



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

Interim Reporting Thresholds

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Welcome to the Interim Reporting Thresholds 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).

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 at the following link:

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Course Overview

- Interim TPOC dollar threshold requirements for Section 111
 - Interim TPOC dollar threshold for workers' compensation claims with no ORM
 - Delay in reporting certain liability insurance (including self-insurance) claims with no ORM
- Interim reporting exclusion for workers' compensation claims with ORM
- Examples



This learning module explains the interim Total Payment Obligation to Claimant (TPOC) dollar threshold reporting requirements which have been established for Section 111 reporting, the interim TPOC dollar threshold reporting requirements for workers' compensation claims with no Ongoing Responsibility for Medicals (ORM) and the delay in reporting certain liability insurance (including self-insurance) claims with no ORM. It also explains the interim reporting exclusion for workers' compensation claims with ORM. This module concludes with various examples of how to submit claims with these situations.

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.

Interim TPOC Dollar Thresholds

Liability Insurance and Workers' Compensation with no ORM

Solely for purposes of the required Section 111 MSP reporting requirements

Not exceptions for any other obligation or responsibility of any individual or entity with respect to MSP provisions

Apply to liability insurance (including self-insurance) and workers' compensation add records with no ORM

CMS has defined interim reporting thresholds solely for purposes of the required Section 111 Medicare Secondary Payer (MSP) reporting requirements. These thresholds are not exceptions for any other obligation or responsibility of any individual or entity with respect to the MSP provisions. These interim dollar thresholds only apply to liability insurance (including self-insurance) and workers' compensation (Plan Insurance Type 'L' or 'E') add records that do not have ORM (i.e., the ORM Indicator = 'N').

ORM Reporting Summary

- There is no de minimis dollar threshold for ORM
- Must report ORM as soon as it has been established

Insurance Type	Reportable ORM Dates	Interim Dollar Threshold	Interim Exclusion
No-Fault	10/1/2010 & subsequent	Not Applicable	Not Applicable
Liability insurance (including self-insurance)	1/1/2010 & subsequent	Not Applicable	Not Applicable
Workers' Compensation	1/1/2010 & subsequent	Not Applicable	Yes

RREs are required to report ORM. There is no de minimis dollar threshold for reporting the assumption/establishment of ORM. ORM is to be reported as an add record as soon as it has been established.

RREs are required to report no-fault ORM that exists on or through October 1, 2010, regardless of the date of an initial acceptance of payment responsibility. The interim thresholds and interim exclusion do not apply.

RREs are required to report liability insurance (including self-insurance) ORM that exists on or through January 1, 2010, regardless of the date of an initial acceptance of payment responsibility. The interim thresholds and interim exclusion do not apply to liability insurance (including self-insurance) ORM.

RREs are required to report workers' compensation ORM that exists on or through January 1, 2010, regardless of the date of an initial acceptance of payment responsibility. The interim thresholds do not apply to workers' compensation ORM. However, certain workers' compensation ORM claims are excluded from reporting if they meet the criteria explained on the next slide.

Interim Exclusion

Workers' Compensation with ORM

Workers' compensation ORM claims that meet all of the following criteria are excluded from reporting until further notice:

- Claim is for “medicals only”;
- Associated “lost time”, is no more than the number of days permitted by the applicable workers' compensation law for “medicals only” (or 7 calendar days if applicable law has no such limit);
- All payments made directly to medical provider; and
- Total payment for medicals does not exceed \$750

- Once a workers' compensation ORM claim is excluded from reporting, it does not need to be reported unless the circumstances change such that it no longer meets the interim exclusion criteria

CMS is providing an interim exclusion for workers' compensation ORM claims. If all of the following criteria are met, the claim is to be excluded from reporting until further notice: the claim is for “medicals only”; the associated “lost time” for the worker is no more than the number of days permitted by the applicable workers' compensation law for a “medicals only” claim (or 7 calendar days if the applicable law has no such limit); all payments have been made directly to the medical provider; and the total payment for medicals does not exceed \$750.

