



Section 111 Non-Group Health Plan (NGHP) Reporting Webinar Questions and Answers

Below are answers to questions asked at the Section 111 NGHP reporting webinar held on August 13, 2020. The presentation from the webinar can be found on CMS.gov here:

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Whats-New/Whats-New>.

Additionally questions regarding NGHP reporting can always be submitted to the Section 111 Mailbox: PL110-173SEC111-comments@cms.hhs.gov.

Question 1: When a beneficiary has an auto accident and the insurer pays for a one-time emergency room visit, would this be reportable?

Answer 1: Per the [MMSEA NGHP User Guide](#), Chapter III, Section 6.3, the trigger for reporting Ongoing Responsibility for Medicals (ORM) is the assumption of ORM by the Responsible Reporting Entity (RRE). This is not dependent on when the first payment for medicals has been made. Medical payments do not actually have to be paid for ORM reporting to be required.

Question 2: Is ORM reporting triggered by actual payment of medical expenses in instances of an injury sustained during participation in clinical research?

Answer 2: Payments made by sponsors of clinical trials for complications or injuries arising out of a clinical trial must be reported. Please see additional information in the [MMSEA NGHP User Guide](#), Chapter III, Section 6.5.1 (What Claims Are Reportable?).

Question 3: When do I need to send a Tax Identification Number (TIN) Reference file?

Answer 3: The TIN Reference File is submitted prior to, or with, the Claim Input File. The TIN Reference File provides the RRE name and address information associated with each TIN on every Claim Input Record. Additional information about the TIN Reference File can be found in the [MMSEA NGHP User Guide](#), Chapter IV, section 6.3.

Question 4: If No Fault or Personal Injury Protection (PIP) benefit limits are \$20,000 for medical expenses and \$30,000 for non-medical expenses, is the reportable policy limit \$50,000? When can ORM be terminated?

Answer 4: In this example, the reportable policy is \$20,000, not \$50,000, provided the policy explicitly defines \$30,000 for non-medicals only. Generally, you would be allowed to terminate ORM when you reach the policy limit of \$20,000.

Question 5: When only indemnity is settled on a Workers' Compensation claim (not medical) and ORM remains open, is the settlement to be reported as a Total Payment Obligation to the Claimant (TPOC)?

Answer 5: In the context of reporting requirements, “indemnity-only” refers to those payments or settlements for items, services, or expenses that are not related to medical care or the liability for medical care. In this example, the settlement would not be reported as a TPOC and ORM would remain open.

Question 6: What is the appropriate way to report a TPOC in situations where a settlement involves payment for indemnity as well as a separate payment for medicals?

Answer 6: Per the [MMSEA NGHP User Guide](#), Chapter III, section 6.5.1, RREs must report the full amount of any settlement, judgment, award or other payment.

Question 7: How will an RRE know when another entity has updated an existing NGHP record?

Answer 7: An NGHP RRE will not receive an alert if a record is updated upon the request of another entity.

Question 8: When will the updated diagnosis code lists, including excluded codes, be available?

Answer 8: The diagnosis code lists are updated yearly in October. This year, the updated codes will be available on the [Section 111 Mandatory Reporting Application \(MRA\) website](#) and in the [MMSEA NGHP User Guide](#), on October 5, 2020.

Question 9: Is there a requirement to update ICD-9 codes to ICD-10 codes for previously reported claims?

Answer 9: There is no requirement to update previously reported ICD-9 codes as ICD-10 codes for MMSEA Section 111 reporting; however, there is no restriction on an RRE if they would like to update the reported codes.

Question 10: Is there a threshold for reporting exposure-related injuries? And do all exposures need to be reported?

Answer 10: Any settlement for non-trauma liability reporting for alleged ingestion, implantation, or exposure cases, regardless of amount, should be reported. The \$750 settlement threshold does not apply to these types of cases. Please see the [MMSEA NGHP User Guide](#), Chapter III, Section 6.4.2, 6.4.3, and 6.4.4.

Question 11: Would you provide an example of when a TPOC is established vs. the date payment is released?

Answer 11: Details of "Funding Delayed Beyond TPOC" scenarios are provided in the [MMSEA NGHP User Guide](#), Chapter III, Section 6.5.1.

Question 12: Can an RRE have more than one Account Manager assigned?

Answer 12: No, an RRE may only assign one Account Manager.

Question 13: Who do I contact if I have any questions about reporting?

Answer 13: An RRE should contact its assigned EDI Representative. If you do not have an assigned EDI Representative, please call (646) 458-6740.