through a settlement, judgment, award, or other payment with a **TPOC Date on or after October 1, 2010**, that meet the reporting thresholds, regardless of the assigned date for a particular RRE's first submission. This reporting requirement date of October 1, 2010 applies to the TPOC Date (see the definition of Claim Input File Detail Record Field 80), ***NOT*** necessarily when the actual payment was made or the check was cut. A TPOC is reported in total regardless of whether it is funded through a single payment, an annuity or as a structured settlement. See Section 6.4.1 for TPOC reporting thresholds.

RREs must report on **liability insurance (including self-insurance)** claims, where the injured party is/was a Medicare beneficiary that are addressed/resolved (or partially addressed/resolved) through a settlement, judgment, award or other payment with a **TPOC Date on or after October 1, 2011**, that meet the reporting thresholds, regardless of the assigned date for a particular RREs first submission. This reporting requirement date of October 1, 2011 applies to the TPOC Date (see the definition of Claim Input File Detail Record Field 80), ***NOT*** necessarily when the actual payment was made or check was cut. A TPOC is reported in total regardless of whether it is funded through a single payment, an annuity or a structured settlement. See Section 6.4.1 for TPOC reporting thresholds.

RREs must report **no-fault insurance, workers' compensation and liability insurance (including self-insurance) claim information where ongoing responsibility for medicals (ORM) related to a claim was assumed on or after January 1, 2010**. In addition, RREs must report claim information for claims considered open by the RRE where ongoing responsibility for medicals **exists on or through January 1, 2010**, regardless of the date of an initial assumption of ORM (the assumption of ORM predates January 1, 2010). See Section 6.3 (Ongoing Responsibility for Medicals (ORM) Reporting) and Section 6.3.1 for special exemptions and exceptions for reporting claims with ORM.

RREs are to report **after** there has been a TPOC settlement, judgment, award, or other payment and/or **after** ORM has been assumed.

"Timeliness" of reporting"—NGHP TPOC settlements, judgments, awards, or other payments are reportable once the following criteria are met:

The alleged injured/harmed individual to or on whose behalf payment will be made has been identified.

The TPOC Amount for that individual has been identified.

Where these criteria are not met as of the TPOC Date, retain documentation establishing when these criteria are met. RREs should submit the date these criteria were met in the corresponding "Funding Delayed Beyond TPOC Start Date" field.

Example:

- There is a settlement involving an allegedly defective drug.
- The settlement contains or provides a process for subsequently determining who will be paid and how much. Consequently, there will be payment to or on behalf of a particular individual and/or the amount of the settlement, judgment, award, or other payment to or on behalf of that individual is not known as of the TPOC Date.

- Timeliness of MMSEA Section 111 reporting for a particular Medicare beneficiary will be based upon the date there is a determination both that payment will be made to or on behalf of that beneficiary and a determination of the amount of the settlement, judgment, award, or other payment to or on behalf of that beneficiary.
- RREs shall submit the date of the settlement in the TPOC Date field and the date when there is a determination both that payment will be made to or on behalf of that beneficiary and a determination of the amount of the settlement, judgment, award, or other payment to or on behalf of that beneficiary in the corresponding Funding Delayed Beyond TPOC Start Date field.

Notice to CMS of a pending claim or other pending action by an RRE or any other individual or entity does not satisfy an RRE's reporting obligations with respect to 42 U.S.C § 1395y(b)(8).

Notice to CMS by the RRE of a settlement, judgment, award, or other payment by any means other than through the established Section 111 reporting process.

Notice to CMS of a settlement, judgment, award, or other payment by an individual or entity other than the applicable RRE.

Records are submitted by RRE ID, on a beneficiary-by-beneficiary basis, by type of insurance, by policy number, by claim number, etc. Consequently, it is possible that an RRE will submit more than one record for a particular individual in a particular quarterly submission window. For example, if there is an automobile accident with both drivers insured by the same company and both drivers' policies are making a payment with respect to a particular Medicare beneficiary, there would be a record with respect to each policy. There could also be two records with respect to a single policy if the policy were reporting a med pay (considered to be no-fault) assumption of ongoing responsibility for medicals and/or exhaustion/termination amount as well as a liability, settlement, judgment, award, or other payment in the same quarter.

- **Joint settlements, judgments, awards, or other payments** – Each RRE reports its ongoing medical responsibility and/or settlement/judgment/award/other payment responsibility without regard to ongoing medicals. Each RRE would also report any responsibility it has for ongoing medicals on a policy-by-policy basis. An RRE may need to submit multiple records for the same individual depending on the number of policies at issue for an RRE, and/or the type of insurance or workers' compensation involved. Where there are multiple defendants and they each have separate settlements with the plaintiff, the applicable RRE reports that separate settlement amount. For a settlement, judgment, award, or other payment with joint and several liabilities, each RRE must report the total settlement, judgment, award, or other payment – not just its assigned or proportionate share.
- **Multiple settlements involving the same individual**—Each RRE must report appropriately. If there will be multiple records submitted for the same individual but coming from different RREs they will be cumulative rather than duplicative. Additionally, if more than one RRE has assumed responsibility for ongoing medicals, Medicare would be secondary to each such entity.
- **Med Pay and Personal Injury Protection (PIP)** are both considered no-fault insurance by CMS (Field 51, Plan Insurance Type = 'D'). RREs must combine PIP/Med Pay limits for one policy when they are separate coverages being paid out on claims for the same injured party and same incident under a **single** policy and not terminate the ORM until both the PIP and