



Office of Financial Management/Financial Services Group

September 30, 2011

Medicare Secondary Payer Mandatory Reporting Provisions in
Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)
(See 42 U.S.C. 1395y(b)(7)&(b)(8))

ALERT

**Revised Implementation Timeline for Certain Liability Insurance
(Including Self-Insurance) Total Payment Obligation to the Claimant (TPOC)
Settlements, Judgments, Awards or Other Payments**

The Centers for Medicare & Medicaid Services (CMS) has delayed Section 111 reporting for certain liability insurance (including self-insurance) TPOC settlements, judgments, awards, or other payments. The implementation date for reporting will be based on the TPOC amount. Below is a schedule of the new dates.

TPOC Amount	TPOC Date On or After	Section 111 Reporting Required in the Quarter Beginning
TPOCs over \$100,000	October 1, 2011	January 1, 2012
TPOCs over \$50,000	April 1, 2012	July 1, 2012
TPOCs over \$25,000	July 1, 2012	October 1, 2012
All TPOCs over min. threshold	October 1, 2012	January 1, 2013

The CMS has not changed any other MMSEA Section 111 implementation dates. See the applicable MMSEA Section 111 User Guide. In addition, other relevant information, including explanations of TPOC, ORM, and a Responsible Reporting Entity, can be found in the User Guide. (Note: This delay is optional).

The content of this ALERT supersedes the content of the existing User Guide (Version 3.2) and will be incorporated into the next version of the User Guide. After full implementation of the Section 111 reporting requirements, CMS will use the normal notice of proposed rulemaking process for establishing any penalties.