

Provide Accurate Information Directly (PAID) Act Webinar



June 23, 2021

Presentation Overview



Medicare Secondary Payer



PAID Act Background



Upcoming Changes



Testing

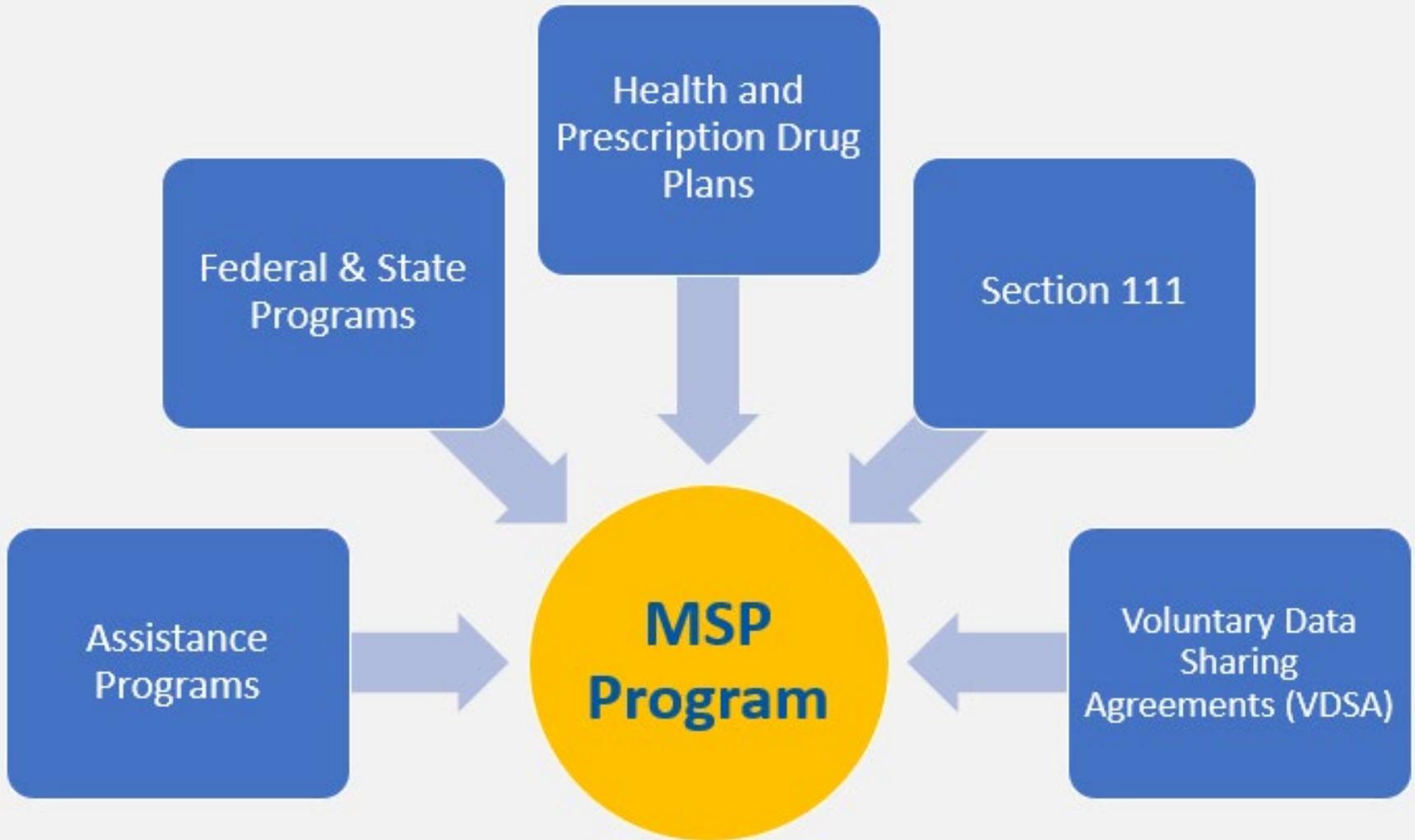


Important Dates



Resources to Assist You

Medicare Secondary Payer (MSP) Program



PAID Act Background



PAID Act Background, Continued

- Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) did not have a reliable way to identify if a beneficiary had a Part C or Part D plan.
- It is estimated that 1 out of 3 beneficiaries have a Part C plan and 9 out of 10 have some form of Part D.
- MSP industry stakeholders pushed for the PAID Act to help them get access to the Part C and D data.
- The PAID Act was signed into law on December 11, 2020.

PAID Act Background, Continued 2

- The intention of the PAID Act is to help NGHP RREs better coordinate benefits by providing them with Part C and Part D data.
- CMS will provide up to 3 years of enrollment data for both Part C and Part D.
- Data will be supplied to RREs as part of the NGHP Query Response File.

