Medicare Reporting: Navigating the Labyrinth of Regulations

Wednesday, May 14, 2014

Presented By the IADC Civil Justice Response Committee and Insurance & Reinsurance Committee

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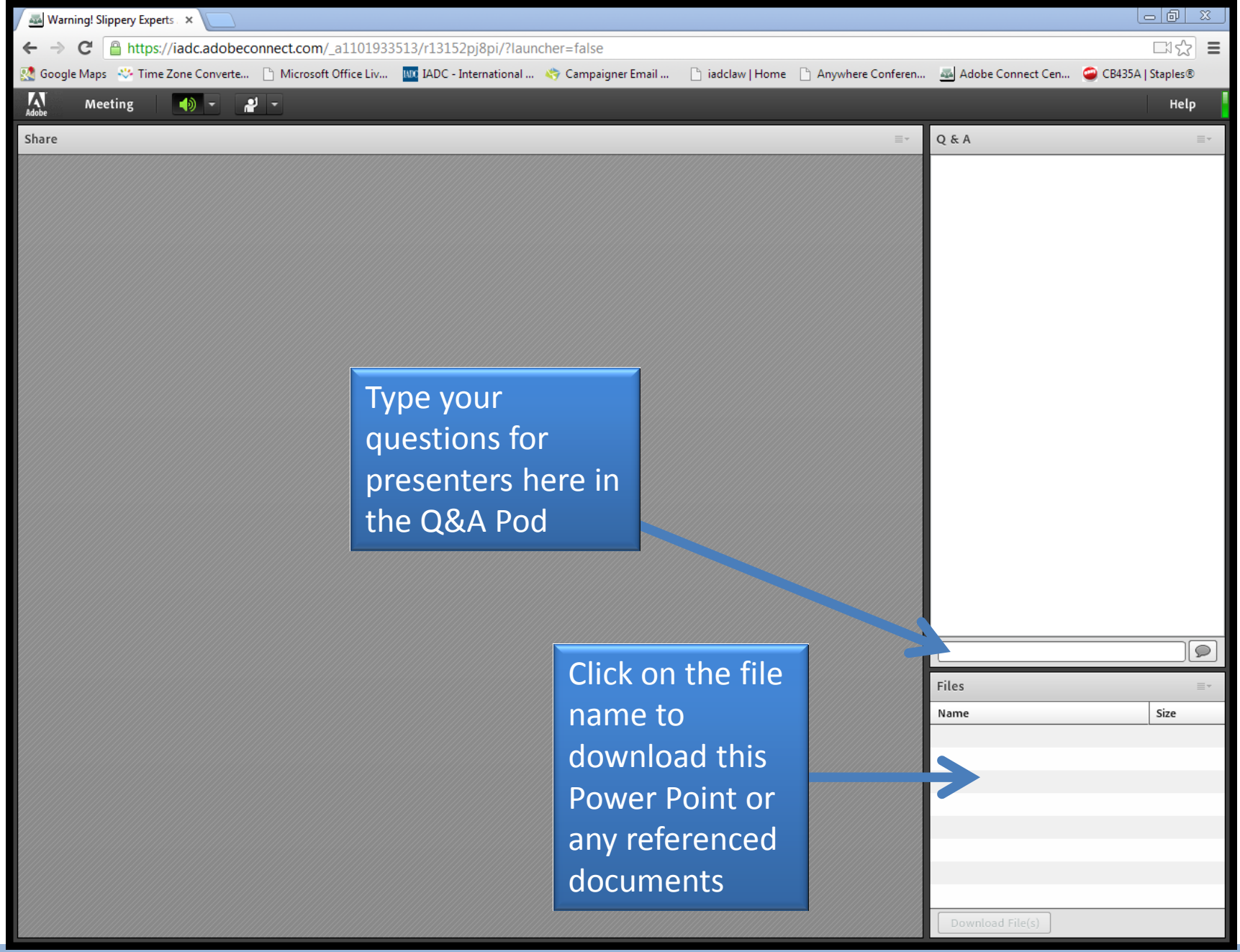
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Medicare is Created (1965)

Medicare created through the Social Security Act of 1965.

As of 1965, Medicare is primarily responsible for funding medical services for Medicare beneficiaries.

It establishes that Medicare is the primary payer for all Medicare-eligible persons…

…EXCEPT for injuries covered by workers' compensation.

Who is a Medicare Recipient?

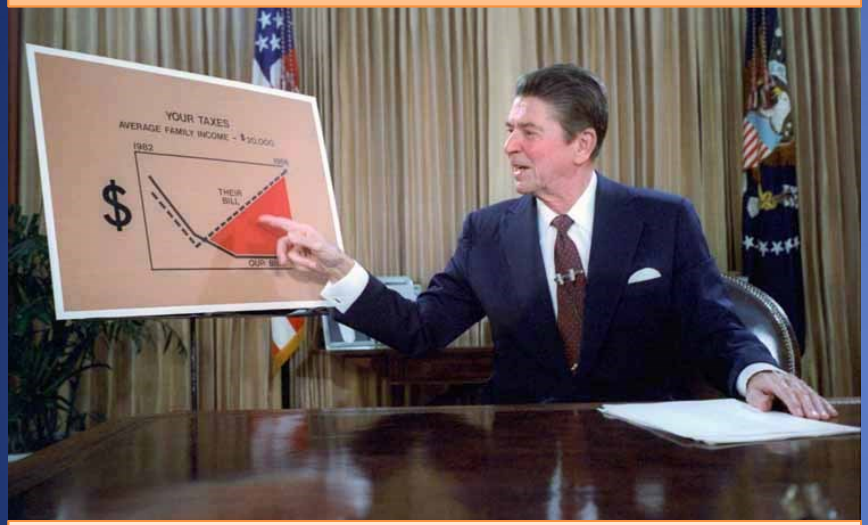
1. **Age 65 and over** - Most people qualify for Medicare beginning at age 65.