Please note: Once a workers' compensation ORM claim is excluded from reporting, it does not need to be reported unless the circumstances change such that it no longer meets the interim exclusion criteria listed. In other words, the claim does not need to be reported unless something other than medicals is included, there is more lost time, a payment is made to someone other than a provider, and/or payments for medicals exceed \$750.

Interim Exclusion

Workers' Compensation with ORM - Example

Medicare beneficiary
injured on the job
2/15/2009

Beneficiary is out of
work for 8 days and files
a workers' compensation
claim

Workers' compensation
insurer assumes
responsibility
for associated medicals
(medical costs)



- Claim remains open; insurer continues to have ORM on or after 1/1/2010
- No settlement, judgment, award or other payment aside from ORM
- To date, total payment for medicals is \$6,300
- Report this claim because:
 - ORM exists as of 1/1/2010
 - Medicals exceed \$750
 - Beneficiary was out of work for more than 7 days

A Medicare beneficiary is injured on the job on 2/15/2009, is out of work for 8 days, and files a workers' compensation claim. The workers' compensation insurer assumes responsibility for his associated medicals (medical costs). The claim remains open and the workers' compensation insurer continues to have responsibility for medicals on or after 1/1/2010. There is no settlement, judgment, award, or other payment aside from the assumption of responsibility for medicals. To date, the total payment for medicals is \$6,300.

In this example, this claim does not meet all of the criteria for the workers' compensation exclusion, and therefore should be reported. To review: ORM exists as of 1/1/2010, the workers' compensation ORM interim reporting threshold was exceeded because medicals were greater than \$750, and the beneficiary was out of work for more than the associated time allowable for a 'medicals only' claim. As a result, the claim should be reported.

Interim Exclusion

Workers' Compensation with ORM - Example

Medicare beneficiary
injured on the job
8/20/2009

Beneficiary is out of
work for 3 days and files
a workers'
compensation claim

Workers' compensation
insurer assumes
responsibility
for associated medicals
(medical costs)



- This is a 'medicals only' claim that remains open and the insurer continues to have ORM on or after 1/1/2010
- No settlement, judgment, award or other payment aside from ORM
- To date, total payment for medicals is \$600
- Do not report this claim:
 - Although ORM exists as of 1/1/2010, all of the criteria of the workers' compensation exclusion were met

For this example, a Medicare beneficiary is injured on the job on 8/20/2009, is out of work for 3 days, and files a workers' compensation claim. The workers' compensation insurer assumes responsibility for the associated medicals (medical costs). This is a 'medicals only' claim. The claim remains open and the workers' compensation insurer continues to have the responsibility for medicals on or after 1/1/2010. There is no settlement, judgment, award, or other payment aside from the assumption of responsibility for medicals. The total payment to date, \$600, was made directly to the provider.

In this example, the claim meets all of the criteria for the workers' compensation exclusion and should not be reported. Although ORM exists as of 1/1/2010, all of the criteria of the workers' compensation exclusion were met (i.e., this is a 'medicals only' claim, the associated 'lost time' was not more than the number of days permitted by the applicable workers' compensation law for 'medicals only', the payment was made directly to the provider and the total payment did not exceed \$750); therefore, this claim is excluded from reporting.

TPOC Reporting Requirements Summary

Insurance Type	Reportable TPOC Dates	Reportable Amounts	Threshold Applicable
No-Fault	10/1/2010 & subsequent	Any amount	No
Liability insurance (including self-insurance)	10/1/2011 & subsequent	Cumulative TPOC Amount that exceeds threshold	Yes
Workers' Compensation	10/1/2010 & subsequent	Cumulative TPOC Amount that exceeds threshold	Yes

RREs are required to report all no-fault insurance TPOCs with dates of October 1, 2010 and subsequent. The thresholds are not applicable to no-fault. RREs may, but are not required to include no-fault TPOCs with dates prior to October 1, 2010.

For liability insurance (including self-insurance) TPOCs, RREs are required to report TPOC Dates of October 1, 2011 and subsequent. RREs may, but are not required to include TPOCs with dates prior to October 1, 2011. RREs are required to report liability insurance (including self-insurance) TPOCs *only* if the cumulative TPOC Amount *exceeds* the reporting threshold for the most recent TPOC Date. The Benefits Coordination & Recovery Center (BCRC) will total all TPOC Amounts reported on the claim record when determining if the claim meets the applicable reporting threshold. The reporting thresholds are applicable to liability insurance (including self-insurance) TPOCs.

