

CMS has extended the date for the first production of NGHP (Non- Group Health Plan) Input Files from April 1, 2010 to January 1, 2011.

- All NGHP RREs (Responsible Reporting Entities) should now be registered with the COBC, and either in or preparing for file testing status.
- NGHP file data exchange testing may continue during 2010, as needed.
- All NGHP file data exchange testing will be completed by December 31, 2010. NGHP RREs that have completed file data exchange testing at any time are encouraged to proceed to production file data exchange status.
- CMS will post the next version of the "Section 111 NGHP User Guide" and a number of Alerts relating to particular NGHP policy issues during the week of February 22, 2010.
- CMS will post an alert for NGHP RREs describing the steps those RREs can take to assure their ongoing compliance with the Section 111 reporting requirements during the week of February 22, 2010.

The actual CMS post announcing this information can be viewed at [https://www.cms.hhs.gov/MandatoryInsRep/04\\_Whats\\_New.asp#TopOfPage](https://www.cms.hhs.gov/MandatoryInsRep/04_Whats_New.asp#TopOfPage)

New Provisions For Liability Insurance (including Self-Insurance), No-Fault Insurance and Workers' Compensation, found at 42. U.S.C. 1395y(b)(8)

Section 111 adds reporting rules; it does not eliminate any existing statutory provisions or regulations.

The new provisions do not eliminate CMS' existing processes if a Medicare beneficiary (or his/her representative) wishes to obtain interim conditional payment amount information prior to a settlement, judgment, award, or other payment.

- It includes penalties for noncompliance.
- Who Must Report: "an applicable plan." , "...[T]he term 'applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement: (i) Liability insurance (including self-insurance). (ii) No fault insurance. (iii) workers' compensation laws or plans."
- What Must Be Reported: The identity of a Medicare beneficiary whose illness, injury, incident, or accident was at issue as well as such other information specified by the Secretary to enable an appropriate determination concerning coordination of benefits, including any applicable recovery claim.
- Data elements determined by the Secretary.

- When/How Reporting Must be Done:

In a form and manner, including frequency, specified by the Secretary.

Information shall be submitted within a time specified by the Secretary after the claim is resolved through a settlement, judgment, award, or other payment (regardless of whether or not there is a determination or admission of liability).

- Submissions will be in an electronic format.

- Use of Agents: The applicable NGHP RRE may contract with an entity to act as an agent for reporting purposes. Agents may include, but are not limited to, data service companies, consulting companies or similar entities that can create and submit Section 111 files to the COBC on behalf of the RRE. An RRE may not shift its Section 111 reporting responsibility to an agent, by contract or otherwise. The RRE remains solely responsible and accountable for complying with CMS instructions for implementing Section 111 and for the accuracy of data submitted.

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