2. **If you are under age 65, you will qualify for Medicare if:**

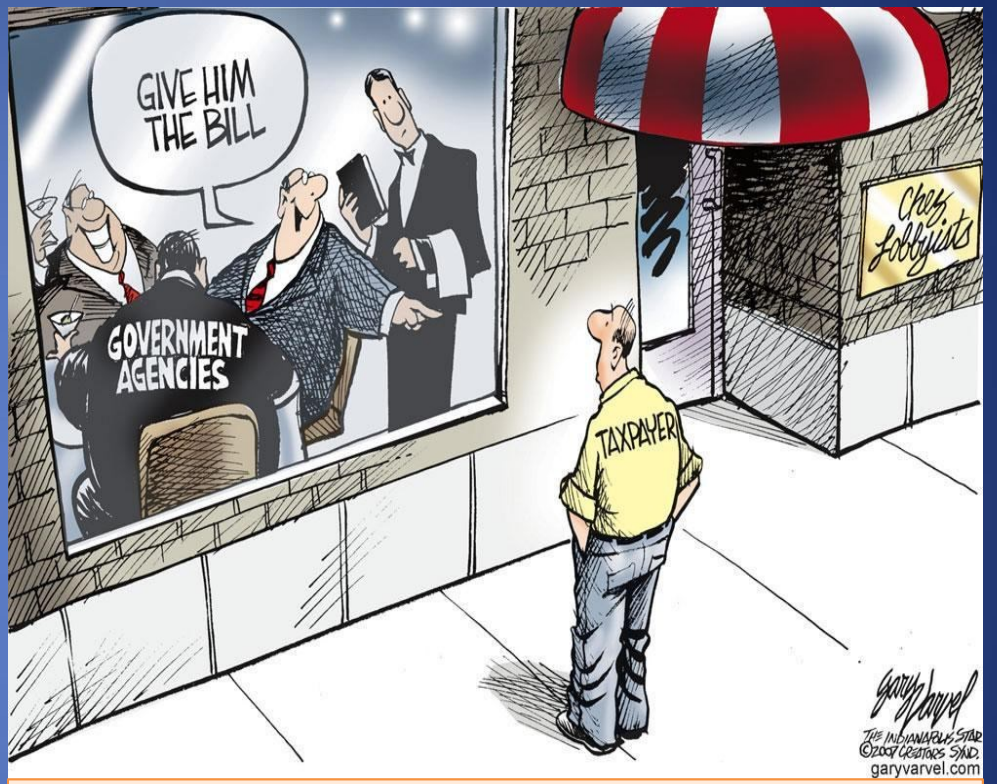
   - You have End Stage Renal Disease (ESRD), or
   - You have received Social Security Disability Income (SSDI) payments for 24 months (or in the first month of disability for ALS ("Lou Gehrig's Disease")).

Medicare Secondary Payer ("MSP") Act Passed (1980)

In 1980, Congress passed the MSP Act. 42 U.S.C. § 1395y.



Its primary purpose was to make Medicare the secondary payer to certain primary plans, including liability insurers and self-insured entities.



Medicare would no longer be first in line to pay for medical services given the growing numbers of baby boomers.

Medicare, Medicaid, and SCHIP Extension Act ("MMSEA") Passed (2007)

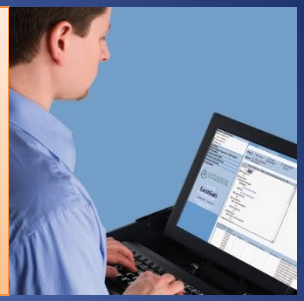
In 2007, Congress passed the MMSEA.

This ushers in a whole new expectation of reporting as it requires primary plans, including liability insurers and self-insured entities, to report settlements and judgments made to Medicare beneficiaries.

Prior to this, it was the beneficiary's and his/her attorney's responsibility to reimburse and protect Medicare's interest. The MMSEA expands that obligation to ensure greater compliance through subjecting industry to $$$ fines.

Overview of Section 111 of the MMSEA

Adds **mandatory reporting requirements** with respect to Medicare beneficiaries who receive **settlements**, judgments, awards or other payment from liability insurance (including self-insurance), no-fault insurance, or workers' compensation.



References:

The statutory language (42 U.S.C. 1395y(b)(8)) for the liability insurance (including self-insurance), no-fault insurance, and workers' compensation provisions can be found in the NGHP User Guide Appendices Chapter (Appendix G).

See CMS MMSEA home page: http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html

Who Must Report a Medicare Settlement under Section 111 of the MMSEA?

