

MMSEA Section 111 Guidelines (*UPDATE!*)

RRE Registration Extended

Non Group Health, liability insurance, no-fault insurance, worker's compensation insurance and other RRE's as defined by CMS guidelines must register between *May 1, 2009 and September 30, 2009*.

Beginning May1, 2009 the CMS secure website for registration will be available at www.Section111.cms.hhs.gov. RRE's should refer to the Non-GHP User's Guide Section 8 and participate in the Computer Based Training module available CMS' website.

CMS has also revised the testing period for all registered RRE's or their agents. The dates will now be *January 1, 2010 through March 31, 2010*.

Subsequently CMS has now revised the initial period for MSP Input Files to begin *April 1, 2010 through June 30, 2010*.

MSP Initial Claim Report

1. Single total settlement claims, i.e. onetime payment with no further responsibility to the claimant, for any claim to a Medicare beneficiary if the settlement, payment, judgment or award occurs on or after January 1, 2010 and is larger than \$5,000 in total payments must be included in the initial MSP file submission.
2. Claims involving ongoing Responsibility for Medicals (ORM) (with or without settlement), to a Medicare beneficiary where the RRE has the ORM as of January 1, 2009 must be included in the initial MSP File submission. The claim should be reported once the ORM is initially assumed and any termination record must be included if the ORM terminates between July 1, 2009 and the date of the RRE's initial MSP File submission. An exception to this would be if there had been no activity or payments on a claim since January 1, 2009 and no further payments or activity is expected going forward. Workers compensation ORM claims meeting "all" of the following criteria are to be excluded from quarterly reporting through December 31, 2010:
 - Medicals Only
 - Lost time no more than 7 calendar days
 - All payments made directly to providers
 - Total amount of payments do not exceed \$600.00

Ongoing Claims Reporting

1. Single settlement claims, Total Payment Obligation to Claimant (TPOCs), with no further payment obligation to claimant for a Medicare beneficiary where the settlement, judgment, payment or award occurs since the last quarterly MSP File submission must be included in the subsequent quarterly submission period.
2. New ORM claims (with or without settlements), any claim for a Medicare beneficiary where the RRE has accepted ORM since the last quarterly MSP File submission period must be included in and indicated as NEW in the subsequent quarterly submission period.



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3. Any claims that had been previously reported with ORM and the ORM responsibility has terminated since the previous submission period must be included in the next submission file and marked as terminated. If the claim began and ended in the same submission period then two records would need to be included in that period's MSP Input File.
4. Any updates to required fields in a claim must be reported in the quarter that information is updated. Some may require an update record and some a deletion record of the previously reported record and an addition of a new record with corrected data.
5. CMS has implemented a grace period for any claim that becomes reportable within 45 days of the RRE's quarterly submission deadline. These claims may be reported in the next quarter's MSP Input File.

Pending CMS Updates involving mass torts, product liability, bankruptcy and insolvency will be communicated via the MedAllocators Reporter website immediately upon publication or broadcast by CMS.