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CMS Delays MMSEA 111 Reporting Responsibilities

As you are aware, Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA 111) provides that certain liability insurers (including self-insurers), no-fault insurers and workers' compensation insurers, must determine the Medicare beneficiary status of their claimants and report any claim involving a Medicare beneficiary to the Secretary of the Department of Health and Human Services after a settlement, judgment, award or other payment. The steps for compliance with this requirement are (i) on-line registration, (ii) submitting test files and (iii) reporting required data elements on a quarterly basis. At this time, Responsible Reporting Entities (RREs) should be well into the testing phase.

The Centers for Medicare & Medicaid Services (CMS), which is responsible for implementing MMSEA 111, announced yesterday that the first reporting period will be postponed from the second quarter of 2010 to the first quarter of 2011. CMS further advised that the testing phase may continue as needed through the balance of 2010, but testing must be completed no later than December 31, 2010. CMS has also advised that during the last week of February 2010, it would be posting on its website: (i) the highly anticipated version 3 of the "Section 111 NGHP User Guide"; (ii) various Alerts relating to open policy issues, which may include information on hospital write-offs; and (iii) an Alert describing the steps RREs can take to assure ongoing compliance with the Section 111 reporting requirements during 2010.

The CMS announcement is available on the CMS Mandatory Insurer Reporting Web site at http://www.cms.hhs.gov/MandatoryInsRep/04_Whats_New.asp#TopOfPage. Please do not hesitate to contact any member of the Insurance Department should you have any questions related to reporting under MMSEA 111.