- **"[A]n applicable plan."**

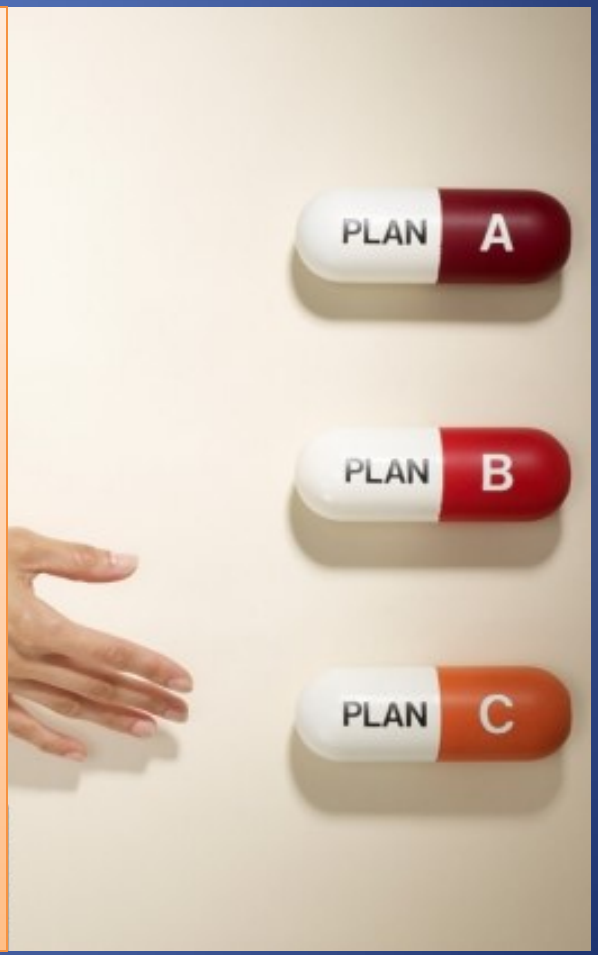
- ”[T]he term 'applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement:

(i) Liability insurance (including self-insurance).

(ii) No-fault insurance.

(iii) Workers' compensation laws or plans.”

- See 42 U.S.C. 1395y(b)(8)(F).



What Must Be Reported under Section 111 of the MMSEA?

The identity of a **Medicare beneficiary** whose illness, injury, incident, or accident was at issue as well as such other information specified by the Secretary of Health and Human Services (HHS) to enable an appropriate determination concerning coordination of benefits, including any applicable CMS lien recovery claim.

When/How Reporting Must be Done under Section 111 of the MMSEA?

In a form and manner, including frequency, specified by the Secretary of HHS.

Submissions will be in an electronic format.

Information shall be submitted within a time specified by the Secretary after the claim is addressed/resolved. Generally it's within 45 days of the date of the Total Payment Obligation to the Claimant ("TPOC").

Injured Party Information

Step 1 of 6

Enter injured party information below. When you click the Next button, a query transaction will be created to determine if this injured party is a Medicare beneficiary. Your transactions remaining will be reduced by one whether or not the beneficiary is found. Please carefully check your information before clicking the Next button.

Required*

Injured Party*

HICN		(12 characters max.)
OR		
SSN		(9 digits)
First Name*, Middle Initial, Last Name*		
Gender*	○ Female ○ Male	
Date of Birth*	/ /	(mm/dd/yyyy)

Cancel Next

QUICK HELP
Help About This Page

Transactions Remaining
450

Claim:

Reporter ID	30590
Claim ID	0
Claim Add Dt	06/06/2011
Status Cd	Saved Not Submit

Injury Information

Step 2 of 6

Enter injury information below.

Required*

Insurance Type*	Not Defined	
CMS Date of Injury*	/ /	(MM/DD/YYYY)
Industry Date of Injury	/ /	(MM/DD/YYYY)
State of Venue*	Not Defined	

Diagnosis Code Indicator* ICD-09 ICD-10

Alleged Cause of Injury Diagnosis Code	(none selected)	
Code Lookup Tool	Apply Code	Search
Keyword Lookup Tool		Search

ICD-9 Cause-of-injury codes begin with "E". ICD-10 Cause-of-injury codes begin with "V", "W", "X" or "Y". To specify the diagnosis, enter a known code and click "Apply Code." Or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match embedded ones.

Diagnosis Codes (up to 19)*	Nothing found to display.	
Code Lookup Tool	Add Diagnosis	Search
Keyword Lookup Tool		Search

Please enter as few as one or as many as 19 diagnoses. To specify the diagnosis, enter a known diag code and click "Add Diagnosis." Or you can search for a code using a lookup tool. Code searches match leading characters and keyword searches match embedded ones.

QUICK HELP
Help About This Page

Transactions Remaining
450

Claim:

Reporter ID	30690
Claim ID	0
Claim Add Dt	06/06/2011
Status Cd	Saved Not Submit

SECURE AREA

Save | Save & Exit | Cancel | Next

Medicare Conditional Payments

Conditional payment:
Is a payment that Medicare makes for services where another payer (insurer or tortfeasor) may be responsible. This conditional payment is made so that the beneficiary won't have to use their own money to immediately pay the bill.

The payment is ***"conditional"*** because it must be repaid to Medicare when a settlement, judgment, award or other payment is secured related to that injury.

If Medicare makes a conditional payment, and the beneficiary gets a settlement, judgment, award or other payment from an insurance company or self-insured company, Medicare will recover the conditional payment from the settlement. **The beneficiary is responsible for making sure that Medicare gets repaid for the conditional payments.**

Example of a Conditional Payment (from MSPRC.info, a good resource):

Jane is driving her car when someone in another car hits her. Jane has to go to the hospital. The hospital tries to bill the other driver's liability insurer. The insurance company disputes who was at fault, and won't pay the claim right away. The hospital bills Medicare, and Medicare makes a conditional payment to the hospital for health care services that Jane received. Later, when a settlement is reached with the other driver's liability insurer, Jane (and her attorney) makes sure that Medicare gets its money back for the conditional payment.

