

Recent Updates Announced by Center for Medicaid and Medicare Services



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HRA Medicare Secondary Payer (MSP) mandatory reporting update

CMS has updated the User Guide for group health plans on its Medicare Secondary Payer (MSP) mandatory reporting website. Like the earlier versions of the guide, the updated version covers a wide range of topics relevant for the “responsible reporting entities” (RREs) who must provide information to CMS in order to help CMS identify situations in which the plans are (or have been) primary to Medicare. Here are some key changes:

- **HRA Reporting Delayed**
CMS reiterates that HRAs are group health plans for MSP purposes and should be reporting. But, HRA coverage information is not to be reported until the fourth quarter of 2010 (October – December 2010). CMS granted this extension to provide time to gather the necessary information to report on HRA coverage. CMS will provide further instructions on reporting HRA coverage at a later date.
- **HSAs Reporting Update**
CMS confirms that HSAs need not be reported for MSP purposes, so long as Medicare beneficiaries may not make a current-year contribution to an HSA and did not contribute to an HSA during any time they were Medicare beneficiaries. (As CMS notes, current law makes Medicare beneficiaries ineligible to make any HSA contributions.)
- **Behavioral/Mental Healthcare Services**
CMS notes that stand-alone behavioral and mental health care group health plan coverage is not to be reported, because behavioral/mental health care services are generally not covered benefits under Medicare. But, RREs are responsible for knowing when health care services are covered by Medicare and, when appropriate, for paying primary to Medicare for all beneficiaries who have stand-alone coverage for such services.
- **TRICARE and Medicare Advantage**
According to CMS, TRICARE coverage information should not be reported because TRICARE is always secondary to Medicare. Medicare Advantage coverage also should not be reported because it is a form of Medicare coverage and thus is not relevant to MSP determinations.
- **Active Covered Individuals**
The updated User Guide also refines the definition of active covered individuals and related reporting requirements and includes detailed examples of active covered individuals.