CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10753	**Date: May 11, 2021**
	Change Request 12176

SUBJECT: Update the Common Working File (CWF) to Accept a Group Health Plan (GHP) and non-GHP (NGHP) Medicare Secondary Payer (MSP) Effective Date 3 Months from the Current Date for Medicare Enrolled and Medicare Entitled Beneficiaries

I. SUMMARY OF CHANGES: The purpose of this change request is to update CWF to allow for the MSP Effective Dates to be no more than three months in the future from the current date.

EFFECTIVE DATE: October 1, 2021
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: October 4, 2021

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
R	6/30/30.3/MSP Auxiliary File Errors

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:

Business Requirements
Manual Instruction

Attachment - Business Requirements

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I.   GENERAL INFORMATION

A.   Background: GHPs and NGHPs can accurately identify MSP effective dates in the future based on the terms of the insurance contract. However, current CWF programming does not allow for an MSP effective date greater than the current date. The purpose of this Change Request (CR) is to update CWF to relax its edits for the MSP effective date field for GHP and NGHP MSP records and allow for MSP effective dates up to 3-months in the future from the current date for all Medicare enrolled and Medicare entitled beneficiaries and for all Coordination of Benefits (COB), A/B Medicare Administrative Contractors (MACs) and Durable Medicare Equipment (DME) MAC workload numbers.

For example, if a reporting entity submits a GHP MSP record on February 5th and the beneficiary has enrolled in Medicare, but the Medicare entitlement date is not until May 1 2021, the Benefits Coordination & Recovery Centers (BCRC) will specify the Medicare entitlement date of May 1, 2021 in the MSP effective date field in CWF and CWF will accept this date. In an example related to NGHP MSP records, the BCRC receives an active NGHP record due to an accident. Medicare records show the identified individual will be entitled to Medicare in the next three (3) months from the current date. The BCRC will upload the MSP record to CWF with the Medicare entitlement date as the MSP effective date and CWF will accept this date.

NOTE: The MSP effective date in the MSP effective date field cannot be less than the beneficiary's Medicare entitlement date.

B.   Policy: Medicare is obligated to make a secondary payment on claims where another insurer is the primary payer of claims.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12176.1	CWF shall relax its MSP edits for the MSP effective date field and accept the MSP effective date 3 months in the future from the current date for Medicare enrolled and Medicare entitled beneficiaries for all								X	

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH	FISS	MCS	VMS	CWF		
	GHP and NGHP MSP records and exemplified in the background section above. **NOTE:** The MSP effective date cannot be less than the beneficiary's Medicare entitlement date.									
12176.2	The BCRC and the MSP Systems Contractor (MSPSC) shall allow and accept an MSP effective date 3 months in the future from the current date for Medicare enrolled and Medicare entitled beneficiaries for all GHP and NGHP MSP records as exemplified in the background section above. **NOTE:** The MSP effective date cannot be less than the beneficiary's Medicare entitlement date.									BCRC, MSPSC
12176.3	The A/B MACs, DME MACs, and CWF shall accept and allow for the MSP effective date 3 months in the future from the current date for Medicare enrolled and Medicare entitled beneficiaries for all GHP and NGHP MSP records as exemplified in the background section above. **NOTE:** The MSP effective date cannot be less than the beneficiary's Medicare entitlement date.	X	X	X	X				X	
12176.4	CWF shall update the SP 31 error code definition to accommodate the instructions in this CR.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, 410-786-1418 or Richard.Mazur2@cms.hhs.gov , Sheila Alston, 410-786-8334 or Sheila.Alston@cms.hhs.gov

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

VI. 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

Medicare Secondary Payer (MSP) Manual
Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

30.3 - MSP Auxiliary File Errors
(Rev. 10753; Issued: 05-11-21; Effective: 10-01-21; Implementation: 10-04-21)

The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.

Maintenance transactions to the MSP Auxiliary file reject invalid data with errors identified by a value of "SP" in the disposition field on the Reply Record. A trailer of "08" containing up to four error codes will always follow. Listed below are the possible MSP Maintenance Transaction error codes with a general description.

