ADVISORY NO. 441
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TOPIC: **MEDICARE MANDATORY INSURER REPORTING USER GUIDE FOR WORKERS' COMPENSATION—FIRST UPDATE**

On March 20, 2009, we issued FOL Advisory 440, our first report on the USER GUIDE Version 1.0 for MMSEA Section 111 Reporting. That Advisory supplemented FOL Advisory 438. CMS has now issued an ALERT with additional information on this process as discussed below. We will also summarize the information discussed in the March 24th Conference Call.

CORRECTION: In Advisory 440, under the discussion of Ongoing Responsibility for Medical (ORM), we discussed a Qualified Exception (the so-called "Look Back" requirement). We incorrectly stated the look back date as July 1, 2009. It is instead, January 1, 2009. The highlighted sentence should read: **The good news is that for ORM assumed prior to July 1, 2009, the RRE is NOT required to identify and report that ORM _if_ the claim was "actively closed" _or_ "removed from current claim records" prior to January 1, 2009.**

March 23, 2009 CMS ALERT: Now available on the MIR website. It covers some of the Pending Issues previously discussed and is summarized below as related to workers' compensation cases.

> **Extended Permissible Testing Period:** If needed, an RRE may extend the current testing period of July-September quarter 2009, with live production for the October-December quarter 2009. While RREs must register and start testing as scheduled, CMS has extended the permissible testing period through December 31, 2009. In that case, live production would be in the January-March quarter of 2010. The RRE's Account Manager would work with its COBC EDI Rep to establish the actual date of live production.

> **Reporting Thresholds (Interim):** See discussions regarding ORM and TPOC in prior FOL Advisories and in the USER GUIDE. For workers' compensation ORM, claims meeting the **all** of following criteria are excluded from reporting for file submissions:
> a. "Medicals only".
> b. "Lost time" of no more than 7 calendar days.
> c. All payment(s) has/have been made directly to the medical provider.
> d. Total payment does not exceed $600.00.

For Texas workers' compensation TPOC claim reporting would be a rare event. Details of those interim thresholds are discussed in detail in the ALERT.

Note these are interim thresholds applicable for reports due through December 31, 2010. CMS will review these thresholds and may change or extend them. Also note CMS is actively soliciting your input (data) that would support more liberal thresholds, especially for workers' compensation.

Registration Information: There are Registration instructions on the MIR website that are stale. The current, most up-to-date Registration information is in Section 8 of the USER GUIDE Version 1.0.

Error Correction: In Version 1.0 of the USER GUIDE, the TIN Reference File Layout in Appendix B erroneously refers to the TIN and Office Code Fields on the Claim Input File Detail Record as Fields 50 and 51. They are now Fields 72 and 73. The USER GUIDE text where it explains the TIN Reference is correct.

HEW Software: The USER GUIDE indicates HEW Software will be available for the Query Input service. However, you are instructed to wait until the RRE Registration process is complete before asking the COBC EDI Rep for the software.

Highlights from the March 24, 2009 Conference Call

● Remember that in applying the requirements of this law that the definitions used by CMS govern applicability**.**

● Currently ICD-9 codes will be used, transitioning to ICD-10 codes. Temporarily you will be able to use text as well. CMS will publish a list of ICD-9 codes that it will not accept (essentially "unknown" codes). It was also noted that consideration of WCOI codes and others for body part coding was determined to be unnecessary as ICD codes incorporate that information.

● If you are paying medical bills intermittently, that constitutes ORM. Where, as in Texas, you have lifetime responsibility for medical, you can only issue a termination of ORM status or not make the initial ORM report in the first place, if you have a letter from the treating doctor indicating no additional treatment will be needed for the compensable injury. Of course, if medical is in fact reinstated, then you would have to reopen the file.

● If you pay a medical bills "pending investigation" that should trigger your Query process and a Section 11 reporting requirement if the claimant is Medicare eligible. Once you determine you are not responsible, you would then pull the claimant from your Query process or, if previously reported, would generate a termination of ORM status

report.

● Computer Based Training (CBT) on Registration will be coming soon. That will be followed by others such at Ongoing Use. These will be posted on the MIR website as they become available.

● You should carefully read Section 8 of the USER GUIDE for the Registration process. As we noted in the prior Advisory, it is important that each RRE determine the structure of its submissions. An RRE may have numerous RRE IDs if, within your structure, you have different claims systems, you contract with different agents for different bundles of business or have subsidiaries and it is not practical to roll all that reporting into one submission. Each RRE may have more than one Authorized Representative and could have a different one for each RRE ID. The Account Manager will be issued one Login ID, but can designate other users (Designees).

● You will only need to update data in the fields listed in the update fields list.

● The Query submission is purely a voluntary process provided to those who may have no other real way to determine if a claimant is Medicare eligible. But remember that you might have a follow-up process in place when you receive a negative Query response. The response is only as good as the input data you provide. For instance, if you Query a John Smith you may get a negative Query response, but that may be because the claimant's name is Jon Smith or John Smyth.

● Remember that this process is separate from the Medicare Recovery Process and the requirements for Medicare Set Asides and does not change any of those requirements.

● Individual and other contact data is listed on pages 81-82 of the USER GUIDE Version 1.0.

● A transcript of this Telephone Conference will be posted on the MIR Website.

Upcoming Events

  April 21, 2009 Open Door Teleconference
Time: 1:00 PM – 3:00 PM Eastern Time
Call-in Line: 888-677-4905
Pass Code: SECTION 111

Please begin dialing in approximately 20-30 minutes before the call due to the large number of participants.

Questions for the call:
Please submit questions as soon as possible to PL110-173SEC111-comments@cms.hhs.gov.

Remember to routinely check the MIR website and sign up for automatic notices for updates to the website.   http://www.cms.hhs.gov/MandatoryInsRep