For workers' compensation, RREs are required to report TPOCs with dates of October 1, 2010 and subsequent. RREs may, but are not required to include TPOCs with dates prior to October 1, 2010. RREs are required to report workers' compensation TPOCs *only* if the cumulative TPOC Amount *exceeds* the reporting threshold for the most recent TPOC Date. The BCRC will total all TPOC Amounts reported on the claim record when determining if the claim meets the applicable reporting threshold.

Mandatory TPOC Thresholds for Liability Insurance (including Self-Insurance)

Total TPOC Amount	TPOC Date On or After	Reporting Required in the Quarter Beginning
TPOCs over \$100,000	October 1, 2011	January 1, 2012
TPOCs over \$50,000	April 1, 2012	July 1, 2012
TPOCs over \$25,000	July 1, 2012	October 1, 2012
TPOCs over \$5,000	October 1, 2012	January 1, 2013
TPOCs over \$2,000	October 1, 2013	January 1, 2014
TPOCs over \$300	October 1, 2014	January 1, 2015

CMS has revised the implementation timeline and TPOC dollar thresholds for certain liability insurance, including self-insurance, (plan insurance type 'L') TPOC settlements, judgments, awards, or other payments.

If the most recent TPOC Date is on or between October 1, 2011 and March 31, 2012, and the cumulative TPOC Amount is greater than \$100,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2012. For this date range, TPOCs greater than \$5,000 through \$100,000 may be reported, but there is no requirement to do so. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$5,000, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or between April 1, 2012 and June 30, 2012, and the cumulative TPOC Amount is greater than \$50,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning July 1, 2012. For this date range, TPOCs greater than \$5,000 through \$50,000 may be reported, but there is no requirement to do so. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$5,000, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or between July 1, 2012 and September 30, 2012, and the cumulative TPOC Amount is greater than \$25,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning October 1, 2012. For this date range, TPOCs greater than \$5,000 through \$25,000 may be reported, but there is no requirement to do so. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$5,000, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or between October 1, 2012 and September 30, 2013, and the cumulative TPOC Amount is greater than \$5,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2013. For this date range, TPOCs greater than \$300 through \$5,000 may be reported, but there is no requirement to do so. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or between October 1, 2013 and September 30, 2014, and the cumulative TPOC Amount is greater than \$2,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2014. For this date range, TPOCs greater than \$300 through \$2,000 may be reported, but there is no requirement to do so. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or after October 1, 2014, and the cumulative TPOC Amount is greater than \$300, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2015. If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

Note: RREs may submit TPOCs that are less than or equal to the TPOC dollar threshold on an add record only if the claim has ORM.

Mandatory TPOC Thresholds for Workers' Compensation

Total TPOC Amount	TPOC Date On or After	Reporting Required in the Quarter Beginning
TPOCs over \$5,000	October 1, 2010	January 1, 2011
TPOCs over \$2,000	October 1, 2013	January 1, 2014
TPOCs over \$300	October 1, 2014	January 1, 2015

CMS has revised the timeline and TPOC dollar thresholds for workers' compensation (plan insurance type 'E') TPOC settlements, judgments, awards, or other payments.

If the most recent TPOC Date is on or between October 1, 2010 and September 30, 2013, and the cumulative TPOC Amount is greater than \$5,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2011.

- Beginning January 1, 2013, TPOCs greater than \$300 through \$5,000 may be reported, but there is no requirement to do so.

- Beginning January 1, 2013, if an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or between October 1, 2013 and September 30, 2014, and the cumulative TPOC Amount is greater than \$2,000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2014.

- For this date range, TPOCs greater than \$300 through \$2,000 may be reported, but there is no requirement to do so.

- If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

If the most recent TPOC Date is on or after October 1, 2014, and the cumulative TPOC Amount is greater than \$300, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2015.

- If an add record is submitted for this date range with a total TPOC Amount less than or equal to \$300, the claim report will reject with a CJ07 error.

