

# MSA Insider

Special Edition



Getting You to Settlement



## CMS Reporting Requirements: Updated

November 2008

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) establishes new reporting requirements for the insurance industry including liability insurance, no-fault insurance, workers compensation, and group health plans (GHP). *42 U.S.C. 1395y(b)(7)&(b)(8)*. The purpose of the MMSEA “reporting process is to enable [The Centers for Medicare & Medicaid Services (CMS)] to correctly pay for Medicare covered items and services furnished to Medicare beneficiaries by determining primary versus secondary payer responsibilities.” *MMSEA Section 111, MSP Mandatory Reporting Document* at page 2. In other words, CMS wants to make sure that it is not paying for Medicare expenses that should be the responsibility of the insurance industry. To this end, CMS is establishing mandatory reporting requirements that go into effect July 2009. CMS is going to share the data it receives from this process with “the CMS Medicare Secondary Payer Recovery Contractor (MSPRC) for recovery efforts.” *MMSEA Section 111, MSP Mandatory Reporting Document* at page 3. CMS has established a website (that it is updating periodically) to provide more detailed information to the insurance industry:

<https://www.cms.hhs.gov/MandatoryInsRep>

### What do we know so far?

- By sharing this information with the MSPRC, CMS is going to be using this information to try and collect unpaid Medicare liens.
- Certain entities will be considered Responsible Reporting Entities (RRE). CMS definition of an RRE can be found on the MedAllocators website at: [www.MedAllocators.com/CMSmemos.php](http://www.MedAllocators.com/CMSmemos.php) (extracted from original CMS document)
- RREs will only have to report those claims that involve a Medicare beneficiary.
- All reporting will be done online at a website to be created by CMS.
  - Registration for the website will begin in **May 2009**.
  - Reporting and testing will begin in **July 2009**.
  - Full reporting will go into affect in **October 2009**.
- Some cases will have ongoing reporting requirements if the RRE has agreed to pay for continued medical treatment.
- Some cases will have only a single reporting requirement: At the time the case is resolved (or partially resolved) through judgment, settlement, award or other payment.

MedAllocators strongly urges you to thoroughly review CMS’s site to determine the impact these reporting requirements are going to have on you and your company. You can register at the website to receive emails when the site is updated. Hopefully by the end of the year CMS will have fleshed out all of the details for the reporting requirements.

### What can you do to prepare for the CMS reporting requirements?

1. Let MedAllocators, Inc. assist you in obtaining and analyzing Medicare liens before you have to report to CMS.
2. Assign someone to be responsible for MMSEA compliance.
3. Determine if your company is an Responsible Reporting Entities (RRE).
4. If your company is an RRE, start making preparations for compliance by reviewing the requirements necessary to comply. Does your company have the information CMS requires? Does your company have the technology required to make reporting easier? Does your company want to designate an Agent to report on its behalf?
5. Establish processes now so you can track cases where the claimant is a Medicare beneficiary
6. Establish a process to determine if a claimant is a Medicare beneficiary at the time a case is opened.

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