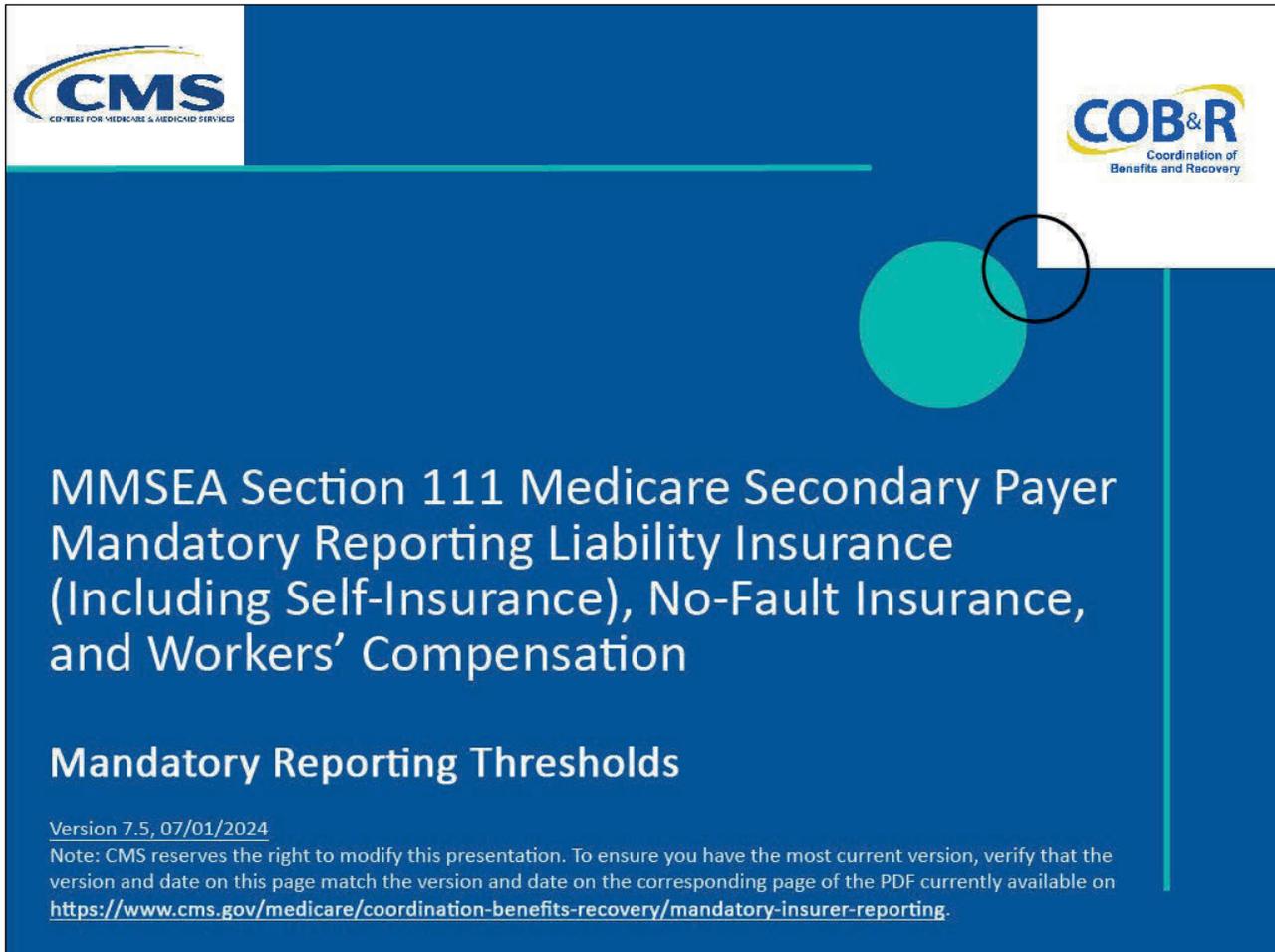


## Mandatory Reporting Thresholds Introduction

### Slide 1 of 30 - Mandatory Reporting Thresholds Introduction



The slide features a dark blue background with a teal circle and a white circle on the right side. The CMS logo is in the top left, and the COB&R logo is in the top right. The main title is centered in white text. Below the title is the subtitle 'Mandatory Reporting Thresholds'. At the bottom left, there is a version number and a note about the presentation's currency, followed by a URL.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**COB&R**  
Coordination of  
Benefits and Recovery

# MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation

## Mandatory Reporting Thresholds

Version 7.5, 07/01/2024  
Note: CMS reserves the right to modify this presentation. To ensure you have the most current version, verify that the version and date on this page match the version and date on the corresponding page of the PDF currently available on <https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

### Slide notes

Welcome to the Mandatory Reporting Thresholds course.

Note: This module applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission as well as those RREs that will be submitting this information via Direct Data Entry (DDE).

**Slide 2 of 30 - Disclaimer**

## Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found at the following link:  
<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

**Slide notes**

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following link: [CMS NGHP Website](#).

