## 30.1 – Enrollment File Sharing

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Prior to the enactment of the mandatory insurer reporting provision of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Section 111 of P.L. 110-173), except for employers/union plans that are required by MSP-related law to report enrollment information on certain active employees, there was no requirement for other payers of health benefits to report their enrollment to CMS or Part D plans. The COB enrollment file sharing programs authorized by the 2007 *Act encourages group health plan insurers, third-party administrators (TPAs), and plan administrators or fiduciaries of self- insured/self-administered group health plans (GHPs) to report information for purposes of Coordination of Benefits, through Section 111 reporting.* Many other payers voluntarily provide information regarding prescription drug coverage they offer that is either primary or supplemental to Part D.

The mandatory insurer reporting of MSP group health coverage requires the reporting of information about group health plan arrangements, and those provisions implemented July 1, 2010 require the reporting of information about liability insurance, no-fault insurance, and workers' compensation. Although these requirements are not specific to Part D, CMS encourages insurers providing prescription drug coverage to include this information in their mandatory reporting.

CMS coordinates benefits with other payers with respect to Part A and B coverage to reduce mistaken payments and administrative expenses that would otherwise be incurred by the Medicare program. The CMS-*contracted Benefits Coordination & Recovery Center (BCRC) (formerly the Coordination of Benefits Contractor (COBC))* collects information on beneficiaries' other coverage primarily through the use of data sharing agreements.

Voluntary Data Sharing Agreements (VDSAs) and Coordination of Benefits Agreements (COBAs) that already existed were modified to include Part D information. CMS also created new types of agreements, such as those with SPAPs, ADAPs, and PAPs, specifically to facilitate the exchange of Part D information. Collectively, VDSA, SPAP, ADAP, and PAP reporting programs are referred to as "data sharing agreement" – DSA – programs. To maintain consistency throughout all data sources and to expedite transactions, the DSA file submissions should include Rx Bank Identification Numbers (BINs) and Processor Control Numbers (PCNs) for payers whose payments count toward TrOOP (e.g., SPAPs and ADAPs) that are unique from the BINs and PCNs for payers whose payments do not apply to TrOOP (e.g., workers' compensation and employer group health plans).

After the data sharing agreement is executed, the *non-Part D* payer sends the *BCRC* a file of it*s* enrollees. For Part D purposes, the *BCRC*: 1) compares the list of the other payer's enrollees to the current population of Medicare Part D enrollees; 2) captures and maintains the resulting *matches and any information updates; and 3) transmits the matches/updates to the CMS Medicare Beneficiary Database (MBD). CMS sends this information as often as daily to the Part D Transaction Facilitator and the Part D Sponsor for their enrollees.*

Further information about the format and business rules of the COB file to sponsors is contained in Section 11 of the Plan Communications User's Guide (PCUG); the guide is available on the CMS *website*. For further information about current Medicare COB processes, see the Medicare Part D COB *website*. (See Appendix B for the specific Web addresses for these sites.)

The *BCRC* will send as much information as is available. In some cases, CMS through the *BCRC* may determine there is other prescription drug coverage, but may be unable to recognize the *4*Rx identifiers. In such cases, CMS will supply the information so that the sponsors are at least aware of the other coverage.