Upcoming Changes



Query Response File Changes

- New Query Response File fields become effective 12/11/2021
- Fields 12-13: Most recent Part A effective and termination date
- Fields 14-15: Most recent Part B effective and termination date
- Fields 16-135: Part C data include:
 - Plan Contract Number (PCN)
 - Enrollment Date
 - Termination Date
 - Plan Contract Name
 - Plan Benefit Package (PBP) Number
 - Plan Contract Address (COB Contact Address)
 - Plan Contract City
 - Plan Contract State
 - Plan Contract ZIP Code

Query Response File Changes, Continued

Fields 136-255 Part D data include:

- Plan Contract Number (PCN)
- Enrollment Date
- Termination Date
- Plan Contract Name
- Plan Benefit Package (PBP) Number
- Plan Contract Address (COB Contact Address)
- Plan Contract City
- Plan Contract State
- Plan Contract ZIP Code

Things to Remember

- Up to 12 Instances of each Part C and Part D plan data will be provided.
- If a beneficiary has an MA+PD plan the data will be returned in both the Part C and Part D data fields.
- The full layout of these changes is available in Chapter 5 of the NGHP User Guide on [CMS.gov](https://www.cms.gov).
- Updated HEW software will be made available.

S111 COBSW Beneficiary Lookup Changes

- Effective October 4th, 2021.
- Will have Part C and Part D enrollment information returned when using DDE.
- 3 years of Part C and Part D information, up to 12 instances each.
- 500-query limit still applies.

Open Testing Period



Testing

- Testing period September 13—December 10.
- Testing is encouraged but not required.
- Full testing details will be forthcoming.

- The HEW application, both the Windows and mainframe versions, will be modified to accept new information in an NGHP 271 X12 file and convert it to a fixed-length S111 Query Response flat file.
- The latest HEW application will be available as an independent installation for testing.
- RREs will be able to test with the new version without disrupting the production environment.
- After testing ends on December 10, 2021, RREs should begin using the new version of the HEW software for production and discontinue use of the old version.

HIPAA Eligibility Wrapper (HEW) Changes

Important Dates

EVENT	DATE
PAID Act passed	December 11, 2020
NGHP User Guide Version 6.4 published	June 11, 2021
Testing webinar	September 9, 2021
HEW Application update available for download	September 13, 2011
Testing period	September 13 - December 10, 2021
S111 COBSW Beneficiary Lookup changes	October 4, 2021
Paid Act S111 changes	December 11, 2021

