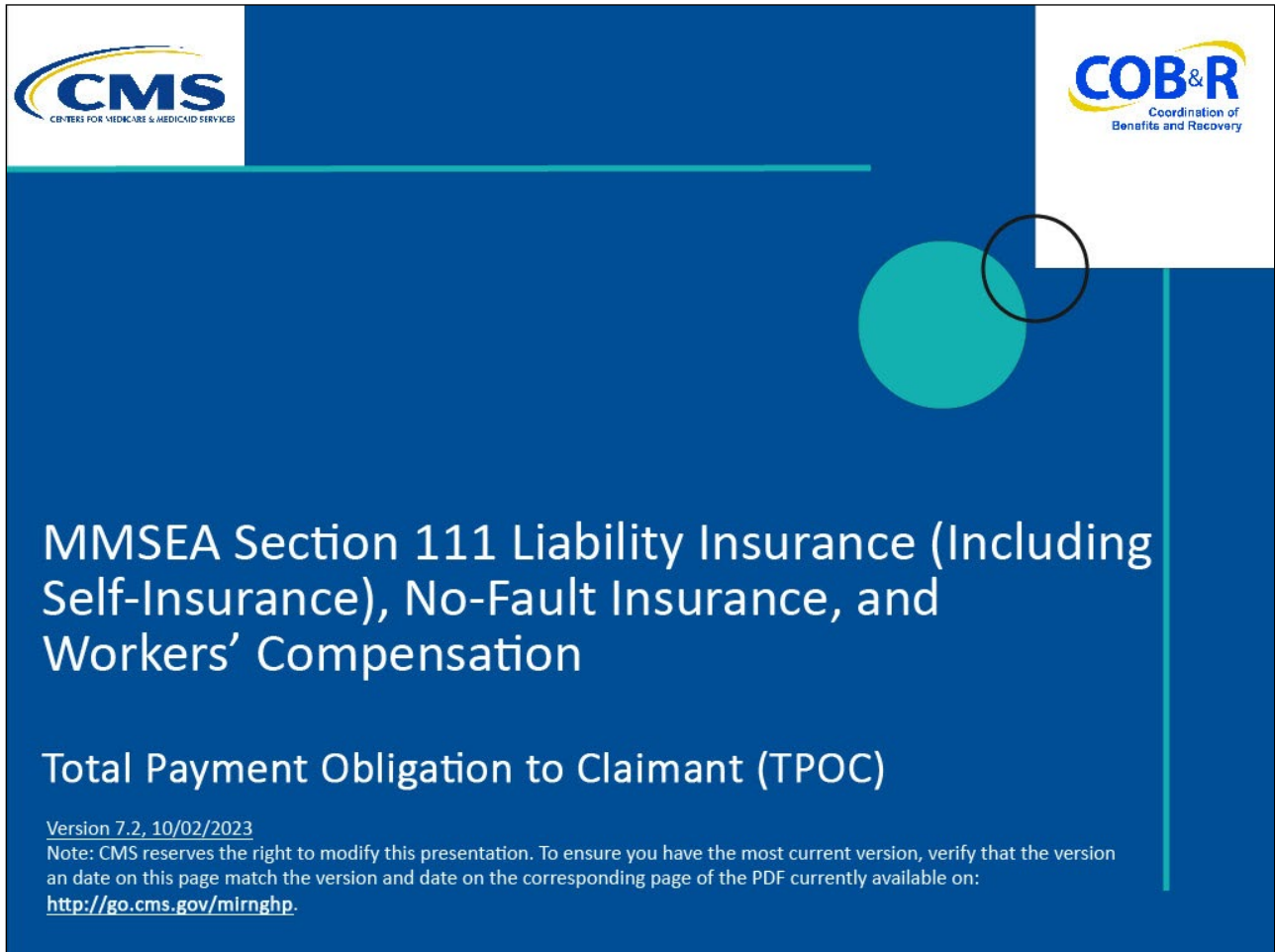


Total Payment Obligation to Claimant (TPOC)

Slide 1 of 46 - Total Payment Obligation to Claimant (TPOC)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COB&R
Coordination of
Benefits and Recovery

MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation

Total Payment Obligation to Claimant (TPOC)

Version 7.2, 10/02/2023
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version an date on this page match the version and date on the corresponding page of the PDF currently available on:
<http://go.cms.gov/mirnghp>.

Slide notes

Welcome to the Total Payment Obligation to Claimant (TPOC) course.

Note: This module applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission, as well as those RREs that will be submitting this information via Direct Data Entry (DDE).

Slide 2 of 46 - Disclaimer

Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found under the *Reference Materials* menu at the following link: <https://go.cms.gov/mirnghp>.

Slide notes

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Slide 3 of 46 - Course Overview

Course Overview

- TPOC
- TPOC fields
 - TPOC Date
 - TPOC Amount
 - Funding Delayed Beyond TPOC Start Date
- How to submit a TPOC
- How to correct/remove an erroneous TPOC



Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

Note: Liability insurance (including self-insurance), no-fault insurance, and workers' compensation are sometimes collectively referred to as "non-group health plan" or "NGHP."

The term NGHP will be used in this CBT for ease of reference.

Slide 4 of 46 - PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

**Slide notes**

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

This information will be provided both online, in the BCRS application, and COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 46 - Total Obligation to Claimant (TPOC)

Total Obligation to Claimant (TPOC)

Dollar amount of the total payment obligation to, or on behalf of, the injured party in connection with the settlement, judgment, award, or other payment in addition to/apart from ORM

TPOC generally reflects a “one-time” or “lump sum” settlement, judgment, award, or other payment intended to resolve/partially resolve a claim

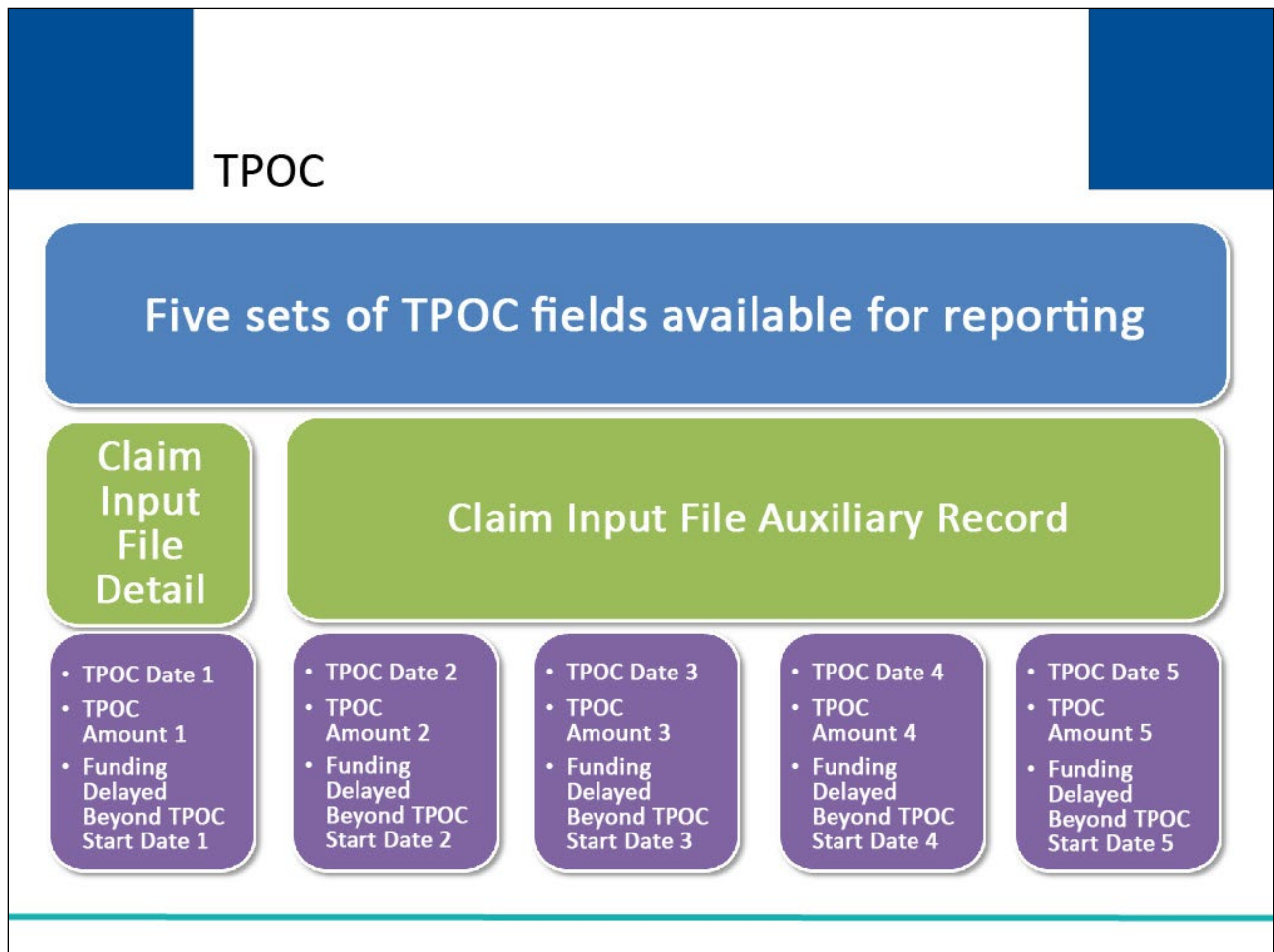
Slide notes

CMS uses the term TPOC to refer to the dollar amount of the total payment obligation to, or on behalf of, the injured party in connection with the settlement, judgment, award, or other payment in addition to/apart from Ongoing Responsibility for Medicals (ORM).

A TPOC generally reflects a “one-time” or “lump sum” settlement, judgment, award, or other payment intended to resolve/partially resolve a claim.

Note: For more information on ORM, please see the Ongoing Responsibility for Medicals CBT.

Slide 6 of 46 - TPOC




Slide notes

There are five sets of TPOC fields available for reporting - one on the Claim Input File Detail Record (Fields 80-82) and four on the Claim Input File Auxiliary Record (beginning in Field 93).

These sets of fields include the associated TPOC Date, TPOC Amount, and Funding Delayed Beyond TPOC Start Date for each separate TPOC associated with a claim report.

Slide 7 of 46 - TPOC Date

TPOC Date



- Date of associated TPOC without regard to ORM
- Not necessarily the payment date or check issue date
- Date the payment obligation was established
 - Date the obligation is signed if there is a written agreement unless court approval is required
 - Later of the date the obligation is signed or the date of court approval (i.e., if court approval required)
 - Date the payment (or first payment if there will be multiple payments) is issued (i.e., if there is no written agreement)

Slide notes

This is the date of the associated TPOC without regard to ORM. It is not necessarily the payment date or check issue date. The TPOC Date is the date the payment obligation was established.

This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required, it is the later of the date the obligation is signed or the date of court approval.

If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued.

