercede within 45 days

- Alerts
  - New “MSP Beneficiary” when Candidate becomes Beneficiary in v5.06
  - Correction to DOB or Gender from the Candidate Response Import in v5.07
  - New “MSP Error” Nightly processing performs tests similar to the Test button and re-evaluate and remove if corrected. Also processed when response files are imported. V5.07.
- Contacts
  - Supports multiple Attorney, Guardian, PoA, Other
- Excel Export
  - Exportxl\_spu\_coverages provides report of coverages with MSP settings.

# MSP Enhancements since 2010 User Group



- Exports
  - MSP Claim Export
    - Queue tab added v5.06
  - UDS “M” Export added in v5.07
- History Button
  - MSP Import/Export history
  - DbIClk to display detail
- Flex Report – MSP Suffixes
  - DbIClick to jump to claim.
  - Includes similar data to what would be reported
  - Added Open and Close dates to results in v5.06
  - Modified to Two-Tier, with first tier to be claimant and second tier suffix level in v5.07

# MSP Enhancements since 2010 User Group



- ICD9s
  - Integrated with Bill Review Providers
  - "NOINJ" ICD9 code, a special use value as defined by CMS in a Nov. 12, 2010 alert.
  - Update in v5.04 and again in v5.06
- Imports
  - UDS "M" Import added in v5.07
  - MSP TIN Reference Response Import added in v5.07
- Metrics
  - MSP Metrics; ORM status and TPOC start date added in v5.06
  - Exception metric "Deceased Claimant without Survivor" added in v5.07.

# MSP Enhancements since 2010 User Group



- MSP Status
  - Added “Closed” status in v5.06
  - Added “Confirmed” Export Status
- Notes
  - System note when Query Process identifies a Beneficiary
  - System note for Claim Report Response indicates Disposition code.
- ORM Anticipated Termination Date
  - Some funds have a floating ORM termination dates based on the most recent Loss Payment.
  - CMS does not allow reporting of termination dates more than 6 mos. in the future.
  - Users can maintain this as the termination date floats.
  - When the date comes within 6 mos. they can then enter the appropriate date in the actual Termination Date field.

# MSP Enhancements since 2010 User Group



- Query Process
  - Automatically wrapped export file
- Report Process
  - Exception Report indicates Response Codes from CMS
- SSN Validation
  - Added to Test Button in v5.06
- Survivor Support
  - Supports multiple survivors in v5.06
- Statuses
  - Examiner and Manager
- TIN Export
  - Added in v5.03b
- Test Button
  - False errors were CR07 & CC12 corrected in v5.06

- Manage by MSP Status
  - Nominee – Should be advancing to Candidate overnight unless there is insufficient info.
  - Beneficiary – This is the Who; now the What needs to be managed.
  - Error – Need to be addressed before next Claim Report.
  - Terminated – Can be user set once MSP reporting is complete.
  - Closed – Can be user set if the claim is Closed (CMS definition) prior to the claimant becoming a Beneficiary. Status added in v5.06.

- File handling
  - File locations for Import Export
  - Queue Tabs added for the Imports/Exports in v5.06
  - File History
    - Claimant Queue view added in v5.06
  - Do not email files
- Claim Report
  - Claim Export modifies data and can not be re-exported
- Query
  - Do a query every month
  - Continue to Query even Beneficiaries added in v5.06
  - Beneficiary Lookup Online Query Capability



- Oversight Tools for Examiners and Managers
  - MSP Claimants Queue in Home Tab
    - indicates non-Exempt claimants on claims assigned to Examiner
    - ORM and TPOC info added in v5.06
  - Examiner MSP Metric
    - summarizes their MSP Claimants Queue by MSP Status
  - Examiner and Manager Statuses
  - Excel Export `exportxl_spu_msp`
    - Replaced by Flex Report.
  - Excel Export `exportxl_spu_missingmspdata2`
    - Replaced by Flex Report and Test Button
  - `exportxl_spu_msp_claim_report`
    - It should take an option general parameter of the iolog; if no parameter dump whole table.

- Query Processing
  - HEW 1.0.2 and 2.0.0 will be discontinued and replaced with v3.0.0 effective January 1, 2012
- TIN Reference Processing
  - TIN Reference Response file
- UDS Processing
  - New UDS “M” file to Receiver
  - New UDS “M” file from Receiver

# MSP Questions and Issues



- Candidates set back to Nominee due to SSN
- Files getting lost/stuck at COBC
- Survivor handling for MSP vs. Payments to Survivors and reporting to Receivers (FIGA)
- TOPC amount without TOPC Date
  - Warning and Test Button support in v5.06
- Error 51 even though query reported 01 for the Beneficiary

- Resources
  - This presentation in PDF (will soon be available on Lightspeed website)
  - CMS Website (<http://www.cms.gov/MandatoryInsRep/>)
  - Lightspeed Website (<http://www.lightspeedclaim.com/>) Client section.
  - NGHP User Guide v3.1 (available from CMS or Lightspeed website)
    - New User Guide expected later this month? Delayed?
  - ELCMS User Manual – MSP Enhancement (Lightspeed website)
  - NCIGF MSP Working Groups
    - Administrative – Laura Keller ([lakeller@state.pa.us](mailto:lakeller@state.pa.us))
    - Technical - John Arment ([JArment@mpcga.org](mailto:JArment@mpcga.org))
  - MSP Compliance Presentation from NCIGF Managers Meeting Fall 2010
  - DRI Defense Practitioner's Guide to Medicare Secondary Payer Issues
  - USPS Address Lookup (<http://zip4.usps.com/zip4/welcome.jsp>)

## MSP Status

- **Exempt** – Claimant is associated only to ‘Exempt’ coverages they will be excluded from the reporting process. Defaulted upon suffix creation, users with permission can select as an override.
- **Nominee** – Claimant is associated with any Reportable or Conditional coverage, but has insufficient info to determine Medicare status. Defaulted upon suffix creation, users with permission can select as an override.
- **Candidate** – Claimant is associated with any Reportable or Conditional coverage, and has sufficient info to determine Medicare status. Set by nightly processing.
- **Beneficiary** – Claimant is associated with any Reportable or Conditional coverage, there is sufficient data to report, and claimant is confirmed to be Medicare Beneficiary, but has not yet been reported. Set by MSP Candidate Response Import.
- **Reported** – Report has been submitted. Set by MSP Claim Export.
- **Error** – Initial or Final report was returned for correction. Set by MSP Claim Import.
- **Terminated** – Final report has been submitted. Users with permission can select.
- **Closed** – MSP Reporting is closed without reporting. Users with permission can select.

## MSP Export Status

- **Pending** – Claimant is not yet ready to be reported.
- **Add** – Claimant is ready to be reported in next cycle.
- **Done** – Claimant has been reported.
- **Confirm** – The claim has already been reported and COBC has acknowledged that report was successful
- **Error** – Last report resulted in an error that should be corrected before the next reporting cycle.
- **Update** – Reportable information has changed, the update will be reported in next cycle.
- **Del/Add** – Key information (i.e. claim number) has been changed and must be reported in special Del & Add style.
- **Delete** – User changes MSP Status to Exempt after the claim has already been reported.



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**Conclusion**