



Office of Financial Management/Financial Services Group

January 10, 2012

Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007
(See 42 U.S.C. 1395y(b)(7) & (8))

ALERT: Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Responsible Reporting Entities (RREs) Are Not Required to "Self-Report" Ongoing Responsibility for Medicals (ORM) Outside of the MMSEA Section 111 Reporting Process

Definition of "Self-Report":

A "self-report" is defined as a direct notification by the RRE via telephone or written correspondence to the Centers for Medicare & Medicaid Services' Coordination of Benefits Contractor (COBC) or Medicare Secondary Payer Recovery Contractor (MSPRC) outside the Section 111 Mandatory Reporting process. With the implementation of Section 111 Mandatory Insurer Reporting, a "self-report" for certain ongoing responsibility for medicals (ORM) is no longer needed.

RRE Reporting of ORM Information:

- RREs are **not** required to "self-report" ORM.
- RREs must report ORM through the Section 111 reporting process at their next submission window (or during the subsequent window if taking advantage of an applicable grace period).
- RREs should no longer "self-report" to the COBC or the MSPRC the exhaustion of benefits.
- RREs must report the termination or exhaustion of ORM through the Section 111 reporting process.
 - RREs wishing to make an immediate report of ORM Termination prior to its next quarterly file submission can contact the COBC and report an ORM Termination Date for a single claim report previously submitted and accepted via a Section 111 Claim Input File.

- RREs using the DDE option may update a claim originally entered via DDE with an ORM Termination Date at any time using the Section 111 COBSW and therefore do not need to contact the COBC via telephone or mail.
- For additional guidance, refer to Section 11.8 of the NGHP User Guide V3.3.

Note: RRE self-reports do not eliminate the RRE's Section 111 reporting obligations. Where an RRE self-reports an ORM termination date, the RRE must still report the termination through the Section 111 reporting process.

RRE Reporting of Non-ORM Claims Prior to Settlement, Judgment, Award or Other TPOC Payment:

- RREs do not report TPOCs until there is a settlement, judgment, award, or other payment.
- A preliminary "self-report" by the RRE is not required, but will be accepted.
- A self-report does not eliminate the RRE's Section 111 reporting obligations.

This information was finalized after the posting of Version 3.3 of the Section 111 Non-Group Health Plan (NGHP) User Guide dated December 16, 2011 and will be incorporated in a future version of the NGHP User Guide at a later date.