

Medicare Secondary Payer Reporting Service (CMS)

Quick Reference Guide
October 2015

Which claims need to be reported to CMS?

Claim Type	Description
Liability	<ul style="list-style-type: none"> Commonly referred to as TPOC, or Total Payment Obligation to the Claimant Reporting is required after the claim is settled through settlement, judgment, or award Includes claims settled effective 10/1/2011 The look-back period is 12/5/1980 for open claims Subject to interim TPOC Amount Thresholds
No-Fault	<ul style="list-style-type: none"> Commonly referred to as ORM, or On-Going Responsibility for Medicals Includes all medical payments coverage Reporting is required at acceptance of coverage or at first payment Reporting is required also at termination of responsibility Includes any open ORM claims as of 1/1/2010 The look-back period is 12/5/1980 for open claims
Workers Compensation	<ul style="list-style-type: none"> Can include either medical payments coverage and/or single payment settlement Reporting is required once thresholds are met Reporting is required also at termination of responsibility Includes any open ORM claims as of 1/1/2010 There is no look-back period for WC claims Threshold for WC medical claims is \$750 with lost time less than 7 days

- **When do claims need to be reported to CMS?**
 - Reporting is required in the period in which the claimant is identified as Medicare eligible unless the settlement, award, judgment, or other payment is within forty five (45) days prior to the start of the RRE Reporting timeframe. In that case, you may delay reporting until the following reporting period.
- **Determining Medicare Eligibility**
 - ClaimSearch will send the monthly query files for each RRE to CMS on the first Sunday of each month; it may take CMS up to 14 days to respond.
 - Only claims with the following required fields may be queried:
 - RRE Code
 - Claimant Name
 - Gender (if not reported, ISO will pass “unknown” to CMS)
 - Date of Birth (DOB)
 - Social Security Number (SSN) or Heath Insurance Claim Number (HICN)
 - Partial SSNs (last five digits) may be reported as an alternative with four leading zeros in the following format: 000012345



CMS Required Fields:

Claim Type	Required Fields
All Claims	<ul style="list-style-type: none"> • RRE Code • TIN • Site ID • Self Insured Indicator (TPAs Only) • Medicare Eligible=Yes • SSN or HICN • ICD-9 or ICD-10 Code(s) (dependent on CMS Date of Incident) • CMS Date of Incident • State of Venue • Service Provider/Representative (if applicable) <ul style="list-style-type: none"> ○ Lawyer ○ Guardian, or ○ Power of Attorney
Liability/TPOC	<ul style="list-style-type: none"> • ORM=No • TPOC Date • TPOC Amount • Funding Delayed Beyond TPOC Date (if applicable)
No-Fault	<ul style="list-style-type: none"> • No Fault Insurance Limit (NFIL) • Exhaust Date of NFIL • ORM=Yes • ORM Termination Date
Workers Compensation	<p>If paying medicals:</p> <ul style="list-style-type: none"> • ORM=Yes • ORM Termination Date <p>If making settlement:</p> <ul style="list-style-type: none"> • ORM=No • TPOC Date • TPOC Amount • Funding Delayed Beyond TPOC Date (if applicable)

NOTE: For detailed descriptions of the above required fields, refer to pages 20-24 of the ISO ClaimSearch Medicare Secondary Payer Reporting Service User Guide.

• What if I have questions?

- For general questions:
 - Email: ClaimSearchMSP@iso.com
 - Phone: 1-800-888-4476 Monday – Friday 7 a.m. to 9 p.m., ET
- For training
 - Send e-mail requests to Info.ClaimSearch@iso.com
- Additional resources are available on the ISO ClaimSearch website under User Manuals and Guides.
- The CMS.gov websites offers many resources and guides supporting your CMS compliance. These can be found at <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>

