



# Highlights of March 22, 2012 CMS Teleconference on Section 111 Reporting

1. The Centers for Medicare and Medicaid Services (CMS) conducted a teleconference on Thursday, March 22nd to provide an update on technical and policy issues in implementation of the requirements of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

## Highlights of the Call Included:

1. HHS still has not announced the date for implementation of ICD-10 reporting. This also applies to Section 111 reporting and Medicare claims processing. The alert on this can be found at <http://www.cms.gov/MandatoryInsRep/Downloads/ICD10Alert.pdf>
2. CMS is concerned that RREs are using the “NO INJ” code as a default code instead of the limited use for which it is intended. See Section 11.2.5.1 of the NGHP User Guide.
3. The requirement that RRE profiles be recertified on a yearly basis has begun. RREs receiving notice must work with their EDI reps to inform them that either there are no changes, or if there are changes the new authorization documents must be prepared with the EDI rep. Some RRE IDs have already been decertified. Appeals of these determinations is available through the escalation provisions in the User Guide at Section 18.2.
4. The September 30, 2011 Alert is still in effect. See <http://www.cms.gov/MandatoryInsRep/Downloads/NGHPReportingException.pdf>. It was not incorporated into the User Guide that was subsequently released, causing some confusion as to whether the Alert was still in effect. It will be incorporated into the next version of the User Guide.
5. Barbara Wright noted that if a person is in a Medicare Advantage Plan that RREs should be aware of the right of recovery in addition to recovery by Medicare. Medicare Advantage Plans have access to information reported by RREs as it is available on the CMS system. Per Barbara, Medicare should have priority over Medicare Advantage Plans but additional detail as to priority would require additional review of specifics.
6. Entities conducting clinical trials are not RREs just because they conduct clinical trials, however, their responsibility to report as an RRE is established if they are a sponsor, responsible to report as primary and there is ORM or TPOC to report. No need to sign up as an RRE just in case there might be a requirement to make payments.
7. If an RRE has ORM for a beneficiary who dies, it may be good practice to send in a termination report, but CMS should already have received notice of the death.
8. Risk management write offs are to be reported as part of the regular billing process instead of being reported through the Section 111 reporting. The Section 111 reporting thresholds therefore are not applicable to these write offs.

NOTE: THE NOTES ABOVE ARE NOT THE ACTUAL PROVISIONS AND ONLY BRIEF NOTES FROM THE CONFERENCE CALL. REFER TO THE CMS WEB SITE AND THE ALERTS AND USER GUIDE AS THEY ARE PUBLISHED.

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