Slide 8 of 46 - TPOC Date

TPOC Date	
When reporting a TPOC Date	
TPOC Date	<ul style="list-style-type: none"> • Zero-Nine (0-9) • Formatted as CCYYMMDD • No slashes or hyphens • Must be greater than CMS Date of Incident and less than or equal to the current COB processing date • No future dates allowed
TPOC Amount	<ul style="list-style-type: none"> • Must be submitted
When you are not reporting a TPOC Date	
TPOC Date	<ul style="list-style-type: none"> • Must be filled with all zeroes

Slide notes

The TPOC Date is a numeric date field. When reporting a TPOC Date, the only values you can enter in this field are the numbers zero through nine. This field must be formatted as CCYYMMDD. No slashes or hyphens are allowed.

The date submitted in this field must be greater than the CMS Date of Incident (Field 12) and less than or equal to the current Coordination of Benefits (COB) processing date. No future dates are allowed.

When reporting a TPOC Date, the TPOC Amount must also be submitted. When you are not reporting a TPOC Date, this field must be filled with all zeroes.

Please refer to the definition of the TPOC Date in Field 80 of the Claim Input File Detail Record in the NGHP User Guide Appendices Chapter (Appendix A) for a more thorough explanation.

Slide 9 of 46 - TPOC Amount

TPOC Amount

When reporting a TPOC Amount	
TPOC Amount	<ul style="list-style-type: none"> Zero-Nine (0-9) Right justified Padded with leading zeroes Do not include the decimal point 11 position field, last 2 positions reflect cents <div style="border: 1px solid #4F81BD; padding: 5px; margin: 5px 0; text-align: center;">Submit \$20,500.55 as 00002050055</div> <div style="border: 1px solid #4F81BD; padding: 5px; margin: 5px 0; text-align: center;">Submit \$20,500.00 as 00002050000</div>
TPOC Date	<ul style="list-style-type: none"> Must be submitted
When you are not reporting a TPOC Amount	
TPOC Amount	<ul style="list-style-type: none"> Must be filled with all zeroes

Slide notes

This is a numeric field. When reporting a TPOC Amount, the only values you can enter in this field are the numbers zero through nine. This field must be right justified, padded with leading zeroes, and the decimal point cannot be included.

It is an 11-position field and the last two positions of this field reflect cents. For example, an amount of \$20,500.55 should be submitted as 00002050055 (note the last two positions reflect the 55 cents).

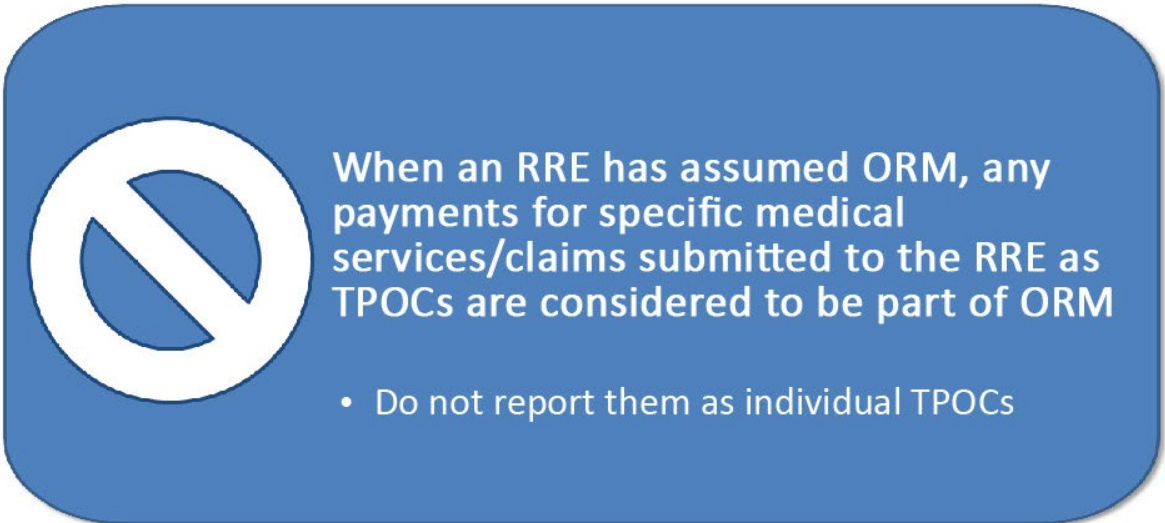
An amount of \$20,500.00 should be submitted as 00002050000 (note the last two positions reflect the zero cents). When reporting a TPOC Amount (i.e., an amount greater than zero), the TPOC Date must also be submitted.

When you are not reporting a TPOC Amount, this field must be filled with all zeroes.

Please refer to the definition of TPOC Amount in Field 81 of the Claim Input File Detail Record in the NGHP User Guide Appendices Chapter (Appendix A) for a more thorough explanation.

Slide 10 of 46 - TPOC Amount

TPOC Amount



When an RRE has assumed ORM, any payments for specific medical services/claims submitted to the RRE as TPOCs are considered to be part of ORM

- Do not report them as individual TPOCs

Slide notes

When an RRE has assumed ORM, any individual reimbursements/payments for specific medical services/claims submitted to the RRE are considered to be part of, and are reported as ORM. Do not report these payments as individual TPOCs.

Slide 11 of 46 - Workers' Compensation and No-Fault

Workers' Compensation and No-Fault

Periodic payments, pursuant to statute, for an obligation(s) other than medical expenses, to or on behalf of the claimant

- RRE does not report these as long as the RRE separately assumes/continues to assume ORM and reports this ORM appropriately, otherwise
- Such scheduled periodic payments are considered to be part of and are reported as ORM

▶

For example, if an RRE is making periodic "indemnity only" payments to the injured party to compensate for lost wages

- RRE has assumed ORM
- RRE must report the ORM
- Periodic payments to compensate for lost wages are not reported as TPOCs
- One claim report is submitted reflecting ORM

Slide notes

In situations where the applicable workers' compensation, or no-fault law or plan, requires the RRE to make regularly scheduled periodic payments, pursuant to statute, for an obligation(s) other than medical expenses, to or on behalf of the claimant, the RRE does not report these periodic payments as long as the RRE separately assumes/continues to assume ORM and reports this ORM appropriately.

Otherwise, such scheduled periodic payments are considered to be part of and are reported as ORM.

For example, if an RRE is making periodic "indemnity only" payments to the injured party to compensate for lost wages related to the underlying workers compensation or no-fault claim, the RRE has implicitly, if not explicitly, assumed ORM.

Therefore, the RRE must report the ORM. The periodic payments to compensate for lost wages are not reported as TPOCs. In summary, under the aforementioned circumstances, one claim report record is submitted reflecting ORM.

Slide 12 of 46 - Workers' Compensation and No-Fault

Workers' Compensation and No-Fault

- Medicare beneficiary is injured on the job and files a workers' compensation claim
- ORM is assumed and the RRE is issuing weekly indemnity payments for lost wages
- RRE must submit one Section 111 claim report
 - TPOC Date and TPOC Amount fields - zero filled
 - ORM Indicator = Y

Slide notes

Suppose a Medicare beneficiary is injured on the job and files a workers' compensation claim with his employer.

The workers' compensation carrier/RRE assumed ORM and is covering the beneficiary's related medical claims as they are incurred.

The RRE is also issuing weekly indemnity payments to compensate the beneficiary for his lost wages while he is not able to work. The RRE would submit one Section 111 claim report.

The TPOC Date and TPOC Amount fields should all be zero-filled and the ORM Indicator should equal Y. No reporting of the periodic indemnity payments is required - only the report of ORM.

Slide 13 of 46 - Structured Settlement

Structured Settlement

Submit total payout amount all at once in the TPOC Amount

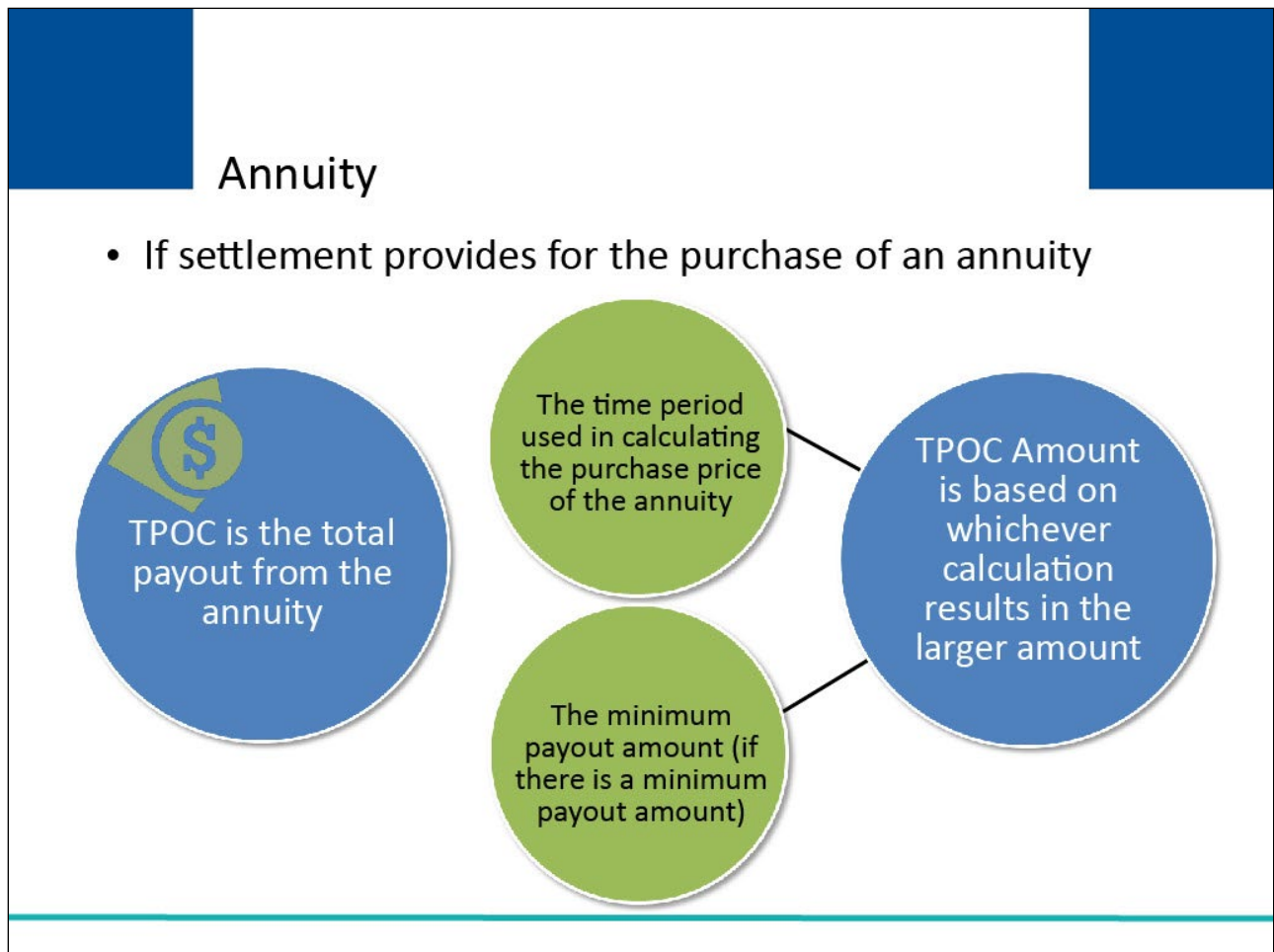
Regardless of whether there are installment payments or if there is a structured settlement

Slide notes

When reporting a structured settlement, submit the total payout amount of the settlement all at once in the TPOC Amount regardless of whether there are installment payments or if there is a structured settlement.