Strengthening Medicare and Repaying Taxpayers ("SMART") Act Passed (2013)

The SMART Act was signed into law by President Obama on January 10, 2013.

It amends the MSP in order to increase the snail's pace in which the Center for Medicaid & Medicare Services ("CMS") has been asserting claims for reimbursement.

The SMART Act affects the MSP's repayment and reporting mechanisms through helping to identify Medicare's interests in a settlement more quickly.

Strengthening Medicare and Repaying Taxpayers ("SMART") Act Continued…

CMS will have 9 months (October 10, 2013) from the date of enactment to issue final regulations to carry out Section 201.

To take advantage of the fast-tracked resolution process, the notification to Medicare must occur within 120 days of settlement, and the entire process must be completed within that timeframe.

The SMART Act Continued…

Section 203, MMSEA Reporting Penalties:

The initial $1,000 per day failure to report a Medicare settlement penalty is now a permissive one in which CMS has greater flexibility to decide to impose.

Section 205, 3 Year Statute of Limitations:

The United States must file a complaint within 3 years following notice of a settlement/judgment/award provided as a result of MMSEA reporting. This 3 year statute of limitations applies to all actions brought and penalties sought on or after 6 months from date of enactment, which would be July 10, 2013.

Mandatory Thresholds for Medicare Reporting (2014)

Total Payment Obligation to the Claimant ("TPOC") Settlements, Judgments, Awards or Other Payments for Liability Claims

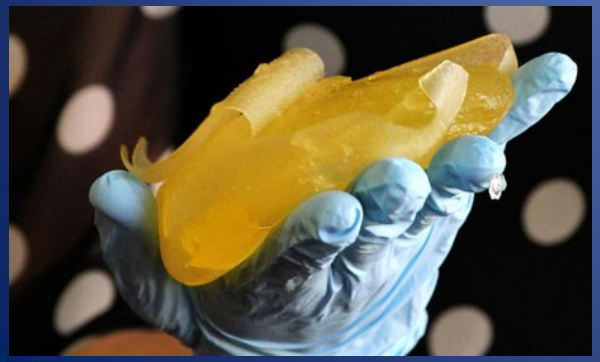
Section 111 Reporting:

- TPOCs over $2,000: As of October 1, 2013
- TPOCs over $1,000: As of October 1, 2014 *(up from $300 per CMS alert, February 28, 2014)*

Medicare Reporting Exemptions—1980 is a Key Date

RREs: Generally don't report settlement to CMS where the date of incident (DOI) was prior to December 5, 1980.

For an environmental hazard like asbestos, Medicare focuses on the date of last exposure or ingestion for purposes of determining whether the exposure or ingestion occurred on or after December 5, 1980.



For cases involving ruptured implants that allegedly led to a toxic exposure, the date of last exposure is used. For non-ruptured implanted medical devices, Medicare focuses on the date the implant was removed.

Medicare Reporting Exemptions Continued…

- If the date of first exposure is prior to December 5, 1980, but that exposure continues on or after December 5, 1980; Medicare has a potential recovery claim.

- The application of the December 5, 1980 date is specific to a particular claim/defendant.
    - For example, if an individual is pursuing a liability claim against “X”, “Y” and “Z” for asbestos exposure and exposure for “X” ended prior to December 5, 1980, but exposure for “Y” and “Z” did not; a settlement, judgment, award or other payment with respect to “X” would **NOT** be reportable to CMS.

Medicare Reporting Continued…

In the following situations, Medicare **WILL** assert a recovery claim against settlements, judgments, awards, or other payments, and MMSEA Section 111 mandatory reporting rules must be followed:

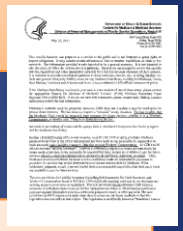
- Exposure, ingestion, or the alleged effects of an implant on or after 12/5/1980 is claimed, released, or effectively released.

- A specified length of exposure or ingestion is required in order for the claimant to obtain the settlement, judgment, award, or other payment, and the claimant's date of first exposure plus the specified length of time in the settlement, judgment, award or other payment equals a date on or after 12/5/1980.

- A requirement of the settlement, judgment, award, or other payment is that the claimant was exposed to, or ingested, a substance on or after 12/5/1980.

Medicare Set Asides ("MSAs")

Not currently "required" in liability insurance settlements (*See* Sally Stalcup Memo from CMS of 2011), but recent rulemaking alert notes that it likely will be at a later date.



The purpose of a MSA is to ensure that some portion of the settlement is put into an escrow account to fund the cost of likely future treatment. These funds must be depleted before Medicare will pay for treatment related to the injury, illness, or disease being compensated.

Implementation of ICD-10 Coding System Further Delayed (2014)

The U.S. Senate recently passed the House's Protecting Access to Medicare Act of 2014, which will delay the implementation of the ICD-10 coding system by one year.

