

[Medicare Secondary Payer Reporting \(Update\)](#)

Posted on March 1, 2010 by [Marina Karvelas](#)

As referenced in our February 23, 2010 blog, "[Reprive for Insurers: Medicare Secondary Payer Reporting Requirements Delayed](#)," the [CMS](#) recently published several important alerts, including the latest version of the User Guide (3.0). A brief summary of the alerts and changes to the User Guide are described below. The documents are also linked in pdf for easy reference.

[NGHP RRE Compliance Alert \(2/24/2010\)](#): Specifies what CMS will consider to "be in compliance" with Section 111. Basically, compliance equals: (a) Registering with the CMS Coordination of Benefits Contractor ("COBC"); (b) Engaging in data exchange testing; (c) Beginning and continuing regular Section 111 production data exchanges with the COBC. In its 2/25/2010 Teleconference for NGHP Policy Questions and Answers, CMS emphasized that they are "not interested in civil monetary penalties but a good data exchange." The CMS Alert alleviates concerns over the \$1,000 per day penalty provision.

[NGHP RRE Who Must Report Alert \(2/24/2010\)](#): Clarifies multiple scenarios in which questions have arisen as to who is an RRE, including corporate structure issues and siblings; deductibles versus self-insured retentions, self-insurance pools, subrogation, and workers compensation, among several others.

[NGHP User Guide \(Version 3.0\) \(2/22/2010\)](#): In connection with the first production of Claim Input Files for the first quarter of 2011, TPOC reporting begins 10/1/2010; ORM reporting goes back to 1/1/2010. CMS provides a summary of changes to the User Guide, which is set forth in Section 1 of the User Guide.