Please refer to the definition of TPOC Amount in Field 81 of the Claim Input File Detail Record in the NGHP User Guide Appendices Chapter (Appendix A) for a more thorough explanation.

Slide 14 of 46 - Annuity

**Slide notes**

If a settlement provides for the purchase of an annuity, the TPOC Amount is the total payout from the annuity.

The TPOC Amount should be based upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout amount), whichever calculation results in the larger amount.

Please refer to the definition of TPOC Amount in Field 81 of the Claim Input File Detail Record in the NGHP User Guide Appendices Chapter (Appendix A) for a more thorough explanation.

Slide 15 of 46 - TPOC and No ORM

TPOC and No ORM

- If a claim report does not have ORM
 - TPOC fields are required
- Note: The logic for the CJ07 error has changed
 - A TPOC of any amount will be accepted for all types of TPOCs
- Please see the NGHP User Guide for more information

Slide notes

If a claim report does not have ORM (ORM Indicator = N), the TPOC fields (i.e., the TPOC Amount and TPOC Date) are required.

Note: The logic for the CJ07 error has changed. A TPOC of any amount will be accepted for all types of TPOCs, including liability TPOCs.

Please see the NGHP User Guide for more information.

Slide 16 of 46 - TPOC and ORM

TPOC and ORM

- If a claim report has ORM and there is a separate settlement, judgment, award, or other payment that is in addition to/apart from the ORM
 - RREs are required to report the TPOC if the cumulative TPOC is over the TPOC threshold
 - TPOCs under the threshold may be reported at the RRE's discretion
 - The BCRC will not apply TPOC edit criteria to claims with ORM

Slide notes

If a claim report has ORM (ORM Indicator = Y) and there is a settlement, judgment, award, or other payment that is in addition to/apart from the ORM,

RREs are required to report the TPOC Amount(s) if the cumulative TPOC Amount(s) is over the TPOC threshold.

When considering the requirements for the Ongoing Responsibility for Medicals (ORM), remember, per current policy, that the dollar limit for No-Fault Insurance Limits (Field 61) represents a combined total of Med-Pay and Personal Injury Protection (PIP) (Section 6.7.1).

TPOCs under the threshold may be reported at the RRE's discretion. The Benefits Coordination & Recovery Center (BCRC) will not apply the TPOC threshold edit criteria to claims reported with ORM.

The limit dollar amount that triggers a threshold error has been adjusted from \$99,999,999 to cumulative value of all reported TPOCs (detailed and auxiliary records) exceed this limit. Additionally, the No-Fault Insurance Limit field number has been corrected under "Exceptions."

Note: As of January 1, 2022, the threshold for physical trauma-based liability insurance settlements will remain at \$750. CMS will maintain the \$750 threshold for no-fault insurance and workers'

compensation settlements, where the no-fault insurer or workers' compensation entity does not otherwise have ongoing responsibility for medical.

Slide 17 of 46 - ORM and No TPOC

ORM and No TPOC

- If the claim report has ORM and there is no settlement, judgment, award, or other payment that is in addition to/apart from the ORM
 - TPOC Date and TPOC Amount must be filled with zeroes

Slide notes

If the claim report has ORM (ORM Indicator = Y) and there is no settlement, judgment, award, or other payment that is in addition to/apart from the ORM, the TPOC Date and TPOC Amount must be filled with zeroes.

Slide 18 of 46 - Reporting TPOC and ORM Termination

Reporting TPOC and ORM Termination

If there is a TPOC reportable at the same time an ORM termination is being reported

Report the TPOC fields on the same report for the ORM

Submit one record that includes the:

- ORM Indicator = Y
- ORM Termination Date
- TPOC Date
- TPOC Amount

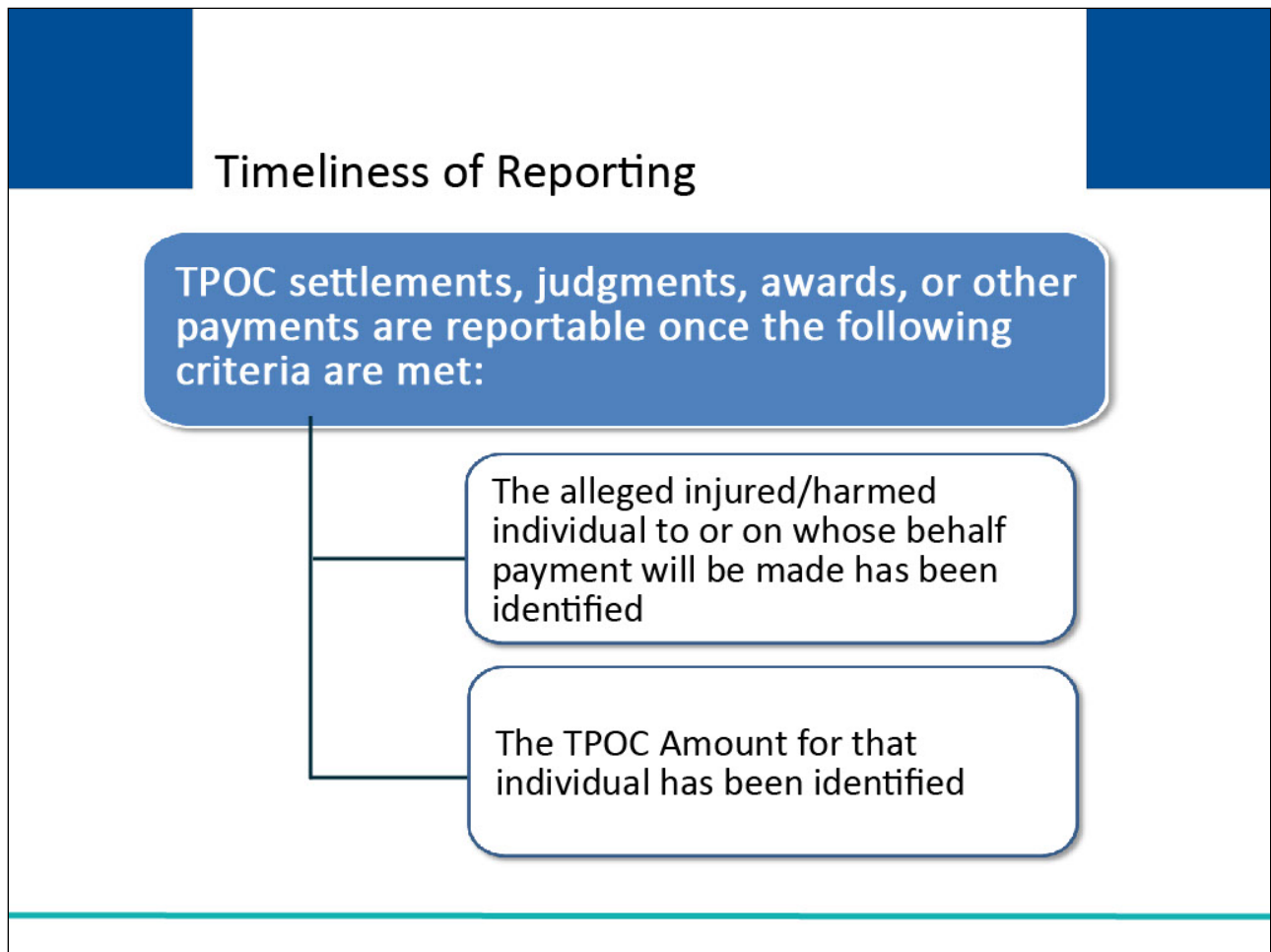
Note: You must submit separate records for each type of insurance

Slide notes

If there is a TPOC that is reportable at the same time an ORM termination is being reported, report the TPOC fields on that same report for the ORM.

In other words, submit one record that includes the ORM Indicator (set to Y), ORM Termination Date, TPOC Date, and TPOC Amount all in the same record. Note: You must submit separate records for each type of insurance.

Slide 19 of 46 - Timeliness of Reporting



Slide notes

TPOC settlements, judgments, awards, or other payments are reportable once the following criteria are met:

the alleged injured/harmed individual to or on whose behalf payment will be made has been identified, and the TPOC Amount for that individual has been identified.

Slide 20 of 46 - Timeliness of Reporting

Timeliness of Reporting

- Claim Input File Detail Records not received timely will be processed, but marked late
- At times, individual claimants/injured parties and the TPOC Amount each will receive are not identified at the time of settlement
- Until the RRE knows who is receiving the settlement and how much they will be receiving
 - RRE has to delay reporting of the TPOC
- When reporting of a TPOC is delayed
 - RRE must retain documentation establishing when criteria are met

Slide notes

Claim Input File Detail Records not received timely will be processed but marked late.

However, as is the case in some class action lawsuits, individual claimants/injured parties and the TPOC Amount each will receive are not identified at the time of settlement.

Until the RRE knows who is receiving the settlement and how much they will be receiving, the RRE has to delay reporting of the TPOC.

When the reporting of a TPOC is delayed and the timeliness of reporting is affected because of this, the RRE can account for the late submission of the TPOC by retaining documentation that confirms this.

Slide 21 of 46 - Funding Delayed Beyond TPOC Start Date

Funding Delayed Beyond TPOC Start Date

- Once the actual, specific injured party and specific TPOC Amount are identified
 - RRE must report the event for Section 111
 - Report may appear late based on the 45-day grace period
- To account for delay
 - CMS has included the Funding Delayed Beyond TPOC Start Date fields on the Claim Input File Detail Record
 - May be used to indicate the date that the actual specific injured party and specific TPOC Amount were identified
- Note:
 - System will be updated to change the calculation used for late TPOC reporting reflected by Compliance Flag value 01
 - Ignore erroneous late compliance flags received in this situation

Slide notes

Once the actual, specific injured party and specific TPOC Amount are identified, the RRE must report this event for Section 111. However, this report may appear to be late based on the normal 45-day grace period given to RREs for reporting TPOCs.

In order to account for this delay, CMS has included the Funding Delayed Beyond TPOC Start Date fields on the Claim Input File Detail Record.

RREs may use this field to indicate the date that the actual specific injured party and specific TPOC Amount were identified.

Please note: The system will be updated at a later date to change the calculation used for late TPOC reporting reflected by Compliance Flag value 01

so that this calculation uses the later of the TPOC Date or corresponding "Funding Delayed Beyond TPOC Start Date".

In the meantime, RREs should ignore erroneous late compliance flags received in this situation until the correction can be made.