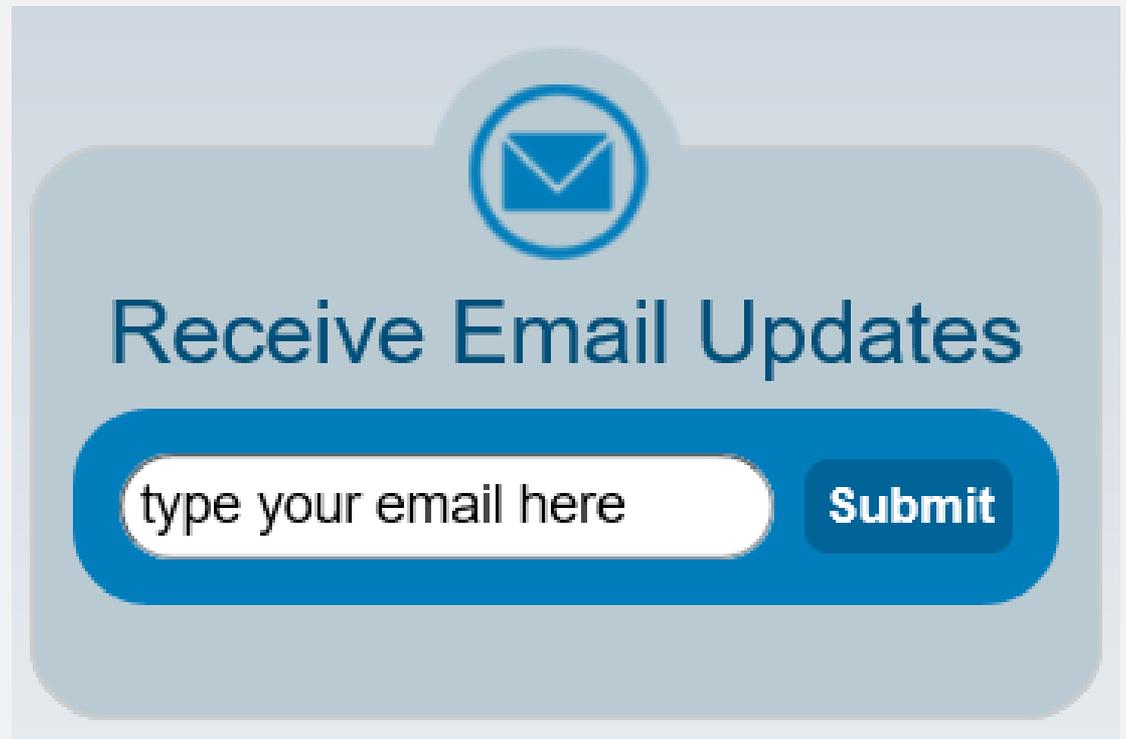
Resources to Assist You

- [PAID Act Alert](#)
- [NGHP User Guide](#)
- [270/271 Health Care Eligibility
Benefit Inquiry and Response
Companion Guide](#)
- EDI Department (646) 458-6740

Part C & D Questions

- Part C Mailbox: <https://dpapportal.lmi.org/DPAPMailbox/>
- Part D Mailbox: PartD_COB@cms.hhs.gov

Resources to
Assist You,
Continued



The image shows a sign-up form for email updates. At the top center is a blue circular icon containing a white envelope symbol. Below the icon, the text "Receive Email Updates" is displayed in a large, blue, sans-serif font. Underneath the text is a horizontal input field with rounded ends, containing the placeholder text "type your email here" in a light gray font. To the right of the input field is a blue button with rounded corners and the word "Submit" written in white, bold, sans-serif font.

Questions & Answers



Slide 0: Provide Accurate Information Directly (PAID) Act Webinar

Welcome to the Provide Accurate Information Directly (PAID) Act Webinar.

Slide 1: Presentation Overview

During today's presentation we will be covering a summary of the Medicare Secondary Payer program, the background of the PAID Act, upcoming changes because of the PAID Act, testing, and important dates. We will also provide a list of additional resources for you, and will close with a question-and-answer session.

Slide 2: MSPRP Program

Medicare Secondary Payer (MSP) is the term generally used when the Medicare program does not have primary payment responsibility—that is, when another entity has the responsibility for paying before Medicare. In 1980, Congress passed legislation that made Medicare the secondary payer to certain primary plans in an effort to shift costs from Medicare to the appropriate private sources of payment. The MSP provisions protect the Medicare Trust Funds by ensuring that Medicare does not pay for items and services that certain health insurance or coverage is primarily responsible for paying.

Slide 3: PAID Act Background

Now that we have had an MSP refresher, it's time to get into the details of the PAID Act, how it happened, what its intention is, and the changes that will result from it.

Slide 4: PAID Act Background, Continued

Prior to the PAID Act, Non-Group Health Plan Responsible Reporting Entities did not have a reliable way to find out if a beneficiary had a private Part C or Part D plan.

Part C and D plans play a big role in Medicare coverage today with an estimated of 1 out of 3 beneficiaries having a Part C plan and 9 out of 10 having some form of Part D coverage.

The MSP Industry looked for the passage of the PAID Act in order to get access to the Part C and D data more easily.

The PAID Act was signed into law on December 11th of 2020.

Slide 5: PAID Act Background, Continued 2

The intention of the PAID Act is to help NGHP RREs better coordinate benefits by providing them with Part C and D data for the previous 3 years, including contact information for the plans that the beneficiary was enrolled in.

CMS will be providing this data as part of the existing Section 111 NGHP Query Response File process.

Slide 6: Upcoming Changes

Now let's get into the details of the various upcoming changes that will occur to support the implementation of the PAID Act.

Slide 7: Query Response File Changes

As we mentioned previously, the PAID Act requires that CMS provide the NGHP RREs with a Medicare beneficiary's Part C and Part D enrollment information for the previous 3 years. CMS will be providing 3 years of data, up to 12 instances, of each Part C and Part D. CMS will also be providing the most recent Part A and Part B enrollment information.

This additional information will be provided via new fields in the NGHP Query Response File. This means a significant number of fields will be added to support the inclusion of this information.

The new fields will be as follows:

Fields 12 and 13 will provide the most recent Part A effective and termination dates.

Fields 14 and 15 will provide the most recent Part B effective and termination dates.

Fields 16-135 provide Part C data including:

Plan Contract Number (PCN)

Enrollment Date

Termination Date

Plan Contract Name

Plan Benefit Package (PBP) Number

Plan Contract Address (Note that this address will be the COB contact address)

Plan Contract City

Plan Contract State

Plan Contract ZIP Code

Slide 8: Query Response File Changes, Continued

Fields 136-255 will provide the Part D data including:

Plan Contract Number (PCN)

Enrollment Date

Termination Date

Plan Contract Name

Plan Benefit Package (PBP) Number

Plan Contract Address (Again note that this will be the COB contact address)

Plan Contract City

Plan Contract State

Plan Contract ZIP Code

Slide 9: Things to Remember

We wanted to mention a few items to remember. Again, the new fields will be populated with the most recent 3 years of Part C and D plan data up to 12 instances of each.