Error Code	Definition	Valid Values
SP11	Invalid MSP transaction record type	"HUSP," "HISP," or "HBSP"
SP12	Invalid Medicare beneficiary identifier	Valid Medicare beneficiary identifier
SP13	Invalid Beneficiary Surname	Valid Surname
SP14	Invalid Beneficiary First Name Initial	Valid Initial
SP15	Invalid Beneficiary Date of Birth	Valid Date of Birth
SP16	Invalid Beneficiary Sex Code	0=Unknown, 1=Male, 2=Female
SP17	Invalid Contractor Number	CMS Assigned Contractor Number
SP18	Invalid Document Control Number	Valid Document Control Number
SP19	Invalid Maintenance Transaction Type	0=Add/Change MSP Data transaction, 1=Delete MSP Data Transaction
SP20	Invalid Validity Indicator	Y= Beneficiary has MSP Coverage, I= Entered by intermediary/ carrier - Medicare Secondary-COB investigate, N -No MSP coverage
SP21	Invalid MSP Code	A=Working Aged B=ESRD C= Conditional Payment D= No Fault E= Workers' Compensation F= Federal G= Disabled H= Black Lung I= Veteran's Administration L= Liability
SP22	Invalid Diagnosis Code 1-5	Valid Diagnosis Code

Error Code	Definition	Valid Values
SP23	Invalid Remarks Code 1-3	See the Valid Remarks Codes Below
SP24	Invalid Insurer Type	See definitions of Insurer Type codes below
SP25	Invalid Insurer Name An SP25 error is returned when the MSP Insurer Name is equal to one of the following: Supplement Supplemental Insurer Miscellaneous CMS Attorney Unknown None N/A Un Misc NA NO BC BX BS BCBX Blue Cross Blue Shield Medicare	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; : Insurer Name must be present if Validity Indicator = Y
SP26	Invalid Insurer Address 1 and/or Address 2	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP27	Invalid Insurer City	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP28	Invalid Insurer State	Must match U.S. Postal Service state abbreviation table.
SP29	Invalid Insurer Zip Code	If present, 1st 5 digits must be numeric. If foreign country "FC" state code, the nine positions may be spaces.
SP30	Invalid Policy Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :

Error Code	Definition	Valid Values
SP31	Invalid MSP Effective Date (Mandatory)	Non-blank, non-zero, numeric, number of days must correspond with the particular month. MSP Effective Date must be *no more than 3 months in the future from the current* date.
SP32	Invalid MSP Termination Date	Must be numeric; may be all zeroes if not used; if used, date must correspond with the particular month *for GHP records. The MSP Termination Date is Greater than Six Months from the current date for non-Group Health Plan MSP Auxiliary Records.*
SP33	Invalid Patient Relationship	The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date: 01 = Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence **–or-** Beneficiary is the injured party on the Workers Compensation, No-Fault, or Liability claim 02 =Spouse or Common Law Spouse 03 = Child 04 = Other Family Member 20 = Life Partner or Domestic Partner The following codes are only valid on MSP Auxiliary occurrences with accretion dates **PRIOR TO 4/4/2011**: 05 = Step Child 06 = Foster Child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped Dependent

Error Code	Definition	Valid Values
		11 = Organ donor 12 = Cadaver Donor 13 = Grandchild 14 = Niece/Nephew 15 = Injured Plaintiff 16 = Sponsored Dependent 17 = Minor Dependent of a Minor Dependent 18 = Parent 19 = Grandparent 20 = Life Partner or Domestic Partner
SP34	Invalid subscriber First Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP35	Invalid Subscriber Last Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP36	Invalid Employee ID Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP37	Invalid Source Code	Spaces, A through W, 0 – 19, 21, 22, 25, 26, 39, 41, 42, 43. See §10.2 for definitions of valid CWF Source Codes.
SP38	Invalid Employee Information Data Code	Spaces if not used, alphabetic values P, S, M, F. See §30.3.4 for definition of each code.
SP39	Invalid Employer Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP40	Invalid Employer Address	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP41	Invalid Employer City	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP42	Invalid Employer State	Must match U.S. Postal Service state abbreviations.
SP43	Invalid Employer ZIP Code	If present, 1st 5 digits must be numeric. If foreign country 'FC' is entered as the state code, and the nine positions may be spaces.
SP44	Invalid Insurance Group Number	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP45	Invalid Insurance Group Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :

