CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13197	Date: May 2, 2025
	Change Request 13985

SUBJECT: The Medicare Secondary Payer (MSP) Systems Contractor (MSPSC) and Common Working File (CWF) to Delete or Close Pre-Section 111 Non-Ongoing Responsibility for Medicals (ORM) Non-Group Health Plan (NGHP) MSP Records and to Purge all MSP Records that Contain an 'N' Validity Indicator

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow CWF to create a Utility to update or delete the old pre-January 1, 2010, non-ORM NGHP records and for CWF and the MSPSC to purge (remove) all MSP records that contain a validity indicator of 'N.'

EFFECTIVE DATE: October 1, 2025

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 6, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-05	Transmittal: 13197	Date: May 2, 2025	Change Request: 13985

SUBJECT: The Medicare Secondary Payer (MSP) Systems Contractor (MSPSC) and Common Working File (CWF) to Delete or Close Pre-Section 111 Non-Ongoing Responsibility for Medicals (ORM) Non-Group Health Plan (NGHP) MSP Records and to Purge all MSP Records that Contain an 'N' Validity Indicator

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow CWF to create a Utility to update or delete the old pre-January 1, 2010, non-ORM NGHP records and for CWF and the MSPSC to purge (remove) all MSP records that contain a validity indicator of 'N.'

II. GENERAL INFORMATION

Background: Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) A. added mandatory reporting requirements with respect to Medicare beneficiaries who have coverage under Group Health Plan (GHP) arrangements as well as for Medicare beneficiaries who receive settlements, judgments, awards or other payment from liability insurance (including self-insurance), no-fault insurance, or workers' compensation, collectively referred to as Non-Group Health Plans (NGHP). Insurers have been reporting NGHP arrangements since January 2010. Section 111 reporting entities also report Ongoing Responsibility for Medicals (ORM), which is a term used to describe the obligation of a Responsible Reporting Entity (RRE) to pay for medical expenses for a Medicare beneficiary or injured party associated with a claim. ORM can apply to: Liability insurance, No-fault insurance, and Workers' compensation. Currently, there are old NGHP CWF MSP conditional payment records prior to January 1, 2010, that were never closed, or deleted, and are no longer active. Many of these records are causing current MSP claims to process incorrectly. To prevent this from recurring, these MSP records must be updated or deleted. There are also old MSP records that contain an "N" validity indicator that can be purged as these records serve no purpose. This CR instructs CWF to create a Utility to update or delete the old pre-January 1, 2010, non-ORM NGHP records and for CWF and the MSPSC to purge (remove) all MSP records that contain a validity indicator of 'N.'

B. Policy: CWF stores MSP information for which Medicare is the secondary payer. To process claims correctly, CWF must be updated with the appropriate termination dates or deletions when accident or injury cases are closed, or are no longer valid, and to purge MSP records that contain a validity indicator of 'N' for which these records are no longer required.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Re	Responsibility							
		A	A/B MAC		DME	Shared-System Maintainers			Other	
		Α	В	HHH		FISS	MCS	VMS	CWF	
					MAC					
13985.1	CWF shall create a utility to								Х	
	add a termination date of									

Number	Requirement	Re	spo	nsibility	7					
		A	/B I	MAC	DME	Share	d-Syste	m Main	tainers	Other
		Α	В	HHH	MAC	FISS	MCS	VMS	CWF	
	December 31, 2009, to any open NGHP (Liability, no- fault or workers' compensation) record that is non-ORM and the Date of Accretion is on or prior to December 31, 2009. Note: CWF shall create a utility if the MSPSC update process cited below does not work as indicated.									
13985.2	CWF shall create a utility to delete open NGHP records (Liability, no-fault or workers' compensation records) that are non-ORM and were created on or prior to December 31, 2009, where CWF is unable to add a termination date due to CWF Secondary Payer (SP) edits and non-working source codes. Note: CWF shall create a utility if the MSPSC update process cited below does not work as indicated.								X	
13985.3	CWF shall provide the MSPSC with a list, in an agreed upon format, of all non-ORM NGHP MSP records in its system created prior to January 1, 2010, for which a termination date of December 31, 2009, must be added.								Х	MSPSC
13985.4	 CWF shall select any NGHP MSP records that have the following criteria: MSP type = D, E, or L MSP record active (no termination date) 								Х	

