



Office of Financial Management/Financial Services Group

February 24, 2010

Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in
Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007
(See 42 U.S.C. 1395y(b)(7) & (8))

**ALERT for Liability Insurance (Including Self-Insurance),
No-Fault Insurance, and Workers' Compensation RREs**

Information about required reporting: For risk management write-offs; for clinical trials where the sponsor has agreed to pay for items or services related to injuries or complications; for Data Input Fields 58-62, and; from foreign insurers.

The Centers for Medicare & Medicaid Services will issue additional guidance for Section 111 reporting for risk management activity and clinical trials where the sponsor has agreed to pay for items or services related to injuries or complications. RREs do not need to report information related to these activities until the forthcoming guidance is published on this website.

CMS will also issue additional guidance related to reporting requirements for Fields 58 – 62 on the Claim Input File Detail Record, and on reporting by foreign insurers.

Further information will be published in an update to the Section 111 NGHP User Guide, or will first be published as an Alert and then incorporated into the next update of the Section 111 NGHP User Guide.

In the interim, however, RREs should continue to identify related claims and/or payments so that they can be reported as prescribed by the general Section 111 requirements and the further guidance.

NOTE: RREs with reporting responsibilities in addition to those described above must still register for reporting with the COBC, test the Section 111 data exchange process, and transition into production data exchanges on the required schedule.