Slide 22 of 46 - Funding Delayed Beyond TPOC Start Date

Funding Delayed Beyond TPOC Start Date

Example: Settlement involving an allegedly defective drug



- Contains/provides a process for subsequently determining who will be paid and how much
- Payment will be made to or on behalf of a particular individual and/or the amount of the settlement, judgment, award, or other payment to or on behalf of that individual is not known as of the TPOC Date

When the determination has been made and both the



- Alleged injured/harmed individual to or on whose behalf payment will be made has been identified, and
- TPOC Amount for that individual has been identified
 - Submit actual date of the settlement in the TPOC Date field
 - Submit date the determination was made in the corresponding Funding Delayed Beyond TPOC Start Date field

Slide notes

Let's say there is a settlement involving an allegedly defective drug. The settlement contains/provides a process for subsequently determining who will be paid and how much.

Consequently, the fact that there will be payment to, or on behalf of, a particular individual and/or the amount of the settlement, judgment, award, or other payment to or on behalf of that individual is not known as of the TPOC Date.

When the determination has been made and both the alleged injured/harmed individual to, or on whose behalf, payment will be made has been identified, and the TPOC Amount for that individual has been identified, submit the actual date of the settlement in the TPOC Date field and submit the date the determination was made in the corresponding Funding Delayed Beyond TPOC Start Date field.

Slide 23 of 46 - Funding Delayed Beyond TPOC Start Date

Funding Delayed Beyond TPOC Start Date

- Does not apply to annuities or structured settlements
 - RRE knows the alleged injured/harmed individuals that are receiving payment and the amount they are receiving
- Example: Settlement, judgment, award, or other payment on 8/11/2016 for \$171,093.59
 - Includes the following components:
 - Attorney fees
 - Costs borne by the beneficiary
 - In this case, there is one settlement agreement, one TPOC
 - RRE would report as follows:
 - TPOC Date = 20160811
 - TPOC Amount = 00017109359
 - Funding Delayed Beyond TPOC Date = zero-filled

Slide notes

The funding delayed field does not apply to annuities or structured settlements. In these cases, the RRE knows the alleged injured/harmed individuals that are receiving payment and they know the amount they are getting paid.

For example, let's say there is a settlement, judgment, award, or other payment on 8/11/2016 for \$171,093.59 that includes the following components:

attorney fees and

costs borne by the beneficiary.

In this case, there is one settlement agreement, there is one TPOC which includes the total settlement amount of \$171,093.59 (i.e., all of the components added together).

For this example, the RRE would report as follows:

TPOC Date: 20160811,

TPOC Amount: 00017109359, and

Total Payment Obligation to Claimant (TPOC)

Monday, October 2, 2023

Funding Delayed Beyond TPOC Date: zero-filled.

Slide 24 of 46 - Reporting TPOCs

Reporting TPOCs

- Each TPOC must be reported as a separate settlement, judgment, award, or other payment
- Earliest TPOC Date and Amount will be reported in Fields 80 and 81 of the Claim Input File Detail Record


Slide notes

Each TPOC must be reported as a separate settlement, judgment, award, or other payment. The earliest TPOC Date and Amount will be reported in Fields 80 and 81 of the Claim Input File Detail Record.

Slide 25 of 46 - Reporting TPOCs

Reporting TPOCs

Do not report separate installment payments as separate TPOCs

A blue prohibition sign (a circle with a diagonal slash) is positioned to the right of the text box, indicating that the action described is not allowed.

Slide notes

Do not report separate installment payments as separate TPOCs.

Slide 26 of 46 - Reporting TPOCs

Reporting TPOCs

Remember - a TPOC is a single payment obligation reported in total regardless of whether it is funded through

- A single payment,
- An annuity, or
- A structured settlement

Multiple TPOC fields

- Only used when/if an RRE negotiates separate, different settlements at different times for a claim
- Each settlement amount is to be reported and maintained on subsequent reports in separate TPOC fields

Slide notes

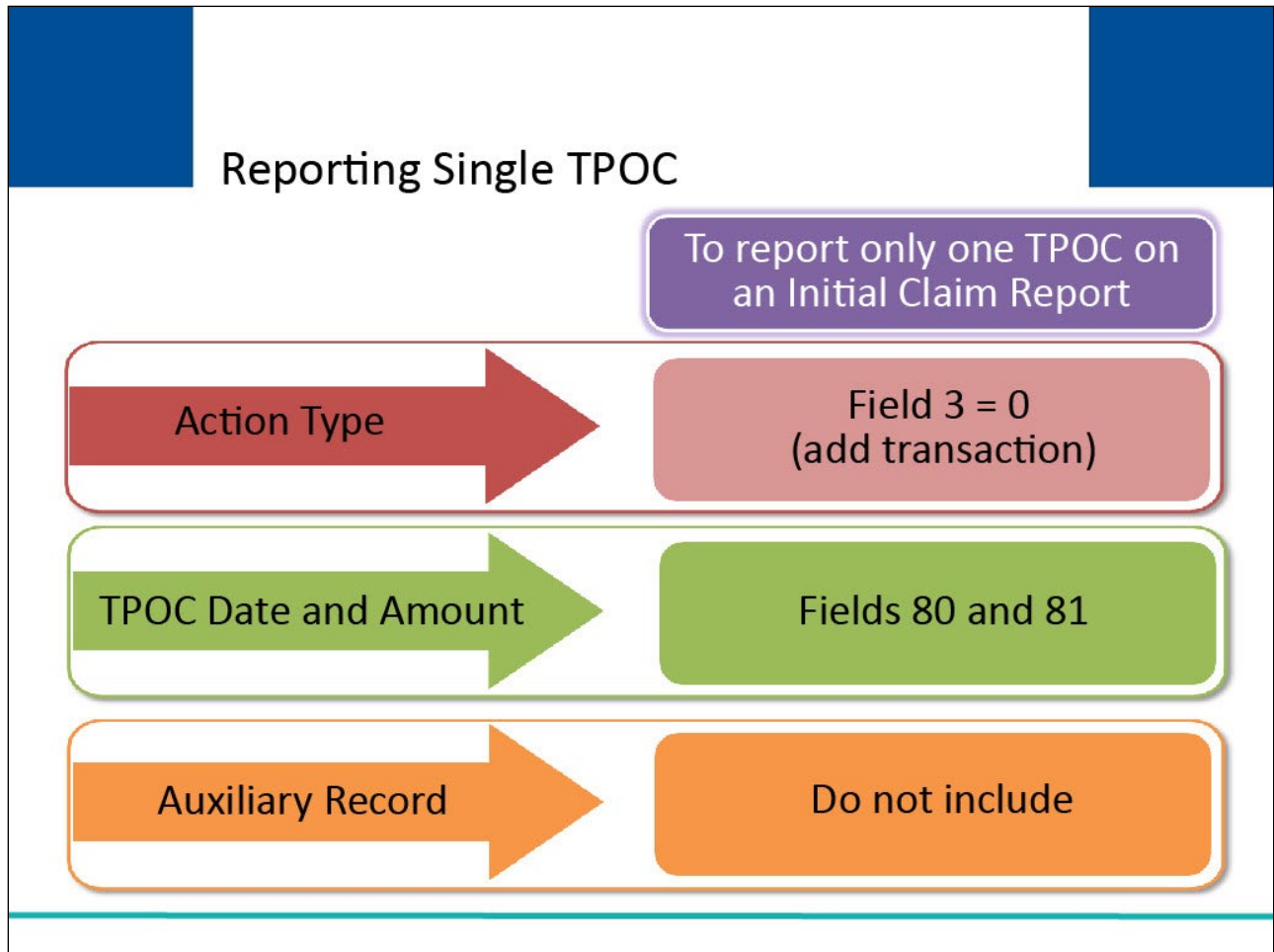
Before submitting multiple TPOC Amounts, remember that a TPOC is a single payment obligation reported in total regardless of whether it is funded through a single payment, an annuity, or a structured settlement.

One settlement = one TPOC. The multiple TPOC fields should only be used when/if an RRE negotiates separate, different settlements at different times for a claim.

In this case, each settlement amount is to be reported and maintained on subsequent reports in separate TPOC fields.

Note: When you are reporting different insurance types, you must report each insurance type on a separate record.

Slide 27 of 46 - Reporting Single TPOC

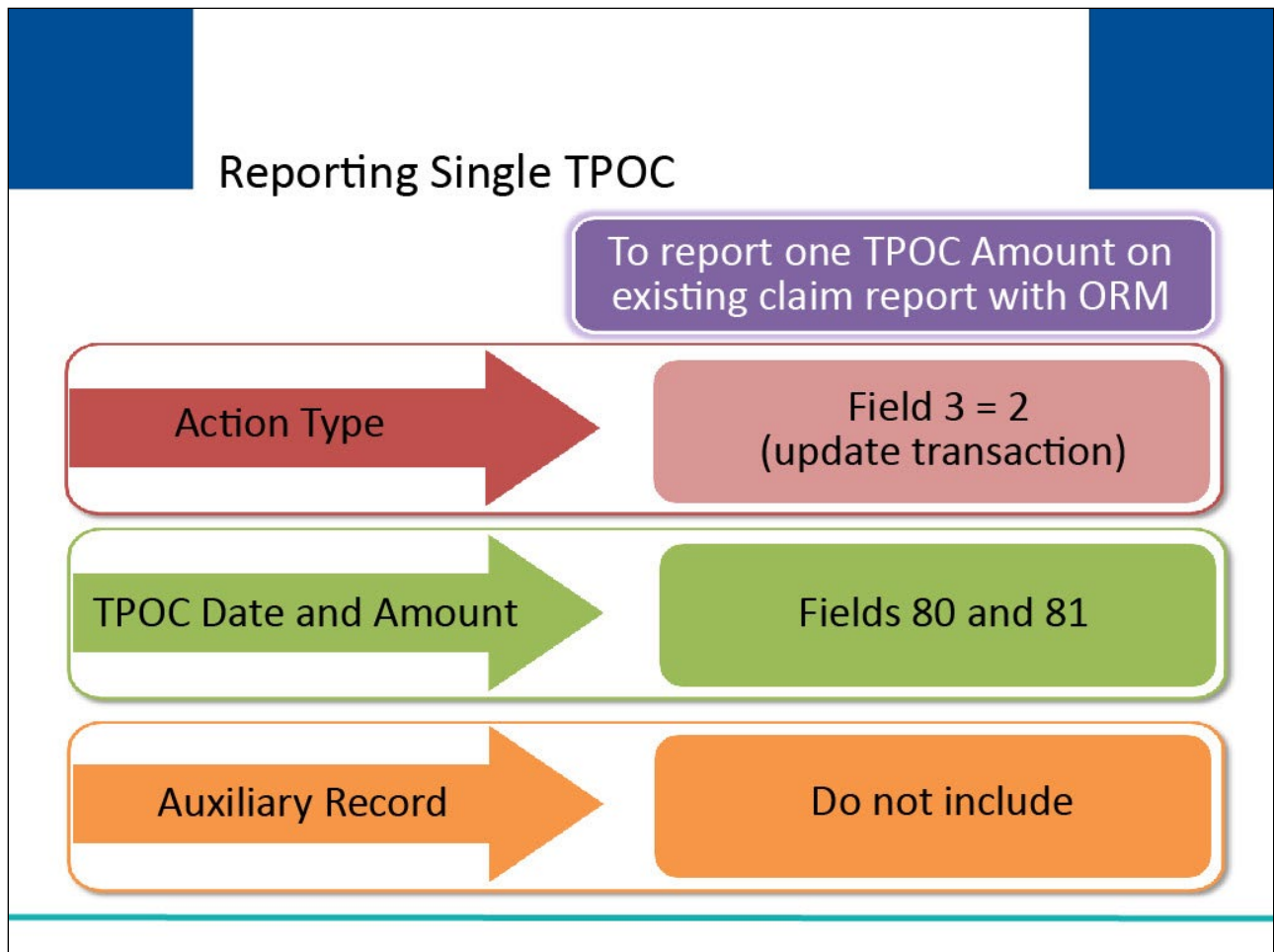


Slide notes

To report only one TPOC Amount on an initial claim report, submit an add transaction with a 0 in the Action Type (Field 3) and the TPOC Date and Amount in Fields 80 and 81 of the Claim Input File Detail Record.

