

MANDATORY INSURER REPORTING REQUIREMENTS

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007 added mandatory reporting requirements for responsible reporting entities (RRE) regarding Medicare recipients who are covered by group health plans. RREs include group health plan (GHP) insurers, third party administrators, and employers with self insured group health plans or health reimbursement arrangements (e.g. IRS §105 Medical Reimbursement Plans). The purpose of the Section 111 GHP reporting process is to enable CMS to correctly pay for the health insurance benefits of Medicare beneficiaries by determining primary versus secondary payer responsibility.

Although reporting will not be required until later this year, all RREs must register at www.section111.cms.hhs.gov by **April 30, 2009**. Once reporting begins, RREs report on employees and their dependents who have group health plan coverage and:

Are over 55;

Are under 55 and known to receive Medicare benefits;

Any age if they have end-stage renal disease.

The information reported includes name, date of birth, Social Security number, type of coverage, relationship to the policy holder, and dates of coverage.

Employers with fewer than 20 employees who are not participating in a multi-employer plan need to report only on covered individuals with end-stage renal disease.

For complete details of the requirements refer to the MMSEA Section 11 MSP Mandatory Reporting GHP User Guide found on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.hhs.gov/MandatoryInsRep

If you have any questions regarding your reporting requirements or other Medicare requirements, please contact B. Kevin Burgess at (541) 484-2277 in Eugene, (541) 673-5528 in Roseburg, (541) 923-8767 in Redmond, or (541) 757-1365 in Corvallis.

Watkinson Laird Rubenstein Baldwin & Burgess, P.C.