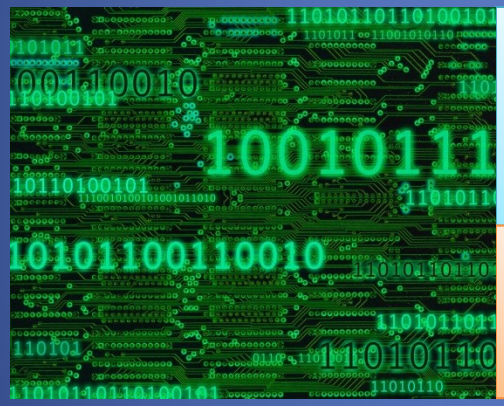
The bill was signed into law by President Obama on April 2, 2014.

As a result, instead of going into effect on October 1, 2014, the ICD-10 system is now scheduled to go into effect on October 1, 2015 or later.

This is the THIRD delay of the ICD-10 system.

ICD-10 versus the ICD-9 Codes

The healthcare industry and reporting entities currently use the ICD-9 system, which would have been phased out by the ICD-10 codes.



ICD-9 has approximately 14,000 codes.

ICD-10 is more descriptive, with roughly 68,000 codes.

Links to the current ICD-9 codes (including keyword lookup):

- http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html
- http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx

ICD-9 Code Lookup Website

ICD-9 Code List

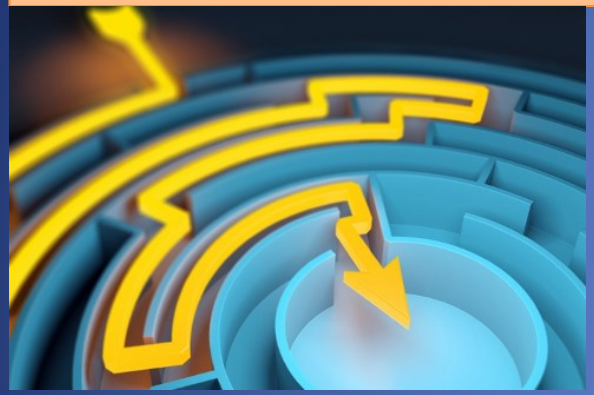
	A	B	C
147	01152	Tuberculous bronchiectasis, bacteriological or histological examination unknown (at present)	TB bronchiect-exam unkn
148	01153	Tuberculous bronchiectasis, tubercle bacilli found (in sputum) by microscopy	TB bronchiect-micro dx
149	01154	Tuberculous bronchiectasis, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB bronchiect-cult dx
150	01155	Tuberculous bronchiectasis, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed	TB bronchiect-histo dx
151	01156	Tuberculous bronchiectasis, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB bronchiect-oth test
152	01160	Tuberculous pneumonia [any form], unspecified	TB pneumonia-unspec
153	01161	Tuberculous pneumonia [any form], bacteriological or histological examination not done	TB pneumonia-no exam
154	01162	Tuberculous pneumonia [any form], bacteriological or histological examination unknown (at present)	TB pneumonia-exam unkn
155	01163	Tuberculous pneumonia [any form], tubercle bacilli found (in sputum) by microscopy	TB pneumonia-micro dx
156	01164	Tuberculous pneumonia [any form], tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB pneumonia-cult dx
157	01165	Tuberculous pneumonia [any form], tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed	TB pneumonia-histo dx
158	01166	Tuberculous pneumonia [any form], tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB pneumonia-oth test
159	01170	Tuberculous pneumothorax, unspecified	TB pneumothorax-unspec
160	01171	Tuberculous pneumothorax, bacteriological or histological examination not done	TB pneumothorax-no exam
161	01172	Tuberculous pneumothorax, bacteriological or histological examination unknown (at present)	TB pneumothorax-exam unk
162	01173	Tuberculous pneumothorax, tubercle bacilli found (in sputum) by microscopy	TB pneumothorax-micro dx
163	01174	Tuberculous pneumothorax, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB pneumothorax-cult dx
164	01175	Tuberculous pneumothorax, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed	TB pneumothorax-histo dx
165	01176	Tuberculous pneumothorax, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB pneumothorax-oth test

	A	B	C
1	DIAGNOSIS CODE	LONG DESCRIPTION	SHORT DESCRIPTION
2	0010	Cholera due to vibrio cholerae	Cholera d/t vib cholerae
3	0011	Cholera due to vibrio cholerae el tor	Cholera d/t vib el tor
4	0019	Cholera, unspecified	Cholera NOS
5	0020	Typhoid fever	Typhoid fever
6	0021	Paratyphoid fever A	Paratyphoid fever a
7	0022	Paratyphoid fever B	Paratyphoid fever b
8	0023	Paratyphoid fever C	Paratyphoid fever c