Do not include an Auxiliary Record.

Slide 28 of 46 - Reporting Single TPOC



Slide notes

If an RRE needs to report only one TPOC Amount on an existing record (the record was already submitted with ORM information),

the transaction will be submitted with a 2 in the Action Type (for update) and the TPOC Date and Amount will be submitted in Fields 80 and 81 of the Claim Input File Detail Record. The Auxiliary Record should not be submitted.

Slide 29 of 46 - Reporting Multiple TPOCs

Reporting Multiple TPOCs

- Additional TPOCs
 - Reported in the first available TPOC Date and Amount fields starting in Field 93 on the Auxiliary Record
- Auxiliary Record
 - Must follow corresponding Detail Record for the claim report in the Claim Input File
 - Once submitted and accepted, it must be included on subsequent update transactions for that claim unless
 - No additional claimants to report and
 - Second through fifth TPOC Amounts are subsequently zeroed out

Slide notes

If an RRE has more than one distinct, additional TPOC to report for the claim, it is to be reported in the first available TPOC Date and Amount fields starting in Field 93 on the Auxiliary Record.

The Auxiliary Record must always directly follow the corresponding Detail Record for the claim report in the Claim Input File. Once an RRE has submitted an Auxiliary Record and it has been accepted by the BCRC for a claim report, the RRE must continue to include the Auxiliary Record with all subsequent update transactions for that claim unless there are no additional claimants to report and the second through fifth TPOC Amounts are subsequently zeroed out

(i.e., reported previously but the RRE wishes to rescind the previous report of any TPOC 2-5 Amounts).

Slide 30 of 46 - Reporting Multiple TPOCs

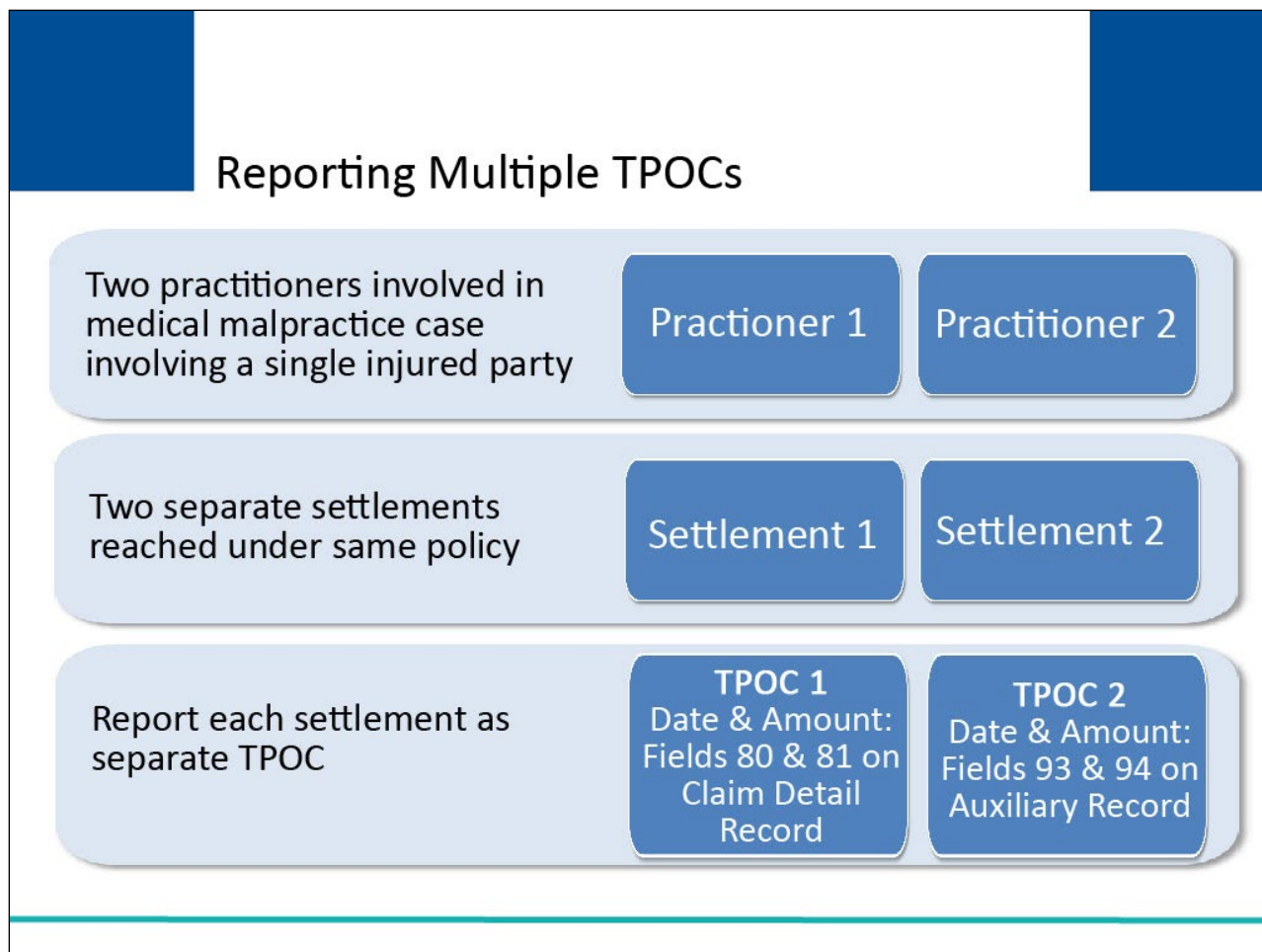
Reporting Multiple TPOCs

- Initial claim report
 - Submit an add transaction (Action Type = 0)
 - First TPOC Date and Amount in Fields 80 and 81
 - Second and any subsequent TPOC Dates and Amounts in corresponding TPOC fields on the Auxiliary Record

Slide notes

To report more than one TPOC Amount on an initial claim report, submit an add transaction with a 0 in the Action Type, the first TPOC Date and Amount in Fields 80 and 81 of the Claim Input File Detail Record, and the second and any subsequent TPOC Dates and Amounts in the corresponding TPOC fields on the Auxiliary Record.

Slide 31 of 46 - Reporting Multiple TPOCs

**Slide notes**

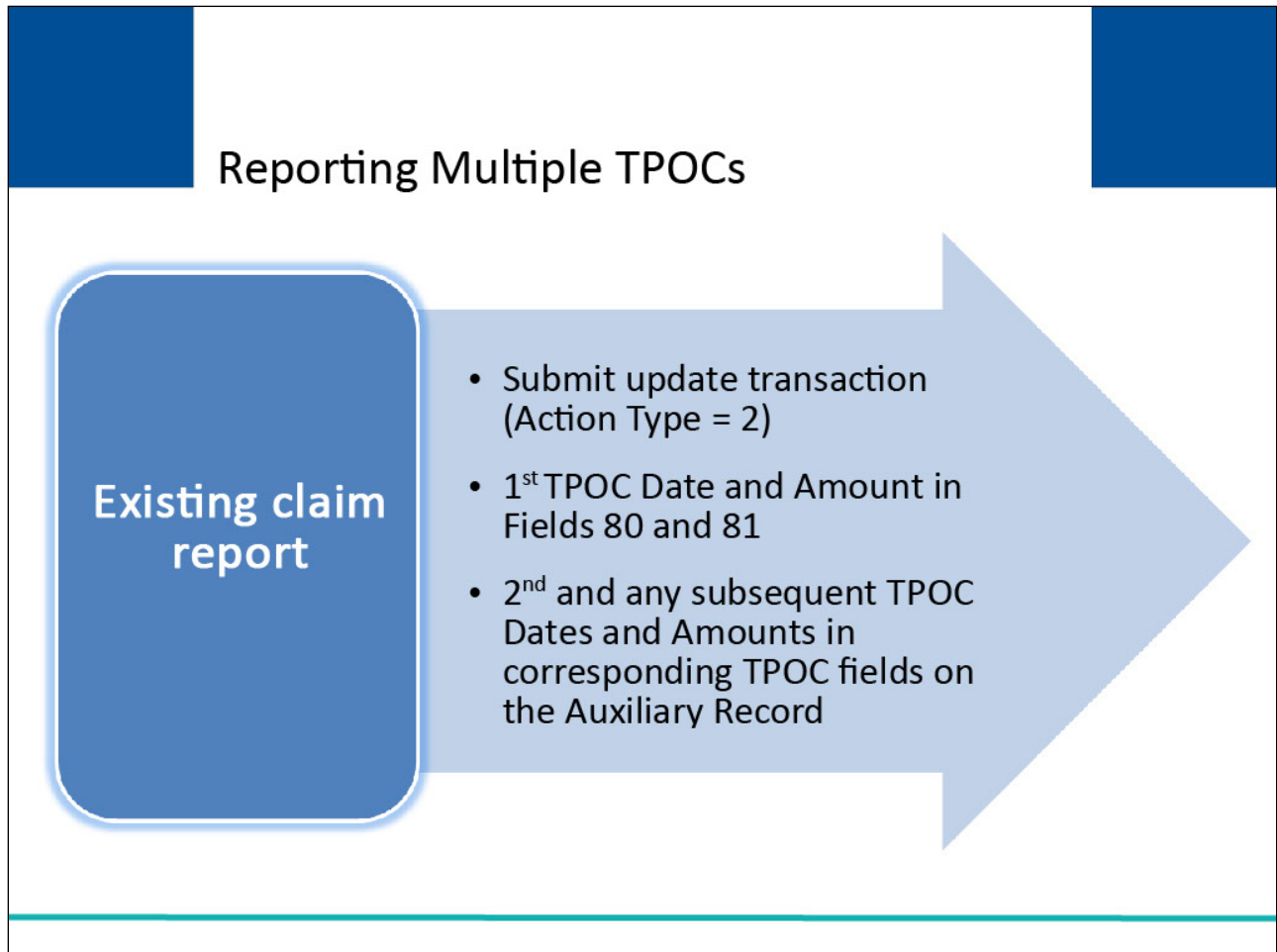
An example of a situation when multiple TPOCs may be reported on a Claim Detail Record might be a medical malpractice case involving a single injured party.