Requirement	Re	spo	nsibility	7					
	A	/B I	МАС	DME	Share	d-Syster	m Main	tainers	Other
	Α	В	HHH	MAC	FISS	MCS	VMS	CWF	
 Validity indicator = "Y" Not deleted No date of death ORM field is equal to "N" or "Blank" (non-ORM) MSP record accretion date is prior to January 1, 2010, (date MSP record was created) 									
For each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information: • Medicare Beneficiary Identifier (MBI) • Bene Last Name • Bene First Initial • Bene Date of Birth (DOB) • Bene Gender • MSP Type • Insurance Type • Patient Relationship Code • Effective Date								X	
The MSPSC shall evaluate the file received by CWF and add a termination date of December 31, 2009, on any non-ORM NGHP MSP records (open "conditional payment" MSP records) in its system that meet the following criteria: • MSP = NGHP (D, L, or E) • MSP effective date > 0									MSPSC
	 Validity indicator = "Y" Not deleted No date of death ORM field is equal to "N" or "Blank" (non-ORM) MSP record accretion date is prior to January 1, 2010, (date MSP record was created) For each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information: Medicare Beneficiary Identifier (MBI) Bene Last Name Bene First Initial Bene Gender MSP Type Insurance Type Patient Relationship Code Effective Date The MSPSC shall evaluate the file received by CWF and add a termination date of December 31, 2009, on any non-ORM NGHP MSP records (open "conditional payment" MSP records) in its system that meet the following criteria: MSP = NGHP (D, L, or E) MSP effective date 	A•Validity indicator = "Y"•Not deleted•No date of death•ORM field is equal to "N" or "Blank" (non-ORM)•MSP record accretion date is prior to January 1, 2010, (date MSP record was created)For each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information:•Medicare Beneficiary Identifier (MBI) ••Bene Last Name ••Bene First Initial ••Bene Gender ••MSP Type ••Insurance Type ••Patient Relationship Code ••Effective Date	A/B I•Validity indicator = "Y"•Not deleted•No date of death•ORM field is equal to "N" or "Blank" (non-ORM)•MSP record accretion date is prior to January 1, 2010, (date MSP record was created)For each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information:•Medicare Beneficiary Identifier (MBI) ••Bene Last Name ••Bene Gender ••MSP Type ••Insurance Type ••Patient Relationship Code ••Effective DateThe MSPSC shall evaluate the file received by CWF and add a termination date of December 31, 2009, on any non-ORM NGHP MSP records in its system that meet the following criteria:•MSP = NGHP (D, L, or E) •MSP term date = 0•MSP term date = 0	A/B MACABHHH•Validity indicator = "Y"••Not deleted••No date of death••ORM field is equal to "N" or "Blank" (non-ORM)••MSP record accretion date is prior to January 1, 2010, (date MSP record was created)•For each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information:••Medicare Beneficiary Identifier (MBI) ••••Medicare Bene First Initial ••••Bene Gender ••••MSP Type ••••Naship Code ••••The MSPSC shall evaluate the file received by CWF and add a termination date of December 31, 2009, on any non-ORM NGHP MSP records (open "conditional payment" MSP records) in its system that meet the following criteria:••MSP = NGHP (D, 	A/B MACDMEABHHHMAC•Validity indicator = "Y"Not deleted•Not deletedI•Not deletedI•Not deletedI•ORM field is equal to "N" or "Blank" (non-ORM)I•MSP record accretion date is prior to January 1, 2010, (date MSP record was created)IFor each record selected, CWF shall provide the MSPSC with a non-ORM NGHP record that contains the following information:I•Medicare Beneficiary Identifier (MBI) •II•Bene Last Name •II•Bene Gender •II•MSP Type •Insurance Type •I•Patient Relationship Code •II•MSPSC shall evaluate the file received by CWF and add a termination date of December 31, 2009, on any non-ORM NGHP MSP records (open "conditional payment" MSP records) in its system that meet the following criteria:I•MSP = NGHP (D, L, or E) •MSP term date = 0I	A/B MACDMEShare FISSImage: Not deleted • ORM field is equal to "N" or "Blank" (non-ORM) • MSP record accretion date is prior to January 1, 2010, (date MSP record was created)Image: Not Web vield is prior to January 1, 2010, (date MSP record was created)Image: Not Web vield is prior to January 1, 2010, (date MSP record was created)Image: Not Web vield is prior to January 1, 2010, (date MSP record was created)Image: Not Web vield is vield is	$ \begin{array}{ c c c c c } \hline \hline A & B & HHH \\ \hline A & HHH \\ \hline A & H \\ \hline A & H \\ \hline A & HHH \\ \hline A & HHH \\ \hline A & HHH \\ \hline A & $	A/B MACDME AShared-System MainImage: Not deleted in No date of deathImage: N	Image: I