**Slide 3 of 30 - Course Overview**

## Course Overview

- TPOC dollar threshold requirements for Section 111
  - TPOC dollar threshold for Workers' Compensation claims with no ORM
  - TPOC dollar thresholds for certain Liability Insurance (including Self-Insurance) claims with no ORM
- Reporting exclusion for Workers' Compensation claims with ORM
- Examples

**Slide notes**

This learning module explains the Total Payment Obligation to Claimant (TPOC) dollar threshold reporting requirements which have been established for Section 111 reporting, the TPOC dollar threshold reporting requirements for workers' compensation claims with no Ongoing Responsibility for Medicals (ORM), and the TPOC dollar thresholds for certain liability insurance (including self-insurance) claims with no ORM.

It also explains the reporting exclusion for workers' compensation claims with ORM. This module concludes with various examples of how to submit claims with these situations.

NOTE: Liability insurance (including self-insurance), no-fault insurance, and workers' compensation are sometimes collectively referred to as "non-group health plan" or "NGHP." The term NGHP will be used in this CBT for ease of reference.

**Slide 4 of 30 - PAID Act**

## PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act, also known as the PAID Act, requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

**Slide notes**

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

This information will be provided both online and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 30 - TPOC Mandatory Reporting Dollar Thresholds

**TPOC Mandatory Reporting Dollar Thresholds**

**Liability Insurance and Workers' Compensation with No ORM**

- Solely for purposes of the required Section 111 MSP reporting requirements
- Not exceptions for any other obligation or responsibility of any individual or entity with respect to MSP provisions
- Apply to Liability Insurance (including Self-Insurance) and Workers' Compensation add records with no ORM

**Slide notes**

CMS has defined mandatory reporting thresholds solely for purposes of the required Section 111 Medicare Secondary Payer (MSP) reporting requirements.

These thresholds are not exceptions for any other obligation or responsibility of any individual or entity with respect to the MSP provisions.

These TPOC dollar thresholds only apply to liability insurance (including self-insurance) and workers' compensation (Plan Insurance Type 'L' or 'E') add records that do not have ORM (i.e., the ORM Indicator = 'N').

**Slide 6 of 30 - ORM Reporting Summary**

## ORM Reporting Summary

- There is no de minimus dollar threshold for ORM
- Must report ORM as soon as it has been established

Insurance Type	Reportable ORM Dates	TPOC Dollar Threshold	Exclusion
No-Fault	1/1/2010 & subsequent	Not Applicable	Not Applicable
Liability Insurance (including Self-Insurance)	1/1/2010 & subsequent	Not Applicable	Not Applicable
Workers' Compensation	1/1/2010 & subsequent	Not Applicable	Yes

**Slide notes**

RREs are required to report ORM. There is no de minimis dollar threshold for reporting the assumption/establishment of ORM. ORM is to be reported as an add record as soon as it has been established.

RREs are required to report no-fault insurance ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility. The TPOC mandatory reporting thresholds and exclusion do not apply.

RREs are required to report liability insurance (including self-insurance) ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility.

TPOC mandatory reporting thresholds and exclusion do not apply to liability insurance (including self-insurance) ORM.

RREs are required to report workers' compensation ORM that exists on or after January 1, 2010, regardless of the date of an initial acceptance of payment responsibility.

The TPOC mandatory reporting thresholds do not apply to workers' compensation ORM. However, certain workers' compensation ORM claims are excluded from reporting if they meet the criteria explained on the next slide.

Note: The guidance on determining the ORM termination date based on a physician statement has been clarified (NGHP User Guide Chapter III, Section 6.3.2). Additionally, guidance on what triggers the need to report ORM has been clarified (NGHP User Guide Chapter III, Section 6.5.1.1).

**Slide 7 of 30 - Workers' Compensation ORM Exclusion**

## Workers' Compensation ORM Exclusion

**Workers' compensation ORM claims that meet all of the following criteria are excluded from reporting until further notice:**

- Claim is for "medical only";
  - Associated "lost time", is no more than the number of days permitted by the applicable workers' compensation law for "medical only" (or 7 calendar days if applicable law has no such limit);
  - All payments made directly to medical provider; and
  - Total payment for medicals does not exceed \$750
- Once a workers' compensation ORM claim is excluded from reporting, it does not need to be reported unless the circumstances change such that it no longer meets the exclusion criteria

**Slide notes**

Workers' compensation claims that meet all of the following criteria are excluded from reporting until further notice:

- the claim is for "medical only";
- the associated "lost time" for the worker is no more than the number of days permitted by the applicable workers' compensation law for a "medical only" claim (or 7 calendar days if the applicable law has no such limit);
- all payments have been made directly to the medical provider; and
- the total payment for medicals does not exceed \$750.

Please note: Once a workers' compensation ORM claim is excluded from reporting, it does not need to be reported unless the circumstances change such that it no longer meets the exclusion criteria listed.