Let's say that there are two practitioners (two defendants) involved in a medical malpractice case and both are covered by the same medical malpractice insurance policy.

Two separate settlements are reached under the same policy, one for each defendant. For this case, the RRE will report each settlement as a separate TPOC.

The RRE will report the first TPOC Date and Amount in Fields 80 and 81 of the Claim Detail Record. The RRE will report the second TPOC Date and Amount in Fields 93 and 94 on the Auxiliary Record.

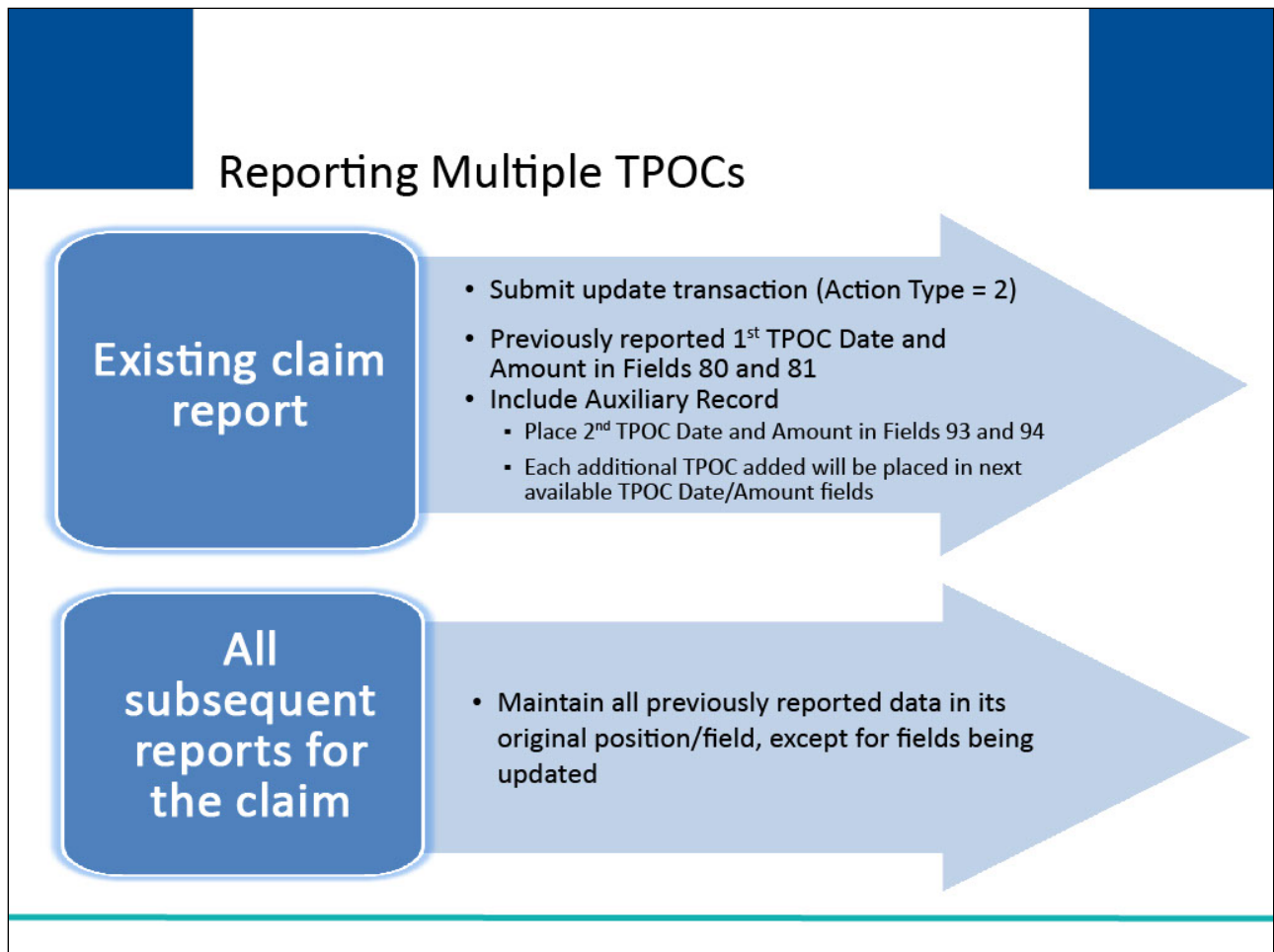
Slide 32 of 46 - Reporting Multiple TPOCs

**Slide notes**

If an RRE needs to report more than one TPOC Date and Amount on an existing record (the record was already submitted with ORM information), the transaction will be submitted with a 2 in the Action Type (for update).

The first TPOC Date and Amount will be submitted in Fields 80 and 81 of the Claim Input File Detail Record and the second, and any subsequent, TPOC Dates and Amounts will be submitted in the corresponding TPOC fields on the Auxiliary Record.

Slide 33 of 46 - Reporting Multiple TPOCs

**Slide notes**

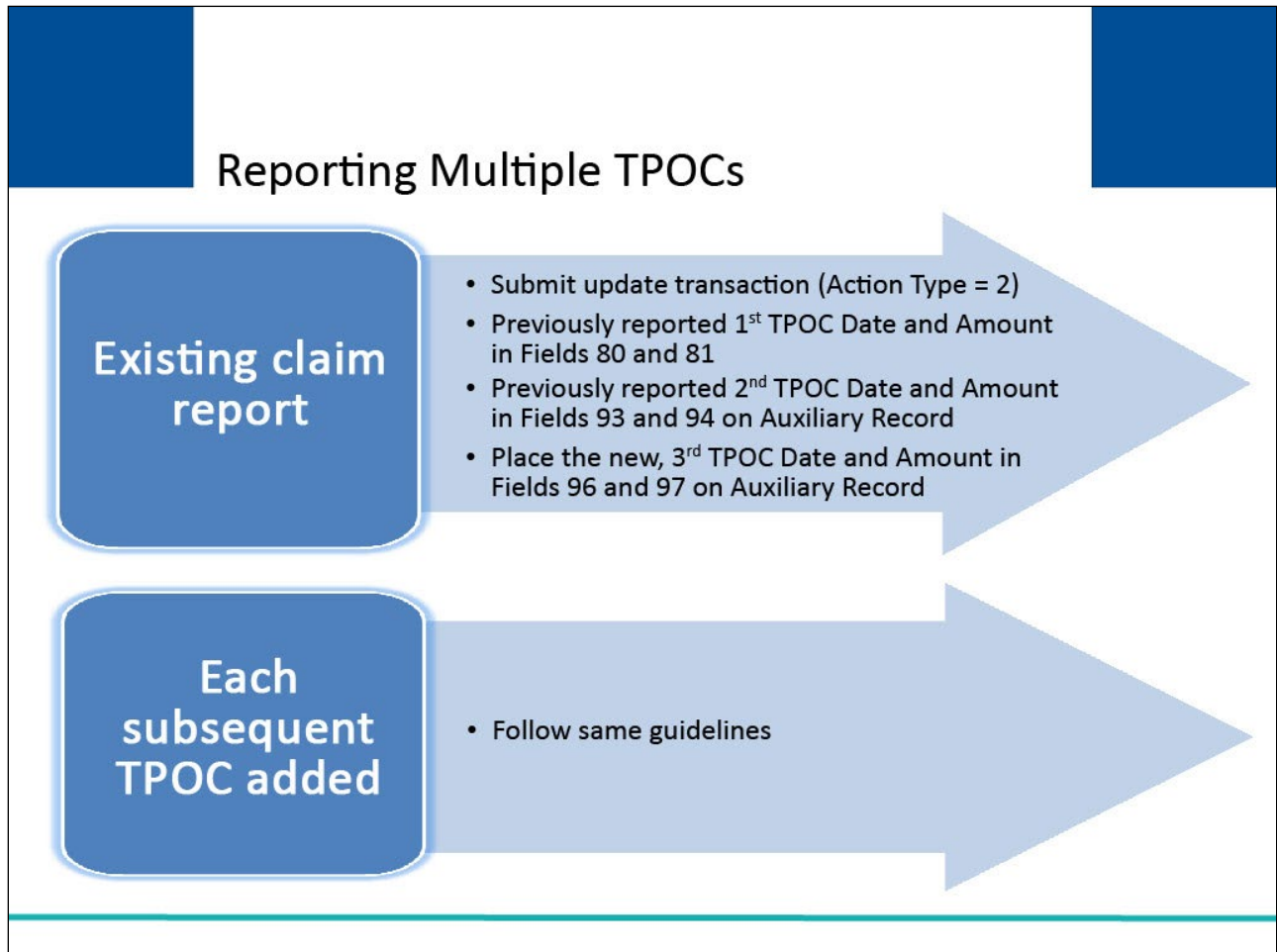
To report a new, additional second TPOC Date and Amount after the first TPOC Amount has been reported, submit an update transaction with a 2 in the Action Type,

place the previously reported first TPOC Date and Amount in Fields 80 and 81 of the Claim Input File Detail Record, include an Auxiliary Record, and place the second TPOC Date and Amount in Fields 93 and 94 on the Auxiliary Record.

Each additional TPOC added will follow the same guidelines and will be placed in the next available TPOC Date and Amount fields on the Auxiliary Record.

Note: All subsequent reports for the claim should maintain all previously reported data in its original position/field, except for fields being updated.

Slide 34 of 46 - Reporting Multiple TPOCs

**Slide notes**

To report a new, additional third TPOC Date and Amount after a previous claim submission, submit an update transaction with 2 in the Action Type, place the previously reported first TPOC Date and Amount in Fields 80 and 81 of the Claim Input File Detail Record, and place the second previously reported TPOC Date and Amount in Fields 93 and 94 on the Auxiliary Record, and place the new, additional third TPOC Date and Amount in Fields 96 and 97 on the Auxiliary Record. Each subsequent TPOC added will follow the same guidelines.

Slide 35 of 46 - Reporting Multiple TPOCs

Reporting Multiple TPOCs

- Maximum of 5 TPOCs for each claim report

To report more than five TPOCs for a single item



Add the 6th and any subsequent TPOC Amounts to the amount reported in TPOC Amount 5 on the Auxiliary Record



Put the most recent TPOC Date in TPOC Date 5



Submit record as an update transaction

Slide notes

A claim report can only be submitted with a maximum of five TPOCs.

If more than five TPOCs need to be reported for a single claim, then add the sixth and any subsequent TPOC Amounts to the amount reported in TPOC Amount 5 on the Auxiliary Record, put the most recent TPOC Date in TPOC Date 5, and submit it with the corresponding Claim Input File Detail Record as an update transaction.