Note: RREs may submit TPOCs that are less than or equal to the TPOC dollar threshold on an add record only if the claim has ORM. The interim TPOC reporting thresholds do not apply to these records. If submitted, the claim report will not reject with the CJ07 error. However, RREs must submit TPOCs for these claim reports if the established cumulative TPOC Amount exceeds the interim TPOC dollar thresholds.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-insurance) & Workers' Compensation

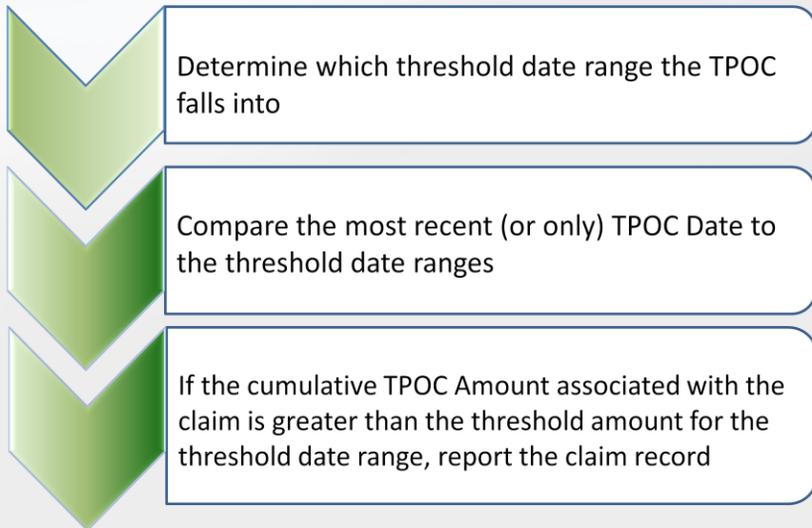
Where there are multiple TPOCs reported by the same RRE on the same record, the combined TPOC Amounts must be considered in determining if the threshold is met

For TPOCs involving a deductible, where the RRE is responsible for reporting both any deductible and any amount above the deductible, the threshold applies to the total of these two figures

Where there are multiple TPOCs reported by the same RRE on the same record, the combined TPOC Amounts must be considered in determining whether or not the reporting threshold is met. For TPOCs involving a deductible, where the RRE is responsible for reporting both any deductible and any amount above the deductible, the threshold applies to the total of these two figures.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-insurance) & Workers' Compensation



To determine which threshold date range the TPOC falls into, the RRE will compare the most recent (or only) TPOC Date to the threshold date ranges. If the cumulative TPOC Amount associated with the claim is greater than the threshold amount for the threshold date range, the claim record must be reported.

Interim TPOC Dollar Thresholds

Workers' Compensation Claim – No ORM Example

TPOC Date	TPOC Amount	Cumulative TPOC Amount Total	Reportable
10/1/2011	\$1,000	\$1,000	<ul style="list-style-type: none"> • Not yet reportable • TPOC Date prior to 9/30/2013 • Cumulative TPOC Amount must be greater than \$5,000 to be reportable
11/30/2011	\$4,500	\$5,500	<ul style="list-style-type: none"> • Most recent TPOC Date prior to 9/30/2013 • Cumulative TPOC Amount is greater than \$5,000 • Both TPOCs are reportable

Suppose an RRE has a workers' compensation claim TPOC with a date of 10/1/2011. The associated TPOC Amount is \$1,000. This TPOC is not yet reportable. The TPOC Date falls between the TPOC Date range of 10/1/2010 to 9/30/2013. For this date range, the cumulative TPOC Amount must be more than \$5,000 to be reportable. Therefore, this TPOC is not yet reportable. On 11/30/2011, the RRE has another TPOC for the same workers' compensation claim with an associated TPOC Amount of \$4,500. The cumulative TPOC Amount total is \$5,500. The most recent TPOC Date is 11/30/2011. This date falls into the threshold date range of 10/1/2010 to 9/30/2013. For this date range the cumulative TPOC Amount must be more than \$5,000. Therefore, the workers' compensation claim must now be reported and both TPOCs must be included, one in the TPOC Date and Amount 1 fields and the other on the Claim Input File Auxiliary Record in the TPOC Date and Amount 2 fields.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) Claim – No ORM Example