In other words, the claim does not need to be reported unless something other than medicals is included, there is more lost time, a payment is made to someone other than a provider, and/or payments for medicals exceed \$750.

## Slide 8 of 30 - Workers' Compensation ORM Exclusion

## Workers' Compensation ORM Exclusion

### Example:

Medicare beneficiary  
injured on the job  
2/15/2009

Beneficiary is out of work  
for 8 days and files a  
workers' compensation  
claim

Workers' compensation  
insurer assumes  
responsibility for associated  
medicals (medical costs)



- Claim remains open; insurer continues to have ORM on or after 1/1/2010
- No settlement, judgment, award, or other payment aside from ORM
- To date, total payment for medicals is \$6,300
- Report this claim because:
  - ORM exists as of 1/1/2010
  - Medicals exceed \$750
  - Beneficiary was out of work for more than 7 days

### Slide notes

A Medicare beneficiary is injured on the job on 2/15/2009, is out of work for eight days, and files a workers' compensation claim. The workers' compensation insurer assumes responsibility for his associated medicals (medical costs).

The claim remains open and the workers' compensation insurer continues to have responsibility for medicals on or after 1/1/2010. There is no settlement, judgment, award, or other payment aside from the assumption of responsibility for medicals.

To date, the total payment for medicals is \$6,300.

In this example, this claim does not meet all of the criteria for the workers' compensation exclusion, and therefore should be reported.

To review: ORM exists as of 1/1/2010, the workers' compensation ORM reporting threshold was exceeded because medicals were greater than \$750, and the beneficiary was out of work for more than the associated time allowable for a 'medicals only' claim.

As a result, the claim should be reported.

## Slide 9 of 30 - Workers' Compensation ORM Exclusion

## Workers' Compensation ORM Exclusion

### Example:

Medicare beneficiary  
injured on the job  
8/20/2009

Beneficiary is out of work  
for 3 days and files a  
workers' compensation  
claim

Workers' compensation  
insurer assumes  
responsibility for associated  
medicals (medical costs)



- This is a 'medicals only' claim that remains open and the insurer continues to have ORM on or after 1/1/2010
- No settlement, judgment, award, or other payment aside from ORM
- To date, total payment for medicals is \$600
- Do not report this claim:
  - Although ORM exists as of 1/1/2010, all of the criteria of the workers' compensation exclusion were met

### Slide notes

For this example, a Medicare beneficiary is injured on the job on 8/20/2009, is out of work for 3 days, and files a workers' compensation claim. The workers' compensation insurer assumes responsibility for the associated medicals (medical costs).

This is a 'medicals only' claim. The claim remains open and the workers' compensation insurer continues to have the responsibility for medicals on or after 1/1/2010.

There is no settlement, judgment, award, or other payment aside from the assumption of responsibility for medicals. The total payment to date, \$600, was made directly to the provider.

In this example, the claim meets all of the criteria for the workers' compensation exclusion and should not be reported. Although ORM exists as of 1/1/2010, all of the criteria of the workers' compensation exclusion were met (i.e., this is a 'medicals only' claim, the associated 'lost time' was not more than the number of days permitted by the applicable workers' compensation law for 'medicals only', the payment was made directly to the provider and the total payment did not exceed \$750); therefore, this claim is excluded from reporting.

**Slide 10 of 30 - TPOC Reporting Requirements Summary**

## TPOC Reporting Requirements Summary

Insurance Type	Reportable TPOC Dates	Reportable Amounts	Threshold Applicable
No-Fault	10/1/2010 & subsequent	Any amount	No
Liability Insurance (including Self-Insurance)	10/1/2011 & subsequent	Cumulative TPOC Amount that exceeds threshold	Yes
Workers' Compensation	10/1/2010 & subsequent	Cumulative TPOC Amount that exceeds threshold	Yes

**Slide notes**

RREs are required to report all no-fault insurance TPOCs with dates of October 1, 2010, and subsequent. The thresholds are not applicable to no-fault. RREs may, but are not required to, include no-fault TPOCs with dates prior to October 1, 2010.

For liability insurance (including self-insurance) TPOCs, RREs are required to report TPOC Dates of October 1, 2011, and subsequent. RREs may, but are not required to, include TPOCs with dates prior to October 1, 2011.

RREs are required to report liability insurance (including self-insurance) TPOCs only if the cumulative TPOC Amount exceeds the reporting threshold for the most recent TPOC Date.

The Benefits Coordination & Recovery Center (BCRC) will total all TPOC Amounts reported on the claim record when determining if the claim meets the applicable reporting threshold.

The reporting thresholds are applicable to liability insurance (including self-insurance) TPOCs.

For workers' compensation, RREs are required to report TPOCs with dates of October 1, 2010, and subsequent. RREs may, but are not required to, include TPOCs with dates prior to October 1, 2010.

RREs are required to report workers' compensation TPOCs only if the cumulative TPOC Amount exceeds the reporting threshold for the most recent TPOC Date.

