Welcome to the Mandatory 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: http://go.cms.gov/mirnghp.

Slide notes

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Course Overview

- TPOC dollar threshold requirements for Section 111
  - TPOC dollar threshold for Workers’ Compensation claims with no ORM
  - TPOC dollar thresholds for certain Liability Insurance (including Self-Insurance) claims with no ORM
- Reporting exclusion for Workers’ Compensation claims with ORM
- Examples

Slide notes

This learning module explains the Total Payment Obligation to Claimant (TPOC) dollar threshold reporting requirements which have been established for Section 111 reporting,

the TPOC dollar threshold reporting requirements for workers’ compensation claims with no Ongoing Responsibility for Medicals (ORM) and the TPOC dollar thresholds for certain liability insurance (including self-insurance) claims with no ORM.

It also explains the 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.
CMS has defined mandatory 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 MSP provisions.

These TPOC 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

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Reportable ORM Dates</th>
<th>TPOC Dollar Threshold</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Fault</td>
<td>1/1/2010 &amp; subsequent</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Liability Insurance (including Self-Insurance)</td>
<td>1/1/2010 &amp; subsequent</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>1/1/2010 &amp; subsequent</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Slide notes

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 insurance ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility. The TPOC mandatory reporting thresholds and exclusion do not apply.

RREs are required to report liability insurance (including self-insurance) ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility.

TPOC mandatory reporting thresholds and exclusion do not apply to liability insurance (including self-insurance) ORM.

RREs are required to report workers’ compensation ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility.
The TPOC mandatory reporting 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.
Workers’ Compensation ORM Exclusion

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 exclusion criteria.

Slide notes

Workers’ compensation claims that meet all of the following criteria are 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 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.
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 ORM.

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 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.
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 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

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.
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.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Reportable TPOC Dates</th>
<th>Reportable Amounts</th>
<th>Threshold Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Fault</td>
<td>10/1/2010 &amp; subsequent</td>
<td>Any amount</td>
<td>No</td>
</tr>
<tr>
<td>Liability Insurance (including Self-insurance)</td>
<td>10/1/2011 &amp; subsequent</td>
<td>Cumulative TPOC Amount that exceeds threshold</td>
<td>Yes</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>10/1/2010 &amp; subsequent</td>
<td>Cumulative TPOC Amount that exceeds threshold</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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.
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 $1,000, the TPOC(s) must be reported no later than the end of the RRE’s submission timeframe in the quarter beginning January 1, 2015.

For this date range, TPOCs greater than $300 through $1,000 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.

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.
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 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 TPOC dollar thresholds.
The CJ07 error code is triggered if you submit a claim report (that is, add a record with no ORM) that has a total TPOC amount that is less than the minimum allowed for the most recent TPOC Date (if more than one TPOC is submitted on a claim report).

Note: TPOC liability reporting has been updated to reflect a lower limit threshold change from $300 to $1,000. Liability Insurance (including self-insurance) claim reports with no ORM and cumulative TPOC amounts less than or equal to $1,000 will reject with a CJ07 error, if the most recent TPOC date is October 1, 2014 or after.

<table>
<thead>
<tr>
<th>Most Recent TPOC Date</th>
<th>Total TPOC Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between October 1, 2011 and September 30, 2012</td>
<td>TPOCs less than or equal to $5,000</td>
</tr>
<tr>
<td>Between October 1, 2012 and September 30, 2014</td>
<td>TPOCs less than or equal to $300</td>
</tr>
<tr>
<td>On or after October 1, 2014</td>
<td>TPOCs less than or equal to $1,000</td>
</tr>
</tbody>
</table>

Slide notes

The CJ07 error code is triggered if you submit a claim report (that is, add a record with no ORM) that has a total TPOC amount that is less than the minimum allowed for the most recent TPOC Date (if more than one TPOC is submitted on a claim report).

Note: TPOC liability reporting has been updated to reflect a lower limit threshold change from $300 to $1,000. Liability Insurance (including self-insurance) claim reports with no ORM and cumulative TPOC amounts less than or equal to $1,000 will reject with a CJ07 error, if the most recent TPOC date is October 1, 2014 or after.
The CJ07 error code is triggered if you submit a claim report (that is, add a record with no ORM) that has a total TPOC amount that is less than the minimum allowed for the most recent TPOC Date (if more than one TPOC is submitted on a claim report).

Note: TPOC liability reporting has been updated to reflect a lower limit threshold change from $300 to $1,000. Liability Insurance (including self-insurance) claim reports with no ORM and cumulative TPOC amounts less than or equal to $1,000 will reject with a CJ07 error, if the most recent TPOC date is October 1, 2014 or after.

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.
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, report the claim record.
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.

<table>
<thead>
<tr>
<th>TPOC Date</th>
<th>TPOC Amount</th>
<th>Cumulative TPOC Amount Total</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2011</td>
<td>$1,000</td>
<td>$1,000</td>
<td>• Not yet reportable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• TPOC Date prior to 9/30/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cumulative TPOC Amount must be greater than $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to be reportable</td>
</tr>
<tr>
<td>11/30/2011</td>
<td>$4,500</td>
<td>$5,500</td>
<td>• Most recent TPOC Date prior to 9/30/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cumulative TPOC Amount is greater than $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Both TPOCs are reportable</td>
</tr>
</tbody>
</table>
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.
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.

<table>
<thead>
<tr>
<th>TPOC Date</th>
<th>TPOC Amount</th>
<th>Reportable</th>
</tr>
</thead>
</table>
| 4/1/2012  | $25,000     | - 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 |
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**

<table>
<thead>
<tr>
<th>TPOC Date</th>
<th>TPOC Amount</th>
<th>Reportable</th>
</tr>
</thead>
</table>
| 4/1/2012  | $55,000     | • 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 |

**Slide notes**

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**

<table>
<thead>
<tr>
<th>TPOC Date</th>
<th>TPOC Amount</th>
<th>Reportable</th>
</tr>
</thead>
</table>
| 4/1/2012  | $1,000      | • 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 |

### Slide notes

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.
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.
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.
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.
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.
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 Mandatory 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: http://go.cms.gov/mirnghp.
If you have any questions or feedback on this material, please go the following URL: https://www.surveymonkey.com/s/NGHPT raining.