Slide 36 of 46 - Reporting Multiple TPOCs

Reporting Multiple TPOCs

- Circumstance of reporting more than 5 TPOCs is very rare
 - Do NOT report every payment related to individual medical services, procedures, and supplies
 - Report ORM if you have assumed responsibility to pay directly
 - If you have a TPOC settlement, judgment, award, or other payment which includes payment to a provider, physician, or other supplier on behalf of a beneficiary,
 - Report such payment as part of the total TPOC Amount
 - Total TPOC Amount is reported after settlement, judgment, award, or other payment
- Do NOT report individual installment payments if these were made as part of the servicing of a TPOC

Slide notes

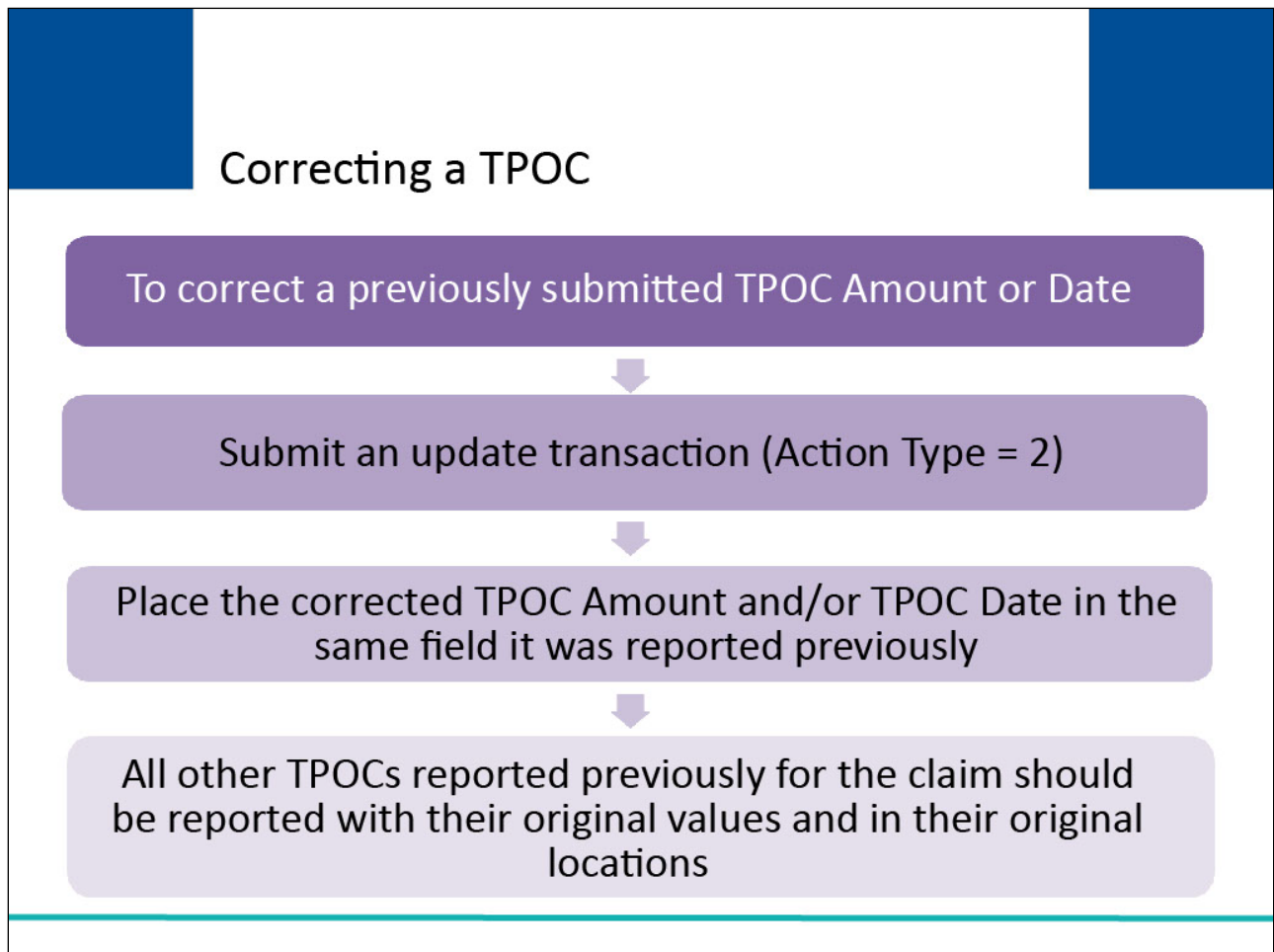
The circumstance of reporting more than five TPOCs will be very rare.

Remember that you are NOT to report every payment related to individual medical services, procedures, and supplies - you should be reporting ORM if you have assumed responsibility to pay directly.

If you have a TPOC settlement, judgment, award, or other payment which includes payment to a provider, physician, or other supplier on behalf of a beneficiary, you should report such payment(s) as part of the total TPOC Amount.

Keep in mind, the total TPOC Amount is reported after settlement, judgment, award, or other payment. Do not report individual installment payments if these were made as part of the servicing of a TPOC.

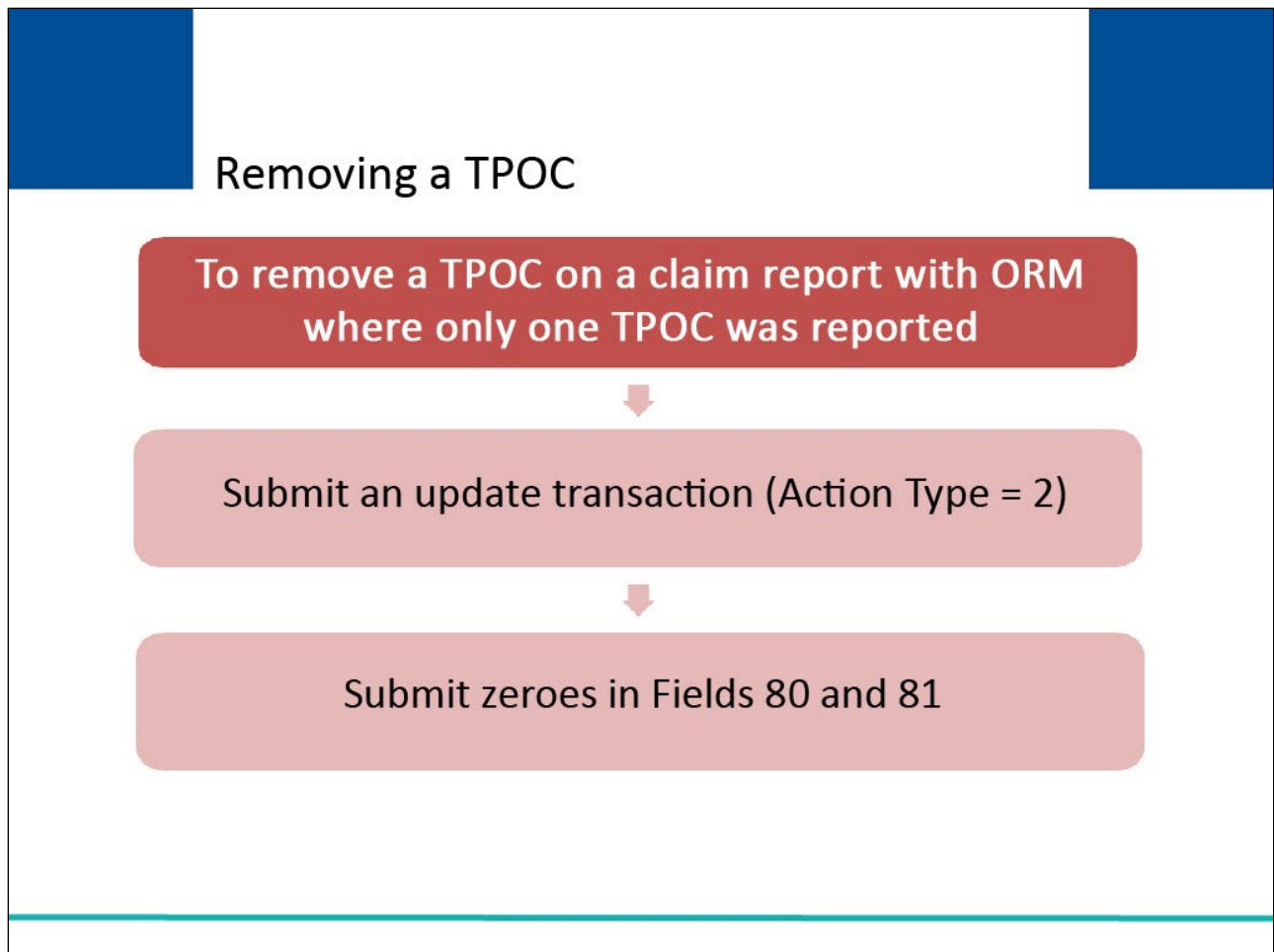
Slide 37 of 46 - Correcting a TPOC

**Slide notes**

To correct a previously submitted TPOC Amount or Date, you will submit an update transaction with a value of 2 in the Action Type on the Detail Record and place the corrected TPOC Amount and/or Date in the same field it was reported previously,

overlying what was reported before on the Detail or Auxiliary Record. All other TPOCs reported previously for the claim should be reported with their original values and in their original locations on the Detail or Auxiliary Records as applicable.

Slide 38 of 46 - Removing a TPOC

**Slide notes**

To remove a TPOC that was erroneously reported on a claim report with ORM where only one TPOC was reported, the RRE must submit an update transaction.

On the Claim Input File Detail Record, submit a 2 in the Action Type (for update), and submit zeroes in the erroneous TPOC Date and Amount fields (i.e., place zeroes in Fields 80 and 81).

Slide 39 of 46 - Removing a TPOC

Removing a TPOC

Update previously submitted and accepted claim report with two settlements (first settlement was rescinded)

- Submit update transaction (Action Type = 2)
- TPOC Date and Amount (Fields 80 and 81) on Claim Input File Detail Record submitted as all zeroes
- 2nd TPOC Date and Amount must remain, and be reported on the Auxiliary Record in Fields 93 and 94
- Subsequent submissions for the claim report must preserve the positional nature of these fields

On any subsequent report for the claim

- Any TPOC Date/Amount that was deleted should continue to be reported with zeroes
- All other TPOCs reported previously for the claim should be reported with their original values and in their original locations

Slide notes

Let's say a previously submitted and accepted claim report with two settlements must be updated because the first settlement was rescinded.