TPOC Date	TPOC Amount	Cumulative TPOC Amount Total	Reportable
1/1/2013	\$1,000	\$1,000	<ul style="list-style-type: none"> • Not yet reportable • TPOC Date in 10/1/2012 – 9/30/2013 TPOC Date range • Cumulative TPOC Amount must be greater than \$5,000 to be reportable
6/30/2013	\$4,500	\$5,500	<ul style="list-style-type: none"> • Most recent TPOC Date in 10/1/2012 – 9/30/2013 TPOC Date range • Cumulative TPOC Amount is greater than \$5,000 • Both TPOCs are reportable

Suppose an RRE has a liability insurance (including self-insurance) claim TPOC with a date of 1/1/2013. The associated TPOC Amount is \$1,000. This TPOC is not yet reportable. The TPOC Date falls into the TPOC Date range of 10/1/2012 to 9/30/2013. For this date range, the cumulative TPOC Amount must be more than \$5,000 to be reportable. Therefore, this TPOC is not yet reportable. On 6/30/2013, the RRE has another TPOC for the same liability insurance (including self-insurance) claim with an associated TPOC Amount of \$4,500. The cumulative TPOC Amount total is \$5,500. The most recent TPOC Date is 6/30/2013. This date falls into the threshold date range 10/1/2012 – 9/30/2013. For this date range the cumulative TPOC Amount must be more than \$5,000. Therefore, the liability insurance (including self-insurance) claim must now be reported and both TPOCs must be included, one in the TPOC Date and Amount 1 fields and the other on the Claim Input File Auxiliary Record in the TPOC Date and Amount 2 fields.

Reporting TPOC Amount

Liability Insurance (including Self-Insurance) - No ORM Example

TPOC Date	TPOC Amount	Reportable
4/1/2012	\$25,000	<ul style="list-style-type: none">• TPOC Amount is less than the required reporting threshold for this timeframe (total TPOC Amount must be greater than \$50,000 for this timeframe)• RRE is not required to report this TPOC• RRE can choose to report this since the TPOC Amount exceeds the minimum reporting threshold of \$5,000 for this timeframe

Let's assume an RRE has a liability insurance (including self-insurance) claim with a TPOC Date of 4/1/2012. The associated TPOC Amount is \$25,000. Since the TPOC Amount is less than the required reporting threshold for this timeframe, the RRE does not have to report it. However, since it exceeds the reporting threshold of \$5,000 for this timeframe, the RRE may report it if they choose to do so.

Reporting TPOC Amount

Liability Insurance (including Self-Insurance) - No ORM Example

TPOC Date	TPOC Amount	Reportable
4/1/2012	\$55,000	<ul style="list-style-type: none">• TPOC Amount is greater than the required reporting threshold for this timeframe (total TPOC Amount must be greater than \$50,000 for this timeframe)• RRE is required to report this TPOC in the third calendar quarter, beginning 7/1/2012

Now, let's assume an RRE has a liability insurance (including self-insurance) claim with a TPOC Date of 4/1/2012. The associated TPOC Amount is \$55,000. Since the TPOC Amount exceeds the required reporting threshold (\$50,000) for this timeframe, the RRE must report this TPOC in the third calendar quarter beginning 7/1/2012.

Reporting TPOC Amount

Liability Insurance (including Self-Insurance) - No ORM Example

TPOC Date	TPOC Amount	Reportable
4/1/2012	\$1,000	<ul style="list-style-type: none">• TPOC Amount is less than the minimum reporting threshold of \$5,000 for this timeframe• RRE may NOT report this• If submitted, the claim report will reject with a CJ07 error code

Suppose now that the TPOC Date is 4/1/2012 and the TPOC Amount is \$1,000. Since this TPOC is below the reporting threshold of \$5,000 for this timeframe, the RRE may NOT report it. An add record submitted with no ORM for an amount under the TPOC threshold will be rejected with the error code CJ07.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) - No ORM Example

Medicare
beneficiary injured
in store (crate falls
on head)

