



## New Mandatory Filing Requirement

### *Medicare Secondary Payer Mandatory Reporting Requirements Applicable to All Liability, No-Fault and Workers' Compensation Insurers*

The Medicare, Medicaid and SCHIP Extension Act of 2007 (the "Act") will require liability, no-fault and workers' compensation insurers to report to the Centers for Medicare & Medicaid Services ("CMS") the resolution of all claims involving injuries to individuals who are Medicare beneficiaries.

In other words, if a liability insurer (e.g., an automobile insurer) pays a liability claim to someone on Medicare, the insurer must file a CMS report.

The statute requires all non-Group Health Plan liability (including self-insurance), no-fault and workers' compensation insurers (collectively, "Non-GHP Insurers") to file specified data electronically with CMS with respect to all claims involving an injury to a Medicare beneficiary where the judgment, settlement, award or other payment date is July 1, 2009, or subsequent. Such Non-GHP Insurers are likewise obligated by the Act to report claims for which the insurer possesses an ongoing responsibility, existing as of July 1, 2009, to pay for medical services in certain circumstances **even if the date of the initial acceptance of responsibility for these ongoing medical payments occurred prior to July 1, 2009.** (This last requirement may prove to be particularly burdensome for workers' compensation insurers).

Please note, in particular, that the Act will require each Non-GHP Insurer to register as a Responsible Reporting Entity ("RRE") with CMS **by no later than June 30, 2009** and to begin submitting the specified claims data to CMS during the fourth quarter of 2009. The RRE reporting requirements are complex and present difficult interpretative issues.

For further information regarding the RRE reporting requirements, please contact [Dennis C. Quinn](mailto:dquinn@bargerwolen.com) at [dquinn@bargerwolen.com](mailto:dquinn@bargerwolen.com) or 212-655-3878.

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