The BCRC will total all TPOC Amounts reported on the claim record when determining if the claim meets the applicable reporting threshold.

**Slide 11 of 30 - Mandatory TPOC Thresholds for Liability Insurance (Including Self-Insurance)**

## Mandatory TPOC Thresholds for Liability Insurance (Including Self-Insurance)

Total TPOC Amount	TPOC Date On or After	Reporting Required in the Quarter Beginning
TPOCs over \$100,000	October 1, 2011	January 1, 2012
TPOCs over \$50,000	April 1, 2012	July 1, 2012
TPOCs over \$25,000	July 1, 2012	October 1, 2012
TPOCs over \$5,000	October 1, 2012	January 1, 2013
TPOCs over \$2,000	October 1, 2013	January 1, 2014
TPOCs over \$1,000	October 1, 2014	January 1, 2015
TPOCs over \$750	January 1, 2016	April 1, 2017

**Slide notes**

CMS has revised the implementation timeline and TPOC dollar thresholds for certain liability insurance, including self-insurance, (plan insurance type 'L') TPOC settlements, judgments, awards, or other payments.

See the NGHP User Guide IV (Version 5.3) for a TPOC reporting requirements summary and detailed timelines and amounts.

RREs must adhere to these requirements when determining what claim information should be submitted on initial and subsequent quarterly update Claim Input Files and DDE submissions.

These thresholds are solely for the required reporting responsibilities for purposes of 42 U.S.C. 1395y(b)(8) (Section 111 MSP reporting requirements for liability insurance (including self-insurance), no-fault insurance, and workers' compensation).

Note: All RREs (except for those using DDE), must report during each quarterly submission window. DDE submitters are required to report within 45 calendar days of the TPOC date.

## Slide 12 of 30 - Threshold Amounts

## Threshold Amounts

### CMS changed the minimum reportable TPOC amounts

<div style="background-color: #d9e1f2; border-radius: 15px; padding: 10px; margin-bottom: 10px;"><p style="text-align: center;"><b>Liability Insurance (including Self-Insurance)</b></p></div> <p style="text-align: center;">On or after 1/1/2017: From \$1,000 to \$750</p>	<div style="background-color: #c8a28c; border-radius: 15px; padding: 10px; margin-bottom: 10px;"><p style="text-align: center;"><b>No-Fault Insurance</b></p></div> <p style="text-align: center;">On or after 10/1/2016: From \$0 to \$750</p>	<div style="background-color: #a2c8b1; border-radius: 15px; padding: 10px; margin-bottom: 10px;"><p style="text-align: center;"><b>Workers' Compensation</b></p></div> <p style="text-align: center;">On or after 10/1/2016: From \$300 to \$750</p>
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**Slide notes**

For Section 111 reporting, the CMS has changed the minimum reportable TPOC amounts for liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims, as follows:

- Liability is changing from \$1000 to \$750 for TPOC Dates of 1/1/2017 and subsequent;
- No-Fault is changing from \$0 to \$750 for TPOC Dates of 10/1/2016, and subsequent; and
- Workers' Compensation (WC) is changing from \$300 to \$750 for TPOC Dates of 10/1/2016, and subsequent.

TPOC amounts that exceed these thresholds must be reported. However, TPOC amounts less than the specified threshold may be reported and will be accepted.

The logic for the CJ07 error has been changed such that a TPOC of any amount will be accepted for all types of TPOCs, including liability TPOCs.

The CJ07 error will continue to be returned for a liability, workers' compensation, or no-fault claim report where the ORM Indicator is set to "N" and the cumulative TPOC amount is zero.

See Section 6.4.3, in the NGHP User Guide IV (Version 5.3) for further details.

In addition to the User's Guide, recent Section 111 Non-Group Health Plan (NGHP) alerts posted since the last publication of the NGHP User Guide can be found in the Downloads section of the CMS website.

Information in published Section 111 alerts supersedes information published in the NGHP User Guide.

To obtain the most up to date information and requirements related to Section 111 reporting, be sure to review not only the NGHP User Guide but also any alerts included in the Downloads section on this page: [NGHP Alerts](#).

Slide 13 of 30 - Mandatory TPOC Thresholds for Workers' Compensation

## Mandatory TPOC Thresholds for Workers' Compensation

Total TPOC Amount	TPOC Date On or After	Reporting Required in the Quarter Beginning
TPOCs over \$5,000	October 1, 2010	January 1, 2011
TPOCs over \$2,000	October 1, 2013	January 1, 2014
TPOCs over \$300	October 1, 2014	January 1, 2015
TPOCs over \$750	October 1, 2016	January 1, 2017

**Slide notes**

If an add record is submitted for a certain date range with a total TPOC Amount less than or equal to the amounts detailed in the table, the claim report will reject with a CJ07 error.

Note: RREs may submit TPOCs that are less than or equal to the TPOC dollar threshold on an add record only if the claim has ORM. The TPOC reporting thresholds do not apply to these records.

