



Government Affairs Alert

August 3, 2010

CMS Issues Version 3.1 of MMSEA Section 111 NGHP User Guide and NGHP Teleconference Schedule Updated for 2010

On July 12, 2010, the Centers for Medicare and Medicaid Services (CMS) issued Version 3.1 of the Medicare Medicaid and SCHIP Extension Act (MMSEA) Section 111 User Guide pertaining to liability (including self-insurance), no-fault and workers' compensation plans, defined as Non-Group Health Plans (NGHP).

The updated User Guide is 271 pages and includes various revisions. To view the complete version 3.1 of the NGHP User Guide, [click here](#).

Update and Addition Summary

PMSI Settlement Solutions has detailed some of the more important updates and additions in the following summary. This is not an exhaustive list, and due to the amount of changes PMSI recommends all Required Reporting Entities (RREs) thoroughly review the entire User Guide 3.1.

The following Alerts were incorporated:

- May 26, 2010 Alert for NGHP RREs – Who Must Report (Section 7.1)
- May 26, 2010 Alert Regarding Clinical Trials
- May 26, 2010 Alert Regarding Risk Management Write-Offs
 - The language in User Guide 3.1 in regard to risk management write-offs has been clarified/changed and now supersedes language in the May 26, 2010 Alert
- May 27, 2010 Alert Regarding Periodic Workers' Compensation and No-Fault Payments
- The CMS web site URL has changed from www.cms.hhs.gov to www.cms.gov. The URL has been updated in all applicable areas of the User Guide; however, either URL will continue to work.
- Updated information regarding RRE ID status
 - RRE ID status will be updated by the Coordination of Benefits Contractor (COBC) system as each step of registration process is completed. Once the COBC receives a signed profile report, an RRE ID will be placed in "testing" status. Once testing is complete, the RRE ID will be placed in "production" status. RRE IDs are expected to move to production status within 180 days after initiation of registration process. PMSI has completed the testing process, and RREs who have elected PMSI as their reporting agent will be moved to "production" status once they sign and return their profile report to the COBC and are fully registered.



- Guam, Puerto Rico and US Virgin Islands are considered part of the United States and have addresses with associated US Postal Service state codes
- Foreign Entities are considered RREs that have no Internal Revenue Service (IRS) assigned Tax Identification Number (TIN) and/or US mailing address
- CMS has re-named the “discontinued” RRE status to “inactive”
 - An RRE ID should be placed in an “inactive” status if production Section 111 files have been reported under that RRE ID but will cease future reporting.
- Updates were noted and typographical errors corrected in data layout
 - City fields have the data type of alphanumeric
 - Address Line 2 fields are alphanumeric
 - TIN and Social Security Number (SSN) fields that are optional or conditionally required have a data type of alphanumeric—if used, these fields must contain a valid 9-digit number.
 - Embedded hyphens (dashes), apostrophes and spaces will be accepted in alphabetic Last Name fields.
 - When formatting Address Line 1 and Address Line 2 fields, street number and street name should be placed on one address line field while other information (apartment number, suite number, attention to, etc.) should be placed on the other.
 - Plan Contact Information (fields 76-78) is used for information communications and not for recovery demand notifications (conditional payment recoveries). TIN/Office Code Mailing Name (field 5 in TIN Reference File) will be used for recovery demand notifications.
 - TPOC dates must be greater than CMS Date of Incident (field 12)
 - Requirement that Claimant 1-4 TINs cannot match Injured Party SSN is removed; however, they cannot match other claimant(s) listed on the record.
- Updated information regarding matching records to Medicare beneficiaries
 - Once the Medicare Health Insurance Claim Number (HICN) is returned on a response file, RRE is required to use it on all subsequent transactions.
 - If an RRE submits both the SSN and the HICN, CMS will only use the HICN for matching purposes and the SSN will be ignored.
 - HICNs may be changed by Social Security Administration (SSA) at times but COBC is able to crosswalk old HICN to new HICN.

- Clarification of proper utilization of ICD-9 Codes
 - ICD-9 codes submitted should reflect illness/injuries claimed and/or released by settlement, judgment, award or for which ongoing responsibility for medicals (ORM) has been assumed.
 - Where there is a total payment obligation to claimant (TPOC), RREs are to submit ICD-9 codes to reflect all alleged illnesses/injuries claimed and/or released.
 - Where ORM is reported, RREs are to submit ICD-9 codes for all alleged injuries/illnesses for which RRE has assumed ORM.
 - When an “update” or “add” record is sent, each submitted ICD-9 diagnosis code must be valid at the time submitted.
- Updated information regarding reporting more than five TPOCs
 - Add sixth and subsequent TPOC amount to amount reported in TPOC Amount 5 field and put most recent TPOC date in TPOC Date 5 field.
- RREs are not required to submit an empty Claim Input File if they have nothing to report. However, CMS will accept an empty file if an RRE wishes to send one.
- Updated information regarding key fields
 - If a record was previously submitted and accepted with only an SSN, and the RRE obtains an HICN on the response file from CMS, subsequent transactions for record must be submitted with the HICN.
- Additional examples provided to clarify how to report when there is ORM and TPOC(s) for the same insurance type versus different insurance types.
- Information regarding Direct Data Entry (DDE) option
- Correction to disposition code 03 description
 - A record returned with an 03 disposition code is considered error-free and matched to a Medicare beneficiary, however the record is not considered accepted since dates reported do not overlap with beneficiary’s Medicare coverage dates.
- Additional information/tables provided for severe and threshold errors
- Additional and updated Response File Error Codes are included



Updated Schedule of NGHP Teleconferences for 2010

On July 19, 2010 and July 22, 2010, CMS issued alerts listing all scheduled NGHP teleconferences for the remainder of 2010. All teleconferences take place from 1:00 to 3:00 p.m. Eastern Time. Below is a listing of the upcoming teleconference dates:

- July 28, 2010 – Policy/Technical
- August 25, 2010 – Policy/Technical
- September 15, 2010 – Policy
- September 29, 2010 – Technical
- October 14, 2010 – Policy
- October 28, 2010 – Technical
- November 10, 2010 – Policy
- November 30, 2010 – Technical
- December 9, 2010 – Policy
- December 20, 2010 - Technical

To view a copy of the July 19, 2010 CMS Alert [click here](#).

To view a copy of the July 22, 2010 CMS Alert [click here](#).

PMSI Client Recommendations

PMSI recommends that any entity which may be considered an RRE, review User Guide 3.1 in its entirety to determine the organizational impact and the RRE's reporting responsibilities under MMSEA Section 111. The MMSEA Section 111 reporting process is still evolving as CMS continues to implement requirements, provide further instructions and address industry questions. RREs should access Section 111 information at www.cms.gov/MandatoryInsRep/ and check back frequently for additional updated information. PMSI will continue to provide guidance as new information is issued by CMS, but RREs may also obtain additional information by attending CMS bi-monthly teleconferences.

PMSI Client Support

PMSI is committed to bringing our clients the most current information on MMSEA reporting requirements and offers a complete preparation and compliance program. As further information becomes available, PMSI's Government Affairs team will provide additional insight and analysis.

For more information on Medicare Secondary Payer compliance and related Government Affairs Alerts, visit the [Knowledge Center](#) section of our website at www.pmsisettlement.com or contact us at 888.MSA.PMSI.