

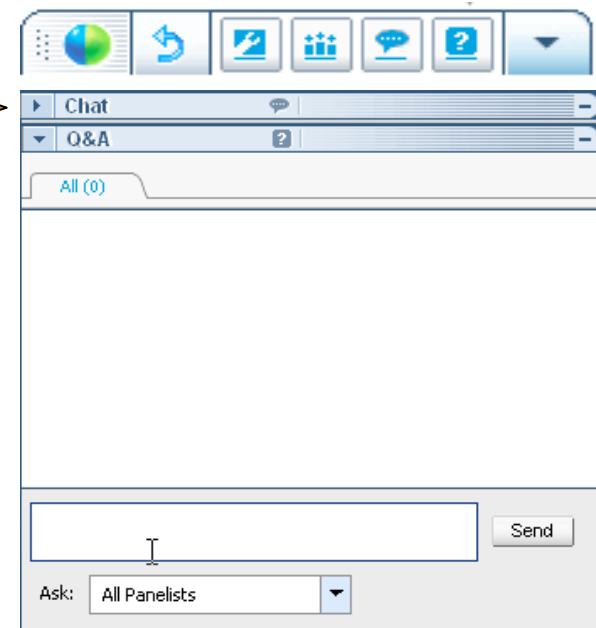
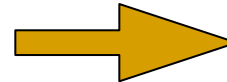
INDUSTRY PULSE



Medicare, Medicaid, and SCHIP Act of 2007 (MMSEA Section 111)

Please note

- Attendees' lines have been muted – please also ensure your PC is muted to avoid noise feedback
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- This session is being recorded



Session Overview

- ↳ This session will cover an overview of the requirement and its implications as well as topics including Responsible Reporting Entity (RRE), Responsible Reporting Entity (RRE) Registration, Electronic Reporting and Reporting Agents, Vetting Reporting Agents, Testing Period with CMS, and Ongoing Reporting.

We will discuss what solutions we have available to assist our clients in obtaining applicable claim data to meet MMSEA Section 111 reporting requirements.

What is the CMS Mandate:

- Establishes an ongoing reporting requirement of any settlement, judgment, award, or other payments by “any entity” (“self insured” or insurer) who settles a claim with a Medicare “eligible” claimant.
- Medicare has always been considered secondary payer on WC claims.

Why is the mandate so significant?

- Establishes civil penalties of \$1,000 a day, per claimant for failure to report any claim subject to the statute.

What Claims to report?

- ↳ “Medicare Eligible” Claimant is one who is eligible to:
 - Receive Social Security Insurance (SSI) or has been assigned a HICN number.
 - Any US citizen claimant 65 years of age or older;
 - A disabled person entitled to SSI (such as disabled war veterans)
 - Claimant with end stage renal disease
 - Anyone who has been assigned a Medicare Health Insurance Claim Number (HICN)

Who is a “Medicare Eligible” Claimant/ Beneficiary, Con’t.?

- MMSEA 111 imposes a duty to conduct an investigation into eligibility
- CMS will have a “Query Function” on those cases where eligibility is questionable. Use of the tool does not create a “safe harbor” if information provided by CMS was later proven wrong.
- Claims “Best Practice” will need to be implemented by claims professionals to investigate and document their inquiry and efforts.

What is the CMS impact on the industry?

↳ Who is the RRE that has to report?

This is the key in overall reporting process.

↳ If they are the RRE, how will they report their claims?

- How to break out and associate claims with RRE IDs?

Organizational structure

- History of acquisition and divestiture
- Lines of Business: Liability; Workers' Comp; No-Fault
- Use of TPAs and/or In-house claims operations
- Risk Financing Structure (captive; "self-insured"; deductibles, etc.)

What is the CMS impact on the industry?

↳ Recommendations on guiding clients on RRE analysis

- See CMS User Guide documentation for definition of RRE – **Section 7.**
- If unsure if they are an RRE as to whether their company is an RRE on any program, are encouraged to have a discussion with their Broker, Consultant or attorney and carriers to help make this determination.

Checklist – Summary of Steps to Register, Test and Submit Production Files, Con't.

- For each RRE, identify who will serve in these roles?
 - Authorized Representative (company officer who can “bind the company”)
 - Account Manager (Individual who will receive reports, manage the process)
 - Account Designee (“worker bees” who will review, verify, and submit data to CMS)

Checklist – Summary of Steps to Register, Test and Submit Production Files, Con't

↳ Determination of use of Reporting Agents

- In-house claims operations v. TPAs
- How many TPAs are currently managing your claims (including legacy)?
- Do any of your subsidiary companies manage their own claims independently?

Aon eSolutions is not an Agent!

- Aon will not report directly to CMS on behalf of clients. Clients are responsible for getting claim data to be reporting to CMS.
- Aon will provide data in CMS file formats to support clients in successful self – reporting.

Status of the CMS mandate – where are we in implementation process?

↳ Testing

- Eligibility testing 7/1/09 – 12/31/09
- Quarterly Claim Report testing 1/1/2010 – first production report date in Q2/2010.

↳ Submit first “Live” production file(s) no later than their assigned submission window (4/1/10 to 6/30/10)

iVOS and RiskConsole MMSEA Solutions

↳ Scheduled Jobs and Business Rules

- Data Fields to capture all required data

- Eligibility Query (monthly)

- Preliminary Report for Data Validation
- Generate listing of claimant data
- Import CMS response (includes storing HICN)
- "HEW - HIPAA ELIGIBILITY WRAPPER"

- Claim Reporting (quarterly)

- Preliminary Report for Data Validation
- Generate the CMS Claim reporting file & TIN file
- Import CMS response (includes storing HICN)

- Adjuster Level Notifications

Questions?



Thank you for attending

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