

Center of Medicare/Medicaid Services (CMS) - Section 111 Mandatory Medicare Secondary Payer Reporting and Workers' Compensation Benefits

The Center of Medicare/Medicaid Services (CMS) may send a letter to those receiving Medicare/Medicaid benefits if additional information about the status of your workers' compensation claim is needed.

What is Medicare Secondary Payer (MSP)?

According to the CMS website, this refers to situations where another entity is required to pay for covered services before Medicare does, and must do so without regard to a patient's Medicare entitlement. Medicare has been a secondary payer to workers' compensation benefits payments since 1965.

Who Must Report?

According to the CMS website, an organization that must report under Section 111 is referred to as a responsible reporting entity (RRE). Non-Group Health RREs include liability insurers, no-fault insurers and workers' compensation plans and insurers. RREs may also be organizations that are self-insured with respect to liability insurance, no-fault insurance and workers' compensation.

What Information does CMS need to update the record?

- Recipients name, date of birth and social security number
- Medicare Beneficiary Identifier (MBI) or Social Security Health Insurance Claim Number (HICN)
- Medicare effective date
- Date the workers' compensation insurance company was no longer responsible for worker's compensation medical payments
- Date claim was closed
- Date claim was denied *(if applicable)*

What Information does the DIA have?

Unfortunately, the Department of Industrial Accidents (DIA) **does not** have most of this information, as is not reported to the DIA. You may want to contact the insurance company that handled your claim, your employer at the time of the injury or CMS for additional assistance.

How to contact CMS:

- CMS Phone number: (855) 798-2627
- CMS general fax number: (405) 869-3309

Additional information can be found on the CMS website: <https://www.cms.gov>