If submitted, the claim report will not reject with the CJ07 error. RREs will not be penalized for submitting claim reports with TPOCs that are under the threshold amount.

Slide 14 of 30 - TPOC Liability Claim Report Rejection Conditions CJ07

## TPOC Liability Claim Report Rejection Conditions CJ07

Most Recent TPOC Date	Total TPOC Amount
Between October 1, 2011 and September 30, 2012	TPOCs less than or equal to \$5,000
Between October 1, 2012 and September 30, 2014	TPOCs less than or equal to \$300
On or after October 1, 2014	TPOCs less than or equal to \$1,000
On or after October 1, 2016	TPOCs equal to \$0 and no ORM

**Slide notes**

The CJ07 error code is triggered if you submit a claim report (i.e., add a record with no ORM) that has a cumulative TPOC amount of zero.

**Slide 15 of 30 - TPOC Dollar Thresholds**

## TPOC Dollar Thresholds

### Liability Insurance (Including Self-Insurance) & Workers' Compensation

Where there are multiple TPOCs reported by the same RRE on the same record, the combined TPOC Amounts must be considered in determining if the threshold is met

For TPOCs involving a deductible, where the RRE is responsible for reporting both any deductible and any amount above the deductible, the threshold applies to the total of these two figures

**Slide notes**

Where there are multiple TPOCs reported by the same RRE on the same record, the combined TPOC Amounts must be considered in determining whether or not the reporting threshold is met.

For TPOCs involving a deductible, where the RRE is responsible for reporting both any deductible and any amount above the deductible, the threshold applies to the total of these two figures.

Slide 16 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

### Liability Insurance (Including Self-Insurance) & Workers' Compensation

1. Determine which threshold date range the TPOC falls into
2. Compare the most recent (or only) TPOC Date to the threshold date ranges
3. If the cumulative TPOC Amount associated with the claim is greater than the threshold amount for the threshold date range, report the claim record

**Slide notes**

To determine which threshold date range the TPOC falls into, the RRE will compare the most recent (or only) TPOC Date to the threshold date ranges.

If the cumulative TPOC Amount associated with the claim is greater than the threshold amount for the threshold date range, the claim record must be reported.

Note: For Liability claims, there is now an option to report a non-injury claim or “NONINJ” (Section 6.2.5.2 of the NGHP User Guide).

Slide 17 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

### Workers' Compensation Claim - No ORM Example

TPOC Date	TPOC Amount	Cumulative TPOC Amount Total	Reportable
10/1/2011	\$1,000	\$1,000	<ul style="list-style-type: none"> <li>• Not yet reportable</li> <li>• TPOC Date prior to 9/30/2013</li> <li>• Cumulative TPOC Amount must be greater than \$5,000 to be reportable</li> </ul>
11/30/2011	\$4,500	\$5,500	<ul style="list-style-type: none"> <li>• Most recent TPOC Date prior to 9/30/2013</li> <li>• Cumulative TPOC Amount is greater than \$5,000</li> <li>• Both TPOCs are reportable</li> </ul>

**Slide notes**

Suppose an RRE has a workers' compensation claim TPOC with a date of 10/1/2011. The associated TPOC Amount is \$1,000. This TPOC is not yet reportable. The TPOC Date falls between the TPOC Date range of 10/1/2010 to 9/30/2013.

For this date range, the cumulative TPOC Amount must be more than \$5,000 to be reportable. Therefore, this TPOC is not yet reportable.

On 11/30/2011, the RRE has another TPOC for the same workers' compensation claim with an associated TPOC Amount of \$4,500.

The cumulative TPOC Amount total is \$5,500. The most recent TPOC Date is 11/30/2011. This date falls into the threshold date range of 10/1/2010 to 9/30/2013. For this date range the cumulative TPOC Amount must be more than \$5,000.

Therefore, the workers' compensation claim must now be reported and both TPOCs must be included, one in the TPOC Date and Amount 1 fields and the other on the Claim Input File Auxiliary Record in the TPOC Date and Amount 2 fields.

Slide 18 of 30 - TPOC Dollar Thresholds

### TPOC Dollar Thresholds

#### Liability Insurance (Including Self-Insurance) Claim - No ORM Example

TPOC Date	TPOC Amount	Cumulative TPOC Amount Total	Reportable
1/1/2013	\$1,000	\$1,000	<ul style="list-style-type: none"> <li>Not yet reportable</li> <li>TPOC Date in 10/1/2012 - 9/30/2013 TPOC Date range</li> <li>Cumulative TPOC Amount must be greater than \$5,000 to be reportable</li> </ul>
6/30/2013	\$4,500	\$5,500	<ul style="list-style-type: none"> <li>Most recent TPOC Date in 10/1/2012 - 9/30/2013 TPOC Date range</li> <li>Cumulative TPOC Amount is greater than \$5,500</li> <li>Both TPOCs are reportable</li> </ul>

**Slide notes**

Suppose an RRE has a liability insurance (including self-insurance) claim TPOC with a date of 1/1/2013. The associated TPOC Amount is \$1,000. This TPOC is not yet reportable. The TPOC Date falls into the TPOC Date range of 10/1/2012, to 9/30/2013.