Store owner
covered by liability
insurance policy

Settlement,
judgment, award, or
other payment to
beneficiary



The premise for these examples involves a Medicare beneficiary who is injured by a crate falling off a shelf in a retail store. The owner of the store is covered by a general liability insurance policy. A settlement, judgment, award, or other payment is made to the Medicare beneficiary and the insurer has no ORM for the beneficiary. The beneficiary files a claim with the insurer of the liability policy and a settlement is signed by both parties. There is no court involvement.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) - No ORM Example

Medicare
beneficiary injured
in store (crate falls
on head)

Store owner
covered by liability
insurance policy

Settlement,
judgment, award, or
other payment to
beneficiary



First Scenario

- Beneficiary files claim, settlement signed on 10/3/2011, no court involvement
- Do not report claim for Section 111
- TPOC Date after 10/1/2011, but TPOC Amount does not exceed the required reporting threshold (\$100,000) for this timeframe

For our first scenario, a settlement for \$4,500 is signed by both parties on 10/3/2011; there is no court involvement. Do not report this claim for Section 111. Although the liability insurance (including self-insurance) TPOC Date is after 10/1/2011, the total TPOC Amount must exceed the required reporting threshold (\$100,000) for this timeframe to be reported.

Note: Please see the definition of the TPOC Date and TPOC Amount fields in the NGHP User Guide for more information.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) - No ORM Example

Medicare
beneficiary injured
in store (crate falls
on head)

Store owner
covered by liability
insurance policy

Settlement,
judgment, award, or
other payment to
beneficiary



Second Scenario

- Beneficiary files claim, settlement for \$10,000 signed on 9/30/2011, no court involvement
- TPOC Date prior to 10/1/2011
- Claim does not have to be reported
 - RRE may report this claim at their discretion

For our second scenario, a settlement for \$10,000 is signed by both parties on 9/30/2011. Again, there is no court involvement. Since the liability insurance (including self-insurance) TPOC Date is prior to 10/1/2011, this claim report does not have to be reported regardless of the total TPOC Amount, but the RRE may report this at their discretion.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) - No ORM Example

Medicare
beneficiary injured
in store (crate falls
on head)

Store owner
covered by liability
insurance policy

Settlement,
judgment, award, or
other payment to
beneficiary



Third Scenario

- Beneficiary files claim, settlement for \$10,000 signed on 10/30/2011, no court involvement
- TPOC Date is after 10/1/2011
- TPOC Amount is between \$5,000 & \$100,000
- Claim may be reported for Section 111
 - For TPOC Dates 10/1/2011-3/31/2012, RRE is only required to report if total TPOC Amount is greater than \$100,000

For our third scenario, a settlement for \$10,000 is signed by both parties on 10/30/2011. Again, there is no court involvement. Since the liability insurance (including self-insurance) TPOC Date is after 10/1/2011, and the TPOC Amount is over the minimum threshold amount for the applicable date range (i.e., the TPOC Amount is between \$5,000 and \$100,000), this claim report may be reported. However, due to the reporting thresholds for liability insurance discussed previously, the RRE is not required to report this claim. For liability insurance (including self-insurance) claims with TPOC Dates of 10/1/2011 through 3/31/2012, RREs are only required to report if the total TPOC Amount is greater than \$100,000.

Interim TPOC Dollar Thresholds

Liability Insurance (including Self-Insurance) - No ORM Example

Medicare
beneficiary injured
in store (crate falls
on head)

Store owner
covered by liability
insurance policy

Settlement,
judgment, award, or
other payment to
beneficiary

Final Scenario



- Beneficiary files claim, settlement for \$125,000 signed on 11/30/2011
- No court involvement
- TPOC Date is between 10/1/2011 and 3/31/2012
- Total TPOC Amount exceeds the required reporting threshold (\$100,000)
- Claim must be reported for Section 111

For our final scenario, a settlement for \$125,000 is signed by both parties on 11/30/2011. Again, there is no court involvement. Since the liability insurance TPOC Date is between 10/1/2011 and 3/31/2012, and the total TPOC Amount exceeds the required reporting threshold (\$100,000) for this timeframe, this claim must be reported.



You have completed the Interim Reporting Thresholds 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:

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