Error Code	Definition	Valid Values
SP46	Invalid Pre-paid Health Plan Date	Numeric; number of days must correspond with the particular month.
SP47	Beneficiary MSP indicator not on for delete transaction.	Occurs when the code indicating the existence of MSP auxiliary record is not equal to "1" and the MSP maintenance transaction type is equal to '1.'
SP48	MSP auxiliary record not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.
SP49	MSP auxiliary occurrence not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.
SP50	Invalid function for update or delete. Contractor number unauthorized	See MSP Auxiliary Record add/update and delete function procedures above
SP51	MSP Auxiliary record has 17 occurrences and none can be replaced	
SP52	Invalid Patient Relationship Code which is mandatory for MSP Codes A, B and G when the Validity Indicator is "Y"	Accretion Dates prior to 4/4/2011: Patient Relationship must be 01 or 02 for MSP Code A (Working Aged). Patient Relationship must be 01, 02, 03, 04, 05, 18 or 20 for MSP Codes B (ESRD) and G (Disabled). Accretion Dates 4/4/2011 and subsequent: Patient Relationship must be 01 or 02 for MSP Code A (Working Aged). Patient Relationship must be 01, 02, 03, 04, or 20 for MSP Codes B (ESRD) and G (Disabled).
SP53	The maintenance transaction was for Working Aged EGHP and there is either a ESRD EGHP or Disability EGHP entry on file that has a termination date after the Effective date on the incoming transaction or is not terminated, and the contract number on the maintenance transaction is not equal to "11102", "11104", 11105", "11106", "33333", "66666", "77777", "88888", or "99999".	
SP54	MSP Code A, B or G has an Effective date that is in conflict with the calculated age 65 date of the Bene.	For MSP Code A, the Effective date must not be less than the date at age 65. For MSP Code G, the Effective

Error Code	Definition	Valid Values
		date must not be greater than the date at age 65.
SP55	MSP Effective date is less than the earliest Bene Part A or Part B Entitlement Date.	
SP56	MSP Prepaid Health Plan Date must be = to or greater than MSP Effective date or less than MSP Term. date.	
SP57	Termination Date Greater than 6 months prior to date added for Contractor numbers other than 11100 – 11119, 11121, 11122, 11126, 11139, 11141, 11142, 11143, 33333, 55555, 77777, 88888, and 99999.	
SP58	Invalid Insurer type, MSP code, and validity indicator combination.	If MSP code is equal to "A" or "B" or "G" and validity indicator is equal to "I" or "Y" then insurer type must not be equal to spaces.
SP59	Invalid Insurer type, and validity indicator combination	If validity indicator is equal to "N" then insurer type must be equal to spaces.
SP60	Other Insurer type for same period on file (Non "J" or "K") Insurer type on incoming maintenance record is equal to "J" or "K" and Insurer type on matching aux record is not equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP61	Other Insurer type for same period on file ("J" or "K") Insurer type on incoming maintenance record is not equal to "J" or "K" and Insurer type on matching aux record is equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP62	Incoming term date is less than MSP Effective date.	
SP66	MSP Effective date is greater than the Effective date on matching occurrence on auxiliary file	
SP67	Incoming term date is less than posted term date for Provident	
SP72	Invalid Transaction attempted	A HUSP add transaction is received from a FI or Carrier (non-COBC) with a validity indicator other than "I."
SP73	Invalid Term Date/Delete Transaction	A MAC attempts to change a Term Date on a MSP Auxiliary record with a "I" or "Y" Validity Indicator that is already terminated, or trying to add Term Date to "N" record.
SP74	Invalid cannot update "I" record.	A MAC submits a HUSP transaction to update/change an "I" record or to add an "I" record and a match MSP