For this date range, the cumulative TPOC Amount must be more than \$5,000 to be reportable. Therefore, this TPOC is not yet reportable.

On 6/30/2013, the RRE has another TPOC for the same liability insurance (including self-insurance) claim with an associated TPOC Amount of \$4,500. The cumulative TPOC Amount total is \$5,500. The most recent TPOC Date is 6/30/2013.

This date falls into the threshold date range 10/1/2012 - 9/30/2013. For this date range the cumulative TPOC Amount must be more than \$5,000.

Therefore, the liability insurance (including self-insurance) claim must now be reported and both TPOCs must be included, one in the TPOC Date and Amount 1 fields and the other on the Claim Input File Auxiliary Record in the TPOC Date and Amount 2 fields.

Slide 19 of 30 - Reporting TPOC Amount

Reporting TPOC Amount		
Liability Insurance (Including Self-Insurance) - No ORM Example		
TPOC Date	TPOC Amount	Reportable
4/1/2012	\$25,000	<ul style="list-style-type: none"> <li>TPOC Amount is less than the required reporting threshold for this timeframe (total TPOC Amount must be greater than \$50,000 for this timeframe)</li> <li>RRE is not required to report this TPOC</li> <li>RRE can choose to report this since the TPOC Amount exceeds the minimum reporting threshold of \$5,000 for this timeframe</li> </ul>

**Slide notes**

Let’s assume an RRE has a liability insurance (including self-insurance) claim with a TPOC Date of 4/1/2012.

The associated TPOC Amount is \$25,000. Since the TPOC Amount is less than the required reporting threshold for this timeframe, the RRE does not have to report it.

However, since it exceeds the reporting threshold of \$5,000 for this timeframe, the RRE may report it if they choose to do so.

**Slide 20 of 30 - Reporting TPOC Amount****Reporting TPOC Amount****Liability Insurance (Including Self-Insurance) -  
No ORM Example**

TPOC Date	TPOC Amount	Reportable
4/1/2012	\$55,000	<ul style="list-style-type: none"> <li>• TPOC Amount is greater than the required reporting threshold for this timeframe (total TPOC Amount must be greater than \$50,000 for this timeframe)</li> <li>• RRE is required to report this TPOC in the third calendar quarter, beginning 7/1/2012</li> </ul>

**Slide notes**

Now, let's assume an RRE has a liability insurance (including self-insurance) claim with a TPOC Date of 4/1/2012. The associated TPOC Amount is \$55,000.

Since the TPOC Amount exceeds the required reporting threshold (\$50,000) for this timeframe, the RRE must report this TPOC in the third calendar quarter beginning 7/1/2012.

Slide 21 of 30 - Reporting TPOC Amount

**Reporting TPOC Amount**  
Liability Insurance (Including Self-Insurance) -  
No ORM Example

**As of January 1, 2016, or after**

Cumulative Total TPOC Amounts that are greater than \$750, with the most recent TPOC date on or after January 1, 2016, must report beginning April 1, 2017

- CJ07 will be triggered for amounts equal to \$0 and no ORM
- TPOC of any amount will be accepted without triggering error

**Slide notes**

As of January 1, 2016, or after, Cumulative Total TPOC Amounts that are greater than \$750.00, with the most recent TPOC date on or after January 1, 2016, must report beginning April 1, 2017.

The CJ07 will be triggered for amounts equal to \$0 and no ORM. However, a TPOC of any amount will be accepted for all types of TPOCs without triggering the error.

**Slide 22 of 30 - Reporting TPOC Amount**

## Reporting TPOC Amount

### Liability Insurance (Including Self-Insurance) - No ORM Example

TPOC Date	TPOC Amount	Reportable
4/1/2012	\$1,000	<ul style="list-style-type: none"> <li>TPOC Amount is less than the minimum reporting threshold of \$5,000 for this timeframe</li> <li>RRE may NOT report this</li> <li>If submitted, the claim report will reject with a CJ07 error code</li> </ul>

**Slide notes**

Suppose now that the TPOC Date is 4/1/2012, and the TPOC Amount is \$1,000. Since this TPOC is below the reporting threshold of \$5,000 for this timeframe, the RRE may NOT report it.

An add record submitted with no ORM for an amount under the TPOC threshold will be rejected with the error code CJ07.

Slide 23 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

### Liability Insurance (Including Self-Insurance) - No ORM Example

Medicare beneficiary injured in store (crate falls on head)

Store owner covered by liability insurance policy

Settlement, judgment, award, or other payment to beneficiary



**Slide notes**

The premise for these examples involves a Medicare beneficiary who is injured by a crate falling off a shelf in a retail store. The owner of the store is covered by a general liability insurance policy.

A settlement, judgment, award, or other payment is made to the Medicare beneficiary and the insurer has no ORM for the beneficiary.

