



Highlights of October 28th CMS Teleconference on Section 111 Reporting

The Centers for Medicare and Medicaid Services (CMS) conducted a teleconference on Thursday, October 28th to provide an update on policy issues in implementation of the requirements of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (S 2499).

Highlights of the Call Included:

1. The Technical teleconference calls previously scheduled for November 30th and December 20th have been cancelled. The November 10th and December 9th calls will cover technical and policy issues combined.
2. Responsible Reporting Entities (RREs) are required to report HICNs. If a HICN is not available, the RRE should send an SSN plus “other person identification” may be submitted. If the RRE has trouble collecting HICNs or SSNs they should use language available on the CMS web site in requesting the information from the individual and keep records for later reference, particularly if the individual refuses to provide the individual’s SSN or HICN. Every individual who has a HICN should have a SSN, with very limited exceptions (railroad employees and/or dependents).
3. An excel spread sheet is now available on the COBC Secure Web site with a review of ICD-9 codes and error code descriptions.
4. Computer Based Training (CBT) is available 24/7.
5. Termination dates for Ongoing Responsibility for Medical (ORM) may not be reported more than 6 months in advance of termination.
6. An Alert is expected shortly to address the availability of Default ICD-9 codes. The Alert will provide instruction for fields 15 and 19 to enter NOINJ (No Injury). The Default will be available in very limited circumstances.
7. An Alert is expected in one week to explain that if there is a problem matching RREs with TINs the system will respond with a compliance flag but accept the report instead of showing an error code and rejecting the report.

8. An Alert is pending to clarify the “date of incident” when the injury is due to cumulative trauma.
9. An Alert is pending to clarify when claim information must be reported in cases of mass torts and class actions.
10. An Alert is pending to clarify how to report workers’ compensation indemnity payments in claims with ORM are to be reported.
11. Direct Data Entry (DDE) instructions will be provided in the COBC Secure Web Site user guide on the CMS web site with reference materials. DDE’s instructions will be available 1/3/2011.
12. In cases where an RRE is reporting a single individual with some injuries that terminate and some that do not the RRE should submit a single report with all injuries to begin with and then, as some conditions terminate, submit updates and terminate ORM only when all end.
13. CMS is tweaking policy language with respect to how to handle RRE reporting when there is joint/several liability for settlements, judgments, awards or other payments.
14. Where workers’ compensation claims are in dispute, the RRE must nonetheless report as ORM if the RRE is required to pay medical pending appeal and also any payments that may be made voluntarily.
15. CMS is now encouraging RREs to begin reporting before January of 2011 even though production reporting is not scheduled until January, 2011.
16. Questions for CMS should be submitted to PL110-173SEC111-comments@cms.hhs.gov

NOTE: AS ALWAYS, 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.