182	01202	Tuberculous pleurisy, bacteriological or histological examination unknown (at present)	TB pleurisy-exam unkn
183	01203	Tuberculous pleurisy, tubercle bacilli found (in sputum) by microscopy	TB pleurisy-micro dx
184	01204	Tuberculous pleurisy, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB pleurisy-cult dx
185	01205	Tuberculous pleurisy, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically	TB pleurisy-histolog dx
186	01206	Tuberculous pleurisy, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB pleurisy-oth test
187	01210	Tuberculosis of intrathoracic lymph nodes, unspecified	TB thoracic nodes-unspec
188	01211	Tuberculosis of intrathoracic lymph nodes, bacteriological or histological examination not done	TB thorax nodes-no exam
189	01212	Tuberculosis of intrathoracic lymph nodes, bacteriological or histological examination unknown (at present)	TB thorax nodes-exam unk
190	01213	Tuberculosis of intrathoracic lymph nodes, tubercle bacilli found (in sputum) by microscopy	TB thorax nodes-micro dx
191	01214	Tuberculosis of intrathoracic lymph nodes, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB thorax nodes-cult dx
192	01215	Tuberculosis of intrathoracic lymph nodes, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically	TB thorax nodes-histo dx
193	01216	Tuberculosis of intrathoracic lymph nodes, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB thorax nodes-oth test
194	01220	Isolated tracheal or bronchial tuberculosis, unspecified	Isol tracheal tb-unspec
195	01221	Isolated tracheal or bronchial tuberculosis, bacteriological or histological examination not done	Isol tracheal tb-no exam
196	01222	Isolated tracheal or bronchial tuberculosis, bacteriological or histological examination unknown (at present)	Isol trach tb-exam unkn
197	01223	Isolated tracheal or bronchial tuberculosis, tubercle bacilli found (in sputum) by microscopy	Isolat trach tb-micro dx
198	01224	Isolated tracheal or bronchial tuberculosis, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	Isol tracheal tb-cult dx
199	01225	Isolated tracheal or bronchial tuberculosis, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically	Isolat trach tb-histo dx
200	01226	Isolated tracheal or bronchial tuberculosis, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	Isolat trach tb-oth test
201	01230	Tuberculous laryngitis, unspecified	TB larynaitis-unspec
202	01231	Tuberculous laryngitis, bacteriological or histological examination not done	TB larynaitis-no exam
203	01232	Tuberculous laryngitis, bacteriological or histological examination unknown (at present)	TB larynaitis-exam unkn
204	01233	Tuberculous laryngitis, tubercle bacilli found (in sputum) by microscopy	TB larynaitis-micro dx
205	01234	Tuberculous laryngitis, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	TB larynaitis-cult dx
206	01235	Tuberculous laryngitis, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically	TB larynaitis-histo dx
207	01236	Tuberculous laryngitis, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	TB larynaitis-oth test
208	01280	Other specified respiratory tuberculosis, unspecified	Resp TB NEC-unspec
209	01281	Other specified respiratory tuberculosis, bacteriological or histological examination not done	Resp TB NEC-no exam
210	01282	Other specified respiratory tuberculosis, bacteriological or histological examination unknown (at present)	Resp TB NEC-exam unkn
211	01283	Other specified respiratory tuberculosis, tubercle bacilli found (in sputum) by microscopy	Resp TB NEC-micro dx
212	01284	Other specified respiratory tuberculosis, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture	Resp TB NEC-cult dx
213	01285	Other specified respiratory tuberculosis, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically	Resp TB NEC-histo dx
214	01286	Other specified respiratory tuberculosis, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods (inoculation of animals)	Resp TB NEC-oth test
215	01300	Tuberculous meningitis, unspecified	TB meningitis-unspec
216	01301	Tuberculous meningitis, bacteriological or histological examination not done	TB meningitis-no exam
217	01302	Tuberculous meningitis, bacteriological or histological examination unknown (at present)	TB meningitis-exam unkn
218	01303	Tuberculous meningitis, tubercle bacilli found (in sputum) by microscopy	TB meningitis-micro dx

Lien Resolution Services

Lien Resolution Companies, which can assist with a formal written MSA analysis and mass lien resolution, have been on the rise particularly in mass tort cases.



GARRETSON RESOLUTION GROUP

Gould & Lamb

The Garretson Group and Gould & Lamb are some of the largest in this regard.

Suggestions for Good Litigation Practices

Obtain from Plaintiff's counsel at the outset of the case the key data points for the "injured party": First and last name, date of birth, Social Security Number and Gender.

Defense counsel should use that information to have their client query the party's Medicare status, in addition to propounding written discovery confirming the injured party's Medicare status.

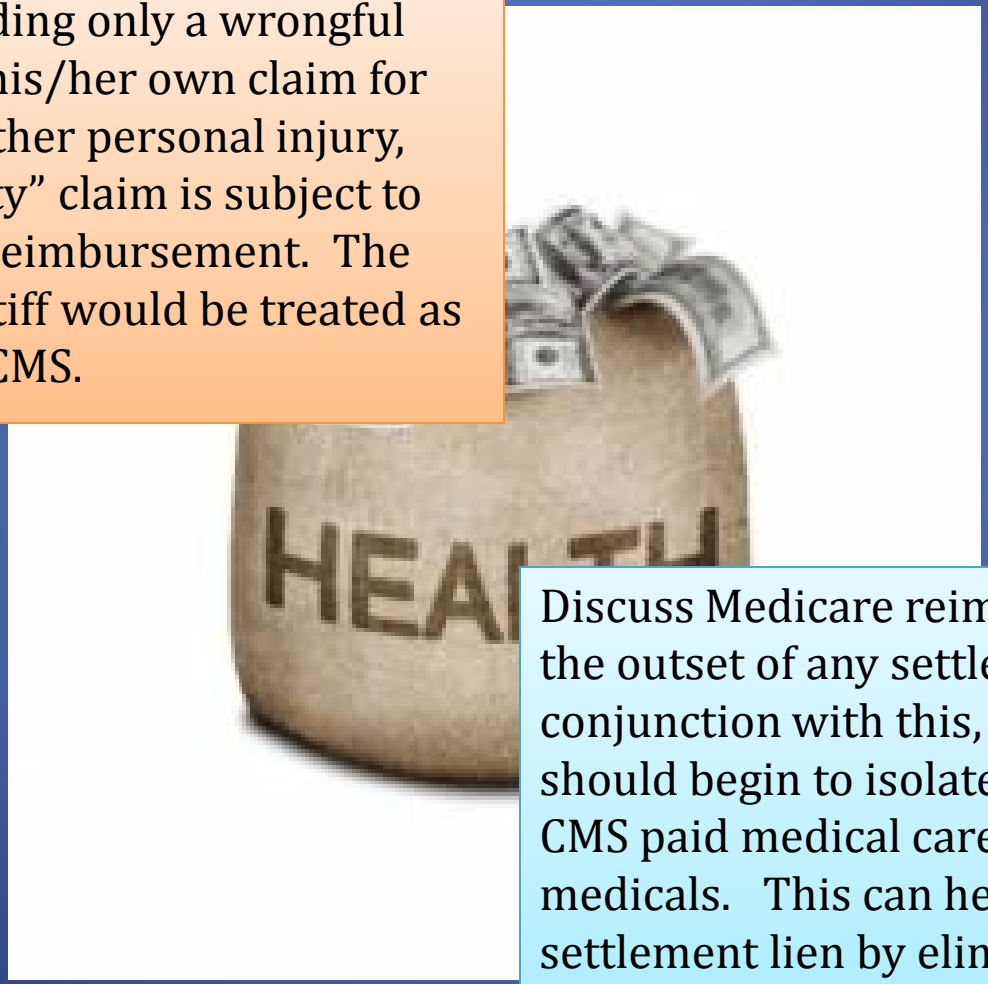
Plaintiff's counsel may obtain a copy of any Conditional Payment letter, MyMedicare.gov screen shot, and Proof of Claims Satisfaction. Request this information from CMS, and provide it to defense counsel as soon as possible.