The beneficiary files a claim with the insurer of the liability policy and a settlement is signed by both parties. There is no court involvement.

Slide 24 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

### Liability Insurance (Including Self-Insurance) - No ORM Example

Medicare  
beneficiary injured  
in store (crate falls  
on head)

Store owner  
covered by liability  
insurance policy

Settlement,  
judgment, award,  
or other payment  
to beneficiary



### First Scenario

- Beneficiary files claim, settlement signed on 10/3/2011, no court involvement
- Do not report claim for Section 111
- TPOC Date after 10/1/2011, but TPOC Amount does not exceed the required reporting threshold (\$100,000) for this timeframe

**Slide notes**

For our first scenario, a settlement for \$4,500 is signed by both parties on 10/3/2011; there is no court involvement. Do not report this claim for Section 111.

Although the liability insurance (including self-insurance) TPOC Date is after 10/1/2011, the total TPOC Amount must exceed the required reporting threshold (\$100,000) for this timeframe to be reported.

Note: Please see the definition of the TPOC Date and TPOC Amount fields in the NGHP User Guide for more information.

Slide 25 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

Liability Insurance (Including Self-Insurance) -  
No ORM Example

Medicare  
beneficiary injured  
in store (crate falls  
on head)

Store owner  
covered by liability  
insurance policy

Settlement,  
judgment, award,  
or other payment  
to beneficiary



### Second Scenario

- Beneficiary files claim, settlement for \$10,000 signed on 9/3/2011, no court involvement
- TPOC Date prior to 10/1/2011
- Claim does not have to be reported
  - RRE may report this claim at their discretion

**Slide notes**

For our second scenario, a settlement for \$10,000 is signed by both parties on 9/30/2011. Again, there is no court involvement.

Since the liability insurance (including self-insurance) TPOC Date is prior to 10/1/2011, this claim report does not have to be reported regardless of the total TPOC Amount, but the RRE may report this at their discretion.

## Slide 26 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

### Liability Insurance (Including Self-Insurance) - No ORM Example

Medicare  
beneficiary injured  
in store (crate falls  
on head)

Store owner  
covered by liability  
insurance policy

Settlement,  
judgment, award,  
or other payment  
to beneficiary



#### Third Scenario

- Beneficiary files claim, settlement for \$10,000 signed on 10/30/2011, no court involvement
- TPOC Date is after 10/1/2011
- TPOC Amount is between \$5,000 & \$100,000
- Claim may be reported for Section 111
  - For TPOC Dates 10/1/2011-3/31/2012, RRE is only required to report if total TPOC Amount is greater than \$100,000

**Slide notes**

For our third scenario, a settlement for \$10,000 is signed by both parties on 10/30/2011.

Again, there is no court involvement. Since the liability insurance (including self-insurance) TPOC Date is after 10/1/2011, and the TPOC Amount is over the minimum threshold amount for the applicable date range (i.e., the TPOC Amount is between \$5,000 and \$100,000), this claim report may be reported. However, due to the reporting thresholds for liability insurance discussed previously, the RRE is not required to report this claim.

For liability insurance (including self-insurance) claims with TPOC Dates of 10/1/2011, through 3/31/2012, RREs are only required to report if the total TPOC Amount is greater than \$100,000.

Slide 27 of 30 - TPOC Dollar Thresholds

## TPOC Dollar Thresholds

Liability Insurance (Including Self-Insurance) -  
No ORM Example

Medicare beneficiary injured in store (crate falls on head)

Store owner covered by liability insurance policy

Settlement, judgment, award, or other payment to beneficiary



### Final Scenario

- Beneficiary files claim, settlement for \$125,000 signed on 11/30/2011
- No court involvement
- TPOC Date is between 10/1/2011 and 3/31/2012
- Total TPOC Amount exceeds the required reporting threshold (\$100,000)
- Claim must be reported for Section 111

**Slide notes**

For our final scenario, a settlement for \$125,000 is signed by both parties on 11/30/2011. Again, there is no court involvement.

Since the liability insurance TPOC Date is between 10/1/2011, and 3/31/2012, and the total TPOC Amount exceeds the required reporting threshold (\$100,000) for this timeframe, this claim must be reported.

## Slide 28 of 30 - Course Summary

## Course Summary

- TPOC dollar threshold requirements for Section 111
  - TPOC dollar threshold for Workers' Compensation claims with no ORM
  - TPOC dollar thresholds for certain Liability Insurance (including Self-Insurance) claims with no ORM
- Reporting exclusion for Workers' Compensation claims with ORM
- Examples



### Slide notes

This learning module explained the Total Payment Obligation to Claimant (TPOC) dollar threshold reporting requirements which have been established for Section 111 reporting, the TPOC dollar threshold reporting requirements for workers' compensation claims with no Ongoing Responsibility for Medicals (ORM), and the TPOC dollar thresholds for certain liability insurance (including self-insurance) claims with no ORM.

It also explained the reporting exclusion for workers' compensation claims with ORM. This module concluded with various examples of how to submit claims with these situations.

