



Office of Financial Management/Financial Services Group

Background:

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) added new mandatory reporting requirements for Group Health Plan (GHP) arrangements and for Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation. See 42 U.S.C. 1395y(b)(7) & (8). It does not change or eliminate existing Medicare Secondary Payer (MSP) requirements and obligations.

All instructions for implementation of section 111 are available to the public on CMS' dedicated webpage: www.cms.hhs.gov/MandatoryInsRep.

- The webpage has an “Overview” TAB as well as a GHP TAB, a NGHP TAB (NGHP = common term for liability insurance (including self-insurance), no-fault insurance, and workers' compensation), “What's New” TAB, TAB for Transcripts from the regular Town Hall Calls which are open to the public, “Reporting Do's and Don't's” TAB, “ALERTS” TAB, etc.
- Most of the material is presented as download on a particular Tab. (Scroll down on any TAB to see the downloads.)
- There are GHP and NGHP User Guides which contain detailed reporting information, including the required record layouts for file submission, a description of the whole process, etc. The User Guides are extensive – consequently, CMS publishes “ALERTs” to supplement the applicable User Guide until a revised version of the User Guide is issued.
- There is a resource mailbox where questions may be submitted – they do not receive individualized responses. The questions and other material submitted are used by CMS in updating issues/updates instructions, as appropriate.
- Town Hall Calls – currently CMS does 1 for GHP each month and 2 for NGHP (1 technical and 1 policy). The dates/times etc. for the Town Hall Calls are available on the “What's New” TAB.

The GHP portion of the Section 111 Reporting process is designed to (1) improve coordination of benefit payment between Medicare and other payers and, (2) allow quicker identification and streamline recovery of Medicare mistaken payments. One additional benefit to GHPs is that the Section 111 data exchange enables GHPs to identify subscribers and dependents where Medicare is the primary payer of benefits.

Section 111 and the FEHB Plans:

In recognizing the unique relationships between OPM, Federal Agencies, CMS and the FEHB plans, CMS has partnered with OPM to address the often unique issues and circumstances that arise concerning coordination of benefits between Medicare and the FEHB plans. CMS has included unique instructions in the Section 111 reporting guidelines and record layouts that enable CMS to identify FEHB coverage information. This will allow CMS to set up unique coordination of benefit and recovery processes that take into account the limitations the normal GHP processes do not. Being able to separately identify FEHB data will also allow CMS to provide feedback to OPM regarding the success of the FEHB reporting effort and, with that feedback, work together to quickly address issues as they arise.

Employer Address Fields:

One of the most significant instructions regarding the reporting of FEHB covered individuals is that rather than submit an address of the federal agency in the employer address fields, the FEHB plan must submit the OPM address at the end of this handout.

CMS Recovery of Mistaken Payments:

While the primary goal of the Section 111 data is to ensure proper primary and secondary payment, there are times when the data will be received after Medicare has already made mistaken payments. The Centers for Medicare & Medicaid Services (CMS) will be using the information provided through MMSEA Section 111 Mandatory Reporting for Medicare Secondary Payer (MSP) recoveries. All MSP recoveries are overseen by CMS' MSP Recovery Contractor (MSPRC). For more information on the MSPRC, please visit www.MSPRC.info.

All The information you submit via Section 111 reporting will help both CMS and the FEHB plans resolve these Recovery Demands quicker and more efficiently. Due to the unique relationships FEHB Plans have with OPM and CMS, and in an effort to reduce duplicative efforts, CMS has agreed with OPM to send MSP Recovery Demands directly to the FEHB Plan and not the Federal Agency. This means that the FEHB Plan will be the identified as the debtor on CMS' internal systems. As the debtor it is the FEHB Plan's responsibility to reconcile the demand.

How to Report Address Information on FEHB Records:

To properly submit the **Insurer** TIN Reference File see below:

TIN (EIN): **FEHB TIN (123456789)**
Name: **FEHB Plan Name (FEHB BCBS Hawaii)**
Address Line 1: **FEHB Plan Claims Processing Address (123 Main Street)**
Address Line 2: **FEHB Plan Claims Processing Address cont. (Attn John Doe)**
City: **FEHB Plan Claims Processing City (Honolulu)**
State: **FEHB Plan Claims Processing State (Hawaii)**
Zip Code: **FEHB Plan Claims Processing Zip Code (96801)**
TIN Indicator: **I**

***If you want MSP Recovery Demands sent to the above address then you do not need to fill in the information below. Only fill in the information below if you have a different address to reconcile MSP Recovery Demands. ***

Insurer/TPA Demand Mailing Name: **FEHB Plan Name (FEHB BCBS MSP Recovery Hawaii)**
Insurer/TPA Demand Address Line 1: **FEHB Demand Address (456 Baha Street)**
Insurer/TPA Demand Address Line 2: **FEHB Demand Address cont. (Ste 1001)**
Insurer/TPA Demand Mailing City: **FEHB Demand City (Hanapepe)**
Insurer/TPA Demand Mailing State: **FEHB Demand State (Hawaii)**
Insurer/TPA Demand Mailing Zip: **FEHB Demand Zip Code (96716)**

To properly submit the **Employer** TIN Reference File see below:

TIN (EIN): **OPM TIN (Will be sent separately to all plans)**
Name: **US OFFICE OF PERSONNEL MANAGEMENT**
Address Line 1: **1900 E STREET NW**
City: **WASHINGTON**
State: **DISTRICT OF COLUMBIA**
Zip Code: **20415**
TIN Indicator: **F**