



Highlights of November 16, 2011 CMS

The Centers for Medicare and Medicaid Services (CMS) conducted a teleconference on Wednesday, November 16th to provide an update on technical 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. CMS advises that RREs should report only those ICD-9 codes associated with the illness or injury that may be the subject of ongoing responsibility for medical (ORM) or TPOC. Claims are being denied by the COBC when there is a Section 111 report indicating an open workers' compensation payment or obligation. CMS representatives seemed to suggest that the primary cause of this is over reporting or erroneous reporting by RREs. Barbara Wright acknowledged that CMS had heard from customers about this and that if beneficiaries are adversely affected that they can choose to appeal the denial.

It was suggested by COBC representatives that RREs appeared to be submitting claims records even when the ORM had not been determined, and that was causing problems. However, Barbara Wright also pointed out that in the circumstances where ORM determination is pending and there is an obligation to make payments while the determination is pending that such payments and ORM should be reported and subsequently updated once there is a determination. Jack Decker, in particular, noted that RREs should not submit "placeholder" reports.

A number of callers, particularly from AIA, Liberty and UWC expressed concern about the coordination of policy with respect to Section 111 reporting and the use of reported information by the COBC. CMS indicated that there was no blanket policy that the COBC representatives would deny claims solely because there was open ORM without examining whether the payment sought was related to specific illness or injury addressed under the workers' compensation ORM.

There is no additional Alert coming to add clarification on this. RREs are advised to refer to the User Guide for guidance.

2. A number of DDE reporters have had difficulty in submitting within 45 of ORM or TPOC. If reports are not accepted because they are deemed to be late (more than 45 days) CMS advises RREs to document due diligence.

3. Beginning in 2012, RREs will be required to be recertified. CMS will send a profile report to the authorized representative and the account manager requesting that the RRE recertify or update with its EDI representative. Failure to report may result in de-activation.

4. A new easier to read NGHP User Guide is scheduled for release the first quarter of 2012. CMS plans to break the guide into smaller sections.

5. An updated list of ICD-9 codes will be posted on the web site in January of 2012.

6. A new WC MSA portal is coming soon (no date given)

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/>