**Slide 29 of 30 - Conclusion**

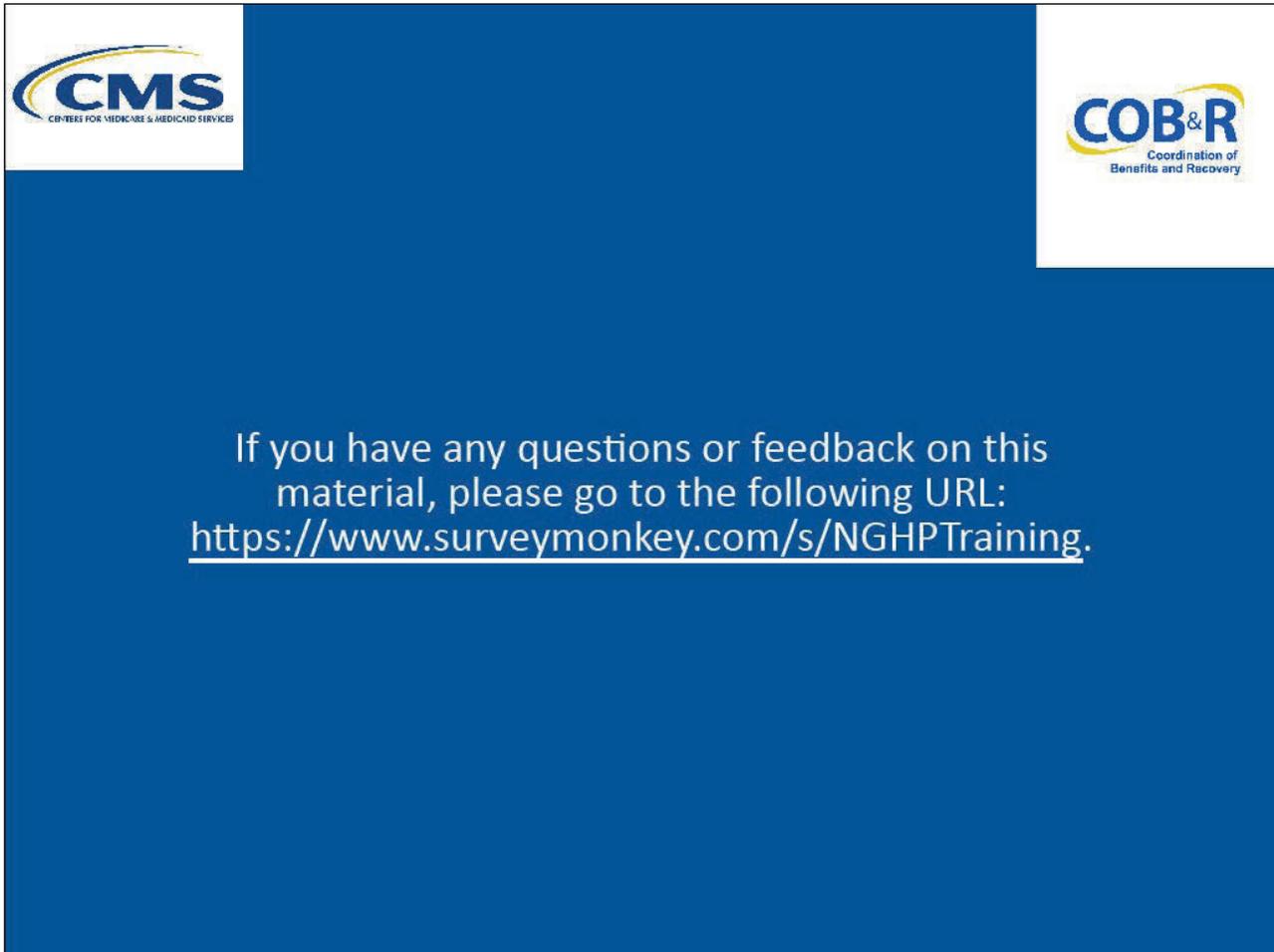


You have completed the Mandatory Reporting Thresholds course. Information in this course can be referenced by using the NGHP User Guide’s table of contents. This document is available for download at the following link:  
<https://www.cms.gov/medicare/coordination-benefits-recovery/mandatory-insurer-reporting>.

**Slide notes**

You have completed the Mandatory Reporting Thresholds course. Information in this course can be referenced by using the NGHP User Guide’s table of contents. This document is available for download at the following link: [CMS NGHP Website](#).

**Slide 30 of 30 - NGHP Training Survey**



The slide features a dark blue background. In the top left corner is the CMS logo (Centers for Medicare & Medicaid Services). In the top right corner is the COB&R logo (Coordination of Benefits and Recovery). Centered on the slide is the text: "If you have any questions or feedback on this material, please go to the following URL: <https://www.surveymonkey.com/s/NGHPTraining>."

**Slide notes**

If you have any questions or feedback on this material, please go the following URL: [NGHP Training Survey](#).