In some cases, a beneficiary may have an MA+PD plan, that is a Part C plan that also includes Part D creditable coverage. This means that the plan acts as both the beneficiary's Part C and D coverage. In these instances, the plan data will be returned in both the Part C and Part D data fields on the response file.

The HEW software will also be updated, but we will talk about that further shortly.

We also want to be sure that everyone knows that the full Query Response File changes are available in Chapter 5 of the NGHP User Guide available on CMS.gov.

Slide 10: S111 COBSW Beneficiary Lookup Changes

In addition to the PAID Act providing this information via the query response file, it will also be added to the S111 COBSW website. CMS wanted to make sure information was consistent and that all RREs had access to the Part C and Part D data.

This means that RREs who are using Beneficiary Lookup to verify eligibility and submit claims will also be able to access the Part C and Part D data. This information will become available in October and will also provide the same 3 years of information, up to 12 instances, of both Part C and Part D enrollment details.

Please note that the 500-query limit will still apply; however if you need additional queries, you may contact your EDI representative.

Slide 11: Open Testing Period

As you can see, there are some significant changes coming and we want to be sure that RREs are prepared for them. To do this, CMS will be having an open testing period for RREs prior to the implementation.

Slide 12: Testing

Because of the significance of the change to the query response record file from the current unwrapped size of 300 bytes to 5608 bytes after the PAID Act is implemented, the testing period will allow RREs to ensure that they are prepared for the query response file changes prior to implementation in December. You are not required to test but it is encouraged.

The testing period is scheduled to take place from September 13-December 10. We will also be having a testing webinar in September, prior to the start of the testing period, to provide you with additional information. Once additional information is available on testing, we will post it to CMS.gov including the full webinar details.

Slide 13: HIPAA Eligibility Wrapper (HEW) Changes

To support testing, CMS will offer the latest HEW application as an independent installation from the existing HEW software. This will allow RREs who chose to use this software the benefit of having a separate testing environment while preserving the production environment for everyday use within the PAID Act testing window.

We recommend that RREs install and use the new HEW version for unwrapping test 271 files until the testing window ends on 12/10/2021, after which, the new HEW software should continued to be used for unwrapping production 271 files. At the close of the testing window, use of the previous version of the HEW software should be discontinued.

Additional information on changes to the HEW software is available in Appendix K of the NGHP User Guide as well as in Version 5.5 of the 270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide for Mandatory Reporting Non-GHP Entities. These user guides are both available on CMS.gov. We will also discuss in more detail on the upcoming testing webinar in September.

Slide 14: Important Dates

Now that we know more about the PAID Act changes, we just wanted to summarize the important dates to remember.

As we mentioned, the Act was passed on December 11th of 2020.

We will be having another webinar to discuss the testing process on September 9 and the testing period will be from September 13th through December 10th. At this webinar we will provide more details on the HEW application update which will be available on September 13th.

The S111 MRA Beneficiary Lookup changes will be implemented on October 4th.

Finally, the PAID Act Section 111 NGHP Query Response File changes will go into effect on December 11th.

Slide 15: Resources to Assist You

Lastly, we want to remind you of the additional resources available to you. These include the NGHP Training curriculum, PAID Act Alert, the NGHP User Guide, and the 270/271 Companion Guide, which are all available to you on CMS.gov.

You can also contact the EDI Department with any questions you may have.

Slide 16: Part C & D Questions

If you have questions regarding PAID Act impacts to Part C and Part D policy, you can direct them to the mailboxes noted in the slide.

Slide 17: Resources to Assist You, Continued

You should also be sure that you are signed up for email alerts from CMS.gov so that you don't miss any updates or announcements. You can do this by going to the bottom of any CMS.gov page and entering your email address in the "Receive Email Updates" box. Then simply select which pages or topics you want to be informed of.

Slide 18: Questions and Answers

That concludes the presentation portion of the webinar. We hope that you found this information helpful, we will now begin the question-and-answer portion of the call.

Acronyms

HEW	HIPAA Eligibility Wrapper
MSP	Medicare Secondary Payer
MSPRP	Medicare Secondary Payer Recovery Portal
NGHP	Non-Group Health Plans
PAID Act	Provide Accurate Information Directly Act
PBP	Plan Benefit Package
PCN	Plan Contract Number
RRE	Responsible Reporting Entities