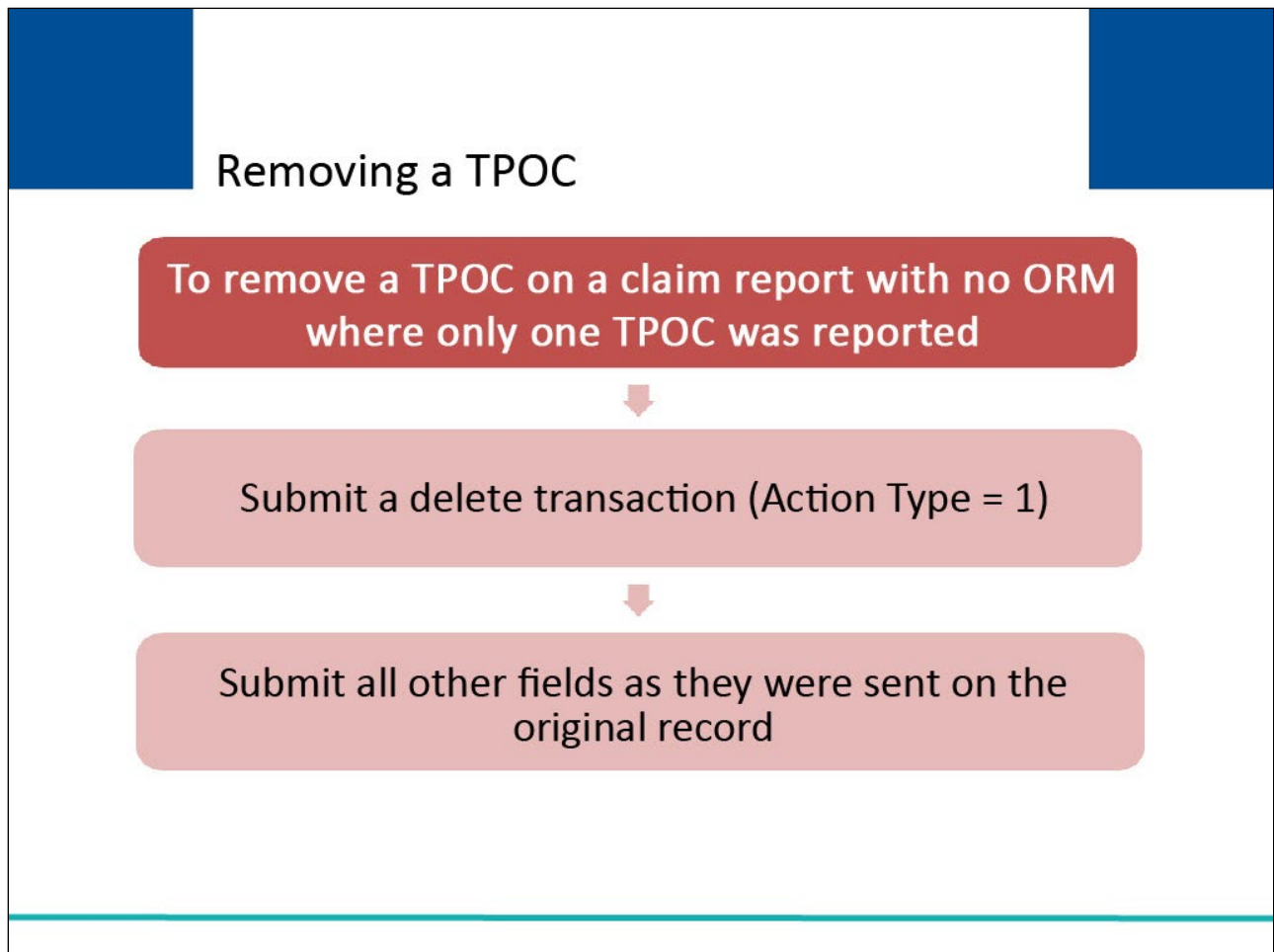
The RRE will submit an update transaction with a value of 2 in the Action Type and place zeroes in the TPOC Date and Amount in fields 80 and 81 on the Claim Input File Detail Record.

The second TPOC Date and Amount must remain and be reported on the Auxiliary Record in Fields 93 and 94. Subsequent submissions for the claim report should continue to preserve the positional nature of these fields.

Remember, any TPOC Date/Amount that was deleted, should continue to be reported with zeroes on any subsequent report for the claim.

All other TPOCs reported previously for the claim should be reported with their original values and in their original locations on the Detail or Auxiliary Records as applicable.

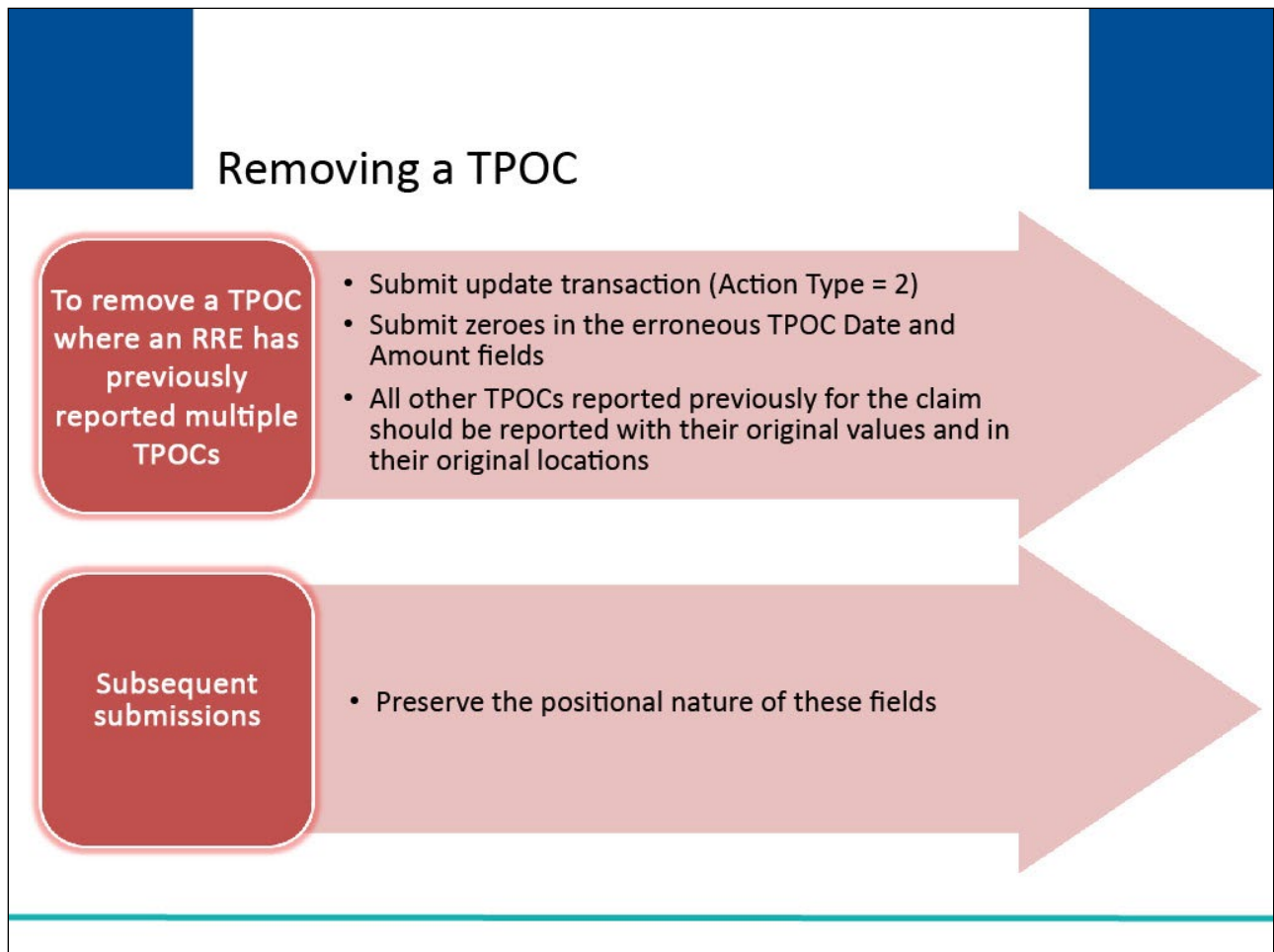
Slide 40 of 46 - Removing a TPOC

**Slide notes**

To remove a TPOC that was erroneously reported on a claim report with no ORM where only one TPOC was reported, the RRE must submit a delete transaction. On the Claim Input File Detail Record, submit a 1 in the Action Type (for delete).

All other fields should match the values that were sent on the original record, including the same information previously submitted for key data fields in order for the delete to be successful.

Slide 41 of 46 - Removing a TPOC

**Slide notes**

In the case where an RRE has previously reported multiple TPOCs and subsequently needs to remove one due to erroneous information on a prior submission, the RRE must submit an update transaction.

On the Claim Input File Detail Record, submit a 2 in the Action Type (for update), and submit zeroes in the erroneous TPOC Date and Amount fields (i.e., place zeroes in the same fields they were reported previously on the Detail or Auxiliary Record).

All other TPOCs reported previously for the claim should be reported with their original values and in their original locations on the Detail or Auxiliary Records as applicable.

Subsequent submissions for the claim report should continue to preserve the positional nature of these fields, i.e., the TPOC Date and Amount fields which were submitted with zeroes should continue to be reported with zeroes on any subsequent report for the claim.

Slide 42 of 46 - Removing a TPOC

Removing a TPOC

- To remove all TPOCs on the Auxiliary Record**
 - Submit update transaction (Action Type = 2)
 - Do not include the Auxiliary Record
 - Same effect as submitting the Auxiliary Record with zeroes in the TPOC fields
- Subsequent submissions**
 - If you have nothing else to report on the Auxiliary Record
 - Auxiliary Record is not needed

Slide notes

If you intend to remove, or zero out, all TPOCs on the Auxiliary Record (TPOCS 2-5), resubmitting the Claim Input File Detail Record as an update without including the Auxiliary Record will have the same effect as submitting the Auxiliary Record with zeroes in the TPOC fields.

If you have nothing else to report on the Auxiliary Record, subsequent updates do not need to include that record.

Slide 43 of 46 - Removing a TPOC

Removing a TPOC

To remove all TPOCs on a claim with no ORM reported

- Submit delete transaction (Action Type = 1)
- Do not submit an update record with no ORM and no TPOC
 - This will result in a CJ07 error

Reminder

- If ORM ends, you must submit an update record
 - ORM Termination Date
 - ORM Indicator = Y

Slide notes

To remove all reported TPOCs on a previously accepted Claim Input File Detail Record with no ORM (ORM Indicator = N), resubmit the Claim Input File Detail Record as a delete.

In this case, the previously accepted record should never have been sent (i.e., the RRE submitted it in error, there was no settlement, judgment, award, or other payment [including assumption of ORM]).

Do not submit an update record with no ORM and no TPOC as this will result in the receipt of the CJ07 error.

Note: As a reminder, if ORM ends, you must send an update record that includes the ORM Termination Date and retains the ORM Indicator set to Y.

To address situations where Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contract, RREs can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date.

The guidance on determining the ORM termination date based on a physician statement has been clarified (Section 6.3.2).

Slide 44 of 46 - Course Summary

Course Summary

- TPOC
- TPOC fields
 - TPOC Date
 - TPOC Amount
 - Funding Delayed Beyond TPOC Start Date
- How to submit a TPOC
- How to correct/remove an erroneous TPOC



Slide notes

This module explained the term TPOC, provided information on each TPOC field (TPOC Date, TPOC Amount, and Funding Delayed Beyond TPOC Start Date), described how to submit a TPOC; and explained how to correct or remove an erroneous TPOC.

Slide 45 of 46 - Conclusion



You have completed the Total Payment Obligation to Claimant (TPOC) course. Information in this course can be referenced by using the NGHP User Guide's table of contents. This document is available for download at the following link: <http://go.cms.gov/mirnghp>.

Slide notes

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Slide 46 of 46 - NGHP Training Survey



If you have any questions or feedback on this material,
please go to the following URL:
<https://www.surveymonkey.com/s/NGHPTraining>.

Slide notes

If you have any questions or feedback on this material, please go to the following URL:
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