



Financial Services Group

February 28, 2014

**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)&(b)(8))**

**Change in Reporting Threshold for Certain Liability (including Self-Insurance) Settlements,
Judgments Awards, or Other Payments**

An updated MMSEA Section 111 Non-Group Health Plan (NGHP) User Guide, Version 4.2, Chapters I – V is now available in the Downloads section of the NGHP User Guide page. This version documents the change in reporting threshold for certain liability insurance (including self-insurance) settlements, judgments, awards, or other payments. Please refer to page 1-1 of each Chapter for a summary of updates made.

The Centers for Medicare & Medicaid Services (CMS) would like to clarify for certain liability insurance (including self-insurance) settlements, judgments, awards, or other payments:

- The current mandatory reporting threshold for liability insurance (including self-insurance) Total Payment Obligation to the Claimant (TPOC) is \$2000 and over for TPOCs dated on or after October 1, 2013.
- The mandatory reporting threshold for liability (including self-insurance) TPOCs dated October 1, 2014 and after is changing from \$300 to \$1000. If the most recent TPOC Date is on or after October 1, 2014, and the cumulative TPOC Amount is greater than \$1000, the TPOC(s) must be reported no later than the end of the RRE's submission timeframe in the quarter beginning January 1, 2015.
- Error code CJ07 has not been updated to reflect this change. Further guidance will be provided at a later date concerning changes to this error code to coincide with the new reporting threshold of \$1000.

These changes will also be applied to the downloadable version of the MMSEA Section 111 Coordination of Benefits Secure Website (COBSW) User Guide, available on the COBSW.