Error Code	Definition	Valid Values
		Auxiliary occurrence exists with a "I" validity indicator.
SP75	Invalid transaction, no Medicare Part A benefits	A HUSP transaction to add a record with a Validity Indicator equal to "I" (from an FI/carrier) or "Y" (from BCRC) with an MSP Type equal to "A," "B," "C," or "G" and the effective date of the transaction is not within a current or prior Medicare Part A entitlement period, or the transaction is greater than the termination date of a Medicare entitlement period.
SP76	MSP Type is equal to W (Workers' Compensation Medicare Set-Aside) and there is an open MSP Type E (Workers' Compensation) record.	
SP77	*A diagnosis cannot be added to this occurrence by a Part A/Part B/DME MAC.*	
SP78	*The diagnosis code submitted is not allowed on an MSP Type 'D' record.*	*When an incoming HUSP transaction with a Validity Indicator equal to 'I' or 'Y' is received from an A/B, DME MAC or the BCRC for an MSP Type 'D' record, and the transaction contains one of the CMS identified ICD 9 or ICD 10 diagnosis codes.*
SP79	A MAC attempts to create/enter a value in the ORM field on the incoming I HUSP record (makes sure that a MAC cannot update or overlay an ORM value in the ORM field).	Valid Values for the 1-byte ORM indicator on the CWF MSP Detail screen (MSPD) are: Y (Yes) or a space. A "Y" ORM indicator value denotes that the ORM existed for a period of time, not necessarily that it currently exists. An ORM indicator of a "space" implies that an RRE has not assumed ORM.
SP80	A MAC attempted to create/enter an ORM indicator on an MSP record other than a D, E, and L.	The 1- byte ORM indicator (valid values = Y or a space) shall only be received on HUSP transactions with MSP Codes "D, E, and L."
SP81	A contractor, other than the following contractor numbers of 11100, 11110, 11122, 11141, and 11142, attempts to	To ensure that no other entity than the following contractor numbers (11100, 11110, 11122, 11142, and 11142) can

Error Code	Definition	Valid Values
	update, remove or set the existing ORM record indicator of a "Y" to a "space."	modify an existing record's ORM indicator to equal a "space," if originally it was a "Y."
SP82	*MSP Type 'L' or 'D' does not exist.*	*When an incoming HUSP transaction is submitted for LMSA (MSP Type S) and no Liability (MSP Type L) MSP Auxiliary record exists; or when an incoming HUSP transaction is submitted for NFMSA (MSP Type T) and no No-Fault Auto (MSP Type D) MSP Auxiliary record exists.*
SP83	*No Termination Date present for a Liability or No-Fault Auto occurrence.*	*When an incoming HUSP transaction is submitted for LMSA (MSP Type S) and the Liability (MSP Type L) record on the MSP Auxiliary File does not have a Termination Date; or when an incoming HUSP transaction is submitted for NFMSA (MSP Type T) and the No-Fault Auto (MSP Type D) record on the MSP Auxiliary File does not have Termination Date.*
SP84	*Invalid Effective date for LMSA or NFMSA or open record.*	*An HUSP transaction is submitted by contractor '11144' or '11100' for LMSA (MSP Type S) and posted to the MSP Aux file is a Liability (MSP Type L) with a Termination Date. If the Effective Date of the LMSA (MSP Type S) is not one day after the Termination Date of the Liability (MSP Type L). If the Effective Date of the LMSA (MSP Type S) is one day after the Termination Date of the Liability (MSP Type L), and the diagnosis codes on the LMSA (MSP Type S) are not an Exact or not a Family Match with the Liability (MSP Type L) diagnosis codes. AND/OR*

Error Code	Definition	Valid Values
		An HUSP transaction is submitted by contractor '11145' or '11100' for NFMSA (MSP Type T) and posted to the MSP Aux file is a No-Fault (MSP Type D) with a Termination Date. If the Effective Date of the NFMSA (MSP Type T) is not one day after the Termination Date of the No-Fault (MSP Type D). If the Effective Date of the NFMSA (MSP Type T) is one day after the Termination Date of the No-Fault (MSP Type D), and the diagnosis codes on the NFMSA (MSP Type T) are not an Exact or not a Family Match with the No-Fault (MSP Type D).