Determine if the Plaintiff/Claimant will need future medical benefits based on medical prognosis. Is future treatment recommended by the treating physician? Has the cancer been in remission 3 years or more?

Determine if the Plaintiff/Claimant alleges exposure before or after December 5, 1980. All exposure before 1980 greatly simplifies the settlement from a CMS standpoint.

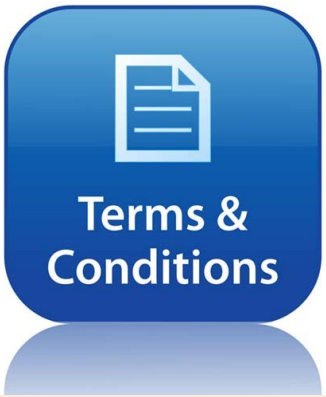
Suggestions for Good Practices Continued…

If the Plaintiff is pleading only a wrongful death claim without his/her own claim for mental damages or other personal injury, only the "Injured Party" claim is subject to Medicare reporting/reimbursement. The wrongful death Plaintiff would be treated as a NOINJ claimant by CMS.



Discuss Medicare reimbursement issues at the outset of any settlement dialogue. In conjunction with this, Plaintiff's counsel should begin to isolate only "injury-related CMS paid medical care" in a Plaintiff's medicals. This can help reduce the settlement lien by eliminating unrelated medical treatment from the lien computation.

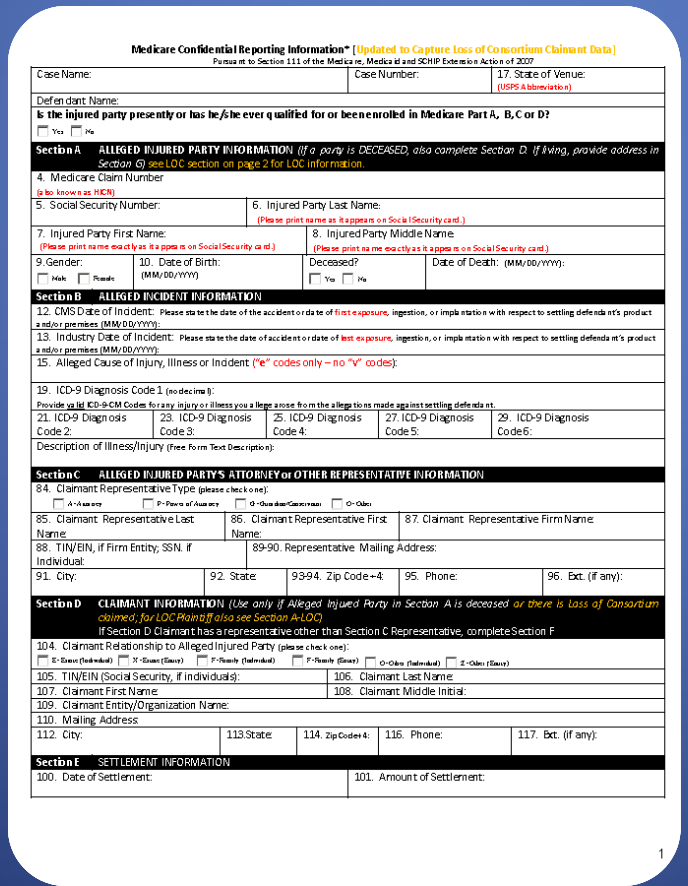
Suggestions for Good Practices Continued…



- Ensure that certain terms are required in any release involving a Medicare enrolled beneficiary:
    - a. A General Release;
    - b. Hold Harmless and Indemnity Agreement by Plaintiff/Claimants; and
    - c. Additional Medicare-specific language
        - (1) Future medical allocation or clear disclosure of no allocation;
        - (2) Payment of claims process described;
        - (3) Waiver of private cause of action under 42 U.S.C. 1395y(b)(3)(A); and
        - (3) Agreement to resolve all other liens to include specific hold harmless and indemnity (by Plaintiff **+** Plaintiff's counsel).