Number	Requirement	Re	spo	nsibility	7					
				MAC	DME	Share	d-Syster		tainers	Other
		Α	В	HHH	MAG	FISS	MCS	VMS	CWF	
	• Not created or updates by an S111 insurer.				MAC					
	Note: The MSPSC shall delete MSP records for which a termination date could not be added due to outdated source coding.									
13985.6.1	The MSPSC shall ensure that Non-ORM NGHP MSP record updates and deletes are done by the MSPSC via an SR (Production Support Utility). Note: This will generate a HUSP record that would result in corresponding updates and deletes at CWF.									MSPSC
13985.6.2	The MSPSC shall not update any MSP occurrences related to open Recovery Management System (ReMAS) Cases. Note: The MSPSC shall not add a termination date, nor delete any records that were created or were updated by a Section 111 insurer.									MSPSC
13985.6.3	CWF shall delete, or add a termination to, any NGHP non-ORM MSP records received from the MSPSC that are not in the Coordination of Benefits (COB) system. Note: Since the MSPSC cannot generate a HUSP for these records, the MSPSC shall return a spreadsheet with these records so that CWF can proceed to add termination dates or deletes.								X	MSPSC

Number	Requirement	Re	spo	nsibility	7					
		A	<u>/B</u>]	MAC	DME	Share	d-Syster	m Main	tainers	Other
		Α	В	HHH	MAG	FISS	MCS	VMS	CWF	
13985.7	 The MSPSC shall create a report of all records from CWF that it matched in its system. This includes: A list of CWF MSP records that are matched in its system and deleted which results in a HUSP record to CWF, and 				MAC					MSPSC
	• A list of CWF MSP records that the MSPSC matched in its system, but did NOT delete because it did not meet the matching criteria. Note, these MSP records shall remain open in CWF.									
	• The MSPSC shall provide both lists to CWF.									
13985.8	CWF and the MSPSC shall resolve issues where the NGHP MSP record could not be termed or deleted due to systematic issues. Note: For these circumstances, CWF and the MSPSC shall inform CMS of recommended solutions and when all system issues are resolved.								X	MSPSC
13985.9	CWF shall create a utility to purge (remove) MSP records in the CWF MSP Auxiliary File that contain								Х	

Number	Requirement	Re	spo	nsibility	7							
		A	A/B MAC		A/B MAC DME		DME	Shared-System Maintainers				Other
		A	В	HHH	MAC	FISS	MCS	VMS	CWF			
	an 'N' validity indicator.											
13985.10	The MSPSC shall update the coordination of benefits system to purge (remove) MSP records that contain an 'N' validity indicator.									BCRS, MSPSC		
13985.11	CWF and the HIPAA Eligibility Transaction System (HETS) shall conduct a full refresh to include beneficiaries whose NGHP records were deleted, a termination date was added to the NGHP record, or the MSP record, that contained an "N" validity indicator, was purged (removed) from CWF. Note, the refresh would assist in making sure all systems are in sync.								X	HETS		

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: $N\!/\!A$

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: $\ensuremath{\mathrm{N/A}}$

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0