Suggestions for Good Practices Continued…

Obtain the signed Medicare Form B which captures Medicare data and ICD-9 injury code, ideally before the execution of the settlement release. Ensure that the information in the Medicare Form B, particularly as to dates of exposure, matches the information in the release and addendum thereto.



Medicare Confidential Reporting Information* [Updated to Capture Loss of Consortium Claimant Data]

Pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension Action of 2007

Case Name:	Case Number:	17. State of Venue: (USPS Abbreviation)
Defendant Name:		

Is the injured party presently or has he/she ever qualified for or been enrolled in Medicare Part A, B, C or D?

☐ Yes ☐ No

Section A ALLEGED INJURED PARTY INFORMATION *(If a party is DECEASED, also complete Section D. If living, provide address in Section G)* see LOC section on page 2 for LOC information.

4. Medicare Claim Number (also known as HICN)			
5. Social Security Number:	6. Injured Party Last Name: (Please print name as it appears on Social Security card.)		
7. Injured Party First Name: (Please print name exactly as it appears on Social Security card.)	8. Injured Party Middle Name: (Please print name exactly as it appears on Social Security card.)		
9. Gender: ☐ Male ☐ Female	10. Date of Birth: (MM/DD/YYYY)	Deceased? ☐ Yes ☐ No	Date of Death: (MM/DD/YYYY):

Section B ALLEGED INCIDENT INFORMATION

12. CMS Date of Incident: Please state the date of the accident or date of first exposure, ingestion, or implantation with respect to settling defendant's product and/or premises (MM/DD/YYYY):

13. Industry Date of Incident: Please state the date of accident or date of last exposure, ingestion, or implantation with respect to settling defendant's product and/or premises (MM/DD/YYYY):

15. Alleged Cause of Injury, Illness or Incident ("e" codes only – no "V" codes):

19. ICD-9 Diagnosis Code 1 (no decimal):

Provide valid ICD-9-CM Codes for any injury or illness you allege arose from the allegations made against settling defendant.

21. ICD-9 Diagnosis Code 2:	23. ICD-9 Diagnosis Code 3:	25. ICD-9 Diagnosis Code 4:	27. ICD-9 Diagnosis Code 5:	29. ICD-9 Diagnosis Code 6:

Description of Illness/Injury (Free Form Text Description):

Section C ALLEGED INJURED PARTY'S ATTORNEY or OTHER REPRESENTATIVE INFORMATION

84. Claimant Representative Type (please check one):

☐ A - Attorney ☐ P - Power of Attorney ☐ G - Guardian/Conservator ☐ O - Other

85. Claimant Representative Last Name:	86. Claimant Representative First Name:	87. Claimant Representative Firm Name:		
88. TIN/EIN, if Firm Entity; SSN, if Individual:	89-90. Representative Mailing Address:			
91. City:	92. State:	93-94. Zip Code+4:	95. Phone:	96. Ext. (if any):

Section D CLAIMANT INFORMATION *(Use only if Alleged Injured Party in Section A is deceased or there is Loss of Consortium claimed; for LOC Plaintiff also see Section A-LOC)*

If Section D Claimant has a representative other than Section C Representative, complete Section F

104. Claimant Relationship to Alleged Injured Party (please check one):

☐ S - Estate (Individual) ☐ X - Estate (Entity) ☐ F - Family (Individual) ☐ Y - Family (Entity) ☐ O - Other (Individual) ☐ Z - Other (Entity)

105. TIN/EIN (Social Security, if individuals):	106. Claimant Last Name:
107. Claimant First Name:	108. Claimant Middle Initial:
109. Claimant Entity/Organization Name:	
110. Mailing Address:	

112. City:	113. State:	114. Zip Code+4:	116. Phone:	117. Ext. (if any):

Section E SETTLEMENT INFORMATION

100. Date of Settlement:	101. Amount of Settlement:

1

Final Suggestion for Good Practices

Paper your file with the proof of lien resolution from CMS, completed Medicare Form B, signed release, along with any Medicare-related addendum, affidavits, or third-party MSA analysis. These establish that you've painstakingly considered Medicare's interests.

How to ask CMS Questions regarding Section 111 Reporting

FIRST VISIT THE CMS SITE:
http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html
for current information on reporting requirements, including updates to the User Guide (Current User Guide version is 4.2; updated on February 28, 2014).

Send CMS reporting questions through the following e-mail link: PL110-173SEC111-comments@cms.hhs.gov " which will open in Microsoft Outlook.

Other Questions? CMS Town Hall Teleconferences

CMS conducts Non-Group Health Plan (NGHP) Town Hall Teleconferences several times a year to provide updated policy and technical information related to Section 111 Mandatory Insurer Reporting.

Prior Town Hall Teleconference transcripts are also posted on the CMS Medicare page. They're a good resource.

Announcements for upcoming NGHP Town Hall events are posted to the What's New page. The last Town Hall took place on December 17, 2013.

Questions for Presenters?

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Wednesday, May 14, 2014

Thank you for Participating!

To access the PowerPoint presentation from this or any other IADC Webinar, visit our website under the Members Only Tab (you must be signed in) and click on "Resources" → "Past Webinar Materials," or contact Melisa Maisel at mmaisel@iadclaw.org.